



Health & Social Care  
Information Centre

# Assuring Transformation

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**Collection Specification**

**January 2015**

Superseded



This information standard (SCCI2007) has been approved for publication by the Department of Health and/or NHS England 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:

- specification (this document)
- implementation guidance.

An Information Standards Notice (SCCI2007 Amd 07/2014) has been issued as a notification of use and implementation timescales. Please read this alongside the listed documents.

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

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**Author: HSCIC Data Collection team**

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## Glossary

**AT** – Assuring Transformation

**AT** – Area Team

**Caldicott Guardian** – Nominated senior person who oversees information governance.

**CAP system** – 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.

**CCG** – Clinical Commissioning Group

**CSU** – Commissioning Support Unit

**Data Dictionary** – 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.

**HSCIC** – Health and Social Care Information Centre

**ISN** – Information Standards Notice

**Look Up Tables** – Excel tables which contain a list of Organisations related to the collection.

**Operational Guidance** – This provides collection specific guidance on how to use the Clinical Audit Platform.

**Organisation 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>.

**PID** – Personal Identifiable data

**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

**SCCI** – Standardisation Committee for Care Information

**Single Sign-On Account** – This is an account with the HSCIC which is required to access a variety of tools which the HSCIC uses.

**SSO** – Single Sign-On Account. This is an account which allows the user to access HSCIC data submission platforms that they are registered for.

# 1 Overview

This document defines the patient level Assuring Transformation (AT) Information Standard and Data Collection (SCCI2007). Further to publication of the Information Standards Notice (ISN), the Health and Social Care Information Centre (HSCIC) will undertake the collection on behalf of NHS England. The data will be collected using the Clinical Audit Platform. 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.

## 1.1 Related Documents

A comprehensive set of documents has been developed by the team for the Assuring Transformation Information Standard and Data Collection. Documentation includes:

- Registration Document
- Implementation Guidance
- Operational Guidance

These will be posted on the HSCIC website<sup>1</sup> when the ISN is approved.

## 2 Introduction

### Assuring Transformation

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

From January 2015 the HSCIC will be taking a monthly cut of the data. This will be a mandatory collection.

Previously, CCGs, CSUs, and specialised commissioning teams have submitted their data directly to NHS England. The quarter ending 31st December 2014 will be last time that the data is submitted directly to NHS England.

From February 2015 CCGs, CSUs and specialised commissioning teams will be required to upload their monthly data to the HSCIC.

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<sup>1</sup> [www.hscic.gov.uk/assuringtransformation](http://www.hscic.gov.uk/assuringtransformation)

## Background

The Department of Health published *Transforming Care: A national response to Winterbourne View Hospital*<sup>2</sup> 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 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 will also be used to triangulate with the Learning Disability Census completed by providers on 30<sup>th</sup> September 2014 when this data becomes available after February 2015. 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.

Supersede

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<sup>2</sup> <https://www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response>

### 3 Health and Care Organisations

For the scope of this collection, NHS CCGs, NHS England Specialist Teams, and Commissioning Support Units (CSUs) on behalf of CCGs should complete this collection as Commissioners of Learning Disability services. This is a mandatory collection. The data return must be completed by the Commissioning organisation ONLY.

Commissioners of in-scope services are expected to comply with the collection. The only records that are required are those commissioned from those healthcare organisations registered with the CCG as providers of in-scope specialist learning disability services.

The in-scope definition is:

"The collection will consider in-patients 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 in-patients 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."

#### 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 <b>MUST</b> be fully conformant with the Assuring Transformation requirements (See <i>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 <b>SHOULD</b> be carried out by the organisational Commissioning lead for Learning Disabilities.
Feasibility Assessment	
3	Commissioners <b>MUST</b> 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 <b>SHOULD</b> 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 <b>SHOULD NOT</b> rely on the Providers to provide them with this information. The data submission process <b>MUST</b> meet the specifications defined in the

	Implementation Guidance.
5	The Commissioners <b>SHOULD</b> be familiar with the collection as this has already been collected by NHS England on a quarterly basis. With the Implementation Guidance the Commissioners will have a better understanding of how data items are validated. The data submission process <b>MUST</b> meet the specifications defined in the Implementation Guidance.
<b>Information Governance</b>	
6	The Implementation Guidance provides information on the Information Governance (IG) issues surrounding the data set. Caldicott Guardians <b>MUST</b> review the (IG) Guidelines in the Implementation Guidance, Appendix C: User Terms and Conditions of Access, which clarify: <ul style="list-style-type: none"> <li>- How data submission, storage and reporting processes handle identifiable and sensitive data and</li> <li>- How Fair Processing should be conducted and objections should be best managed to comply with the Confidentiality Advisory Group conditions of approval.</li> </ul>
<b>Constructing a data submission file</b>	
7	It is not stipulated how data should be collected locally; therefore, data <b>MAY</b> 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.
8	Commissioners <b>MUST</b> 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 (Currently under construction and will go live to coincide with project approval). This data template can be used to upload data into the CAP system once it has been populated with their information. <p>All records <b>MUST</b> 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	Commissioners <b>MUST</b> ensure that their data is up to date on a monthly basis. If there have been no amendments within the quarter, then the Commissioners <b>MUST</b> use the system and press the Submission Confirmation button to confirm that there are no amendments for the quarter - enabling data from that Commissioning organisation to be included in analysis. <p>Commissioners then <b>SHOULD</b> 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 <b>MUST</b> observe the collection schedule that will be published in advance on the HSCIC Assuring Transformation website.</p>
<b>Access to the Clinical Audit Platform</b>	
10	The Commissioners <b>MUST</b> register for access to the Clinical Audit Platform (for further information please see Appendix D of the Implementation Guidance). <p>Registration <b>SHOULD</b> be based on current organisation details.</p>

	All submitters <b>MUST</b> submit data through the Clinical Audit Platform. The CAP system does not require an N3 connection but does require internet access.
11	The Commissioners <b>MUST</b> resolve inherent errors and address data quality issues. The CAP system will identify any data which do not pass the validation criteria. As such it is impossible for Commissioners to submit invalid data.
<b>Issue and maintenance</b>	
12	To support the implementation of this Information Collection, Commissioners <b>SHOULD</b> 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 – uploaders **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. Uploaders **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 uploaders **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](http://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

## 5 Appendix 1

### Base Validations

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

If Q7 is No, Q7a-i should be left blank.

If Q7 is Yes, Q7a, Q7b, Q7c must be answered.

If Q7c is Yes, Q7d must be answered (Q7e should be left blank).

If Q7c is No, Q7d should be left blank.

If Q7g is Yes, Q7h must be answered (Q7i should be left blank).

If Q7g is No, Q7i must be answered (Q7h should be left blank).

Q9b 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 Q9b should be left blank.

If Q17 is No, Q17a must be answered (Q17b-f should be left blank).

If Q17 is Yes, Q17b-f must be answered (Q17a should be left blank).

Q20 cannot be a date in the future.

If Q23 is code 15 'Patient died' then Q24 through to Q27 should be left blank.

Q24 should only be answered if the patient is transferring to a community setting (code 1, 2, 3, 4 or 5 at Q23). If Q23 is not code 1, 2, 3, 4 or 5 Q24 should be left blank.

If Q26 is Yes, Q26a must be answered (Q27a-l should be left blank) If Q21 is code 1, 2, 3, 4 or 5 then Q27a-l should be left blank).

If Q21 is code 6, Q27a-l must be answered.

## 6 Appendix 2

### Questions

Question	Mandatory	New coding required	Help Text
<b>PERSONAL INFORMATION</b>			
Q1 NHS Number of patient?	<b>M</b>	<b>Format/length</b> n10 NHS number of patient	
Q2 Patient's date of birth?	<b>M</b>	<b>Format/length</b> an10 Patient's date of birth is required in the following format: DD-MM-CCYY	
Q3 Gender of patient?	<b>M</b>	<b>Format/length</b> n1 National Codes: 1 Male 2 Female 9 Indeterminate (unable to be classified)	
Q4 Patient's ethnic category?	<b>M</b>	<b>Format/length</b> an2  This must be the patient's own decision of their ethnic category.  National Codes:	

		<p>White</p> <p><b>A</b> British</p> <p><b>B</b> Irish</p> <p><b>C</b> Any other White background</p> <p>Mixed</p> <p><b>D</b> White and Black Caribbean</p> <p><b>E</b> White and Black African</p> <p><b>F</b> White and Asian</p> <p><b>G</b> Any other mixed background</p> <p>Asian or Asian British</p> <p><b>H</b> Indian</p> <p><b>J</b> Pakistani</p> <p><b>K</b> Bangladeshi</p> <p><b>L</b> Any other Asian background</p> <p>Black or Black British</p> <p><b>M</b> Caribbean</p> <p><b>N</b> African</p> <p><b>P</b> Any other Black background</p> <p>Other Ethnic Groups</p> <p><b>R</b> Chinese</p>	
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		<p><b>S</b> Any other ethnic group</p> <p><b>Z</b> Not stated</p> <p><b>99</b> Not known</p>	
Q5a What was the patient's source of admission?	<b>M</b>	<p><b>Format/length</b> n2</p> <p>Code as</p> <p><b>19</b> Usual place of residence unless listed below, for example, a private dwelling whether owner occupied or owned by <b>Local Authority</b>, housing association or other landlord. This includes wardened accommodation but not residential accommodation where health care is provided. It also includes <b>PATIENTS</b> with no fixed abode.</p> <p><b>29</b> Temporary place of residence when usually resident elsewhere (e.g. hotels, residential educational establishments)</p> <p><b>39</b> Penal establishment, Court, or police station</p> <p><b>49</b> NHS other hospital provider - high security psychiatric accommodation in an NHS hospital provider (NHS trust)</p> <p><b>51</b> NHS other hospital provider - <b>WARD</b> for general <b>PATIENTS</b> or the younger physically disabled or A &amp; E department</p> <p><b>53</b> NHS other hospital provider - <b>WARD</b> for <b>PATIENTS</b> who are mentally ill or have learning disabilities</p> <p><b>54</b> NHS run care home</p> <p><b>65</b> <b>Local Authority</b> residential accommodation i.e. where care is provided</p>	

		<p><b>66</b> Local Authority foster care</p> <p><b>85</b> Non-NHS (other than Local Authority) run care home</p> <p><b>87</b> Non NHS run hospital</p> <p><b>88</b> Non-NHS (other than Local Authority) run Hospice</p>	
Q5b Full Post Code (with a space) of source of admission?	<b>M</b>	<p><b>Format/length</b> an8</p> <p>Full postcode of source of admission</p> <p>If not known use (ZZ99 3WZ)</p>	
Q6 Is the patient subject to...	<b>M</b>	<p><b>Format/length</b> n1</p> <p>Code as</p> <p><b>1</b> Guardianship</p> <p><b>2</b> Appointeeship</p> <p><b>3</b> Both</p> <p><b>4</b> Neither</p> <p><b>9</b> Don't Know</p>	<p>An Appointee is a person authorised by the Department for Work &amp; Pensions (DWP) to claim, collect and use benefits on behalf of a claimant who lacks mental or physical capacity to handle their own affairs.</p> <p>Appointeeship is only applicable where the person is receiving state benefits only and has little savings (less than £5,000).</p>
Q7 Is the patient a former resident of Winterbourne View Hospital? If Yes, please answer the following	<b>M</b>	<p><b>Format/length</b> an1</p> <p>Code as</p> <p><b>Y</b> Yes</p>	

questions, if No, go to Q8		<b>N</b> No	
Q7a Has the patient previously been subject to multiple (more than one) moves/placement breakdown?	<b>M</b>	<b>Format/length</b> an1 Code as <b>Y</b> Yes <b>N</b> No	
Q7b Has the service been subject to special measures or deemed non-compliant by the CQC during the past 12 months?	<b>M</b>	<b>Format/length</b> n1 Code as <b>1</b> Yes <b>2</b> No <b>3</b> Not yet inspected <b>4</b> Not regulated by CQC as outside England	
Q7c Have any safeguarding concerns been raised in relation to the current service during the past 12 months?	<b>M</b>	<b>Format/length</b> an1 Code as <b>Y</b> Yes <b>N</b> No	
Q7d If Q7c is Yes, is the alert still active?	<b>M</b>	<b>Format/length</b> an1 Code as <b>Y</b> Yes <b>N</b> No	

Q7e If service closed, at what date?		<b>Format/length</b> an10  Date required in the following format:  DD-MM-CCYY	
Q7f Has the service been subject to any whistle blowing actions during the past 12 months?	<b>M</b>	<b>Format/length</b> an1  Code as  <b>Y</b> Yes  <b>N</b> No	
Q7g Has support been provided related to any potential trauma experienced at Winterbourne View?  If Yes, answer Q7h  If No, answer Q7i	<b>M</b>	<b>Format/length</b> an1  Code as  <b>Y</b> Yes  <b>N</b> No	
Q7h if Q7g is Yes, Please describe the support provided	<b>M</b>	<b>Format/length</b> n2  <b>1</b> Individual was given details of the help available from RESPOND  <b>2</b> Individual was supported to access the RESPOND helpline  <b>3</b> Individual received a one to one trauma assessment from RESPOND  <b>4</b> Individual accessed both the RESPOND helpline and also received a one to one trauma assessment	RESPOND is a charity which works with children and adults with learning disabilities who have experienced abuse or trauma, through psychotherapy, advocacy, campaigning and other support.

		<p><b>5</b> Individual received a trauma based assessment from local psychology service</p> <p><b>6</b> Individual is in hospital and receives trauma based support as part of their treatment plan</p> <p><b>7</b> Individual is living in the community and receives trauma based support as part of their specialist community support/treatment</p> <p><b>8</b> Other</p>	
Q7i if Q7g is No, Was any support required or requested?	<b>M</b>	<p><b>Format/length</b> an1</p> <p>Code as</p> <p><b>Y</b> Yes</p> <p><b>N</b> No</p>	
<b>COMMISSIONER INFORMATION</b>			
Q8 Is the patient on a register as required by the commitment in 'Transforming Care: A national response to Winterbourne View Hospital' and the 'Concordat'?	<b>M</b>	<p><b>Format/length</b> an1</p> <p>Code as</p> <p><b>Y</b> Yes</p> <p><b>N</b> No</p>	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.
<b>IN-PATIENT CARE INFORMATION</b>			
Q9a Date that this hospital admission commenced with this provider?	<b>M</b>	<p><b>Format/length</b> an10</p> <p>Date of admission to this hospital spell with this provider. The format required:</p>	

		DD-MM-CCYY	
Q9b Date of the first admission to any hospital as part of this continuous period of in-patient care?	<b>M</b>	<p><b>Format/length</b> an10</p> <p>Only required if patient was admitted from another hospital setting, i.e. Q5a is coded <b>49, 51, 53</b> or <b>87</b></p> <p>The format required: DD-MM-CCYY</p>	
Q10a Current provider organisation code?	<b>M</b>	<p><b>Format/length</b> an5</p> <p>The Provider's code</p>	
Q10b Current provider organisation name?	<b>M</b>	<p><b>Format/length</b> max an255</p> <p>Name of Provider</p>	
Q11a Current provider (site) location code?	<b>M</b>	<p><b>Format/length</b> an5</p> <p>Enter the hospital site code</p>	Please enter the code of the actual facility/hospital at which care is being provided.
Q11b Current provider (site) location name?	<b>M</b>	<p><b>Format/length</b> max an255</p> <p>Enter the name of the hospital site where the patient is being treated</p>	Please enter the name of the actual facility/hospital at which care is being provided.
Q11c Postcode (with a space) of the hospital where the patient has received treatment?	<b>M</b>	<p><b>Format/length</b> an8</p> <p>Full postcode of hospital</p>	

<p>Q12a Which of the following categories best describes the patient?</p>	<p><b>M</b></p>	<p><b>Format/length n1</b></p> <p>Code as</p> <ul style="list-style-type: none"> <li>1 The patient has a learning disability only</li> <li>2 The patient has a learning disability and autistic spectrum condition</li> <li>3 The patient has an autistic spectrum condition only</li> <li>4 None of the above</li> </ul>	
<p>Q12b On admission day what was the main diagnostic category of the patient? (current stay)</p>	<p><b>M</b></p>	<p><b>Format/length n1</b></p> <p>Challenging behaviour and self-harm have been put in as options despite not being diagnostic categories as they can be principle reasons for admission</p> <p>Code as</p> <ul style="list-style-type: none"> <li>1 Mental illness</li> <li>2 Learning Disability</li> <li>3 'Challenging Behaviour'</li> <li>4 Personality Disorder</li> <li>5 Autistic Spectrum Disorder including Asperger's Syndrome</li> <li>6 'Self Harm'</li> <li>7 Other</li> </ul>	

<p>Q13 Is this patient detained under the auspices of the Mental Health Act (1983)?</p>	<p><b>M</b></p>	<p><b>Format/length</b> n2</p> <p>National Codes:</p> <ol style="list-style-type: none"> <li><b>1</b> Informal</li> <li><b>2</b> Formally detained under Mental Health Act Section 2</li> <li><b>3</b> Formally detained under Mental Health Act Section 3</li> <li><b>4</b> Formally detained under Mental Health Act Section 4</li> <li><b>5</b> Formally detained under Mental Health Act Section 5(2)</li> <li><b>6</b> Formally detained under Mental Health Act Section 5(4)</li> <li><b>7</b> Formally detained under Mental Health Act Section 35</li> <li><b>8</b> Formally detained under Mental Health Act Section 36</li> <li><b>9</b> Formally detained under Mental Health Act Section 37 with section 41 restrictions</li> <li><b>10</b> Formally detained under Mental Health Act Section 37</li> <li><b>12</b> Formally detained under Mental Health Act Section 38</li> <li><b>13</b> Formally detained under Mental Health Act Section 44</li> <li><b>14</b> Formally detained under Mental Health Act Section 46</li> <li><b>15</b> Formally detained under Mental Health Act Section 47 with section 49 restrictions</li> <li><b>16</b> Formally detained under Mental Health Act</li> </ol>	
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		<p>Section 47</p> <p><b>17</b> Formally detained under Mental Health Act Section 48 with section 49 restrictions</p> <p><b>18</b> Formally detained under Mental Health Act Section 48</p> <p><b>19</b> Formally detained under Mental Health Act Section 135</p> <p><b>20</b> Formally detained under Mental Health Act Section 136</p> <p><b>31</b> Formally detained under Criminal Procedure(Insanity) Act 1964 as amended by the Criminal Procedures (Insanity and Unfitness to Plead) Act 1991</p> <p><b>32</b> Formally detained under other acts</p> <p><b>34</b> Formally detained under Mental Health Act Section 45A</p> <p><b>35</b> Subject to guardianship under Mental Health Act Section 7</p> <p><b>36</b> Subject to guardianship under Mental Health Act Section 37</p>	
<p>Q14a What is the ward security level?</p>	<p><b>M</b></p>	<p><b>Format/length</b> n1</p> <p>Notes: (i) the order of response options has reversed from previous collections</p> <p>(ii) PICU is no longer included in the Low Secure option and is a separate option below</p> <p>Code as</p> <p><b>0 General (non-secure)</b> Non secure accommodation or</p>	

		<p>accommodation that only has normal levels of security such as general <b>WARDS</b></p> <p><b>1 Low Secure</b>                  Low secure <b>WARDS</b>/units deliver comprehensive, multidisciplinary, treatment and care by qualified staff for <b>PATIENTS</b> who demonstrate disturbed behaviour in the context of a serious mental disorder and who require the provision of security.</p> <p><b>2 Medium Secure</b>                  Medium secure <b>WARDS</b>/units deliver comprehensive, multidisciplinary treatment and care by qualified staff for <b>PATIENTS</b> who demonstrate disturbed behaviour in the context of a serious mental disorder and who may present a serious risk to others.</p> <p><b>3 High Secure</b>                  High secure <b>WARDS</b>/hospitals provide comprehensive, multidisciplinary treatment and care by qualified staff for <b>PATIENTS</b> who demonstrate disturbed behaviour in the context of a serious mental disorder and have been assessed as presenting a grave and immediate danger to others. The Hospital must be part of an <b>NHS Trust</b> approved by the Secretary of State to provide high security psychiatric services.</p> <p><b>4 Psychiatric Intensive Care Unit (PICU)</b>, low secure forensic services, challenging behaviour services, and secure rehabilitation services</p>	
Q14b What is the ward type?	<b>M</b>	<b>Format/length</b> n1	

		<p>Code as</p> <ol style="list-style-type: none"> <li>1 Low, Medium and High secure forensic beds</li> <li>2 Acute admission beds within specialised learning disability units</li> <li>3 Acute admission beds within generic mental health settings</li> <li>4 Forensic rehabilitation beds</li> <li>5 Complex continuing care and rehabilitation beds</li> <li>6 Other beds including those for specialist neuropsychiatric conditions</li> <li>9 Other</li> </ol>	
Q15 Is the service currently deemed compliant in relation to <u>all</u> the CQC Essential Standards?	M	<p><b>Format/length</b> n1</p> <p>Code as</p> <ol style="list-style-type: none"> <li>1 Yes</li> <li>2 No</li> <li>3 Not yet inspected</li> <li>4 Not regulated by CQC as outside England</li> </ol>	
Q16 Has this patient been considered for discharge through the use of a Community Treatment Order as defined in the Mental Health Act	M	<p><b>Format/length</b> an1</p> <p>Code as</p>	

(2007)?		<b>Y</b> Yes <b>N</b> No	
<b>ADVOCACY</b>			
Q17 Does the patient make use of independent advocacy?  If No, answer Q17a  If Yes, answer Q17b-f	<b>M</b>	<b>Format/length</b> an1  Code as  <b>Y</b> Yes <b>N</b> No	
Q17a, If Q17 is No, why not?	<b>M</b>	<b>Format/length</b> n1  Code as  <b>1</b> Patient chose not to use service <b>2</b> Patient currently on waiting list for service <b>3</b> No independent service available  <b>7</b> Other	
Q17b, If Q17 is Yes, does this patient have an independent advocate?  Family member (someone who has been asked by, or given permission by the patient, to represent them)	<b>M</b>	<b>Format/length</b> an1  <b>Y</b> Yes <b>N</b> No <b>X</b> Don't know	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.
<p>Q17c, If Q17 is Yes, does this patient have an independent advocate?</p> <p>Independent person (someone who has been asked by, or given permission by the patient, to represent them)</p>	<b>M</b>	<p><b>Format/length</b> an1</p> <p><b>Y</b> Yes</p> <p><b>N</b> No</p> <p><b>X</b> Don't know</p>	
<p>Q17d, If Q17 is Yes, does this patient have an independent advocate?</p> <p>A formal Independent Mental Capacity Advocate (IMCA)</p>	<b>M</b>	<p><b>Format/length</b> an1</p> <p><b>Y</b> Yes</p> <p><b>N</b> No</p> <p><b>X</b> Don't know</p>	
<p>Q17e, If Q17 is Yes, does this patient have an independent advocate?</p> <p>An Independent Mental Health Advocate (IMHA)</p>	<b>M</b>	<p><b>Format/length</b> an1</p> <p><b>Y</b> Yes</p> <p><b>N</b> No</p> <p><b>X</b> Don't know</p>	
<p>Q17f, If Q17 is Yes, does this patient have an independent advocate?</p> <p>Non-instructed advocate</p>	<b>M</b>	<p><b>Format/length</b> an1</p> <p><b>Y</b> Yes</p> <p><b>N</b> No</p> <p><b>X</b> Don't know</p>	<p>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</p>

			<p>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.</p> <p>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>
<p>Q18 Are members of the patient's family currently involved in discussing the patient's care plan?</p>	<p><b>M</b></p>	<p><b>Format/length</b> n1</p> <p>Code as</p> <ul style="list-style-type: none"> <li><b>1</b> Yes</li> <li><b>2</b> No – at the request of the patient</li> <li><b>3</b> No – access restrictions on family</li> </ul>	

		<b>4</b> No family involved <b>5</b> No family living <b>9</b> Don't know	
Q19 Does the patient have a named locality care co-ordinator/care manager?	<b>M</b>	<b>Format/length</b> an1 Code as <b>Y</b> Yes <b>N</b> No	
Q20 Date of the most recent formal review of this patient's individual care plan.	<b>M</b>	<b>Format/length</b> an10 Date must not be later than the data collection date The format required: DD-MM-CCYY	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.
Q21 Details of patient's care plan	<b>M</b>	<b>Format/length</b> n1 Code as	

		<p><b>1</b> Currently not dischargeable because of level of behaviour that presents a risk to the person of others, or mental illness</p> <p><b>2</b> Currently receiving active treatment plan, discharge plan not in place</p> <p><b>3</b> Working towards discharge to identified placement or with discharge plan in place</p> <p><b>4</b> Requires indefinite IP care because of behavioural needs</p> <p><b>5</b> Requires indefinite IP care because of physical needs</p> <p><b>6</b> No onward placement available, delayed transfer of care</p>	
<p>Q22a Is the plan for discharge/transfer agreed by each the following:</p> <p>Patient?</p>	<b>M</b>	<p><b>Format/length</b> an1</p> <p>Code as</p> <p><b>Y</b> Yes</p> <p><b>N</b> No</p>	
<p>Q22b Is the plan for discharge/transfer agreed by each the following:</p> <p>Family/carer?</p>	<b>M</b>	<p><b>Format/length</b> an1</p> <p>Code as</p> <p><b>Y</b> Yes</p> <p><b>N</b> No</p>	
<p>Q22c Is the plan for discharge/transfer agreed by each the following:</p> <p>Advocate</p>	<b>M</b>	<p><b>Format/length</b> an1</p> <p>Code as</p> <p><b>Y</b> Yes</p>	

		<b>N</b> No	
Q22d Is the plan for discharge/transfer agreed by each the following:  Provider clinical team?	<b>M</b>	<b>Format/length</b> an1  Code as  <b>Y</b> Yes  <b>N</b> No	
Q22e Is the plan for discharge/transfer agreed by each the following:  Local community support team?	<b>M</b>	<b>Format/length</b> an1  Code as  <b>Y</b> Yes  <b>N</b> No	
Q22f Is the plan for discharge/transfer agreed by each the following:  Commissioners?	<b>M</b>	<b>Format/length</b> an1  Code as  <b>Y</b> Yes  <b>N</b> No	
Q23 Where will the patient transfer to? (Or notification of patient death)	<b>M</b>	<b>Format/length</b> n2  Code as  <b>1</b> Independent Living  <b>2</b> Supported Housing  <b>3</b> Family home with support  <b>4</b> Residential Care	

		<p><b>5</b> Residential School</p> <p><b>6</b> Low Secure Beds</p> <p><b>7</b> Medium Secure Beds</p> <p><b>8</b> High Secure Beds</p> <p><b>9</b> Acute admission beds within specialised learning disability units</p> <p><b>10</b> Acute admission beds within generic mental health setting</p> <p><b>11</b> Forensic rehabilitation beds</p> <p><b>12</b> Complex continuing care and rehabilitation beds</p> <p><b>13</b> Other beds including those for specialist neuropsychiatric conditions</p> <p><b>14</b> No transfer currently planned</p> <p><b>15</b> Patient died</p> <p><b>16</b> Other</p>	
<p>Q24 If Q23 is <b>1, 2, 3, 4, 5</b></p> <p>Full post code (with a space) of the proposed community setting, if known?</p>	<p><b>M</b></p>	<p><b>Format/length</b> an8</p> <p>Postcode of the proposed community setting</p> <p>If not known use (ZZ99 3WZ)</p>	
<p>Q25 Is the relevant Local Authority aware of the planned transfer of this</p>	<p><b>M</b></p>	<p><b>Format/length</b> an1</p> <p><b>Y</b> Yes</p>	<p>As the NHS commissioner have you or the</p>

<p>patient to their area?</p>		<p><b>N</b> No <b>X</b> Don't know</p>	<p>care co-ordinator informed the relevant local authority for the area where that the patient will transfer to a community based setting.</p>
<p>Q26 Is there an agreed date for the planned transfer?</p>	<p><b>M</b></p>	<p><b>Format/length</b> an1 Code as <b>Y</b> Yes <b>N</b> No</p>	
<p>Q26a If Q26 is Yes, date of planned transfer</p>	<p><b>M</b></p>	<p><b>Format/length</b> an10 The format required: DD-MM-CCYY</p>	
<p>If Q21 is coded 1, 2, 3, 4 or 5 then Q27a to Q27I should not be answered. Go to Q28</p>		<p>Code each response below as Yes or No</p>	
<p>Q27a If Q21 is coded 6, what are the reasons for this patient's planned transfer of care not having an agreed date?  Lack of agreed health care funding</p>	<p><b>M</b></p>	<p><b>Format/length</b> an1 Code as <b>Y</b> Yes <b>N</b> No</p>	

<p>Q27b If Q21 is coded 6, what are the reasons for this patient's planned transfer of care not having an agreed date?</p> <p>Lack of agreed social care funding</p>	<b>M</b>	<p><b>Format/length</b> an1</p> <p>Code as</p> <p><b>Y</b> Yes</p> <p><b>N</b> No</p>	
<p>Q27c If Q21 is coded 6, what are the reasons for this patient's planned transfer of care not having an agreed date?</p> <p>Awaiting further non-acute (including CCG and mental health) NHS care (including intermediate care, rehabilitation services, etc.)</p>	<b>M</b>	<p><b>Format/length</b> an1</p> <p>Code as</p> <p><b>Y</b> Yes</p> <p><b>N</b> No</p>	
<p>Q27d If Q21 is coded 6, what are the reasons for this patient's planned transfer of care not having an agreed date?</p> <p>Awaiting residential home placement or availability</p>	<b>M</b>	<p><b>Format/length</b> an1</p> <p>Code as</p> <p><b>Y</b> Yes</p> <p><b>N</b> No</p>	
<p>Q27e If Q21 is coded 6, what are the reasons for this patient's planned transfer of care not having an agreed date?</p> <p>Awaiting nursing home placement or availability</p>	<b>M</b>	<p><b>Format/length</b> an1</p> <p>Code as</p> <p><b>Y</b> Yes</p> <p><b>N</b> No</p>	

<p>Q27f If Q21 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>	<b>M</b>	<p><b>Format/length</b> an1</p> <p>Code as</p> <p><b>Y</b> Yes</p> <p><b>N</b> No</p>	
<p>Q27g If Q21 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>	<b>M</b>	<p><b>Format/length</b> an1</p> <p>Code as</p> <p><b>Y</b> Yes</p> <p><b>N</b> No</p>	
<p>Q27h If Q21 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>	<b>M</b>	<p><b>Format/length</b> an1</p> <p>Code as</p> <p><b>Y</b> Yes</p> <p><b>N</b> No</p>	
<p>Q27i If Q21 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 provision</p>	<b>M</b>	<p><b>Format/length</b> an1</p> <p>Code as</p> <p><b>Y</b> Yes</p> <p><b>N</b> No</p>	
<p>Q27j If Q21 is coded 6, what are the reasons for this patient's planned transfer of care not having an agreed</p>	<b>M</b>	<p><b>Format/length</b> an1</p> <p>Code as</p>	

date? Lack of social care support		<b>Y</b> Yes <b>N</b> No	
Q27k If Q21 is coded 6, what are the reasons for this patient's planned transfer of care not having an agreed date? Lack of suitable housing provision	<b>M</b>	<b>Format/length</b> an1 Code as <b>Y</b> Yes <b>N</b> No	
Q27l If Q21 is coded 6, what are the reasons for this patient's planned transfer of care not having an agreed date? Other	<b>M</b>	<b>Format/length</b> an1 Code as <b>Y</b> Yes <b>N</b> No	
Q28 If the patient has already been discharged, what is the actual date that the discharge happened, or date that the patient died?		<b>Format/length</b> an10 Only enter date if the patient has left the ward The format required: DD-MM-CCYY	

## 7 Appendix 3

### Consent Guidance

#### **Guidance and support for care staff considering patient objections**

This guidance focuses on information sharing between 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 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 an Easy Read document available on the HSCIC website ([www.hscic.gov.uk/assuringtransformation](http://www.hscic.gov.uk/assuringtransformation))

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