



Professional
Record
Standards
Body

Personalised Care and Support Plan Information Standard (DAPB4022 Amd 38/2021)

Requirements Specification v1.1

Data Alliance Partnership Board

The Data Alliance Partnership Board (DAPB), which holds delegated authority from the Secretary of State for Health and Social Care, has approved a new information standard for publication under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Standards Assurance Service (DSAS) and approved by the Data Alliance Partnership Board (DAPB).

This information standard comprises the following documents:

- Requirements Specification
- Implementation Guidance.

An Information Standards Notice (DAPB4022 Amd 38/2021) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled copies of these documents can be found on the [NHS Digital website](#). Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 22 December 2021

DAPB Update November 2022: The full conformance date has been extended from 30 June 2023 to 31 January 2024. The delay is to cater for anticipated winter pressures, create provider implementation materials and resource support for provider sites.

Correction January 2023: The planned dates for work with early adopters (section 1.5, page 11) have been corrected to reflect the extended conformance date.

Glossary of Terms

Term / Abbreviation	What it stands for
DAPB	Data Alliance Partnership Board.
DAPB4022	The Personalised Care and Support Plan Information Standard.
FHIR	Fast Healthcare Interoperability Resources. A method for exchanging healthcare information electronically.
ISN	Information Standards Notice.
PRSB	Professional Record Standards Body.
Refset	In the context of this Standard, a Refset is a group of SNOMED clinical terms that is represented by a single reference, rather than a list of all the terms contained therein.
SNOMED CT	Structured clinical vocabulary for use in an electronic health record. SNOMED CT has been adopted as the standard clinical terminology for the NHS in England.
TRUD	Technology Reference Data Update Distribution. The standard references (e.g.) NHS Data Dictionary and SNOMED CT terminology. System suppliers are expected to update their products via TRUD.

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1. Introduction

A care plan is part of a person's care record that should be created with the individual themselves. It captures a person's personal and health-related goals, actions and activities and documents practical treatment plans, for example, losing weight, exercising, and socialising to reduce isolation. Because a care and support plan is part of a person's health and care record, the information their record contains can be used to develop their care plan. As such, professionals caring for an individual will have access to information on medications, allergies, a record of annual physical health checks and follow-up interventions, all on a 'need to know' basis. The Professional Record Standards Body (PRSB) Personalised Care and Support Plan Standard sets a national standard for recording information that supports person-centred care and care planning for use in both health and social care. The terms used in the personalised care and support plan will provide a common language that is meaningful to patients, service users and health and social care professionals, and will enable sharing of information in a person-centred way.

There is a need to move to a standardised structured digital personalised care and support plan (PCSP), which enables care and support plans to be recorded, amended and maintained collaboratively between individuals and health and care professionals; and exchanged and accessed consistently across all care settings. This document guides providers in the implementation of the personalised care and support plan information model, to support a digital integrated and interoperable care and support plan across a variety of care settings (primary care, acute care, urgent and emergency, community, mental health and social care).

The standard aims to support the delivery of national initiatives such as the National Information Board (NIB) Personalised health and care 2020, Five Year Forward View, General Practice (GP) Forward View, and compliance with legislation such as the Care Act 2014. The 'Five Year Forward View' (5YFV) sets out a clear vision for the future of the NHS. Recognising the increasing burden of single and multiple long-term conditions, the Five Year Forward View calls for improved prevention and proactive models of care. It also emphasises the need to give people 'greater control of their own care' and 'break down the barriers to how care is provided'. Personalised care and support planning offers a solution to these calls. It puts patients in the driving seat of their care and wraps services around their multidimensional needs thereby providing a vehicle to deliver "Person-centred care".

Unfortunately, care planning across organisations is not occurring in a meaningful way because of a lack of a professional standard/consensus view on what constitutes a care plan as well as the current lack of interoperability. A solution was provided in 2018 when the PRSB published the Digital Care and Support Plan Standard. The consultations to develop the standard involved input from clinicians, healthcare professionals, patients as well as system suppliers and commissioners. The standard was further consulted on and enhanced in 2021 and renamed the [Personalised Care and Support Plan - v2.0](#) The enhancement had a focus on community mental health and people with complex needs. Final report documents outline the consultations undertaken and can be downloaded from the [PRSB web](#)

[page](#), as well as other supporting documents to aid implementers.

This first version (v1.0) of the Data Alliance Partnership Board (DAPB) approved Information Standard (DAPB4022 Amd 38/2021) which has been approved for publication by the Department of Health and Social Care under [section 250 of the Health and Social Care Act 2012](#) is to mandate the use of the [PRSB Personalised Care and Support Plan standard \(version 2.0\)](#). This will prepare providers and their systems to be able to begin sharing information in the future, which will be facilitated through a further release of this standard.

Due to disparate IT systems being used to record care and support planning outputs and a lack of interoperability, care plans are often recorded in a siloed manner resulting in “profession-specific” care plans e.g. a social care support plan or a long-term condition care plan. In this way, a person with complex care needs may amass a great many siloed care plans resulting in disjointed, unco-ordinated care, thereby defeating the purpose of a multi-agency, person-centred care plan, which is to provide proactive, well co-ordinated care that has been discussed with the person or their representative in a collaborative and personalised way (note that this would not override a duty of care – e.g. end of life care and associated plans). Siloed care planning also leads to an attenuated patient voice where their goals, concerns and wishes may get lost in the depths of an obscure care plan to which only one of the professionals involved in the patient’s care may have access.

The future intention of multi-provider personalised care and support planning with all professionals working from a single holistic, person-centred care plan will deliver proactive, well co-ordinated, integrated care. [Think Local Act Personal](#) provides guidance around when a support plan should be created, recorded and reviewed. Additional guidance can be found on the NHS England Personalised Care and Support planning [webpage](#).

1.1. Purpose

The purpose of this document is to detail the requirements for providers and their system suppliers to implement DAPB4022 (this standard). This will prepare providers and their systems to be able to begin sharing information in the future via mechanisms currently under development by NHS Digital, for example using HL7 FHIR profiles. The requirement for sharing will be associated with an update to this standard.

This document provides guidance on the implementation of the PRSB Personalised Care and Support Plan (PCSP) Standard. The standard was developed by PRSB originally in 2018 and was called the PRSB Digital Care and Support Plan standard. It was enhanced by the PRSB in 2020/21 through consultation and renamed the PRSB Personalised Care and Support Plan (PCSP) standard.

NHS England commissioned the PRSB to develop the PRSB PCSP standard into a DAPB information standard.

Through this application, the standard will be referred to hereafter as DAPB4022 (DAPB PCSP information standard). Please see section 1.3 which describes the key documents required to implement DAPB4022.

1.2. Definitions

It is important to understand the key terms used to describe the data hierarchy of the PRSB PCSP standard information model. Descriptions are provided below and where possible, illustrated in the following diagram which uses a screenshot of the PRSB PCSP information model version 2.0, available for download [here](#).

All documentation supporting this standard will refer to some or all of the following terms:

Term	Description
Data Item	<p>This is a label for the unit of data contained in a record section which describes an attribute stored within an Element. This could be an option in a drop-down list for example.</p> <p>“General Surgery Service” and “Urology Service” are two such data items in the “Specialty” Element of the “Performing Professional” Section.</p>
Value Sets	<p>Value sets describe precisely how the information is recorded in the system and communicated between systems. This is required for interoperability (for information to flow between one IT system and another). The information can be text, multi-media or in a coded format. If coded it can be constrained to SNOMED CT and specific SNOMED CT reference sets, NHS Data Model and Dictionary values or other code sets.</p>
Element	<p>This is a label for sub-sections (or sub-headings) in relation to a specific record entry.</p> <p>For example, the GP Practice Section may be composed of the following Elements:</p> <ul style="list-style-type: none"> • GP Name • GP Practice Details • GP Practice Identifier
Record entry	<p>A record entry within a section is used where a set of information is repeated for a particular item, and there can be multiple items. For example, for each formulation there is a set of information associated with that formulation. Other examples include personal and professional contacts.</p>
Section	<p>This is a label for a high-level section within the record. For example, ‘Care and support plan’ and ‘Personal Contacts’ are sections. This could also be referred to as a ‘container’ or ‘heading’. A section will appear in a record only once.</p>
Record	<p>This is a label for the overarching record as a whole. In the instance of the PRSB Personalised Care and Support Plan Standard, this is the combination of all the sections listed within the information model.</p>

Name	Conformance	Cardinality	Description	Value Sets
Person demographics	M	1...1	The person's details and contact information.	
GP practice	M	1...1	Details of the person's GP practice.	
About me	R	0...1	About me	
Professional contacts	R	0...1	The details of the person's professional contacts.	
Personal contacts	R	0...1	The details of the individual's personal contacts.	
Formulation	R	0...1	Details of the person's formulation.	
Formulation record entry	R	0...*	This is the formulation record entry. There may be 0 to many record entry/entries under a section.	
Date	R	0...1	The date the formulation was made.	Date and time.
Location	R	0...1	The location where the formulation was made.	NHS data dictionary: - Organisation d
Coded value	R	0...1	The coded value for location	NHS data dictionary: - Organisation d
Free text	R	0...1	Free text field to be used if no code is available	Free text
Performing professional	R	0...1	The professional who made the formulation.	
Name	R	0...1	The name of the professional.	Free text.
Role	R	0...1	The role the professional has in relation to the person e.g. FHIR value set :- SDSjobroletype	
Grade	R	0...1	The grade of the professional.	Free text
Specialty	R	0...1	The specialty of the professional e.g. physiotherapy, oncology	NHS data dictionary - Activity treatment
Professional identifier	R	0...1	Professional identifier for the professional e.g. GMC number	NHS data dictionary: - Professional n
Organisation	R	0...1	The name of the organisation the professional works for.	
Contact details	R	0...1	Contact details of the professional	NHS data dictionary - UK phone num
Formulation	R	0...1	An account, shared by a therapist and person, of the person completing the record.	
Person completing record	R	0...1	Details of the person completing the record.	
Name	R	0...1	The name of the person completing the record.	Free text.
Role	R	0...1	The organisational role of the person completing the record.	FHIR value set :- SDSjobrole
Grade	R	0...1	The grade of the person completing the record.	Free text.
Specialty	R	0...1	The main specialty of the person completing the record.	NHS data dictionary: - Activity treatm
Organisation	R	0...1	The organisation the person completing the record works for.	NHS data dictionary: - Organisation
Coded value	R	0...1	The coded value for location	NHS data dictionary: - Organisation d
Free text	R	0...1	Free text field to be used if no code is available	Free text
Professional identifier	R	0...1	Professional identifier for the person completing the record	NHS data dictionary: - Professional re
Date completed	R	0...1	The date and time the record was completed.	Date and time.
Contact details	R	0...1	Contact details of the person completing the record.	NHS data dictionary: - UK telephone

Figure 1: Diagram detailing key terms used in the PRSB PCSP standard information model (referenced by DAPB4022), shown alongside a screenshot of the 'Formulation; section of the PRSB PCSP information model (version 2.0 – available [here](#)).

1.3. Supporting Documents

Supporting documents for DAPB4022 include:

- DAPB4022 Personalised Care and Support Plan Information Standards Notice (ISN)
- DAPB4022 Personalised Care and Support Plan Information Standard Requirements Specification (this document)
- DAPB4022 Personalised Care and Support Plan Information Standard – High Level Implementation Guidance
- PRSB Personalised care and support plan information model (v2.0)
- PRSB Personalised care and support plan standard implementation guidance.

DAPB4022 makes reference to the PRSB personalised care and support plan (PCSP) information model (version 2.0) and PRSB Personalised care and support plan standard implementation guidance documents, which are hosted and maintained on the [PRSB website](#).

PRSB Items

The following items comprise the PRSB standard and are published on the PRSB website.

Document Name	Purpose
PRSB Personalised care and support plan standard information model v2.0	Provides the information model setting out the detailed content, format, structure, and rules needed for a provider to implement the standard. Provides the SNOMED CT codes

	and refsets for the information models. Available here via the 'View the Standard' button or through this link (other formats also available by emailing support@theprsb.org).
PRSB Personalised care and support plan standard implementation guidance	Provides detailed, section-specific guidance to providers involved in care planning on the implementation of DAPB4022 (this information standard). Available here in the 'Supporting Documents' section

Please note that additional supporting documents may be added to the PRSB [website](#) over time as a result of feedback from implementation.

DAPB Items

The following items comprise the DAPB information standard and will be published on the DAPB website.

Document Name	Purpose
DAPB4022 Personalised care and support plan information standard high level implementation guidance v1.0	Provides high level guidance and context to providers involved in care planning on the implementation of DAPB4022 (this information standard). Available here .
DAPB4022 Personalised care and support plan information standard requirements specification v1.0 (this document)	Details the requirements for providers involved in care planning and their system suppliers to implement DAPB4022.

1.4. Scope

This information standard defines the fields (structure) needed for implementation of an effective personalised care and support plan through:

- The PRSB Personalised care and support plan standard information model v2.0
- PRSB Personalised care and support plan standard implementation guidance.

The obligations to providers and their suppliers to comply with these requirements when implementing DAPB4022 are presented through:

- The DAPB4022 Personalised care and support plan information standard requirements specification v1.0
- The DAPB4022 Personalised care and support plan information standard high level implementation guidance v1.0.

This release of DAPB4022 (this information standard) applies to the implementation of the PRSB personalised care and support plan information model (v2.0).

The scope of DAPB4022 (this information standard), with regards to providers and their respective levels of compliance with the PRSB personalised care and support plan information model (v2.0) is as follows:

- All in scope health and care settings and individuals are expected to be

able to view the PCSP. It is important to note that people and nominated advocates may also access and amend elements in the personalised care and support plan in collaboration with health and care professionals, in accordance with agreed local protocols.

- Conformance with DAPB4022 (which references the PRSB personalised care and support plan (PCSP) information model version 2.0 and PRSB implementation guidance documents), defined by the ability to initiate and/or amend care plans, is as laid out below:

(NB – the terms “MUST”, “SHOULD” and “MAY” are defined in section 2.1, below).

- All service providers in the following health and care settings MUST conform to this information standard:
 - General Practice
 - Community services
 - Mental health services
 - Elective admissions
 - Outpatient clinics
 - Non-elective admissions.¹
- All service providers in the following care settings SHOULD conform to the information standard:
 - Adult social care settings
 - Nursing homes
 - Residential care homes
 - Voluntary community and social enterprise (VCSE) organisations.
- All other Service Providers including, but not limited to, those in the settings listed below, who have an active involvement in personalised care and support planning, MAY conform to the information standard:
 - Ambulance Services
 - Emergency care departments
 - Community pharmacies
 - Community optometrists
 - Dentists.

This information standard (DAPB4022 Amd 38/2021) will impact:

- All health and care IT systems suppliers providing systems to the providers detailed in the above scope.

The above scope is the result of guidance from clinical, technical and governance subject matter experts. The scope may widen to mandate other types of setting in future releases of this information standard.

Note 1: * ‘Non-elective admission’ is distinct from an A&E attendance in that it implies a longer duration of stay. An admission is usually at least one night length of stay (LOS), although ambulatory admissions may be shorter. Nevertheless, non-elective (unplanned) admissions do have more time to review the PCSP and amend it as necessary compared to a shorter A&E attendance. Moreover, there is huge value in patients admitted to hospital non-electively having their care plans reviewed and amended, as this intervention in itself may prevent subsequent non-elective admissions.

Rules around information governance when using this standard will be determined locally (see Section 7 of the high level implementation guide).

1.5. Implementation plan

Compliance with Version 1.0 of DAPB4022 must be achieved no later than **31 January 2024**. Compliance to DAPB4022 Version 1.0 information standard is a prerequisite for compliance to the planned next release of the information standard (Version 2.0).

PRSB Standard and DAPB information standard

As outlined in section 1.3 above, the DAPB4022 standard includes the requirements specification (this document) and the high-level implementation guidance document. They are published on the DAPB website.

The PRSB standard (which is referenced by this information standard) comprises the personalised care and support plan (PCSP) information model (version 2.0) and the associated detailed implementation guidance. They are published on the [PRSB website](#).

Implementation of the standard will follow a phased approach, identifying early adopters and publishing the results of trials to embed learning ahead of the planned full compliance date:

Action	Date
Communicate the DAPB4022 (this information standard) to providers (including Health System Support Framework-accredited suppliers)	January 2022
Confirm roadmap for compliance	March 2022
Identify early adopters	Q4 2022/23
Work with early adopters	Q1/2 2023/24
Publicise findings	Q3 2023/24
Full compliance date	31 January 2024

It is envisioned that the work with early adopters (above) may result in additional guidance that will be to be incorporated within the PRSB implementation guidance document from quarter 2 (2023/24) onwards.

This DAPB information standard (version 1.0) refers to the PRSB personalised care and support plan (PCSP) standard: which is comprised of the PCSP information model (version 2.0), and associated PRSB implementation guidance.

The DAPB4022 information standard is a DAPB approved standard under the [Health and Social Care Act 2021](#). The PRSB standard that this information standard refers to provides the structure and detailed guidance for those implementing this standard. It is approved under its own governance and future

releases of the PRSB information model for use in this standard will require DAPB approval.

NB – The timescales for the next release of DAPB4022, in terms of detailing the mechanism of interoperability; ISN publication; and provider implementation, are currently to be defined. It is possible that data flows may be required in later releases of DAPB4022.

1.6. Support and Maintenance

Where additional advice in implementing DAPB4022 is required, the PRSB support service can be contacted [here](#). The PRSB is responsible for managing any updates to the information model and implementation guidance document through established assurance processes and release cycles (see section 8 below) at the PRSB and DAPB. If possible, please include “PCSP ISN” in the subject header of your message so that it can be identified appropriately.

Maintenance releases for PRSB standards are currently planned for 3-year cycles, however these may be updated on a more regular basis based on need and clinical and professional review. Issues raised may also affect the date for future releases. The next release of the PRSB personalised care and support plan information model will be v3.0 and will require DAPB approval before its use within this standard.

The above email address can also be used should you have any suggested enhancements or amendments to any aspect of the DAPB4022 information standard.

1.7. Related Standards

It is highly recommended that providers are aware of the [PRSB Core Information standard](#) version 2.0, important contextual information held on a person’s shared care record should be accessible as they are vital to the care planning process. Please note that this information standard does not mandate compliance with the Core Information Standard.

The sections relevant to care planning are:

- Individual Requirements
- Legal Information
- Risks
- End of life care
- Social Context
- Diagnoses
- Problems List
- Medication and Medical Devices
- Investigation Results
- Allergies and Adverse Reactions
- Examination findings
- Procedures and Therapies
- Alerts
- Safeguarding
- Services and Care

- Pregnancy status
- Assessments > Structured Assessments (that are relevant to the use case)
- Plan and requested actions
- Documents.

The sections in the PRSB PCSP standard information model (version 2.0) which are common to, and align to, those in the PRSB core information standard:

- Person demographics
- GP Practice
- About Me
- Personal Contacts
- Professional Contacts
- Formulation
- Care and Support Plan
- Contingency/Safety Plans
- Additional Support Plans.

A considered approach will be taken to any necessary changes to the Personalised care and support plan information model, based on feedback. All feedback is assessed and assured in accordance with the PRSB maintenance process. Any future releases of the information model will need approval from the PRSB and DAPB.

2. DAPB4022 Personalised Care and Support Plan Standard Requirements

2.1. Requirements definition

This document defines the specification that health and care providers (termed the PROVIDER), need to work with their suppliers of IT systems (termed the SYSTEM) to implement the requirements of DAPB4022 Personalised Care and Support Plan Information Standards Notice (STANDARD).

NB: the onus is on PROVIDERS to instruct their SYSTEM suppliers to comply with the STANDARD via their local contracts.

The requirements within this specification are assigned levels using the following terms:

MUST - This word, or the term "SHALL", mean that the definition is an absolute requirement of the specification.

SHOULD - This word, or the adjective "RECOMMENDED", mean that there may exist valid reasons in particular circumstances to ignore a particular item, but the full implications must be understood and carefully weighed before choosing a different course.

MAY - This word, or the adjective "OPTIONAL", mean that an item is optional. One provider may choose to include the item because their local processes require it or because they feel that it enhances the product, while another provider may omit the same item.

2.2. Provider Requirements

Reference	Requirement
P01	Providers MUST read the Requirements Specification (this document) in conjunction with the DAPB Personalised Care and Support Plan High Level Implementation Guidance, PRSB Personalised Care and Support plan information model (version 2.0) and the PRSB Personalised Care and Support Plan implementation guidance document.
P02	Providers MUST review their system compatibility against this standard to identify any changes required to current practice and systems to ensure compliance with this standard.
P03	Providers MUST ensure that their current system is updated, as required, to be conformant with this standard.
P04	It MUST be possible to validate any mandatory items at the point of data entry to prevent a user from not completing an associated field.
P05	Providers SHOULD provide adequate training for all staff involved in collection and recording of this data.
P06	Where there are suggested changes to either the PRSB PCSP information model, or the PRSB PCSP implementation guidance document, the provider SHOULD contact the PRSB support and maintenance service .
P07	Providers, when procuring new systems or modifying agreements with existing system suppliers, MUST have ensured that supplier organisations are compliant with the clinical safety standards DCB0129 Clinical Risk Management: its Application in the Manufacture of Health IT Systems (http://www.digital.nhs.uk/isce/publication/dcb0129) and DCB0160 Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems (http://www.digital.nhs.uk/isce/publication/dcb0160).

2.3. IT System Requirements

NB: the onus is on PROVIDERS to instruct their SYSTEM suppliers to comply with the STANDARD via their local contracts.

Reference	Requirement
ITS01	A system MUST be compliant with the DAPB4022 information model, version 2.0, which is available via this link . Other formats are also available by emailing the PRSB support service .
ITS02	For each Section of the standard information model that a system implements, a system MUST implement all Elements detailed therein.
ITS03	A system MUST structure the Elements within the record as per the information model, version 2.0.
ITS04	A system MUST allow a user to record any information in the correct format and under the correct Section.
ITS05	A system MUST implement DAPB4022 (this standard) as per the scope detailed within section 1.4 of this Personalised Care and Support Plan Standard Requirements Specification.

ITS06	A system MUST offer configurable viewing of the record as per the provider's internal workflow requirements.
ITS07	A system MUST conform to regular updates of terminology releases via Technology Reference Data Update Distribution (TRUD).
ITS08	A system MUST ensure that ALL data recorded on people with personalised care and support plans (within the scope above – see section 1.4) MUST be updated to the new standard.
ITS09	A system MUST ensure that for each record entry within a Section, the system allows the performing professional, person completing the record, date, and location details to be recorded and stored.
ITS10	The timestamps within the personalised care and support plan MUST be recorded in local time.
ITS11	The system MUST allow the ability for users to archive personalised care and support plans.
ITS12	The interface MUST be compliant with NHSE Accessible Information (AIS) standards.
ITS13	Where changes are made to how a user interacts with the system (for example the user interface) the IT system supplier SHOULD produce appropriate guidance to be made available to the health and/or care organisation.
ITS14	The system supplier SHOULD ensure personalised care and support plan information is accessible and updated either in real time, or as close to real time as possible.

2.4. Provider and IT System Conformance Criteria

This section describes the tests that can be measured to indicate that the information standard is being implemented correctly.

Reference	Criteria
PITSCC01	<p>Providers have read the following documents:</p> <ul style="list-style-type: none"> - DAPB4022 Personalised Care and Support Plan Information Standard Requirements Specification (this document) - DAPB4022 Personalised Care and Support Plan Information Standard – High Level Implementation Guidance - PRSB Personalised care and support plan information model (v2.0) - PRSB Personalised care and support plan standard implementation guidance. <p>This relates to P01.</p>
PITCC02	The provider ensures that relevant staff can evidence that they have completed training around the recording of DAPB personalised care and support plan information. This relates to P05.
PITSCC03	The provider ensures that the system supports the recording of all mandatory, required, and optional elements. This relates to ITS01; ITS02; ITS03; ITS04; P02; P03; and P04.
PITSCC04	The provider ensures elements in the system are structured as per the Personalised Care and Support Plan information model and in the format specified. This relates to ITS01; ITS02; ITS03; ITS04; ITS05; P03 and P04.
PITSCC05	The Personalised Care and Support Plan information is accessible and updated in either real time, or as near to real time as possible. This relates to ITS14.
PITSCC06	The provider ensures that the PRSB is made aware of any suggested changes to either the PRSB PCSP information model, or the PRSB PCSP implementation guidance document through the PRSB support and maintenance service . This relates to P06.
PITSCC07	The system supplier ensures that their provider is made aware of any functional changes that may impact the recording of the DAPB PCSP information standard (for example user interface changes) and they provide appropriate support to users. This relates to ITS06 and ITS13.
PITSCC08	The system allows for a viewable audit trail of personalised care and support plan versions, including time(s), date(s) and author(s). This relates to ITS11 and ITS14.
PITSCC09	The system can demonstrably allow care plans to be archived. This relates to ITS11.
PITSCC10	The interface is compliant with NHSE Accessible Information (AIS) standards. This relates to ITS12

PITSCC11	Providers described in Section 1.4 of the DAPB Requirements specification can evidence compliance with DAPB4022 (this standard). This relates to ITS06; ITS09; P02; P03; P04.
PITSCC12	Providers have ensured their system supplier can offer configurable viewing of the record as per the provider's internal workflow requirements. This relates to ITS07.
PITSCC13	Providers have ensured that their system suppliers are compliant with the clinical safety standards DCB0129 Clinical Risk Management: its Application in the Manufacture of Health IT Systems (http://www.digital.nhs.uk/isce/publication/dcb0129) and that the providers are compliant with DCB0160 Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems (http://www.digital.nhs.uk/isce/publication/dcb0160). This relates to P07.
PITSCC14	Providers have ensured their system supplier conforms to regular updates of terminology releases via Technology Reference Data Update Distribution (TRUD). This relates to ITS08
PITSCC15	Providers have ensured that for each record entry within a section, their system supplier allows metadata (specifically the performing professional, person completing the record, date, time and location details) to be recorded and stored. This relates to ITS09 and ITS10
PITSCC16	Providers have ensured through their system supplier, that timestamps within the personalised care and support plan are recorded in local time. This relates to ITS10.