

Learning Disability Services Monthly Statistics

England Commissioner Census (Assuring Transformation) - May 2017

Provisional Statistics

Published 28 June 2017

Assuring Transformation is a commissioner based return for patients in a hospital setting with learning disabilities and/or autism. This release presents data from the end of May 2017.

Key findings

Data collected at the end of May 2017 show that:



- In the past 5 months, more patients were discharged than admitted to specialist hospitals. 140 patients left hospital in May 2017, 100 (69%) were discharged back into the community.
- Many patients have been in specialist hospital for a long time. Of those in hospital at the end of May 2017, 62% had a total length of stay of over 2 years.
- Approximately 40% of the 2,500 patients in hospital in May 2017 travelled over 50km to get to the specialist hospital.

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This product may be of interest to the Department of Health, the Care Quality Commission, NHS England and Public Health England.

It will also be of interest to commissioners and providers of inpatient and community – based services for people with learning disabilities and/or autistic spectrum disorder (including Asperger's Syndrome). Charities and third sector organisations with a focus on people with learning disabilities, and/or autistic spectrum disorder (including Asperger's Syndrome) as well as patients themselves, and their family and friends, may also find this product useful.

Introduction

This statistical release, published by NHS Digital, makes available the most recent data relating to patients with learning disabilities and/or autistic spectrum disorder receiving inpatient care commissioned by the NHS in England.

The release comprises:

- This report which presents England level analysis of key measures.
- A monthly CSV file which presents key measures at England level.
- A metadata file to accompany the CSV file, which provides contextual information for each measure.
- An excel reference data tables showing data as reported and total patient counts retrospectively updated from March 2015 onwards.
- An easy read version of this publication.

It is published on the NHS Digital website here:

<http://content.digital.nhs.uk/article/6328/Reports-from-Assuring-Transformation-Collection>

All elements of this release and further information about these Learning Disability Services Statistics are also published on the NHS Digital website; here:

<http://content.digital.nhs.uk/assuringtransformation>

For more background information on Assuring Transformation, see Annex 1

Scope of collection

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

Data is collected from Clinical Commissioning Groups (CCGs) and Commissioning Hubs (Hubs)¹. In some cases, Commissioning Support Units (CSUs) submit data on behalf of one or more CCGs. These are English commissioners and healthcare providers typically providing services in England; although care commissioned in England and provided elsewhere in the UK will be included.

¹ For more information on the different roles of CCGs and Hubs see: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/06/pss-manual-may16.pdf>. Note that Hubs have replaced Specialised Commissioning Teams (SCTs) which are referenced in this link.

Key findings from this publication

Data collected at the end of May 2017 show that:

- 2,500 patients were in hospital at the end of the reporting period.
- There were 100 admissions² to hospital.
- There were 140 discharges/transfers³ from hospital

Of the patients in care at the end of the month:

- 1,550 had a total length of stay of over 2 years.
- 1,225 were in a general security ward.

During the month there were:

- 140 discharges/transfers from hospital; of which:
 - 100 discharges were back to the community
- 100 admissions into hospital; of which:
 - 20 were readmissions⁴ within a year of the previous discharge.
 - 25 were transfers from other specialist hospitals.

² Counts of admissions include people who were admitted in the month and who were admitted and discharged in the month. For further details see the glossary.

³ Counts of discharges include people who were discharged in the month and who were admitted and discharged in the month. For further details see the glossary.

⁴ Readmissions consider all admissions in the month then look to see if the patient had previously left inpatient care. Readmissions within the year indicate that of all admissions this month, the number of patients who left inpatient care within the previous year and who were subsequently readmitted in this month.

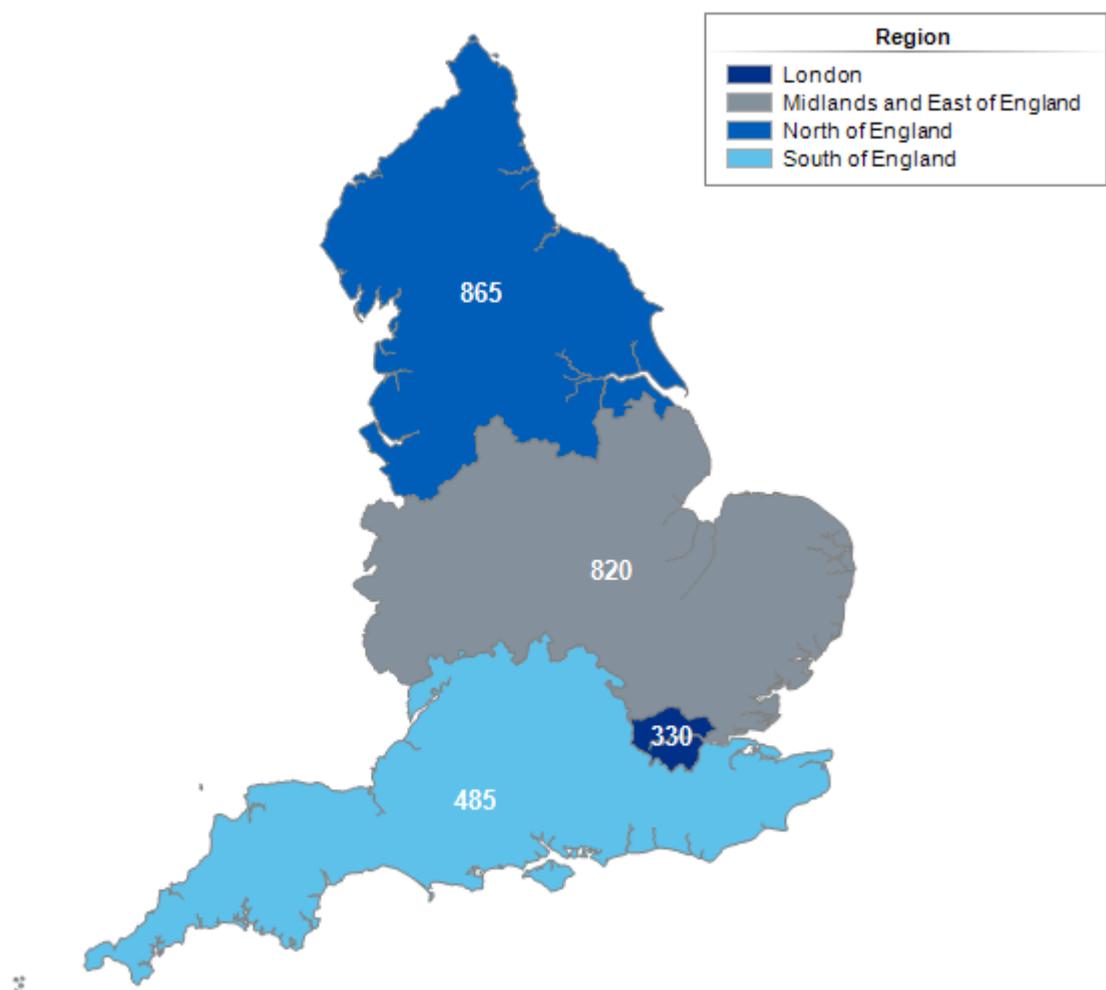
Results from data submitted for inpatients at the end of May 2017

Inpatient counts

There were 2,500 learning disabilities and/or autism inpatients at the end of May. Of these patients, 2,410 were receiving care at the start of the month.

Of the NHS England Commissioning Regions, the North of England had the highest number of patients (865) at the end of May 2017 whilst London had the lowest (330). Figure 1 shows the regional counts of patients based on their originating CCG. Figure 2 shows the number of people originating from each region has seen little change over the last six months.

Figure 1: Number of patients based on their Originating CCG at the end of May 2017 by NHS England Commissioning Region

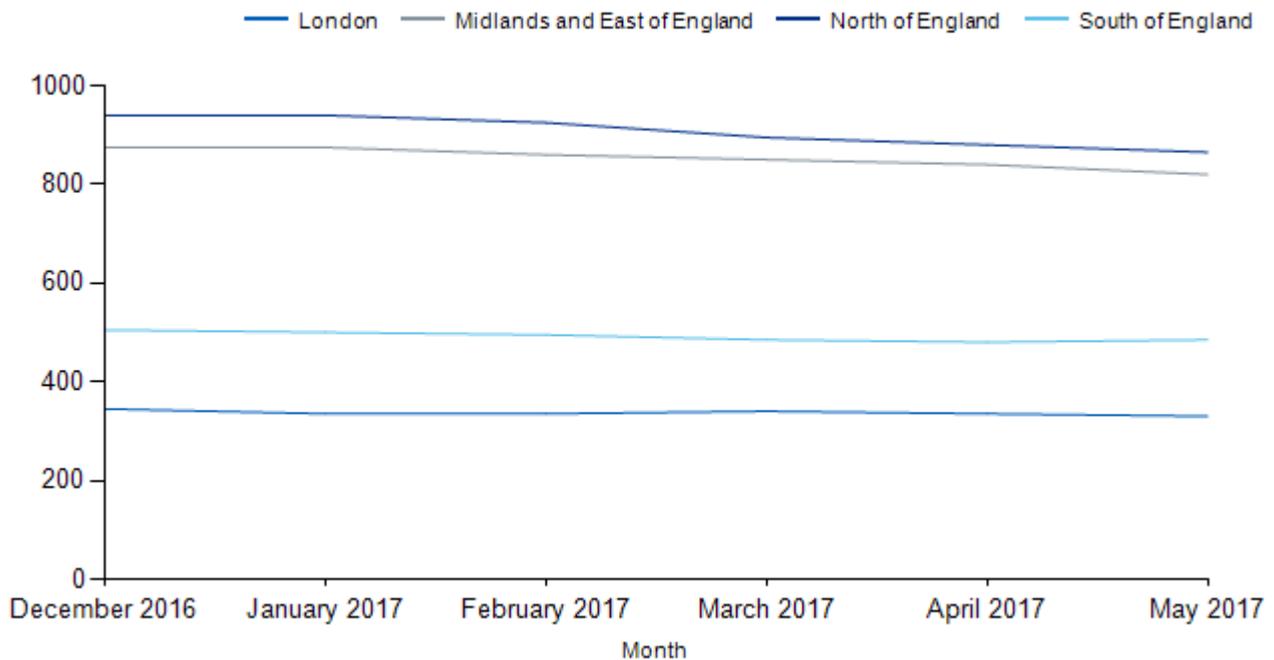


Source: NHS Digital Assuring Transformation Collection

Note:

1. Detailed information is available at CCG and regional levels in Reference Data Tables 10, 11 and 18 respectively.
2. All patient related data is rounded to the nearest 5.

Figure 2: Number of patients by Originating NHS England Commissioning Region*



Source: NHS Digital Assuring Transformation Collection

Note:

- * Counts are based on the current month's data with retrospective filters applied.
- 1. Detailed information is available at CCG and regional levels in Reference Data Tables 10, 11 and 18 respectively.
- 2. All patient related data is rounded to the nearest 5.

Transforming Care Partnerships

Transforming Care Partnerships (TCPs) were outlined in “Building The Right Support” (<https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>) published in October 2015.

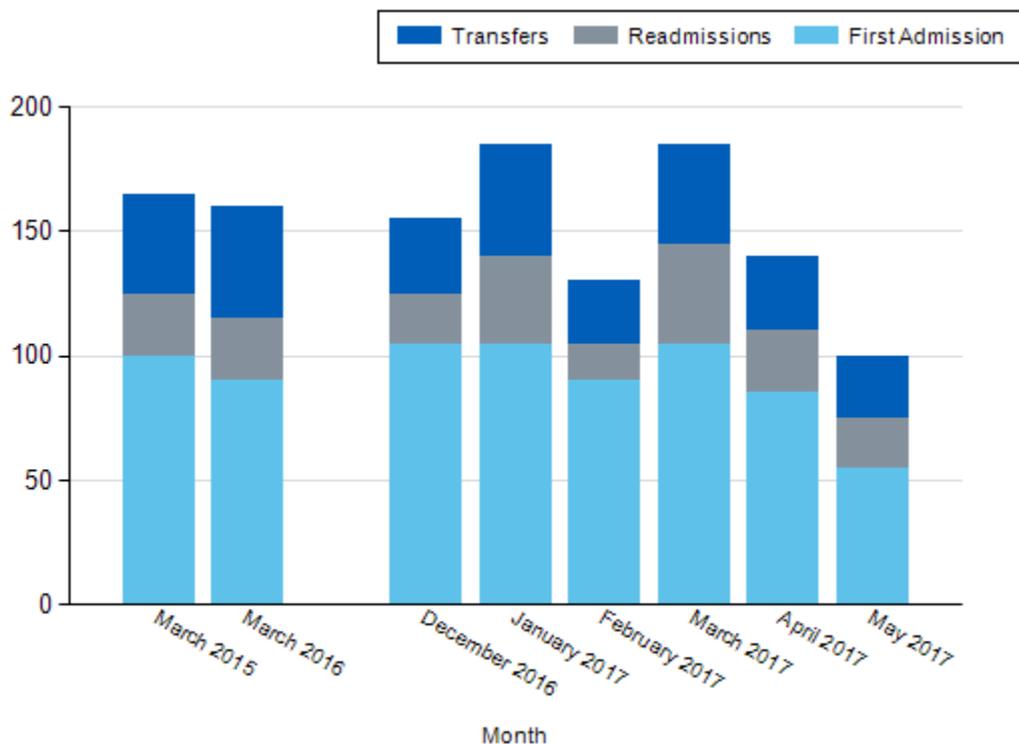
Please note: since the “Building the Right Support” report was published, an updated list of TCPs (<http://content.digital.nhs.uk/assuringtransformation> under the Guidance section) has been created.

Transforming Care Partnerships are collaborations of CCGs, local authorities and NHS England specialised commissioners. TCPs have created joint transformation plans using aligned or pooled budgets. TCPs are larger in scale than most CCGs and many local authorities. A full breakdown of numbers by TCP is provided in Reference Data Table 10.

Admissions

Admissions to hospital have been broken down by first admission, readmission and transfer and calculated from data submitted to NHS Digital by the end of May 2017 (see figure 3). In May, 55 patients were a first admission, whereas there were 20 readmissions and 25 transfers from other specialist hospitals.

Figure 3: Admissions since March 2015 calculated from data submitted by the end of May 2017



A readmission is where the patient's last date of discharge was within the last year.

If the last date of discharge matches the current admission date the episode is classed as a transfer.

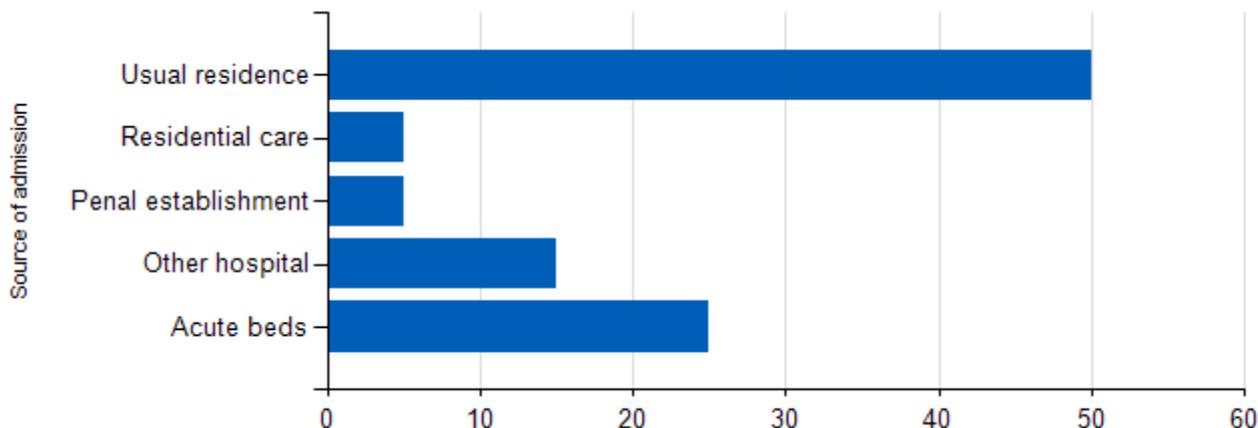
Source: NHS Digital Assuring Transformation Collection

Note:

1. Further information on admissions is available in Reference Data Table 12.
2. Latest month figures are lower due to the fact that previous months have been retrospectively updated.
3. All patient related data is rounded to the nearest 5.

Figure 4 shows the source of admission for those patients admitted in May. This breakdown includes all admissions in the month regardless of whether they were a readmission or transfer. About half (50) of the patients were admitted from their usual place of residence. 5 were admitted from penal establishments.

Figure 4: Source of admission of patients admitted in May 2017



Source: NHS Digital Assuring Transformation Collection

Note:

1. Further information on admissions is available in Reference Data Table 12.
2. All patient related data is rounded to the nearest 5.
3. Categories with less than 5 patients at England level are not shown.

Discharges

Discharges from hospital are presented based on whether the patient was later readmitted, was transferred to another hospital or whether the patient is still discharged and out of hospital.

Figure 5 shows a 6 month time series and also March 2015 and March 2016 data as a baseline. There are no readmissions for May 2017 as this is the most current month's data.

Figure 5: Discharges since March 2015 calculated from data submitted by the end of May 2017



A readmission is where the patient's next date of admission is within a year of the discharge.

If the next admission date matches the discharge date then it is classed as a transfer.

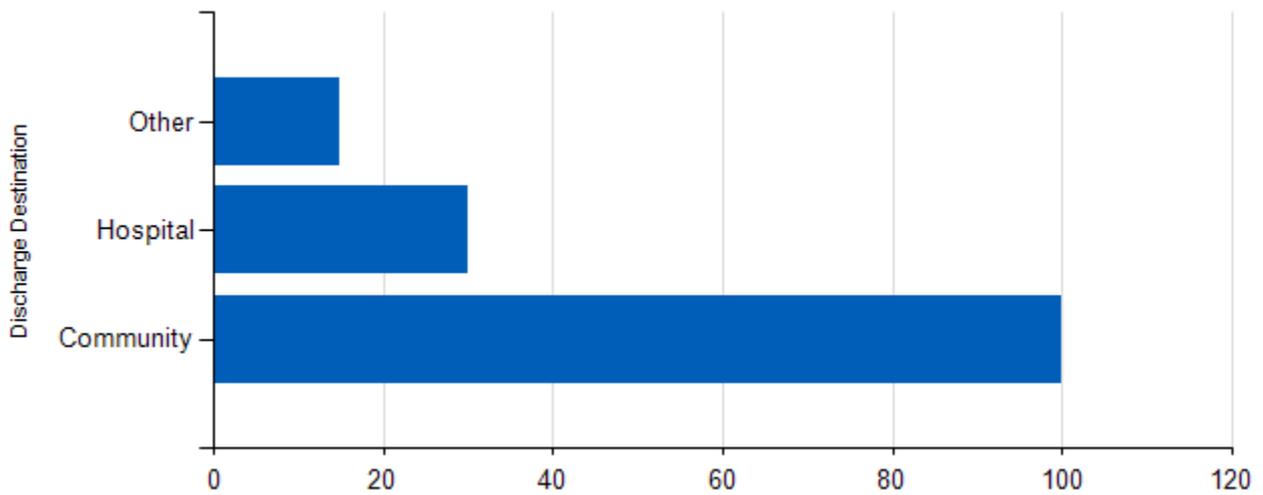
Source: NHS Digital Assuring Transformation Collection

Note:

1. Further information on discharges is available in Reference Data Table 13.
2. All patient related data is rounded to the nearest 5.

Figure 6 shows the discharge destination for those patients discharged in May 2017. The majority of patients leaving hospital are discharged back to the community (100).

Figure 6: Discharge destination of patients discharged in May 2017



Source: NHS Digital Assuring Transformation Collection

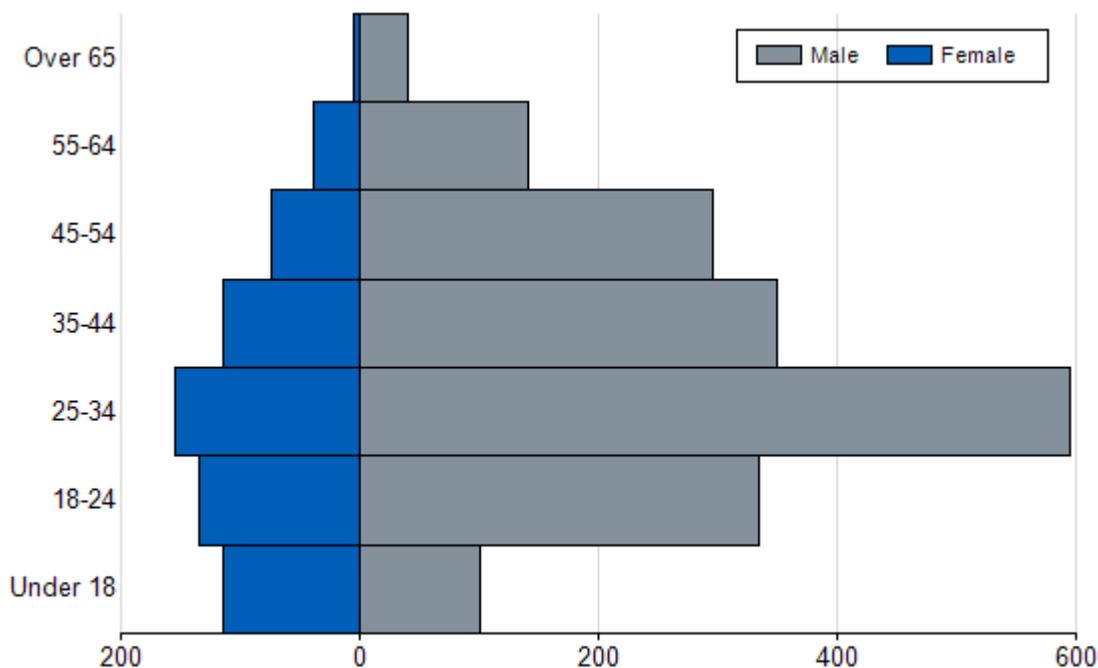
Note:

1. Further information on discharges is available in Reference Data Table 13.
2. All patient related data is rounded to the nearest 5.

Demographics of inpatients receiving care at the end of May 2017

Figures 7 and 8 show the demographics of the total number of patients receiving care in hospitals at the end of May 2017. Around 9% of these patients were Under 18 and around 2% were 65 and over. There were more males than females in all age categories in this month, except for the Under 18 age category. However, in general, there are more males than females this month (74% were male). Figure 7 shows the age and gender breakdown. A breakdown of the inpatient total by ethnicity is shown in Figure 8.

Figure 7: Age and Gender distribution of patients receiving care at the end of May 2017

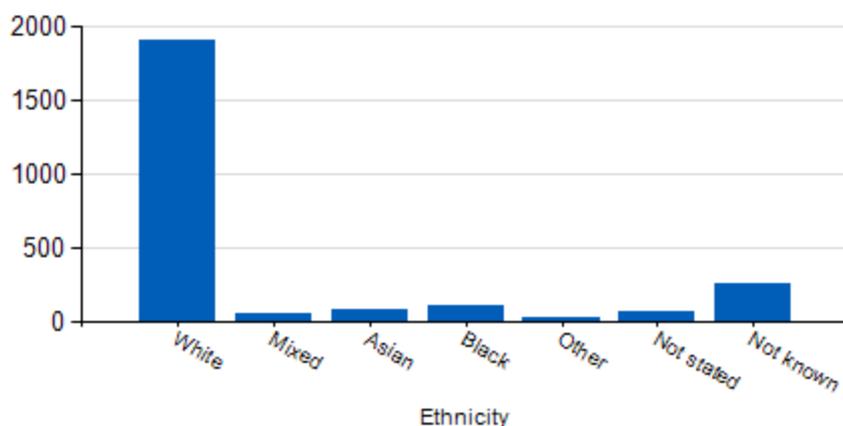


Source: NHS Digital Assuring Transformation Collection

Note:

1. Further information on age and gender is available in Reference Data Table 2 and 17.
2. All patient related data is rounded to the nearest 5.

Figure 8: Number of patients receiving care at the end of May 2017 by ethnicity



Source: NHS Digital Assuring Transformation Collection

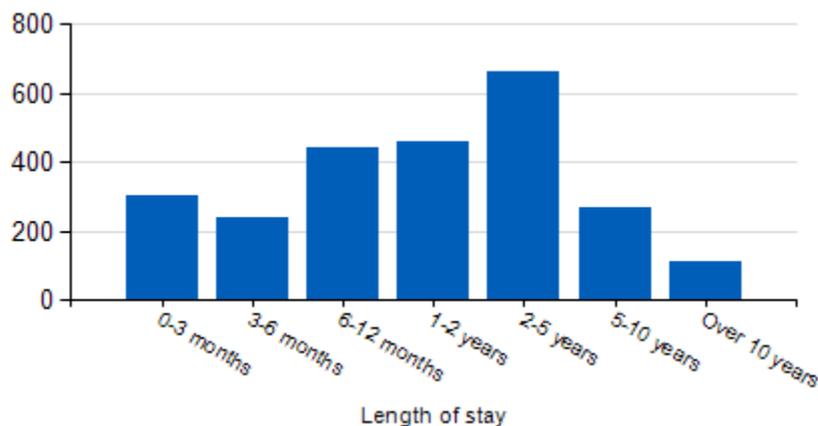
Note:

1. Further information on age and gender is available in Reference Data Table 2.
2. All patient related data is rounded to the nearest 5.

Length of stay

A patient's length of stay is calculated as the number of days between entering hospital and the end of the current reporting period. Figure 9 shows the length of stay for the current hospital spell for patients in care at the end of May 2017. 61% (1,510) of patients had a length of stay over a year.

Figure 9: Length of stay for patients at the end of May 2017



Source: NHS Digital Assuring Transformation Collection

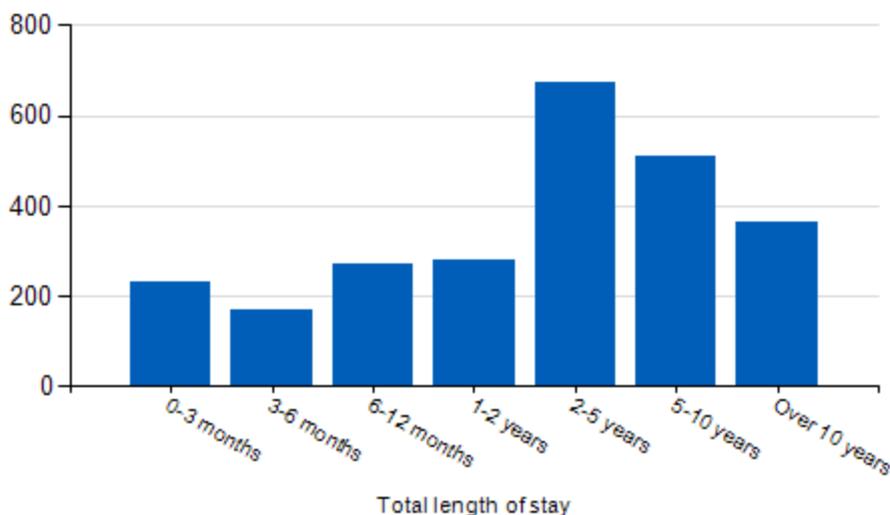
Note:

1. Further information on length of stay is available in Reference Data Table 8.
2. All patient related data is rounded to the nearest 5.
3. Some numbers may not add up to the total due to rounding.

Total length of stay

A patient's total length of stay is calculated from question "Date of first admission to any hospital". If a patient doesn't have a date of first admission then the date of admission for the current hospital spell is used. Figure 10 shows that the total length of stay for patients at the end of May 2017. 62% of patients (1,550) have a total length of stay of over 2 years.

Figure 10: Total length of stay for patients at the end of May 2017



Source: NHS Digital Assuring Transformation Collection

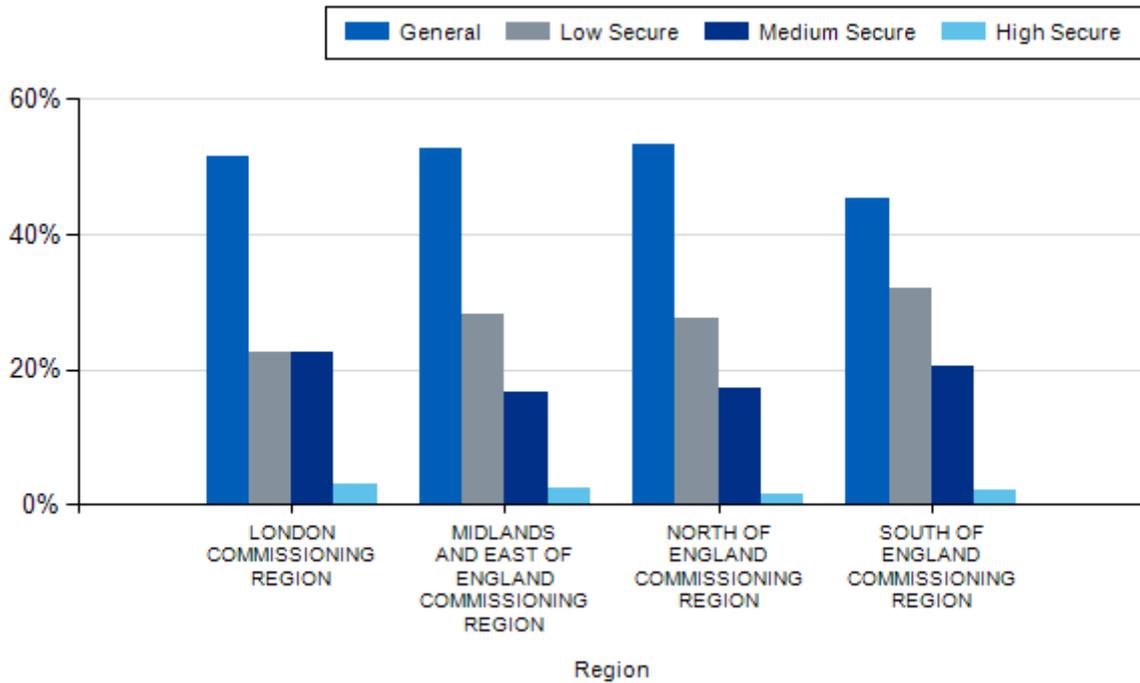
Note:

1. Further information on total length of stay is available in Reference Data Table 8 and 15.
2. All patient related data is rounded to the nearest 5.
3. Some numbers may not add up to the total due to rounding.

Ward security level

Of the 2,500 patients in care at the end of May 2017, 1,215 patients were in a secure ward. Figure 11 shows the regional breakdown of ward security. In general the South of England has a smaller proportion of patients in a General ward setting compared to the other regions. There are fewer patients in "High Secure" ward settings (2% of all inpatients) compared to other ward security settings.

Figure 11: Ward Security by NHS England Commissioning Region



Source: NHS Digital Assuring Transformation Collection

Note:

1. Further information on regional ward security is available in Reference Data Table 18.
2. Further information about ward security for all inpatients is available in Reference Data Tables 3, 15 and 16.
3. All patient related data is rounded to the nearest 5.

Care and Treatment Reviews

A Care and Treatment Review (CTR) is one or more meetings to check that a person's care and treatment is meeting their needs. They are carried out for people who are at risk of admission to a specialist learning disability or mental health hospital, or who are already an inpatient in a specialist hospital.

Most Recent CTR Date

Figure 12 shows the time since the most recent CTR. NHS England guidance states that CTRs should include a 6-monthly review. The most recent CTR date can also include CTRs which occurred before the patient entered hospital care as part of a pre admission CTR.

Figure 12: The time since the most recent CTR date for patients at the end of May 2017



Source: NHS Digital Assuring Transformation Collection

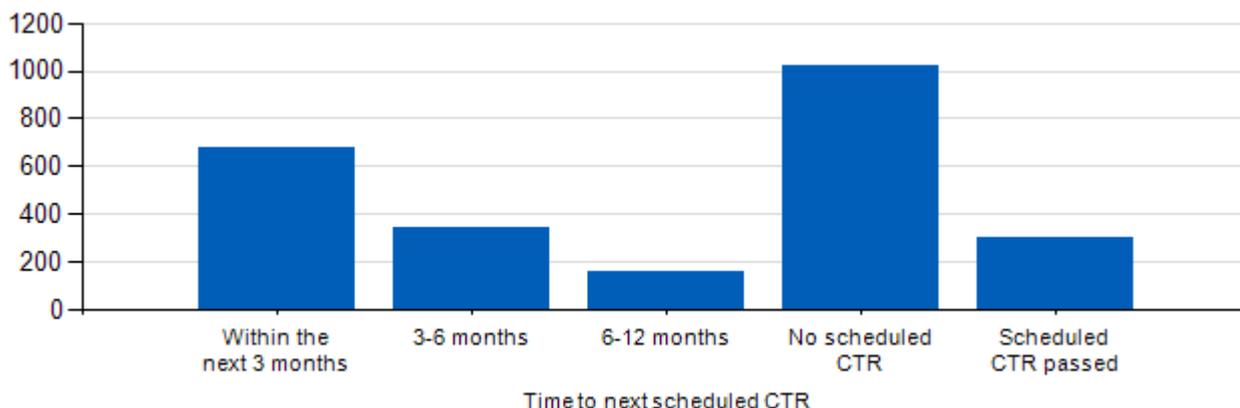
Note:

1. Further information about CTRs is available in Reference Data Tables 12 and 14.
2. All patient related data is rounded to the nearest 5.

Date of next scheduled CTR

Figure 13 presents data around the date of the next scheduled CTR. Some patients may not have a scheduled date of CTR if they are due to be discharged shortly or if they have only very recently had a CTR.

Figure 13: Time to next scheduled CTR from the end of May 2017



Source: NHS Digital Assuring Transformation Collection

Note:

1. Further information about CTRs is available in Reference Data Tables 12 and 14.
2. All patient related data is rounded to the nearest 5.

Table 1 shows the time since the last formal review and the outcome of details of the care plan following the review. 970 (39%) patients were found to not have a discharge plan in place. A further 780 patients were classed as not being dischargeable.

Table 1: Days since last review by details of the patients care plan at the end of May 2017

Time since last review	Patient not currently dischargeable	Discharge plan not in place	Working towards discharge	Delayed transfer of care	Requires indefinite care due to behavioural needs	Total
No review Date	20	60	5	*	*	85
0-3 months	230	215	210	30	*	685
3-6 months	185	230	175	40	*	625
6-12 months	150	215	125	25	*	510
Over 1 year	200	250	115	15	5	590
Total	780	970	630	110	5	2,500

A "formal review" includes Care Programme Approach (CPA), treatment planning meetings or Care and Treatment Reviews (CTR).

Source: NHS Digital Assuring Transformation Collection

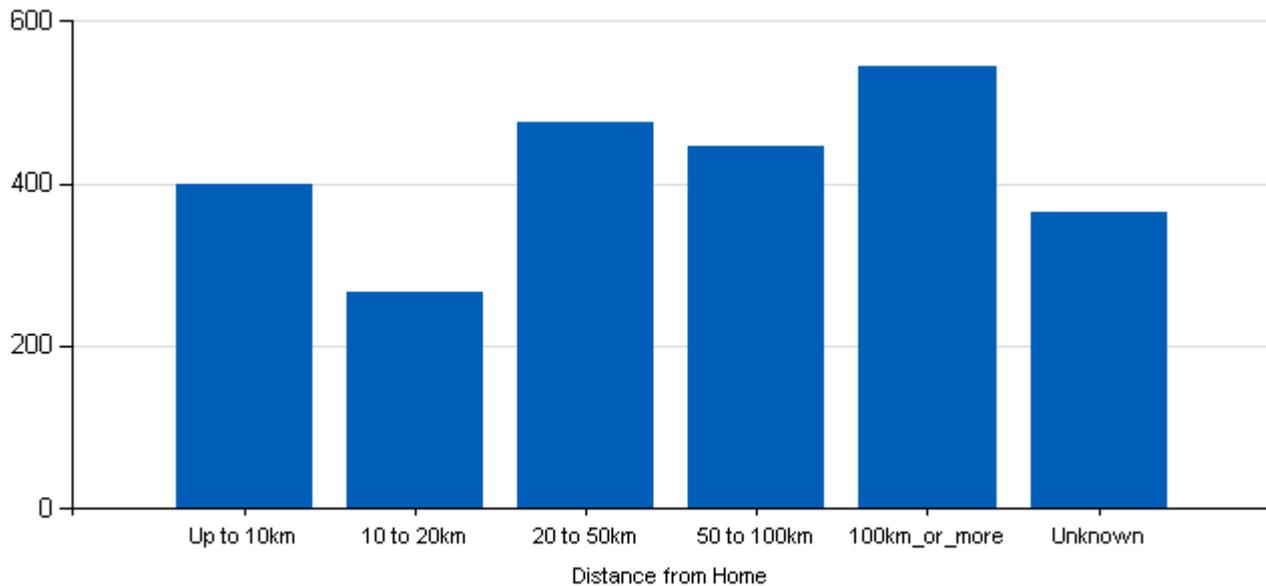
Note:

1. Further information about care plan outcomes and time of last review is available from Reference Data Table 19.
2. Further information about care plans is available in Reference Data Table 6.
3. Further information about the time since last review is available in Reference Data Table 4.
4. All patient related data is rounded to the nearest 5. Numbers less than 5 are suppressed (*).
5. Numbers may not add up to the total due to rounding.

Distance from Home

Patients' postcodes are traced through the NHS Digital Personal Demographics Services in order to calculate the distance from home of each inpatient receiving care at the end of the reporting period. This is reported every 3 months in this monthly publication. Figure 14 below shows the number of patients as at end of May 2017 by their distance from home. Fewer people (approximately 40%) travel further from home (over 50km) to the specialist hospital.

Figure 14: Number of patients by distance from home



Source: NHS Digital Assuring Transformation Collection

Note:

1. Further information about distance from home is available from Reference Data Tables 15, 16 and 17.
2. All patient related data is rounded to the nearest 5.
3. Postcode tracing was undertaken on the April data. This will cause a higher number of 'unknown' figures in the reporting as tracing will not have been undertaken on people entering the AT collection within May.

Annex 1: Glossary

Length of stay for those who left inpatient care

Length of stay and total length of stay were only calculated on episodes where planned discharge destination indicated community (Independent Living, Supported Housing, Family home with support, Residential Care, Residential School, no transfer currently planned or Other).

Patient count information

In care at the end of reporting month: means a patient was still in hospital at the end of a particular reporting period.

In care since previous month: means that by the end of the current month, a patient has been in continuous care since the previous month.

Admitted in month: means that a patient has new hospital episode(s) in the reporting period. Note that one person could have one or more new hospital episodes if discharged from a previous hospital stay. This may also include direct transfers from another hospital.

Discharged/transferred in month: means that a patient has been discharged/transferred from the current hospital. As above, a patient could potentially have one or more discharges recorded if they experienced several short hospital stays during the period. This may also include transfers to another hospital.

Admitted and discharged/transferred in month: This represents a patient being admitted to and discharged/transferred from the same hospital within the reporting period. The patient could still be in the end of period counts if a new episode of care was started with a different hospital or ward.

Commissioner count information

Made a submission: This is when a commissioner updates their data on the CAP (Clinical Audit Platform) system or presses the 'submission confirmation' button to confirm no change.

Did not make a submission: This is when a commissioner did not update their data or press the 'submission confirmation' button.

Have not had patients in scope: This is when a commissioner has not had any patients in scope since February 2015. Since commissioners can delete patients from the system, this number can fluctuate

Annex 2: Background Information

The purpose of the 'Assuring Transformation' data collection was to ensure that the public were 'aware of NHS commitments within the Transforming Care Programme'.

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

NHS Digital currently takes a snapshot of the data at the end of each month and reports on them on a monthly basis. The monthly data published here shows the position as was reported within the "live" system at the end of May 2017. Commissioners are expected to keep data in the system up to date; however, we are aware that this is not always possible and some data are known to be submitted after the period cut-off date.

On 30th October 2015, NHS England published the report - 'Building the right support'. This sets out "a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition". This can be viewed on the NHS England website:

<https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

Earlier data are available on the NHS England website:

<http://www.england.nhs.uk/ourwork/qual-clin-lead/ld/atd/>

Time series and benchmarking

Data for March 2015 is included as a benchmark for the start of the collection along with the latest 12 months of available data. Information on number of inpatients at the end of the month plus admissions/discharges/transfers within the month have been updated to include late submissions. This gives a more accurate picture of the position for each month. This means that figures published here may differ from those previously published in monthly reports.

The 2015/16 Transforming Care Programme has set a performance target to reduce the total inpatient cohort by 10% nationally. This will be calculated by measuring the change in the total inpatient cohort between the 31 March 2015 and the 31 March 2016.

Data prior to March 2015 reported to NHS Digital and prior to February 2015 reported to NHS England may be found in previously published monthly and quarterly reports which can be accessed through the following link:

<http://content.digital.nhs.uk/article/6328/Reports-from-Assuring-Transformation-Collection>

Annex 3: Data Considerations and Methodology

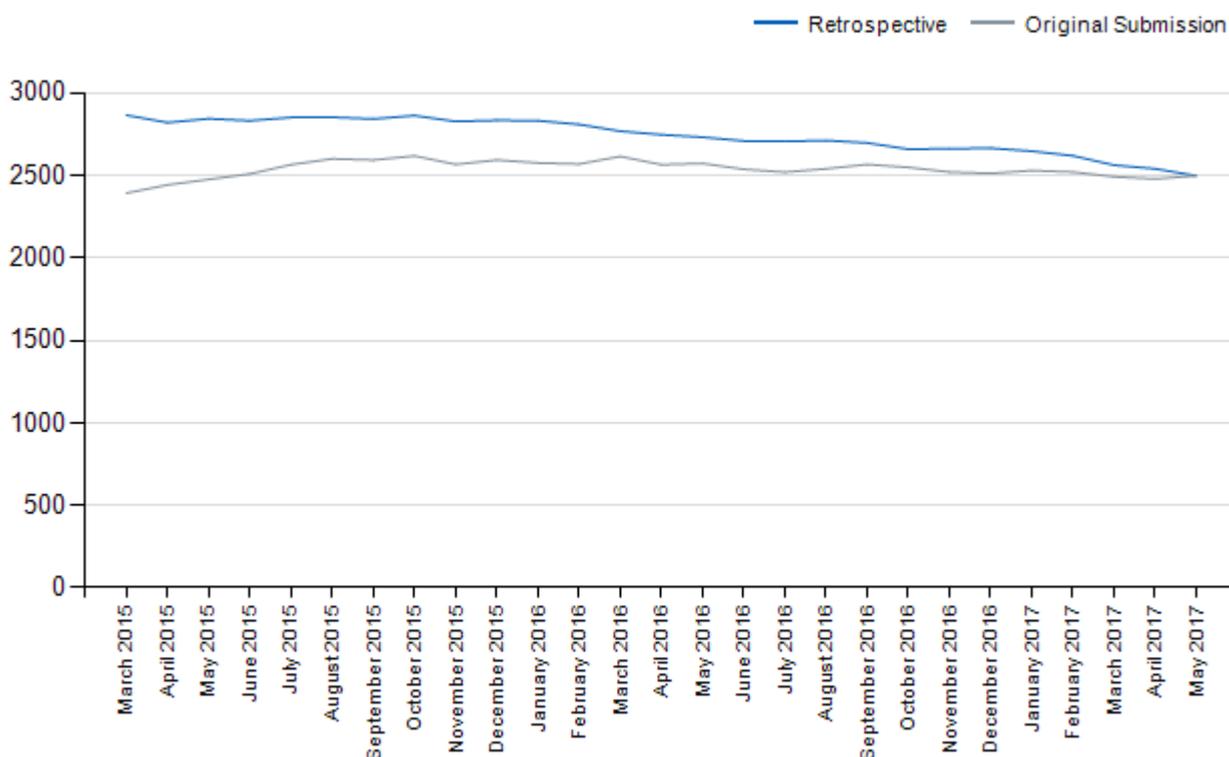
Retrospective updates

The data presented in this report are provisional and will change in subsequent monthly data releases. This publication collects information in a “live” system that commissioners are required to update as and when changes occur in the care of a patient who falls in scope of the collection. NHS Digital takes a snapshot of the data in the system at the end of each month to produce the monthly publications. The numbers of patients receiving care in a particular month is likely to change over time as more clinical information becomes available and it becomes clear whether patients are or are not in scope for the collection. The limitation of this system is that it is not possible to provide a definitive number of inpatients in any reporting period.

Example of retrospectively updated data having an impact on published figures: information regarding a patient who was discharged in April may not have been entered into the system until October. This would mean that in the April to September monthly publications the patient would have been ‘in care’ and would have been counted in the end of month counts. However, the October monthly publication would not count the patient at all because they were not active within October and their discharge date was in April so they would not appear in the discharges. Retrospectively backdating the information on the number of open episodes at the end of each month as well as admissions/transfers/discharges within the month aims to address these types of issues.

Figure 14 and Table 2 show data as received each month from March 2015 and the impact of retrospectively updating these at the end of a current reporting period. In the latest month, the two figures will be the same as there has only been one opportunity to submit these data. Over time we would expect the number of inpatients to increase as commissioners submit more data about the patients they are responsible for.

Figure 14: Number of patients receiving inpatient care as reported to NHS Digital since March 2015 calculated from data submitted by the end of May 2017



Source: NHS Digital Assuring Transformation Collection

Notes:

1. Further information about inpatient counts is available in Reference Data Tables 1 and 2.
2. All patient related data is rounded to the nearest 5.
3. Retrospective update refers to inpatients as reported at the end of current reporting period.
4. Original submission refers to inpatients as reported at the end of collection month.

Table 2: Number of inpatients at the end of each month as reported in the system since March 2015 and a 12 month rolling period from current period.

Month End	Month data was collected													
	Mar 15	Mar 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17
Mar 15	2,395	2,795	2,815	2,825	2,830	2,840	2,845	2,850	2,850	2,845	2,850	2,850	2,855	2,860
Mar 16	-	2,615	2,640	2,675	2,680	2,710	2,715	2,725	2,730	2,725	2,735	2,745	2,750	2,765
Jun 16	-	-	2,535	2,555	2,580	2,625	2,635	2,645	2,650	2,655	2,665	2,675	2,685	2,700
Jul 16	-	-	-	2,520	2,560	2,610	2,620	2,630	2,640	2,645	2,660	2,670	2,680	2,700
Aug 16	-	-	-	-	2,540	2,595	2,610	2,625	2,640	2,650	2,665	2,675	2,685	2,710
Sep 16	-	-	-	-	-	2,565	2,590	2,610	2,620	2,630	2,650	2,665	2,675	2,695
Oct 16	-	-	-	-	-	-	2,550	2,560	2,570	2,585	2,600	2,620	2,630	2,655
Nov 16	-	-	-	-	-	-	-	2,520	2,540	2,565	2,590	2,620	2,630	2,660
Dec 16	-	-	-	-	-	-	-	-	2,510	2,560	2,595	2,620	2,630	2,665
Jan 17	-	-	-	-	-	-	-	-	-	2,530	2,570	2,605	2,620	2,655
Feb 17	-	-	-	-	-	-	-	-	-	-	2,520	2,555	2,575	2,615
Mar 17	-	-	-	-	-	-	-	-	-	-	-	2,490	2,510	2,565
Apr 17	-	-	-	-	-	-	-	-	-	-	-	-	2,480	2,540
May 17	-	-	-	-	-	-	-	-	-	-	-	-	-	2,500

Source: NHS Digital Assuring Transformation Collection

Notes:

1. '-' denotes not applicable
2. All patient related data is rounded to the nearest 5.

Data presentation

In order to minimise the disclosure risk associated with small numbers, all figures presented within this report and within the reference data tables have had the following measures applied:

- Values less than 5 have been replaced by *;
- Values have been rounded to the nearest 5;
- Percentage calculations were based on unrounded figures and have been rounded to a whole number.

All figures are calculated from the raw data, suppressed where needed and then rounded. This may mean that some totals presented in the tables may not match the sum of the subtotals within the same table.

Readmissions

Readmissions are calculated for all admissions and discharges in the month, over the previous year. When calculated for all admissions, a readmission is where the patient's last date of discharge is within the last year. When calculated for all discharges, a readmission is where the patient's next admission date is within a year of the previous discharge.

For each admission, the method looks to see if the patient had any previous discharges in the last 30 days or 12 months. If the discharge date was the same date as the next admission date then this is classed as a transfer, if the dates are different this is classed as a readmission, if there was no previous discharge date in the past year, this is classed as first admission.

For each discharge, the method looks to see if the patient had any admission date within 12 months of the discharge date. If the next admission date was the same as this discharge date, then this is classed as a transfer. If the dates are different, it is classed as a readmission. If there was no next admission date in the following 12 months, then it is classed as a discharge (still discharged).

Please note the number of readmissions within 30 days/12 months of discharge and the number of transfers reported in a month will change following retrospective updates.

Distance to treatment

Transforming Care⁵ noted that people requiring inpatient services should be treated locally wherever possible, as sending people out of their local area can weaken their existing relationships with family and friends, damage continuity of care, and result in people being placed in settings that are unfamiliar and stressful. To calculate distance from home a valid home and hospital postcode was required.

The hospital postcode was collected as part of the data collection. Home postcode was obtained by sending NHS numbers data to the NHS Digital Personal Demographics Service (PDS) for postcode tracing the last 5 residential postcodes associated with a patient's NHS number. The first residential postcode which is different from any hospital postcode is used to calculate the distance. If a patient could not be traced or no non-hospital postcode was found then the distance is 'Unknown'. It is possible for a patient to be 0km from home whereby their residential address is very close to the hospital address, these patients will be included in the 'Up to 10km' group.

These figures were previously published in the quarterly Assuring Transformation publication and will now be included in every third monthly publication. To support introducing this data in the monthly flow, postcode tracing was undertaken on the April 2017 data. This will cause a higher number of 'unknown' figures in the reporting as tracing will not have been undertaken on people entering the AT collection within May 2017.

⁵ Department of Health, "Transforming care; a national response to Winterbourne View Hospital" (Department of Health, 2013), https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

Annex 4: Data Quality Statement

From April 2017, this publication is released as an official statistics publication as it now meets all the data quality and other areas specified within the Code of Practice for Official Statistics. As a result, the 'experimental' status has been removed.

This section provides details and data quality information for the data used in this publication. It aims to provide users with an evidence based assessment of the quality of the statistical output by reporting against those of the European Statistical System (ESS) quality⁶ and related dimensions and principles appropriate to this output⁷.

In doing so, this meets the NHS Digital obligation to comply with the UK Statistics Authority (UKSA) Code of Practice for Official Statistics⁸, particularly Principle 4, Practice 2 which states: "Ensure that official statistics are produced to a level of quality that meets users' needs, and that users are informed about the quality of statistical outputs, including estimates of the main sources of bias and other errors, and other aspects of the European Statistical System definition of quality".

Accuracy and Reliability

Accuracy and reliability relates to the proximity between an estimate and the unknown true value.

Data are collected via the Clinical Audit Platform (CAP) and validated on submission. The validation rules are available in the 'instruction and guidance notes' found on the Assuring Transformation web page <http://content.digital.nhs.uk/assuringtransformation>

The system is set up such that:

- For each NHS number there can only be one open episode of care during the period.
- There can be multiple closed episodes of care for each NHS number within a period.
- The system is 'live' and commissioners are expected to update information in the system as and when changes occur in the care of a patient who falls within the scope of the collection.
- Currently NHS Digital analysts take a 'snap shot' of the system at the end of each month and use this to report on the position at the end of the month and admissions and discharges within the month.

Although patients can have more than one episode in a period due to short hospital stays, at the end of the reporting period there can only be one open episode per patient. However, due to the retrospective updates, it is possible for duplicates to occur for closed episodes. All duplicate records are removed from the dataset prior to producing the analyses.

CCGs and Hubs are expected to keep records up to date on an ongoing basis. There are two ways that NHS Digital can currently assess if a CCG/Hub has done this:

1. Has the CCG/Hub made any alterations to any of the records during the period? Or created any new records;
2. If no records have been altered (due to no change in patient circumstances) then has the CCG/Hub selected the 'submission confirmation' option to confirm that their data is correct for this period?

⁶ ESS Quality Framework <http://ec.europa.eu/eurostat/web/quality>

⁷ The original quality dimensions are: relevance, accuracy and reliability, timeliness and punctuality, accessibility and clarity, and coherence and comparability; these are set out in Eurostat Statistical Law. However more recent quality guidance from Eurostat includes some additional quality principles on: output quality trade-offs, user needs and perceptions, performance cost and respondent burden, and confidentiality, transparency and security.

⁸ UKSA Code of Practice for Statistics: <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>

Note that in both scenarios above, it may be the Commissioning Support Unit⁹ (CSU) who has not updated the data. This report will highlight the number for those responsible for the patients (CCGs/Hubs) and not those responsible for submitting the data (CCGs/Hubs and CSUs).

Therefore, even though a number of organisations had not updated their records during the month, NHS Digital has used the data currently held in the system and assumed this was still accurate. This approach may change in future, once data submitters are fully accustomed to the approach.

As is standard NHS Digital practice, all figures in the reference data tables were independently checked. All figures in the report and Executive Summary were also independently checked.

Relevance

Relevance is the degree to which the statistical product meets user needs in both coverage and content.

Data in this publication is presented in a number of ways to meet user needs: summary report and key findings (this document), detailed data tables published in Excel and CSV data tables.

Where possible the data is presented at NHS England Commissioning Region, TCP and CCG levels as well as national level to allow users to access information about patients in their areas.

Comparability and Coherence

Comparability is the degree to which data can be compared over time and domain. Coherence is the degree to which data are derived from different sources of methods, but refer to the same topic, are similar.

The data presented in this publication are provisional and will change over time, due to the live capture collection methodology allowing data submitters to update patient records retrospectively. Full details of the impact this has on the data presented in this publication are available on page 18 and 19 of this report.

Data on inpatients with learning disabilities and/or autism are now being collected within Mental Health Statistics Data Set (MHSDS). It is planned that the MHSDS will become the source of inpatient LDA in the future and similar measures are being published each month in the MHSDS Monthly Learning Disabilities and Autism Reference Tables and CSV file. In addition, a number of comparators are published each month to assess the differences in reporting between MHSDS and Assuring Transformation collections, within the MHSDS Monthly Learning Disabilities and Autism Assuring Transformation Comparisons spreadsheet.

The MHSDS data is available here: <http://content.digital.nhs.uk/mhldsreports>

Timeliness and Punctuality

Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.

Assuring Transformation data is published monthly, within 1 month of the end of the reporting period.

⁹ CSUs submit data on behalf of one or more CCGs

Accessibility and Clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

This publication includes this report, presenting headline figures and key findings that are aimed at a range of audiences. More detailed information is available in Excel data tables and in the CSV file accompanying this publication. An easy read version of the publication is also produced.

This publication may be requested in large print or other formats through the NHS Digital contact centre: enquiries@nhsdigital.nhs.uk.

Assessment of user needs and perceptions

This section describes the processes for finding out about users and their views on the Assuring Transformation publication.

Feedback from public consultation showed that the information and data contained in our quarterly publications were valued by customers. As a result, the monthly publication has been expanded to include the information on distance to treatment, cross tabulations and an easy read of version of the publication, which were previously only available in the quarterly publications.

Comments on this publication can be made through various media:

- 'Have your say' on the NHS Digital website
- Email: enquiries@nhsdigital.nhs.uk
- Telephone: 0300 303 5678

Performance Cost and Respondent Burden

This section describes the effectiveness, efficiency and economy of the statistical output.

This bespoke collection is intended to run until the data can be collected via the Mental Health Services Data Set (MHSDS). A period of dual running is underway to ensure consistency of the data.

Confidentiality, Transparency and Security

This section describes the procedures and policy used to ensure sound confidentiality, security and transparent practices.

The data contained in this publication are Official Statistics. The code of practice for official statistics is adhered to from collecting the data to publishing.

<https://www.statisticsauthority.gov.uk/>

This publication is subject to a standard NHS Digital risk assessment prior to issue. They are assessed for disclosure risk prior to publication and disclosure controls are applied where appropriate to ensure the disclosure risk complies with the NHS Anonymisation Standard.

Link to the NHS Digital's Disclosure Control Procedure:

<http://content.digital.nhs.uk/pubs/calendar>

Link to the NHS Digital privacy policy: <http://content.digital.nhs.uk/privacy>

Freedom of Information Process: <http://content.digital.nhs.uk/foi>

Annex 5: Other Useful Information

Links to other Learning Disability data that users may find useful:

Learning Disabilities Census (2013, 2014 and 2015) - <http://content.digital.nhs.uk/ldcensus>

MHSDS data for learning disability and autism patients and comparators with Assuring Transformation (May 2016 onwards) - <http://content.digital.nhs.uk/mhldsreports>

Primary care (GP data) - <http://content.digital.nhs.uk/article/2021/Website-Search?productid=23378&q=QOF&sort=Relevance&size=10&page=1&area=both#top>

Primary Care Learning Disabilities publication - <http://content.digital.nhs.uk/article/7543/Health-and-Care-of-People-with-Learning-Disabilities>

NHS England Assuring Transformation (prior to March 2015) info - <http://content.digital.nhs.uk/article/6328/Reports-from-Assuring-Transformation-Collection>

Social care publications - <http://content.digital.nhs.uk/social-care>

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