

Mental Capacity Act 2005, Deprivation of Liberty Safeguards

England 2015-16 Official Statistics

Annex A: Background to the Deprivation of
Liberty Safeguards & Data Quality Statement

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Background to the Deprivation of Liberty Safeguards

Overview

The Deprivation of Liberty Safeguards (DoLS) were introduced as an amendment to the Mental Capacity Act 2005 (MCA) and came into force on 1 April 2009.

The MCA protects and empowers individuals, aged 16 and over, who may lack the mental capacity to make their own decisions about their care and treatment. The legislation stipulates that people who support or make decisions on behalf of someone who may lack mental capacity must follow five main principles:

- Everyone has the right to make decisions for themselves. It must be assumed that an individual can make a decision themselves unless it is proved otherwise through a capacity assessment.
- Individuals must be given help to make a decision themselves. This might include, for example, providing the person with information in a format that is easier for them to understand.
- Just because someone makes what those caring for them consider to be an "unwise" decision, they should not be treated as lacking the capacity to make that decision. Everyone has the right to make their own life choices, where they have the capacity to do so.
- Where someone is judged not to have the capacity to make a specific decision (following a capacity assessment), that decision can be taken for them, but it must be in their best interests.
- Treatment and care provided to someone who lacks capacity should be the least restrictive of their basic rights and freedoms possible, while still providing the required treatment and care.

The DoLS legislation was introduced into the MCA after the case *HL v the United Kingdom* (also known as *R v Bournewood Community and Mental Health NHS Trust*) was taken to the European Court of Human Rights (ECHR).

The case involved a regular outpatient to a psychiatric hospital with autism and learning difficulties who was deemed by the hospital staff to be unable to make decisions about the best place to receive necessary treatment. The hospital staff felt it was in his best interests to remain in hospital but his carers disagreed and wanted to care for him at home. Because the hospital staff made the ultimate decision to keep him in hospital, the ECHR ruled that this detention did not comply with the European Convention on Human Rights and amounted to him being deprived of his liberty¹.

This case led to amendments to the MCA in the Mental Health Act 2007, introducing the Deprivation of Liberty Safeguards, which aim to provide legal protection for those vulnerable people who are deprived of their liberty as part of their care, and to prevent arbitrary decisions about deprivations of liberty being taken. In order to achieve this, four key safeguards were developed:

- Organisations wishing to deprive someone of their liberty must seek authorisation to do so
- Where authorisations are granted they must be reviewed regularly
- The individual being deprived should be provided with a representative
- The individual being deprived has the right to challenge a granted authorisation

¹ <http://www.bailii.org/eu/cases/ECHR/2004/720.html>

This report only provides statistics on the first two safeguards. Statistics on challenges to DoLS authorisations are published by the Ministry of Justice².

The Supreme Court Judgment

The Supreme Court judgment of 19 March 2014 in the case of *Cheshire West* clarified an “acid test” for what constitutes a “deprivation of liberty”³.

The acid test states that an individual is deprived of their liberty for the purposes of Article 5 of the European Convention on Human Rights if they:

- Lack the capacity to consent to their care / treatment arrangements
- Are under continuous supervision and control
- Are not free to leave.

All three elements must be present for the acid test to be met.

A deprivation of liberty for such a person must be authorised in accordance with either the Deprivation of Liberty Safeguards (DoLS – part of the MCA), or by the Court of Protection or, if applicable, under the Mental Health Act 1983 (MHA).

The Supreme Court further held that factors which are NOT relevant to determining whether there is a deprivation of liberty include the person’s compliance or lack of objection to the proposed care / treatment and the reason or purpose behind a particular placement. It was also held that the relative normality of the placement, given the person’s needs, was not relevant. This means that the person should not be compared with anyone else in determining whether there is a deprivation of liberty.

The Supreme Court also held that a deprivation of liberty can occur in community and domestic settings where the State is responsible for imposing such arrangements. This will include a placement in a supported living arrangement. Hence, where there is, or is likely to be, a deprivation of liberty in such settings, this should be authorised by the Court of Protection.

The Court of Protection has held that the acid test also applies in acute non-psychiatric hospital settings⁴.

The judgment suggests that there may have been care arrangements in place that should have been subject to a formal DoL authorisation but applications had not been made. Consequently, it was expected that there would be a sharp increase in applications since the judgment.

Practical implications of the judgment

The increase in applications reflects significant extra activity for health and care providers (who must submit requests for DoLS authorisations and Court of Protection applications) but particularly for local authority teams who have responsibility for assessing requests for authorisations and where appropriate, authorising any deprivation of liberty.

It has also been clear from speaking with councils and the quarterly DoLS official statistics that due to the considerable increase in requests for authorisations, many local authorities are struggling to process these within the legal time limit. It is particularly important, given the level

² <https://www.gov.uk/government/collections/family-court-statistics-quarterly>

³ *P v Cheshire West and Chester Council and another and P and Q v Surrey County Council*, http://supremecourt.uk/decided-cases/docs/UKSC_2012_0068_Judgment.pdf

⁴ *NHS Trust & Ors v FG* [2014] EWCOP 30, <http://www.bailii.org/ew/cases/EWCOP/2014/30.html>

of applications being made, that robust procedures are in place to ensure that particularly vulnerable individuals can be identified rapidly, and appropriate action taken. DoLS assessments should continue to be person-centred and consider the unique situation of each individual. “Bulk assessments” for example are not appropriate.

Health and care providers will understandably however be concerned, should applications made to local authorities not be assessed within statutory time-limits. Whilst this is not ideal, it is an inevitable consequence of the unexpected large increase in applications that local authorities are now charged with processing.

NHS Digital have sought to develop as full an understanding as possible of this year’s data, and the underlying reasons behind any trends. It has been noted anecdotally that councils are dealing with the effects of the judgment in many ways. These include authorising deprivations for longer periods where appropriate, thus reducing the frequency with which a person’s care must be automatically assessed, whilst still allowing reviews and reassessments to occur as needed; and also triaging applications where possible to focus on helping the largest possible number of people.

DoLS Application Process

Deprivation of liberty in “community settings”

The DoLS application process begins when a potential deprivation of liberty has occurred or is about to occur. The care home or hospital (also known as managing authorities) must fill out an application form to seek authorisation for the deprivation. Once completed, the application form is sent to the local Council with Adult Social Services Responsibilities (also known as a CASSR, council or supervisory body).

A managing authority can grant itself an urgent authorisation if an individual needs to be immediately deprived of their liberty to protect them from harm. When an urgent authorisation is used, details still need to be sent to the council. In these situations, an urgent authorisation form and a standard application form are completed. When a standard application relates to an urgent authorisation, councils have to complete the assessments within 7 days. If the standard application does not relate to an urgent authorisation, councils have 21 days to complete the assessments.

Once the council receive an application, they must appoint at least two people to carry out the six assessments. These must include a Mental Health Assessor (MHA) and a Best Interest’s Assessor (BIA). The MHA must be a doctor with the necessary skills and experience¹. The BIA could either be an Approved Mental Health Professional (AMHP), a social worker, a nurse, an occupational therapist or a chartered psychologist with the necessary skills and experience⁵.

There are 6 criteria that need to be assessed and fulfilled for an application to be granted:

- Age Requirement: The person must be 18 years old or over.
- Mental Capacity Requirement: The person should be assessed as lacking the mental capacity to make a decision about the care or treatment they receive in a care home or hospital.
- Mental Health Requirement: The person should be assessed as having a mental disorder as defined under the Mental Health Act 1983 but disregarding any exclusion for people with learning disabilities.

⁵ Please see the DoLS Code of Practice for further details about the necessary skills and experience: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085476

- **No Refusals Requirement:** The person must not have made a relevant advance decision, nor have someone appointed (donee) under a Lasting Power of Attorney, nor a court appointed deputy, which / who is in opposition to the proposed care or treatment.
- **Eligibility Requirement:** A person is eligible unless they are subject to a requirement under the Mental Health Act 1983 that conflicts with the authorisation being requested, or object to being in hospital for the purpose of treatment of a mental disorder, or to being given some or all of the treatment in question, and they meet the criteria for detention under the Mental Health Act 1983.
- **Best Interests Requirement:** The aim of this assessment is to establish whether a deprivation of liberty is occurring or would occur, and if so, whether it is:
 - In the best interests of the individual;
 - Necessary in order to prevent them coming to harm;
 - A proportionate response to the likelihood of them suffering harm and the severity of that harm

Where all 6 criteria are met, the application is granted and this means that the individual can be legally deprived of their liberty by the hospital or care home. The authorisation can be granted for any length of time up to a year. If any of the 6 criteria are not met, an authorisation cannot be granted.

The DoLS process can be used to assess and authorise deprivations of liberty in care home, hospice and hospital settings. However, a “deprivation of liberty” that is “attributable to the state” can occur in other “community settings”. This includes supported living arrangements and domestic settings. In these settings, the DoLS scheme is not available and instead, an application must be made to the Court of Protection.

Following the Supreme Court judgment, the Court of Protection launched a new streamlined procedure in November 2014 with a view to dealing with an increased demand for such applications. This is known as the “Re X procedure” and is supported by a new Court of Protection application form and a new practice direction⁶.

The DoLS data collection

The 2015-16 DoLS data are collated and processed by NHS Digital from an annual mandatory data collection from all CASSRs in England. The collection requires one record per DoLS application with information on: the dates that applications were received and processed; details of the key decisions made; and demographic information about the individuals involved.

This is the third annual official statistics report to be based on data collected in this current format.

Between April 2009 and March 2013, DoLS applications were processed by both councils and Primary Care Trusts (PCTs). Councils looked after applications from care homes and PCTs looked after those from hospitals. During this time, the NHS Digital collected data on a quarterly basis from both councils and PCTs in an aggregated form. Following the abolishment of PCTs in 2013, councils are now the only organisations processing DoLS applications.

⁶ ReX Court of Protection Application Form:
http://hmctsformfinder.justice.gov.uk/courtfinder/forms/cop-dol10-eng.pdf?utm_source=Newsletters&utm_campaign=b59bb46eae-MCL_November_2014_copy_01_11_17_2014&utm_medium=email&utm_term=0_0dd23690b2-b59bb46eae-117005089

The collection methodology also changed for the 2013-14 DoLS collection onward, following a “zero-based review” of adult social care data collections. The review considered changes in the delivery of social care and looked into what information should be provided to monitor the most important current and future priorities. The key changes introduced were to move to collecting the data annually and at a case level, rather than quarterly and in aggregate. The 2013-14 DoLS collection was developed following consideration of this feedback and was approved by the Department of Health (DH), the Department of Communities and Local Government (DCLG) and other key stakeholder organisations including the Association of the Directors of Adult Social Services (ADASS).

The 2015-16 data collection continued with the new methodology and added further fields to allow analysis of reviews of DoLS authorisations and the duration of cases. More information on the data collection, data validation processes and known issues with the data are discussed in the [Data Quality Statement](#).

Quarterly DoLS data collection

As a result of the Supreme Court judgment and anecdotal reports of increased DoLS applications, the Department of Health (DH) proposed the introduction of a temporary, voluntary data collection to cover the first 18 months of DoLS activity after the judgment.

Data were collected from councils on the number of applications received and signed off each month, on a quarterly basis.

Quarterly official statistics were published by NHS Digital to cover April 2014 to June 2015. These available at <http://digital.nhs.uk/pubs/dols1516q1>. Statistics for the final quarter were published by the Department of Health and are available at: <https://www.gov.uk/government/statistics/deprivation-of-liberty-safeguards-dols-july-to-september-2015>.

Although some of the information published in this report covers similar ground to the quarterly statistics, the annual report is the authoritative source of DoLS statistics for 2015-16, as it is based on mandatory collection of data from all councils reflecting the final position at the end of the reporting year.

Related resources and further reading

Monitoring the use of DoLS

The Care Quality Commission (CQC) has a duty to monitor the use of the Deprivation of Liberty Safeguards and they do this through a programme of inspections and education of care providers. They publish an annual report on their findings. The link below is for the latest report, which also provides an assessment of the five years since the introduction of the safeguards: <http://www.cqc.org.uk/content/monitoring-deprivation-liberty-safeguards>

Use of Formal Detentions and Community Treatment Orders

The latest annual report about in-patients formally detained in hospitals under the Mental Health Act 1983 and patients subject to supervised community treatment: <http://digital.nhs.uk/pubs/inpatientdetmha1415>

Use of Guardianship

The latest annual report about cases of guardianship under Sections 7 and 37 of the Mental Health Act 1983 in England: <http://digital.nhs.uk/pubs/guardianmh16>

Mental Health Bulletin

The latest annual report on data extracted from Mental Health Minimum Data Set (MHMDS). This report contains information about individuals in contact with mental health services:
<http://www.hscic.gov.uk/pubs/mhb1415>

Further sources of guidance

The Department of Health commissioned the Law Society to produce guidance for practitioners on what constitutes a deprivation of liberty following the Supreme Court judgment. This guidance contains advice for different health and care settings, as well as useful “key questions” that can help identify a potential deprivation of liberty. This guidance can be found at the following link:
<http://www.lawsociety.org.uk/support-services/advice/articles/deprivation-of-liberty/>

Related to this guidance, in July 2015, the Law Commission opened a consultation on mental capacity law and the DoLS, with a view to publishing their recommendations and a draft Bill in 2016. Their project can be found at <http://www.lawcom.gov.uk/project/mental-capacity-and-deprivation-of-liberty/>.

Acknowledgement

Collation and validation of the data for the DoLS return involves significant work for staff in CASSRs at a busy time. NHS Digital would like to place on record its appreciation to council colleagues, for their work in collating the data and their efforts to ensure that the data reported give a true picture of the activity that has taken place.

Feedback on this report

We are keen to hear from the users of our statistics. If you have any comments or queries regarding this publication or its related products, they would very be welcome. Please email the DoLS mailbox at: hscicdols@nhs.net

Data Quality

Introduction

This appendix will provide users with an evidence-based assessment of the quality of the data used in the DoLS 2015-16 official statistics, reporting against those of the nine European Statistical System (ESS) quality dimensions and principles appropriate to this output.

In doing so, this meets our obligation to comply with the UK Statistics Authority (UKSA) Code of Practice for Official Statistics, particularly Principle 4, Practice 2 which states that producers must: 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.

Relevance

The purpose of the DoLS reporting is to inform the public and provide information which can help stakeholders make decisions about practice and policy. Information in this report will be of interest to organisations monitoring DoLS applications in England, such as the Department of Health, the Care Quality Commission, hospitals and care homes. It may also be useful to mental health charities, individuals being deprived of their liberty and their families who are interested in more information about DoLS and the extent of its use.

Accuracy and reliability

Steps to ensure accuracy

For this first time, NHS Digital released a spreadsheet-based tool through which local authorities could run their data to check the accuracy of individual records. Use of this tool was not mandatory, but many LAs chose to use it to identify errors before making their initial submissions. NHS Digital then ran a number of validation tests on the initial data submissions. Councils were notified of any breaches to these rules through a validation report and submissions were then updated and resubmitted. Validation checks were also then run on every revised submission of data. NHS Digital attempted to resolve any issues with councils, aiming to ensure that either all checks were passed, or were agreed as valid breaches to data validations. In some circumstances, this was not possible before the final data submission deadline. Any data issues that were unresolved are noted below.

Feedback survey

NHS Digital has collected information about the number of DoLS applications since their introduction in 2009. Since 2013-14, all applications are processed by councils and data are submitted annually at case level, thus affording greater flexibility of analysis across variables such as location and demographics.

Following the 2015-16 data collection, the NHS Digital invited submitting CASSRs to participate in a feedback survey. It was envisaged that the answers provided would help NHS Digital to decide whether any changes to the submission process or guidance documents were required and how users could best be supported during the data submission period in subsequent years.

NHS Digital received and analysed 64 responses to a feedback survey from the 152 councils. This was a reduction compared to the 75 responses received in the previous year. It is not possible, therefore, to say that the results are fully representative of all councils however the key recommendations to emerge included:

- NHS Digital to review data collection systems in order to improve council's submission experiences (aim to have any improvements in place for the next collection period)
- NHS Digital to include common enquiries received in the collection mailbox as part of an FAQ section within Guidance documentation
- NHS Digital to work to understand how best to communicate with users about availability of documentation and support (this year's survey showed users requesting that we make documents available earlier even though they were already on our website. We will also work to further explain the rationale, and legal basis, for our work - e.g. around the process required for access to restricted data.)

The full report is available at: [http://digital.nhs.uk/media/22352/DoLS-Feedback-Survey-2015-16V102/pdf/DoLS_Feedback_Survey_2015-16_V1.0\(2\).pdf](http://digital.nhs.uk/media/22352/DoLS-Feedback-Survey-2015-16V102/pdf/DoLS_Feedback_Survey_2015-16_V1.0(2).pdf)

England coverage

The 2015-16 DoLS data used in this report gives complete coverage for England. All 152 CASSRs in England made a submission.

Known data quality issues

As well as identifying issues with the completeness and accuracy of individual records, when carrying out validation checks on each council's data, unexpected trends were also identified in relation to various aspects of the data for certain councils when compared to national profiles. In these instances, NHS Digital contacted councils directly in order to gain more insight and to add further context to the patterns observed so that users could draw more informed conclusions from the statistics presented.

The following list of councils helped NHS Digital in understanding these issues through the provision of plausible reasons for how the data were reflective of the processes that yield them. For their time and assistance, we are grateful:

Code	Local Authority	Code	Local Authority
325	Blackpool Borough Council	726	London Borough of Havering
810	Bournemouth Borough Council	727	London Borough of Hillingdon
614	Bracknell Forest Borough Council	731	London Borough of Newham Council
909	Bristol City Council	733	London Borough of Richmond upon Thames Council
210	Calderdale Metropolitan Borough Council	734	London Borough of Sutton Council
623	Cambridgeshire County Council	611	Luton Borough Council
209	City of Bradford Metropolitan District Council	218	North Yorkshire County Council
102	Cumbria County Council	504	Northamptonshire County Council
117	Darlington Borough Council	512	Nottingham City Council
507	Derby City Council	608	Oxfordshire County Council
205	Doncaster Council	616	Reading Borough Council
809	Dorset County Council	206	Rotherham Metropolitan Borough Council

116	Durham County Council	729	Royal Borough of Kingston-upon-Thames Council
606	Hertfordshire County Council	410	Solihull Metropolitan Borough Council
803	Isle of Wight Council	814	Southampton City Council
215	Kingston-upon-Hull City Council	318	St Helens Metropolitan Borough Council
323	Lancashire County Council	805	Surrey County Council
509	Leicester City Council	311	Tameside Metropolitan Borough Council
508	Leicestershire County Council	622	Thurrock Council
719	London Borough of Brent	213	Wakefield Council
721	London Borough of Croydon	615	West Berkshire District Council
722	London Borough of Ealing	807	West Sussex County Council
723	London Borough of Enfield	817	Wiltshire Council
725	London Borough of Harrow	319	Wirral Metropolitan Borough Council

General data quality issues identified

Application reference number

- Some councils submitted multiple DoLS applications with the same application reference number but different person reference codes – these were confirmed however as not being duplicates and were therefore retained within the dataset

Person reference code

- 3 councils submitted data with records containing no Person reference codes

Demographic data

- A very small number of submitted records containing missing demographics data (age, gender, ethnicity...etc.)

Application received date

- Several councils submitted data which showed atypical profiles of applications received, with peaks and troughs in certain months rather than an even flow of applications into the system.
- Some councils recorded higher or lower than expected figures for certain months compared to the average and range of their typical monthly volumes – this impacted on March 2016 in most cases

Application status

- Even though we expect councils to record low figures relating to “withdrawn” cases, there were some councils which did not record any at all throughout the 2015-16 reporting period
- A number of councils recorded over 80% of the total number of applications received as not yet signed off

Specific issues relating to certain councils

Tameside Metropolitan Borough Council (311)

- All of the applications submitted had gender recorded as ‘male’ (Gender code = 1). This was confirmed as a data entry error by the council, having not been flagged as part of

record-level data validation checks. Resubmission was not possible within publication production timelines however NHS Digital will look to augment the data validations available for future iterations of this collection to include checks of aggregate data.

Lancashire County Council (323)

- A large number of records were submitted by Lancashire County Council, however when further analysis was carried out by month it became apparent that the received dates for all submitted cases fell between April and June 2015, and no cases had been submitted as having been received during the period of July 2015 through to March 2016.
- This was largely due to the previous computer system being unable to cope with DoLS data, and the data needing to be extracted from applications manually.
- The council were therefore unfortunately not in a position to provide data for the missing period within publication production time lines, as this was not available in an electronic format and the already-limited administrative resources within the council were focused on operational tasks to address the backlog of applications.
- An updated electronic DOLS module has now been commissioned to address the problem.

Timeliness and punctuality

This report contains data for the 2015-16 reporting year and covers the period 1 April 2015 to 31 March 2016. This report was published on 28 September 2016, which is approximately four months after the close of the initial data submission period.

Once an initial submission had been received from every council, the Adult Social care statistics team undertook detailed quality assurance of the data, often requiring further data submissions from councils to correct records with erroneous fields. Further exploratory analysis was then carried out on the final national dataset. Any subsequent issues were then discussed with councils, although no data was re-submitted after this point.

The 2015-16 validated DoLS data were made available to CASSRs on a restricted basis for quality assurance and management information purposes through Data Depot (a secure electronic file sharing system). Restricted access to the data was granted to only one named contact per council, subject to their agreement to the conditions set out within the NHS Digital Adult Social Care Statistics Terms and Conditions document⁷ (developed with reference to the National Statistician's guidance for use of management information (June 2016)⁸. Whilst NHS Digital did receive enquiries regarding the methodology and processing of the data, we were not notified of any errors within the restricted dataset.

Reuse of NHS Digital data is also subject to the conditions outlined here:

<http://www.hscic.gov.uk/data-protection/terms-and-conditions>

Accessibility and clarity

Accessibility

This national report is available in pdf format from the NHS Digital website at the web address below, alongside Annexes containing reference tables (including statistics by local authority and

⁷ http://digital.nhs.uk/media/20612/Terms-and-Conditions-for-Restricted-access-for-2015-16-data/pdf/Terms_and_Conditions_for_Restricted_access_for_2015-16_data.pdf

⁸ <https://www.statisticsauthority.gov.uk/wp-content/uploads/2016/06/National-Statisticians-Guidance-Management-Information-and-Official-Statistics.pdf>

CQC location code), that are available in Excel format.

Link to the report and supporting documentation:
<http://www.hscic.gov.uk/pubs/mentcap1516annual>

Clarity

A list of the data items collected in 2015-16 together with their definitions can be found in the information and guidance notes for the 2015-16 data collection⁹. This can be used to see what data has been collected from councils and to understand the terminology used within the DoLS reporting products.

Coherence and comparability

Coherence

Although some of the information published in this report covers similar ground to the quarterly statistics, the annual report is the authoritative source of DoLS statistics for 2014-15, as it is based on mandatory collection of data from all councils reflecting the final position at the end of the reporting year.

As the quarterly collection is voluntary, only a subset of councils provided data, and they may not update previously submitted data. For example, if a council submitted data in June 2014 showing the number of applications that had been received during the first quarter of 2014-15, but not signed off by the end of that quarter and then did not notify the HSCIC of any changes to those figures, those figures would continue to be reported (with caveats), perhaps giving the false impression that a large number of cases from, for example, June 2014 had still not been signed off by the end of June 2015.

NHS Digital has compared the annual mandatory data submitted by each council with their quarterly submissions as part of broader data validation checks. These quarterly official statistics were published by NHS Digital for the period April 2014 to June 2015 and are available at <http://digital.nhs.uk/pubs/dols1516q1>. Statistics for the final quarter were published by the Department of Health and are available at: <https://www.gov.uk/government/statistics/deprivation-of-liberty-safeguards-dols-july-to-september-2015>.

Comparability

In previous collection periods, DoLS applications were processed by both councils and Primary Care Trusts (PCTs) and NHS Digital collected data from both organisation types. Data was submitted in aggregate form and collected on a quarterly basis. From 2013-14 onwards, all applications are processed by councils and the returns are submitted at a case level on a yearly basis. The DoLS collection has remained mandatory for all councils.

The 19 March 2014 Supreme Court judgment in the case of Cheshire West widened the number of individuals who may be considered to be deprived of their liberty and hence require an application in respect of DoLS. This has resulted in a ten-fold increase in the number of DoLS applications from 2014-15 onward, as compared to 2009 to 2014. While the analysis methodology has remained the same, this considerable increase in volumes means that the figures for the two most recent collection periods cannot always be compared to the previous reporting year.

⁹ http://digital.nhs.uk/media/16724/Deprivation-of-Liberty-Safeguards-Return-2015-16-Guidance/pdf/Deprivation_of_Liberty_Safeguards_data_collection_2015-16_Guidance_v2.0.pdf

Trade-offs between output quality components

NHS Digital ran a number of validation checks on each submission of data and returns were only accepted once all of the validation rules were passed. There were some data quality issues that were identified subsequent to closing the collection period which could not be rectified for this report. These issues are described in the [Known data quality issues](#) section of this document.

Assessment of user needs and perceptions

The collection methodology for the 2013-14 DoLS collection onward was changed following a “zero-based review” of adult social care data collections. The review considered changes in the delivery of social care and looked into what information should be provided to monitor the most important current and future priorities. The key changes introduced were to move to collecting the data annually and at a case level, rather than quarterly and in aggregate. The 2013-14 DoLS collection was developed following consideration of this feedback and was approved by the Department of Health (DH), the Department of Communities and Local Government (DCLG) and other key stakeholder organisations including the Association of the Directors of Adult Social Services (ADASS).

The 2014-15 data collection continued with the new methodology and added further fields to allow analysis of reviews of DoLS authorisations and the duration of cases. There were no changes implemented for the 2015-16 data collection.

Performance, cost and respondent burden

Submission of DoLS data to NHS Digital is a statutory requirement for all 152 CASSRs in England. Councils are required to record details about applications and authorisations throughout the reporting year and submit these to NHS Digital at the end of the year. Data submissions are made via Data Depot, a secure electronic file transfer system. Validation checks are carried out once a file has been received and councils notified of any errors shortly afterwards. Councils are able to resubmit data until all validation queries have been resolved.

Changes to the collection methodology for 2014-15 were intended to ensure that only necessary and useful data were collected as well as making the data source more flexible to the reporting needs of data users. No changes in methodology were introduced for the 2015-16 process.

Confidentiality, transparency and security

All statistics are subject to a standard NHS Digital risk assessment prior to issue. The risk assessment considers the sensitivity of the data and whether any of the reporting products may disclose information about specific individuals. Methods of disclosure control are discussed and the most appropriate methods implemented. As a result of this process, all statistics associated with this data collection have been rounded to the nearest five, and suppressed in tables where necessary. Due to the sensitive nature of the DoLS dataset, we will not be releasing an Open dataset for further analysis as it is not felt to be feasible to adequately balance the need to limit the risk of disclosure, whilst still maintaining sufficient utility in the output.

NHS Digital aims to be transparent in all its activities. A description of the collection process used is detailed in the [DoLS data collection](#) section of this Annex document, and any issues with the quality of the 2015-16 DoLS data are documented in the [Accuracy and reliability](#) section.

DoLS data is returned to NHS Digital through a secure electronic file transfer system called Data Depot. The submitted files are downloaded from Data Depot and stored on a secure network with restricted access folders. Only a limited number of analysts can access the DoLS folders.

Please see links below for more information about related NHS Digital policies:

Statistical Governance Policy (see link in 'user documents' on right hand side of page):

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

Freedom of Information Process:

<http://digital.nhs.uk/foi>

Data Access and Information Sharing Policy:

<http://portal/Documents/Policies/DAIS%20Policy%20Final%204.0%20updated.pdf>

Privacy and data Protection:

<http://digital.nhs.uk/privacy>