



Fundamental Review of Data Returns

Final Report - Equality Analysis

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Fundamental Review of Data Returns

Equality Analysis

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Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them.

This final stage equalities analysis demonstrates the processes undertaken by the Fundamental Review of Data Returns to analyse whether the recommendations of the Review impact upon the protected equalities characteristics.

The Impact Assessment and the Consultation Response to the Fundamental Review of Data Returns gives further details of the methodology, findings and anticipated costs and benefits. These are publicly available on the Department of Health webpages.¹

¹ Impact Assessment and Consultation Response available from:
<http://www.dh.gov.uk/en/Consultations/Liveconsultations/index.htm>

Aims of the Fundamental Review of Data Returns

Information is the lifeblood of the NHS and is essential not only to support the care giving process, but by every NHS organisation in its day-to-day governance, and to make statutory returns to regulators and contractual returns to commissioners to inform the wider health system, and ensure accountability for public money. However, different information will be collected from that in the past when we primarily gathered data that supported performance management and delivery of process targets. The shift in emphasis is now on data that informs public and patient choice and helps clinicians to improve the quality of care.

Additionally, the Department of Health also recognises that not all of the information collected from the NHS is done in the most practical or least burdensome way. We need to be moving as much as possible to the information required being derived from the data that is flowing to meet the business need, thus eliminating any additional burden on the providing organisations. The NHS have commented for some time that much of the burden on the service stems not from the collection of the data, but the inefficient way it is used or where there is duplication or near duplication – for example, multiple regulators requesting similar data, at different times thus increasing the level of burden.

It is for these reasons that the Government made a commitment in the White Paper, *Equity and Excellence: Liberating the NHS*, to: "...initiate a fundamental review of data returns, with the aim of culling returns of limited value. This will ensure that the NHS information revolution...is fuelled by data that are meaningful to patients and clinicians when making decisions about care, rather than by what has been collected historically."²

It is important to note that the Fundamental Review is concerned only with central data returns – that is data commissioned by the Department of Health and its Arms Length Bodies (ALBs) and returned to the centre by NHS organisations. As such, we determine that the recommendations of the Fundamental review shall only affect these organisations. It is important to clarify, that even if a central data return were discontinued, NHS organisations would still be able to collect the same data locally. Additionally, some Department and ALB policies may well continue, despite the discontinuation of a related data return. However, we are using the consultation period to test these assumptions, and to determine if the recommendations may affect a wider audience.

² Equity and Excellence: Liberating the NHS available from:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf

Paragraph 5.7, page 44

How we conducted the Review

The Department of Health has previously undertaken a number of reviews of data returns, these have utilised different methodologies resulting in varying levels of success. What has been made clear from the start of this work programme is that this review would be different. For it to be considered fundamental, it is important that it includes all returns from the Department and from Arms Length Bodies. In addition, as this review is happening at a time of unprecedented change and structural transition in the NHS, there is a real opportunity to make a difference in reducing the burden of data collection in the NHS.

We reviewed the approach taken in previous reviews of data returns and applied this learning in developing a robust and transparent process designed to deliver fair and meaningful results. Additionally, we recognised the importance of engagement throughout the process, not only with the commissioners of data returns, but with representatives from the NHS and other organisations, to ensure the recommendations of the review had a high degree of confidence.

In order to deliver a fundamental review consistent with the vision in *Liberating the NHS* and to cull returns of limited value, the preferred approach was to undertake the review at a strategic level and at considerable pace. This meant that the review was undertaken based on whole data returns as opposed to the detailed appraisal of individual data lines or data items within the returns.

Establishing the criteria for assessment

To deliver a robust and meaningful review of data returns at pace, we needed to assess returns against strategic criteria important to the health system. We therefore developed a small number of core criteria or principles consistent with both the information strategy and outcomes framework. The Secretary of State for Health approved these criteria. The priority was to ensure that information recommended for retention would assist the drive for clinical improvement and performance and meet the statutory needs of the NHS Commissioning Board and Regulators. In addition, it was also important to ensure that data returns recommended to be retained would support the Department's accountability to the public and Parliament.

The finalised criteria created a set of challenges for data returns to meet in order to be recommended to be retained. It is important to note that data returns did not have to meet all of the criteria, rather a clear fit with one or more was required to be recommended to be retained. The criteria challenged returns to demonstrate they

- help drive the achievement of a key priority with the focus on outcomes and the quality standards that deliver them, safety and patient experience;
- provide comparable information about the quality of services

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- support patient choice and empowerment;
- are required to demonstrate public or parliamentary accountability for the efficient stewardship of public money, or
- are necessarily generated as a result of the care giving process

It was acknowledged that the criteria above would only be applicable to Department of Health data returns. ALBs have a different accountability structure, delivering work that supports their statutory functions laid down by Parliament. These statutory functions of health ALBs are currently subject to legislative change through the ALB review process³ and the relevant legislation is passing through Parliament. We therefore assessed ALB data returns against the core list of statutory functions that are proposed to be retained. This process worked in exactly the same way as the Department of Health criteria – ALB data returns must support a statutory function to be recommended as a return to be retained.

Engagement with Data Sponsors

Throughout the Review process, data owners were extensively engaged with to obtain rationale to assess the fit with the above criteria. This involved justification forms initially to assess whether data returns conformed with the review criteria. Following this, where there was disagreement over the review team's application of the criteria, data returns were then discussed at a series of thematic workshops with data owners, subject matter experts and representatives from NHS organisations, such as primary care trusts (PCTs), strategic health authorities (SHAs) and NHS trusts, and other bodies such as Information Standards Board (ISB) and the Care Quality Commission (CQC) to reach an agreed recommendation agreeable to all parties.

This process then involved feedback loops with data owners and representatives from the NHS to check for accuracy and validity of the recommendations. The onus was on data sponsors to inform the review team if their data return conformed to the review criteria. This included whether a data return had statutory or legal obligations to report equalities, as it was clear that this aspect of data returns would fit into the 'required to demonstrate public or parliamentary accountability for the efficient stewardship of public money' criterion.

A detailed description of the methodology used in the Fundamental review is described in the consultation response document.

³ Liberating the NHS: Report of the arms-length bodies review available from: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_118053.pdf

Summary of Findings and Responses

The consultation received 75 responses from a mixture of NHS organisations, private individuals and companies, professional bodies for doctors, nurses and other health professionals, other government departments and local authorities.

Only 23 responded directly to the question of whether any of the consultation’s recommendations would have an impact on equalities-related issues. The majority of responses (15) said that there would be no impact, most of these came from NHS organisations and there was a further response “found it difficult to derive any meaningful conclusions”.

The specific equalities issues raised were:

Collection	Issue	Response
Count Me In	Ceasing the collection may have an impact on monitoring ethnicity in the mental health setting in England	The Mental Health Minimum Data Set contains similar information and this will continue to be collected, minimising any impact on England.
	Ceasing the collection may have an impact on monitoring ethnicity in the mental health setting in Wales	The scope of the Fundamental Review was for England only.
Genito-Urinary Medicine 48 Hr Access Target Monthly Monitoring	The impact it would have on gay men (sexuality), minority ethnic groups (race), and public health measures that have successfully contained STI rates	We noted that some organisations value this collection at a local level. We still consider the burden of collecting this return centrally to outweigh the value but if local agreements can be made, we will not prohibit the local use of these data.
Vital Signs	Ceasing the collection may have a negative impact on pregnancy and maternity issues	We considered this and maternity statistics have been incorporated into the new Integrated Performance Measures Monitoring return

For the record
Name of person who carried out this assessment: Frank Brown
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