



Overview

Customer Name

Nottingham University Hospitals
NHS Trust (NUH)

City, Country

Nottingham, UK

Website

www.nuh.nhs.uk

Products

- Health Data Enterprise (HDE)
- ECDS
- CDS
- SLAM Interface
- PHIN
- Contracting and Commissioning

The hidden danger every trust faces when moving to a new EPR

– and how Nottingham University Hospitals avoided it completely

Most organisations discover too late that their new EPR system could lack a built-in contracting and commissioning engine - NUH avoided this risk entirely. By planning ahead and partnering with Insource, the trust deployed the Health Data Enterprise (HDE) platform across Emergency Department (ED) and Patient Administration System (PAS) to automate Emergency Care Data Sets (ECDS) and Commissioning Data Sets (CDS) submissions, validate invoices, and maintain full statutory compliance. This proactive approach ensured uninterrupted reporting, protected the Trusts income, and eliminated a critical risk during the transition to Nervecentre.

Overview

Nottingham University Hospitals NHS Trust (NUH) embarked on a major digital transformation, initially migrating Emergency Department workflows as part of its EPR programme. This was followed by the migration of its full Patient Administration System (PAS) and reporting stack from System C's Careflow (Medway) to Nervecentre, delivered between Q1 2024 and Q4 2025.

Careflow had provided the trust's statutory reporting engine for a number of years, contracting and commissioning logic, grouping ECDS returns, Commissioning Data Sets (CDS), Service Level Activity Management (SLAM) outputs and core Business Intelligence (BI) foundations. However, during the planning phase it became apparent that Nervecentre did not have this built-in facility.

Without intervention, the trust faced an immediate and significant risk with loss of this mandatory reporting capability, potentially exposing NUH to compliance failure and financial penalties. The Insource solution now underpins all NUH's income and provides operational stability.

NUH commissioned Insource to provide the solution and ensure business continuity of this business-critical area. Using their HDE platform, Insource delivered uninterrupted reporting capability pre, during and post migration, ensured compliance from the outset, and later replaced Careflow's full contracting, commissioning and ECDS ecosystem as the trust went live with Nervecentre.

Insource business continuity solution

Following the award of the contract in mid-2024, Insource deployed its flagship data management technology, Health Data Enterprise (HDE) with the Accident & Emergency module and ECDS modules enabled.

By acquiring data from both systems, Insource was able to duplicate and enhance the functionality provided previously by Careflow, also using data from the newly deployed NerveCentre ED application.

ECDS extraction and submission: Automated extraction and transformation of patient-level data from Nervecentre ED into the required ECDS format for NHS reporting.

Compliance restored: Accurate, validated data submissions were automated daily to NHS England, meeting key national statutory requirements.

Payment and performance: Timely invoice validation and full compliance was ensured, protecting revenue and reputation.

Custom contracting application: The configuration capability within HDE enabled complex local configuration to be catered for without the need for bespoke coding, resulting in correct financial assignment being delivered.

The larger PAS transformation

Ahead of the November 2025 transition to the Nervecentre EPR, Nottingham University Hospitals undertook a fundamental transformation of its PAS, statutory reporting, and income infrastructure. Insource expanded its Health Data Enterprise (HDE) platform to replace the Trust's full reporting, contracting, and commissioning capability, establishing a modern and resilient data foundation aligned to the new EPR.

This programme represented one of the earliest large-scale Nervecentre EPR deployments in the NHS and was therefore first of type. With no established national blueprint for how to safely replace legacy PAS functionality, statutory reporting, and income flows alongside EPR

go-live, the Trust faced significant operational and financial uncertainty. The deployment introduced material changes to data structures, workflows, and activity capture, resulting in unavoidable income variance during migration and testing.

Rather than relying on bespoke workarounds or accepting residual risk, the Trust adopted a delivery partnership approach with Insource. Specialist expertise was embedded directly into programme governance, testing, and decision-making. This allowed the HDE platform to be configured to accommodate the full range of data and activity variances introduced by the new EPR, without the need for custom development or manual intervention.

The program included four full migration loads, a complete dress rehearsal, and an intensive testing phase. During testing, a £40m variance was identified between legacy and new SLAM outputs, representing a material financial risk. Through structured joint working, this variance was systematically analysed and reconciled using configurable commissioning, grouping, and allocation logic within HDE, reducing the variance to £54k by go-live.

This approach ensured uninterrupted submission of national datasets including ECDS and CDS, maintained SLAM feeds, and safeguarded income integrity. It provided the Trust with confidence in reporting, commissioning, and costing during one of the most complex and high-risk digital transitions undertaken to date, while creating a scalable model for future EPR deployments across the NHS.

Delivered capabilities included:

- Full ingestion of Nervecentre PAS data
- Produce accurate and regular nationally mandated CDS returns
- Advanced Contracting and Commissioning (C&C) engine
- HRG and SCG grouping of Nervecentre PAS recorded activity
- SLAM costing interface
- Parallel validation across Careflow and Nervecentre.

An additional major achievement was gained by reducing 15,000+ legacy commissioning rules to 500, dramatically simplifying annual contract updates and cutting the administrative burden.

PAS go-live and stabilisation

On 3 November 2025, NUH officially launched their new Nervecentre PAS. Despite the scale of change and national media coverage of reported pressures including a major critical incident, all core reporting pipelines provided by Insource functioned seamlessly from the outset:

- Daily ECDS submissions ran successfully from 6 November
- The first CDS and SLAM outputs were generated the following week
- Stabilisation and refinement continued as live workflows replaced migration data
- Full transition to business as usual was delivered within six weeks of go-live

Insource worked hand-in-hand with NUH's teams throughout, absorbing pressure and ensuring continuity during the highest-risk phase.

Key outcomes

Reporting continuity - Statutory reporting for both ECDS and PAS-level was uninterrupted.

Financial protection - Accurate commissioner assignment, grouping and SLAM outputs safeguarded income and audit readiness.

Operational stability - The trust avoided system-change-induced reporting failure; this is a common cause of post-EPR disruption.

A permanent simplification delivered by insource of NUH's commissioning framework. Insource cutting rules from 15,000 to just 500—now streamlines annual updates and saves over 40 days of work every financial year

Relief for internal teams - Insource removed pressure from NUH's Trust Enterprise Datawarehouse (TED) and contracting teams, freeing them to focus on other critical work.

Feedback from NUH

Andrea Race – Deputy Director, Information and Insight at NUH

“They are truly great to work with: dedicated, collaborative, and consistently focused on delivering results.”

“Insource will go above and beyond to ensure you have everything you need for effective data management and reporting.”

“If we hadn't partnered with Insource to develop the statutory returns required, I don't believe we would have met the deadline internally. The input from Insource was critical for hitting the deadline.”

Mark Simmonds - Deputy Medical Director at NUH

“Although we have our own data warehouse and are required to report to NHS England, having Insource as an intermediary, who can collate, curate, and deliver data in a new way, has challenged our thinking and broadened our perspective. Not everyone welcomed this change at first, as some colleagues were quite set in their ways, but introducing a fresh approach and a forward-looking view of data management has been beneficial for us.”

“Insource recognised what we were trying to achieve. They recognised the challenges and adapted to what we needed to deliver on time.”

“What's rarely acknowledged is the substantial task of rebuilding all our reporting systems in a matter of weeks - and doing so with great success.”

Lessons for other trusts moving to Nervecentre

Reporting continuity must be planned in advance; it is a significant element of EPR success.

Nervecentre does not provide contracting and commissioning capability, this is a gap every migrating trust will face and Insource can deliver.

Business continuity and data integrity requires engineered solutions, not assumptions that reports will 'just work' after a system change.

Revenue and compliance risk grows exponentially when statutory flows are interrupted, selecting a supplier with experience you can trust is key.

NUH's experience is now a blueprint for future Nervecentre migrations across the NHS.

Conclusion

NUH's transformation involved one of the most complex reporting and PAS transitions undertaken in recent years. What made this possible at pace was the inherent strength of Insource's HDE platform: a fully-built, enterprise-grade data and reporting architecture that requires configuration, not development.

Because HDE already contains mature, proven contracting, commissioning, statutory reporting and financial processing logic, the NUH team was able to implement extensive and intricate changes in a matter of weeks—not months. This turnkey capability meant the trust could migrate from Careflow to Nervecentre without losing a single day of statutory reporting and without the need to build bespoke logic or rebuild reporting foundations from scratch.

For NHS trusts preparing for Nervecentre or transitioning to other EPRs and facing similar structural gaps, this case study demonstrates that while the risks are significant, they are entirely mitigable. With Insource as a partner, organisations benefit not only from a platform that absorbs complexity and accelerates delivery, but from highly skilled specialist resources working as an extension of the trust's own team. This combined approach provides immediate operational continuity, while HDE's pre-built capability ensures that even the most demanding transitions can be delivered rapidly, safely, and with total confidence.

About Insource

For decades, Insource have supported the NHS and other UK healthcare providers with advanced data and pathway management solutions. We are a UK founded, registered and headquartered SME business, dedicated to support the UK healthcare economy. All of our staff are UK based and we do not offshore any aspect of our business. We are proud that hospitals and other healthcare organisations across the UK have chosen to rely on our technology and expertise every day.



T. +44 (0) 20 3727 4200
E. info@insource.co.uk
www.insource.co.uk