

# INFORMATION SHARING PROTOCOL

## SUMMARY SHEET



<b>Title of Agreement</b> Intermediate Care Pathway Transformation Programme					
<b>Organisation Name</b>	<b>Head Office Address</b>	<b>Phone</b>	<b>Email</b>	<b>Named Data Protection Officer</b>	<b>ICO Notification reference</b>
Essex County Council	County Hall Chelmsford Essex CM1 1QH	08457 430430	<a href="mailto:informationgovernanceteam@essex.gov.uk">informationgovernanceteam@essex.gov.uk</a>	Paul Turner	Z6034810
Newton Europe Ltd	2 Kingston Business Park Kingston Bagpuize Abingdon Oxfordshire OX13 5FE				Z1933260
ECL	Seax House Floor 7 Victoria Road South Chelmsford Essex CM1 1QH			Fran Driver	Z1801658

Tendring District Council	Town Hall Station Road Clacton on Sea Essex CO15 1SE	01255 686060	<a href="mailto:DPAOfficer@tendringdc.gov.uk">DPAOfficer@tendringdc.gov.uk</a>	Judy Barker	Z577148X
Southend on Sea Borough Council	Civic Centre Victoria Avenue Southend-on-Sea Essex SS2 6ER				Z6929331
Princess Alexandra Hospital Trust (PAH)	Hamstel Road Harlow Essex CM20 1QX	01279 444455 1032	<a href="mailto:dpo@pah.nhs.uk">dpo@pah.nhs.uk</a>	Tracy Goodacre	Z8759485
East Suffolk & North Essex NHS Foundation Trust (ESNEFT)	Trust HQ Ipswich Hospital Heath Road Ipswich Suffolk IP4 5PD	01473 702878	<a href="mailto:sarah.preston@esneft.nhs.uk">sarah.preston@esneft.nhs.uk</a>	Sarah Preston	Z6601302
Basildon & Thurrock University Hospital (BTUH)	Nethermayne Basildon Essex SS16 5NL	01268 821957	<a href="mailto:informationgovernance@btuh.nhs.uk">informationgovernance@btuh.nhs.uk</a>	Matt Barker	Z6288182
Southend University Foundation Hospital Trust (SUFHT)	As above	As above	As above	As above	Z1972899

Mid Essex Hospital Trust (MEHT)	As above	As above	As above	As above	Z9751505
Essex Partnership University NHS Foundation Trust (EPUT)	The Lodge Lodge Approach Runwell Wickford SS11 7XX			Claire Sladden	ZA242481
Provide	900 The Crescent Colchester Business Park Colchester Essex CO4 9YQ			Richard Bradley	Z2604172
Anglian Community Enterprise (ACE)	659-662 The Crescent Colchester Business Park Colchester CO4 9YQ				Z2488170
North East London NHS Foundation Trust (NELFT)	Ceme Centre Marsh Way Rainham RM13 8EU				Z9096541
East of England Ambulance NHS Trust	Whiting Way Melbourn Cambridgeshire SG8 6EN	07795 626 908	<a href="mailto:informationgovernance@eastamb.nhs.net">informationgovernance@eastamb.nhs.net</a>	Natalie Mudge	Z955129X

<b>Version Control</b>	
<b>Date Agreement comes into force</b>	July 2019
<b>Date of Agreement review</b>	July 2020
<b>Agreement owner (Organisation)</b>	Essex County Council
<b>Agreement drawn up by (Author(s))</b>	Gemma Gibbs (Information Governance)
<b>Status of document – DRAFT/FOR APPROVAL/APPROVED</b>	APPROVED
<b>Version</b>	1.0

## Wider Eastern Information Stakeholder Forum

This Information Sharing Protocol is designed to ensure that information is shared in a way that is fair, transparent and in line with the rights and expectations of the people whose information you are sharing.

This protocol will help you to identify the issues you need to consider when deciding whether to share personal data. It should give you confidence to share personal data when it is appropriate to do so, but should also give you a clearer idea of when it is not acceptable to share data.

Specific benefits include:

- transparency for individuals whose data you wish to share as protocols are published here;
- minimised risk of breaking the law and consequent enforcement action by the Information Commissioner's Office (ICO) or other regulators;
- greater public trust and a better relationship by ensuring that legally required safeguards are in place and complied with;
- better protection for individuals when their data is shared;
- increased data sharing when this is necessary and beneficial;
- reduced reputational risk caused by the inappropriate or insecure sharing of personal data;
- a better understanding of when, or whether, it is acceptable to share information without people's knowledge or consent or in the face of objection; and reduced risk of questions, complaints and disputes about the way you share personal data.

Please ensure all sections of the template are fully completed with sufficient detail to provide assurance that the sharing is conducted lawfully, securely and ethically.

Item	Name/Link /Reference	Responsible Authority
Privacy Impact Assessment (PIA/DPIA)	913	Essex County Council
Supporting Standard Operating Procedure		
Associated contract	Bloom	Essex County Council
Associated Policy Documents		
Other associated supporting documentation		

Published Information Sharing Protocols can be viewed on the [WEISF Portal](#).

1.	Purpose	REFERENCES
	<p>ECC have contracted Newton Europe to understand a whole system diagnostic of the Intermediate Care Pathway. This project includes CCG's, Acute Hospital Trusts, Providers (including ECL), the ambulance service and the community sector.</p> <p>The purpose of the Project is to identify improvement opportunities within Essex's intermediate care pathways in the health and social care system. Detailed data joining &amp; analysis at a service user level is essential to quantify the opportunities to improve flow, decision making, and effectiveness of services. The Project is consistent with Essex's duty to improve the quality and safety of the services it provides and offers to service users in order to advance the health and welfare of the people of England and Wales.</p> <p>In the first phase Newton will analyse a range of pseudonymised data sets via prepared reports. Pseudonymised data will be sent securely by each partner independently to Newton Europe who will join data and analyse, acting as a data processor on behalf of the partners</p> <p>As part of the diagnostic, Newton will be running case review workshops with groups of front-line practitioners from across ECC and health partners. Newton will select cases to be reviewed in these workshops based on the data provided under this agreement. The workshops will involve practitioners accessing their case notes relating to those individuals (note, sensitive personal data from the case notes will not be recorded as part of the workshop). To facilitate this, when organisations are pseudonymising unique identifiers we will require them to create and retain a look-up table (not to be shared with Newton) which links the pseudonymised identifier back to the original unique identifiers. This is necessary since the approved pseudonymisation tool does not support two-way encoding/decoding. Re-Id of cases selected will be via notification from Newton to the relevant organisations using pseudo ID, who will internally look up, decode and inform workers involve. The case names shall never be shared with Newton after re-id process.</p> <p>Then Newton will use the results of this analysis to work with front line staff and hold workshops for professionals to determine the effectiveness of the system, consider what could have happened better and to look for opportunities to make efficiencies, improve outcomes for the service user and to promote integration.</p> <p>As Newton Europe work through the diagnostic, they will have meetings with service managers, team managers and frontline staff from all system organisations. This will be for a variety of reasons:</p> <ul style="list-style-type: none"> <li>• Practicalities of setting up studies, further meetings, governance meetings</li> </ul>	<p><a href="#">GDPR</a> Go to article 5</p>

- Understanding how the service currently runs, process mapping
- Sharing initial findings (not patient level, no sensitive information) to allow stakeholders to steer the work
- Shadowing studies – where we spend a full day with front line staff to see in detail how the processes work and the blockers they face
- Kick off / wrap up meetings and workshops to ensure good communication and engagement about the diagnostic work

All Newton employees are covered by confidentiality clauses in their contracts including any information about a client and all have signed an NDA with Essex County Council.

The CCGs are not sharing personally identifiable data – only aggregated data

Data will be retained for 6 months after analysis phase is complete, with an estimated date. After such time, anonymised results & data will be shared back with partners and destroyed by the data processor (Newton)

Newton will produce an anonymised findings report.



Process Flow for Newton Europe Dat

## 2. Information to be shared

The embedded PDF document contains the detailed summary of initial data to be shared. Throughout the project, further service data may be added within the parameters of this Information Sharing Protocol, but no sensitive or personal information. (Also available in Appendix 1)



Essex Data Request Fields v2.pdf

GDPR  
Go to articles 6 - 9

**3.****Legal Basis****General Data Protection Regulation 2016 (GDPR) and Data Protection Act 2018.**

GDPR  
Go to articles  
6-14

Personal Data (identifiable data)	Special Categories of Data (Sensitive identifiable data)	Law Enforcement data (e.g. community safety partnerships)
<b>Article 6:</b>	<b>Article 9:</b> (if appropriate):	<b>DPA Part 3</b> (if appropriate): <b>NOT APPLICABLE</b>
Public Task	Health & Social Care	Choose an item.
Choose an item.	Substantial Public Interest	Choose an item.

Other legislation or statute as follows:

- Care Act 2014
- Health and Social Care Act 2015
- Equalities Act 2010
- Mental Health Act 2007
- Localism Act 2011 & 2013
- NHS and Community Care Act 1990

**DATA PROTECTION ACT 2018**

Processing of Personal Data must comply with the Data Protection Act 2018. This includes all processing of Personal Data which falls within the scope of this Agreement.

### ***HUMAN RIGHTS ACT 1998***

Article 8.1 of the European Convention on Human Rights enshrined in Schedule 1 of the

Human Rights Act 1998 provides that “everyone has the right to respect for his private and family life, his home and his correspondence.” This is however, qualified by reasons where it may be legitimate to infringe this right. As stated in Article 8.2, these are “in accordance with the law and is necessary in a democratic society in the interests of national security, public safety, or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.”

The right to privacy will be respected by parties to this Agreement unless it can be shown that there is a legitimate reason to infringe those rights.

### ***FREEDOM OF INFORMATION ACT 2000***

Freedom of Information (FOI) Act 2000 or Environmental Information Regulations (EIR) 2004 relates to data requested from a Public Authority by a member of the public. It is best practice to seek advice from the originating organisation prior to release. This allows the originating organisation to rely on any statutory exemption/exception and to identify any perceived harms. However, the decision to release data under the FOI Act or EIR is the responsibility of the agency that received the request.

### ***THE COMPUTER MISUSE ACT, 1990***

The Computer Misuse Act is designed to protect computer users against wilful attacks and theft of information. Offences under the act include hacking, unauthorised access to computer systems and purposefully spreading malicious and damaging software (malware), such as viruses. The Act created three new offences:

- Unauthorised access to computer material
- Unauthorised access with intent to commit or facilitate commission of further offences
- Unauthorised modification of computer material.

### ***THE REGULATION OF INVESTIGATORY POWERS ACT (RIPA)***

The Regulation of Investigatory Powers Act 2000 (RIPA) provides for, and regulates the use of, a range of investigative powers, by a variety of public authorities. It updates the law on the interception of communications to take account of technological change such as the growth of the Internet. It also puts other intrusive investigative techniques on a statutory footing for the very first time; provides new powers to help combat the threat posed by rising criminal use of strong encryption; and ensures that there is independent judicial oversight of the powers in the Act.

### ***INFORMATION SECURITY STANDARDS ISO/IEC27001, ISO/IEC17799 AND BS7799***

ISO/IEC 27001 2005, ISO/IEC17799:2005 and BS7799 2002 are the best practice information security management standards, defining and guiding ISMS developments.

<b>4.</b>	<b>Responsibilities</b>
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<p>For the purposes of this Protocol the responsibilities are defined as follows:          For help go to <a href="https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32016R0679&amp;from=EN">https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32016R0679&amp;from=EN</a> Articles 24 – 29 where these roles are explained.</p>	Tick box	Organisation Name(s)	<p style="color: #0056b3; margin: 0;"><b>GDPR</b></p> <p style="margin: 0;">Go to articles 13-14, 24 - 31</p>
The Joint Data Controllers for this sharing are:	<input checked="" type="checkbox"/>	All signatories with the exception of ECL and Newton Europe	
In the case of <b>Joint Data Controllers</b> , the designated single contact point for Individuals is:	<input checked="" type="checkbox"/>	Essex County Council	
Data Processors party to this protocol are (please list):	<input checked="" type="checkbox"/>	Newton Europe Ltd and ECL	
<p>This Protocol will be reviewed one year after it comes into operation to ensure that it remains fit for purpose. The review will be initiated by Essex County Council.</p>			

<b>5.</b>	<b>Subject Rights</b>
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<p>Essex Partner Agencies' Information Sharing Agreements are made publicly available on the Wider Eastern Information Stakeholder Forum website to enable compliance with article 12 of the GDPR.</p> <p>It is each Partner's responsibility to ensure that they can comply with all of the rights applicable to the sharing of the personal information. It is for the organisation initiating the ISP to identify which rights apply, and then each Partner to ensure they have the appropriate processes in place.</p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center; padding: 5px;"><b>Subject Rights</b></td> <td style="padding: 5px;">Processes are in place to enact this</td> </tr> </table>	<b>Subject Rights</b>	Processes are in place to enact this
<b>Subject Rights</b>	Processes are in place to enact this		

<p>Select the <b>applicable rights</b> for this sharing according to the legal basis you are relying on</p>	<p>right - please check the box</p>	
<p>GDPR Article 13&amp;14 – <b>Right to be Informed</b> – Individuals must be informed about how their data is being used. This sharing must be reflected in your privacy notices to ensure transparency.</p>	<input checked="" type="checkbox"/>	<p>GDPR Go to articles 12 – 15</p>
<p>GDPR Article 15 – <b>Right of Access</b> – Individuals have the right to request access to the information about them held by each Partner</p>	<input checked="" type="checkbox"/>	
<p>GDPR Article 16 – <b>Right to Rectification</b> – Individuals have the right to have factually inaccurate data corrected, and incomplete data completed.</p>	<input checked="" type="checkbox"/>	
<p>GDPR Article 17 (1)(b)&amp;(e) – <b>Right to be forgotten</b> – This right may apply where the sharing is based on Consent, Contract or Legitimate Interests, or where a Court Order has demanded that the information for an individual must no longer be processed. Should either circumstance occur, the receiving Partner must notify all Data Controllers party to this protocol, providing sufficient information for the individual to be identified, and explaining the basis for the application, to enable all Partners to take the appropriate action.</p>	<input type="checkbox"/>	
<p>GDPR Article 18 – <b>Right to Restriction</b> – Individuals shall have the right to restrict the use of their data pending investigation into complaints.</p>	<input checked="" type="checkbox"/>	
<p>GDPR Article 19 – <b>Notification</b> – Data Controllers must notify the data subjects and other recipients of the personal data under the terms of this protocol of any rectification or restrict, unless it involves disproportionate effort.</p>	<input checked="" type="checkbox"/>	<p>GDPR Go to article 16 &amp; 22</p>
<p>Article 21 – <b>The Right to Object</b> – Individuals have the right to object to any processing which relies on Consent, Legitimate Interests, or Public Task as its legal basis for processing. This right does not apply where processing is required by law (section 3). Individuals will always have a right to object to Direct Marketing, regardless of the legal basis for processing.</p>	<input checked="" type="checkbox"/>	
<p>Article 22 – <b>Automated Decision Making including Profiling</b> – the Individual has the right to request that a human being makes a decision rather than a computer, unless it is required by law.</p>	<input type="checkbox"/>	
<p><b>Freedom of Information (FOI) Act 2000</b> or <b>Environmental Information Regulations (EIR) 2004</b> relates to data requested from a Public Authority by a member of the public. It is best practice to seek advice from the originating organisation prior to release. This allows the originating organisation to rely on any statutory exemption/exception and to identify any perceived harms. However, the decision to release data under the FOI Act or EIR is the responsibility of the agency that received the request.</p>	<input checked="" type="checkbox"/>	
<p><b>6. Security of Information</b></p>		
<p><b>Security measures in place</b></p>		<p>GDPR</p>

There are good quality access control systems in place	<input checked="" type="checkbox"/>	articles 30 - 45
Paper information is stored securely	<input checked="" type="checkbox"/>	
Paper and electronic information is securely destroyed with destruction log for electronic information	<input checked="" type="checkbox"/>	
Laptops and removable media such as memory sticks are secured when not in use	<input checked="" type="checkbox"/>	
Technical security appropriate to the type of information being processed is applied	<input checked="" type="checkbox"/>	
Arrangements are in place to meet the requirements for confidentiality, integrity and availability	<input checked="" type="checkbox"/>	
Disaster recovery arrangements are in place	<input checked="" type="checkbox"/>	
Encryption of personal data is fully implemented	<input checked="" type="checkbox"/>	
Data minimisation has been considered	<input checked="" type="checkbox"/>	
Can pseudonymised or anonymised data be used to meet your processing needs?	<input checked="" type="checkbox"/>	
There are sufficient access controls for systems/networks in place	<input checked="" type="checkbox"/>	
Routine and regular penetration tests are carried out	<input checked="" type="checkbox"/>	
Article 40 Codes of Conduct are adhered to (where applicable)	<input type="checkbox"/>	
Appropriate security is applied to external routes into the organisation; for example, internet firewalls and remote access solutions	<input checked="" type="checkbox"/>	
Confirm entry in Records of Processing Activity	<input type="checkbox"/>	
Additional measure 1 – please specify here	<input type="checkbox"/>	
Additional measure 2 – please specify here	<input type="checkbox"/>	
Partners receiving information will:		
<ul style="list-style-type: none"> <li>• Ensure that their employees are appropriately trained to understand their responsibilities to maintain confidentiality and privacy;</li> <li>• Protect the physical security of the shared information;</li> <li>• Restrict access to data to those that require it, and take reasonable steps to ensure the reliability of employees who have access to data, for instance, ensuring that all staff have appropriate background checks</li> <li>• Maintain an up to date policy for handling personal data which is available to all staff</li> </ul>		

- Have a process in place to handle any security incidents involving personal data, including notifying relevant third parties of any incidents
- Ensure any 3<sup>rd</sup> party processing is agreed as part of this protocol and governed by a robust contract and detailed written instructions for processing.

## 7.

### Format and Frequency

Data will be Pseudonymised at source using an NHS Compliant pseudonymisation tool. The key will be developed by ECC and shared to partners.

In the first phase Newton will analyse a range of data sets via prepared reports. 24 months of data will be pseudonymised at source and will be provided independently by each partner to Newton Europe by the agreed secure means.

As part of the diagnostic, Newton will be running case review workshops with groups of front-line practitioners from across ECC and health partners. Newton will select anonymised cases to be reviewed in these workshops based on the data provided under this agreement. The workshops will involve practitioners accessing their own case notes relating to those individuals (note, sensitive personal data from the case notes will not be recorded as part of the workshop even in an anonymised form). To facilitate this, when organisations are pseudonymising unique identifiers we will require them to create and retain a look-up table (not to be shared with Newton) which links the pseudonymised identifier back to the original unique identifiers. This is necessary since the approved pseudonymisation tool does not support two-way encoding/decoding.

As Newton Europe work through the diagnostic, they will have meetings with service managers, team managers and frontline staff from all system organisations. This will be for a variety of reasons:

- Practicalities of setting up studies, further meetings, governance meetings
- Understanding how the service currently runs, process mapping
- Sharing initial findings (not patient level, no sensitive information) to allow stakeholders to steer the work
- Shadowing studies – where we spend a full day with front line staff to see in detail how the processes work and the blockers they face
- Kick off / wrap up meetings and workshops to ensure good communication and engagement about the diagnostic work

The frequency with which the information will be shared is as and when required for the duration of the project.

<b>8.</b>	<b>Data Retention</b>	
<p>Data will be retained for 6 months after analysis phase is complete, with an estimated date. After such time, anonymised results &amp; data will be shared back with partners and destroyed by the data processor (Newton). There is an allowance for an extension to the retention if it has been requested and officially approved by the SIRO and Caldicott Guardian (Adults Social Care).</p>		<p>GDPR Go to article 5</p>
<b>9.</b>	<b>Data Accuracy</b>	
<p>Please check this box to confirm that your organisation has processes in place to ensure that data is regularly checked for accuracy, and any anomalies are resolved <input checked="" type="checkbox"/></p>		<p>GDPR Go to articles 5, 16 - 18</p>
<b>10.</b>	<b>Breach Notification</b>	
<p>Where a security breach linked to the sharing of data under this protocol is likely to adversely affect an Individual, all involved Partners must be informed within 48 hours of the breach being detected. The email addresses on page 1 should be used to contact the Partners. The decision to notify the ICO can only be made after consultation with any other affected Partner to this protocol, and notification to the ICO must be made within 72 hours of the breach being detected. Where agreement to notify cannot be reached within this timeframe, the final decision will rest with the Protocol owner as depicted on page 1 of this document.</p> <p>All involved Partners should consult on the need to inform the Individual, so that all risks are fully considered and agreement is reached as to when, how and by whom such contact should be made. Where agreement to notify cannot be reached, the final decision will rest with the Protocol owner as depicted on page 1 of this document.</p> <p>All Partners to this protocol must ensure that robust policy and procedures are in place to manage security incidents, including the need to consult Partners where the breach directly relates to information shared under this protocol.</p>		<p>GDPR Go to articles 33, 34, 77 - 84</p>
<b>11.</b>	<b>Complaints</b>	

<p>Partner agencies will use their standard organisational procedures to deal with complaints from the public arising from information sharing under this protocol.</p>	<p><a href="#">GDPR</a> Go to articles 16 – 22 &amp; 77</p>	
<p><b>12.</b></p>	<p><b>Commencement of Protocol</b></p>	
<p>This Protocol shall commence upon date of the signing of a copy of the Protocol by the signatory partners. The relevant information can be shared between signatory partners from the date the Protocol commences.</p>		
<p><b>13.</b></p>	<p><b>Withdrawal from the Protocol</b></p>	
<p>Any partner may withdraw from this Protocol upon giving 4 weeks written notice to the WEISF administration team <a href="mailto:weisf@essex.gov.uk">weisf@essex.gov.uk</a>. The WEISF administration team will notify other Partners to the Protocol. The Partner must continue to comply with the terms of this Protocol in respect of any information that the partner has obtained through being a signatory. Information, which is no longer relevant, should be returned or destroyed in an appropriate secure manner.</p>		
<p><b>14.</b></p>	<p><b>Agreement</b></p>	

This Protocol must be approved by the responsible person within the organisation (SIRO/Caldicott Guardian/Chief Information Officer).

Approver Name	
Organisation Name	
Date of Agreement	

**Please submit this Protocol to [weisf@essex.gov.uk](mailto:weisf@essex.gov.uk) with list of approved signatories. The Protocol will then be published on [weisf.essex.gov.uk](http://weisf.essex.gov.uk).**

**Email approvals will only be accepted from an authorised signatory role from each organisation. Please see the list of authorised roles per organisation on [WEISF.essex.gov.uk](http://WEISF.essex.gov.uk)**

# Appendix 1

## Essex System Diagnostic – Newton data request – Indicative fields required

### All throughput data for FY 17/18, and current FY to date

(Priority 1) For all social care package throughput (i.e. in receipt of a package at some point in this time period), for service users in the Older People Specialism and service users aged 65+ in the Physical Disability Specialism from ECC data

Area	Field	Notes
Cost of social care	Pseudonymised Citizen Unique Identifier	Pseudonym created from the NHS number with a consistent 'key' used for the data from other organisations
Cost of social care	Citizen Year and Month of Birth	
Cost of social care	User Type (e.g. OP / MH / LD)	e.g. Older People, Learning disability, Sensory impairment
Cost of social care	Package Type	
Cost of social care	Element Group	
Cost of social care	Element Type	
Cost of social care	Service Type	e.g. Domiciliary Care Package/Residential Placement
Cost of social care	Package ID	
Cost of social care	Package Start Date	
Cost of social care	Package End Date	
Cost of social care	Month and Year of Death where applicable	
Cost of social care	Frequency	
Cost of social care	Net cost per frequency	
Cost of social care	Quantity per frequency	
Cost of social care	Calculated Rate	
Cost of social care	Provider Name	e.g. Homecare provider 1
Cost of social care	Provider Type	
Cost of social care	Quadrant	
Cost of social care	District	
Cost of social care	Team responsible for citizen	
Cost of social care	Named worker where applicable	
Cost of social care	Referral Source	Key worker at point of package prescription

(Priority 2) For all social care assessments and reviews completed in this time period, for service users in the Older People Specialism and service users aged 65+ in the Physical Disability Specialism from ECC data, excluding Carer's Assessments/Reviews:

Area	Field	Notes
Social care assessments/reviews	Pseudonymised Citizen Unique Identifier	Pseudonym created from the NHS number with a consistent 'key' used for the data from other organisations
Social care assessments/reviews	Assessment ID	
Social care assessments/reviews	Service Area	e.g. Mental health
Social care assessments/reviews	Assessment Type	e.g. Support plan
Social care assessments/reviews	Referral Source	
Social care assessments/reviews	Assessment Start Date	
Social care assessments/reviews	Assessment Completed Date	
Social care assessments/reviews	Assessment Outcome	e.g. Nursing home
Social care assessments/reviews	Weekly Cost before review/assessment	e.g. £320.40 per week
Social care assessments/reviews	Weekly Cost after review/assessment	e.g. £470.55 per week
Social care assessments/reviews	Practitioner	e.g. John Smith
Social care assessments/reviews	Quadrant	
Social care assessments/reviews	District	
Social care assessments/reviews	Practitioner Team	e.g. Broomfield Hospital social work team

(Priority 3) List of all in scope Essex Intermediate Beds:

Area	Field	Notes
Short term beds	Location	
Short term beds	Ward Name	
Short term beds	Number of beds	
Short term beds	Type of bed	e.g. EAB/IC/IP
Short term beds	Overview of Service	e.g. residential/nursing/nursing dementia

(Priority 3) All stays for individuals aged 65+ in the time period given for all in scope Essex Intermediate Beds listed in the previous table:

Area	Field	Notes
Short term bed stays	Pseudonymised Service User unique identifier	Pseudonym created from the NHS number with a consistent 'key' used for the data from other organisations
Short term bed stays	Location of Intermediate Bed	
Short term bed stays	Intermediate Bed Provider	e.g. ECC
Short term bed stays	Bed type	e.g. residential
Short term bed stays	Admission date, month and year	e.g. 10/10/2016
Short term bed stays	Discharge date. Month and year	e.g. 07/11/2016
Short term bed stays	Duration between Discharge date and admission date	e.g. 32
Short term bed stays	Citizen year and month of birth	e.g. 60 to 64
Short term bed stays	Referred from	e.g. Colchester Hospital
Short term bed stays	Detail of size/cost of package before intermediate bed	
Short term bed stays	Discharge referral destination and package size/cost	e.g. nursing home
Short term bed stays	Detail of size/cost of package on discharge from Intermediate bed provider	

(Priority 1) List of all in scope Essex Enablement Providers:

Area	Field	Notes
Enablement staff teams	Establishment Team / area	e.g. South / Braintree
Enablement staff teams	Establishment	e.g. 34.5 FTE
Enablement staff teams	Workforce	e.g. 30 x Enablement Workers, 10 x Service Managers, 2 x OTs
Enablement staff teams	Total Staff Working Hours Available per week	e.g. 1300 per week
Enablement staff teams	Hours of Care Currently Provided per week	e.g. 604 per week

(Priority 2) Staffing data for all Enablement Providers listed in the table above:

Area	Field	Notes
Enablement Teams	Staff ID	e.g. 123456
Enablement Teams	Role/job type	e.g. Enablement worker
Enablement Teams	Team	e.g. Braintree
Enablement Teams	Week/Day	e.g. 6/5/19
Enablement Teams	Hours worked	e.g.7.5
Enablement Teams	Visits booked	e.g. 6
Enablement Teams	Visits completed	e.g.5

(Priority 1) For all enablement packages within the time period given with the enablement providers listed above:

Area	Field	Notes
Enablement packages	Pseudonymised Service User unique identifier	Pseudonym created from the NHS number with a consistent 'key' used for the data from other organisations
Enablement packages	Start of package date, moth and year	e.g. 04/04/2019
Enablement packages	Estimated end of package date, month and year	e.g. 13/05/2019
Enablement packages	Actual end of package date, month and year	e.g. 16/05/2019
Enablement packages	Duration days on service	e.g. 42
Enablement packages	Citizen Year and month of birth	e.g. 65 to 69
Enablement packages	Referral from	e.g. Broomfield IDT

Enablement packages	Referral Type	e.g. Hospital
Enablement packages	Services before (within 30 days)	e.g. Home care
Enablement packages	Detail of size/cost of package before admission	
Enablement packages	Enablement package at start	e.g. 2 carers x 2 calls a day
Enablement packages	Hours of enablement in week 1	
Enablement packages	Hours of enablement in week 2	
Enablement packages	Hours of enablement in week 3	
Enablement packages	Hours of enablement in week 4	
Enablement packages	Hours of enablement in week 5	
Enablement packages	Hours of enablement in week 6	
Enablement packages	Hours of enablement in week 7	
Enablement packages	Hours of enablement in week 8	
Enablement packages	Hours of enablement in week 9	
Enablement packages	Remaining hours of enablement in spell	
Enablement packages	Total number of contact hours delivered	e.g. 250
Enablement packages	Outcome of enablement	e.g. NFA- Fully enabled
Enablement packages	Services after (within 30 days)	e.g. None
Enablement packages	Detail of size/cost of package after enablement	
Enablement packages	Enablement Team	e.g. South

(Priority 2) Activity data for all Enablement Providers listed in the table above:

Area	Field	Notes
Enablement contacts	Pseudonymised Service User unique identifier	Pseudonym created from the NHS number with a consistent 'key' used for the data from other organisations
Enablement contacts	Contact date and time	
Enablement contacts	Contact duration	
Enablement contacts	Contact reason	
Enablement contacts	Staff name or ID delivering contact	e.g.123456
Enablement contacts	Team	e.g. South

(Priority 4) For all admission of older people (65+) to in scope community and acute hospitals in the given time period:

Area	Field	Notes
Length of stay	Pseudonymised Patient unique identifier	Pseudonym created from the NHS number with a consistent 'key' used for the data from other organisations
Length of stay	Date and time of start of spell	
Length of stay	Date and time of end of spell	
Length of stay	Spell ID	
Length of stay	Date and time of start of episode	
Length of stay	Date and time of end of episode	
Length of stay	Episode ID	
Length of stay	Date and time of start of ward stay	
Length of stay	Date and time of end of ward stay	
Length of stay	ID of ward stay	
Length of stay	Ward code	
Length of stay	Admission method	
Length of stay	Admission source	
Length of stay	Discharge method	
Length of stay	Discharge destination	
Length of stay	Locations (e.g. wards)	
Length of stay	Specialty	
Length of stay	Consultant1st MFFD	
Length of stay	1 <sup>st</sup> EDD or PDD	
Length of stay	Gender	
Length of stay	Patient Year and month of birth	
Length of stay	GP Practice	Or suitable proxy field
Length of stay	HRG/OPCS/ICD codes	
Length of stay	Commissioning CCG	
Length of stay	Readmission Flag	(30 days for current spell)
Length of stay	DTOV flag	

(Priority 4) For all discharges of older people (65+) handled by a specific discharge team from in scope community and acute hospitals in the given time period:

Area	Field	Notes
Complex discharges	Pseudonymised Patient unique identifier	Pseudonym created from the NHS number with a consistent 'key' used for the data from other organisations
Complex discharges	1 <sup>st</sup> Expected Discharge Date	
Complex discharges	1 <sup>st</sup> Medically fit for discharge (MFFD) date	
Complex discharges	Date and time of discharge	
Complex discharges	Discharge method	
Complex discharges	Patient Year and month of birth	
Complex discharges	Discharge referral destination and package	
Complex discharges	Assessment date	
Complex discharges	Discharging consultant	
Complex discharges	Name of discharge practitioner if applicable	
DTOC	DTOC flag	
DTOC	Awaiting discharge/delay reason	
DTOC	Reporting category of DTOC	
DTOC	Delayed days	

(Priority 4) For all Emergency Department attendances of older people (65+) to in scope acute hospitals in the given time period:

Area	Field	Notes
Patient Info	Pseudonymised Patient unique identifier	Pseudonym created from the NHS number with a consistent 'key' used for the data from other organisations
Patient Info	Gender	
Patient Info	Patient year and month of birth	
Patient Info	GP Practice	
Arrival	Time and date of arrival	
Arrival	Method of arrival	

Arrival	Location arriving from	
Arrival	Type	i.e. major/minor or suitable equivalent
Arrival	Planned/Unplanned	
Triage	Time and date of triage	
Triage	Reason for attendance	
Triage	Acuity measure	
Triage	Admitted/Discharged	
Admission	Time and date of admission	If admitted following attendance
Admission	Spell ID for Admission	Match with LoS Data
Admission	Ward	
Admission	Reason for admission	Primary diagnosis
Discharge from A&E	Time and date of discharge	If discharged following attendance
Discharge from A&E	Destination on discharge	
Discharge from A&E	Reason for discharge	

(Priority 4) For all Ambulance services across Essex:

Area	Field	Notes
Ambulance Service	Pseudonymised Service User unique identifier	Pseudonym created from the NHS number with a consistent 'key' used for the data from other organisations
Ambulance Service	Gender	
Ambulance Service	Patient year and month of birth	
Ambulance Service	Postcode of pickup	
Ambulance Service	Reason for call (MTBS code?)	
Ambulance Service	Key issue on arrival	
Ambulance Service	Decision to convey to A&E	
Ambulance Service	Reason to convey	
Ambulance Service	Other signposting/referral to service	
Ambulance Service	Location taken to	
Ambulance Service	Time and date of call	
Ambulance Service	Time and date of pickup	
Ambulance Service	Time and date of arrival in A&E	

Ambulance Service	Planned/unplanned	
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(Priority 4) List of all in scope Community and Acute Wards:

Area	Field	Notes
Community/Acute Wards	Acute/Community Hospital	
Community/Acute Wards	Ward Name	
Community/Acute Wards	Number of beds	
Community/Acute Wards	Overview of Service/Specialty	

