

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

Risk of disclosure – Winterbourne View
Review Data Report



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1. Background

There is a mandatory data collection underway called 'Assuring Transformation' (ROCR licence: ROCR/OR/2203/001MAND). It aims to ensure that the public reporting on progress to implement the NHS commitments in the Winterbourne View Concordat is transparent and robust. As it contains patient identifiable data items it has also received Section 251 approval (Reference GAG 6-07(a) 2013).

The data collection should be completed by all 211 Clinical Commissioning Groups (CCG) and the 10 NHS England specialised commissioning teams. A full data set will contain details for 3,250 patients*. For the first collection we achieved a patient count of approximately 2,700.

*A similar data collection, the Learning Disability Census, at a provider and local authority level was completed in December 2013 by the Health & Social Care Information Centre (HSCIC).

<http://www.hscic.gov.uk/catalogue/PUB13149>

To disseminate the data we have prepared a Winterbourne View Commitments Review Data Report (WVCRDR) which will be placed on the NHS England website. Any information included in the report will become public information and meet transparency commitments. The deadline is the 14th of March.

2. Aim

The aim of this paper is to assess the risk of disclosure and ensure that the proposed level of publication is at a level that allows transparency whilst protecting patient confidentiality by minimising the risk of disclosure. Annex A contains a summary table of the information which we are intending to disclose. The table has been developed and signed off through discussions with the Director of Partnerships and the statistical Head of Profession.

This paper uses guidance from the Office for National Statistics (ONS) which sets out guidelines for any assessment of disclosure of risk. The Winterbourne View Commitments Review work is high profile and given the level of the patient confidentiality of the source data we have followed this good practice.

<http://www.ons.gov.uk/ons/guide-method/best-practice/disclosure-control-of-health-statistics/index.html>

3. Users' requirement for the published statistics

Users intend to use the WVCRDR to assure that progress is being made against the Concordat commitments. There is a need, through the transparency agenda, to publish the data to assure progress. There is also a need to ensure that the information on these patients is safeguarded. A balance must be struck between measures to protect confidentiality and the public good arising from publication.

Further analysis will be undertaken on the data for operational management purposes. There is no intention to publish this at this stage.

4. Understand the key characteristics of the data in the WVCRDR

The WVCRDR is built up from patient level data containing personal identifiable data which has been collated via Excel. Annex A lists the indicators currently in the report. A similar data set but on a provider basis has been collated by the HSCIC as part of the LD census. There is an intention to undertake two more data collections until the ROCR licence expires. At this point it is planned that the HSCIC will take on this data collection until 2016. In the longer term it is planned to incorporate the collection into v2.0 of the mental health and learning disability minimum data set to go live 2016.

Due to the short turn around, difficulty in getting the data and the Excel based collection method (the best option due to the short timescales and lack of secure storage) the first iteration of data is approximately 90% complete. We have undertaken basic data validations and we have depended on the CCGs to respond to these and resubmit with no further follow up. Basic data cleaning has been undertaken. This has been logged in the data cleaning file.

The WVCRDR itself does not include direct personal identifiers such as the NHS number, DoB and postcode.

5. Proposed level of release

Following discussions with the programme Policy leads, it was clear that we had to balance the needs of transparency against disclosure risk. Discussions concluded that each indicator falls into one of two categories.

1. Not suppressed - Data which does not contain disclosive sensitive information and has not undergone any suppression.
2. Suppressed – Data lines which contain sensitive information. This has been suppressed to show at England, CCG total, spec com total, area team and commissioning hub level. In addition to the above we have developed specific suppression rules to continue to protect disclosure for where there is a detailed breakdown of sensitive information. The following bullets describe the decisions taken:
 - all values <5 (0, 1, 2, 3 & 4) where an organisation has patients have been suppressed with a "**"
 - where an organisation has 0 patients all data items show as 0
 - some values >=5 have been suppressed in rows/columns where only 1 data item had been suppressed under the 1st rule to stop identification of the suppressed data
 - England, CCG total & specialised commissioning team total have not been suppressed

The published WVCRDR data set will contain data at a lower level than the provider based 2013 LD census data publication which released all data, except for aggregated patient counts, at an old SHA regional level. This increased level of disclosure in the sensitive information contained within the WVCRDR has been managed by not including CCG level data and suppressing numbers < 5. The advantages of the more detailed publication will

ultimately improve the local impact of the published data. Section 6 justifies why this is required.

6. Further assessment of proposal to decrease the disclosure risk.

The following bullets apply to the group of sensitive indicators and relate to the decision to suppress small numbers <5.

- Professional responsibility:
 - It is difficult to assign personal responsibility of a patient to a professional from any of the information in the workbook. No matter whether the numbers are suppressed or not.
- Self-identification:
 - Suppressing small numbers at an Area Team level will prevent self-identification. Given the sensitive nature of the work area suppression of small numbers prevents personal distress.
- Motivated intruder – identity disclosure:
 - Suppressing small numbers at an Area Team level will prevent third parties gaining sensitive information that the patient and family may want to be protected e.g. knowledge of the setting in which the patient lives, details of the family support situation.
- Motivated intruder – attribute disclosure:
 - Suppressing small numbers at an Area Team level will prevent more detailed attribute breakdown and ensure that third parties will not be able to gain from the WVR policy to move patients into a community setting e.g. pressurised targeting of services.

It is considered that the “not suppressed” data lines do not contain any information that will allow any of the above disclosure risks.

7. Does the proposed disclosure represent a breach of public trust, the law, or policy for national statistics?

Releasing the data at an Area Team level with suppressed small numbers would mean that any third party wanting to take advantage of this would have to invest a disproportionate amount of time to do so. We would also have ensured that we have not breached public trust as patients would not be able to identify themselves.

8. Conclusion

This is a sensitive area, and the risk of disclosure has been lowered as much as possible whilst still maintaining transparency. The disclosure assessment of the publication will be kept under review.

Annex A

Name	Table no	Table	Suppression applied
Number of received data returns	Table 1	data quality	No suppression, show at England, CCG total, spec com total, area team, CCG and commissioning hub.
Number of missing data returns	Table 1	data quality	No suppression, show at England, CCG total, spec com total, area team, CCG and commissioning hub.
Number of Nil data returns	Table 1	data quality	No suppression, show at England, CCG total, spec com total, area team, CCG and commissioning hub.
Number of patients	Table 2	patients	No suppression, show at England, CCG total, spec com total, area team, CCG and commissioning hub.
Number of patients recorded as being on a register	Table 3	registered	No suppression, show at England, CCG total, spec com total, area team, CCG and commissioning hub.
Number of patients with a care co-ordinator	Table 4	care co-ordinator	No suppression, show at England, CCG total, spec com total, area team, CCG and commissioning hub.
Number of patients without a care co-ordinator	Table 4	care co-ordinator	No suppression, show at England, CCG total, spec com total, area team, CCG and commissioning hub.
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	Table 5	last review	Suppress <5, show at England, CCG total, spec com total, area team and commissioning hub.
Number of patients with a planned date of transfer before 1st June 2014	Table 6	transfers	No suppression, show at England, CCG total, spec com total, area team, CCG and commissioning hub.

Name	Table no	Table	Suppression applied
Number of patients with a planned date of transfer after 1st June 2014	Table 6	transfers	No suppression, show at England, CCG total, spec com total, area team, CCG and commissioning hub.
Number of patients with no transfer date	Table 6	transfers	No suppression, show at England, CCG total, spec com total, area team, CCG and commissioning hub.
Number of patients on WV register with a planned date of transfer before 1st June 2014	Table 6	transfers	No suppression, show at England, CCG total, spec com total, area team, CCG and commissioning hub.
Number of patients on WV register with a planned date of transfer after 1st June 2014	Table 6	transfers	No suppression, show at England, CCG total, spec com total, area team, CCG and commissioning hub.
Number of patients on WV register without a transfer date	Table 6	transfers	No suppression, show at England, CCG total, spec com total, area team, CCG and commissioning hub.
Number of patients where the Local Authority is aware of the transfer to their area	Table 7	LA awareness	No suppression, show at England, CCG total, spec com total, area team, CCG and commissioning hub.
Number of patients where the Local Authority is not aware of the transfer to their area	Table 7	LA awareness	No suppression, show at England, CCG total, spec com total, area team, CCG and commissioning hub.
Number of patients with a planned date of transfer where the Local Authority is aware of transfer to their area	Table 7	LA awareness	No suppression, show at England, CCG total, spec com total, area team, CCG and commissioning hub.
Number of patients within each age range at the time of collection; under 18, 18 - 34, 35 - 64, 65 and over	Table 8	age	Suppress <5, show at England, CCG total, spec com total, area team and commissioning hub.
Number of patients with access to an independent advocate	Table 9	advocacy	Show at England, CCG total, spec com total, area team and commissioning hub.

Name	Table no	Table	Suppression applied
Number of patients with an independent advocate by type; Family Member, Independent Person, a formal Independent Mental Capacity Advocate (IMCA), an Independent mental health advocacy (IMHA)	Table 9	advocacy	Suppress <5, show at England, CCG total, spec com total, area team and commissioning hub.
Number of patients by the type of in-patient setting within which patients are receiving care	Table 10	IP setting	Suppress <5 for detailed breakdown of indicators at Area Team level, show at England, CCG total, spec com total, area team and commissioning hub.
Number of patients referred (admitted) to in-patient care between 30 September 2013 and 31 December 2013	Table 11	patient flow	No suppression, show at England, CCG total, spec com total, area team, CCG and commissioning hub.
Number of patients that have been transferred out of in-patient care between 30 September 2013 and 31 December 2013	Table 11	patient flow	No suppression, show at England, CCG total, spec com total, area team, CCG and commissioning hub.
Number of patients who are not considered appropriate for transfer to the community and the reasons why not	Table 12	reasons	Suppress <5, show at England, CCG total, spec com total, area team and commissioning hub.