NHS England National Data Reporting

Hospice UK Big Conversation 6 November 2025





Housekeeping



Please keep your mic muted unless you are asking a question



Please note that the presentation (excluding the Q&A) is being recorded



The recording and slides will be on the Big Conversation website after the event



Please use the Chat function to ask any questions as we go along



Al bots are not permitted in these meetings and will be removed



Agenda		
14:30	Welcome & Introductions	Annette Alcock, Director of Programmes, Hospice UK
14:35	Community Faster Data Flows Programme	Jane Boyle, Delivery Lead for Community FDF, NECS and Rebecca Thorn, Senior Programme Manager, NHS England
15:05	Hospital at Home / Virtual Wards Minimum Data Set Update	Martin Ware, Head of National iUEC Out-of-Hospital, NHS England
15:35	Q&A	All
15:55 - 16:00	Close	Annette Alcock, Director of Programmes, Hospice UK





Community Faster Data Flows Programme

November 2025

Jane Boyle- Delivery Lead for Community FDF (NECS)

Rebecca Thorn- Senior Programme Manager (NHS England)

What is Community Faster Data Flows(FDF)?

In response to the need to **provide timely, highly quality data** that can be accessed throughout the **whole patient pathway**, whilst addressing the reporting burden on providers, the aim of the Faster Data Flows Programme is to **implement an automated daily data collection** and provide **simplified data architecture** to the NHS.

FDF represents a fundamental shift from manual reporting to automated data flows, data flows, enabling near real-time insights into NHS commissioned healthcare activity healthcare activity whilst significantly reducing the administrative burden on on providers.



Key Aims of the Programme



Reduce Reporting Burden

Derive metrics through automated flows and reduce duplicate duplicate collections on providers



Support Systems

Provide daily data flow to support elective recovery, care coordination and identify pressures before crisis



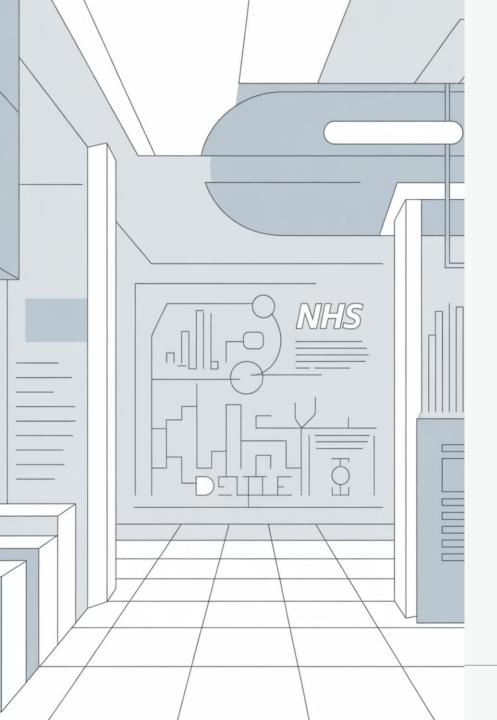
Enable Collaboration

Provide tools, dashboards and data to support collaborative collaborative working for local care planning



Build Foundations

Establish foundations for a close to real-time view on system system recovery and pressure areas



FDF Links to NHS England's England's Data Strategy

"As committed to in the NHS Data Strategy, the Faster Data Flows
Flows Programme will speed up data collection in order to help all NHS
all NHS organisations to better understand their waiting lists and
and pressures in near real-time, alongside reducing the burden of
of manual reporting on the system. By transforming how we collect data,
collect data, we will enable better transparency and reduce duplicate
duplicate data collections, freeing up critical time. Providing more
more frequent data enables us to be more transformative and
proactively improve health and care outcomes to patients."

Ming Tang, Chief Data and Analytics Officer, NHS England and NHS
 Improvement

What Are the Benefits of FDF?

FDF enables the automatic, granular collection of daily data, bringing insights closer to the activity event to improve decision-making and efficiency.

Data Closer to Activity Event

Gain earlier insights into NHS commissioned healthcare activity data to support responsive local care and recovery planning

Automated Data Flows

Transition from manual reporting to automated daily data flows, which reduce the reporting burden on providers

High Quality Data

Accessible data quality information for for effective monitoring and data improvement

Standardised Collection

Standardised collection method that enables reduction of local flows, with potential to expand to meet system needs

Consistent Metrics

Accuracy ensured with a single version of truth, using consistent logic for metric calculations

Patient Pathway Visibility

Utilise advanced tools and dashboards to visualise patient pathways through comprehensive data flows

Community Health Services Data Plan 2024/25 –2026/27

The NHSE Community Health Services Data team has developed a strategic a strategic 3-year plan to improve community data, through engagement engagement with over 60 stakeholders from across the sector. This This included national, regional, provider, and system colleagues, as well as as well as people with lived experience.

The plan articulates the current challenges with CHS data, a long-term vision for data transformation, strategic priorities, national commitments and suggested actions at provider and system level.

Defining Core Requirements

Further define core data requirements and standardised definitions

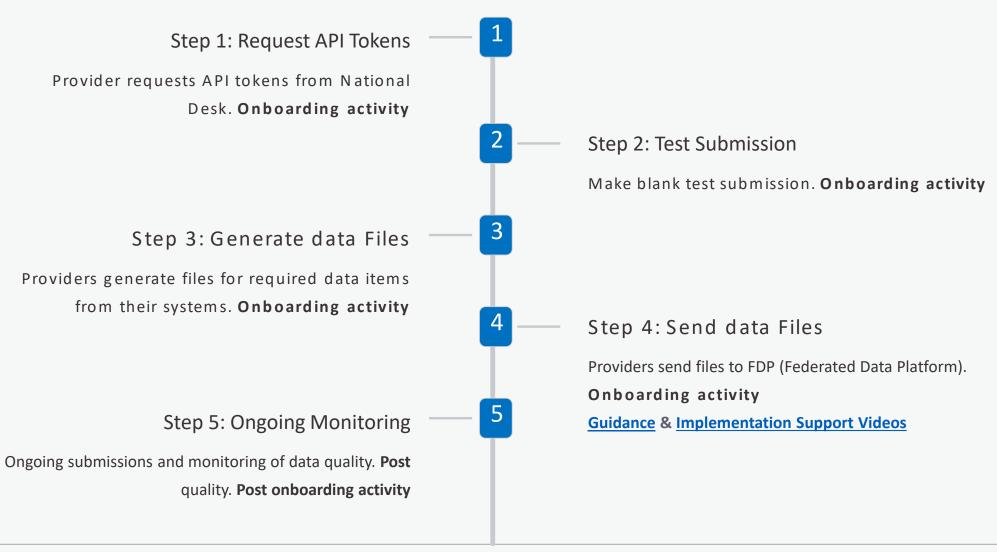
Modernising Architecture

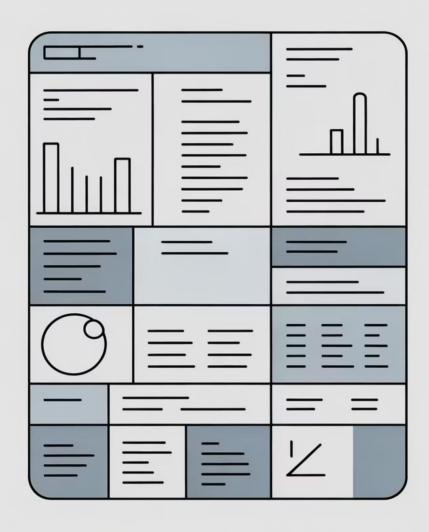
Develop modernised data architecture for timely, accessible flows

Building Capabilities

Support whole-system capability to record, flow and use and use quality data

Step-by-Step Onboarding Process





Data Collection Requirements

Core Data Tables

- AGGREGATE
- APC_ADMISSION
- APC_CURRENT
- APC_DISCHARGE
- OUTPATIENT
- CARE_MPI
- CARE GP
- REFERRAL
- REFERRAL_SERVICE

- RTT
- REFERRAL_ASSESSMENT
- REFERRAL_ONWARD
- CARE_CONTACT
- CARE_ACTIVITY
- CARE_ASSESSMENT
- PRIMDIAG
- SECDIAG

Full <u>specifications</u> available and on the

<u>FutureNHS</u> platform

FDF Outputs and Data Access

What happens with the FDF data?

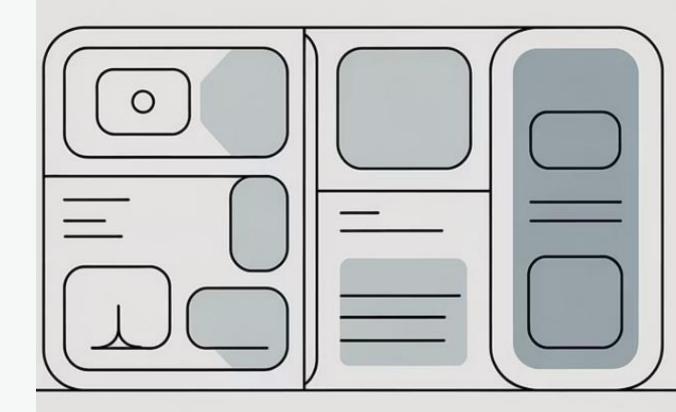
Submissions will be received into a secure environment, once processed and pseudonymised this will be to the **NHS Federated Data Platform**.

- Each provider will be able to see their own submissions
- **ICBs** will be able to see providers within their ICB
- **Regional teams** will be able to see providers within their region

Information on how to access FDF data is available as part of the guidance suite.

Providers in Scope

- Providers in scope to onboard to FDF can be found on the <u>Futures</u> page
- 305 community providers currently in scope to onboard (this does not include all community providers with active contracts)
- 24 hospice providers in current scope
- 16 out of the 24 providers in scope have made a submission
- Those providers who are not listed as 'In Scope' are still able to onboard and take advantage of the FDP submissions through self onboarding- please get in touch if you would like more information on this



Support and Guidance Available



1:1 Data Liaison Service (DLS) Support

First point of contact for engagement (DLS), troubleshooting and tracking provider capacity

FAQs

Continually maintained FAQ guides available on FutureNHS

Templates & Scripts

PowerShell and SQL script templates, EPR extraction templates on FutureNHS



Technical data specification and written guides available on FutureNHS

Case Studies

Case studies available on FutureNHS, including one from St Michaels Hospice

<u>Community FDF Case Studies - National Reporting - Futures</u>



User Forum

Peer level support on <u>FutureNHS</u>

FDF Programme Inbox

Regular updates and technical support at england.fdf@nhs.net



Thank You



england.fdf@nhs.net



Community Faster Data Flows on FutureNHS

Appendix- Scope of Providers

ODS Code	Organisation	Region	ICB	CSDS (Apr-July 2024) (Yes/No)	Made a submission
-	~	-	~	▼	-
8JD12	ARTHUR RANK HOSPICE CHARITY	East of England	CAMBRIDGESHIRE AND PETERBOROUGH	Yes	Yes
8A260	ST BARNABAS LINCOLNSHIRE HOSPICE	Midlands	LINCOLNSHIRE	Yes	Yes
8AM97	TEESSIDE HOSPICE CARE FOUNDATION	North East and Yorkshire	NORTH EAST AND NORTH CUMBRIA	Yes	Yes
8НҮ98	HAVENS HOSPICE	East of England	MID AND SOUTH ESSEX	No	Yes
8AW20	ASHGATE HOSPICECARE	Midlands	DERBYSHIRE	Yes	Yes
8A934	ST CLARE HOSPICE	East of England	HERTFORDSHIRE AND WEST ESSEX	Yes	Yes
8HP67	(COVENTRY) MYTON HOSPICE	Midlands	COVENTRY AND WARWICKSHIRE	Yes	Yes
8E782	ST CUTHBERTS HOSPICE	North East and Yorkshire	NORTH EAST AND NORTH CUMBRIA	Yes	Yes
8C520	ST MICHAELS HOSPICE	Midlands	HEREFORDSHIRE AND WORCESTERSHIRE	Yes	Yes
8A644	ISABEL HOSPICE	East of England	HERTFORDSHIRE AND WEST ESSEX	Yes	Yes
8AV81	WAKEFIELD HOSPICE	North East and Yorkshire	WEST YORKSHIRE	Yes	Yes
8A601	NORTH LONDON HOSPICE	London	NORTH CENTRAL LONDON	No	Yes
AJ3	ST MARGARET'S SOMERSET HOSPICE	South West	SOMERSET	Yes	No
8AV47	ST GEMMA'S HOSPICE	North East and Yorkshire	WEST YORKSHIRE	Yes	Yes
DL0 and G6808503	ST JOSEPH'S HOSPICE (MARE ST)	London	NORTH EAST LONDON	Yes	No
8EN23	GREENWICH & BEXLEY COMMUNITY HOSPICE	London	SOUTH EAST LONDON	Yes	No
Y06103	(EARL) MOUNTBATTEN HOSPICE	South East	HAMPSHIRE AND THE ISLE OF WIGHT	No	No
8AN60	ST OSWALD'S HOSPICE	North East and Yorkshire	NORTH EAST AND NORTH CUMBRIA	No	Yes
Y02085 and 8A970	ST CHRISTOPHER'S HOSPICE	London	SOUTH EAST LONDON and SOUTH WEST LONDON	No	No
8HQ83	ROTHERHAM HOSPICE	North East and Yorkshire	SOUTH YORKSHIRE	No	No
GCD01	HOPE HOUSE HOSPICE	Midlands	SHROPSHIRE, TELFORD AND WREKIN	No	No

Hospital at Home / Virtual Wards Minimum Data Set Update



What is Hospital at Home / Virtual Ward

National Operating Framework – published 2024

- 1. NHS England's national guidance refers to these types of services as 'virtual wards', but local services can decide if they wish to be known as a 'virtual ward' or a 'hospital at home' (HaH) service
- 2. A virtual ward is an acute clinical service with staff, equipment, technologies, medication and skills usually provided in hospitals delivered to selected people in their usual place of residence, including care homes. It is a substitute for acute inpatient hospital care. This definition is based on the World Hospital at Home Congress consensus definition (2023).

https://www.england.nhs.uk/long-read/virtual-wards-operational-framework/

Characteristics of a VW / H@H



Effective governance and leadership:

Clear lines of clinical responsibility, consultant physician/ consultant practitioner/GP oversight for all patients.



Diagnostics:

Patients should have access to the same tests and urgent diagnostics as they would in hospital (e.g. blood tests, CT scans, X-ray, MRI).



Operating hours:

VWs should be staffed for 8am-8pm, 7 days a week, with locally arranged provision for out of hours and access to speciality advice.



Interventions:

VWs should offer inperson visits in conjunction with care management/ monitoring. Hospitallevel interventions are provided.



Admission criteria:

A senior clinical decision-maker should assess patients for admission. This may include CGA, NEWS2, CFS, 4AT and holistic needs.



Technology-enabled care:

VWs should use
technology-enabling
monitoring, where
appropriate. EPR
configuration should be in
place.



Personalised care:

Patients and carers are given the information they need for informed consent.

Personalised interventions and advanced care planning should take place.



Daily board rounds:

Daily board rounds must be overseen by a **senior clinical decision-maker**, include medical input, and be supported by a **dedicated MDT.**



Pharmacy and optimisation:

VWs should have equitable access to pharmacy, and there should be dedicated pharmacy professionals involved in daily board rounds and MDT meetings when required.



Discharge:

VWs should deliver timelimited interventions. Estimated discharge dates should be agreed on admission and patients discussed daily.

VWMDS Update

General Update

- 25 providers onboarded to MDS
- Rollout continues until March 2026
- Work to mandate collection is continuing data assurance board (DAB) scheduled for 18th November

Successes

- MDS dashboard live on FDP homepage
- All API providers engaged with DLS and working towards onboarding

Mandate

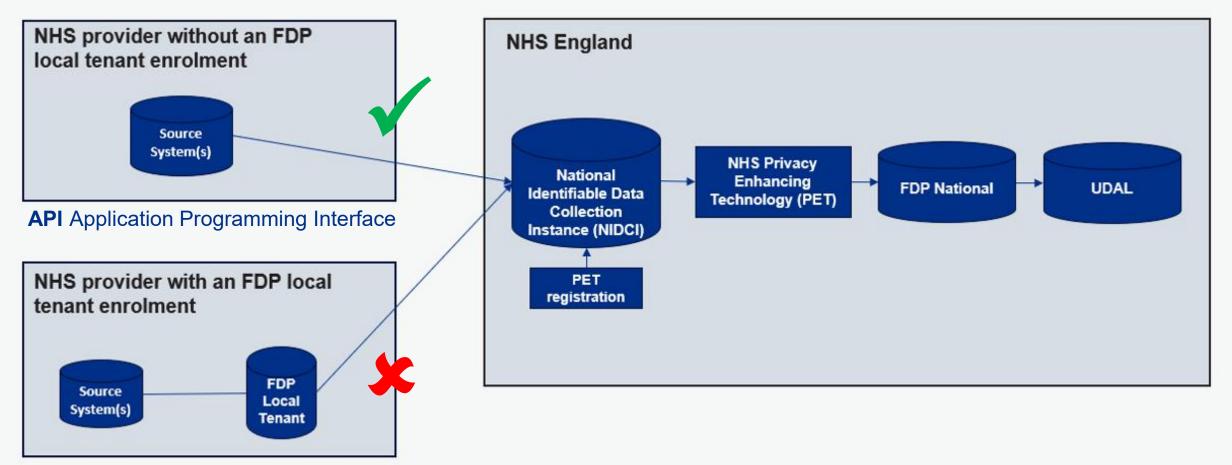
- Data Collection Notice expected to be published following DAB
- Expected conformance date 30 September 2026

VW MDS Key Timeline





Hospice H@H Data under MDS



Only some NHS trusts

Hospice data submission to VW MDS

Key Considerations for discussion

- How is data collected? e.g. PAS (Patient Administration System)
 - Is this a recognised system used by NHS H@H providers?
- Can data flow from PAS through API?
- How are other H@H providers in area submitting to MDS?
 - Is there an opportunity to link with local main provider of H@H?
 - Could a "Hospice UK" group solution provide a way?
- No Plans for Excel (or similar file) upload







Feedback Survey

Please consider sparing a few minutes to answer this survey, so that we can continue to improve future Big Conversation events:

https://www.surveymonkey.com/r/MW36FSF







Thank you



