
DIRECTIONS

NATIONAL HEALTH SERVICE, ENGLAND

The Health and Social Care Information Centre (Establishment of Information Systems for NHS Services: Assuring Transformation Data Collection) Directions 2014

The National Health Service Commissioning Board gives the following Directions to the Health and Social Care Information Centre in exercise of the powers conferred by sections 254(1), (3) and (6), 262(3)(a) and (b), 262(7) of the Health and Social Care Act 2012.

In accordance with section 254(5) of the Health and Social Care Act 2012, the National Health Service Commissioning Board has consulted the Health and Social Care Information Centre before giving these Directions.

Citation, commencement and interpretation

1. These Directions may be cited as The Health and Social Care Information Centre (Establishment of Information Systems for NHS Services: the Assuring Transformation Data Collection) Directions 2014 and shall come into force on 6 January 2015.

2. In these Directions—

“The 2012 Act”	means the Health and Social Care Act 2012;
“Assuring Transformation Data Collection System”	means the systems for the collection and analysis of data relating to Learning Disability Cohort Patients in connection with reporting on progress by CCGs and the Board against their commitments in the Winterbourne View Concordat ¹ being: <ol style="list-style-type: none">(a) collection of SCCI2007 Data;(b) collection of Existing Assuring Transformation Data;(c) analysis of information contained in the Assuring Transformation Data as further specified in these

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

directions;

“Assuring Transformation Data”	means data collected or generated through the operation of the Assuring Transformation Data Collection System;
“Area Team”	means a division of the Board which holds budgetary and commissioning responsibilities on behalf of the Board;
“CAP”	means Clinical Audit Platform, which is a system delivery function of the HSCIC that uses a secure interface for the collection of confidential information;
“The Board”	means the National Health Service Commissioning Board ² ;
“CCG”	means clinical commissioning group;
"Information Standard"	means a document containing standards in relation to the processing of information as provided for in section 250(2) of the 2012 Act. References to the number and title of an Information Standard are to the number and title given to a particular Information Standard within the Information Standards Notice;
"Information Standards Notice"	means the document published by or on behalf of the Board or the Secretary of State to confirm the making of an Information Standard, summarise its purpose and scope, reference the documentation in which the details of the Standard are set out and mandate compliance with it;
“The Health and Social Care Information Centre”	means the body corporate established by section 252 of the 2012 Act;
“Existing Assuring Transformation Data”	means data relating to Learning Disability Cohort Patients that has already been collected by the Board by authorisation of the approved application under the Section 251 Regulations referenced CAG 6-07 (a)/2013;
“HSCIC”	means the Health and Social Care Information Centre;
"Identifiable Data"	means information which is in a form which identifies any individual to whom the information relates or enables the identity of such an individual to be ascertained;
Learning Disability	means data collected by the HSCIC under The Health and Social Care Information Centre (Learning Disability Census)

² The National Health Service Commissioning Board was established by section 1H of the National Health Service Act 2006 (2006 c 41.), and operates as NHS England.

Census Data	Directions 2014 or any identical or similar datasets collected at the request or direction of the Secretary of State for Health which relate to periods earlier than or subsequent to the period in which those Directions are in force;
Learning Disability Cohort Patient	means a person in an in-patient bed for mental and/or behavioural healthcare who has either learning disabilities and/or autistic spectrum disorder (including Asperger's syndrome);
"SCCI2007 Data"	data the collection of which is mandated by Information Standards Notice – MC (Mandatory Collection) SCCI2007;
"Section 251 Regulations"	means the Health Service (Control of Patient Information) Regulations 2002, SI 2002/1438 and any other regulations which may be made in exercise of the power in section 251(1) of the National Health Service Act 2006.

Assuring Transformation Data Collection System

3. – (1) Pursuant to its powers under sections 254(1) and 254(6) of the 2012 Act, the Board directs the HSCIC to establish and operate the Assuring Transformation Data Collection System in accordance with these Directions and in such a way as to enable and facilitate compliance with Information Standards Notice – MC (Mandatory Collection) SCCI2007.

(2) Pursuant to its powers under sections 254(1) and 254(6) of the 2012 Act, for the purposes of operating the Assuring Transformation Data Collection System the Board directs the HSCIC: –

- (a) to collect the Existing Assuring Transformation Data from the Board;
- (b) to upload the Existing Assuring Transformation Data into the CAP;
- (c) to collect the SCCI2007 Data from CCGs and Area Teams by making the CAP available to CCGs and Area Teams to enable them to provide the HSCIC with the SCCI2007 Data through verification and updating of the Existing Assuring Transformation Data and supply of additional data.

Analysis and Reporting

4. – (1) Pursuant to the Board's powers under sections 254(1) and 254(6) of the 2012 Act, the HSCIC is further directed to analyse the Existing Assuring Transformation Data and SCCI2007 Data including by such linkage to Learning Disability Census Data as the HSCIC determines is necessary: –

- (a) to validate the data;
 - (b) to produce reports in compliance with paragraph 4(2).
- (2) The HSCIC is further directed as follows:
- (a) pursuant to section 260(4)(a) of the 2012 Act , the HSCIC is directed to produce such reports on the Assuring Transformation Data as are specified in the Schedule to these Directions or in any amended specifications as may be notified to the HSCIC from time to time; and
 - (b) pursuant to sections 262(3)(b) of the 2012 Act (in relation to the SCCI2007 Data and information generated by the analysis of that data directed under paragraph 4(1)) and sections 262(3)(a) and 261(4) of the Act (in relation to the Existing Assuring Transformation Data and information generated by the analysis of that data directed under paragraph 4(1)), the HSCIC is directed to produce and disseminate to the Board the reports described in paragraphs 2(1) and (2) of the Schedule in a form and manner that complies with any relevant approvals or conditions under the Section 251 Regulations.

S254(3) - Requirement for these Directions

- 5. In accordance with section 254(3) of the 2012 Act, the Board confirms that it is necessary or expedient for it to have the information which will be obtained through the HSCIC complying with these Directions in relation to the Board's functions in connection with the provision of NHS Services and in particular to enable the purposes described in Information Standards Notice SCCI2007.

Managing Patient objections

- 6. Pursuant to the Board's powers under sections 254(1) and (6) of the 2012 Act, HSCIC is directed to establish the Assuring Transformation Data Collection System in such a way as to ensure that where an objection has been made by or on behalf of a Learning Disability Cohort Patient to the provision of their confidential information by a CCG or Area Team to the HSCIC or the Board, the HSCIC will only collect that information where this would be in accordance with any guidance issued by NHS England with regard to the management of or response to such objections.
- 7. The HSCIC is directed by the Board pursuant to paragraph 3 of these Directions to put measures in place as part of the establishment and operation of the Assuring Transformation Data Collection System to ensure that where the HSCIC holds a record of any Learning Disability Cohort Patient's objection to the onward disclosure of their Identifiable Data by the HSCIC any dissemination of information pursuant to

these Directions shall, in respect of that Patient, only include data that is not Identifiable Data.

Fees and Accounts

8. Pursuant to sub-section 254(7) of the 2012 Act, HSCIC is entitled to charge the Board a reasonable fee in respect of the cost of HSCIC complying with these Directions and the Board acknowledges such right and agrees to meet such reasonable fee charged by HSCIC.
9. The HSCIC must keep proper accounts, and proper records in relation to the accounts, in connection with the Assuring Transformation Data Collection.

Review of these Directions

10. These directions will be reviewed when the Board approves changes to the Assuring Transformation Data Collection and when any material amendment is made to the Information Standard SCCI2007. This review will include consultation with the HSCIC as required by sub-section 254(5) of the 2012 Act (powers to direction Information Centre to establish information systems).

Signed by authority of the NHS Commissioning Board

A handwritten signature in black ink, reading "Bruce Keogh", with a horizontal line underneath it.

**Sir Bruce Keogh
Caldicott Guardian**

23/12/2014

SCHEDULE

Analysis and reporting requirements for the Assuring Transformation Data Collection.

1. The reports for publication are described as outputs 1, 2, 3 and 4 in paragraphs 3 and 4 of this Schedule.
2. The reports for dissemination to the Board only are defined in paragraphs 3 and 4 of this Schedule as follows:
 - (1) output 5;
 - (2) output 6.

3. Outputs outline

Output	Style	Domain	Format	Suppression rules
1. Counts and trends	Primary analysis type data	Public - quarterly	Tableau (queryable) & excel/csv (for counts)	Rules apply
2. Cross tabs	Secondary analysis type data	Public - quarterly	Tableau (queryable)	Rules apply
3. Quarterly report	Drawing out key facts of the above two	Public - quarterly	PDF	Rules apply
4. Quarterly Easy read	Simple version of the executive summary	Public - quarterly	PDF	Rules apply
5. Management Information	Excel flat file	Internal - monthly	excel	Unsuppressed
6. Assuring Transformation Data compared to Learning	Counts by commissioner/provider	Internal – one off	excel	Unsuppressed

Disability Census Data				
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Notes

- Suppression rules for collections under 10,000 mean that for ALL data published; all numbers will be rounded to the nearest 5. Values 0-4 will be suppressed by *.
- Where possible, figures will be released at CCG level. However with HSCIC suppression rules, this may mean some previously released data is no longer released and may result in CCG level data being meaningless. This may result in a future decision to not report at CCG level for some measures.
- Although the measures listed below will remain, their description and/or title may change so that the AT output is in line with LD output and will be easier for users to compare between the two.
- Any future CCG mergers will be accounted for as the data presented will follow the organisational structure at reporting date.
- Tableau is an interactive graphics tool. HSCIC have created 3 test pages for the Board to see how data can be represented.
 - Counts - https://public.tableausoftware.com/views/PrimaryJune4/Primaryanalysis?:embed=y&:display_count=no
 - Trends - https://public.tableausoftware.com/views/TimeSeries/TimeSeries?:embed=y&:display_count=no
 - Cross tabs - https://public.tableausoftware.com/views/TransferDateCrosstab/Transferdatecrosstab?:embed=y&:display_count=no
- The easy read document is to be produced by [Change](#) will incur costs on an per issue basis. A charge to cover development and costs will be made to The Board. This will be on a cost recovery basis only.

4. Outputs detail

The table below details all the figures that will be published for the 31st March 2015 collection. If changes in the questions mean the published figures will alter slightly this is documented. HSCIC expects to add to this series with additional analysis, this could be analysis that becomes standard or special features throughout the publication life of the AT work.

The following colour codes apply to new measures.

- Measures in **green** have been suggested by HSCIC.
- Measures in **blue** have been suggested by The Board.
- Text in **red** denote that the measure is using a new question will be subject to testing and as such the level of detail to be published is to be determined.

- Note that regional level split was not previously published for all items, HSCIC suggest that this is now published.

1. Counts and trends													
Area				Regional total x4			CCG level x11	Counts and trends	Measure/indicator	Question (S)	Calculation	Notes	Change from NHS(E) release
Data quality									Total number of returns and missing		count of returns		Determined via new 'submission button'
Patients	x	x	x	x	x	x	x	C&T	Number of patients	Q1	count of NHS number		Same. However, the distinction of NHS number or not will not be reported on as a valid number is required for data submission
Registered	x	x	x	x	x	x	x	C&T	Number of patients recorded as being on a register or not	Q8	count of yes/no to 'is the patient on a register...'		Same
Care Co-ordinator	x	x	x	x	x	x	x	C&T	Number of patients with and without a care co-ordinator	Q19	count of yes/no to 'does patient have care co-ordinator'		Same

Last Review	x	x	x	x	x	x	x	C&T	Number of patients who had their last formal care plan review within the following time periods; 0 - 4 weeks, 4 - 8 weeks, 8 - 12 weeks, 12 - 26 weeks, 26 - 52 weeks, 52+ weeks	Q20	number of days between snapshot date, review date, sorted by time bands, then counted	Risk with the continuous data upload process	Same
Transfers	x	x	x	x	x	x	x	C&T	Number of patients with and without a transfer date	Q26	count of yes/no to 'agreed date of planned transfer'		Same
	x	x	x	x	x	x	x	C&T	Number of patients with a planned date of transfer; 0 – 3 months, 3 – 6 months, 6 – 12 months, 1 – 2 years , 2 – 5 years, 5+ years	Q26a	number of days between snapshot date, planned transfer date, sorted by time bands, then counted	Risk with the continuous data upload process.	Same
LA Awareness	x	x	x	x	x	x	x	C&T	Local Authority awareness of patient the transfer to their area, yes, no, don't know	Q25	count of yes, no, don't know to 'is local authority aware of transfer to their area'		New option of 'don't know'
	x	x	x	x	x	x	x	C&T	Number of patients with a planned date of transfer where the Local Authority is aware of transfer to their area	Q25 Q26	count of those who answered yes to 'agreed date of planned transfer' and yes to 'local authority aware of transfer to them'		

Advocacy	x	x	x	x	x	x	x	C&T	Number of patients who make use of an independent advocate	Q17	count of yes to 'does patient make use of...'		Reworded question, no longer about 'access to' but 'use of'... so issues with comparable figures
	x	x	x	x	x	x	x	C&T	Number of patients with an independent advocate by type	Q17b, c, d, e, f	counts of yes answers to each advocate type		Non-instructed advocate replaces 'self-advocate'
	x	x	x	x	x	x	x	C&T	Reasons for not using an advocacy	Q17a	count of the different answers		
Inpatient Setting	x	x	x	x	x	x	x	C&T	Number of patients by the type of in-patient setting within which patients are receiving care	Q14b	counts of the different ward types, high, med secure etc..		Slightly different answer options
Patient Flow	x	x	x	x	x	x	x	C&T	Number of patients referred (admitted) to in-patient care in last quarter	Q9a	count of number of admissions for date within this quarter	Risk with the continuous upload process.	Slightly reworded question about commencement with provider, not hospital
	x	x	x	x	x	x	x	C&T	Number of patients that have been transferred out of in-patient care in last quarter	Q28	count of actual transfers that fall within this quarter.	Risk with the continuous upload process	Q28 is used now instead of Q26a once the patient has actually transferred
Reasons	x	x	x	x	x	x	x	C&T	Number of patients who are not considered appropriate for transfer to the	Q27 a-m	counts of yes for each a-m option		Extra options available

									community and the reasons why not				
Gender	x	x	x	x	x	x	x	C	Number of patients recorded as Male, female, indeterminate	Q3	counts of male, female and indeterminate		New count on indeterminate
Age	x	x	x	x	x	x	x	C	Number of patients within each age range at the time of collection; under 18, 18 - 34, 35 - 64, 65 and over	Q2	Derived from date of birth		Same
Diagnostic category	x	x	x	x	x	x	x	C	Counts of those with LD, Autism, both or neither	Q12b or Q12a	Counts of diagnosis		New question, Q12a may be better, analysis needs to be done
Ethnicity	x	x	x	x	x	x	x	C	Ethnicity of patients	Q4	Count of ethnicity type		New questions. Broad categories may be used
Mental Health	x	x	x	x	x	x	x	C&T	Number of patients who are detained under the auspices of the Mental Health Act (1983)	Q13	Counts of the different sections of the Mental Health Act		Extra options available
Distance	x	x	x	x	x	x		C&T	Distance from home	Q5b, Q11c	Counts of number of patients in the distance bands 'same as ward, up to 10km, 10-20km, 20-50km, 50-100km, 100km or		Possibly CCG level, data will need to be interrogated

											more'		
Out of area placement	x	x	x	x	x	x		C&T	Import, export of patients per region	Q5b, Q11c, also need commissioner code	Counts of difference between residence and ward stay per region		Possibly CCG level, data will need to be interrogated
Length of stay	x	x	x	x	x	x		C&T	Length of stay	Q9a (to create derivation)	Counts of patients per length of stay bands		Derivation based on admission date
	x	x	x	x	x	x		C&T	Average length of stay	Q9a (to create derivation)	Overall average (mean and median) length of stay in years		New calculation, needs checking
	x	x	x	x	x	x		C&T	Total length of stay	Q9b (to create derivation)	Counts of patients per length of stay bands		New calculation, needs checking - Not sure how accurate this data item will be
Discharge	x	x	x	x	x	x		C&T	Considered for discharge through CTO	Q16	Counts of yes/no		
	x	x	x	x	x	x		C&T	Discharge agreed by....	Q22a-f	Counts of options a-f		No longer 'don't know' option
	x	x	x	x	x	x		C&T	Reasons for not discharge	Q21	Counts of answer options		New questions, data quality checks needed
Compliance	x	x	x	x	x	x		C&T	Compliance under CQC standards	Q15	Counts of the answer options		

2. Cross tabs													
Area	England total x1	CCG total x1	SCT total x1	Regional total x4	Area team total x25	SCT level x10	CCG level x211	Counts and trends	Measure/indicator	Question (S)	Calculation	Notes	Change from NHS(E) release
Transfer dates	x	x	x	x	x	x		C	Length of stay and transfer date status	Q26a Q9a	count of patients by planed transfer time bands (h) x length of stay in this hospital time bands (v)		Same, through slightly re-worded Q9a about provider not hospital
	x	x	x	x	x	x		C	In-patient setting and transfer date status	Q26a Q14b	count of patients by planed transfer time bands (h) x ward type (v)		Same, through more options for Q14b
	x	x	x	x	x	x		C	Age and transfer date status	Q26a Q2	count of patients by planed transfer time bands (h) x age bands (v)		Same
	x	x	x	x	x	x	x	C	Local care coordinator by transfer date status	Q26a Q19	count of patients by planed transfer time bands (h) x care a co-ordinator		Same (4& 5 merged)

											(v)		
	x	x	x	x	x	x	x	C	All transfer status and all LA awareness	Q26a Q25	count of patients by planed transfer time bands (h) x LA awareness (v)		Q25 has new 'don't know' option
	x	x	x	x	x	x		C	Transfer plans with agreed date and who has agreed the transfer plan	Q26a Q22	count of patients by planed transfer time bands (h) x who has agreed the transfer (v)		Same
In-patient details	x	x	x	x	x	x		C	In-patient setting and reason for admission	Q12b Q14b	Count of patients by main diagnostic reason on admission (h) x ward type (v)		More options for diagnostic category, aggregated options for ward type
	x	x	x	x	x	x		C	Primary reason for admission and detention under the Mental Health Act (including MoJ)	Q13 Q12b	Count of patients by mental health act section (h) x diagnostic reason on admission (v)		More options for diagnostic category
	x	x	x	x	x	x		C	Inpatient setting and detention under the Mental Health Act (including MoJ)	Q13 Q14b	Count of patients by mental health act section (h) x ward type (v)		Aggregated options for ward type
	x	x	x	x	x	x		C	Length of stay and review dates	Q20 Q9a	Count of patients by number of weeks since last review (h) x length		Same, through slightly re-worded Q9a about provider

											of stay (v)		not hospital
x	x	x	x	x	x		C	In-patient setting and date of review	Q20 Q14b		Count of patients by number of weeks since last review (h) x ward type (v)		Aggregated options for ward type
x	x	x	x	x	x		C	Inpatient setting and age (Under 18 and Over 18)	Q2 Q14b		Count of patients by age under or over 18 (h) x ward type (v)		Aggregated options for ward type
x	x	x	x	x	x		C	In-patient setting and advocacy (access to advocacy, type of advocate)	Q17 Q17b-f Q14b		Count of patients by access, making use of and type of advocacy (h) x ward type (v)	Questions changed slightly around having access, making use of advocate	Cannot show those who have access to advocate but don't use it
x	x	x	x	x	x		C	In-patient setting and Community Treatment Order	Q16 Q14b		Count of patients by whether patient considered for discharge via community treatment order (h) x ward type (v)		Aggregated options for ward type
x	x	x	x	x	x		C	Length of stay and in-patient setting	Q14b		Counts of patients by ward type (h) x		Aggregated options for ward type

										Q9a	length of stay groups (v)		slightly re-worded Q9a about provider not hospital
	x	x	x	x	x	x		C	Length of stay and Mental Health Act	Q13 Q9a	Counts of patients by MHA class (h) x length of stay groups (v)		slightly re-worded Q9a about provider not hospital
Transfer	x	x	x	x	x	x		C	Setting the person will transfer to	Q23	Counts of patients by where they will transfer to	Check this is just for those who have transfer date	More HSCIC options for Q23, they will need aggregating up
	x	x	x	x	x	x		C	Transfer dates and Setting the person will transfer to	Q26a/Q28 Q23	count of patients by planed transfer time bands (h) x where will they transfer to (v)		More HSCIC options for Q23, they will need aggregating up Use Q28 rather than Q26a?
	x	x	x	x	x	x		C	Transfer date status and date of review	Q26a/Q28 Q20	count of patients by planed transfer time bands (h) x last review groupings (v)		Use Q28 rather than Q26a?
	x	x	x	x	x	x		C	Reasons for no transfer (if no date given) and length of	Q26	Reasons for not transfer (h) (given that there is no		New calculation would need

									stay	Q27a-m Q9a	transfer date given x length of stay (v)		checking.
	x	x	x	x	x	x		C	Reasons for no transfer (if no date given) and MHA	Q26 Q27a-m Q13	Reasons for not transfer (h) (given that there is no transfer date given x MHA (h)		New calculation would need checking.
	x	x	x	x	x	x		C	Non transfer reasons and ward security level	Q28 Q14a	Counts of patients by reason for not transferring (h) x security level (v)		New calculation would need checking
3. Quarterly report													
Area	England total x1	CCG total x1	SCT total x1	Regional total x4	Area team total x25	SCT level x10	CCG level x211	Counts and trends	Measure/indicator	Question (S)	Calculation	Notes	Change from NHS(E) release
Counts and returns	x	x	x					C&T	Total number of patients receiving in-patient care	Q1	Count of patients		

	x	x	x					C&T	Patients transferred this quarter	Q28	Count of those transferred out in this quarter		New use of Q28 to measure actual movement not proposed transfer date
	x	x	x					C&T	Patients admitted this quarter	Q9a	Count of new those admitted in this quarter		
	x	x	x					C&T	Patients on a local register or not	Q8	Count of 'yes'/'no' to 'is the patient on a register...'		
Level of care	x	x	x					C&T	Number of patients with and without a care co-ordinator	Q19	Count of yes and no to 'does patient have a care co-ordinator..'		
	x	x	x					C&T	Number of weeks since the last review	Q20	Number of days since last review (displayed in time bands) in weeks		
	x	x	x					C&T	Number of patients with and without access to an independent advocate	Q17	Count of yes and no to 'does patient have access to independent advocate..'		
	x	x	x					C&T	Type of independent advocate, number of patients for each type	Q17b-f	Count of yes to each advocate type		

Characteristics of the patient	x	x	x					C	Age of patients by age band	Q2	patients date of birth used to calculate age then split into age bands and numbers in each band counted	Unlikely to change much so time series not supplied	
	x	x	x					C	Gender	Q3	Counts of gender types		
	x	x	x					C	Ethnicity	Q4	Counts of ethnicity		
	x	x	x					C	Diagnostic category	Q12a	Counts of diagnostic		
In-patient setting	x	x	x					C&T	In-patient ward type	Q14b	counts of the different ward types, high, med secure etc..		
Moving on	x	x	x					C&T	Number of patients with and without a planned transfer date	Q26	counts of yes/no to agreed transfer date		
	x	x	x					C&T	Of those with a transfer date, length of time to wait for transfer	Q26a	Counts of numbers within time bands for transfer dates		
	x	x	x					C&T	Of those without a transfer date, reason given for this	Q27 a-m	Counts of the different reasons, multiple reasons possible		
	x	x	x					C&T	Local authority awareness of	Q25	Counts of		

									proposed move to their area		yes/no/don't know		
4. Easy read document													
The charity 'Change' produce this. HSCIC need to develop a clear understanding of how this will work in the future.													
5. Management Information													
Management information will be an extract of the system. This will be at patient level detail. NHS number will be supplied and the responses to all the questions including 7, 7a-i which are specific to patients who were in Winterbourne view.													