



Health & Social Care
Information Centre

Assuring Transformation

Collection Specification

October 2015



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Approvals:

Name	Title/Responsibility	Version	Date
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This information standard (SCCI2007) has been approved for publication by the Department of Health 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 Standardisation Committee for Care Information (SCCI), a sub-group of the National Information Board.

This information standard comprises the following documents:

- Requirements Specification (this document)
- Change Specification
- Implementation guidance.

An Information Standards Notice (SCCI2007 Amd 37/2015) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions of these documents can be found on the [HSCIC website](#).

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Glossary

Term	Acronym	Definition
Assuring Transformation	AT	Assuring Transformation data collection
Caldicott Guardian		Nominated senior person who oversees information governance.
Care and Treatment Review	CTR	Care and Treatment Review
CAP system	CAP	The Clinical Audit Platform. This is a secure data input platform designed specifically to collect data for national audits. It can be accessed at https://clinicalaudit.hscic.gov.uk/ using a single sign-on account.
Clinical Commissioning Group	CCG	Primary care trusts (PCTs) used to commission most NHS services and controlled 80% of the NHS budget. On April 1 2013, PCTs were abolished and replaced with clinical commissioning groups (CCGs). CCGs have taken on many of the functions of PCTs and in addition some functions previously undertaken by the Department of Health;
Commissioning Support Unit	CSU	Commissioning support units provide a range of commissioning support services to NHS commissioners, including clinical commissioning groups (CCGs), NHS England, acute trusts and local government.
Data Dictionary	DD	The NHS Data Model and Dictionary provides a reference point for assured information standards to support health care activities within the NHS in England.
Data Template		This is a blank CSV template which can be populated with data for the Assuring Transformation Collection.
Health and Social Care Information Centre	HSCIC	The HSCIC is the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care. It is an executive non-departmental public body, sponsored by the Department of Health.
Information Standards Notice	ISN	Information Standards Notices (ISNs) are published by SCCI to announce new or changes to information standards or data collections, including those formerly licensed under the Review of Central Returns (ROCR) procedure
Learning Disabilities Census	LDC	The Learning Disability Census provides an individual record-level snapshot of inpatients with learning disabilities, autistic spectrum disorder and/or behaviour that challenges, and the services they receive, for service users who were inpatients in NHS and independent services at midnight on 30 September annually.
Look up tables		Excel tables which contain a list of Organisations related to the collection.
Mental Health Services Data Set	MHSDS	The MHSDS is a patient level, output based, secondary uses data set which will deliver robust, comprehensive, nationally consistent and comparable person-based information for children, young people and adults who are in contact with Mental Health Services.
Operational Guidance		This provides collection specific guidance on how to use the Clinical Audit Platform.

Term	Acronym	Definition
Organisation Code (Org Code)		This relates to the ODS code for an Organisation or Organisation Site. More information can be found at http://systems.hscic.gov.uk/data/ods .
Personal Identifiable data	PID	Personal information about identified or identifiable individuals, including dead as well as living people e.g. Name, Address, Postcode, Date of birth, NHS number.
Registration document		This is a document required by the HSCIC to be sent from the submitting organisation's Caldicott Guardian which provides contact details for data submitters who have been approved to handle PID. This information is used to allow users access to the CAP system
Standardisation Committee for Care Information	SCCI	The SCCI replaces the Information Standards Board for Health and Social Care (ISB) and is a sub-group of the National Information Board (NIB). Empowered by the Health and Social Care Act 2012 the SCCI has delegated responsibility for approving information standards for the health and social care system in England
Single Sign On Account	SSO	Single Sign-On Account. This is an account which allows the user to access HSCIC data submission platforms that they are registered for.
Specialist Commissioning Hubs	SCHub	Specialist Commissioning Hubs commission directly on behalf of NHS England services provided within high, medium and low secure hospitals.

1 Overview

The Health and Social Care Information Centre (HSCIC) is working in partnership with NHS England to deliver the Assuring Transformation collection. Previously managed by NHS England, HSCIC assumed responsibility for this collection in January 2015. The Assuring Transformation collection is mandated under the Health and Social Care Act 2012.

This document defines the mandatory patient level Assuring Transformation (AT) Information Standard and Data Collection (SCCI2007). The data is collected using the Clinical Audit Platform (CAP) system. This document summarises the collection and required changes; provides signposting to sources of supporting information and related documentation; and details overarching requirements and conformance criteria.

Standard	
Standard Number	SCCI 2007
Standard Title	Assuring Transformation
Description	<p>Assuring Transformation is a data collection that has been developed in response to <i>Transforming Care: A national response to Winterbourne View Hospital and Winterbourne View Review: Concordat: A Programme of Action</i>.</p> <p>The Concordat, published by the Department of Health in December 2012, aims to ensure that all people with learning disabilities receive the health care and support they need in the most appropriate setting.</p> <p>This data collection monitors the progress of moving people with learning disabilities to community settings. The collection refers to patients with a diagnosed learning disability, autism or Asperger syndrome.</p> <p>The purpose of the data collection is to ensure that the public reporting on progress to implement the NHS commitments in the Concordat is transparent and robust. It will also be used to triangulate with the Learning Disability Census completed by providers. This process is important for informing and assuring the Learning Disabilities Transforming Care Programme.</p> <p>Formerly managed by NHS England, this data collection transferred to the Health and Social Care Information Centre (HSCIC) from 06 January 2015. As a result, commissioners now submit data to the HSCIC's Clinical Audit Platform (CAP).</p> <p><u>In Scope</u></p> <p>Data should be recorded for each individual person who meets these requirements:</p> <ul style="list-style-type: none"> • An NHS commissioner is responsible for commissioning their care, and

	<ul style="list-style-type: none"> The person has an inpatient bed for mental and/or behavioural healthcare needs and has learning disabilities or autistic spectrum disorder (including Asperger's syndrome) <p>If commissioners have not commissioned inpatient care for people who meet the above definition in the relevant period they will still be required to submit a 'nil' return.</p> <p><u>Out of Scope</u></p> <ul style="list-style-type: none"> People in accommodation not registered with the Care Quality Commission as hospital beds People in beds for physical healthcare People who are not understood to have either learning disabilities or autism <p>If you have not commissioned inpatient care for people who meet the above definition in the relevant period, you will still be required to submit a 'nil' return.</p>
Applies to	All commissioners of in scope services must comply with this information standard. This includes clinical commissioning groups, commissioning support units and NHS England specialised commissioning hubs.
Release	
Release Number	Amd 37/2015
Release Title	Assuring Transformation v 2.0
Description	<p>The amendment to this standard includes:</p> <ul style="list-style-type: none"> Minor changes to the established question set to improve the validity, accuracy and reliability of responses. Redundant questions relating to ex-inpatients of Winterbourne View have been removed. Addition of new questions relating to pre- admission and review through Care and Treatment Reviews (CTR). This information is already routinely collected by submitters (commissioners), and including it in this collection will not add additional burden as it will enable NHS England to retire local collections that currently collect these data. There are also amendments to the wording of existing questions, and the inclusion of a small number of additional values where applicable, in order to align the collection with items in the NHS Data Model and Dictionary. There are also minor changes to validations within the Clinical Audit Platform (CAP) system to improve the robustness of the data when captured, and improvements to guidance provided to submitters.
Implementation Completion Date	<p>System Suppliers</p> <p>With immediate effect, the system MAY be conformant with this standard but MUST be fully conformant from January 4th 2016</p>

	<p>Care Providers</p> <p>With immediate effect, all commissioners of learning disability services MUST be able to collect information locally.</p>
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1.1 Related Documents

A comprehensive set of documents has been developed to assist submitters responsible for the Assuring Transformation Information Standard and Data Collection. Documentation includes:

- Implementation Guidance
- Technical Output Specification
- Operational Guidance

All documents can be found on the Assuring Transformation webpage:

<http://www.hscic.gov.uk/assuringtransformation>

The website also includes further supporting documents and video tutorials to assist submitters.

Further documentation, including the ISN and Change Specification can be found on the Information Standards and Collections page for this standard:

<http://www.hscic.gov.uk/isce/publication/SCCI2007>

Summary of Key Documents

Ref #	Title	Definition
1	Implementation Guidance	User document providing full details of the collection and the question set, and the requirements for submitters to implement the collection.
2	Technical Output Specification	Technical user reference document detailing the questions, values and data requirements for the collection.
4	Operational Guidance	Detailed technical user guidance for submitting data on the Clinical Audit Platform (CAP) system.
5	Registration Form	To register for the AT collection, submitters will need to complete a registration form electronically. One form is required for each organisation.
7	Change Specification	Details the changes to the standard / collection required for this release.

Related Standards and References

Ref #	Reference	Title
LD Census	http://www.hscic.gov.uk/ldcensus	Learning Disability Census

MHSDS	http://www.hscic.gov.uk/mhsds	Mental Health Services Data Set
Data Dictionary	http://www.datadictionary.nhs.uk/	NHS Data Model and Dictionary

2 Introduction

Assuring Transformation

Assuring Transformation is a data collection that was introduced in response to the Winterbourne View scandal in 2012. The collection looks at patients with a diagnosed learning disability, autism or Asperger's syndrome in an inpatient hospital setting. This data is submitted by Clinical Commissioning Groups (CCGs), Commissioning Support Units (CSUs), NHS England specialised commissioning teams/hubs for secure mental health and child and adolescent mental health inpatient services. The collection also supports the identification of other areas for improvement.

This collection is mandatory and from February 2015 CCGs, CSUs and specialised commissioning teams have been required to upload their monthly data to the HSCIC via the Clinical Audit Platform (CAP) system.

Background

The Department of Health published *Transforming Care: A national response to Winterbourne View Hospital*¹ and the *Concordat: Programme of Action*² 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 autism, who may also have mental health needs or behaviour that challenges.

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. It is also used to triangulate with the Learning Disability Census completed by providers each year on 30th September. This process is important for informing The Winterbourne View Joint Improvement Programme.

It is an accepted principle that services should be local, care and treatment should be appropriate and there should be a substantial and sustained reduction in hospital placements. Taking part will help monitor progress towards these goals.

Structure of data / collection

The collection comprises inpatients with 'a bed' normally designated for the treatment or care of people with a learning disability or those with 'a bed' designated for mental illness treatment or care who have been diagnosed or understood to have a learning disability and/or autistic spectrum disorder.

¹ <https://www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response>

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213217/Concordat.pdf

Data is provided by English commissioners and healthcare is typically provided in England (although care commissioned in England and provided elsewhere in the UK will not be excluded). There is a slight difference in scope between this collection and the Learning Disability Census since the Census comprises data from *providers* based only in England, but does include care provided in England but commissioned from other UK countries.

Data is collected from Clinical Commissioning Groups (CCGs) and Specialist Commissioning Teams (SCTs), NHS England specialised commissioning teams/hubs. In some cases Clinical Support Units (CSUs) submit data on behalf of one of more CCGs.

From February 2015, responsibility for its collection and publication was transferred to the HSCIC. This addressed key requirements around the improvement of data quality and reporting frequency. The revised collection methodology supports real time data capture using a “live” system that commissioners are required to update as and when changes occur in the care of a patient who falls in scope of the collection. This has resulted in a significant burden reduction on the part of service commissioners / data submitters.

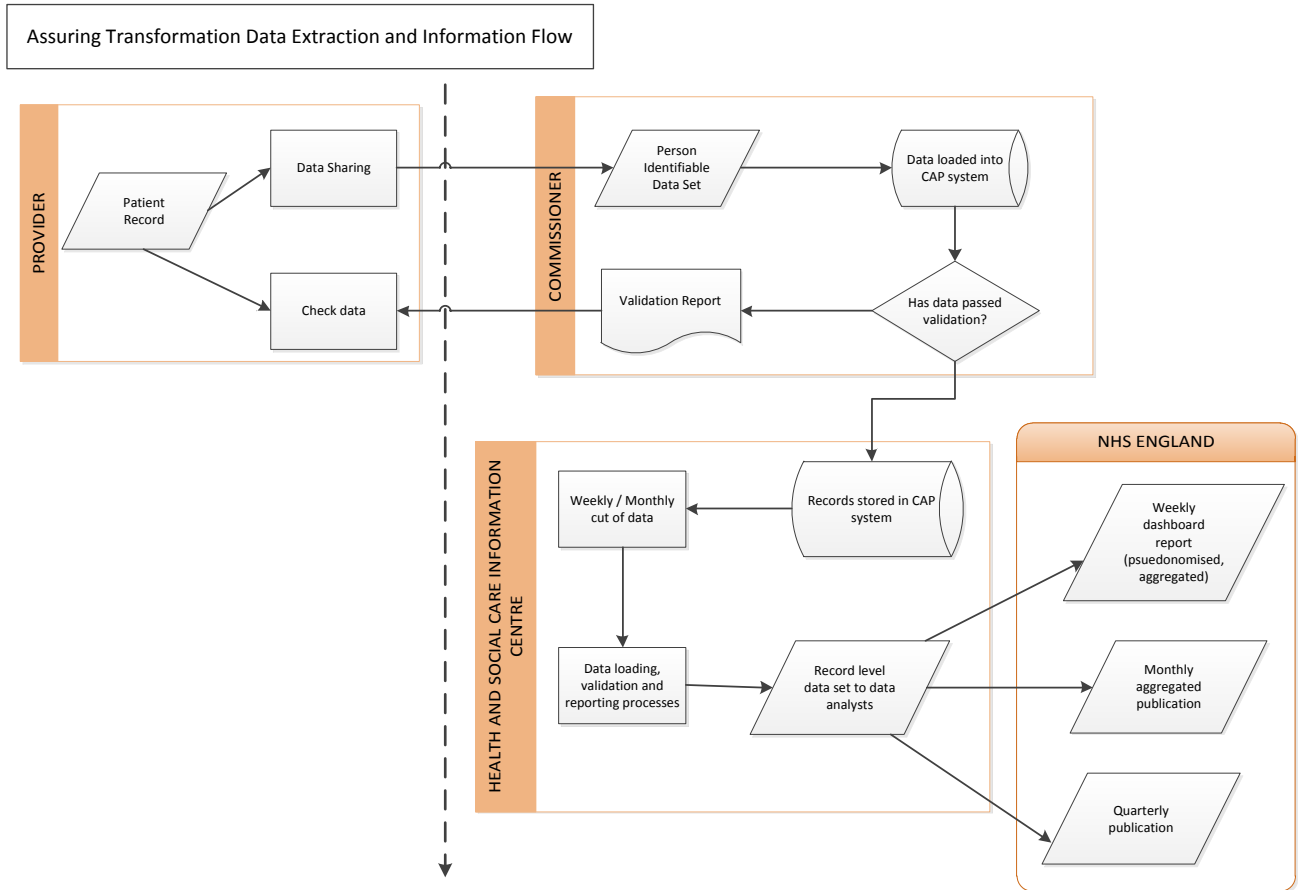
Data is provided by HSCIC to NHS England on a weekly and monthly basis via a management information dashboard and management information reports. HSCIC also publish on a monthly and quarterly basis.

Further detail and instruction are included in the Technical Output Specification, Implementation Guidance and Operational Guidance documents on the HSCIC AT website:

<http://www.hscic.gov.uk/assuringtransformation>

Data Flow Diagram

The following diagram demonstrates the high level data extraction and information flow process for the collection of Assuring Transformation data. This shows the flow from Provider organisations to Commissioners of Learning Disability Services, the flow from Commissioners to the HSCIC, the validation and reporting processes and NHS England reporting requirements.



Information Governance and Consent

A Direction from NHS England is in place for the collection of this data. The flow of data from service providers to CCGs has a confirmed legal basis through a section 251 authorisation from The Health Research Authority Confidentiality Advisory Group (HRA CAG) (CAG 8-02(a-c)2014)³

Section 4 (2(b)) of the Direction details the basis for dissemination of the data by the HSCIC to NHS England. A Memorandum of Understanding is in place to sustain this collection for 2 years and is signed by HSCIC and NHS England.

NHS England have a fair processing notice in place and an easy read leaflet to support patient understanding of this collection. These are available by accessing this web page. <http://www.england.nhs.uk/ourwork/qual-clin-lead/ld/atd/>

Consent

Consent Guidance is available on the HSCIC Assuring Transformation website (<http://www.hscic.gov.uk/assuringtransformation>), and in Appendix 3 of this Specification document.

This guidance focuses on information sharing between service providers taking part in the Assuring Transformation Collection and the Health and Social Care Information Centre (HSCIC). In particular the guidance explains what service providers need to do when a patient wishes to prevent information from identifying them or information held about them by the HSCIC being used for purposes other than direct care. We wish to support service providers to assist patients to better understand their rights and, under the Data Protection Act, to give them the information they need to make decisions about how information about them is used.

Guidance on fair processing and management of patient objections has been published on NHS England's website, and all commissioners have been made aware of this and of their legal obligations with respect to fair processing and making the patient information leaflet available to all patients and their families/carers.

If an objection is raised, the commissioner needs to consider the basis for any objection and advise the patient of the decision. Whilst the commissioner is making a decision, the patient's data can continue to be processed under the 'public interest override of the common law duty of confidentiality', to ensure that no harm comes to the patient, that their care is monitored and that the Assuring Transformation data continues to cover everyone in inpatient settings.

The commissioner will need to convene a panel (with membership as per the published guidance) to decide whether it is appropriate to continue processing the data. The guidance explains the criteria the panel should use in coming to its decision.

The patient must be informed of the outcome and it should be recorded. If an objection is upheld, the Assuring Transformation team at NHS England should be informed and will provide additional advice if required. A secure mailbox has been provided for commissioners to contact NHS England: england.wvdata@nhs.net

³ <http://www.hra.nhs.uk/documents/2014/12/cag-6-november-2014-minutes.pdf>

Data Quality

Data is collected via the Clinical Audit Platform (CAP) which allows a number of validations to be built in. The detailed validation rules can be viewed in the Change Specification and in section 4 of the User Instruction and Guidance Notes on the Assuring Transformation web page <http://www.hscic.gov.uk/assuringtransformation>

The system has been designed central to the patient, using NHS number and date of birth as unique identifiers. The system is set up such that:

- For each NHS number there can only be one open episode of care during the period;
- There can be multiple closed episodes of care for each NHS number within a period;
- The system is 'live' and commissioners are expected to change information in the system as and when on an ongoing basis;
- Currently HSCIC analysts take a 'snap shot' of the system at the end of each month and use this to report on the position at the end of the month and admissions and discharges within the month.

Although patients can have more than one episode in a period due to short hospital stays, at the end of the reporting period there can only be one open episode per patient. Investigation of the data found that some duplicates were being recorded in the system due to data submitters altering key information used to identify unique episodes without closing a previous episode of care. HSCIC have been investigating this and working with submitters to resolve the issue and improve data quality. NHS England is informed of data quality issues on a monthly basis via management information reports, and there are mechanisms in place to work with data submitters to improve the quality of data submitted.

Data which is submitted to CAP is validated at source. The data submitted is also time stamped allowing HSCIC to keep a log of how data submitters are engaging with the system. Data submitters themselves are also responsible for good quality, accurate and timely submissions. Further information for data submitters regarding good practice is available in the Implementation Guidance document.

Submission of records

CCGs and NHS England specialised commissioning teams / hubs (SCHub) are expected to keep records up to date on an ongoing basis. The HSCIC currently assess whether a CCG / SCT has done this by checking to see if the CCG / SCHub has made any alterations to any of the records during the period. If no records have been altered, (due to no change in patient circumstances) then the CCG / SCHub should select the 'submission confirmation' option to confirm that their data is correct for this period.

Changes to the collection / questions

There have been a number of changes to the Assuring Transformation collection, including new and amended questions and the removal of questions previously included. Full details of the changes are detailed in the Technical Output Specification, Change Specification and User Guidance on the Assuring Transformation website: <http://www.hscic.gov.uk/assuringtransformation>

In addition, validations have been applied to the CAP system and these have negated multiple open episode data quality issues.

3 Health and Care Organisations

The following NHS commissioners are responsible for ensuring the completion of the data collection:

- NHS Clinical Commissioning Groups
- NHS England specialised commissioning teams/hubs for secure mental health and child and adolescent mental health inpatient services.

The data return must be completed by the commissioning organisation ONLY. There is a separate data return (census) for Service Providers to complete.

The collection may be completed on behalf of an NHS commissioner by a Commissioning Support Unit (CSU) or other commissioners in a pooled budget.

If the collection is being completed by a Commissioning Support Unit (CSU) on behalf of a Clinical Commissioning Group (CCG) the CSU should complete a separate return for each CCG that is contributing to the pooled budget.

NHS England specialised mental health commissioning teams should submit one return for each team.

Please note: A separate return has to be completed for each commissioning organisation that has the statutory responsibility for commissioning the care for all relevant patients.

- For pooled budget arrangements, one commissioner only must take responsibility for returning the patient's data
- If you are a commissioner and someone for whom you have a statutory duty to commission care meets the definition then a return is needed for your organisation.

The in-scope definition is:

"The collection will consider inpatients receiving treatment / care in a facility registered by the Care Quality Commission as a hospital operated by either an NHS or independent sector provider. The facility will provide mental or behavioural healthcare in England. Record level returns will reflect only inpatients or individuals on leave with a bed held vacant for them.

The individual will have 'a bed' normally designated for the treatment / care of people with a learning disability or will have 'a bed' designated for mental illness treatment / care and will be diagnosed or understood to have a learning disability and / or autistic spectrum disorder."

This should include patients of:

- Any age.
- Any level of security (general/low/medium/high).
- Any status under the Mental Health Act (informal or detained).

People not included:

- People in accommodation not registered with the CQC as hospital beds.
- People in beds for physical health care.
- People who do not have either learning disabilities or autism.

The HSCIC data collection team has received a number of queries about this definition, which have asked whether people should only be included if they have a 'primary diagnosis

of LD'. The guidance from NHS England's National Clinical Director for Learning Disability is as follows:

“For our purpose whether or not a person is recorded as having a primary diagnosis of LD is not relevant, and should not be used as a criterion for inclusion in this data collection. If a person is in a specialist hospital bed (either MH or LD) and that person has a Learning Disability or Autism, then that person is included in the Assuring Transformation data return.”

Collection of data

A cut of the data in the Clinical Audit Platform (CAP) will be taken at midnight on the last day of every month. This is not dependent on working days.

3.1 Requirements

Documents listed on point 1.1 will be sent with this document and be posted on the HSCIC website.

Requirements	
1	In Scope Commissioners MUST be fully conformant with the Assuring Transformation requirements (<i>See Implementation Guidance</i>), including the capture and flow of the data items to the Clinical Audit Platform (CAP).
Scoping	
2	The review of the 'in scope' and 'out of scope' sections of this collection specification SHOULD be carried out by the organisational Commissioning lead for Learning Disabilities.
Feasibility Assessment	
3	Commissioners MUST review the Implementation Guidance which defines the patient-level data items that contacts need to submit onto the Clinical Audit Platform. The Implementation Guidance provides additional information on data items in the data set specification. Commissioners SHOULD review this document to better understand the scope, national guideline recommendations, definitions and rules underpinning the data items.
4	Whilst service commissioners will be predominantly collecting the data they SHOULD NOT rely on the service providers to provide them with this information. The data submission process MUST meet the specifications defined in the Implementation Guidance.
5	The Commissioners SHOULD be familiar with the collection as this has already been collected by NHS England on a quarterly basis, and on a monthly basis by HSCIC since February 2015. With the Implementation Guidance the Commissioners will have a better understanding of how data items are validated. The data submission process MUST meet the specifications defined in the Implementation Guidance.

Information Governance	
6	<p>The Implementation Guidance provides information on the Information Governance (IG) issues surrounding the data set. Caldicott Guardians MUST review the (IG) Guidelines in the Implementation Guidance, Appendix C: User Terms and Conditions of Access, which clarify:</p> <ul style="list-style-type: none"> - How data submission, storage and reporting processes handle identifiable and sensitive data and - How Fair Processing should be conducted and objections should be best managed to comply with the Confidentiality Advisory Group conditions of approval.
Constructing a data submission file	
7	<p>It is not stipulated how data should be collected locally; therefore, data MAY come from several sources or from a local data warehouse, which collates information from various systems for this reason we have provided a CSV data template which can be populated with their information in order to be accepted by the CAP system.</p>
8	<p>Commissioners MUST review the Implementation Guidance to understand how a data submission is to be constructed and transferred. There will also be a data template available on the HSCIC Assuring Transformation website. This data template can be used to upload data into the CAP system once it has been populated with their information.</p> <p>All records MUST be submitted as per instructions laid out in the Implementation Guidance, which is essentially an instruction manual for the file creation and submission process.</p>
9	<p>Commissioners MUST ensure that their data is up to date on a monthly basis.</p> <p>If there have been no amendments within the month, then the Commissioners MUST use the system and press the Submission Confirmation button to confirm that there are no amendments for the month - enabling data from that Commissioning organisation to be included in analysis.</p> <p>Commissioners then SHOULD update these records on an as required basis so that their data is maintained and up to date during and at the end of each month. Commissioners MUST observe the collection schedule that will be published in advance on the HSCIC Assuring Transformation website.</p>
Access to the Clinical Audit Platform	
10	<p>The Commissioners MUST register for access to the Clinical Audit Platform (for further information please see Appendix A of the Implementation Guidance).</p> <p>Registration SHOULD be based on current organisation details.</p> <p>All Commissioners MUST submit data through the Clinical Audit Platform. The CAP system does not require an N3 connection but does require internet access.</p>
11	<p>The Commissioners MUST resolve inherent errors and address data quality issues. The CAP system will identify any data which does not pass the</p>

	validation criteria. As such it is impossible for Commissioners to submit invalid data.
Issue and maintenance	
12	To support the implementation of this Information Collection, Commissioners SHOULD highlight any persistent issues. This feedback mechanism provides appropriate information to developers to improve the implementation and data collection processes for future consideration towards a data set change or, indeed, further implementation phases.

3.2 Conformance Criteria

- The submission process includes data validation tests to ensure the data is of sufficient quality – submitters **SHOULD** ensure that data is conformant with the type specified (please see Appendices 1 and 2). The presence of any records that do not conform to the collection specification and corresponding data validation rules will lead to the record being rejected and subject to revised data processing until such point that uploads will be achievable via the system. Submitters **SHOULD** continue to revise and resubmit data until such point that it is accepted by the CAP system.
- Validation reports are available to download which identify the specific issues requiring action by the provider. Record submitters **SHOULD** use these to guide their data quality improvement activities.
- Validations are described in the Implementation Guidance. Data Submitters **MUST** reference this in order to correct errors.

4 IT System Suppliers

4.1 Requirements

Documents listed below (available for download from the HSCIC assuring transformation website (www.hscic.gov.uk/assuringtransformation)) **MAY** be read and reviewed to help understand the requirements and enable the implementation of the collection if considered necessary:

Implementation Guidance

Technical Output Specification

5 Appendix 1

Base Validations

Q1 This must be a valid NHS number with 10 digits and no spaces.

Q11b can only be answered if the patient is admitted from another hospital, i.e. if Q5a is code 49, 51, 53 or 87. If Q5a is not coded 49, 51, 53 or 87 then Q11b should be left blank.

If Q17a is code 0 'General' or 4 'PICU' then Q17b must not be 1.

If Q17a is code 1 'low secure' 2 'medium secure', 3 'high secure' then Q17b must be 1.

If Q20a is No, Q20b must be answered (Q20c-g should be left blank).

If Q20a is Yes, Q20c-g must be answered (Q20b should be left blank).

Q24 Date should be before the admission date (Q11a).

Q26 Date should be after the admission date (Q11a) but before the date user enters data.

Q29 Date must be later than date user enters data.

Q32 cannot be a date in the future.

If Q35 is code 14 'No transfer currently planned' or 15 'Patient died' then Q36 and Q37 should be left blank.

If Q35 is code 14 'No transfer currently planned' or 15 'Patient died' then Q38a should be N 'No'.

Q36 should only be answered if the patient is transferring to a community setting (code 1, 2, 3, 4 or 5 at Q35). If Q35 is not code 1, 2, 3, 4 or 5 Q36 should be left blank.

If Q38a is Yes, Q38b must be answered.

If Q33 is code 6, Q39a-l must be answered.

6 Appendix 2

Questions

Question	Old Q number	New coding required
PERSONAL INFORMATION		
Q1 NHS Number	Q1	Mandatory Format/length n10 Patient's unique NHS number with no spaces, letters or punctuation. NHS number of patient
Q2 Person birth date	Q2	Mandatory Format/length an10 Patient's date of birth is required in the following format: DD-MM-CCYY
Q3 Person stated gender code	Q3	Mandatory Format/length an1 National Codes: 1 Male 2 Female 9 Indeterminate (unable to be classified as either male or female) X Not Known (PERSON STATED GENDER CODE not recorded)

Q4 Ethnic category	Q4	Mandatory Format/length an2
<p>This must be the patient's own decision of their ethnic category.</p> <p>National Codes:</p> <p><i>White</i></p> <p>A British</p> <p>B Irish</p> <p>C Any other White background</p> <p><i>Mixed</i></p> <p>D White and Black Caribbean</p> <p>E White and Black African</p> <p>F White and Asian</p> <p>G Any other mixed background</p> <p><i>Asian or Asian British</i></p> <p>H Indian</p> <p>J Pakistani</p> <p>K Bangladeshi</p> <p>L Any other Asian background</p> <p><i>Black or Black British</i></p> <p>M Caribbean</p> <p>N African</p> <p>P Any other Black background</p> <p><i>Other Ethnic Groups</i></p> <p>R Chinese</p> <p>S Any other ethnic group</p> <p>Z Not stated</p> <p>99 Not known</p>		
Q5 Submitting CCG	Q (previously not	Mandatory Format/length an3
<p>Commissioner Code (e.g. CCG code or specialist commissioning hub code. Lookup tables</p>		

	numbered)	available on the HSCIC Assuring Transformation website: http://www.hscic.gov.uk/assuringtransformation)	
Q6 Originating CCG	New	Commissioner Code (e.g. CCG code or specialist commissioning hub code. Lookup tables available on the Assuring Transformation website: http://www.hscic.gov.uk/assuringtransformation.)	Mandatory Format/length an3
Q7a Source of Admission Code (Hospital Provider Spell)	Q5a	Code as 19 Usual place of residence unless listed below, for example, a private dwelling whether owner occupied or owned by Local Authority , housing association or other landlord. This includes wardened accommodation but not residential accommodation where health care is provided. It also includes PATIENTS with no fixed abode. 29 Temporary place of residence when usually resident elsewhere (e.g. hotels, residential educational establishments) 39 Penal establishment, Court, or police station / police custody suite 49 NHS other hospital provider - high security psychiatric accommodation in an NHS hospital provider (NHS trust)	Mandatory Format/length an2

		<p>51 NHS other hospital provider - WARD for general PATIENTS or the younger physically disabled or A & E department</p> <p>53 NHS other hospital provider - WARD for PATIENTS who are mentally ill or have learning disabilities</p> <p>54 NHS run care home</p> <p>65 Local Authority residential accommodation i.e. where care is provided</p> <p>66 Local Authority foster care</p> <p>85 Non-NHS (other than Local Authority) run care home</p> <p>87 Non NHS run hospital</p> <p>88 Non-NHS (other than Local Authority) run Hospice</p>	
Q7b Full Post Code (with a space) of source of admission?	Q5b	<p>Full postcode (with a space) of source of admission</p> <p>If not known use (ZZ99 3WZ)</p>	Mandatory Format/length an8
Q8 Postcode of usual address	New	<p>Full postcode (with a space) of patient's home address</p> <p>If not known use (ZZ99 3WZ)</p>	Mandatory Format/length an8
Q9 Is the patient subject to...	Q6	<p>Code as</p>	Mandatory Format/length an1

	<p>1 Guardianship 2 Appointeeship⁴ 3 Both 4 Neither 9 Don't Know</p>	
COMMISSIONER INFORMATION		
<p>Q10 Is the patient on a register⁵ as required by the commitment in 'Transforming Care: A national response to Winterbourne View Hospital' and the 'Concordat'?</p>	<p>Q8 Code as Y Yes N No</p>	<p>Mandatory Format/length an1</p>
INPATIENT CARE INFORMATION		
<p>Q11a Start date (hospital provider spell)</p>	<p>Q9a Date of admission to this hospital spell with this provider. The format required: DD-MM-CCYY</p>	<p>Mandatory Format/length an10</p>
<p>Q11b Date of the first admission to any hospital as part of this continuous period of inpatient</p>	<p>Q9b Only required if patient was admitted from another hospital setting, i.e. if Q7a is coded 49, 51, 53, 87</p>	<p>Dependent on Q7a Format/length an10</p>

⁴ An Appointee is a person authorised by the Department for Work & Pensions (DWP) to claim, collect and use benefits on behalf of a claimant who lacks mental or physical capacity to handle their own affairs.

Appointeeship is only applicable where the person is receiving state benefits only and has little savings (less than £5,000).

⁵ This register should have been established by the former Primary Care Trusts in January 2013 and handed over to Clinical Commissioning Groups on 31 March 2013

care?		The format required: DD-MM-CCYY	
Q12 When the patient was first admitted to hospital, was this admission planned or unplanned?	New	<p>1 Planned Admission</p> <p>2 Unplanned Admission</p> <p>9 Not Known</p>	Mandatory Format/length an1
Q13a Organisation code (code of provider)	Q10a	NHS code for the Provider organisation ⁶ .	Mandatory Format/length an3, an5, max an9
Q13b Organisation name	Q10b	Name of the Provider organisation	Mandatory Format/length max an255
Q14a Site code (of treatment)	Q11a	Code for the actual hospital or facility at which inpatient care is being provided	Mandatory Format/length min an5, max an9
Q14b Current provider (site) location name?	Q11b	Name of the actual hospital or facility at which inpatient care is being provided	Mandatory Format/length max an255
Q14c Postcode of location of care activity	Q11c	Postcode (with a space) of the actual hospital or facility at which inpatient care is being	Mandatory Format/length an8

⁶ If you do not know the codes, please look at the supporting documents on the following website www.hscic.gov.uk/assuringtransformation, if the organisation is not on the list, please contact ATData@hscic.gov.uk

		provided	
Q15a Which of the following categories best describes the patient?	Q12a	<p>Code as</p> <ol style="list-style-type: none"> 1 The patient has a learning disability only 2 The patient has a learning disability and autistic spectrum condition 3 The patient has an autistic spectrum condition only 4 None of the above 	Mandatory Format/length an1
Q15b On admission day what was the main diagnostic category of the patient? (current stay)	Q12b	<p>Code as</p> <ol style="list-style-type: none"> 1 Mental illness 2 Learning Disability 3 'Challenging Behaviour'⁷ 4 Personality Disorder 5 Autistic Spectrum Disorder including Asperger's Syndrome 6 'Self Harm' 7 Other 	Mandatory Format/length an1
Q16 Mental Health Act legal status classification code	Q13	<p>National Codes:</p> <ol style="list-style-type: none"> 1 Informal 2 Formally detained under Mental Health 	Mandatory Format/length an2

⁷ Challenging behaviour and self-harm have been put in as options despite not being diagnostic categories as they can be principal reasons for admission.

- Act Section 2
- 3** Formally detained under Mental Health Act Section 3
- 4** Formally detained under Mental Health Act Section 4
- 5** Formally detained under Mental Health Act Section 5(2)
- 6** Formally detained under Mental Health Act Section 5(4)
- 7** Formally detained under Mental Health Act Section 35
- 8** Formally detained under Mental Health Act Section 36
- 9** Formally detained under Mental Health Act Section 37 with section 41 restrictions
- 10** Formally detained under Mental Health Act Section 37
- 12** Formally detained under Mental Health Act Section 38
- 13** Formally detained under Mental Health Act Section 44
- 14** Formally detained under Mental Health Act Section 46
- 15** Formally detained under Mental Health Act Section 47 with section 49 restrictions
- 16** Formally detained under Mental Health Act Section 47
- 17** Formally detained under Mental Health Act Section 48 with section 49 restrictions
- 18** Formally detained under Mental Health

	<p>Act Section 48</p> <p>19 Formally detained under Mental Health Act Section 135</p> <p>20 Formally detained under Mental Health Act Section 136</p> <p>31 Formally detained under Criminal Procedure(Insanity) Act 1964 as amended by the Criminal Procedures (Insanity and Unfitness to Plead) Act 1991</p> <p>32 Formally detained under other acts</p> <p>34 Formally detained under Mental Health Act Section 45A</p> <p>35 Subject to guardianship under Mental Health Act Section 7</p> <p>36 Subject to guardianship under Mental Health Act Section 37</p> <p>37 Formally detained under Mental Act Section 45A (Limited direction in force)</p> <p>38 Formally detained under Mental Health Act Section 45A (Limitation direction ended)</p> <p>98 Not applicable</p> <p>99 Not known</p>	
<p>Q17a What is the ward security level?</p>	<p>Q14a</p> <p>Code as</p>	<p>Mandatory Format/length an1</p>

		<ul style="list-style-type: none"> 0 General (non-secure)⁸ 1 Low Secure 2 Medium Secure 3 High Secure 4 Psychiatric Intensive Care Unit (PICU), 	
Q17b What is the ward type?	Q14b	<p>If Q17a is code 0 'General' or 4 'PICU' then Q17b must not be 1.</p> <p>If Q17a is code 1 'low secure' 2 'medium secure', 3 'high secure' then Q17b must be 1.</p> <p>Code as</p> <ul style="list-style-type: none"> 1 Low, Medium and High secure forensic beds 2 Acute admission beds within specialised learning disability units 3 Acute admission beds within generic mental health settings 4 Forensic rehabilitation beds 5 Complex continuing care and rehabilitation beds 6 Other beds including those for specialist neuropsychiatric conditions 9 Other 	Mandatory Format/length an1
Q18 Is the service currently deemed compliant in relation to <u>all</u> the CQC Essential Standards?	Q15	<p>Code as</p> <ul style="list-style-type: none"> Y Yes N No 	Mandatory Format/length an1

⁸ This would also include locked rehabilitation.

		<p>3 Not known (Not yet inspected)</p> <p>4 Not applicable (Not regulated by CQC as outside England)</p>	
Q19 Has this patient been considered for discharge through the use of a Community Treatment Order ⁹ as defined in the Mental Health Act (2007)?	Q16	<p>Code as</p> <p>Y Yes</p> <p>N No</p>	<p>Mandatory Format/length an1</p>
ADVOCACY			
Q20a Does the patient make use of independent advocacy?	Q17	<p>If No, answer Q20b, If Yes, answer Q20c-g</p> <p>Code as</p> <p>Y Yes</p> <p>N No</p>	<p>Mandatory Format/length an1</p>
Q20b, If Q20a is No, why not?	Q17a	<p>If Q20a is No, Q20b must be answered (Q20c-g should be left blank).</p> <p>Code as</p>	<p>Dependent on Q20a Format/length an1</p>

⁹ Community Treatment Orders were introduced in November 2008 by new sections 17A-G being inserted into the Mental Health Act (1983) by the Mental Health Act (2007). In the Code of Practice it is called Supervised Community Treatment; in the Act those subject to CTOs are called community patients. Please state if, for this current episode of inpatient care, such an order/option of care has been considered for the patient.

		<p>1 Patient chose not to use service</p> <p>2 Patient currently on waiting list for service</p> <p>3 No independent service available</p> <p>7 Other</p>	
Q20c, If Q20a is Yes, does this patient have an independent advocate?	Q17b	<p>If Q20a is Yes, Q20c-g must be answered (Q20b should be left blank).</p> <p>Y Yes</p> <p>N No</p> <p>X Don't know</p>	<p>Dependent on Q20a Format/length an1</p>
Family member (someone who has been asked by, or given permission by the patient, to represent them)			
Q20d, If Q20a is Yes, does this patient have an independent advocate? ¹⁰	Q17c	<p>If Q20a is Yes, Q20c-g must be answered (Q20b should be left blank).</p> <p>Y Yes</p> <p>N No</p> <p>X Don't know</p>	<p>Dependent on Q20a Format/length an1</p>
Independent person (someone who has been asked by, or given permission by the patient, to represent them)			
Q20e, If Q20a is Yes, does this patient have an independent advocate?	Q17d	<p>If Q20a is Yes, Q20c-g must be answered (Q20b should be left blank).</p> <p>Y Yes</p>	<p>Dependent on Q20a Format/length an1</p>
A formal Independent Mental			

¹⁰ An independent advocate can be a neighbour, friend, relative, volunteer from an advocacy organisation or a paid independent advocate. A family member is only considered to be independent if the person has expressly chosen them as an independent advocate. The Mental Capacity Act (2005) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for them. The Act introduces several new roles, bodies and powers, all of which support the Act's provisions. One of the new services created by the Act is the Independent Mental Capacity Advocacy (IMCA) Service, which introduces the new role of the Independent Mental Capacity Advocate (IMCA). The Mental Health Act (2007) created the role of the independent mental health advocate (IMHA).

Capacity Advocate (IMCA)		<p>N No</p> <p>X Don't know</p>	
Q20f, If Q20a is Yes, does this patient have an independent advocate?	Q17e	<p>If Q20a is Yes, Q20c-g must be answered (Q20b should be left blank).</p> <p>Y Yes</p> <p>N No</p> <p>X Don't know</p>	<p>Dependent on Q20a Format/length an1</p>
An Independent Mental Health Advocate (IMHA)			
Q20g, If Q20a is Yes, does this patient have an independent advocate?	Q17f	<p>If Q20a is Yes, Q20c-g must be answered (Q20b should be left blank).</p> <p>Y Yes</p> <p>N No</p> <p>X Don't know</p>	<p>Dependent on Q20a Format/length an1</p>
Non-instructed advocate ¹¹			
Q21 Are members of the patient's family currently involved in discussing the patient's care plan?	Q18	<p>Code as</p> <p>1 Yes</p> <p>2 No – at the request of the patient</p> <p>3 No – access restrictions on family</p> <p>4 No family involved</p>	<p>Mandatory Format/length an1</p>

¹¹ Non-instructed advocacy is used when it is not possible to get consent from a person, or get a clear idea about the person's views and wishes. This is not the same as the person refusing consent, or being uncertain about their choices. Usually when a person lacks mental capacity, it means they cannot understand the information that has been explained to them, or they are unable to remember the information long enough to think about it or they are unable to communicate their views. In this instance a non-instructed advocate will ensure the person's rights are upheld and that all options for them are explored. They will represent the person's interests by ensuring that alternative courses of action are considered and they will support the person to participate as fully as possible in decision making processes.

		<p>5 No family living</p> <p>9 Don't know</p>	
Q22 Does the organisation providing advocacy hold the Advocacy Quality Performance Mark (QPM) Award?	New	<p>If Q20e, f or g is Yes then Q22 must be answered</p> <p>Y Yes</p> <p>N No</p>	Mandatory Format/length an1
CASE MANAGEMENT AND TRANSFERS TO COMMUNITY OR INPATIENT SETTINGS			
Q23 Did the patient have a pre-admission Care and Treatment Review (CTR)?	New	<p>Y Yes</p> <p>N No</p>	Mandatory Format/length an1
Q24 If Yes, when did this take place?	New	<p>The format required:</p> <p>DD-MM-CCYY</p>	Dependent on Q23 Format/length an10
Q25 If No, did the patient have a post-admission CTR?	New	<p>Y Yes</p> <p>N No</p>	Dependent on Q23 Format/length an1
Q26 If the patient did have a post-admission CTR, when did this take place?	New	<p>The format required:</p> <p>DD-MM-CCYY</p>	Dependent on Q25 Format/length an10

Q27 Date of most recent CTR	New	The format required: DD-MM-CCYY	Mandatory	Format/length an10
Q28 Outcome of most recent CTR	New	Code as: <ol style="list-style-type: none"> 1 Ready for discharge, discharge plan in place & discharge date in next 3 months 2 Ready for discharge, discharge plan in place & discharge date in next 6 months 3 Ready for discharge- no discharge plan 4 Not ready for discharge- needs to be in a hospital bed for care & treatment. 9 Not applicable (Source of admission code 39) 	Mandatory	Format/length an1
Q29 Date of next scheduled CTR	New	The format required: DD-MM-CCYY	Mandatory	Format/length an10
Q30 Was the patient admitted for respite care only?	New	Code as Y Yes N No	Mandatory	Format/length an1
Q31 Does the patient have a	Q19		Mandatory	Format/length an1

named locality care co-ordinator/care manager?		Code as Y Yes N No	
Q32 Date of the most recent formal review or assessment ¹² of this patient's individual care plan.	Q20 (wording change)	The format required: DD-MM-CCYY	Mandatory Format/length an10 Q32 cannot be a date in the future.
Q33 Details of patient's care plan	Q21 (options 4 and 5 removed)	Code as 1 Currently not dischargeable because of level of behaviour that presents a risk to the person or others, or mental illness 2 Currently receiving active treatment plan, discharge plan not in place 3 Working towards discharge to identified placement or with discharge plan in place 6 No onward placement available, delayed transfer of care	Mandatory Format/length an1
Q34a Is the plan for discharge/transfer agreed by the	Q22a		Mandatory Format/length an1

¹² Formal review means that a formal record of the review has been made and shared with the person, their family, care and/or advocate, other key providers and commissioners. This may include a Care Programme Approach (CPA) review.

following: Patient?		If there is no discharge plan in place answer N for Q34a - f Code as Y Yes N No		
Q34b Is the plan for discharge/transfer agreed by the following: Family/carer?	Q22b	Code as Y Yes N No 9 Not Applicable (No Family/Carer)	Mandatory	Format/length an1
Q34c Is the plan for discharge/transfer agreed by the following: Advocate	Q22c	Code as Y Yes N No	Mandatory	Format/length an1
Q34d Is the plan for discharge/transfer agreed by the following: Provider clinical team?	Q22d	Code as Y Yes N No	Mandatory	Format/length an1
Q34e Is the plan for discharge/transfer agreed by the following: Local community support team?	Q22e	Code as Y Yes N No	Mandatory	Format/length an1
Q34f Is the plan for discharge/transfer agreed by the	Q22f		Mandatory	Format/length an1

<p>following: Commissioners?</p>	<p>Code as Y Yes N No</p>	
<p>Q35 Where will the patient transfer to? (Or notification of patient death)</p>	<p>Q23 Code as</p> <ul style="list-style-type: none"> 1 Independent Living 2 Supported Housing 3 Family home with support 4 Residential Care 5 Residential School 6 Low Secure Beds 7 Medium Secure Beds 8 High Secure Beds 9 Acute admission beds within specialised learning disability units 10 Acute admission beds within generic mental health setting 11 Forensic rehabilitation beds 12 Complex continuing care and rehabilitation beds 13 Other beds including those for specialist neuropsychiatric conditions 14 No transfer currently planned 15 Patient died 16 Other 	<p>Mandatory Format/length an2</p>
<p>Q36 If Q35 is 1, 2, 3, 4, 5 Full post code (with a space) of the proposed community setting, if known?</p>	<p>Q24</p> <p>If Q35 is code 14 'No transfer currently planned' or 15 'Patient died' then Q36 and Q37 should be left blank.</p> <p>Q36 should only be answered if the patient is transferring to a community setting (code 1, 2,</p>	<p>Dependent on Q35 Format/length an8</p>

		3, 4 or 5 at Q35). If Q35 is not code 1, 2, 3, 4 or 5 Q36 should be left blank. Postcode of the proposed community setting If not known use (ZZ99 3WZ)	
Q37 Is the relevant Local Authority aware of the planned transfer of this patient to their area?	Q25	If Q35 is code 14 'No transfer currently planned' or 15 'Patient died' then Q36 and Q37 should be left blank. Code as Y Yes N No X Don't know	Mandatory Format/length an1
Q38a Is there an agreed date for the planned transfer?	Q26	If Q35 is code 14 'No transfer currently planned' or 15 'Patient died' then Q38a should be N 'No' Code as Y Yes N No	Mandatory Format/length an1
Q38b If Q38a is Yes, date of planned transfer	Q26a	If Q38a is Yes, Q38b must be answered. The format required: DD-MM-CCYY	Dependent on Q38a Format/length an10
Q39a If Q33 is coded 6, what are the reasons for this patient's planned transfer of care not	Q27a	Code as	Dependent on Q33 Format/length an1 If Q33 is code 6, Q39a-l must be answered.

having an agreed date?		Y Yes	
Lack of agreed health care funding		N No	
Q39b If Q33 is coded 6, what are the reasons for this patient's planned transfer of care not having an agreed date?	Q27b	Code as Y Yes N No	Dependent on Q33 Format/length an1 If Q33 is code 6, Q39a-l must be answered.
Lack of agreed social care funding			
Q39c If Q33 is coded 6, what are the reasons for this patient's planned transfer of care not having an agreed date?	Q27c	Code as Y Yes N No	Dependent on Q33 Format/length an1 If Q33 is code 6, Q39a-l must be answered.
Awaiting further non-acute (including CCG and mental health) NHS care (including intermediate care, rehabilitation services, etc.)			
Q39d If Q33 is coded 6, what are the reasons for this patient's planned transfer of care not having an agreed date?	Q27d	Code as Y Yes N No	Dependent on Q33 Format/length an1 If Q33 is code 6, Q39a-l must be answered.
Awaiting residential home placement or availability			
Q39e If Q33 is coded 6, what are the reasons for this patient's planned transfer of care not	Q27e		Dependent on Q33 Format/length an1 If Q33 is code 6, Q39a-l must be answered.

<p>having an agreed date?</p> <p>Awaiting nursing home placement or availability</p>	<p>Code as</p> <p>Y Yes</p> <p>N No</p>	
<p>Q39f If Q33 is coded 6, what are the reasons for this patient's planned transfer of care not having an agreed date?</p> <p>Awaiting care package in own home</p>	<p>Q27f</p> <p>Code as</p> <p>Y Yes</p> <p>N No</p>	<p>Dependent on Q33 Format/length an1</p> <p>If Q33 is code 6, Q39a-l must be answered.</p>
<p>Q39g If Q33 is coded 6, what are the reasons for this patient's planned transfer of care not having an agreed date?</p> <p>Awaiting community equipment and adaptations</p>	<p>Q27g</p> <p>Code as</p> <p>Y Yes</p> <p>N No</p>	<p>Dependent on Q33 Format/length an1</p> <p>If Q33 is code 6, Q39a-l must be answered.</p>
<p>Q39h If Q33 is coded 6, what are the reasons for this patient's planned transfer of care not having an agreed date?</p> <p>Patient or family choice</p>	<p>Q27h</p> <p>Code as</p> <p>Y Yes</p> <p>N No</p>	<p>Dependent on Q33 Format/length an1</p> <p>If Q33 is code 6, Q39a-l must be answered.</p>
<p>Q39i If Q33 is coded 6, what are the reasons for this patient's planned transfer of care not having an agreed date?</p> <p>Lack of local health service</p>	<p>Q27i</p> <p>Code as</p> <p>Y Yes</p>	<p>Dependent on Q33 Format/length an1</p> <p>If Q33 is code 6, Q39a-l must be answered.</p>

provision		N No	
Q39j If Q33 is coded 6, what are the reasons for this patient's planned transfer of care not having an agreed date?	Q27j	Code as Y Yes N No	Dependent on Q33 Format/length an1 If Q33 is code 6, Q39a-l must be answered.
Lack of social care support			
Q39k If Q33 is coded 6, what are the reasons for this patient's planned transfer of care not having an agreed date?	Q27k	Code as Y Yes N No	Dependent on Q33 Format/length an1 If Q33 is code 6, Q39a-l must be answered.
Lack of suitable housing provision			
Q39l If Q33 is coded 6, what are the reasons for this patient's planned transfer of care not having an agreed date?	Q27l	Code as Y Yes N No	Dependent on Q33 Format/length an1 If Q33 is code 6, Q39a-l must be answered.
Other			
Q40 Discharge date (hospital provider spell) or Person death date	Q28	This date should only be entered if the patient has left the ward The format required: DD-MM-CCYY	Format/length an10

7 Appendix 3

Consent Guidance

Guidance and support for care staff considering patient objections

This guidance focuses on information sharing between service providers taking part in the Assuring Transformation Collection and the Health and Social Care Information Centre (HSCIC). In particular the guidance explains what providers need to do when a patient wishes to prevent information from identifying them or information held about them by the HSCIC being used for purposes other than direct care.

We wish to support service providers to assist patients to better understand their rights and, under the Data Protection Act, to give them the information they need to make decisions about how information about them is used.

What do you need to do?

You should inform patients that although data collected by the collection will flow to the HSCIC they can object to it leaving the HSCIC for purposes beyond their direct care in any way that identifies them. You should also tell the patient that there are a few exceptions to this.*

If a patient objects to information that identifies them leaving the HSCIC and being used for purposes beyond direct care then they, their carer, advocate or professional person acting on their behalf, must contact their GP and ask them to note this objection in the patient's medical records. The GP will then add an appropriate code to the patient's record subject to certain exceptions.

For more comprehensive information about objections please read the full guidance notes at <http://www.hscic.gov.uk/ldcensus>

For more information about how the HSCIC looks after and shares information go to: <http://www.hscic.gov.uk/patientconf>

* Exceptions are; (i) when the information does not identify the patient (ii) information needed for the direct care of the patient (iii) in serious situations where there is a legal requirement to provide the information (such as a court order or in the event of a civil or public health emergency)

There is also a Patient Leaflet document available on the NHS England website: <http://www.england.nhs.uk/ourwork/qual-clin-lead/ld/atd/>