

Transforming Care: A national response to Winterbourne View Hospital and the Concordat: Programme of Action

Assuring Transformation – quarterly data collection

Instructions and guidance notes



December 2013



NHS England INFORMATION READER BOX**Directorate**

Medical	Operations	Patients and Information
Nursing	Policy	Commissioning Development
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Document Purpose	Guidance
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Target Audience	CCG Clinical Leaders, CCG Chief Officers, CSO Managing Directors, NHS England Regional Directors, NHS England Area Directors
Additional Circulation List	
Description	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 September 2013.
Cross Reference	Transforming Care: A national response to Winterbourne View Hospital.
Superseded Docs (if applicable)	
Action Required	Complete Data Collection
Timing / Deadlines (if applicable)	31/1/14 and quarterly as per guidance
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Document Status	This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet

Purpose

The purpose of this data collection is to ensure that the public reporting on progress to implement the NHS commitments in the [Winterbourne View Concordat¹](#) is transparent and robust. It will also be used to triangulate with the Learning Disability census completed by providers on 30 September 2013.

Is this data collection approved?

The collection of this data return is under the Review of Central Returns (ROCR) licence **ROCR/OR/2203/001MAND**. This licence is valid until 1 August 2014. If required, a further licence will be applied for. It has also been approved by the Health Research Authority Confidential Advisory Group **CAG 6-07(a) 2013**.

Who should complete the data collection?

The data collection should be completed by the following NHS commissioners. All Clinical Commissioning Groups and the NHS England specialised mental health commissioning teams.

How often will data be collected?

The data will be collected quarterly commencing in January 2014. There are then two more return deadlines in April and July 2014. This collection may be extended subject to ROCR approval and progress on the new national learning disability minimum data set.

Who (which people) should be included in the data collection?

The data should be recorded for each individual person, on whose behalf the NHS commissioner is purchasing care, and who is covered in the following definition.

Learning Disability Census Definition

People included:

People in in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and/or autistic spectrum disorder (including Asperger's syndrome)

- 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.

¹ DH Winterbourne View Review: Concordat: Programme of Action; Department of Health, December 2012.

At what point in time should this data for these people be collected?

This data should be collected for people who were in NHS funded in-patient care using the above definition at midnight on the following dates:

	Quarter 1 date	Quarter 2 date	Quarter 3 date	Quarter 4 date
Data collection point date	30/09/13	31/12/13	31/03/14	30/06/14
Data return date	31/01/14	31/01/14	14/04/14	14/07/14

What do the two collection point dates mean in the first return?

We need data as of 30 September to ensure that we can triangulate this data with the recent Learning Disability census completed by providers.

Please provide a return for each person for whom you were commissioning in-patient care at midnight on 30/09/13.

If this person is still an in-patient as of midnight 31/12/13 we only need one return and please use the latest available information when completing your return for that person.

What if a person has been discharged or transferred between midnight 30 September and 31 December 2013?

If the person has been discharged/transferred between midnight 30 September and midnight 31 December 2013, please complete all questions and use the actual community setting they transferred to in response to Q23 and the date of transfer in response to Q27a.

If this transfer had been subject to delay please do complete Q29.

Where do I send my returns and by when?

Please send your returns to: england.wvdata@nhs.net.

Please do not copy the email with the data return to anyone else.

Please ensure you have sent your first returns to us, covering both data collection points of the 30 September and 31 December by **5 pm on the 31 January 2014** at the latest.

Data collection questions – 3 work sheets

Front sheet

Your organisation: Please use the drop-down menu to choose the correct name for the commissioning organisation for the patient.

Please note: this will pre-populate answers in the all-patient question work sheet.

Please ensure you have chosen the correct name for the organisation which is paying for the care of this patient.

If the collection is being completed by a Commissioning Support Unit (CSU) on behalf of a Clinical Commissioning Group (CCG), then the CSU should complete one workbook for each CCG.

NHS England specialised mental health commissioning teams should complete one workbook for each team.

Data Period: Do not complete. This will be pre-populated with the correct data collection point date(s) and will be updated for each data collection point.

Number of patients: Do not complete. This cell will record the number of patients for whom you have completed a return. Please check this is correct before you submit.

Number of former Winterbourne View Patients: Do not complete. This cell will record the number of patients for whom you have completed a return. Please check this is correct before you submit.

Mandatory Validations: The number of mandatory questions answered for each patient should be 30 (these are indicated by "M" in column A of 'All patients questions'), the table is a representation of the number of mandatory questions answered on the 'All patients questions' tab for each patient.

All patients' questions

Personal information

1. Provide the person's unique NHS number – please ensure this is entered correctly. (10 digits with no spaces)
2. Provide the person's date of birth as day/month/year (dd/mm/yyyy).
3. Gender: provide the person's gender.
4. Postcode:
 - a. if admitted from a community setting. The full postcode for the last known residence for the person in a community setting. That is not a hospital, but may include the person's own home; a family home; supported housing; residential or nursing care home; or
 - b. if admitted from another hospital or criminal justice setting. The full postcode of the hospital or criminal justice setting from which they were admitted for this current episode of care.

The following list shows the valid Postcode formats that we require. "A" indicates an alphabetic character and "N" indicates a numeric character.

FORMAT EXAMPLE

AN NAA	M1 1AA
ANN NAA	M60 1NW
AAN NAA	CR2 6XH
AANN NAA	DN55 1PT
ANA NAA	W1A 1HQ
AANA NAA	EC1A 1BB

5. Does the person have a legal Guardian or Appointeeship Order?
 - a. If yes, please use the drop-down menu to select which.

Supporting information on Guardian and Appointeeship:

The person is subject to a legal Guardianship Order under the Mental Health Act; or do they have an 'Appointee':

'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 benefit only and has little savings (less than £5,000). Where the person is receiving a private pension or has capital then a Court of Protection Deputyship order should be used.

An Appointee could be required under the following circumstances:

- When a client is no longer able to manage their financial affairs due to mental or physical incapacity.

- If the client is being subjected to financial abuse by someone helping them with their finances.
 - If the client did not appoint a Lasting Power of Attorney before becoming unable to manage their finances.
 - Where the client is only in receipt of state benefit income and cannot manage their finances.
6. Answer 'Yes', if the person is considered as one of the former patients of Winterbourne View for whom the NHS is the lead commissioner.

If 'Yes', then complete all the supplementary questions for this person, WV1-WV5 on the tab called 'Former WV patient(s)'.

When WV1-WV5 is complete, please return to the all patients questions tab and complete all the other questions.

If the answer is 'No', then answer no and go to Q7.

Commissioner information

7. Is this person on the register that your organisation, as a commissioner, has put in place to meet the requirements of the Winterbourne View Concordat: Action Plan? This register should have been established by the former Primary Care Trusts in January 2013 and handed over to Clinical Commissioning Groups on 31/03/13.
8. Commissioner name and code. These will pre-populate when you answer Q7.

In-patient care information

9. Date of admission for this episode of care:
- a. The date that the person was admitted to the provider for the current episode of care.
 - b. If the person was admitted from another in-patient or criminal justice setting, not a community setting seen as their home, please enter the date that this previous admission for in-patient care started.
10. Provider name and code. A drop-down list is provided – choose the correct organisational name for the provider. Please note this may not be the name of the facility. The code will then pre-populate.
- a. The recognised name of the providing organisation.
 - b. The recognised NHS code for the provider.
11. Please enter the name of the actual facility/hospital at which care is being provided as registered with the CQC.
12. The full postcode of the actual location of the facility at which the in-patient care is being provided, as given in Q11.

13. Use the drop-down menu to select the primary reason for this admission for in-patient care from the options that you can see below the question. If you choose 'Other', please state the reason for this admission.
14. Please state if the person is detained under the auspices of the Mental Health Act (1983). Use the drop-down menu from the options that you can see below the question to select which section of the Act applies:
- for the purpose of Assessment (Section 2).
 - for the purpose of Treatment (Section 3).
 - Section 37 (Hospital Order).
 - Section 37/41 (Hospital Order with restrictions).
 - Section 47/49 (transfer from prison to hospital with restrictions).
 - Other. If you choose 'Other', please state which section of the Act applies.
15. Use the drop-down menu from the options that you can see below the question to select which option best describes the type of service or setting that the person's care is being provided in. If 'Other' is selected, please describe what it is.
16. Please select 'Yes' or 'No'.

Ensure that this service, i.e. the actual facility as registered with the CQC, meets all the CQC essential standards. Check the details at <http://www.cqc.org.uk>.

17. Please select 'Yes' or 'No'.

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 in-patient care, such an order/option of care has been considered for the person.

Please select 'No' if not appropriate under the Mental Health Act.

Advocacy

18. Please select 'Yes' or 'No'.
- If 'No', please state why.
 - If 'Yes', please use the drop-down menu from the options that you can see below the question to select the option(s) which best describes the type of advocate. More than one selection is possible

A family member is only considered to be independent if the person has expressly chosen them as an independent advocate.

An independent advocate can be a neighbour, a friend, a relative, a volunteer from an advocacy organisation or a paid independent advocate. Independent advocacy is not usually about legal representation, or paying a solicitor or lawyer to act as your advocate, but there is legislation that does cover advocacy.

Therefore an independent advocate may be either:

- i. someone who has been asked by, or given permission by the person, to represent them;
- ii. a formal Independent Mental Capacity Advocate (IMCA); or
- iii. an Independent mental health advocacy (IMHA).

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 themselves. 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).

19. Is the person's own family actively involved in the planning and ensuring the highest quality of their care for them?

Case management & transfer to community setting

20. Does the person have a named locality care coordinator or case manager? This is in the local area (either local authority or NHS commissioner) from which they have been admitted for this episode of in-patient care.
21. What day, month and year (dd/mm/yyyy) was the last formal review of the care plan for this person carried out? Formal review means that a formal record of the review has been made and shared with the person; their family, carer and/or advocate; other key providers and commissioners. This may include a Care Programme Approach (CPA) review.
22. Please use the drop-down menu. From the options that you can see below the question, select for each of the categories if the discharge/transfer plan is agreed
23. Please use the drop-down menu from the options that you can see below the question to select the option which best describes the community setting to which the person will transfer. If it is 'Other', please state what sort of setting.

24. The full postcode of the community setting to which the person is planned to transfer. Please see notes in question 4 on Postcode format.
25. As the NHS commissioner have you or the care coordinator informed the relevant Local Authority for the area to which it is planned that the person will transfer to a community-based setting?
26. Is there an agreed date for this episode of in-patient care to end, with a planned transfer to a community setting? This may include the person's own home; a family home; supported housing; residential or nursing care home. If 'No', please go to Q28.
27. Date of the planned transfer:
- The agreed date of the planned transfer (dd/mm/yyyy).
 - If this is after 01/06/14, the cell will automatically populate – please go to Q28.
28. If there are reasons that are stopping the person being transferred from this episode of in-patient care to a community setting, please use the drop-down menu to select each of the categories that best describes the barrier(s). More than one answer is possible.

If there are issues that are stopping the person being transferred from this episode of in-patient care to a community setting that are not covered in the drop-down menu, or that you wish to expand on, please state here.

Saving and returning the file

Please save the file as follows:

File type: Excel Macro-Enabled spreadsheet. (If you are using an old version of excel please save your file as a 97-2003 excel worksheet)

File name: Use your organisation name e.g. BoltonCCGwvdata.xlsm

Please send your returns to: england.wvdata@nhs.net.

Please do not copy the email with the data return to anyone else.

Further queries

If you have any further queries, please email them to england.wvdata@nhs.net.