

22 August 2016

Wellington House
133-155 Waterloo Road
London SE1 8UG

T: 020 3747 0000
E: nhsi.enquiries@nhs.net
W: improvement.nhs.uk

By email

Dear [REDACTED]

Request under the Freedom of Information Act 2000 (the “FOI Act”)

I refer to your email of 26 July 2016 in which you requested information under the FOI Act from NHS Improvement. Since 1 April 2016, Monitor and the NHS Trust Development Authority are operating as an integrated organisation known as NHS Improvement. For the purposes of this decision, NHS Improvement means both the TDA and Monitor.

Your request

You made the following request:

I would like to make a request under the Freedom of Information Act please.
I would like to see a copy of the note on the National Elective Data Validation Programme circulated to NHSI's board on 25/5/2016 please.
Also, any supporting documentation, sent to board members on this.

Decision

NHS Improvement holds the information that you have requested. NHS Improvement has decided to release the information that it holds subject to redaction of some material. These redactions have been made on the basis of the applicability of the exemptions in sections 40 and 42 of the FOI Act as explained in detail below.

Addendum to the board

The note referred to in your request is an addendum circulated to the board of NHS Improvement on 25 May 2016. We have also decided to release an email exchange with Sigurd Renton, Non-Executive Director of NHS Improvement.

The addendum updates the board on the National Data Validation Programme and the funding of this programme. The board of NHS Improvement agreed on 22 March 2016 that this programme would be funded through Monitor's grant and aid budget received from the Department of Health. Subsequently it was decided that the programme would be funded wholly by the TDA.

Section 40 – Personal data

Under section 40 of the FOI Act, information is protected from disclosure if it is personal data protected under the Data Protection Act 1998 (“the DPA”). Section 40(7) of the FOI Act provides that the relevant definition of personal data is that set out at section 1(1) of the DPA:

“personal data” means data which relate to a living individual who can be identified-

(a) from those data, or

(b) from those data, and other information which is in the possession of, or is likely to come into the possession of, the data controller,

and includes any expression of opinion about the individual and any indication of the intentions of the data controller or any other person in respect of the individual.

Some of the information in the documents is being withheld from disclosure under section 40(2) of the FOI Act on the grounds that it amounts to personal data. This includes the names and contact details of junior and/or inward facing staff at NHS Improvement. Any information relating to anything that could identify a living individual has been redacted. I consider that the disclosure of this information to you would not amount to a fair processing and that disclosure would amount to a breach of the data protection principles. This exemption is an absolute exemption and consideration of the public interest in disclosure is not required.

Section 42 – Legal Advice Privilege

Section 42 provides that information is exempt if a claim could be made for legal professional privilege. This covers confidential communications between lawyers and their clients for the purpose of seeking or giving legal advice.

The addendum to the board sent on 25 May 2016 includes advice provided by NHS Improvement’s legal team to the board and as such should not be disclosed.

We have weighed the public interest in accountability and transparency by making access to the information available against the detrimental impact that might ensue if disclosure is permitted. There is a strong public interest in protecting the confidentiality of exchanges between legal advisers and their clients. The advice provided in the addendum by the legal team to NHS Improvement’s board was for the purposes of giving legal advice to assist the board in its decision-making. In that context there is no clear, compelling or specific reason for disclosure of legal advice and in my opinion the public interest is best served by applying this exemption.

Review rights

If you consider that your request for information has not been properly handled or if you are otherwise dissatisfied with the outcome of your request, you can try to resolve this informally with the person who dealt with your request. If you remain dissatisfied, you may seek an

internal review within NHS Improvement of the issue or the decision. A senior member of NHS Improvement's staff, who has not previously been involved with your request, will undertake that review.

If you are dissatisfied with the outcome of any internal review, you may complain to the Information Commissioner for a decision on whether your request for information has been dealt with in accordance with the FOI Act.

A request for an internal review should be submitted in writing to FOI Request Reviews, NHS Improvement, Wellington House, 133-155 Waterloo Road, London SE1 8UG or by email to nhsi.foi@nhs.net.

Publication

Please note that this letter and the attached information will shortly be published on our website. This is because information disclosed in accordance with the FOI Act is disclosed to the public at large. We will, of course, remove your personal information (e.g. your name and contact details) from the version of the letter published on our website to protect your personal information from general disclosure.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'James Scott', written in a cursive style.

James Scott

Lead for Operational Performance

Data Validation Programme Addendum

The National Health Service (NHS) aims to make sure patients are diagnosed and start treatment as soon as possible. Ensuring that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from Referral to treatment (RTT) is a key standard in the NHS Constitution. This is expressed as follows: 'you have the legal right to start your non-emergency NHS consultant-led treatment within a maximum of 18 weeks from referral, unless you choose to wait longer or it is clinically appropriate that you wait longer.'

The Board was advised at its meeting on 22 March 2016 of the proposal for a national programme to validate elective data. Board approval was requested for the estimated funding of the programme of c £2m. At that stage, it was understood that the funding would come from Monitor's direct grant budget, subject to the said approval. It has since transpired that the funding would come wholly from The Trust Development Authority's (TDA's) budget.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

How data validation can be linked to improved provider performance and in turn, better patient care, is set out below:

The Patient Benefits of this National Data Validation Programme

High quality information is critical to make sure health care services are economic, efficient and effective and Data or Waiting List Validation is an important activity for making sure providers have high quality information. It involves making sure patient-related information (and data) is accurate and recording errors are eliminated or minimised. This has a number of provider benefits as well as patient benefits. For example, for providers where data errors are resolved they will gain a greater understanding of where RTT data validation processes can be improved and will be better placed to treat patients in the right order, and manage and improve operational performance and decisions.

As a result, through this national data validation programme, providers validated 178k pathways. Several providers cited examples of this leading to changes in accuracy and safety (e.g. expediting the need for a faster or immediate diagnostic or surgical procedure and closing duplicate pathways that might have resulted in another outpatient appointment rather than an operation date).

However, the principle focus of this programme was closing or removing pathways that were not accurate. The data captured through this programme shows that providers removed 49k patients that were inaccurately waiting for treatments, appointments or diagnostics – please see the additional note below.

Providers have reported that through these removals they have been able to deliver an improvement in patient experience and reduced risk to patients in three key ways. (They have stressed that these benefits are highly valuable to staff and patients):

1. Facilitated the discharge of thousands of patients that did not actually require an inpatient procedure or outpatients treatment or appointment;
2. Prioritised the waiting times of thousands of patients that are genuinely waiting for an appointment or treatment, offering them reduced waiting times (e.g. a 10-14 week wait rather than 18+ weeks); and
3. Reduced inconvenience by avoiding unnecessary phone calls and letters to patients that would have otherwise resulted in treatment dates being confirmed and arrangements being made.

It should be noted that an important part of NHSI's future work will need to focus on reducing the need to undertake validation by helping providers to focus on the things that help to improve information and data quality – comprehensive staff training and clear and accurate waiting time and booking policies.

Additional Note: Number of Validation and Removals Achieved

- Board approval was for £2,087,538. Based on final discussions with providers we allocated £2,026,381 leaving £61,157 of unallocated funding.
- During the four-week period of **this 15/16 national programme**, 61 providers:

	Estimate	Actual	Variance	Cost per pathway
Validations	196,341	178,907	-17,434	£11.33
Removals	56,936	49,267	-7,669	£41.13

- In comparison **the 14/15 national validation** programme involved 42 providers, ran for 20 weeks, cost £4,922,920 and achieved:

	Actual	Cost per pathway
Validations	266,676	£16.84
Removals	24,542	£183.04

Oldridge Amy (NHS IMPROVEMENT - T1520)

From: Scott James (NHS IMPROVEMENT - T1520)
Sent: 26 May 2016 20:30
To: [REDACTED]
Subject: FW: Board: In correspondence (for info) - Data Validation Programme Addendum

Dear Sigurd,

I am resending because my original email below bounced back.

Regards

James

From: Scott James (NHS IMPROVEMENT - T1520)
Sent: 26 May 2016 20:26
To: [REDACTED]
Cc: BoardSecretariat (NHS IMPROVEMENT - T1520); [REDACTED] alexander bob (NHS IMPROVEMENT - T1520); [REDACTED] Harkness Sarah (NHS IMPROVEMENT - T1520); Hay Stephen (NHS IMPROVEMENT - T1520); [REDACTED] Mackey Jim (NHS IMPROVEMENT - T1520); May Ruth (NHS IMPROVEMENT - T1520); McLean Kathy (NHS IMPROVEMENT - T1520); [REDACTED] Smith Ed (NHS IMPROVEMENT - T1520); Carr Sir Peter (NHS IMPROVEMENT - T1520); Moore Kate (NHS IMPROVEMENT - T1520); [REDACTED]
[REDACTED]
[REDACTED]

Subject: Re: Board: In correspondence (for info) - Data Validation Programme Addendum

Dear Sigurd,

The programme ran for four weeks. We know during this time providers removed 49k pathways from their waiting lists. This would have created capacity for 49k patients to have (admitted and non-admitted) appointments brought forward and waiting times reduced.

We don't know: (1) how many patients have been brought forward already (i.e. 'How many patients received earlier treatment as a result of this exercise') but over time it should be, in theory, 49k; (2) the total reduced waiting time that would have been or will be achieved; or (3) the split of admitted and non-admitted. Potential, future programmes could capture this data.

The cost per pathway removal was £41. The cost per pathway validation was £11. Both of these numbers are included in the addendum.

Please let me know if you have any further questions.

Kind regards

James

James Scott | Lead for Operational Performance

Monitor is the sector regulator for health services in England. Our job is to protect and promote the interests of patients by ensuring that the whole sector works for their benefit.

On 25 May 2016, at 16:24, Sigurd Reinton [REDACTED] wrote:

How many patients received earlier treatment as a result of this exercise and what was the cost per patient/week of improvement?

Best,
Sigurd

This email may contain confidential or privileged information. If received in error please delete the message and any attachments. Thank you.

From: BoardSecretariat (NHS IMPROVEMENT - T1520) [REDACTED]

Sent: 25 May 2016 15:29

To: BoardSecretariat (NHS IMPROVEMENT - T1520)

[REDACTED]

[REDACTED] alexander bob (NHS IMPROVEMENT - T1520)

[REDACTED]

[REDACTED]

[REDACTED] - T1520

[REDACTED] Harkness Sarah (NHS IMPROVEMENT - T1520)

[REDACTED] Hay Stephen (NHS IMPROVEMENT - T1520)

[REDACTED] Mackey Jim (NHS IMPROVEMENT - T1520)

[REDACTED] May Ruth (NHS IMPROVEMENT - T1520)

[REDACTED] McLean Kathy (NHS IMPROVEMENT - T1520)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Smith Ed (NHS IMPROVEMENT - T1520)

[REDACTED] Carr Sir Peter (NHS IMPROVEMENT - T1520)

[REDACTED]

Cc: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

Subject: Board: In correspondence (for info) - Data Validation Programme Addendum

Dear all,

At its meeting on 22 March 2016 the Board requested further information with regard to the National Elective Data Validation Programme and its benefits to patients. The attached Data Validation Programme Addendum has been prepared in response to this request and is being circulated to the Board for information.

Thanking you,

[Redacted]

[Redacted] Governance Officer

[Redacted] W

improvement.nhs.uk<<http://www.improvement.nhs.uk/>>
Wellington House, 133-155 Waterloo Road, London, SE1 8UG

NHS Improvement

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NHS Improvement is responsible for overseeing foundation trusts, NHS trusts and independent providers. We offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, we help the NHS to meet its short-term challenges and secure its future.

NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

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