Assuring Transformation is a commissioner based return for inpatients in a hospital setting with learning disabilities and/or autism (LDA). This release presents a snapshot as at the end of October 2018.

Key findings

Data collected for LDA inpatients at the end of October 2018 show that:

- 125 were admitted to hospital
- 150 were discharged from hospital
- 2,350 were in hospital at the end of the month
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This is an Official Statistics publication

This document is published by NHS Digital, part of the Government Statistical Service. All official statistics should comply with the UK Statistics Authority’s Code of Practice for Official Statistics which promotes the production and dissemination of official statistics that inform decision making.


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 inpatients 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 inpatients 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:


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


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.

Transforming Care Partnerships² 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.

From 1st April 2018, TCP’s are now able to register to submit data.

¹ For more information on the different roles of CCGs and Hubs see: https://www.england.nhs.uk. Note that Hubs have replaced Specialised Commissioning Teams (SCTs) which are referenced in this link.
Summary of main findings:

Data collected at the end of October 2018 show that:

- 2,350 inpatients were in hospital at the end of the reporting period.
- More inpatients were discharged (150) than admitted (125) to hospitals. Out of the 150 inpatients who were discharged/transferred\(^3\) from hospital in October 2018, 100 (68\%) were discharged back into the community.
- Many inpatients have been in hospital for a long time. Of those in hospital at the end of October 2018, 1,355 (58\%) had a total length of stay of over 2 years.
- At the end of October 2018 around half of the inpatients 1,210 (52\%) were in a non-secure ward\(^6\). There were 1,140 (48\%) inpatients in a secure ward\(^6\).
- The largest proportion of inpatients (28\%) were aged between 25-34 (670) and the lowest proportion (2\%) were aged 65 and over (35).
- In line with previous months trends, there were more males (1,730) than females (610) in hospital this month (74\% were male).
- There were 125 admissions\(^4\) to hospital; of these 65 were first admissions, 25 were readmissions\(^5\) within a year of the previous discharge and 35 were transfers from other hospitals.
- Under half of inpatients (43\%) last had a review of their care over 6 months ago (1,020).
- Over half of inpatients (58\%) have a date planned for them to leave hospital (1,365).

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\(^3\) 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.

\(^4\) 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.

\(^5\) Readmissions consider all admissions in the month then look to see if the inpatient had previously left inpatient care. Readmissions within the year indicate that of all admissions this month, the number of inpatients who left inpatient care within the previous year and who were subsequently readmitted in this month.

\(^6\) Non-secure wards include inpatients in general wards and psychiatric intensive care units (PICU). Secure wards include inpatients with low, medium and high secure ward settings.
Results from data submitted for inpatients at the end of October 2018

Inpatient counts

There were 2,350 learning disabilities and/or autism inpatients at the end of October. Of these inpatients, 2,235 have been receiving care from the start of the month.

Of the NHS England Commissioning Regions, the Midlands and East of England Commissioning Region and the North of England Commissioning Region had the highest percentage of learning disabilities inpatients (32%) at the end of October 2018 whilst South West had the lowest (8%).

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 October 2018 (see Figure 1). As at the end of October 2018 65 inpatients were a first admission, whereas there were 25 readmissions and 35 transfers from other hospitals.

Figure 1 shows a 6 month time series together with March baselines for the current and previous years.

Figure 1: Admissions from data submitted, as at the end of October 2018

A readmission is where the inpatient'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 inpatient related data is rounded to the nearest 5.
4. Some numbers may not add up to the total due to rounding.
Figure 2 shows the source of admissions within the month by readmission status for those inpatients admitted in October 2018. This breakdown includes all admissions in the month regardless of whether they were a readmission or transfer. The majority of inpatients (60) were admitted from their usual place of residence.

**Figure 2: Source of admissions within the month by readmission status, as at the end of October 2018**

Note:

1. Further information on admissions is available in Reference Data Table 12.
2. All inpatient related data is rounded to the nearest 5.
3. Categories with less than 5 inpatients at England level are not shown.
4. Postcode types Community, Residential care, Secure Forensic and Temporary place of residence are grouped under ‘Other’.
5. Some numbers may not add up to the total due to rounding.
Discharges

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

Figure 3 shows a 6 month time series and also March baselines for the current and previous years. There were 150 patients discharged, of these 110 were first admissions, less than 5 readmissions and 35 transfers as at the end of October 2018.  

**Figure 3: Discharges from data submitted, as at the end of October 2018**

![Discharge Chart](chart.png)

A readmission is where the inpatient'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 inpatient related data is rounded to the nearest 5.
3. Some numbers may not add up to the total due to rounding.

Figure 4 shows the discharge destination for those inpatients discharged in October 2018. The majority of inpatients leaving hospital are discharged back to the community (100).

**Figure 4: Discharge destination of inpatients discharged, as at the end of October 2018**

![Discharge Destination Chart](chart.png)

Source: NHS Digital Assuring Transformation Collection

Note:

1. Further information on discharges is available in Reference Data Table 13.
2. All inpatient related data is rounded to the nearest 5.
3. Some numbers may not add up to the total due to rounding.
Demographics of inpatients receiving care at the end of October 2018

Figures 5 and 6 show the demographics of the total number of inpatients receiving care in hospitals at the end of October 2018. Around 11% (250) of these inpatients were Under 18 and around 2% (35) were 65 and over, whilst the 25-34 is the largest group 28% (670). In all age categories (except Under 18’s) there were more males than females in this month (74%, 1,730 were male). Figure 5 shows the age and gender breakdown. A breakdown of the inpatient total by ethnicity is shown in Figure 6.

Figure 5: Age and Gender distribution of inpatients receiving care, as at the end of October 2018

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 inpatient related data is rounded to the nearest 5.
3. Some numbers may not add up to the total due to rounding.

Figure 6: Number of inpatients receiving care by ethnicity, as at the end of October 2018

Source: NHS Digital Assuring Transformation Collection

Note:
1. Further information on ethnicity is available in Reference Data Table 2.
2. All inpatient related data is rounded to the nearest 5.
3. Some numbers may not add up to the total due to rounding.
**Length of stay**
An inpatient's length of stay is calculated as the number of days between entering hospital and leaving hospital or the end of the current reporting period for those inpatients that are still in hospital. Figure 7 shows the length of stay for the current hospital spell for inpatients in care at the end of October 2018. 57% (1,350) of inpatients had a length of stay over a year.

*Figure 7: Length of stay for inpatients, as at the end of October 2018*

Note:
1. Further information on length of stay is available in Reference Data Table 8.
2. All inpatient 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**
An inpatient’s total length of stay is calculated from question “Date of first admission to any hospital”. If an inpatient doesn’t have a date of first admission, then the date of admission for the current hospital spell is used. Figure 8 shows that the total length of stay for inpatients at the end of October 2018. 58% of inpatients (1,355) have a total length of stay of over 2 years.

*Figure 8: Total length of stay for inpatients at the end of October 2018*

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 2,350 inpatients in care at the end of October 2018, 1,140 (48%) inpatients were in a secure ward\(^7\). Figure 9 shows the regional breakdown of ward security. There are fewer inpatients in "High Secure" ward settings (3% of all inpatients) compared to other ward security settings.

Figure 9: Ward Security by NHS England Commissioning Region, as at the end of October 2018

![Bar chart showing ward security by 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, 16, 17 and 18.
3. All patient related data is rounded to the nearest 5.
4. Some numbers may not add up to the total due to rounding.

\(^7\)Secure ward includes inpatients in low secure, medium secure and high secure ward settings.
Care and Treatment Reviews

Most Recent CTR Date
Figure 10 shows the time since the most recent CTR. The most recent CTR date can include CTRs which occurred before the patient entered hospital care as part of a pre admission CTR.

Figure 10: The time since the most recent CTR date for inpatients at the end of October 2018

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 11 presents data around the date of the next scheduled CTR. Some inpatients may not have a scheduled date of CTR if they are due to be discharged shortly.

Figure 11: Time to next scheduled CTR from the end of October 2018

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.
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 a community setting (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 inpatients in scope:* This is when a commissioner has not had any inpatients in scope since February 2015. Since commissioners can delete inpatients 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 October 2018. 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:


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, March 2016 and March 2017 are 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:

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 inpatients receiving care in a particular month is likely to change over time as more clinical information becomes available and it becomes clear whether inpatients 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 12 and Table 2 below shows the impact of retrospective updates on the benchmark month of March 2015 and a rolling 12 months of submissions.

Figure 12: Number of inpatients receiving inpatient care as submitted by the end of October 2018

![Graph showing number of inpatients over time]

Source: NHS Digital Assuring Transformation Collection

Note:

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 1: Number of inpatients at the end of each monthly reporting period.

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*Source: NHS Digital Assuring Transformation Collection*

**Note:**
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 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 Care[^6] 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 inpatients 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 inpatients 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 July 2018 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 October 2018.
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) quality and related dimensions and principles appropriate to this output.

In doing so, this meets the NHS Digital obligation to comply with the UK Statistics Authority (UKSA) Code of Practice for Official Statistics, 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 https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/data-collections/assuring-transformation

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 inpatients 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:

8 ESS Quality Framework http://ec.europa.eu/eurostat/web/quality

9 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.

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?

Note that in both scenarios above, it may be the Commissioning Support Unit¹¹ (CSU) who has not updated the data. This report will highlight the number for those responsible for the inpatients (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 inpatients 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.


**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.

¹¹ 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 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.


Annex 5: Other Useful Information

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


