

# Data Provision Notice

## Acute Discharge SitRep

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## Background

The Health and Social Care Act 2012 (the Act) gives NHS England statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide publicly funded health or adult social care in England, where it has been directed to establish an information system by the Secretary of State for Health and Social Care.

The data, as specified by NHS England in this published Data Provision Notice, is required to support a direction from the Secretary of State for Health and Social Care to NHS England. Therefore, organisations that are in scope of the notice are legally required, under section 259(5) of the Act, to provide the data in the form and manner specified below.

## Purpose

To amend the existing aggregate Covid19 Daily Discharge SitRep to be renamed as Acute Discharge SitRep in preparation for its transition into the Health Care Operational Data Flow. This will include revised discharge delay reason codes, updated discharge pathway codes, and will remove codes that are no longer required.

In NHSE's UEC Recovery Plan there is a commitment to improve and strengthen discharge processes by winter 2024, which includes developing a new metric (DRD) and other data flows, to inform the reasons why patient discharges are delayed.

The updating of the Acute Trust Covid19 SitRep will provide more granular and relevant data, which needs to be operational before winter 2024.

<https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-urgent-and-emergency-care-services-january-2023/>

## Benefits

The current delay reason codes do not provide sufficient granularity to allow providers and systems the data that they need to improve internal processes and support demand and capacity planning, particularly for the intermediate, community and social services that will improve patient experience and outcomes, as well as improving hospital flow. The proposed changes will provide this data which in addition to supporting local improvement will inform national decision making. The changes will also enable NHSE to honour commitments made to ministers to deliver improved data on reasons for discharge delays.

## Legal basis for collection, analysis, publication and dissemination

### Collection and analysis

NHS England has been directed by the Secretary of State for Health and Social Care under section 254 of the Health and Social Care Act 2012; to establish and operate a system for the collection and analysis of the information specified for this service. The direction and accompanying requirements specification are published on the NHS England website: <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and->

## [data-provision-notice/secretary-of-state-directions/healthcare-operational-data-flows-directions-2024](#)

This information is required by NHS England under section 259(1)(a) of the Health and Social Care Act 2012.

In line with section 259(5) of the Act, all organisations in scope, in England, must comply with the requirement and provide information to NHS England in the form, manner and period specified in this Data Provision Notice.

This Notice is issued in accordance with the procedure published as part of an NHS England duty under section 259(8).

### Publication

In accordance with section 260(1) of the 2012 Act, NHS England has a legal duty to publish all information it collects by complying with a request unless it falls within section 260(2) of the 2012 Act.

These data are published here: <https://www.england.nhs.uk/statistics/statistical-work-areas/uec-sitrep/urgent-and-emergency-care-daily-situation-reports-2023-24/>

### Dissemination

Under section 261 of the Act, NHS England may disseminate the information it obtains by complying with the section 255 mandatory request to an organisation that has a legal basis for receiving the information. Dissemination of data by NHS England is managed by the Data Access Request Service (DARS).

Monthly publication all year ([Statistics » Discharge delays \(Acute\) \(england.nhs.uk\)](#))

Weekly publication over winter ([Statistics » Urgent and Emergency Care Daily Situation Reports \(england.nhs.uk\)](#))

- Internal Dashboards
- Excel extracts
- Discharge Data Packs

## Persons consulted.

Following receipt of a request to establish a system to collect [enter name of collection], NHS England has, as required under section 258 of the Health and Social Care Act 2012, consulted with the following persons:

- NHS Trusts
- ICBs
- ICS / regional networks
- Regional NHSE analysis teams
- Regional leads/directors of performance
- National NHSE teams,
- NHE England's Privacy and Transparency Team

- GEM DSCRO & NHSE technical teams
- Palantir

In May 2022, the Faster Data Flows (FDF) programme conducted full system engagement and feedback gathering to ensure that the FDF solution is fit for purpose. This amendment to the existing Acute Discharge SitRep will build upon the FDF consultation process, this collection amendment is in response to this consultation.

The FDF Programme Team's activities have focused on full system readiness and feedback gathering, to ensure the FDF solution is fit for purpose in anticipation of national rollout across all acute providers. All acute providers (and more widely) were sent notification communications in June 2022 and February 2023. Additionally, national webinars were run in December 2022 and March 2023 to support providers in their implementation.

The amendment to the Acute Trust Covid19 SitRep will provide an interim solution to enable users to collect the new delay reason codes, in preparation for the transition to the Health Care Operational Data Flow.

The Data Alliance Partnership Board (DAPB) has been established as part of a system-wide information and technology governance model. The DAPB acts with delegated authority from the Secretary of State as the main governance route through which all data collections and standards requirements are agreed, and priorities assigned.

## Scope of the collection

Under section 259(1)(a) of the Health and Social Care Act 2012, this Notice is served in accordance with the procedure published as part of the NHS England duty under section 259(8) on the following persons:

- NHS acute trusts

The organisation Under section 259(5) of the Health and Social Care Act 2012 the organisation types specified above must comply with the Form, Manner and Period requirements below.

## Form of the collection

The collection of aggregate data for the Acute Discharge SitRep will continue until the Health Care Operational Data Flow is established. There will be a period of dual running for up to 3 months when the Acute Discharge SitRep will be retired at which point this notice will be updated. Submitters will switch over to the Health Care Operational data Flow at the point of compliance.

The data items being collected by the Acute Daily Discharge SitRep are in Appendix A which is a non-working version of the Excel submission template.

## Manner and Period of the collection

Aggregate data from each organisation in scope, are submitted to NHS England's Strategic Data Collections Service via an Excel spreadsheet.

Daily data are submitted weekly.

## Data quality

Data quality validations are built into the Excel submission template

## Burden of the collection

### Steps taken by NHS England to minimise the burden of collection

NHS England has a statutory duty under section 253(2) of the Act to seek to minimise the burden it imposes on others. In seeking to meet these obligations in relation to this collection, NHS England has:

In addition, in support of its obligation under 265(3) of the Act, NHS England has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This process is carried out by the Data Standards Assurance Service (DSAS) which assures burden assessment evidence as part of the overarching Data Alliance Partnership Board (DAPB) approval process. The DAPB, acting under authority of the Secretary of State, oversees the assurance, approval and publication of information standards and data collections for the health and social care system in England.

### Assessed costs

The associated burden of the data collection is:

Burden on providers	£2.4 million	Year 1 costs (including set up costs)
Burden on providers	£2.0 million	Year 2 and ongoing annual costs