Data Provision Notice

Healthcare Operational Data Flows: Acute

Information Asset Owner: Lucy Elliss-Brookes
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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 of the collection

Collecting data faster and having a view on activity during the pandemic was instrumental in our response to recovery. Taking learning from this, we have introduced the Faster Data Flows (FDF) Programme to provide more timely data to the system and further improve access to data and insights. Streamlining data collection methods to improve the flow of consistent timely data will support local, system and national decision making across the whole patient pathway. The NHS faces a number of challenges with regards to managing patient flow and recovering elective waiting lists. Timely data to support these pressures is crucial.

The Acute pilot collection was established in May 2022, commencing a daily data collection for acute providers to implement a simplified and minimal core data set. After developing processes and testing the solution as a pilot with a small group of early adopters, the programme expanded the rollout to all acute providers in February 2023. Following further consultation and evaluation, this will become a mandatory collection in 2024.

The primary goal of the FDF Programme is to implement an automated granular daily data collection, to support continued recovery and provide the NHS with a modern data architecture that enables timely, high-quality data to be used to support decision making.

The Healthcare Operational Data Flows Acute collection (HODF Acute) is being established to support NHS delivery plans for the recovery of NHS waiting lists, improving patient flow and care coordination through provision of more timely data across the system. This will reduce the reporting burden on providers, by replacing duplicate and aggregate collections, and supporting the NHS to make better use of record level data, through a less burdensome method of data collection than traditional methods. The scope includes primary care, secondary care, community, and mental health services.

Longer term, the data collected will support and inform the desire to drive improvements in the management of patient flow through the health and social care system.

NHS England will provide daily data reporting to support commissioners with the provision and management of health services in England across functions in primary care, secondary care, community services, and mental health services, for example, but not limited to, acute, elective, and virtual ward services.

The information, which will be available to Integrated Care Boards (ICBs), will be analysed and used as management information to support operational, planning, commissioning, and strategic initiatives, as well as informing the improvement of care pathways across acute and community settings.

Strategically, FDF aligns with the Data Saves Lives Strategy, particularly the fourth and seventh strategic goals of ‘supporting local and national decision-makers with data’ and ‘developing the right technical infrastructure’. FDF will support this strategy by:

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- Actively working on reducing the reporting burden on providers
- Supporting the improvement of data quality
- Replacing manual submission processes with automated collections
- Introducing simplified technologies for ease of use and quicker processing
- Requesting the required data items based on data minimisation principle.

NHS England has a statutory obligation to keep collections under review on an ongoing basis. As such, a review date must be set at which point NHS England will review the continuing need for this collection. The reviews will be scheduled on a regular basis and include feedback from ICBs, quality of data being received, quality and use of data analysis and reporting, and levels of compliance. Review information will be used to update and make any necessary changes to the data collection to ensure it remains relevant to the objectives it aims to support.

Benefits of the collection

The FDF Programme aims to deliver the following benefits:

Ease of Implementation - Technical:

- Implement a new innovative daily collection of core data items.
- Utilise functionality within the NHS England's Data Platform to collect data and provide outputs.
- Introduce a daily data collection method.
- Ensure the solution is easy to implement and can be automated.
- Allow providers to implement without requiring additional technical capabilities.

Improve Processing Time:

- Reduce the reporting burden on providers by scaling down the current daily SitReps.
- Reduce the time from submission to data availability.
- Provide more timely and granular data across the system.

Address Technical Debt:

- Implement a solution that supports collection, processing, and analysis under one technical solution.
- Establish the foundations to build more efficient and effective data collections to support operations and planning across the system.

Enhance Data Quality:

- Provide tools/dashboards to support collaborative working for local care planning.
- Support the improvement of data quality.
- Ability to use record-level data to calculate metrics.
- Ability to link data sets by utilising the common pseudo key applied by DSCRO.

The data collected will have the national pseudonymisation code[1], enabling it to be linked to other data sets. This is where the power in being able to identify blockages along a patient's pathway and further benefits can be realised across a whole system.

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[1] 'Pseudonymisation' of data (defined in Article 4(5) GDPR) means replacing any information which could be used to identify an individual with a pseudonym, or, in other words, a value which does not allow the individual to be directly identified.

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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[2] are published on the NHS England website: https://digital.nhs.uk//about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/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).

The National Data Opt-Out will not apply to the submission of data to NHS England for this collection as the Data Provision Notice is a legal requirement with which the participating organisations must comply. Where NHS England disseminates data, the National Data Opt-Out will be applied in accordance with the national data opt-out policy: https://digital.nhs.uk/services/national-data-opt-out/operational-policy-guidance-document.

Analysis:

The current data sets for acute focus on the collection of core patient identifiable data items, covering current inpatients, outpatients, admissions, and discharges. This covers all service users and will possibly include the details of acute staff who record information in patient records and provide care to patients.

NHS England will analyse pseudonymised data held on NHS England's platform to support local and national commissioners/decision makers with timely data about current services for planning, benchmarking, service improvement, response to crisis, and to comply with their statutory duties.

Publication

NHS England will publish information which it obtains by virtue of these Directions, in accordance with s260 of the Health and Social Care Act 2012.

For the Acute Collection data, future plans to develop and publish aggregate, small number suppressed data are as follows:

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[2] HDOF Acute is the first of several collections intended to operate under the FDF Programme. Each data collection with have its own DPN and Requirements Specification published to aid implementation.

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- Discharge ready date data.
- Discharge sitrep metric data, including delay reasons.

Data is intended to be published on the NHS England website here

Any information that is published will be in accordance with the Code of Practice for Statistics.

Dissemination

NHS England will use its discretionary powers, under section 261 of the Health and Social Care Act 2012, to disseminate any information collected or obtained under these Directions via the Data Access Request Service (DARS) where there is a suitable legal basis. Any dissemination will be subject to the organisations applying to access the data having a lawful basis to process it, NHS England having a lawful basis to disclose it, successful applications being made to DARS, and the organisations entering into a data sharing agreement.

NHS England will share information with ICBs and the Hospital Trusts that originally provided the data. Subject to established NHS England governance procedures and approvals, data providers will be able to view their own data on the National Data Platform View (the View), where appropriate access governance controls are in place.

Data will be available to view in three formats:

Data Quality Reports: Data quality reports to NHS Trusts (which do not identify an individual) through the viewer, will be provided to providers, on the data they have submitted, highlighting the coding errors. This will allow them to review the data quality and resubmit the data. Providers can download their own aggregate data quality and metrics reports which will not include data about patients.

Aggregate level data: will be available at provider level in aggregate form on the National Data Platform. This will enable individual providers and ICBs to monitor performance and outcomes across their own organisation/s.

Pseudonymised level data: submitters and their associated ICBs may, subject to an appropriate legal basis, have access to pseudonymised personal data for their own patients and service users to support them in their duty of monitoring and managing the local system in partnership with their ICBs.

Transparency

NHS England has issued a Transparency Notice for this data collection as required under Article 14 of the UK General Data Protection Regulation (UK GDPR).

Data providers in scope of this Data Provision Notice are required under Article 13 of the UK GDPR to provide their own transparency information to their patients (data subjects) and can link to the NHS England Transparency Notice to provide additional information.

The details of any data disseminations made by NHS England from this collection will be regularly published in the Data Uses Register which is available on the NHS England website.

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Persons consulted

Following receipt of a direction to establish a system to collect the Healthcare Operational Data Flows: Acute, NHS England has, as required under section 258 of the Health and Social Care Act 2012, consulted with the following persons:

- Department of Health and Social Care, as the directing organisation
- NHS providers
- NHS CIO network
- NHS England Directors of Performance Network
- Chief Executives of NHS Trusts and Foundation Trusts
- Chief Information Officers of NHS Trusts and Foundation Trusts
- ICB members
- Regional BI, Data & Digital Networks
- Data submitters
- Data consumers
- Data subjects - through a public engagement session
- Data Standards Assurance Service (DSAS)
- NHS England Data Subject Matter Experts (SMEs)
- Data Alliance Partnership Board (DAPB) - established in November 2020 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:

- All NHS acute and foundation trusts delivering NHS services in England.

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

Form of the collection

Patient identifiable data is requested to be submitted in the form of CSV files. The current collections focus on current inpatients, outpatients admissions and discharges. Once processed, NHS England receives pseudonymised data only.

For further information, please refer to the HODF Acute technical data specification which will be published alongside this DPN.

Source of Collection

The source of data is from providers of commissioned NHS services. Each collection will specify the source within the technical data specifications referred to above.

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Patient identifiable data is required for this collection. This includes:

- NHS number
- date of birth
- postcode of usual home address
- information about admission, inpatient stay and discharge from hospital, plus outpatient appointment data.

For further information, please refer to the HODF Acute technical data specification.

Manner of the collection

Patient Identifiable Data will be collected via an API, operated by Arden and GEM Commissioning Support Unit (AGEM CSU) on behalf of NHS England. Data submitters will prepare CSV files from their data source and submit the files to the secure API. This process can be automated.

Patient identifiable data is collected through a secure upload method into AGEM DSCRO on behalf of NHS England. An automated process will accept the correct file format or produce an error report requesting the provider to correct and resubmit. AGEM will pseudonymise the data and load it onto the NHS England instance of the Federated Data Platform [3].

Period of the collection

Healthcare Operational Data Flows for acute personal data is a daily data collection, currently with no end date. The regular daily flow shall replace the Acute Pilot flow, commencing 1 June 2024, with submitters expected to be fully compliant with the HODF Acute Data Provision Notice and HODF Acute Technical Data Specification by Winter 2024.

Data quality

Data quality for data collected under the Healthcare Operational Data Flows Directions 2024 is reviewed against NHS Data Model and Dictionary expectations.

In line with the Data Saves Lives ambition to implement automated data collections, FDF relies on validation after submission. In order to maintain timeliness of the data and to reduce burden on providers, the flow is fully automatable; this also prevents failed or late submissions by a provider. Validation occurs after submission and processing. Data quality is presented back to providers through reports. Validation post-processing means errors in formatting (for example) are not identified until submissions have been made; this is then reflected in the data health of a provider's submissions. Providers have the ability to resubmit data to correct any errors at any point.

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)(a) 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:

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[3] NHS England » NHS Federated data platform

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- Consulted with providers
- Delivered a pilot with early adopters to test out feasibility and burden
- Utilise existing data dictionary standard items and familiar format used in current collections
- Burden assessed as part of the ISN process
- Reviewed existing aggregate data collections that can be replaced by collections
- Plans to strategically review data collections to reduce reporting burden on providers.

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.

Detailed burden assessment findings

Assessed costs

The estimated associated burden of the data collection is:

Burden on providers	£1.6m	Year 1 costs (including set up costs)
Burden on providers	£1.2m	Year 2 and ongoing annual costs

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