

Assuring Transformation

Change Specification



Data Alliance Partnership Board

The Data Alliance Partnership Board (DAPB), which holds delegated authority from the Secretary of State for Health and Social Care, has approved a change to an existing information standard for publication under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Standards Assurance Service (DSAS) and endorsed by the Data Alliance Partnership Sub Board (DAPSB).

This information standard comprises the following documents:

- Change Specification (this document)
- Implementation Guidance
- Requirements Specification
- Assuring Transformation Data Specification v4.0

An Information Standards Notice (DAPB2007 Amd 18/2022) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled copies of these documents can be found on the [NHS England website](#). Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

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Document management

Revision History

Version	Date	Summary of Changes
0.1	24/08/2020	First draft
0.2	21/03/2023	Updates by Data Set Development Service to reflect v4.0 of Assuring Transformation and related consultation activity
0.3	13/06/2023	Further updates following DSAS review and final amendments to Data Specification
0.4	11/08/2023	Transfer to updated NHS England templates
1.0	31/08/2023	Minor corrections

Reviewers

This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
Tom Latham	Technical Manager, Data Set Development Service	23/08/2023	0.4
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Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
Clare McConnell		Senior Analytical Lead, NHS England	19/06/2023	0.3

Glossary of Terms

A glossary is available in the Requirements Specification.

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1. Overview

The purpose of this document is to outline the changes being made to the Assuring Transformation Information Standard.

1.1. Background

The Department of Health and Social Care published [Transforming Care: A national response to Winterbourne View Hospital](#) and the [Concordat: Programme of Action](#) in December 2012. The first document describes the facts about Winterbourne View, the changes needed in the system and looks at what the Government needs to do based on the lessons learnt. The review of services received indicated that failings were widespread within the operating organisation but importantly also evident across the wider care system. The Concordat and sixty-three actions detailed within the review seek to address poor and inappropriate care and achieve the best outcomes for people with a learning disability or autistic people, who have mental health needs.

Since then, NHS England has published [Building the Right Support](#), which gives commissioners a clear framework to develop more community services for people with learning disabilities and / or autistic people with a mental health condition, and close some inpatient facilities.

The purpose of this data collection is to ensure that the public reporting on progress to implement the NHS commitments in the Winterbourne View Concordat is transparent and robust. This data collection also enables NHS England to measure its progress against commitments in [the NHS Long Term Plan](#) around quality of care and reducing reliance on inpatient care.

2. Change Specification

The changes to Assuring Transformation are required to ensure that NHS England:

- can effectively monitor the quality of care of patients in hospital
- better understand health inequalities for this group
- better report on NHS commitments
- can report on policy changes
- can ensure the data set remains up to date and fit for purpose (e.g. reflects organisational changes)

A full list of the changes, data items, rationale for change and conformance dates can be found in the Assuring Transformation Data Specification v4.0 document on the [NHS England DAPB2007 webpage](#).

Supporting user guidance is also available on [the NHS England \(former NHS Digital\) Assuring Transformation webpage](#). The user guidance will be updated to reflect the changes for Assuring Transformation v4.0.

This document should also be read in conjunction with the Requirements Specification for the standard, the Implementation Guidance and Assuring Transformation Data Specification v4.0 documents. Please pay particular attention to the conformance date detailed in the Requirements Specification.

2.1. New items

16 new questions have been included in the collection, some of which have replaced other questions.

The purpose of adding the additional questions is to better report progress against NHS commitments and understand the patient cohort and improve services for inpatients. New additions include the following questions:

- Q3a and Q3b (gender identity code and whether a person's gender identity is the same as at birth – to replace previous Q3 'person stated gender code')
- Q10 (Looked After Child legal status for under 18 year olds)
- Q19d (the sex of the ward)
- Q28 (Pre-admission Local Area Emergency Protocol (LAEP) date)

- Q34a and Q34b (covering whether a patient had an annual health check in the last 12 months, and the date of the last annual health check)
- Q39j and Q39k (the number of times a patient has been segregated due to them making a capacitated decision to self-isolate, and the number of incidents of night time confinement)
- Q40c (self-segregation cumulative length of time)
- Q42b (date when the patient was clinically ready for discharge or transfer; Q42 also renumbered to Q42a as a result)
- Q46b and Q46c (are Local Authority and ICS aware of planned discharge/transfer)
- Changes to Q48 (reasons for delayed discharge), adding the following questions to replace the previous Q48a-Q48s:
 - Q48a (The primary reason that a patient is not able to be discharged or transferred despite being clinically ready for discharge or suitable for transfer).
 - Q48b (The secondary reason that a patient is not able to be discharged or transferred despite being clinically ready for discharge or suitable for transfer).
 - Q48c (Other reason that a patient is not able to be discharged or transferred despite being clinically ready for discharge or suitable for transfer).

Further policy justification for these changes is included in appendix 1.

2.2. Amendments

Some data items have been amended:

- to better reflect activity for inpatients, and to improve data accuracy and completeness,
- to better align Assuring Transformation with the Mental Health Services Data Set (MHSDS), in order to reduce burden for data submitters who send data to both MHSDS and Assuring Transformation. This will also enable some data items in Assuring Transformation to be removed in the future once data capture in the MHSDS is of sufficient quality and completeness.

The deletion of an existing question and inclusion of new questions means that existing question number allocation has changed in some cases, and submitters will need to ensure that their processes for collating data and inputting into the Clinical Audit Platform (CAP) system are adjusted as required.

Minor amendments to question or response/code list wording have been made in the following areas:

- Q7a (Source of Admission Code – response options updated in line with MHSDS v6.0)
- Q15 (Reason for Out of Area Placement - added new value 15 to align with similar value list in MHSDS v6.0)
- Q16a (patient category, to amend wording of ‘autism’ and remove ‘none of the above’ code which is not relevant)
- Q16c and Q16e (to rephrase ‘mental illness’ to ‘mental disorder’)
- Q16d (to rephrase ‘mental illness’ to ‘mental disorder’ and amend other options)
- Q17a and Q17b (date of diagnosis – to amend wording ‘with autism’ to ‘as autistic’)
- Q18a (Mental Health Act legal status classification code – to amend code list in line with MHSDS v6.0)
- Q19b (bed type – to amend code list in line with MHSDS v6.0, including adult autism options)
- Q21 (dynamic risk register - updated response options to allow red/amber/green categorisation)
- Q22b (IMCA – change in code list to reflect that a patient cannot choose not to have an IMCA)
- Q22c (IMHA – change in code list to reflect that a patient would need to make a capacitated decision not to have an IMHA)
- Q25 (C(E)TR eligibility – change in code list to remove ‘not applicable’ codes)
- Q26 (question now covers both pre-admission C(E)TR and LAEP, with additional response options to reflect this)
- Q27 (change in wording to reference a community, rather than pre-admission, C(E)TR)
- Q30 (Outcome of most recent C(E)TR – minor changes to response options)
- Q41b, Q41c, Q41d, Q41e, Q41i, Q41k, Q41l, Q41m, Q41n, Q41o, Q41p, Q41r (12-point discharge plan – minor changes to response options and question wording)
- Q42a (Details of a patient’s care plan – minor changes to response options)
- Q44 (Where is the patient's planned transfer to? – changes to match bed type updates, including adult autism option)
- Q47a (Is there an agreed date of the planned discharge / transfer? – new response options to allow distinction between a discharge and a transfer)
- Q50 (Discharge destination/Reason for Record Closure – changes to response options to improve alignment with MHSDS v6.0)

2.3. Deletions

The following questions have been removed from Assuring Transformation v4.0 (compared with Assuring Transformation v3.0) and not directly replaced:

- Q10 (Is the patient on a register?: question no longer relevant as local systems no longer hold a "Transforming Care Register")
- Q28 (post-admission C(E)TR: information now gathered from elsewhere)
- Q29 (post-admission C(E)TR date: information now gathered from elsewhere)

2.4. Question validations

There are also minor changes to validations within the Clinical Audit Platform (CAP) system to improve the robustness of the data when captured. Data validations are applied when data is entered on the CAP system. Details of new validations are not part of the published information standard but are available in the user guidance on the Assuring Transformation webpage.

2.5. System validation enhancements

In order to continuously improve system performance and data quality, for a small number of questions the functionality of the CAP system will be altered in order to enhance the quality of the data submitted (e.g. new validations).

Users have been made aware of prior changes to validations on the live CAP system directly through a targeted email and regular updates via an NHS England-issued newsletter to ensure they are fully aware of the changes and the effect on their data. Users will also be contacted through a targeted email when new guidance documents are published.

To sign up to the newsletter, [email the NHS England Assuring Transformation data team](#) (please include 'FAO Assuring Transformation' in the subject line).

It is expected that this change will have a positive impact on data quality as the likelihood of incorrect data being entered onto the system should now decrease.

2.6. Improved guidance for submitters

Guidance documents have been updated to accommodate the new questions and reflect changes to existing questions. There are several user guidance documents available for submitters, including technical guidance for using the CAP system and an AT Summary Guidance document. A full list of available documents is provided in the Requirements Specification.

2.7. Compliance and mandation of questions

For each question in the data collection, the Data Specification indicates whether it is 'unchanged', 'amended', 'new', 'replaced' or 'removed'. The mandation status of each question is also set out in the Data Specification. The compliance date is set out in the Requirements Specification.

These documents are available on [the NHS England DAPB2007 webpage](#).

3. Communication

System suppliers are notified of the changes through the publication of the relevant ISNs following approval and should perform the updates as specified in their local contract(s) with commissioners.

Once made available, individual users of the systems will update the patient records for which they are responsible by the conformance date specified in the ISN.

Submitting organisations will be informed of changes as and when required through direct emails and communication from NHS England.

NHS England also communicate to data submitters via an Assuring Transformation newsletter. This is used to inform submitters of any changes or issues with the collection or technical issues affecting the collection.

Appendix 1: Policy context

Additional detail on proposed changes or inclusion of new questions are as follows:

- **Red / Amber / Green (RAG) ratings for Dynamic Support Registers (DSRs):** There is a requirement for commissioners to develop and maintain a register to identify autistic people or people with a learning disability who have a mental health condition and are most at risk of admission to a mental health hospital. The RAG rating is used to identify people who are at immediate risk of admission (red), who will become at immediate risk of admission without urgent intervention (amber) and who are at risk of admission but where this is being effectively managed (green). For more information see [the NHS England Dynamic Support Register policy and guide](#).
- **Annual Health Checks:** Anyone aged 14 or over who is on a GP learning disability register should be offered an annual health check. Evidence suggests that providing health checks to people with a learning disability in primary care helps with identifying previously unrecognised health needs, including those associated with life-threatening illnesses. For more information see [the nhs.uk Annual Health Checks webpage](#).
- The implementation and monitoring of the care of people in a mental health hospital against a ‘**12 point discharge plan**’ was one of the commitments in [the NHS Long Term Plan](#) to support timely and effective discharge. Changes proposed to the options in the 12-point discharge plan will support more effective identification (and actions) of where people are in their discharge pathway.
- **The Local Area Emergency Protocol (LAEP)** is used when a person with a learning disability or an autistic person has been, or is likely to be, recommended for inpatient admission with little or no notice, meaning a community C(E)TR has not taken place. Patients would there require a post admission C(E)TR within policy timescales. LAEPs also indicate a possible admission in crisis. More information is available in [the Dynamic support register and Care \(Education\) and Treatment Review Policy and guidance document](#).
- **Segregation due to patient opting to self-isolate:** This information will ensure that all people in long term segregation (LTS), including those who opt to self-isolate are recorded and known to NHS England. Where someone is in LTS it is important that all monitoring processes for segregation are followed as per the Mental Health Act Code of Practice.

- **Night-Time Confinement:** It is critical to measure the frequency and duration of Night-Time Confinements to ensure that it is visible, can be monitored and is not normalised. Night-Time Confinements are to be reviewed as a recommendation of the current demand and capacity review.

Appendix 2: Supporting information – full URLs used in this document

Weblinks

NHS England DAPB2007 webpage:

Friendly URL: <http://digital.nhs.uk/isce/publication/dapb2007>

Full URL: <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dapb2007-assuring-transformation>

Winterbourne View Hospital: Department of Health review and response:

<https://www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response>

Winterbourne View Review Concordat: Programme of Action:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213217/Concordat.pdf

NHS Long Term Plan: <https://www.longtermplan.nhs.uk/>

NHS England (former NHS Digital) Assuring Transformation webpage:

<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/assuring-transformation>

NHS England Dynamic Support Register policy and guide:

<https://www.england.nhs.uk/publication/dynamic-support-register-and-care-education-and-treatment-review-policy-and-guide/>

nhs.uk Annual Health Checks webpage: <https://www.nhs.uk/conditions/learning-disabilities/annual-health-checks/>

NHS England 'Blue Light' Protocol document: <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-blue-light-protocol.pdf>

NHS England Dynamic support register and Care (Education) and Treatment Review Policy and guidance: <https://www.england.nhs.uk/wp-content/uploads/2023/01/PR1486-Dynamic-support-register-and-Care-Education-and-Treatment-Review-policy-and-guide.pdf>

Email addresses

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