

**Health and Social Care Information Centre Board**

**Agenda: Part 1 (Public Session)**

**25 November 2015 – 10:30 to 12:00**

**Venue: Old Library, Richmond House, 79 Whitehall, London, SW1A 2NS**

<u>Ref No</u>	<u>Agenda Item</u>	<u>Time</u>	<u>Presented By</u>
HSCIC 15 05 01	<b>Chair's Introduction and Apologies (oral)</b>	10:30 – 10:35	Vice-Chair
HSCIC 15 05 02	<b>Declaration of Interests and minutes</b>	10:35 – 10:45	
	(a) Register of Interests (paper) – <b>for information</b>		Vice-Chair
	(b) Minutes of Board Meeting on 23 September 2015 (paper) – <b>to ratify</b>		
	(c) Progress on Action Points (paper) – <b>for information</b>		
HSCIC 15 05 03	<b>Business and Performance Reporting</b>	10:45 – 11:05	
	(a) Board Performance Pack (paper) – <b>for information</b>		CEO
	(b) Mid-year review of Corporate Business Plan 2015-16 (paper) – <b>for information</b>		Director of Finance and Corporate Services
HSCIC 15 05 04	<b>Supporting the Health and Social Care System</b>	11:05 – 11:35	
	(a) Streamlining the Independent Information Governance Advice to HSCIC (paper) – <b>for information</b>		Lead Clinician and Interim Director of Information and Analytics (Caldicott Guardian) x 2 items
	(b) Directions for Patient Objection Management System - Update and proposed mechanism for formal consultation with the HSCIC Board (paper) - <b>for approval</b>		
	(c) Update on the HSCIC (Immigration Health Charge) Directions (paper) – <b>for information</b>		Director of Operations and Assurance Services
	(d) 100,000 Genomes Project: Proposal for a Secretary of State direction to cover HSCIC provision of informatics support (paper) – <b>for acceptance</b>		Chief Technology Officer
HSCIC 15 05 05	<b>Transparency and Governance</b>	11:35 – 12:00	
	(a) Committee Reports:		
	i. Assurance and Risk Committee: 10 November 2015 (oral)		Committee Chair
	ii. Information Assurance and Cyber Security Committee: 12 November 2015 (oral)		Committee Chair
	(b) Board Forward Business Schedule 2015-16 (paper) – <b>for information</b>		Vice-Chair
HSCIC 15 05 06	<b>Any other Business</b> (subject to prior agreement with Chair)		Vice-Chair

HSCIC 15 05 07 **Background Paper(s)** (for information)

- (a) Forthcoming Statistical Publications (paper) – **for information**
- (b) Programme Definitions (paper) – **for reference**
- (c) Correspondence from the Information Commissioner's Office (ICO) to the Chair of the HSCIC – **for information**

**Date of next meeting 27 January 2016 – London** (to include morning seminar/presentations)

## Board meeting – Public session

---

<b>Title of paper:</b>	<b>HSCIC Board members Register of Interests 2015-16</b>
Board meeting date:	25 November 2015
Agenda item no:	HSCIC 15 05 02 (a)
Paper presented by:	Chair
Paper prepared by:	Annabelle McGuire, Secretary to the Board
Paper approved by: (Sponsor Director)	N/A
Purpose of the paper:	<p>The HSCIC is required by its Standing Orders to maintain a publically available Register of Members' Interests.</p> <p>The Register contains, as they become available, the Declarations of Interest made by Board members.</p>
Key risks and issues:	N/A
Patient/public interest:	Transparency and Openness
<b>Actions required by the board:</b>	For information

---

**HSCIC Board Register of Interests 2015-16**

Name	Declared Interest
<b>Non-Executive Directors</b>	
Kingsley Manning - Chair	<ul style="list-style-type: none"> <li>• Director – Newchurch Limited (non-trading since 01 June 2013)</li> <li>• Director – Hennig UK Limited</li> <li>• Trustee and Board member - Royal Philharmonic Society</li> <li>• Director of Spectrum (General Partner) Limited, the investment advisory board for the Rainbow Seed Fund, which is an investment fund, funded by a number of the research councils.</li> </ul>
Sir Ian Andrews - Non-Executive Director	<ul style="list-style-type: none"> <li>• Director of IMA Partners Ltd (formerly known as Abis Partnership Ltd) provision of legal and management consultancy services to government, academia (KCL<sup>1</sup>) and Transparency International UK</li> <li>• Consultancy advice to DH on aspects of governance of NHS Transformation, renegotiation of Connecting for Health contracts with CSC<sup>2</sup>, and oversight of Fujitsu Arbitration process</li> </ul> <p><b>Other Offices:</b></p> <ul style="list-style-type: none"> <li>• Conservator of Wimbledon and Putney Commons</li> <li>• Trustee Chatham Historic Dockyard</li> <li>• Member of UK Defence Academy Academic Advisory Board</li> </ul>
Sir John Chisholm - Non-Executive Director	<ul style="list-style-type: none"> <li>• Executive Chair – Genomics England Ltd.</li> <li>• Chair – Nesta (the charity)</li> <li>• Director – Historic Grand Prix Cars Association Ltd.</li> </ul>
Professor Maria Goddard - Non-Executive Director	<ul style="list-style-type: none"> <li>• Member of Board of Directors for the York Health Economics Consortium at the University of York.</li> <li>• Professor of Health Economics at the University of York and head of department/director of the Centre for Health Economics at the University of York</li> </ul>

<sup>1</sup> King's College London

<sup>2</sup> Computer Sciences Corporation

Name	Declared Interest
Sir Nick Partridge - Non-Executive Director	<p><b>Other Offices:</b></p> <ul style="list-style-type: none"> <li>• Chair - Clinical Priorities Advisory Group, NHS England</li> <li>• Deputy Chair - UK Clinical Research Collaboration</li> <li>• Deputy Chair, Sexual Health Forum, DH</li> </ul>
Dr Sarah Blackburn – Non-Executive Director	<ul style="list-style-type: none"> <li>• Director - The Wayside Network Limited</li> <li>• Director - IIA<sup>3</sup> Inc</li> <li>• Independent member of the Management Board, RICS<sup>4</sup></li> <li>• Non-Executive Partner, The Green Practice, Bristol</li> </ul> <p><b>Employment (other than with the HSCIC):</b> The Wayside Network Limited</p> <p><b>Other Offices:</b></p> <ul style="list-style-type: none"> <li>• Audit Committee member, RAC Pension Fund Trustee</li> </ul> <p><b>Contracts held in last 2 years:</b> The Wayside Network Limited has:</p> <ul style="list-style-type: none"> <li>• a contract to supply GP and primary care nursing services to Avon and Wiltshire NHS Partnership</li> <li>• a zero hours contract with the Chartered Institute of Internal Auditors</li> </ul> <p><b>Shareholdings:</b></p> <ul style="list-style-type: none"> <li>• 50% of The Wayside Network Limited</li> </ul>
<b>Executive Directors</b>	
Andy Williams – CEO	<ul style="list-style-type: none"> <li>• None</li> </ul>
Rachael Allsop - Executive Director of Human Resources	<ul style="list-style-type: none"> <li>• None</li> </ul>
Rob Shaw - Executive Director of Operations and Assurance Services	<ul style="list-style-type: none"> <li>• None</li> </ul>
Carl Vincent - Executive Director of Finance and Corporate Services	<ul style="list-style-type: none"> <li>• None</li> </ul>

<sup>3</sup> The Institute of Internal Auditors

<sup>4</sup> Royal Institution of Chartered Surveyors

Name	Declared Interest
<b>Directors</b>	
Peter Counter - CTO <sup>5</sup>	<ul style="list-style-type: none"> <li>• Director at Canary Wharf College Limited</li> </ul>
Tom Denwood - National Provider Support Director	<ul style="list-style-type: none"> <li>• British Computer Society (BCS) Health, Vice Chair Policy and Strategy (a voluntary role at this registered charity)</li> <li>• Senior Responsible Owner (SRO) for Local Service Provider (LSP) Programmes on behalf of Department of Health</li> </ul>
James Hawkins - Director of Programme Delivery	<ul style="list-style-type: none"> <li>• Parent Governor at St Peters Church of England Primary School, Harrogate</li> </ul>
Isabel Hunt - Director of Customer Relations	<ul style="list-style-type: none"> <li>• Trustee, Thackray Medical Museum (Leeds)</li> <li>• Council Member, Leeds Minster</li> <li>• Director - Barry Wades Estates Ltd</li> </ul>
Professor Martin Severs – Interim Director of Information and Analytics, Caldicott Guardian and Lead Clinician	<ul style="list-style-type: none"> <li>• Trustee of Dunhill Medical Trust, a research charity</li> <li>• Consultant Geriatrician with Portsmouth Hospitals NHS Trust</li> <li>• Professor of Health Care for Older People with University of Portsmouth</li> </ul> <p><b>Other Offices:</b></p> <ul style="list-style-type: none"> <li>• Member of SoS<sup>6</sup> Independent Information Governance Oversight Panel</li> </ul> <p><b>Other relevant interests:</b></p> <ul style="list-style-type: none"> <li>• Medical consultant and member of the Royal College of Physicians, British Geriatrics Society and the Faculty of Public Health Medicine</li> </ul>
Director of Information and Analytics	<ul style="list-style-type: none"> <li>• Vacancy</li> </ul>
Director of Strategy	<ul style="list-style-type: none"> <li>• Vacancy</li> </ul>

<sup>5</sup> Chief Technical Officer

<sup>6</sup> Secretary of State



**Health and Social Care Information Centre**

**Minutes of Board Meeting – Wednesday 23 September 2015**

**Part 1 - Public Session**

**Present:**

Chair  
Non-Executive Director  
Non-Executive Director  
Non-Executive Director  
Non-Executive Director (Vice Chair)

Kingsley Manning  
Sir Ian Andrews  
Sir John Chisholm  
Prof. Maria Goddard  
Sir Nick Partridge (from  
11am)

Chief Executive Officer  
Director of Operations and Assurance Services  
Director of Human Resources and Transformation  
Director of Finance and Corporate Services

Andy Williams  
Rob Shaw  
Rachael Allsop  
Carl Vincent

**In attendance:**

Chief Technology Officer  
National Provider Support Director  
Director of Programmes  
Interim Director of Information and Analytics and Lead  
Clinician (Caldicott Guardian)

Peter Counter  
Tom Denwood  
James Hawkins  
Prof. Martin Severs

Assistant Director for Strategy and Policy  
Secretary to the Board

Linda Whalley  
Annabelle McGuire

1. **Chair's Introduction and Apologies** (HSCIC 15 04 01)
  - 1.1 The Chair convened a meeting of the HSCIC Board. He welcomed the observers attending the Board meeting. He expressed the Board's thanks to the HSCIC staff in Bridgewater Place for welcoming the Board, and the Board's thanks to those who had undertaken the organisation and administration of the Board.
  - 1.2 Non-Executive Director, Dr Sarah Blackburn and Director of Customer Relations, Isabel Hunt had registered their apologies.
2. **Declaration of Interests and Minutes** (HSCIC 15 04 02)
  - 2.1 (a) Register of Interests (paper): HSCIC 15 04 02 (a)  
The Board agreed the Register of Interests was correct.
  - 2.2 (b) Minutes of Board meeting on 15 July 2015 (paper): HSCIC 15 04 02 (b)  
The Board ratified the minutes of the meeting on 15 July 2015 as correct.
  - 2.3 (c) Progress on action points (paper): HSCIC 15 04 02 (c)  
The Board noted the progress on action points resulting from the previous meeting.
  - 2.4 (d) Matters Arising: HSCIC 15 04 02 (d):
    - The interim Director of Information and Analytics and Lead Clinician noted there had been two rewording amendments to the Dementia Prevalence Direction accepted at 15 July Board meeting. He stated the revisions were not material or substantive, the changes were as follows:
      - There was a minor re-wording of the Direction to reflect the fact that the specification is not part of an information standard issued by Standardisation Committee for Care Information (SCCI).
      - There was a change to the embedded specification to make it clearer that the GP cohort is all GP practices rather than the previous wording of "every general practice that participates in the 2015-16 Quality and Outcomes Framework (QOF) Subset Extract for Dementia Prevalence customer requirement".
3. **Business and Performance Reporting** (HSCIC 15 04 03)
  - 3.1 (a) Board Performance Pack (paper): HSCIC 15 04 03 (a)  
The CEO presented this item, he highlighted by exception items to be brought to the Boards attention. The purpose was to provide the Board with a summary of performance. He reported the amber rating of IT Service performance, however green technically it was amber due to the Electronic Referral Service (e-RS). Programme Achievement stayed amber/green. Organisational Health remained amber, due to slow progress on Professional Groups. The forecast for the Finance indicator was green at year-end, but the rate of recruitment may affect this. The CEO stated the executive management team was focusing on forecast recruitment issues. The Board received and noted the Board Performance Pack.

The CEO provided a status report on data disseminations, stating that the service is working reasonably well now in respect to new requests. There remained some challenges in relation to breaches to service level agreements; however, he considered the work was going in the right direction. The major issue is now with the Medical Research Information Service (MRIS) and this area has the most attention. The CEO felt that by the end of the year this would be in a much better position. The interim Director of Information and Analytics and Lead Clinician said the direction of travel was to be as helpful as possible to researchers. The team were beginning to get some positive informal feedback about the improvements to the service. The Board received and noted the update.

The interim Director of Information and Analytics and Lead Clinician said he would contact all 80 organisations with unresolved data access requests personally to explain the position.

**Action: The interim Director of Information and Analytics and Lead Clinician**

The interim Director of Information and Analytics and Lead Clinician said he would write to Professor Dame Sally Davies Chief Medical Officer, copied to Minister for Life Sciences, to communicate the HSCIC's progress in respect to data disseminations.

**Action: The interim Director of Information and Analytics and Lead Clinician**

(a) i Data Quality Key Performance Indicator Plan (paper): HSCIC 15 04 03 (a) i

(a) ii Data Quality Strategy on a Page (paper): HSCIC 15 04 03 (a) ii

(a) iii Data Quality Policy (paper): HSCIC 15 04 03 (a) iii

(a) iv Data Quality Next Steps (paper): HSCIC 15 04 03 (a) iv

The interim Director of Information and Analytics and Lead Clinician presented these items. The Board took the data quality papers as one item. He acknowledged the long development timescales, and summarised the contents of the papers. The Board were pleased to see the demonstration of progress. In the ensuing discussion, the Board debated raising the data quality of data received from provider trusts, and the levers and incentives for improving data quality. He highlighted the development of a data quality reporting tool. The Board observed this was an initial step in the right direction. The Board noted the update and supported the on-going work, observing they looked forward to a further data quality update in January 2016.

**Action: The interim Director of Information and Analytics and Lead Clinician**

3.2 (b) Transformation Programme Mid-Year Report 2015-16 (paper): HSCIC 15 04 03 (b)

The Director of Human Resources presented this item. The purpose was to refresh Board members with the original vision and objectives for the HSCIC Transformation Programme, provide a review of progress to date and set out plans for a more radical approach going forward. She said that this was a formal update to the Board following debate at the Board Business Meeting on 02 September. The Board noted the update, the focus the executive management team were giving to the organisational transformation agenda and the Board supported the work. The Director of Human Resources and Transformation would provide a further update in October 2015.

**Action: Director of Human Resources and Transformation**

3.3 (c) Board Overview and Pipeline of Investment Decisions (paper): HSCIC 15 04 03 (c)

The Director of Finance and Corporate Services presented this item. The purpose was to set out proposals for Board oversight of investment decisions. This was in response to interest expressed previously by the Board. The full report would come to the Board for information in the future. The Board received the report and noted the progress made.

The Board considered the importance of alignment of the pipeline with the Board's forward business schedule, and requested updates to the Board's forward business schedule address this aspect.

**Action: Director of Finance and Corporate Services**

4. **Supporting the Health and Social Care System (HSCIC 15 04 04)**

4.1 (a) Type 2 Objections Direction (paper): HSCIC 15 04 04 (a)

The interim Director of Information and Analytics and Lead Clinician presented this item. The purpose was to enable the consideration of the views of the Board as part of the formal consultation on the draft Direction prior to signing by the Secretary of State for Health. The consultation is in line with the agreed HSCIC process. He recommended that the Board accept the draft Direction, and delegate responsibility to the executive management team to approve any necessary non-material additional detail. The Board being satisfied with the assurances provided accepted the Direction.

4.2 (b) Assuring Transformation Direction Update (paper): HSCIC 15 04 04 (b)

The interim Director of Information and Analytics and Lead Clinician presented this item. The purpose was to enable the consideration of the views of the Board as part of the formal consultation on the draft Direction prior to signing by the Secretary of State for Health. The consultation is in line with the agreed HSCIC process. He recommended that the Board accept

the draft Direction, which he did not believe was contentious. The Board being satisfied with the assurances provided accepted the Direction.

4.3 (c) E-med 3 Direction: Fit Note Aggregated Data (paper): HSCIC 15 04 04 (c)

The Director of Programmes presented this item. The purpose was to request the acceptance of the HSCIC Board of the e-Med 3 Direction for the extraction of Fit Note Data, and to enable the consideration of the views of the Board as part of the formal consultation on the draft Direction. He said he believed this to be in the public interest, and recommend to the Board for acceptance. The Board established that it was de-identified data. The Board requested confirmation of the opinion of the National Data Guardian and, subject to a supportive response, accepted the Direction.

**Action: The Director of Programmes**

The Board requested that the Director of Programmes report any identified issues in respect to the data collection to the Board in March 2016.

**Action: The Director of Programmes**

4.4 (d) Female Genital Mutilation (FGM) Risk Information System (RIS) Direction (paper): HSCIC 15 04 04 (d)

The Director of Programmes presented this item. The purpose was to enable the consideration of the views of the Board as part of the formal consultation on the draft Direction and to request the Board accept the Direction. The Board noted that there were risks associated with compliance and transparency, security and sensitivity. The Board recommended highlighting the issues with the Senior Responsible Owner for the programme. The Board being satisfied with the assurances provided accepted the Direction.

4.5 (e) HSCIC Information Governance (IG) Strategy (paper): HSCIC 15 04 04 (e)

The interim Director of Information and Analytics and Lead Clinician presented this item. The purpose was to seek approval of the IG Strategy, with approval for publication. The Director of Operations and Assurance Services confirmed a review of the IG strategy by the Information Assurance and Cyber Security Committee on 15 September, from which he had received helpful and constructive feedback. The Board observed that the focus was internal, and it would be useful to know how this relates to the HSCIC external role. The Board noted that the strategy would be returning to the Information Assurance and Cyber Security Committee in March 2016. The Board approved the IG Strategy, and noted the on-going work.

4.6 (f) Streamlining the Independent Information Governance Advice to HSCIC (paper): HSCIC 15 04 04 (f)

The interim Director of Information and Analytics and Lead Clinician presented this item. The purpose was to feedback the consultation results of the independent group to provide advice on data dissemination. He summarised the outcome of the consultation, and highlighted the challenge of managing the juxtaposition between users of data and demonstrating public trust in the use of data. His aims were to improve the membership and representation on the Independent Group Advising on the Release of Data (IGARD), by opening up recruitment to public adverts and removing a third of IGARD membership every three years to increase turnover. He recommended that the executive management team make operational decisions and that IGARD be advisory to the HSCIC Board. In terms of skills and competency, he recommended that IGARD would provide information governance advice as part of the Standardisation Committee for Care Information (SCCI) process.

The interim Director of Information and Analytics and Lead Clinician would bring a progress report to the Board every three months; the next update would be in November 2015.

**Action: The interim Director of Information and Analytics and Lead Clinician**

The Board agreed the principle that IGARD is advisory, that the process be more transparent and open, and to the development of the membership of IGARD. The Board noted that IGARD was balancing complex issues between public trust and sharing data and observed that the process is very complex. The Board endorsed the implementation of IGARD to replace the Data Access Advisory Group (DAAG), and supported the offering of services to SCCL.

The interim Director of Information and Analytics and Lead Clinician said he would write to Professor Dame Sally Davies Chief Medical Officer, to communicate the outcomes of the IGARD consultation.

**Action: The interim Director of Information and Analytics and Lead Clinician**

5. **Transparency and Governance (HSCIC 15 04 05)**

5.1 (a) Committee Reports: HSCIC 15 04 05 (a)

(a) i Assurance and Risk Committee (ARC) (oral): HSCIC 15 04 05 (a) i

Sir Ian Andrews, representing the Chair of the Assurance and Risk Committee, reported that the Committee had met on 16 September. It had received reports on the risk register, including risk mitigations, and the Statement of Internal Control: although these generally reflected progress in the right direction, the Committee was concerned that the pace was too slow. The Committee had considered "Deep Dives" into two strategic risks and received updates on the Information Asset Owner (IAO) structure, and the HSCIC's statutory powers and clinical negligence. A first report on financial reporting and accounting issues report was welcome and should enable the avoidance of problems experienced in previous years. The executive management team now needed to take this work forward.

The Committee had received two internal audit reports rated as "Limited". The Committee noted the way in which management had recognised the need to acknowledge the recommendations and put in place clear action plans for their delivery. The internal audit on Payroll, in particular, was a model of its kind. The Committee had also been grateful to the Department of Health (DH) for sharing an internal audit report on the SeeYou product, implications of which were not entirely clear for the HSCIC. The Committee had also reviewed the Board and ARC terms of reference.

In summary, there had been much hard work but there was potentially an element of duplication. Proposals from management to bring risk and assurance together in one place were welcome but more work was required to align the multiple assurance processes and compliance reporting in a way that would make them more meaningful to senior and middle managers. The Committee had also been concerned about the presentation of many pages of assurance documentation, and requested shorter committee papers in future that brought out more succinctly the key issues on which assurance depended.

(a) ii Assurance and Risk Committee Terms of Reference (paper): HSCIC 15 04 05 (a) ii

The Board approved the amended Assurance and Risk Committee Terms of Reference 2015-16.

(a) iii Information Assurance and Cyber Security (oral): HSCIC 15 04 05 (a) iii

The Committee Chair reported that the Committee had met on 15 September. It had received an oral report of the outcome of the Information Security Risk Board on 22 August and had discussed follow up action. The Secretary of State (SoS) for Health had subsequently commissioned a review by the National Data Guardian and the Care Quality Commission (CQC) of the effectiveness of information security standards across the system. This was very welcome, although the timetable for completion of the end of January 2016 was challenging.

The Committee received a report and update on the HSCIC cyber security programme, and reviewed the Information Governance Strategy. It also received reports on the progress of CareCERT, and the quality of external IG toolkit self-assessments. The focus for next few months would be on supporting the review but this would need a careful balancing of priorities.

The Board welcomed the SoS's announcement of a review, and supported the commitment of HSCIC resources to this important work.

(a) iv Remuneration Committee: 07 August 2015 (oral): HSCIC 15 04 05 (a) iv

The Chair reported that the Committee had convened on 7 August. The Committee had considered the executive management team's objectives. These have now been agreed and published. The Chair confirmed that the CEO's objectives had also been agreed. The Committee had discussed equality and diversity, and other remuneration matters.

(a) v Remuneration Committee: Terms of Reference (paper): HSCIC 15 04 05 (a) v  
The Board approved the updated Remuneration Committee Terms of Reference 2015-16.

(a) vi Board Terms of Reference (paper): HSCIC 15 04 05 (a) vi  
The Board approved the amended Board Terms of Reference 2015-16.

5.2 (b) Board Forward Business Schedule 2015-16: HSCIC 15 04 05 (b)  
The Board noted the forward business schedule.

## 6. **Any Other Business**

6.1 (a) Research Advisory Group (paper): HSCIC 15 04 06 (a)  
With the Chair's agreement, the interim Director of Information and Analytics and Lead Clinician had submitted a paper for discussion under any other business. This was a proposal for a research advisory group for the HSCIC Board.

The objective was to create a strategic partnership where researchers can deliver improved research results by using high quality HSCIC data to advance the health of patients and the population, and to enable the HSCIC to enhance its data and data services whilst demonstrating trustworthiness to the public. The Board approved the proposal, observing that it would be of potential benefit to include a research participant in the membership of the group.

## 7. **Background Papers (HSCIC 15 04 07)**

7.1 (a) Forthcoming Statistical Publications (paper): HSCIC 15 04 07 (a)  
The Board noted this paper for information.

7.2 (b) Programme Definitions (paper): HSCIC 15 04 07 (b)  
The Board noted this paper for information.

7.3 (c) Correspondence from the UK Statistics Authority (paper): HSCIC 15 04 07 (c)  
The Chair drew the Board's attention to this correspondence, and the Board noted the welcome endorsement.

7.4 (d) Office for National Statistics Direction (paper): HSCIC 15 04 07 (d)  
The Board noted this paper for information.

7.5 (e) Request from NHS Scotland under section 255 Health and Social Care Act 2012: HSCIC 15 04 07 (e)  
The Chair drew the Board's attention to this request, which the Board noted.

7.6 (f) Data Disseminations (paper): HSCIC 15 04 07 (f)  
The Board noted this paper for information.

The arranged date of the next public Board meeting was for 25 November 2015.

## 8. **Date of Next Meeting**

8.1 The next statutory Board meeting was scheduled for 25 November 2015.

**Table of Actions:**

Action	Action Owner
<b>Data Disseminations:</b> The interim Director of Information and Analytics and Lead Clinician said he would contact all 80 organisations with unresolved data access requests personally to explain the position.	<b>The interim Director of Information and Analytics and Lead Clinician</b>
<b>Data Disseminations:</b> The interim Director of Information and Analytics and Lead Clinician said he would write to Professor Dame Sally Davies Chief Medical Officer, copied to Minister for Life Sciences, to communicate the HSCIC's progress in respect to data disseminations.	<b>The interim Director of Information and Analytics and Lead Clinician</b>
<b>Data Quality:</b> The Board noted the update and supported the on-going work, observing they looked forward to a further data quality update in January 2016.	<b>The interim Director of Information and Analytics and Lead Clinician</b>
The Board noted the update, the focus the executive management team were giving to the organisational transformation agenda and the Board supported the work. The Director of Human Resources and Transformation would provide a further update in October 2015.	<b>The Director of Human Resources and Transformation</b>
The Board considered the importance of alignment of the pipeline with the Board's forward business schedule, and requested updates to the Board's forward business schedule address this aspect.	<b>The Director of Finance and Corporate Services</b>
<b>E-med 3 Direction: Fit Note Aggregated Data:</b> The Board requested confirmation of the opinion of the National Data Guardian and, subject to a supportive response, accepted the Direction.	<b>The Director of Programmes</b>
<b>E-med 3 Direction: Fit Note Aggregated Data:</b> The Board requested that the Director of Programmes report any identified issues in respect to the data collection to the Board in March 2016.	<b>The Director of Programmes</b>
<b>Streamlining the Independent Information Governance Advice to HSCIC:</b> The interim Director of Information and Analytics and Lead Clinician would bring a progress report to the Board every three months; the next update would be in November 2015.	<b>The interim Director of Information and Analytics and Lead Clinician</b>
The interim Director of Information and Analytics and Lead Clinician said he would write to Professor Dame Sally Davies Chief Medical Officer, to communicate the outcomes of the Independent Group Advising on the Release of Data (IGARD) consultation.	<b>The interim Director of Information and Analytics and Lead Clinician</b>

<b>Agreed as an accurate record of the meeting</b>	
<b>Date:</b>	
<b>Signature:</b>	
<b>Name:</b>	Kingsley manning
<b>Title:</b>	HSCIC Chair

## Board meeting – Public session

---

<b>Title of paper:</b>	<b>Update on action points for the previous meeting</b>
Board meeting date:	25 November 2015
Agenda item no:	HSCIC 15 05 02 (c)
Paper presented by:	Chair
Paper prepared by:	Annabelle McGuire, Secretary to the Board
Paper approved by: (Sponsor Director)	Action Updates as submitted by the relevant Executive Management Team director.
Purpose of the paper:	To share an update on action points from the previous meeting for information.
Key risks and issues:	As stated in the action and commentary
Patient/public interest:	Corporate Governance
<b>Actions required by the board:</b>	To note for information

---

## Summary of progress against Board meeting actions

✓ = completed

c/f = on-going

Status	Summary of Action	Commentary	Responsible Director	For Information Only
✓	<b>Data Disseminations:</b> The interim Director of Information and Analytics and Lead Clinician said he would contact all 80 organisations with unresolved data access requests personally to explain the position.	Martin Severs has approved the letter and it is with the team to dispatch to the 80 organisations, this will be done imminently	<b>The interim Director of Information and Analytics and Lead Clinician</b>	Yes
✓	<b>Data Disseminations:</b> The interim Director of Information and Analytics and Lead Clinician said he would write to Professor Dame Sally Davies Chief Medical Officer, copied to Minister for Life Sciences, to communicate the HSCIC's progress in respect to data disseminations.	Letter sent, action completed	<b>The interim Director of Information and Analytics and Lead Clinician</b>	Yes
c/f	<b>Data Quality:</b> The Board noted the update and supported the on-going work, observing they looked forward to a further data quality update in January 2016.	This item has been added to the Board forward business schedule	<b>The interim Director of Information and Analytics and Lead Clinician</b>	Yes
✓	The Board noted the update, the focus the executive management team were giving to the organisational transformation agenda and the Board supported the work. The Director of Human Resources and Transformation would provide a further update in October 2015.	Action completed: this item was discussed at the Board Business meeting on 28 October 2015	<b>The Director of Human Resources and Transformation</b>	Yes

Status	Summary of Action	Commentary	Responsible Director	For Information Only
✓	The Board considered the importance of alignment of the pipeline with the Board's forward business schedule, and requested updates to the Board's forward business schedule address this aspect.	Work on-going, as more dates are added to the pipeline of investment decisions these will be fed through to the Board forward business schedule	<b>The Director of Finance and Corporate Services</b>	Yes
✓	<b>E-med 3 Direction: Fit Note Aggregated Data:</b> The Board requested confirmation of the opinion of the National Data Guardian and, subject to a supportive response, accepted the Direction.	A response has been received from the National Data Guardian	<b>The Director of Programmes</b>	Yes
c/f	<b>E-med 3 Direction: Fit Note Aggregated Data:</b> The Board requested that the Director of Programmes report any identified issues in respect to the data collection to the Board in March 2016.	This item has been added to the Board forward business schedule	<b>The Director of Programmes</b>	Yes
c/f	<b>Streamlining the Independent Information Governance Advice to HSCIC:</b> The interim Director of Information and Analytics and Lead Clinician would bring a progress report to the Board every three months; the next update would be in November 2015.	This item has been added to the Board forward business schedule	<b>The interim Director of Information and Analytics and Lead Clinician</b>	Yes

## Board meeting – Public session

<b>Title of paper:</b>	<b>HSCIC Board Performance Pack (public)</b>
Board meeting date:	25 November 2015
Agenda item no:	HSCIC 15 05 03 (a)
Paper presented by:	Carl Vincent, Director of Finance and Corporate Services
Paper prepared by:	John Willshere, Portfolio Director
Paper approved by:	Carl Vincent, Director of Finance and Corporate Services
Purpose of the paper:	To provide the Board with a summary of performance in October.
Key risks and issues:	The corporate performance framework monitors HSCIC performance including information governance and security.
Patient/public interest:	The public interest is in ensuring the HSCIC manages its business in an effective way.
<b>Actions required by the board:</b>	To note

# Board Performance Pack

October 2015 Data



[www.hscic.gov.uk](http://www.hscic.gov.uk)

[enquiries@hscic.gov.uk](mailto:enquiries@hscic.gov.uk)

 [@hscic](https://twitter.com/hscic)

Copyright © 2015, Health and Social Care Information Centre. All Rights Reserved

# Contents

<b>HSCIC Performance Summary</b>	<b>3</b>
<b>Programme Achievement KPI Report</b>	<b>4</b>
<b>IT Service Performance KPI Report</b>	<b>5</b>
<b>Organisational Health KPI Report</b>	<b>6</b>
<b>Data Quality KPI Report</b>	<b>7</b>
<b>Financial Management (HSCIC) KPI Report</b>	<b>8</b>
<b>Appendix 1 - Management Accounts</b>	<b>9-12</b>
<b>Appendix 2 - Programme Delivery Dashboard</b>	<b>13-16</b>

# HSCIC Performance Summary

**Programme Achievement** is reported as AMBER/GREEN for the eighth consecutive month. Across all programmes overall delivery confidence improved from 67.7% to 68.5%. No programmes are rated as RED for overall delivery confidence.

**IT Service Performance** is reported as GREEN. 100% of services (64 out of 64) achieved their availability target. 95% of High Severity Service Incidents (20 out of 21) were resolved within the target fix time. 91% of services (21 out of 23) achieved their response time target.

The **Electronic Referral Service (e-RS)** experienced 14 minutes of unplanned unavailability during September plus 40 minutes of degraded performance. There were 13 periods of planned downtime totalling 18 hours and 30 minutes. Note that e-RS is currently in the Deployment Verification Period (DVP) and so is not treated as a fully-fledged service. The performance of e-RS will not be included in the Service Performance RAG status until it exits DVP. As at 05 November e-RS had been in DVP for 121 working days against a planned 45 days. DVP has been extended to 01 December.

**Organisational Health** is reported as GREEN and shows the best overall performance in the last 12 months. The one red indicator, reflecting time to recruit (advert to acceptance) is offset by the time to recruit based on advert to starting in post, which is a more recognised measure of recruitment performance. Work on 'growing our own' staff is progressing well with very good results and we are taking positive steps to generate interest in the recruitment market which will hopefully lead to an improved conversion rate for our hard to fill posts. Professional group membership and PDR completion continue to improve, albeit slowly, and sickness absence remains well within target and is on a downward trend.

**Data Quality** is reported as GREEN as all of the datasets currently in scope meet the planned requirements in terms of data quality methodologies and published assessments. In September the HSCIC Board received a paper that outlined a programme of work to enhance data quality performance information. Enhancements to the Data Quality KPI are planned to be implemented as and when developments in HSCIC data quality processes come on stream. The first enhancement is planned for December 2015.

**HSCIC Financial Management** is reported as AMBER, down from GREEN for the first time this financial year: the year-to-date position at Month 7 shows an underspend of £9.3m (9.9%) against budgeted spend of £93.9m. The full-year position is forecasting an underspend of £6.5m (4.1%) by year-end (a forecast spend of £154.1m against a budget of £160.6m).

## Performance This Period

Performance Indicator	Owner	Current Period	Current Forecast	Previous Forecast
Programme Achievement	James Hawkins	A/G	A/G	A/G
IT Service Performance	Rob Shaw	G	G	G
Organisational Health	Rachael Allsop	G	G	A
Data Quality	Martin Severs	G	G	G
Financial Management: HSCIC	Carl Vincent	A	A	G

## Performance Tracker: Rolling 12 months

	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
Programme Achievement	A	A	A	A	A/G							
IT Service Performance	A	A	G	A	G	G	G	G	G	A	G	G
Organisational Health	G	G	G	A	A	A	A	A	A	A	A	G
Data Quality	G	G	G	A	A	G	G	G	G	G	G	G
Financial Management: HSCIC	R	G	G	G	R		G	G	G	G	G	A

<b>KPI</b>	<b>Programme Achievement</b>
<b>KPI Owner</b>	<b>James Hawkins</b>

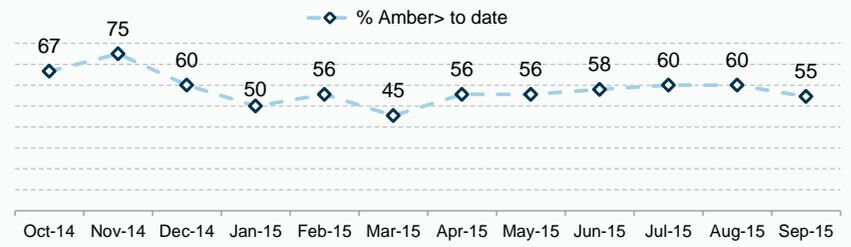
<b>Previous RAG</b>	<b>67.7%</b>	<b>A/G</b>
<b>Current RAG</b>	<b>68.5%</b>	<b>A/G</b>
<b>Forecast RAG</b>	<b>73.8%</b>	<b>A/G</b>

Based on the programmes highlight reports for **September 2015**, overall delivery confidence:

- across all programmes is 68.5%, an increase from 67.7% last month
- has been AMBER/GREEN since November 2014.

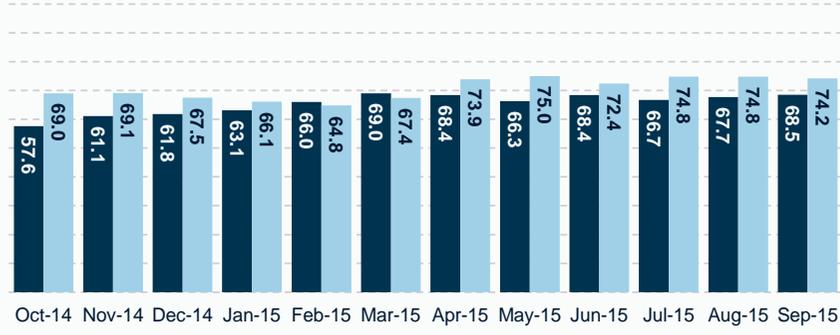
The three month forecast had predicted overall delivery confidence to be 74.2% in September. The actual delivery confidence was 5.7% points below this forecast. An optimism bias of around 6 percentage points has been a consistent feature of the overall delivery confidence data in recent months

**Gateways Reviews: % receiving amber or better**



**Programme Achievement: Delivery Confidence (%)**

■ Actual (this month) ■ Forecast (three months ago)



**Gateway Reviews**

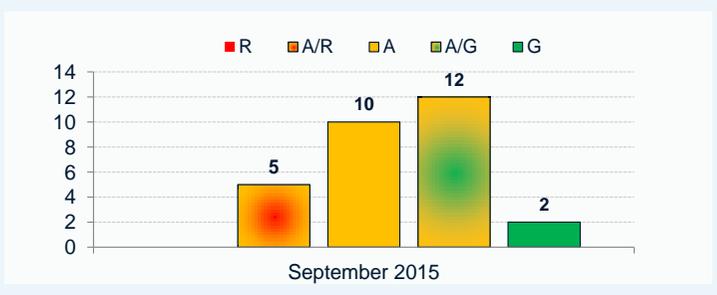
22 Gateway Reviews took place during the period October 2014 to September 2015. Of these, 12 received a score of amber or better.

2 Gateway Reviews took place in September 2015:

- **HSCN** (Amber/Red) and
- **NHS Mail 2** (verbal confirmation from MPA as Amber/Red)

**Overall Delivery Confidence RAG Ratings**

No programmes are rated as RED for overall delivery confidence. 5 are rated as Amber-Red



Portfolio Code	Portfolio item name	RPA Score	Total score - submitted	External Delivery Confidence	Last Gate Date	Next Gate Date
P0050/00	Spine 2	High	18.5	Green	11.02.2015	
P0238/00	NHS e-Referral Service Programme	High	18.2	Amber\Green	24.04.2015	15.12.2015
P0335/00	SUS Transition	Med	18	Green	16.07.2015	
P0208/00	GPSoc Replacement	High	17.7	Amber\Green	22.04.2015	01.05.2016
P0325/00	Cyber Security Programme (CSP)	High	17.5			
P0406/00	Data Service for Commissioners (DSfC)	Med	17.5			
P0190/00	Health & Social Care Network (HSCN)	High	17.1	Amber\Red	23.09.2015	
P0031/00	CSC LSP Delivery Programme	High	17	Red	02.04.2015	19.11.2015
P0196/00	NHSmail 2	Med	16.5	Not assigned	30.09.2015	
P0022/00	BT LSP (London & South)	High	16	Amber\Red	27.03.2015	
P0047/00	BT LSP (South)	High	16	Amber\Red	27.03.2015	

KPI	IT Service Performance
KPI Owner	Rob Shaw

Previous RAG	G
Current RAG	G
Forecast RAG	G

### Availability

64 out of 64 services (100%) achieved their targets for average availability. This is excellent performance and is the sixth time this has been achieved in the last twelve months.

The **Electronic Referral Service (e-RS)** was impacted by a number of periods of degraded performance. This resulted in 14 minutes of unplanned unavailability and a further 40 minutes of degraded but usable performance. The live service had individual brief episodes of system performance degradation on 23/24/28 September - this was found to be CPU and memory usage spiking at 100% on the Gateway, Patient App and Professional web servers during snapshots. Snapshots have been disabled as investigations into the root cause take place.

There were 13 planned e-RS changes implemented during September which resulted in 18 hours and 30 minutes of planned unavailability. It should be noted that e-RS is currently in the Deployment Verification Period (DVP) which means that performance will not be included in the Service Performance RAG status until e-RS exits DVP. e-RS has currently been in DVP for 121 working days against a planned 45 days at the time of report production (5 November) and the DVP has just been extended to 1 December.

### Fix Times: High Severity Service Incidents (HSSIs)

There were 21 HSSIs in September: 10 fewer than in August and lower than the 12 month average of 24 per month. The Fix Time target was achieved for 20 of the 21 HSSIs (95%).

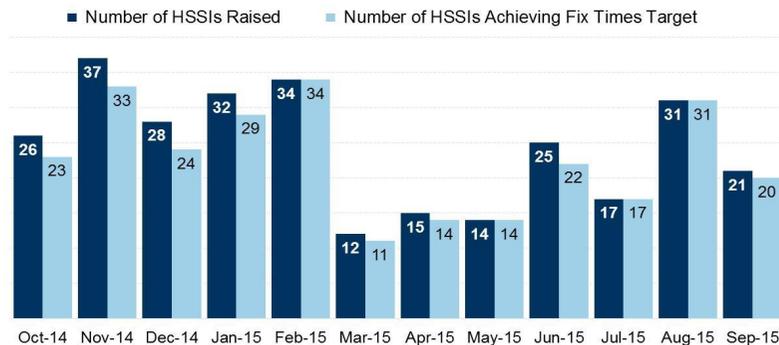
At the end of September, TPP made an unauthorised change to SystmOne. Following the change many SystmOne users were not able to perform the roles they had access to the previous day; this potentially had serious clinical implications and safety risks.

TPP have declared this as a Severity 3 incident in their September Performance Monitoring Report, however the Authority believe this should have been raised as Severity 1 HSSI (which also breached its Fix Time target). Service Management have met TPP to review this matter and reiterate their contractual obligations to ensure that there is no reoccurrence, and to progress the accurate reporting of this service failure.

7 security incidents and 3 clinical safety incidents were logged to the Service Bridge as HSSIs. 2 HSSIs were raised with both security and clinical safety implications.

e-RS experienced 4 HSSIs in September, with a total of 14 minutes of unplanned downtime being accrued in the month.

### Higher Severity Service Incidents: Achieving Fix Times Target



Performance Indicators	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
No. of Services achieving Availability target	60	63	68	66	68	66	65	67	74	62	63	64
No. of Services breaching Availability target, but not to a critical level	1	4	0	2	0	0	0	0	1	3	1	0
No. of Services breaching Availability target at a critical level	0	0	0	0	0	0	0	0	0	0	0	0
Total No. of Services measured for Availability Performance >>>>	61	67	68	68	68	66	65	67	75	65	64	64
No. of Services achieving Response Times target	19	24	25	26	25	24	23	23	24	22	22	21
No. of Services breaching Response Times target, but not to a critical level	1	1	1	0	1	1	1	1	1	1	0	0
No. of Services breaching Response Times target at a critical level	2	1	1	1	1	1	1	1	2	2	2	2
Total No. of Services measured for Response Times Performance >>>>	22	26	27	27	27	26	25	25	27	25	24	23
Total number of Higher Severity Service Incidents (HSSIs)	26	37	28	32	34	12	15	14	25	17	31	21
Total number of HSSIs achieving Fix Times target	23	33	24	29	34	11	14	14	22	17	31	20
% HSSIs achieving Fix Times target	88%	89%	86%	91%	100%	92%	93%	100%	88%	100%	100%	95%

### Response Times

21 out of 23 services (91%) reported against achieved or exceeded their Response Times target.

Two services breached their target response times:

**1. The Calculating Quality Reporting Service (CQRS):** experienced repeat failures at a critical level on Message Types 2 and 7 and a further critical failure on MT6 (not a repeat failure).

GDIT have proposed a number of amendments to the web components that are measured as part of the Message Type 2 metric. Detailed information was submitted by GDIT during September and 8 URLs have consequently been removed from this metric, however the message type still failed at a critical level.

Message Type 7 failures on CQRS are attributed to the receipt of data that does not, at the point of receipt, require a calculation. This data is being managed by the system as per the current design and CQRS will continue to retry to perform a calculation against this data until the dataset is complete. GDIT are still investigating options to address this issue and now that the retry queue size is being managed more closely, this has identified further bottlenecks in the Customer Record Output (CRO) processing, which GDIT are now investigating.

GDIT entered into a remediation plan in July 2015 to investigate and resolve these ongoing service failures however due to the unsatisfactory outcome of this activity, this period has been extended by a further 3 months until the end of December 2015. Weekly checkpoint meetings are still being held to progress the delivery against this plan.

**2. BT London Health RiO:** response times failed at a critical level in September, due to a number of breaches across the different stack groups and Trusts which were related to two HSSIs which occurred during the reporting month.

Response Time breaches occurred during an HSSI related to data and journal replication to the DR site which impacted London and Southern Production environments. Further Response Time breaches occurred during a second HSSI which was caused by the installation of a scheduled Maintenance Release (MR14) in the London production environment, and the resultant issues that we experienced on the RiO web servers application pools.

e-RS experienced a number of Response Time failures with some performance issues being reported by the user community. These have not been included in the RAG status due to e-RS currently being in the Deployment Verification Period.

### Incidents of note outside the reporting period

Since the reporting period of September and the generation of this commentary (5 November) the following noteworthy HSSIs have been reported:

16/10/2015 - CSC - Lorenzo users across multiple sites experienced degraded performance

08/10/2015 - GDIT - CQRS users were unable to access the system

29/10/2015 - GDIT - CQRS miscalculated Meningitis B payment

**Forecast:** it is forecast that a GREEN RAG status will be achieved in October.

KPI: **Organisation Health**  
 Owner: **Rachael Allsop**

**Overall Position:** Green rated, as this is the best overall performance in the last 12 months. The one red indicator, reflecting time to recruit (advert to acceptance) is offset by the time to recruit based on advert to starting in post, which is a more recognised measure of recruitment performance. Work on 'growing our own' staff is progressing well with very good results and we are taking positive steps to generate interest in the recruitment market which will hopefully lead to an improved conversion rate for our hard to fill posts. Professional group membership and PDR completion continue to improve, albeit slowly, and sickness absence remains well within target and is on a downward trend. Engagement actions plans are being progressed, and we await the results of the next survey in December.

Previous **A**  
 Current **G**  
 Forecast **G**

Summary Table	Target	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
Engagement Score	>=70	●					73						
Engagement Actions Completed	>=90%	● 92%	● 92%	#	● 100%	#	#	● 90%	● 95%	● 96%	● 99%	● 96%	● 96%
Professional Group Membership	>=90%	● 81%	● 80%	● 81%	● 81%	● 80%	● 80%	● 82%	● 81%	● 83%	● 84%	● 87%	● 87%
PDR Completion	>=90%	● 58%	● 75%	● 76%	● 77%	● 78%	● 5%	● 38%	● 87%	● 89%	● 91%	● 12%	● 12%
Annual Training Spend / Head	£275/Year	● £150	● £215	● £250	● £295	● £353	-	-	● £37	● £96	● £161	● £192	● £206
Monthly Sickness Absence%	<=3%	● 2.6%	● 2.9%	● 2.5%	● 2.2%	● 2.1%	● 2.0%	● 1.9%	● 1.8%	● 1.8%	● 2.0%	● 2.3%	● 2.3%
Time to Hire - Acceptance	<=40	● 66	● 57	● 72	● 63	● 58	● 62	● 60	● 59	● 49	● 45	● 53	● 48
Time to Hire - In post	<=70						● 71	● 70	● 69	● 60	● 54	● 64	● 62
Turnover	9% - 11%	● 11%	● 10%	● 10%	● 10%	● 11%	● 11%	● 11%	● 9%	● 8%	● 8%	● 8%	● 8%
Net Monthly Movement	TBC	● 32	● 28	● 45	● 20	● 60	● 25	● 8	● 33	● 45	● 12	● 3	● 11



### Engagement

- Overall completion of **engagement actions** due against target date is at 96%, although team members are exploring an apparent disconnect with anecdotal information around staff awareness of the actions being implemented.
- The 2015 **staff survey** closes on 18th November 2015. The current response rate reported is 50%. Directorates are now focusing on communicating actions that have taken place in response to the last survey.

### Training and Development

**Spend** - Currently £206 per head, which again is a significant improvement compared to this time last year. Finance reports show that training budgets are on track to be fully utilised this financial year.

#### Training Days (Civil Service Learning)

- An average of 0.96 training days per person have been booked this year on CSL.

#### Induction

- 37 induction courses have been run since the launch 1 year ago in October 2014.
- 56% of people who started in the last 6 months have attended Corporate Induction, 70% have accessed the online induction.
- 2 Induction events were run during October. 96% positive evaluation score.

#### Mandatory Training

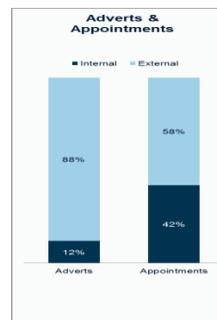
- Health and Safety training launched overall organisation compliance = 61%
- Information Governance Training is in UAT

### Sickness Absence

- Sick absence is below the previous years level. We should expect to see a seasonal rise in the next few months.
- There are currently 41 open LT sick absence cases, 18 of these are caused by 'Anxiety/Stress/Depression/other psychiatric illnesses'.
- Sick absence is very low, especially short term. This suggests that there may be under reporting of cases, if true extent will be revealed with the introduction of ABR.
- All cases are being actively managed.

Growing Talent Summary	Placed 14/15	Current position, cumulative 15/16	Projected placements for 15/16
<b>Work Experience</b> Unpaid work shadowing up to 2 weeks	25	5	8
<b>Apprenticeship</b> Paid static training role up to 2 year with qualification	4	7	9
<b>Internship</b> Paid 8 week placement	0	18	18
<b>Undergraduate placement year</b> Paid 9-12 month sandwich placement	1	1	1
<b>Graduate fixed training posts</b> Paid post up to 2 years within a profession	0	5	5
<b>Graduate rotational training scheme</b> Paid 2 year scheme within professional group	10	9	9

Recruitment Summary		
Live Campaigns	% Total Time	Working Days
<b>Advertising</b>	approval to advert	
<b>27</b>	2.4%	1.38 ↓
<b>Selection</b>	advert to outcome	
<b>151</b>	63.9%	36.32 ↓
<b>Appointment</b>	outcome to checks	
	19.5%	11.07 ↓
<b>151</b>	checks to agreed start date	
	14.2%	8.10 ↓



### Actual Employee Movement vs Forecast Employee Increases



### Attracting and Growing Talent

- 3 graduates have begun autumn internships this month working in Information Analysis and Business and Operational Delivery.
- Two recruitment events were held in October focused on Information Analysis and Digital Delivery Centre. Both events were well attended and received positive evaluation. We will report again in the future on conversions from attendance to appointment.
- We attended the Yorkshire Graduate Fair held at Leeds University in October. 60 students, undergraduates and graduates registered an interest in hearing about future opportunities with the organisation.
- We have been invited to attend a Leeds Digital Skill Group chaired by Leeds City Council, to discuss how to solve the digital skills gap in the city.

### Net Movement

- Including the net increase of 11 in October, employed headcount has increased by 137 between 1 April and 31 October, total headcount is 2690.

### Transactional Recruitment

- Time to hire in October was comfortably within the KPI target. In OAS, the monthly average was the lowest that it has been this year.
- However, we are still experiencing a relatively low successful appointment rate. Alternative advertising has yielded some positive results, for example the Head of Programme Communications vacancy and the Summer Internship programme, but the NHS Jobs application process is still cited as a barrier to applications. A business case will be considered in November by the HR SMT and Corporate Information Systems on a new Applicant Tracking System to replace NHS Jobs which is anticipated to drive up quality applications and deliver efficiencies to the recruitment process for candidates, recruiting managers and HR.
- Collaborative recruitment has transferred into the HR Directorate. These processes will be embedded within our standard recruitment service so that they can be scaled up as required in line with transformation.

<b>KPI</b>	<b>Data Quality</b>
<b>KPI Owner</b>	<b>Martin Severs</b>

<b>Previous RAG</b>	<b>G</b>
<b>Current RAG</b>	<b>G</b>
<b>Forecast RAG</b>	<b>G</b>

**Overall Position:** the overall RAG rating this month is GREEN (on the basis of a re-baselined target profile for 2015/16).

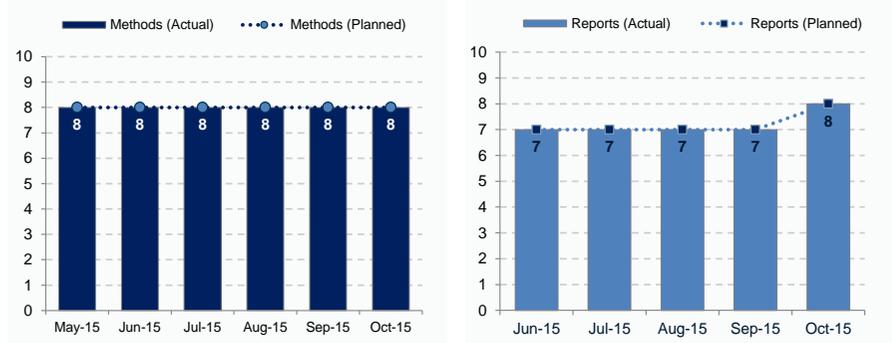
**Forecast:** the forecast RAG rating for next month is GREEN

**KPI Development:** in September the HSCIC Board received a paper that outlined a programme of work to enhance performance information about data quality. A series of enhancements to the Data Quality KPI is planned to be implemented as and when developments to HSCIC data quality processes come on stream. The first enhancement is planned for December 2015.

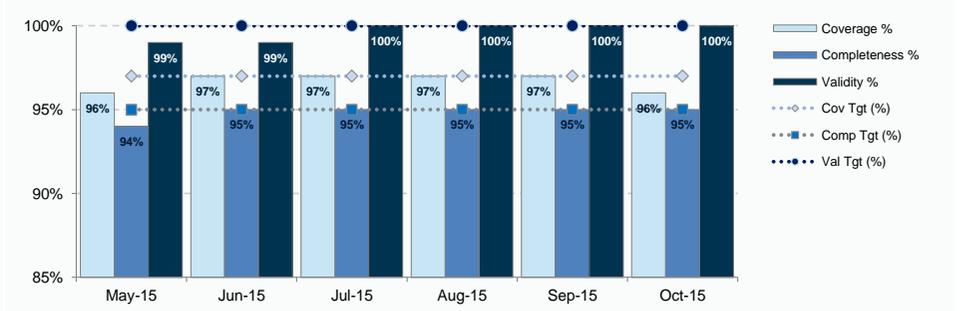
**Notes:**

- The level of completeness of IAPT data is relatively low. To influence improvement in overall IAPT data quality, the HSCIC IAPT Loading and Validation team provide monthly data quality feedback to data providers encouraging them to resolve any issues and resubmit their data. A monthly post-publication conference call is held with NHS England's IAPT team to discuss key DQ issues and providers needing additional assistance. The team also host regular events with users and system suppliers at which common issues are discussed and ways of avoiding them are recommended. Specific examples of where this support has improved data quality are available. Assessment methodology issues also contribute to the reported level of completeness. The team are taking steps to resolve them. Further details are available if required.
- The data for this report is sourced from the HSCIC teams responsible for landing, assessing and reporting on the quality of the individual datasets in line with the current version of the applicable Standardisation Committee for Care Information (SCCI) approved information standard.

**Key Data Asset: Key Performance Indicator (KPI)**



**Key Data Asset: Management Information (MI)**



**Key Performance Indicator (KPI) Commentary**

- The KPI measures HSCIC performance in terms of access to data quality assessment methods and the reports based on the results of their application
- The current scope is eight key datasets: Admitted Patient Care; Outpatients; Accident & Emergency; Improving Access to Psychological Therapies; Mental Health & Learning Disabilities; Diagnostic Imaging; Sexual and Reproductive Health Activity; and the National Child Measurement Programme
- The plan for the reports has been reset to October 2015 to coincide with the first collection and assessment of the Sexual and Reproductive Health Activity Dataset using the Strategic Data Collection Service
- The Sexual and Reproductive Health Activity Dataset data quality report was delivered as planned

**Management Information (MI) Commentary**

- The validity figures for July, August, September and October 2015 are actually 99.58%, 99.53%, 99.51% and 99.52% respectively but are displayed as 100% due to rounding
- MI measures the quality of data submitted by those data providers expected to submit data to the HSCIC in accordance with the current version of the applicable Standardisation Committee for Care Information (SCCI) approved information standard
- Data providers are responsible for the quality of data submitted. The HSCIC reports results of data quality assessments back to data providers to influence improvements
- The six datasets in scope for these indicators are: Admitted Patient Care, Outpatients, Accident & Emergency, Improving Access to Psychological Therapies, Mental Health & Learning Disabilities and Diagnostic Imaging

Dataset	Completeness of NHS Number (%)	Validity of completed NHS Number (%)
Admitted Patient Care (APC)	99%	100%
Outpatients (OP)	99%	100%
Accident & Emergency (A&E)	95%	100%
Improving Access to Psychological Therapies (IAPT)	95%	100%
Mental Health & Learning Disabilities Dataset (MHLDDS)	100%	100%
Diagnostic Imaging Dataset (DID)	97%	100%

Dataset coverage (%)	Completeness of reported data items (%)	Validity of completed data items (%)
98%	100%	100%
96%	100%	100%
91%	98%	100%
98%	84%	98%
98%	95%	98%
100%	92%	100%

NOTE: Completeness shows the percentage of records that contained a value in the NHS Number field. Validity shows the percentage of those values that were valid. N.B. Figures are rounded.

NOTE: Each dataset reports on different data items with different rules for completion and validation. Consequently, the results for completeness and validity should not be compared on a like-for-like basis. N.B. Figures are rounded.

KPI	Financial Management (HSCIC) - for public session of the Board
KPI Owner	Carl Vincent

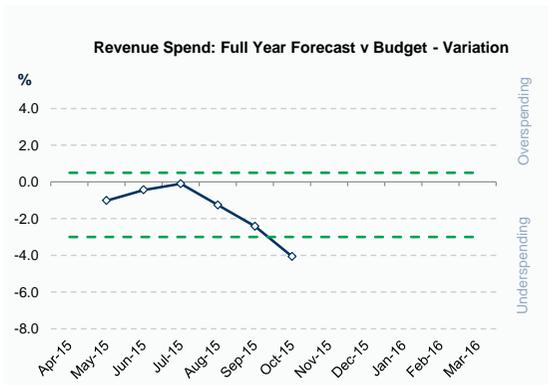
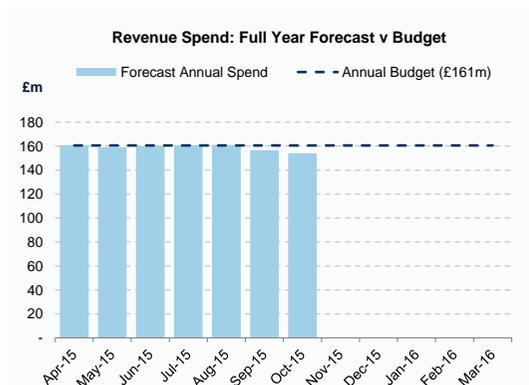
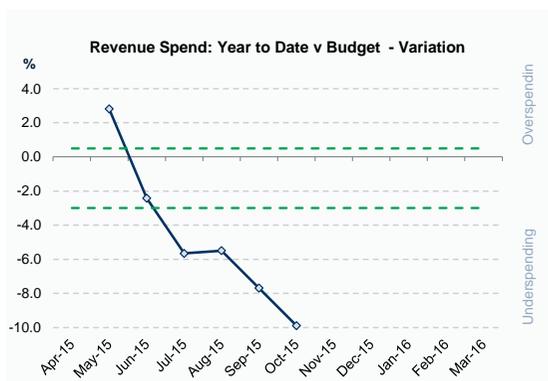
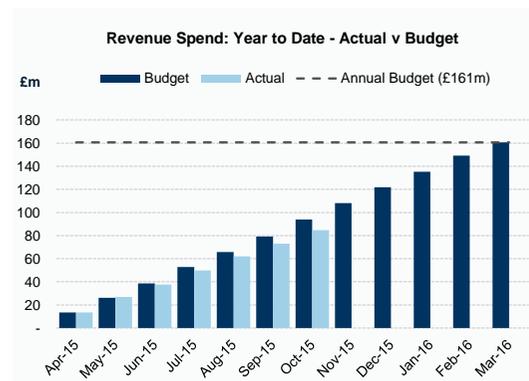
Previous RAG	G
Current RAG	A
Forecast RAG	A

Revenue Spend - Core & Ring-Fenced	Bud (£m)	Act (£m)	Var (£m)	Var (%)
Year to Date: Actual v Budget	93.9	84.6	9.3	9.9%
Full Year Forecast v Budget	160.6	154.1	6.5	4.1%

Core GiA	Bud (£m)	Act (£m)	Var (£m)	Var (%)
Year to Date: Actual v Budget	86.4	77.7	8.7	10.1%
Full Year Forecast v Budget	148.0	142.1	5.9	4.0%

Forecast Accuracy	Act (£m)	F'cast (£m)	Var (£m)	Var (%)
In-month: Forecast v Actual	11.6	13.3	1.8	13.2%

Ring-fenced GiA	Bud (£m)	Act (£m)	Var (£m)	Var (%)
Year to Date: Actual v Budget	7.5	6.9	0.6	7.6%
Full Year Forecast v Budget	12.6	11.9	0.7	5.4%



### HSCIC Operating costs

The year-to-date outturn for the first seven months of the year is £9.3m/ 9.9% below budget. The variance of £9.3m comprises £8.7m under budget on core GiA and £0.6m under on ring-fenced GiA. The £8.7m underspend on core GiA is largely due to delays to recruitment to vacant roles, partially offset by resultant decreases to income. The £0.6m underspend on ring-fenced GiA is also due to vacancies not being filled as early as predicted.

The forecast outturn for the full year is £6.5m/ 4.1% under budget; this comprises £5.9m under budget for core GiA (release of central contingency and increase in non-staff costs partially offset by reduced forecast for staff costs and an increase in income) and £0.7m under budget for ring-fenced GiA (reducing staff costs as recruitment dates for vacancies move to later in the year than budgeted).

Non-GiA income is close to budget for the year-to-date but £1.9m above budget for the full year. This is primarily driven from additional income from DSfC, NTS, SSD, GPES, Spine 2 and Cross-Government Programmes, partially offset by lower income on Choices (including DAS), care.data, Standards, Solution Assurance, Information Analysis, Pathways and Technical Architecture.

Staff Costs are £7.7m under budget for the year-to-date and forecast £9.3m under budget for the full year. This mainly reflects recruitment running behind budgeted vacancies - most of the vacancies have now been reprofiled in the forecast to later in the year. The budget included an increase of 444 FTE over M1-7; however, permanent headcount only increased by a net 152 FTE over the period (note: FTE increase figure is as at payroll date therefore may differ from HR figures for the whole of the month). Vacancies have been moving to the right over the course of the year so far, with the peak of recruitment now being seen in December & January. The forecast now includes 281 permanent employees to join during the remainder of the year.

Non-Staff Costs are forecast to be £3.8m above budget for the full year. This includes £3.5m on Spine 2 for additional workpackages (RF), £1.3m in central ICT and £0.5m for GS1 licences in ASI.

The £0.2m full year variance on Unallocated Costs is due to specific savings having been recognised/ identified in F&CS £(1.1)m, HDS £(1.5)m and PSI £(0.4)m, offset by the reduction in the central contingency to nil at M5.

### Management action

Although tighter budgets were set for Directorates for 15/16, the detailed budgets contained a significant amount of recruitment in the first half of the year, much of which did not materialise and has been reforecast into Q4. Some of this underspend on staff is being used to fund work through workpackages in place of recruitment, or is resulting in reduced income where the staff were to support externally-funded work. With the removal of the corporate contingency forecast, pressures will need to be funded by Directorates releasing underspends from their respective forecasts.

# Appendix 1 - Management Accounts

2015/16 HSCIC Management Accounts as at 31st October 2015

Summary Position

£'m	Year-to-Date			Full Year		
	Budget	Actual	Var	Budget	F'cast	Var
Core GiA	(86.4)	(86.4)	0.0	(148.0)	(148.0)	0.0
Ring-Fenced GiA	(7.5)	(6.9)	(0.6)	(12.6)	(11.9)	(0.7)
External Income	(36.5)	(36.4)	(0.1)	(63.3)	(65.3)	1.9
Staff Costs	93.8	86.1	7.7	162.2	152.8	9.3
Non-staff Costs	37.6	34.9	2.7	62.5	66.4	(3.8)
Unallocated Costs	(1.0)	0.0	(1.0)	(0.8)	0.2	(0.9)
<b>Surplus/ (Deficit)</b>	<b>0.0</b>	<b>(8.7)</b>	<b>8.7</b>	<b>0.0</b>	<b>(5.9)</b>	<b>5.9</b>
Depreciation GiA	(9.0)	(9.0)	0.0	(16.3)	(16.3)	0.0
Depreciation Cost	9.0	8.5	0.5	16.3	15.9	0.4
<b>Surplus/ (Deficit)</b>	<b>0.0</b>	<b>(0.5)</b>	<b>0.5</b>	<b>0.0</b>	<b>(0.4)</b>	<b>0.4</b>

NOTE: figures throughout may not sum due to roundings to £0.1m. Exact figures are available if required

The year-to-date outturn for the first seven months of the year is £9.3m/ 9.9% below budget. The variance of £9.3m comprises £8.7m under budget on core GiA and £0.6m under on ring-fenced GiA. The £8.7m underspend on core GiA is largely due to delays to recruitment to vacant roles, partially offset by resultant decreases to income. The £0.6m underspend on ring-fenced GiA is also due to vacancies not being filled as early as predicted.

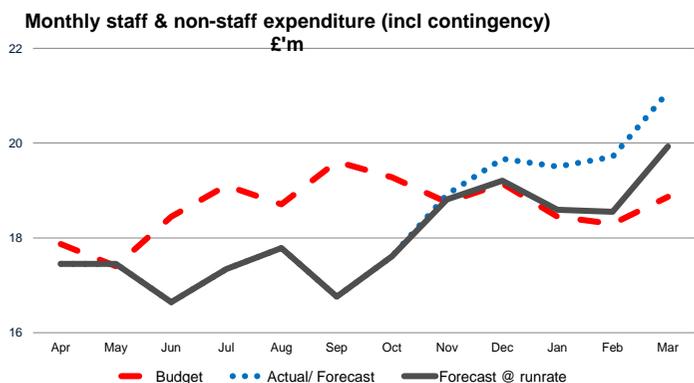
The forecast outturn for the full year is £6.5m/ 4.1% under budget; this comprises £5.9m under budget for core GiA (release of central contingency and increase in non-staff costs partially offset by reduced forecast for staff costs and an increase in income) and £0.7m under budget for ring-fenced GiA (reducing staff costs as recruitment dates for vacancies move to later in the year than budgeted).

Non-GiA income is close to budget for the year-to-date but £1.9m above budget for the full year. This is primarily driven from additional income from DSfC, NTS, SSD, GPES, Spine 2 and Cross-Government Programmes, partially offset by lower income on Choices (including DAS), care data, Standards, Solution Assurance, Information Analysis, Pathways and Technical Architecture.

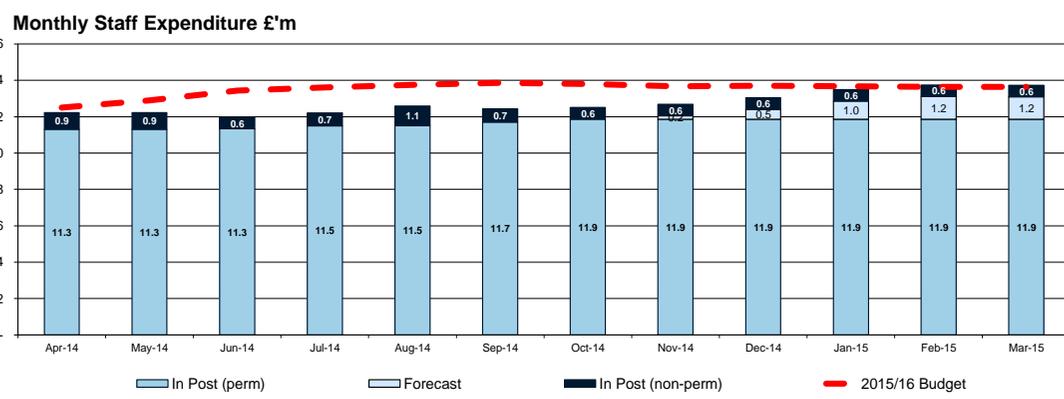
Staff Costs are £7.7m under budget for the year-to-date and forecast £9.3m under budget for the full year. This mainly reflects recruitment running behind budgeted vacancies - most of the vacancies have now been reprofiled in the forecast to later in the year. The budget included an increase of 444 FTE over M1-7; however, permanent headcount only increased by a net 152 FTE over the period (note: FTE increase figure is as at payroll date therefore may differ from HR figures for the whole of the month). Vacancies have been moving to the right over the course of the year so far, with the peak of recruitment now being seen in December & January. The forecast now includes 281 permanent employees to join during the remainder of the year.

Non-Staff Costs are forecast to be £3.8m above budget for the full year. This includes £3.5m on Spine 2 for additional workpackages (RF), £1.3m in central ICT and £0.5m for GS1 licences in ASI.

The £0.2m full year variance on Unallocated Costs is due to specific savings having been recognised/ identified in F&CS £(1.1)m, HDS £(1.5)m and PSI £(0.4)m, offset by the reduction in the central contingency to nil at M5.



Monthly trend of gross expenditure for the organisation for the original budget, the latest forecast (7 months of actual costs and 5 months of expected costs) and an extrapolation (runrate) of the position if the current staff position remained at October levels for the remainder of the year.



Actual (to October) and forecast staff costs, showing permanent staff by current establishment and future recruitment, plus forecast non-permanent staff. The red line shows the original budget.

# Appendix 1 - Management Accounts

2015/16 HSCIC Management Accounts as at 31st October 2015

Detail by Income/ Expenditure Type

£'m	Year-to-Date			Full Year				
	Budget	Actual	Var	Budget	F'cast	Var		
<b>Income</b>								
Grant in Aid	(86.4)	(86.4)	0.0	(148.0)	(148.0)	0.0	Ring-fenced GiA - £(0.6)m YTD and £(0.7)m forecast variances reflect a reduction in expected costs, primarily in O&AS  Non-GiA income is £0.1m under budget for the year-to-date. The forecast is £1.9m above budget for the full year. This is primarily driven from additional income £2.7m income on DSfC, Spine 2 and GPES, partially offset by reductions on Choices & care.data.	
Grant in Aid (ring-fenced)	(7.5)	(6.9)	(0.6)	(12.6)	(11.9)	(0.7)		
Income	(36.5)	(36.4)	(0.1)	(63.3)	(65.3)	1.9		
<b>Total Income</b>	<b>(130.4)</b>	<b>(129.8)</b>	<b>(0.7)</b>	<b>(223.9)</b>	<b>(225.2)</b>	<b>1.3</b>		
<b>Staff Costs</b>								
Permanent Staff	86.5	80.5	5.9	152.0	142.8	9.2	<b>£9.3m full year variance includes:</b> 2.7 O&AS directorate (recruitment delays plus funding transferred to workpackages) 1.2 HDS (delayed recruitment against budget) 1.6 Information & Analytics directorate (delayed recruitment against budget) 1.3 Finance & Corporate Services (reduction in Contractors) 1.0 PSI (staff redeployment and delays to HSCN recruitment) 0.6 Customer Relations directorate 0.8 Other <hr/> <b>9.3</b>	
Non Permanent Staff	7.4	5.6	1.8	10.1	10.0	0.1		
<b>Total Staff Costs</b>	<b>93.8</b>	<b>86.1</b>	<b>7.7</b>	<b>162.2</b>	<b>152.8</b>	<b>9.3</b>		
<b>Other Costs</b>								
Professional Fees	14.5	13.0	1.5	24.2	25.4	(1.2)		Full year forecast overspend against budget includes £3.5m for Spine 2 workpackages and HSCN £0.4m, partially offset by various reductions, including £0.5m CPIS and £0.5m SCIP  Full year variance includes £1.4m ICT and £0.5m in Tech Archs (unbudgeted GS1 licences)  Most Directorates are reporting/ forecasting T&S costs above budget. £0.4m additional Estates costs from budget, including increased costs of Skipton House and increase in rates.
Information Technology	10.6	9.7	0.9	17.2	18.8	(1.5)		
Travel & Subsistence	2.7	2.9	(0.2)	4.7	5.0	(0.4)		
Accommodation	6.7	6.8	(0.2)	11.2	11.7	(0.4)		
Marketing, Training & Events	1.0	0.8	0.2	1.8	2.0	(0.2)		
Office Services	1.8	1.6	0.2	2.9	2.9	(0.0)		
Other	0.3	0.1	0.3	0.6	0.6	(0.0)		
<b>Total Other Costs</b>	<b>37.6</b>	<b>34.9</b>	<b>2.7</b>	<b>62.5</b>	<b>66.3</b>	<b>(3.8)</b>		
<b>Unallocated Costs</b>								
Directorate Contingency/ Savings	(1.3)	0.0	(1.3)	(3.2)	0.2	(3.4)	Directorate "Savings to be found" and/or contingencies to be used over the year. Savings figures will unwind over the course of the year as the savings are realised in Actuals. The £(2.2)m full year variance is due to specific savings have been recognised/ identified in F&CS £(1.1)m, PSI £0.4m and HSD £(1.5)m  Budget for contingency funding has been reduced to nil, given the current level of forecast spend and pressures for the organisation.	
Central Contingency	0.3	0.0	0.3	2.4	0.0	2.4		
<b>Depreciation</b>								
Depreciation Grant-in-Aid	(9.0)	(9.0)	0.0	(16.3)	(16.3)	0.0		
Depreciation Costs	9.0	8.5	0.5	16.3	15.9	0.4		
	<b>0.0</b>	<b>(0.5)</b>	<b>0.5</b>	<b>0.0</b>	<b>(0.4)</b>	<b>0.4</b>		

# Appendix 1 - Management Accounts

2015/16 HSCIC Management Accounts as at 31st October 2015

Detail by Directorate

£'m	Year-to-Date			Full Year		
	Budget	Actual	Var	Budget	F'cast	Var
<b>Provider Support &amp; Integration</b>						
Income	(2.8)	(3.1)	0.3	(4.8)	(5.5)	0.7
Staff Costs	11.4	9.4	2.0	18.3	17.3	1.0
Other Costs	1.9	1.9	0.0	3.6	3.4	0.1
Contingency / Virements	(0.4)	0.0	(0.4)	(1.3)	(0.8)	(0.5)
<b>Net GiA funded</b>	<b>10.1</b>	<b>8.2</b>	<b>1.9</b>	<b>15.7</b>	<b>14.5</b>	<b>1.3</b>
<b>Health Digital Services</b>						
Income	(9.3)	(9.4)	0.1	(16.0)	(15.6)	(0.4)
Staff Costs	14.4	13.3	1.1	24.9	23.6	1.2
Other Costs	5.1	4.5	0.5	8.4	7.9	0.5
Contingency / Virements	(1.2)	0.0	(1.2)	(2.1)	0.0	(2.1)
<b>Net GiA funded</b>	<b>8.9</b>	<b>8.4</b>	<b>0.5</b>	<b>15.2</b>	<b>15.9</b>	<b>(0.8)</b>
<b>Operations &amp; Assurance Services</b>						
Income	(19.9)	(19.9)	0.0	(33.0)	(34.1)	1.1
Staff Costs	30.3	28.3	2.0	53.0	50.2	2.7
Other Costs	11.5	11.7	(0.2)	18.3	22.7	(4.4)
Contingency / Virements	0.5	0.0	0.5	1.2	0.0	1.2
<b>Net GiA funded</b>	<b>22.4</b>	<b>20.1</b>	<b>2.3</b>	<b>39.4</b>	<b>38.9</b>	<b>0.5</b>
<b>Information &amp; Analytics</b>						
Income	(7.7)	(6.5)	(1.2)	(14.7)	(13.1)	(1.6)
Staff Costs	14.4	13.4	1.0	25.0	23.4	1.6
Other Costs	5.9	6.0	(0.1)	10.5	11.3	(0.8)
Contingency / Virements	0.3	0.0	0.3	0.6	0.2	0.4
<b>Net GiA funded</b>	<b>13.0</b>	<b>13.0</b>	<b>0.0</b>	<b>21.5</b>	<b>21.9</b>	<b>(0.4)</b>
<b>Architecture, Standards &amp; Innovation</b>						
Income	(2.9)	(3.2)	0.3	(4.9)	(6.8)	1.9
Staff Costs	10.2	9.9	0.2	18.3	17.8	0.5
Other Costs	2.7	2.3	0.4	4.3	4.4	(0.1)
Contingency / Virements	0.3	0.0	0.3	(0.0)	0.6	(0.6)
<b>Net GiA funded</b>	<b>10.2</b>	<b>9.0</b>	<b>1.2</b>	<b>17.7</b>	<b>16.0</b>	<b>1.7</b>
<b>Finance &amp; Corporate Services (excl Estates)</b>						
Income	(0.6)	(0.5)	(0.1)	(1.1)	(0.9)	(0.2)
Staff Costs	8.7	7.9	0.8	14.7	13.5	1.3
Other Costs	2.8	1.8	1.0	4.6	3.9	0.7
Contingency / Virements	(0.6)	0.0	(0.6)	(1.2)	0.1	(1.3)
<b>Net GiA funded</b>	<b>10.3</b>	<b>9.2</b>	<b>1.0</b>	<b>17.0</b>	<b>16.6</b>	<b>0.5</b>
<b>Estates</b>	5.9	5.9	(0.0)	9.8	10.2	(0.4)
<b>HR &amp; Transformation</b>	2.0	1.6	0.4	3.4	3.4	0.0
<b>Customer Relations</b>	2.9	2.4	0.5	5.0	4.6	0.4
<b>Clinical Professional Leadership</b>	0.6	0.5	0.1	0.9	0.9	0.1
<b>HSCIC Corporate</b>						
Contingency/ GiA	(86.1)	(87.0)	0.9	(145.6)	(148.6)	3.0

NOTE: Below includes transfer of budgets @ M6 from HDS to PSI for Cross-Government programmes and from O&AS to I&A for Demographics and @ M7, from HDS to PSI for HSCN

£0.7m increased forecast for income is due to £0.3m additional income on Cross Govt projects and £0.3m additional income for secondments, Proton Beam Therapy and business case assurance review service.

£1.0m forecast underspend on staff costs due to delayed recruitment and leavers not replaced.

The "Contingency/ Virements" line shows Directorate Savings to be Found to be realised throughout the year.

Income - £0.4m full year forecast variance includes £2.5m reduction on Choices/ DAS, partially offset by £1.7m increased income on GPES.

Staff costs - full year forecast variance of £1.2m includes £1.6m Choices, partially offset by increased costs of £0.5m on GPSoC R and £0.4m on Resource Pool

The "Contingency/ Virements" line shows Directorate Savings to be Found to be realised throughout the year. Forecast has been released due to savings realised to date £(1.5)m

£1.1m additional income includes increases to Spine 2 £2.3m (additional recharge of costs to DH to be capitalised and ring-fenced GiA) and SSD £0.3m, partially offset by reductions in income for NHS Pathways £(0.3)m, Service Management £(0.6)m and Solution Assurance £(1.0)m.

£2.7m forecast reduction in Staff Costs is due to expected recruitment being delayed until later in the year, some of which relates to income reductions as above, with some savings being used to fund workpackages (see below)

£(4.4)m increase in non-staff costs is primarily due to £3.5m increase on Professional Fees for Spine 2 workpackages (related to the increased income from DH and reduced staff costs above) and £1.3m additional forecast for central ICT.

The full year income variance of £(1.6)m is primarily due to reduction in expected income on care.data/ MCDS £(0.8m) and Information Analysis £(0.7)m.

£1.6m forecast underspend on staff costs includes £0.6m reduction on care.data/ MCDS (related to income variances above), £0.4m Data Dissemination services and £0.4m Information Analysis

£(0.8)m overspend on non-staff costs is due to additional IT costs on care.data/ MCDS and Patient Preferences

£1.9m forecast variance on Income is due to increased income £2.8m on DSIC and NTS.£(0.5)m reduction in expected external funding to cover IHTSDO membership, £(0.5)m reduction from ring-fenced income and DH income for capitalised headcount on Tech Archs.

£0.5m full year variance on staff costs includes forecast underspend of £0.9m on Standards, partially offset by increased costs of £(0.5)m on DSIC & NTS

£1.3m underspend on staff costs is primarily due to reduction in contractor costs in Commercial.

£(0.7)m underspend on non-staff costs is due the reduction in forecast legal fees

The "Contingency/ Virements" line shows Directorate Savings to be Found to be realised throughout the year. Forecast has been released due to savings found on reduced contractor costs and legal fees.

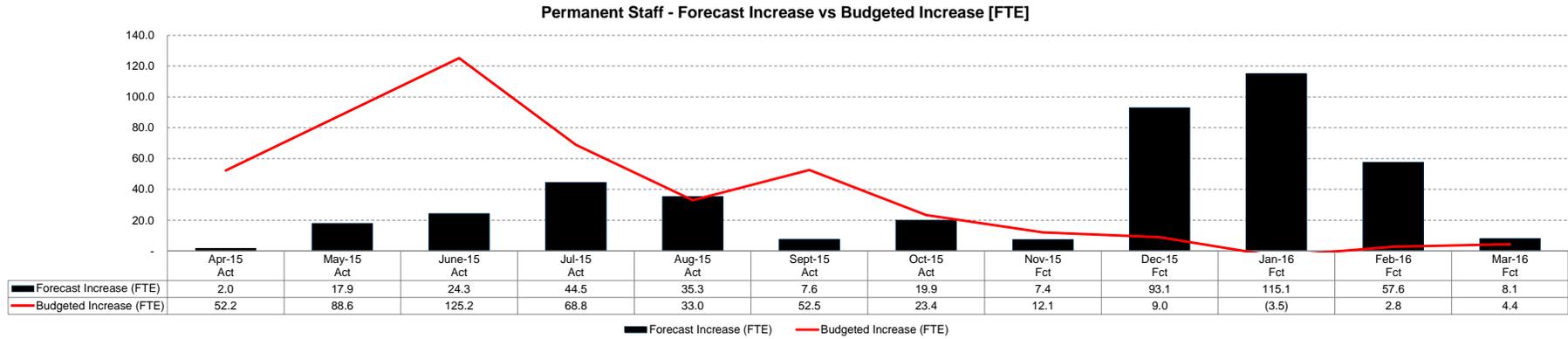
£0.4m additional Estates costs from budget, including increased costs of Skipton House and increase in rates.

Budget for contingency funding has been reduced to nil, given the current level of forecast spend and pressures for the organisation.

# Appendix 1 - Management Accounts

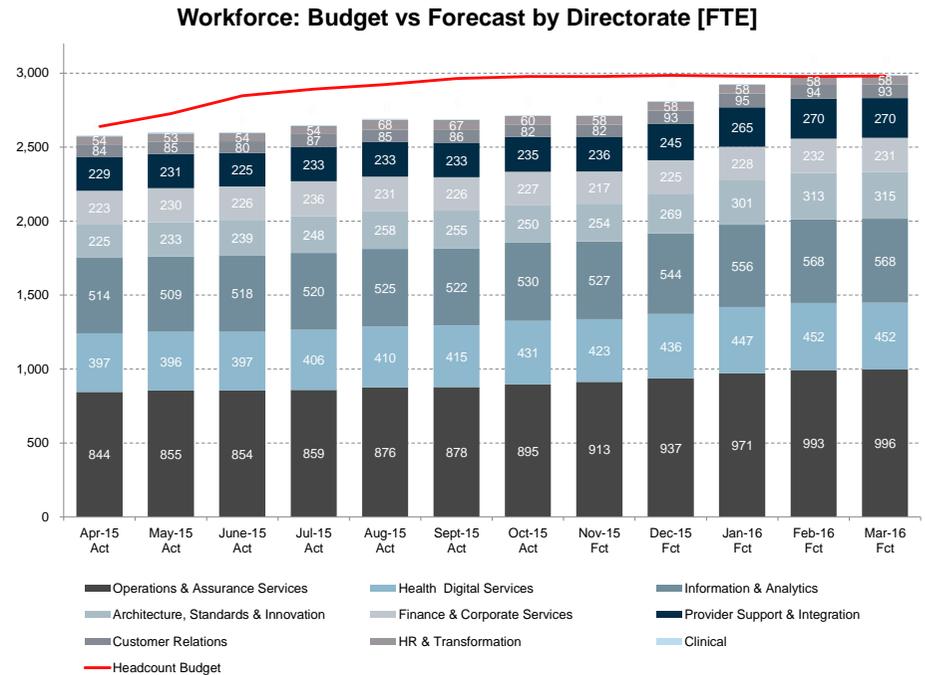
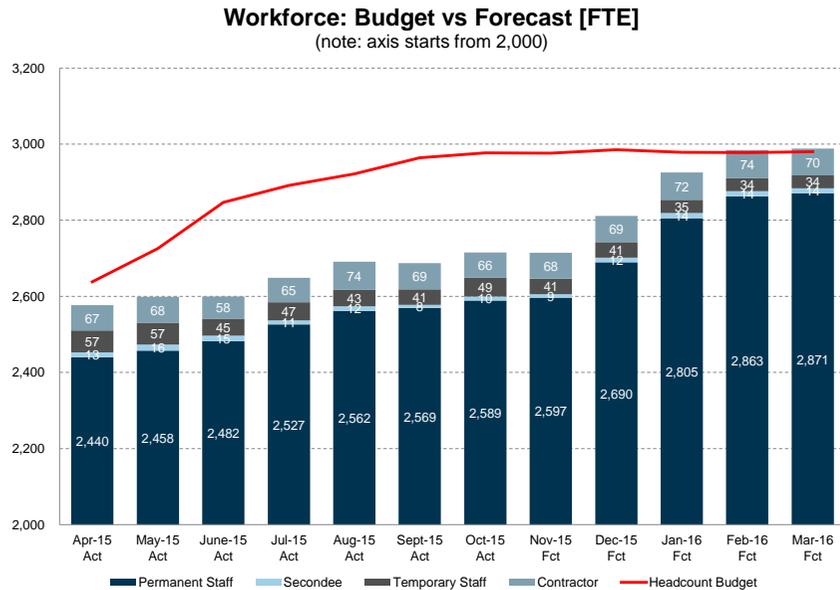
2015/16 HSCIC Management Accounts as at 31st October 2015

Headcount



The budget included an increase of 444 FTE over M1-7; however, permanent headcount only increased by a net 152 FTE over the period. Vacancies have been moving to the right over the course of the year so far, with the peak of recruitment now being seen in December & January. The forecast now includes 281 permanent employees to join during the remainder of the year.

Note: FTE increase figure is as at payroll date therefore may differ from HR figures for the whole of the month.



KPI	Programme Achievement
KPI Owner	James Hawkins

Appendix 2 - Programme Delivery Dashboard

HDS RAG Summary			
Previous RAG	A/G	Programme Delivery Director View	
Current RAG	A/G	Current RAG	N/A
Forecast RAG	A/G	Forecast RAG	TBC

Health Digital Services Dashboard - September 2015

	Reporting Month:	SRO?	Overall Delivery Confidence RAG						Assurance Delivery Confidence / Status						Key Delivery Milestones			Current year financial forecast against budget			Investment justification (BC, MoU etc) forecast spend status			
			Jul	Aug	Sep	Oct	Nov	Dec	RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep
Primary Care IT	P0281 General Practice Extraction Service	No	A/G	A/G	A/G	A/G	A/G	A/G	TBC	4	Dec-2012	A/G	TBC	TBC	TBC	A	A	A	R-O	G	R-O	G	G	G
	P0208 GP Systems of Choice Replacement	Yes	A/G	A/G	A/G	A/G	G	G	High	5	Apr-2015	A/G	TBC	TBC	Not booked	A	A	A	R-O	G	G	G	G	G
Cross Govt IT	P0004 Child Protection – Information Sharing	Yes	A	A/R	A/R	A/R	A/R	A/R	Med	4	Jul-2014	A/G	5	Apr-2016	Not Booked	A	R	R	R-U	R-O	R-U	G	A	A
	P0341 SCIP	Yes	G	G	G	A/G	A/G	A/G	N/A	N/A	N/A	N/A	TBC	TBC	TBC	G	A	A	R-O	R-O	R-U	G	G	A
	P0372 ISP	No	A	A/G	A/G	A/G	A/G	A/G	TBC	N/A	N/A	N/A	TBC	TBC	TBC	A	A	A	R-U	R-U	R-U	G	G	G
	P0301 FGMP	No	A/G	G	A/G	A/G	A/G	A/G	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A	A	R	R-O	R-O	R-O	G	G	G
	P0207 Health & Justice Information Services	Yes	A/G	A/G	A	A/G	A/G	A/G	Med	2	Aug-2014	A/R	3	Jan-2016	Not booked	A	G	A	R-U	R-U	R-U	G	G	G
	P0037 Offender Health IT	Yes	A/G	A/G	A/G	A/G	A/G	A/G	N/A	N/A	N/A	G	N/A	N/A	N/A	G	G	G	R-O	G	R-O	N/A	G	G
	P0014 GP2GP	Yes	A/G	A/G	A/G	A/G	A/G	A/G	Low	4	Feb-2014	A/G	5	Sep-2015	Not Booked	A	A	A	R-U	R-U	R-U	G	G	G
	P0026 NHS Choices	No	A	A	A	A	G	G	High	1	Apr-2015	A/R	TBC	TBC	Not Booked	G	G	G	R-U	R-U	R-U	A	A	A
	P0190 Health and Social Care Network	No	R	A/R	A/R	A/R	A/R	A/R	High	2	Sep-2015	A/R	TBC	TBC	TBC	A	A	A	R-U	R-O	R-O	A	A	A
	P0196 NHSmail 2	No	A/R	A/R	A/R	A/R	A/R	A	High	4	Sep-2015	A/R	4	Jan-2016	Not Booked	A	A	A	G	R-U	R-U	G	G	G
	P0238 NHS e-Referrals	No	A	A	A	A	A	A	High	4	Apr-2015	A/G	TBC	TBC	Not booked	G	A	G	R-O	R-O	R-O	G	G	G
	P0051 Summary Care Record	Yes	A/G	A/G	A/G	A/G	A/G	A/G	Med	5	Apr-2015	A/G	TBC	TBC	Not booked	G	A	G	R-O	R-O	R-O	G	G	G
	P0012 Electronic Transfer of Prescriptions	Yes	A	A	A	A	A	A	High	0 + 5	Apr-2015	A	5	Oct-2015	Booked	G	G	G	R-O	R-O	R-O	G	G	G

1st letter = RAG,  
2nd letter = Under / overspend

Delivery Confidence - Health Digital Services:	
September-2015	A/G 68.57%
December-2015	A/G 74.29%

HDS View	
September-2015	N/A
December-2015	N/A

September's calculated delivery confidence is at 68.57%. The Calculated delivery confidence RAG remains at Amber/Green. The 3-month calculated forecast Delivery Confidence (to November 2015) is also Amber/Green at 74.29%.

Sourced from Highlight Reports Sep-2015

KEY

Trend

↑	RAG improvement from previous month
→	RAG same as previous month
↓	RAG decrease from previous month

Non Completion

NR	No report provided or report provided but missing RAG in a section for which a RAG should have been provided
N/A	Data item is not applicable to programme or project (for example, MOUs may not be responsible for Benefits Realisation or be accountable for GDS Spend Approval)
TBC	Data item was not available at the time of report production (for example, discrepancies with budget figures or a lack of information around the progression of an approval)

KPI Programme Achievement  
KPI Owner James Hawkins

Appendix 2 - Programme Delivery Dashboard

Previous RAG	A/G	Health Digital Services Director View	
Current RAG	A/G	Current RAG	N/A
Forecast RAG	A/G	Forecast RAG	TBC

Health Digital Services Dashboard - September 2015

Reporting Month:	Benefits realisation confidence				Quality Management against plan			Programme / Project end date			Current Investment Justification approval status			Digital & Technology Spend Controls Status			Resourcing Against Plan			Progress against planned mitigation for risk							
	Jul	Aug	Sep		Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep					
Primary Care IT	P0281	General Practice Extraction Service	N/A	N/A	N/A	-	A	A	A	A	A	A	G	N/A	N/A	-	G	G	G	A	A	A	-	N/A	A	-	
	P0208	GP Systems of Choice Replacement	G	G	G		G	G	G	G	G	G	G	G	G		G	G	G	A	A	A	-	A	A		
Cross Govt IT	P0004	Child Protection – Information Sharing	A	A	A		G	G	G	G	A	A	G	G	G		G	G	G	A	A	A		TBC	A	A	
	P0341	SCIP	TBC	N/A	N/A	-	TBC	G	G	G	G	A	G	G	G		N/A	N/A	G	-	G	G	A	-	G	G	
	P0372	ISP	N/A	N/A	N/A	-	A	A	A	G	G	G	G	G	G		N/A	N/A	N/A	-	G	G	G	TBC	A	A	
	P0301	FGMP	N/A	N/A	N/A	-	TBC	G	G	G	G	G	G	G	G		G	G	G	G	G	G		G	G		
	P0207	Health & Justice Information Services	G	N/A	N/A	-	G	G	G	A	A	A	A	A	A		G	G	G	G	G	A		A	A	A	
	P0037	Offender Health IT	G	N/A	N/A	-	G	G	G	G	G	G	G	G	G		N/A	N/A	N/A	-	G	G	G	TBC	G	G	
	P0014	GP2GP	A	A	A		G	G	G	A	A	A	G	G	G		N/A	N/A	N/A	-	G	G	G		G	G	
	P0026	NHS Choices	N/A	N/A	N/A	-	A	A	A	A	A	A	A	A	A		A	A	A	A	A	G		G	G		
	P0190	Health and Social Care Network	N/A	A	A		G	G	G	R	R	R	A	A	A		A	A	A	R	R	R		A	A		
	P0196	NHSsmall 2	A	G	G		G	G	G	A	A	A	G	G	G		G	G	G	A	A	G		A	A		
	P0238	NHS e-Referrals	G	A	A		G	G	G	G	G	G	G	G	G		G	G	G	A	A	A		G	G		
	P0051	Summary Care Record	A	A	A		G	G	G	G	G	G	G	G	G		G	G	G	G	G	G		G	G		
P0012	Electronic Transfer of Prescriptions	A	A	A		G	G	G	G	G	G	A	A	A		G	G	G	A	A	A		A	A			

Overall Delivery Confidence for Health Digital Services (Calculated):	
September-2015	A/G 68.57%
December-2015	A/G 74.29%

HDS View	
September-2015	N/A
December-2015	N/A

September's calculated delivery confidence is at 68.57%. The Calculated delivery confidence RAG remains at Amber/Green. The 3-month calculated forecast Delivery Confidence (to November 2015) is also Amber/Green at 74.29%.

Sourced from Highlight Reports (Key RAGs)

Sep-2015

KEY

↑	RAG improvement from previous month
→	RAG same as previous month
↓	RAG decrease from previous month

Non Completion

NR	No report provided or report provided but missing RAG in a section for which a RAG should have been provided
N/A	Data item is not applicable to programme or project (for example, MOUs may not be responsible for Benefits Realisation or be accountable for GDS Spend Approval)
TBC	Data item was not available at the time of report production (for example, discrepancies with budget figures or a lack of information around the progression of an approval)

KPI Programme Achievement (other Directorates)  
 KPI Owner James Hawkins  
 Data Owner Tom Denwood (Prov Sup), Martin Severs (I&A), Rob Shaw (O+AS), Peter Counter (ASI)

Appendix 2 - Programme Delivery Dashboard

PS&I RAG Summary		I&A RAG Summary		O+AS RAG Summary		ASI RAG Summary	
Previous RAG		Previous RAG		Previous RAG		Previous RAG	
Current RAG	A/G	Current RAG	A	Current RAG	G	Current RAG	A
Forecast RAG	A/G	Forecast RAG	A	Forecast RAG	G	Forecast RAG	A

Provider Support & Integration Dashboard - September 2015																								
Reporting Month	SRO Appr?	Overall Delivery Confidence RAG						Assurance Delivery Confidence / Status					Key Delivery Milestones			Current year financial forecast against budget			Investment justification (BC, MoU etc) forecast spend status					
		Jul	Aug	Sep	Oct	Nov	Dec	RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	
P0033	PACS	Yes	A	A	A	A/G	A/G	G	TBC	0	Nov-11	A	TBC	TBC	TBC	G	G	G	G	G	G	N/A	N/A	N/A
P0183	South Community Programme	Yes	A/G	A/G	A/G	A/G	A/G	A/G	Med	3	Dec-12	A/G	5	TBC	TBC	G	G	G	G	G	G	A	A	A
P0182	South Ambulance Programme	Yes	A/R	A	A/G	A/G	A/G	A/G	Med	4	Nov-14	A/G	5	TBC	TBC	R	A	A	G	G	G	G	G	G
P0181	South Acute Programme	Yes	G	G	G	G	G	G	High	4	Apr-15	G	TBC	TBC	TBC	A	A	A	R-U	R-U	R-U	G	G	G
P0047	BT LSP	Yes	A/R	A/R	A	A	A	A	High	PAR	Mar-15	A/R	N/A	N/A	N/A	A	A	A	R-U	R-U	G	G	G	G
P0031	CSC LSP	Yes	A/R	A/R	A/R	A/R	A/R	A/R	High	PAR	Apr-15	A/R	PAR	TBC	TBC	G	A	A	A	G	G	G	G	G

Overall Delivery Confidence for Prov Sup:	
September-2015	A/G 70.00%
December-2015	A/G 76.67%

Overall Delivery Confidence is assessed as A/G based on the Highlight Reports covering the September 2015 period. The high level commentary provides further detail.

Informatics and Analytics - September 2015																								
Reporting Month	SRO Appr?	Overall Delivery Confidence RAG						Assurance Delivery Confidence / Status					Key Delivery Milestones			Current year financial forecast against budget			Investment justification (BC, MoU etc) forecast spend status					
		Jul	Aug	Sep	Oct	Nov	Dec	RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	
P0306	care.data	Yes	A/R	A/R	A/R	A/R	A/R	A/R	High	PAR	Feb-15	A/R	y Healthc	Nov	TBC	A	A	A	G	N/A	N/A	R	R	R
P0055	Maternity and Childrens Dataset	Yes	A	A	A	A	A	A	High	3	Jan-13	A	N/A	N/A	N/A	A/G	A	A	G	G	G	G	G	G
P0321	Pathfinder on DME	Yes	A/R	A/R	A	A	A	A	Med	3	Aug-14	A/R	N/A	N/A	N/A	R	R	A	A-U	A	A	G	G	G

Overall Delivery Confidence for I&A:	
September-2015	A 53.33%
December-2015	A 53.33%

Overall Delivery Confidence is assessed as A based on the Highlight Reports covering the September 2015 period. The high level commentary provides further detail.

Operations and Assurance Services Dashboard - September 2015																								
Reporting Month	SRO Appr?	Overall Delivery Confidence RAG						Assurance Delivery Confidence / Status					Key Delivery Milestones			Current year financial forecast against budget			Investment justification (BC, MoU etc) forecast spend status					
		Jul	Aug	Sep	Oct	Nov	Dec	RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	
P0050	Spine 2	No	A/G	A/G	A/G	A/G	A/G	G	High	5	Feb-15	G	5	TBC	TBC	A	A	A	G	R-O	R-O	G	G	G
P0325	Cyber Security Programme	Yes	A/G	A/G	A/G	A/G	A/G	A/G	High	N/A	N/A	N/A	0	TBC	TBC	G	A	A	G	G	G	G	G	G
P0335	SUS Transition	No	A/G	A/G	A/G	A/G	A/G	A/G	High	5	Jul-15	G	5	TBC	TBC	A	A	A	A	A	A	G	G	G

Overall Delivery Confidence for O+AS:	
September-2015	G 80.00%
December-2015	G 86.67%

Overall Delivery Confidence is assessed as G based on the Highlight Reports covering the September 2015 period. The high level commentary provides further detail.

Architecture Standards and Innovation - September 2015																								
Reporting Month	SRO Appr?	Overall Delivery Confidence RAG						Assurance Delivery Confidence / Status					Key Delivery Milestones			Current year financial forecast against budget			Investment justification (BC, MoU etc) forecast spend status					
		Jul	Aug	Sep	Oct	Nov	Dec	RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	
P0294	National Tariff System (NTS)	Yes	A	A	A	A	A	A	High	PVR	Jun-15	A	TBC	TBC	TBC	A	A	A	A	R-O	R-O	A	G	G
P0406	Data Services for Commissioners	Yes	A	A	A	A	A	A	Med	N/A	N/A	N/A	NR	NR	NR	A	A	A	TBC	A	A	A	N/A	N/A

Overall Delivery Confidence for ASI:	
September-2015	A 60.00%
December-2015	A 60.00%

Overall Delivery Confidence is assessed as A based on the Highlight Reports covering the September 2015 period. The high level commentary provides further detail.

Sourced from Highlight Reports (Key RAGs)

KEY Trend  
 ↑ RAG improvement from previous month  
 → RAG same as previous month  
 ↓ RAG decrease from previous month

Non Completion  
 NR No report provided or report provided but missing RAG in a section for which a RAG should have been provided  
 N/A Data item is not applicable to programme or project (for example, MOUs may not be responsible for Benefits Realisation or be accountable for Digital and Tech Spend Approval)  
 TBC Data item was not available at the time of report production (for example, discrepancies with budget figures or a lack of information around the progression of an approval)

KPI Programme Achievement (other Directorates)  
 KPI Owner James Hawkins  
 Data Owner Tom Denwood (Prov Sup), Martin Severs (I&A), Rob Shaw (O+AS), Peter Counter (ASI)

Appendix 2 - Programme Delivery Dashboard

PS&I RAG Summary			I&A RAG Summary			O+AS RAG Summary			ASI RAG Summary		
Previous RAG			Previous RAG			Previous RAG			Previous RAG		
Current RAG	A/G		Current RAG	A		Current RAG	G		Current RAG	A	
Forecast RAG	A/G		Forecast RAG	A		Forecast RAG	G		Forecast RAG	A	

Provider Support & Integration Dashboard - September 2015																													
		Benefits realisation confidence			Quality Management against plan			Programme / Project end date			Current Investment Justification approval status			Digital & Technology Spend Controls Status			Resourcing Against Plan			Progress against planned mitigation for risk									
		Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep							
P0033	PACS	G	G	G	N/A	N/A	N/A	-	G	G	G	N/A	N/A	N/A	-	N/A	N/A	N/A	-	G	G	G	TBC	G	G				
P0183	South Community Programme	G	G	G	G	G	G		G	G	G	G	G	G		G	G	G		G	G	G	A	A	A				
P0182	South Ambulance Programme	A	A	A	A	A	A		G	G	G	G	G	G		G	G	G		G	G	A	A	G	G				
P0181	South Acute Programme	A	A	A	G	G	G		G	G	G	G	G	G		G	G	G		G	G	G	A	A	A				
P0047	BT LSP	R	R	R	G	G	G		A	A	G	G	G	G		G	G	G		G	G	G	A	A	A				
P0031	CSC LSP	A	A	A	G	G	G		R	R	R	G	G	G		G	G	G		A	A	G	A	G	G				

Overall Delivery Confidence for Prov Sup:		
September-2015	A/G	70.00%
December-2015	A/G	76.67%

Overall Delivery Confidence is assessed as A/G based on the Highlight Reports covering the September 2015 period. The high level commentary provides further detail.

Informatics and Analytics - September 2015																													
		Benefits realisation confidence			Quality Management against plan			Programme / Project end date			Current Investment Justification approval status			Digital & Technology Spend Controls Status			Resourcing Against Plan			Progress against planned mitigation for risk									
		Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep							
P0306	care.data	R	R	R	A	A	A		G	G	G	A	A	A	N/A	N/A	N/A	-	A	A	A	TBC	A	A					
P0294	Maternity and Childrens Dataset	A	A	A	G	G	G		G	G	G	G	G	G		G	G	G		A	A	A	TBC	G	G				
P0321	Pathfinder on DME	N/A	N/A	N/A	R	A	A		A	A	A	A	A	A		N/A	N/A	N/A	-	R	A	A	TBC	A	A				

Overall Delivery Confidence for I&A:		
September-2015	A	53.33%
December-2015	A	53.33%

Overall Delivery Confidence is assessed as A based on the Highlight Reports covering the September 2015 period. The high level commentary provides further detail.

Operations and Assurance Services Dashboard - September 2015																													
		Benefits realisation confidence			Quality Management against plan			Programme / Project end date			Current Investment Justification approval status			Digital & Technology Spend Controls Status			Resourcing Against Plan			Progress against planned mitigation for risk									
		Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep							
P0050	Spline 2	G	G	G	A	A	A		G	G	G	G	G	G		G	G	G		A	A	A	G	A	A				
P0325	Cyber Security Programme	N/A	N/A	N/A	G	G	G		G	G	G	G	G	G		N/A	N/A	N/A	-	G	G	G	G	G	G				
P0335	SUS Transition	G	G	G	G	G	G		A	A	A	A	A	A		G	G	G		G	G	G	G	G	G				

Overall Delivery Confidence for O+AS:		
September-2015	G	80.00%
December-2015	G	86.67%

Overall Delivery Confidence is assessed as G based on the Highlight Reports covering the September 2015 period. The high level commentary provides further detail.

Architecture Standards and Innovation - September 2015																													
		Benefits realisation confidence			Quality Management against plan			Programme / Project end date			Current Investment Justification approval status			Digital & Technology Spend Controls Status			Resourcing Against Plan			Progress against planned mitigation for risk									
		Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep							
P0294	National Tariff System (NTS)	A	N/A	N/A	A	A	A		A	G	G	A	G	G		A	A	A		A	A	A	A	A	A				
P0406	Data Services for Commissioners	TBC	TBC	TBC	TBC	N/A	-	-	G	G	G	TBC	N/A	N/A	-	N/A	N/A	N/A	-	A	A	A	G	G	G				

Overall Delivery Confidence for ASI:		
September-2015	A	60.00%
December-2015	A	60.00%

Overall Delivery Confidence is assessed as A based on the Highlight Reports covering the September 2015 period. The high level commentary provides further detail.

Sourced from Highlight Reports (Key RAGs) September-15

- KEY  
 Trend  
 ↑ RAG improvement from previous month  
 → RAG same as previous month  
 ↓ RAG decrease from previous month

- Non Completion  
 NR No report provided or report provided but missing RAG in a section for which a RAG should have been provided  
 N/A Data item is not applicable to programme or project (for example, MOUs may not be responsible for Benefits Realisation or be accountable for Digital and Tech Spend Approval)  
 TBC Data item was not available at the time of report production (for example, discrepancies with budget figures or a lack of information around the progression of an approval)

## Board Meeting – Public session

<b>Title of paper:</b>	<b>Update on progress against 2015/16 Business Plan and Budget</b>
Board meeting date:	25 November 2015
Agenda item no:	HSCIC 15 05 03 (b)
Paper presented by:	Carl Vincent (Director of Finance & Corporate Services)
Paper prepared by:	Rebecca Giles (Head of Strategic Finance, Reporting & Change) David O'Brien (Head of Business Intelligence)
Paper approved by: (Sponsor Director)	Carl Vincent (Director of Finance & Corporate Services)
Purpose of the paper:	To provide an update to the Board of the latest financial position against budget for the 2015/16 financial year, an update on progress against the 2015/16 Business Plan, an overview of resourcing and its impact on delivery and a forward look at the current landscape for future funding expectations, and our response to expected financial pressures in coming years.
Key risks and issues:	Uncertainty of future funding and the impact this might have on resourcing of, and hence delivery of, commitments in the future.
Patient/public interest:	Indirect
<b>Actions required by the board:</b>	The Board are requested to: <ul style="list-style-type: none"> <li>• note the reported performance on delivering business plan commitments and mitigating actions</li> <li>• note the current financial forecast outturn for 2015/16</li> <li>• discuss and provide feedback on longer term developments to our funding structure and financial systems and processes</li> </ul>

# Update on progress against 2015/16 Business Plan and Budget

**Author** Carl Vincent

**Date** 25<sup>th</sup> November 2015

## Contents

---

<b>Contents</b>	<b>2</b>
<b>Executive Summary</b>	<b>3</b>
<b>Update on 2015/16 Budget</b>	<b>3</b>
<b>Update on 2015/16 Business Plan</b>	<b>5</b>
<b>Future years' financial risks</b>	<b>7</b>
Business Planning and Budget for 2016/17 – 2018/19	7
<b>Actions Required of the Board</b>	<b>8</b>
<b>Appendix A – 2015/16 Corporate Business Plan monitoring Q2 summary</b>	<b>9</b>
<b>Appendix B – Business Plan deliverables rated Red or Amber/Red</b>	<b>13</b>

---

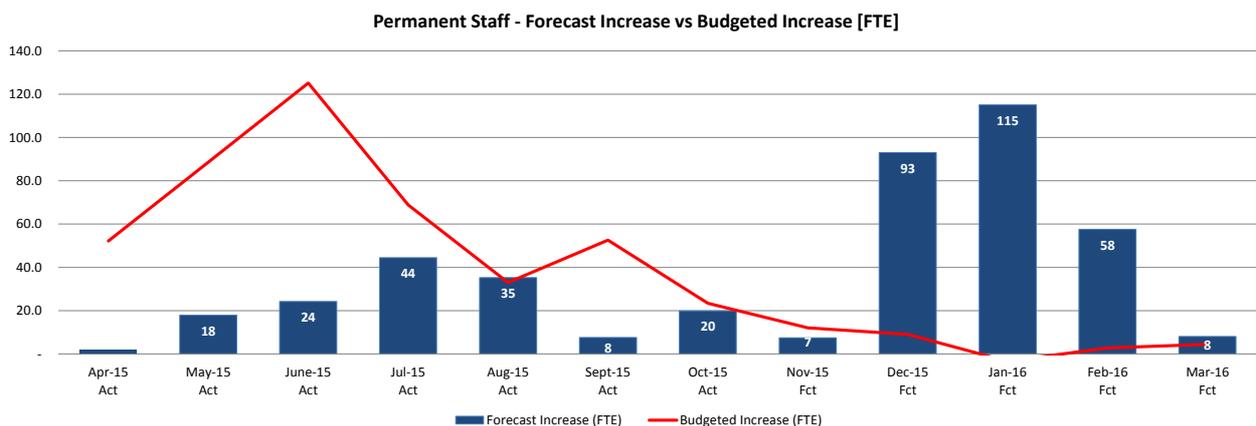
## Executive Summary

This paper provides an update to the Board of the latest financial position against budget for the 2015/16 financial year, an update on progress against the 2015/16 Business Plan and a forward look to the 2016/17 Business Planning and Budget process. The Board are specifically requested to note the level of uncertainty about future years' funding, and the way we are currently managing that risk.

## Update on 2015/16 Budget

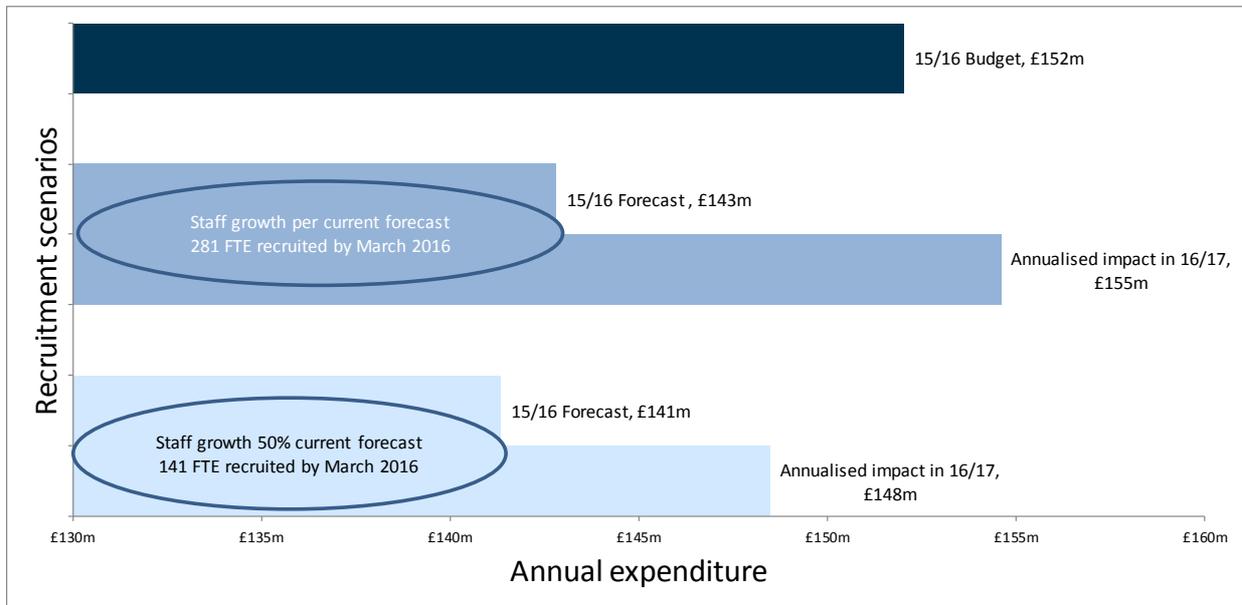
As at October month-end, the HSCIC reported an underspend against budget for the first seven months of the year of £9.3m and forecast an underspend against budget for the full year of £6.5m, comprising £5.9m for core GiA and £0.7m for ring-fenced GiA.

The full year forecast, however, still includes optimistic projections of recruitment for the remainder of the year. Net recruitment of permanent staff for the first seven months of the year was 152 FTE with forecast projections of a net increase of 281 FTE in the remaining seven months, peaking in December - February, as per the following graph:



The net staff increase for the remainder of the year has decreased significantly from M6; however, 281 FTE in 5 months is still unlikely to be achievable. Although it is difficult to predict expected recruitment for the remainder of the year, a top-down estimate that we might recruit half the staff included in the latest bottom-up forecast would result in a financial outturn for the year around £2m below the current forecast (assuming all other costs remain at current forecast).

Additionally, the more staff that are recruited this year, the higher the cost pressure that is carried forward into 16/17. The following graph shows the annual costs of permanent staff: this year's budget, the current 15/16 forecast with 16/17 projection and an estimate of half of the revised forecast, with 16/17 projection.



External income is currently forecast to end the year slightly above budget; however, within this are fluctuations in both directions across a number of programmes, particularly for programmes that were in the process of being developed/ established or reorganised when the budgets were set, so this remains an area of risk for the organisation. Over-arching Provision of Services Agreements (POSAs) have been signed with DH and NHSE and the underlying work packages for 2015/16 are in most instances either agreed or in an advanced stage of development.

The Capital budget for the year is expected to be £15.7m (final confirmation not yet received from DH); to October, we had spent £4.5m. Capital requirements for the remainder of the year are heavily reliant on the likely requirements of the Data Services Programme; expected full year expenditure includes £5m corporate ICT, £2m Estates & Facilities and £4m development of in-house systems. £1.3m is expected to be returned to DH to fund capital development of the Spine asset for CHRIS replacement.

Other risks to the financial position for this year include the unknown costs of new/ emerging requirements (including Data Services Platform, Patient Preferences), directorates that still have additional savings to be found factored into their budgets, costs of workpackages/ contractors to compensate for hard-to-recruit roles and additional costs we are asked to support from commissioning bodies.

## Update on 2015/16 Business Plan

The corporate business plan contains 65 commitments to be delivered during 2015/16. Overall the reported delivery progress as at the close of quarter two is good, with few commitments reported as being at significant risk of non-delivery. Note that although recruitment is below the planned levels, this does not appear to be having a major impact on business plan delivery: recruitment issues have been explicitly identified as a risk to delivery in only a few instances.

The corporate business plan refers to a number of potential in-year developments that could add to or change the original commitments. However, none have progressed sufficiently to warrant reporting as new projects or significant impacts on the approved plan.

Delivery progress of the business plan commitments is monitored by directorates and reported to the corporate business intelligence team on a quarterly basis. The reported information is triangulated with other sources of intelligence such as risk reports, performance data and programme highlights reports.

The table below summarises the reported delivery progress at the close of Quarter 2. More detail is provided at Appendix A. RAG ratings are applied to each commitment. These ratings are based on the RAG rating definitions for overall delivery confidence as applied to projects and programmes across the organisation.

RAG Status	RAG Definition	Number of Commitments
Green	On target for successful in-year delivery	24
Amber/Green	Successful in-year delivery is probable	16
Amber	Successful in-year delivery is feasible, issues need resolving	12
Amber/Red	Successful in-year delivery in doubt, urgent action is required	4
Red	Successful in-year delivery appears unachievable	1
Blue	Delivery has been completed	4
Grey	No delivery report this quarter	4
<b>Total</b>		<b>65</b>

One commitment had an red delivery status at the close of quarter two, indicating that successful delivery – either as originally planned or following a re-scope - is not achievable in 2015/16:

- 2.6 Develop and obtain approval for standards necessary to integrate information flows within social care and between health and social care

Four commitments had an amber-red delivery status at the close of quarter two, indicating that successful delivery in 2015/16 is in doubt and that urgent action is required. These are:

- 2.4: Develop the SCCI support service into a fully operational strategic support function.
- 3.12: Put NHS Mail2 into live service
- 3.17: Commence the process of decommissioning the National Health Application and Infrastructure Service (NHAIS) and build new functionality into Spine to support national primary care registration
- 3.18: Support NHS England to achieve 80% take-up of the Child Protection Information Service (CP-IS)

More information about these commitments, including the root cause of delivery issues and the mitigating actions, is presented in Appendix B. A more detailed update on these deliverables will be reported to the Board at its meeting in December.

## Future years' financial risks

In August, we submitted to DH financial projections for a further 4 years from 15/16 to demonstrate how savings of 25% and 40% could be achieved over the five year period. The outcome of the Spending Review, which won't be clear until December/ January, is fundamental to our planning for the coming years.

Against potential funding reductions from the Spending Review, there may be additional funding made available from the NIB workstreams. We need to be prepared for an environment where spending on current work will be reduced but be additional funding may become available for new work.

Where funding does reduce over the coming years, the HSCIC will be required to find savings from a combination of efficiencies, releasing resources from completed work and stopping work. The scale of the potential reductions will lead to a reduced workforce (significantly in the case of 40% reductions), some of which will need to be achieved through redundancies.

The graph on page four shows the financial impact of on-going recruitment in 2015/16, with the lower scenario suggesting that the annualised cost of recruitment this year will leave us with a forecast staff budget of around £148m. To provide us with a basis to start business and budget planning in advance of the SR outcome, we have assumed a straight line real terms reduction of 30% over the next four years. The affordable staff budget next year will depend on a number of factors, such as other income sources, the cost of any redundancies and our non-staff costs, but it is likely we will be able to afford staff expenditure next year of £135m - £140m. Although our forecast recruitment for the remainder of this year is still relatively ambitious, it suggests we will have to manage our staff budgets and recruitment very carefully next year.

In recognition of the expected reduction in funding, we have initiated a cost improvement programme (CIP) to enable us to demonstrably improve the transparency of our costs and our efficiency. The Transformation programme will introduce a new operating model supported by a resource planning and activity based reporting tool that will enable us to work more flexibly and efficiently.

In addition, we are working with DH and NHS E to realign our funding sources to improve transparency and incentives and ensure that the overall financial structure under which we operate is more logical and consistent than it is today.

## Business Planning and Budget for 2016/17 – 2018/19

We have agreed to transform the organisational structure and operating model by April 2016, so the Business Planning and Budget processes are being developed to align to this .

Whilst the transformation will deliver medium and long term efficiencies, in the short term, it introduces additional financial risks; we need to manage those risks as a condition on the speed of transformation.

Transformation will result in a significantly changed cost centre/ organisational hierarchy. As the full details of the new structure are still in development, it has been decided that we will initially run the business planning/ budget process for 16/17 based on the current structure

and then recut it to the new structure. The alternative (plan/ budget directly in the new structure) is considered too risky as we could not start the 16/17 budget process until the all details of the new structure are confirmed.

Provisional Directorate budget targets have been calculated for 16/17 to 18/19, using an assumption of an SR settlement of 30% reduction over 4 years, taking into account certain known adjustments such as programmes coming to an end and changes in income expectations. The 30% assumption will be adjusted, and final directorate targets set, as and when the SR settlement is agreed. EMT have reviewed and agreed the targets and the directorates have started work on their detailed budget planning.

The high level timetable for **budgeting** is:

- Mid November - set provisional directorate targets for 16/17 to 18/19 (complete)
- Mid January - EMT review and challenge of draft budgets
- End January - detailed directorate budgets set
- Feb/ Mar - identify work that cannot be delivered once efficiency taken into account and agree priorities for stopping work with DH & NHS E
- Feb/ Mar - recut budget to new structure

At the time of writing this report DH had yet to confirm the finalised ALB **business planning** timeline for 2016-17. However, informal indications suggest that the first submission to DH of a draft business plan is not required until mid-to-late January (in previous years this has been required before Christmas). Submission of the final approved HSCIC business plan is expected during March. It is hoped that a confirmed timeline will be available for reporting to the Board in December.

## Actions Required of the Board

The Board are requested to:

- note the reported performance on delivering business plan commitments and mitigating actions
- note the current financial forecast outturn for 2015/16
- note the level of uncertainty about future years' funding, the way we are currently managing that risk and the 16/17 business planning and budget processes, including the impact of Transformation.

## Appendix A – 2015/16 Corporate Business Plan monitoring Q2 summary

Ref	Commitments	Directorate	Status	Comment (for commitments rated Amber or worse)
<b>1. ENSURE THAT EVERY CITIZEN'S DATA IS PROTECTED</b>				
1.1	Deliver a cyber security strategy and programme that meet the Secretary of State's requirement to improve data and system security across the health and care system, and can respond to the evolving nature of cyber threats that are posed	OAS	A/G	
1.2	Support the development of a service for managing people's preferences for managing the sharing of personal data, in line with the commitment given by the NIB	OAS		This is a three-year aspiration in the OAS business plan, not intended as an in-year deliverable for 2015/16
1.3	Deliver enhanced information governance and security operations functions for the systems and services delivered by HSCIC.	OAS	G	
1.4	In collaboration with our partners, consolidate the position of the Information Governance Alliance as the single authoritative source of information governance advice, guidance and best practice for the health and care sector.	OAS	A/G	
1.5	Review and update the sector-wide Information Governance Toolkit so that it supports local health and care organisations deliver integrated services	OAS	A/G	
1.6	Support the National Data Guardian by hosting the independent Information Governance Oversight Panel to provide advice, challenge and scrutiny to the health and care system regarding the use of sensitive data	OAS	G	
<b>2. ESTABLISH SHARED ARCHITECTURE AND STANDARDS SO EVERYONE BENEFITS</b>				
2.1	Develop the HSCIC as the sector-wide centre of competence for technical architecture, information standards and innovation	ASI	A	Following a review of the approach to innovation, a new Innovation Service is being set-up. The concept of a physical Innovation Centre is on hold pending further consideration later in the year.
2.2	Work with the Interoperability Board to develop new standards for the interoperability of care documents and records	ASI	A/G	
2.3	Progress the implementation of SNOMED CT, pharmacy standards, and interoperability standards	ASI	A	The operational effectiveness of the standards implementation team is at risk due to recruitment delays: target date has slipped from September to the end of February.
2.4	Develop the SCCI support service into a fully operational strategic support function	ASI	A/R	Development of the SCCI support service has been affected by staff illness during Q1 and delays in recruiting a permanent SCCI Chair.
2.5	Ensure that clinical safety standards are incorporated into emerging technologies, health and wellbeing records, apps and assistive devices used by citizens and care professionals, and work with the Royal Colleges and others to promote clinical safety standards	OAS	G	
2.6	Develop and obtain approval for standards necessary to integrate information flows within social care and between health and social care	HDS	R	Delays in developing the standards and obtaining approval from SCCI has pushed the delivery timescale beyond 2015/16 (to 31 July 2016).
2.7	Establish new working processes for development of innovative ideas in the HSCIC and explore options for the development of a new innovation centre that can support our work	ASI	A	Dependency on the operational effectiveness of the Innovation Service (2.1 above). The concept of a physical Innovation Centre is on hold pending further consideration later in the year.
2.8	Ensure that GP clinical systems can deliver the new GP2GP requirements to support the electronic transfer of records when patients transfer their GP	HDS	A/G	

Update on Business Plan & Budget 15/16

Ref	Commitments	Directorate	Status	Comment (for commitments rated Amber or worse)
<b>3. IMPLEMENT NATIONAL SERVICES THAT MEET NATIONAL AND LOCAL NEEDS</b>				
3.1	Make access to the Summary Care Record available to more clinical and social care settings (consistent with the NIB framework) in order to improve patient outcomes, avoid onward referrals and enhance patient experience of care	HDS	A/G	
3.2	Develop the Spine service as a national hub supporting the exchange of information across health, social care, local authorities and other organisations involved in the new models of integrated care.	OAS	A/G	
3.3	Introduce new assurance processes to enable the HSCIC to open up access and reduce timescales for connectivity to national systems	OAS	A/G	
3.4	Redesign NHS Choices to deliver a growing range of personal transactions, to support the delivery of the NIB objectives	HDS	A	HSCIC instructed by NHS England to cease work on Choices transformation. HSCIC now delivering a live service only, but this includes delivery of a roadmap of ongoing enhancements.
3.5	Develop identity verification solutions to support health and social care workers and patient/citizen identity in support of the National Information Board's Framework for Action.	OAS	G	
3.6	Allow "virtual smart card authentication" to manage access to national systems such as the Summary Care Record (SCR) through mobile devices	OAS	G	
3.7	Launch the e-Referrals service and its new vision for improving access to services	HDS	C	Completed
3.8	Manage the transition of the Care Identity Service to meet the requirements of the Spine Extension business case	OAS	C	Completed
3.9	Support nationally rolled out mobile applications in line with the National Information Board's Framework for Action.	OAS	G	
3.10	Progress the migration of the Secondary Uses Service into the HSCIC, ensuring continuity of service and delivering the annual Payment by Results requirements	OAS	G	
3.11	Migrate, build and operate a new National Pandemic Flu service	OAS	G	
3.12	Put NHSMail2 into live service	HDS	A/R	Delivery date has been put back from the agreed baseline of September to February. Delivery of live service (pilot) scheduled for February 2016
3.13	Improve the effectiveness of the Electronic Prescription Service for patients, prescribers, dispensers and the prescription reimbursement agency by ensuring at least one third of all prescription items are prescribed, dispensed and claimed using the service	HSD	G	
3.14	Review options for the future direction of the GPES service with a view to reducing costs, increasing capacity and turnaround of extract delivery	HDS	C	Completed
3.15	Continue the transfer of services into the Service Integration and Management environment, to strengthen our service management and so build confidence in our ability to deliver high quality resilient services with high levels of availability.	OAS	A/G	
3.16	Transfer the Central Health Registry Inquiry System (CHRIS) into the Spine service	OAS	G	
3.17	Commence the process of decommissioning the National Health Application and Infrastructure Services(NHAIS) and build new functionality into the Spine service to support national primary care registration	OAS	A/R	Development of the new portal was due to start on 01 September but this has been delayed due to funding issues.
3.18	Support NHS England to achieve 80% take-up of the Child Protection Information Service	HDS	A/R	Target revised to 20% by December 2015. Deployment issues concern suppliers, procurement, technology and local authority resources

## Update on Business Plan & Budget 15/16

Ref	Commitments	Directorate	Status	Comment (for commitments rated Amber or worse)
<b>4. SUPPORT HEALTH AND CARE ORGANISATIONS TO GET THE BEST FROM TECHNOLOGY, DATA AND INFORMATION</b>				
4.1	Ensure that all parts of the HSCIC are providing effective support to local health and care integration programmes	PSI	A/G	
4.2	Publish the first stage of our report to provide the Secretary of State with the findings from our three-year rolling review of national and local data collections to manage the administrative burden on front line services associated with national data collections	OAS	G	
4.3	Pilot the "Oxygen" app to provide clinicians and care professionals with controlled and auditable access to the Summary Care Record	PSI	G	
4.4	Deliver the NIB priorities concerning development of the health informatics profession and skills	HR	A/G	
4.5	Provide the capability for secure messaging and paperless processes across care settings and into care homes	HDS	C	Completed
4.6	Ensure that the exit and transition arrangements for the BT and CSC LSP Contracts are managed successfully	PSI	A	A small number of trusts are at risk of failing to exit by the end of October. Contingencies are in place, including a short-term extension to the BT contract
4.7	Launch a toolset to help health and care organisations develop and implement a benefits realisation strategy	PSI	A	Milestone target dates have moved back. Assessments of team capacity and urgency of the work have led to this deliverable being de-prioritised.
4.8	Ensure that the implementations of the South Community and Child Health Programme are completed in all trusts	PSI	A/G	Some risk that provider plans for transition to BAU are not complete by the target date (31/12/2015)
4.9	Support the completion of the implementations in both NHS Trusts for the South Ambulance Programme	PSI	A	The South West Ambulance Trust implementation will not be completed in 2015/16 due to local Trust issues that do not affect HSCIC delivery
4.10	Obtain business case approvals for the South Acute Programme, supported by agreements between DH and the providers	PSI	G	
4.11	Complete the NME and London PACS contract exits and close the programmes	PSI	G	
<b>5. MAKE BETTER USE OF HEALTH AND CARE INFORMATION</b>				
5.1	Consolidate and better assure the reporting and publication of, and improve public access to, indicators, including the National Information Board commitment to deliver a national quality library	IA	G	
5.2	Work with NHS England to develop a new national Data Services for Commissioners service	ASI	A	Proof of Concept work delayed due to funding approvals but should be complete by December. Discovery phase of the National Repository underway, system development due to commence in January
5.3	Implement a "single front door" to make it easier for research organisations to access health and care data that is held in different organisations (the HSCIC, Public Health England and the Clinical Practice Research datalink, for example)	IA	G	
5.4	Work with our partners on the development of the new payment and tariff strategies that will shape the future requirements of the National Tariff Service	IA	G	
5.5	Design and deliver the first phase of the Data Services Programme, starting with the national repository for data services	IA		
5.6	Work with the DH and the Cabinet Office to design a Centre of Excellence for Big Data and Data Science	IA	A	Dependency on reconfiguration of Information and Analytics directorate towards data science and recruitment to a Director-level post
5.7	Complete the evaluation of the pathfinder stage of the Care.data programme and, subject to that evaluation, agree with NHS England the plans for a phased roll out for the care.data primary linked dataset.	IA	A	Dependency on test communications in the Pathfinder stage and the work on wording of opt-out / consent (Dame Fiona Caldicott)

## Update on Business Plan & Budget 15/16

Ref	Commitments	Directorate	Status	Comment (for commitments rated Amber or worse)
5.8	Design and deliver a new genomics support service with Genomics England	IA	G	
5.9	Deliver the key national clinical audits, including the Female Genital Mutilation enhanced dataset and the development of the Breast Implant Audit registry	IA	G	
5.10	Deliver the Mental Health, Maternity and Children's Datasets so that providers are submitting data on a regular basis	IA	A/G	
5.11	Publish over 250 national reports on health and care statistics	IA	G	

### 6. TRANSFORMING THE WAY WE ENGAGE AND WORK

6.1	Implement the HSCIC's plans for securing an appropriate and effective workforce	HR	A/G	
6.2	Develop and implement a pay and reward strategy and implement the reward programme of work	HR	A/G	
6.3	Deliver new approaches to development of leadership and management for the HSCIC	HR	G	
6.4	Manage and deliver the internal Bureaucracy Busting programme	HR	A	Target date is at risk. Work to be progressed as part of the Corporate Informations Strategy workstream of the wider HSCIC Transformation
6.5	Establish a new account management structure, for the HSCIC, informed by a new stakeholder relationship strategy and incorporating feedback measures for the products/services delivered	CR	A/G	
6.6	Develop and implement a new communications and engagement plan for the HSCIC, supported by effective material, products and tools, including a new website designed around our customers' requirements	CR		
6.7	Establish a market intelligence function to provide insight to inform the HSCIC's strategy and product/service development	CR		
6.8	Embed the HSCIC estates strategy and seek further efficiencies across the HSCIC estate	FCS	G	
6.9	Deliver a Commercial Operating Model to support HSCIC programmes, services and other functions	FCS	A	New high level model agreed. Key post recruited to take forward finalised design and implementation
6.10	Introduce Activity-Based Recording as the first stage in our Capacity and Productivity Challenge	FCS	A	Pilot delayed due to technical issues. System build and implementation to be reprofiled as part of the wider HSCIC Transformation programme
6.11	Establish an interim Informatics Portfolio Office to support the Department of Health's responsibilities for informatics governance and assurance	FCS	G	

**Key**

R	Successful in-year delivery appears unachievable
A/R	Successful in-year delivery in doubt, urgent action is required
A	Successful in-year delivery is feasible, issues need resolving
A/G	Successful in-year delivery is probable
G	On target for successful in-year delivery
C	Completed: Item has been delivered.
	No progress report received

## Appendix B – Business Plan deliverables rated Red or Amber/Red

### 1. BUSINESS PLAN DELIVERABLE RATED AS ‘RED’:

	Commitment	Root Cause and Impact	Actions Taken	Action Due Date
2.6	Develop and obtain approval for standards necessary to integrate information flows within social care and between health and social care  <b>(Health Digital Services)</b>	The delivery has a dependency on the completion of an SCCI standards review, which is experiencing delays.  As a result of the SCCI standards review delays, the delivery timescale for this work has been extended to 31 July 2016. This means it is not feasible to complete the work during the lifetime of the 2015/16 Corporate Business Plan as originally planned	Overall the Social Care Informatics Programme is progressing: governance arrangements are in place, the project brief was approved by CAB in August, and recruitment to the core team is progressing well.  Some standards submissions to SCCI are complete, others are underway, but some are pending.	The delivery timeframe has been extended to July 2016

**2. BUSINESS PLAN DELIVERABLES RATED AS 'AMBER / RED':**

Commitment		Root Cause and Impact	Actions Taken	Action Due Date
2.4	Develop the SCCI support service into a fully operational strategic support function. <b>(Architecture, Standards and Innovation)</b>	Development of the SCCI support service have been adversely affected by staff illness earlier in 2015/16 and, subsequently, by delays in recruiting a permanent SCCI Chair	The recruitment of the SCCI Chair has commenced: the position has been advertised.	Forecast date for SCCI Chair to be in place is January 2016
3.12	Put NHS Mail2 into live service <b>(Health Digital Services)</b>	Issues preventing network provision between data centres which was commissioned by HSCIC from Vodafone who are late on their estimated delivery date	The delivery timeline for this commitment has been extended to 31st July 2016	Pilot scheduled for Feb / Mar 16 with full rollout scheduled for Jun/Jul 16.
3.17	Commence the process of decommissioning the National Health Application and Infrastructure Service (NHAIS) and build new functionality into Spine to support national primary care registration <b>(Operations and Assurance)</b>	The scope of this deliverable has changed following a review of the PCS outsourcing. Most of the original milestones/deliverables are no longer required or have been incorporated into NHS England's PCS Transformation Programme.  One outstanding milestone/deliverable remains: to migrate users to a new portal as part of the decommissioning of NHAIS.  Development of the new portal was due to start on 01 September but this has been delayed due to funding issues.	The full business case for the redevelopment of the Primary Care Registration Management system received caveated approval from CAB on 24 August.  However, the funding path has not been identified: negotiations are ongoing.	

Commitment		Root Cause and Impact	Actions Taken	Action Due Date
3.18	<p>Support NHS England to achieve 80% take-up of the Child Protection Information Service (CP-IS)</p> <p><b>(Health Digital Services)</b></p>	<p>As of 13 October, 7% of local authorities were live with CP-IS. It is accepted that the Ministerial target of 80% will not be achieved by December 2015.</p> <p>Issues impacting deployment are:</p> <ul style="list-style-type: none"> <li>- Slow progress of suppliers to achieve roll-out approvals</li> <li>- Delays in N3 connections and thin-client solutions to mitigate the need for N3 connectivity</li> <li>- Local authority funding and resource constraints</li> <li>- Resource constraints in the CP-IS team</li> </ul>	<p>Discussions with NHS England and the SRO have resulted in a revised target of 20% of local authorities live by December 2015. This revised target has been approved by the project board.</p> <p>Further discussions are taking place to re-profile the original 80% target across 2015/16 for both local authorities and NHS organisations.</p> <p>The SRO has extended the timeline for the roll-out of CP-IS to 31 March 2018.</p> <p>Discussions between NHS England and HSCIC are ongoing regarding actions required to mitigate the identified deployment issues.</p>	

## Board meeting – Public session

<b>Title of paper:</b>	<b>Streamlining the Independent IG Advice to the HSCIC</b>
Board meeting date:	25 November 2015
Agenda item no:	HSCIC 15 05 04 (a)
Paper presented by:	Martin Severs, Caldicott Guardian
Paper prepared by:	Alan Hassey, Deputy Caldicott Guardian
Paper approved by: (Sponsor Director)	Martin Severs, Caldicott Guardian
Purpose of the paper:	Update HSCIC Board on progress to establish IGARD
Key risks and issues:	<ol style="list-style-type: none"> <li>1. Need to ensure DAAG &amp; GPES IAG functions are appropriately covered in migration to IGARD &amp; SCCI.</li> <li>2. This paper covers establishment of IGARD</li> <li>3. Applies key messages from IGARD consultation</li> </ol>
Patient/public interest:	Direct public interest as establishes independent oversight of HSCIC data disseminations
<b>Actions required by the board:</b>	The Board is asked to approve the HSCIC Response to the IGARD consultation, IGARD terms of Reference and the first stages of IGARD implementation.

# Streamlining the Independent IG Advice to the HSCIC

**Update relating to establishment of IGARD**

**Author: Martin Severs, Alan Hassey**

**Date: 25/11/15**

# Contents

---

<b>1</b>	<b>Draft Resolution</b>	<b>3</b>
<b>2</b>	<b>Executive Summary</b>	<b>3</b>
<b>3</b>	<b>Background</b>	<b>3</b>
<b>4</b>	<b>Recommendation</b>	<b>3</b>
<b>5</b>	<b>Issues</b>	<b>4</b>
5.1	Strategy Implications	4
5.2	Financial Implications	4
<b>6</b>	<b>Risk Analysis</b>	<b>4</b>
<b>7</b>	<b>Corporate Governance and Compliance</b>	<b>4</b>
<b>8</b>	<b>Management Responsibility</b>	<b>4</b>

---

## 1 Draft Resolution

The Board is asked to approve the HSCIC Response to the IGARD consultation, IGARD terms of Reference and the first stages of IGARD implementation.

## 2 Executive Summary

This paper notifies the Board and makes available for scrutiny the HSCIC response to the IGARD consultation in the form of a “You Said, We Did” document and the final version of the IGARD Terms of Reference based on the results of that consultation. These Terms of Reference are supported by the current DAAG Independent Members.

The paper sets out the main steps to implement IGARD for which the Executive Director seeks Board support.

## 3 Background

The consultation on the draft terms of reference for the proposed new Independent Group Advising on the Release of Data (IGARD) ran from 16th June to 31st August 2015. Forty-three organisations and individuals responded. The responses to the IGARD consultation clearly demonstrated the scope of the challenge facing HSCIC in terms of striking the balance between appropriate corporate and information governance<sup>1</sup> and making data available for legitimate purposes to the wider health and care community. The responses strongly encourage HSCIC to go beyond the consultation version of the IGARD ToR in terms of clarity of scope and purpose, expertise, accountability, transparency and independence.

The IGARD proposals were previously discussed at the HSCIC Board on 23<sup>rd</sup> September. These detailed proposals are in line with the Board’s recommendations.

## 4 Recommendation

1. We recommend that HSCIC provide a formal response to the consultation based on the “You Said, We Did” document, which will form the basis of our communications plans for IGARD.
2. We recommend that the HSCIC Board approve the IGARD terms of reference and
3. Establish IGARD as soon as possible in line with the ToR presented here. The key steps are;
  - a. Ask Dame Fiona Caldicott to nominate Independent Chair of IGARD for 1-2 years
  - b. Appoint 4 new independent members to IGARD (2 short term 2 medium term)
  - c. Establish new IG secretariat to support IGARD & SCCI

---

<sup>1</sup> medConfidential

## 5 Issues

### 5.1 Strategy Implications

These proposals to establish IGARD represent the completion of the HSCIC's plans to strengthen and streamline the independent IG advice and oversight we receive for data disseminations. Further work is still required to fully establish a similar single process for data collections through SCCI.

### 5.2 Financial Implications

The establishment of IGARD has been included in current financial plans and the resources to establish and run the group have been allocated to Peter Hall's IG Directorate

## 6 Risk Analysis

The main risk is of perceived failure to establish independent oversight of HSCIC data disseminations following the Partridge Report, recommendations and the HSCIC response to that report. These proposals are in line with Partridge's recommendations, the HSCIC requirement to streamline and strengthen independent advice to HSCIC and are informed by the recent consultation with the public on the draft IGARD terms of reference.

## 7 Corporate Governance and Compliance

These proposals are an essential piece in the jigsaw of demonstrating robust, independent scrutiny of HSCIC data disseminations and providing a voice for stakeholders and members of the public in those decisions. These proposals underpin and strengthen the commitments given by HSCIC towards transparency, accountability and independence.

## 8 Management Responsibility

The delivery of IGARD will be the responsibility of Alan Hassey & Dawn Foster, working to Martin Severs.

## Board meeting – Public session

<b>Title of paper:</b>	<b>Directions for Patient Objection Management System - update and proposed mechanism for formal consultation with the HSCIC Board</b>
Board meeting date:	25 November 2015
Agenda item no:	HSCIC 15 05 04 (b)
Paper presented by:	Prof. Martin Severs, Interim Director of Information and Analytics and Lead Clinician
Paper prepared by:	Rowena Herbert, Programme Head
Paper approved by: (Sponsor Director)	Prof. Martin Severs, Interim Director of Information and Analytics and Lead Clinician
Purpose of the paper:	The paper provides an update to the Board on the patient objections programme and the development of the draft directions. It proposes that these are dealt with through a Chair's action because the draft is not ready for the November Board and the January Board will be too late to enable the programme delivery timescales, as agreed with the Secretary of State, to be met.
Key risks and issues:	<p>Whilst all draft Directions should come to the public Board for formal consultation if these Directions cannot be dealt with outside of the formal Board meeting schedule this would have a considerable reputational risk for the HSCIC.</p> <p>In the interests of transparency and good corporate governance as we know in advance that a Chair's action is needed this paper notifies the Board of this fact as well as enabling the Board to make a decision about whether this is acceptable or not.</p>
Patient/public interest:	Direct – this is upholding a patient right as set out within the NHS Constitution.
<b>Actions required by the board:</b>	It is recommended the Board agree for the formal consultation on the Patient Objections Management System Directions to be dealt with through a Chair's action.

# Directions for Patient Objection Management System.

**Update and proposed mechanism for formal consultation with the HSCIC Board**

**Martin Severs**

**25<sup>th</sup> Nov 2015**

# Contents

---

<b>1</b>	<b>Draft Resolution</b>	<b>3</b>
<b>2</b>	<b>Executive Summary</b>	<b>3</b>
<b>3</b>	<b>Background</b>	<b>3</b>
<b>4</b>	<b>Recommendation</b>	<b>4</b>
<b>5</b>	<b>Issues</b>	<b>4</b>
5.1	Strategy Implications	4
5.2	Financial Implications	4
<b>6</b>	<b>Risk Analysis</b>	<b>4</b>
<b>7</b>	<b>Corporate Governance and Compliance</b>	<b>5</b>
<b>8</b>	<b>Management Responsibility</b>	<b>5</b>

---

## 1 Draft Resolution

The Board notes the delivery timescales and delegates the Chair to provide feedback into the formal consultation on the draft Directions for Patient Objections Management to DH on its behalf.

## 2 Executive Summary

Whilst all draft Directions should come to the public Board for formal consultation this one is not ready for the November Board and the January Board will be too late to enable the agreed programme delivery timescales to be met. Therefore the Board are asked to delegate the Chair to provide feedback to the formal consultation through a Chair's action. This paper notifies the Board of the need for a decision outside of the formal Board meeting schedule in the interests of transparency. The Chair has been consulted on this approach and is supportive.

## 3 Background

Since late 2013 patients have been able to register an objection to the HSCIC sharing their patient identifiable data for purposes beyond their direct care, referred to as type 2 objections<sup>1</sup>. The HSCIC has been tasked by the Secretary of State to develop a system to enable type 2 objections to be implemented across all HSCIC data disseminations by January 2016.

A Direction has been issued, as discussed at the Board in September, to provide the legal basis for HSCIC to collect the patient objection data from GP's. A further Direction is required from DH to set out the policy position that HSCIC is required to follow in the application of the objection codes to HSCIC data disseminations ie setting out a clear policy in terms of when objections must not be applied. The agreed plan for delivery requires the Direction to be in place to enable the processing of data from 18<sup>th</sup> January 2016 in preparation for distribution to customers. With distribution of data to customers with objections upheld commencing on 26<sup>th</sup> January 2016.

Wider work on the project remains on schedule with a data provision notice issued to GPs on 19<sup>th</sup> October, the first data extraction scheduled to take place over the period 1<sup>st</sup> -3<sup>rd</sup> December and user assurance testing of the IT solution commencing 27<sup>th</sup> November. Discussions with Information Asset Owners on how to apply the policy and use the IT solution are progressing well and all disseminations, subject to agreed policy overrides with DH, will uphold objections from January as required.

---

<sup>1</sup>A Type 2 objection prevents any information that identifies the patient from leaving the Health and Social Care Information Centre for purposes beyond their direct care. This objection does not stop data leaving the care provider.

## 4 Recommendation

It is recommended the Board agree for the formal consultation on the Patient Objections Management System Directions to be dealt with through a Chair's action to enable the delivery timescales, as agreed with the Secretary of State, to be met.

## 5 Issues

### 5.1 Strategy Implications

This programme enables the HSCIC to uphold the patient's right to object to their information being shared for purposes beyond their direct care as set out in the NHS constitution. Enabling a comprehensive collection of objections data supports HSCIC strategic vision and values as follows:

#### Strategy

- *Ensuring that every citizen's data is protected.*
- *Making better use of health and social care information.*

#### Value

- *Trustworthy – act with integrity, impartiality and openness and in the best interest of the public.*

Ensuring the HSCIC is seen to act in accordance with patient wishes will help in building public trust in the organisation which will encourage the majority of the public to have the confidence to allow their data to be collected and used. This will in turn enable HSCIC to fulfil its statutory functions to be the trusted source of health and care data in England as well as making that data available for care professionals to inform decisions, assist policymakers, and facilitate better commissioning of health and care services.

### 5.2 Financial Implications

The HSCIC Objections Management Project, as part of the HSCIC Preferences for Data Sharing Programme, has been established to take forward the implementation of patient objections. A resource budget for the project team has been established and funding is through existing GIA. There are no financial implications for the proposed action.

## 6 Risk Analysis

If the Direction cannot be dealt with outside of the formal Board meeting schedule there will be an impact on the delivery of the plan as agreed with DH and Secretary of State to implement patient objections across all HSCIC data disseminations from January 2016. This would have a considerable reputational risk for the HSCIC.

## 7 Corporate Governance and Compliance

The Health and Social Care Act requires the DH to consult with HSCIC when it is minded to issue Directions. The HSCIC procedure is for this formal consultation to be undertaken with the Board. Unfortunately the draft Directions will not be ready to come to the public Board in November and the January Board will be too late to enable the agreed programme delivery timescales to be met. Therefore the consultation needs to happen outside of the Board meeting through a Chair's action – again in line with the agreed process. In the interests of transparency and good corporate governance as we know in advance that a Chair's action is needed this paper notifies the Board of this fact as well as enabling the Board to make a decision about whether this is acceptable or not.

In accordance with normal procedures, EMT will review the draft Direction and so will support the Chair's action by providing assurance that the Direction is appropriate, legally sound and that all relevant internal checks have been completed. An update paper will be brought to the Board in January as required for any Chair's action.

## 8 Management Responsibility

The responsible Executive Director is Martin Severs and the Programme Head is Rowena Herbert.

## Board meeting – Public session

---

<b>Title of paper:</b>	<b>The Health and Social Care Information Centre (Immigration Health Charge) Directions 2015 – Board Update</b>
Board meeting date:	25 November 2015
Agenda item no:	HSCIC 15 05 04 (c)
Paper presented by:	Rob Shaw, Director of Operations and Assurance Services
Paper prepared by:	Iain McQuillan, Project Manager, Spine 2
Paper approved by: (Sponsor Director)	Rob Shaw, Director of Operations and Assurance Services
Purpose of the paper:	To provide the board with an update on the DH Visitor and Migrant Cost Recovery Programme, as requested by 26 April
Key risks and issues:	
Patient/public interest:	<p>Indirect: HSCIC contribution to DH Visitor and Migrant Cost Recovery Programme provides a solution that allows Home office to provide a data-feed that is uploaded to NHS systems to allow specified roles to confirm eligibility for free NHS care.</p> <p>HSCIC does not share clinical or patient data with the Home office as part of this transfer.</p>
<b>Actions required by the board:</b>	For Information

# The Health and Social Care Information Centre (Immigration Health Charge) Directions 2015 – Board Update

**Iain McQuillan**

**13 November 2015**

# Contents

---

<b>1</b>	<b>Executive Summary</b>	<b>3</b>
<b>2</b>	<b>Background</b>	<b>3</b>
<b>3</b>	<b>Current Position</b>	<b>3</b>
<b>4</b>	<b>Future Programme Requirements</b>	<b>4</b>
<b>5</b>	<b>Recognition</b>	<b>4</b>
<b>6</b>	<b>Appendix</b>	<b>4</b>

---

## 1 Executive Summary

This paper is to provide the HSCIC Board with an update on the HSCIC support for the DH Visitors and Migrants Cost Recovery Programme following the Immigration Health Charge Direction, as requested at the 26 April 2015 Board meeting.

## 2 Background

The Visitor & Migrant Cost Recovery Programme seeks to improve NHS charging for overseas visitors or migrants (NHS Act 2006) and supports the Immigration Health Charge (IHC or 'surcharge') from April 2015 (Immigration Act 2014 and the Immigration (Health Charge) Order 2015).

The direction covered the need for the rollout of a solution to allow the Home Office to provide a secure data-feed to HSCIC that is then uploaded to NHS systems to allow specified roles, currently Secondary Care Overseas Visitor Managers, to confirm eligibility for free NHS care.

The data-feed from the Home Office provides only basic demographic information and eligibility for free NHS care to identify those exempt from NHS charging by virtue of their exemption status or payment of the surcharge. The solution takes the Home Office data-feed and generates a new NHS number in the Spine Personal Demographics service or, when a record already exists, it is updated by the National Back Office to note eligibility.

HSCIC shares no clinical or patient data with the Home Office as part of the transfer and there is no requirement arising from the Direction for NHS organisations to share identifiable data with the Home Office.

## 3 Current Position

The solution first received data from the Home Office week commencing 13 April 2015. From that point:

- Approximately 230,000 new NHS records have been created for incoming individuals
- Approximately 80,000 existing NHS records have been updated where an individual is already registered (predominately visa extensions)
- Over 100,000 cases have been investigated by the National Back Office
- DH has received £119m from the Home Office, representing the payment of the Health Surcharge at the point of visa approval for Quarters 1 and 2 of this financial year

Workloads within National Back Office as a result of the surcharge are under review. There is a slow increase in the number of cases requiring action each week which is being monitored by a joint group from DH, Home Office and HSCIC. There was a significant spike between weeks 20 and 27, due to the surge in student registrations. (See Appendix).

## 4 Future Programme Requirements

The solution fulfils an ongoing DH requirement, and is supported by a DH programme running until end FY 17/18.

The Digital Delivery Centre team is working with the Visitor & Migrant Cost Recovery Programme to agree and document additional requirements from the Secondary Care Overseas Visitor Managers (the current users of the solution).

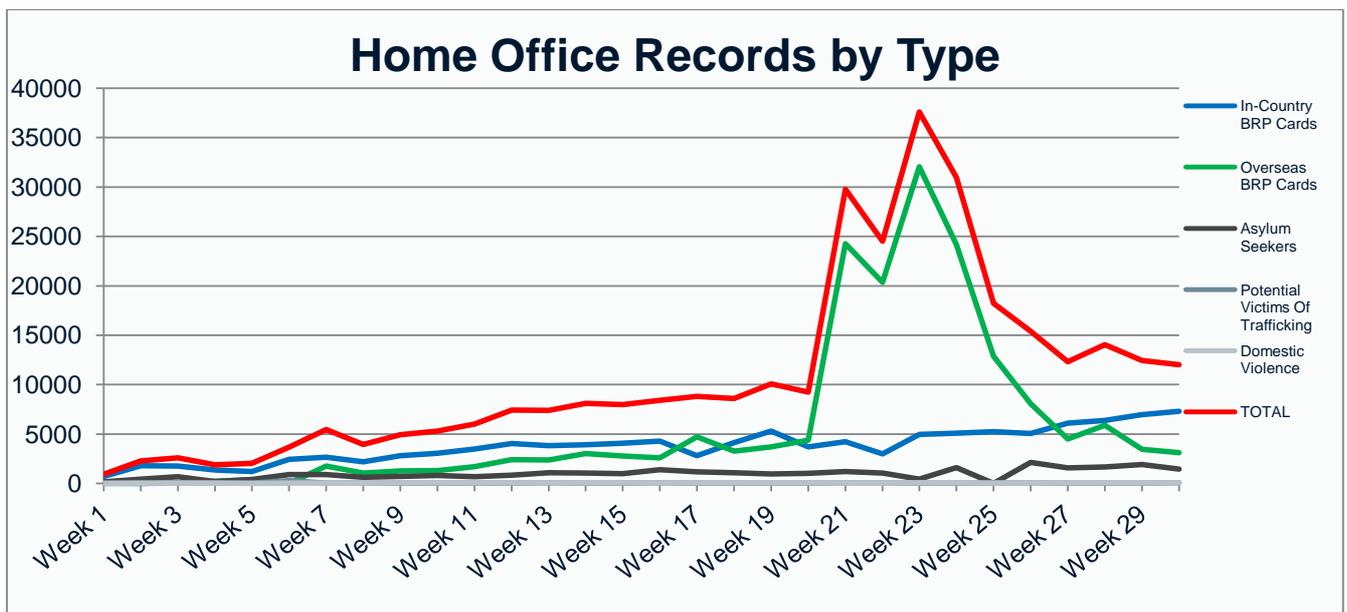
As a later stage of the programme, DH is expected to approach the GP Systems of Choice programme with regard to rolling the solution out to GP practices.

The Visitor & Migrant Cost Recovery programme will fund all agreed new work.

## 5 Recognition

The development of the solution required close working between DH, Home Office, HSCIC and the NHS and was one of three initiatives shortlisted in the Operational Excellence category of the Civil Services Awards held at Buckingham Palace 12 November 2015.

## 6 Appendix



## Board meeting – Public session

---

<b>Title of paper:</b>	<b>100,000 Genomes Project: Proposal for a Secretary of State direction to cover HSCIC provision of informatics support</b>
Board meeting date:	25 November, 2015
Agenda item no:	HSCIC 15 05 04 (d)
Paper presented by:	Peter Counter, Executive Director
Paper prepared by:	John Willshere, Programme Director
Paper approved by:	Peter Counter, Executive Director
Purpose of the paper:	<p>HSCIC require legal cover in the form of a “direction” to commence operational management of a selection of services to provide informatics support to Genomics England’s 100,000 Genomes (research) Project.</p> <p>The draft letter and accompanying schedule requires HSCIC Board support for the DH to then formally present HSCIC with the direction.</p> <p>The direction and schedule have been drafted with input from HSCIC, Genomics England and DH.</p>
Key risks and issues:	<p>The direction letter mitigates risk of legal challenge to HSCIC processing data related to this project.</p> <p>The direction letter also protects research participants’ data by exempting it from HSCIC obligations to publish data it holds in relation to this project.</p>
Patient/public interest:	<p>The 100,000 Genomes Project is a major investment by the Department of Health in future healthcare research.</p> <p>HSCIC will act as the trusted safe haven for participants’ clinical data in support of this initiative. Participants have consented.</p> <p>HSCIC will only link the research data with that collected by other systems held by HSCIC subject to approval or relevant Data Sharing Agreements and Contracts.</p> <p>Information will be shared with the Genomics England research database and with the participants’ Genomics Medicine Centre.</p>
<b>Actions required by the board:</b>	The Board are requested to consider, provide comments and support formalising the direction.

# 100,000 Genomes Project

**Proposal for a Secretary of State direction to cover HSCIC provision of informatics support.**

**John Willshere**

**17 November 2015**

## Contents

---

<b>1. Draft Resolution</b>	<b>3</b>
<b>2. Executive Summary</b>	<b>3</b>
<b>3. Background</b>	<b>3</b>
<b>4. Recommendation</b>	<b>3</b>
<b>5. Issues</b>	<b>3</b>
Strategy Implications	3
Financial Implications	4
<b>6. Risk Analysis</b>	<b>4</b>
<b>7. Corporate Governance and Compliance</b>	<b>4</b>
<b>8. Management Responsibility</b>	<b>4</b>

---

## 1. Draft Resolution

The HSCIC board are content with the draft direction letter and schedule and invite the Department of Health (DH) to formalise the direction.

## 2. Executive Summary

HSCIC require legal cover in the form of a “direction” to commence operational management of a selection of services to provide informatics support to Genomics England’s 100,000 Genomes (research) Project.

The draft letter and accompanying schedule requires HSCIC Board support for the DH to then formally present HSCIC with the direction.

The direction and schedule have been drafted with input from HSCIC, Genomics England and DH. The Board are requested to consider, provide comments and support formalising the direction.

## 3. Background

The 100,000 Genomes Project is a major investment by the DH in future healthcare research. Genomics England has been established by the Secretary of State as a wholly owned limited company to develop this research.

HSCIC have been invited by Genomics England to support informatics elements of this research project. Once operational, HSCIC will act as the trusted safe haven for participants’ clinical data.

HSCIC will then link certain<sup>1</sup> HSCIC held data, de-identify and pass to Genomics England’s research repository. Any linkage and extraction will be subject to approval of relevant data sharing agreements and contracts and only shared with Genomics England for their research purposes.

Genomics England’s research project requires participants to knowingly opt in and for them or their guardian to give their explicit consent.

In order to establish and operated this service HSCIC require formal legal cover (under section 254 of the Health and Social Care Act 2012) in the form of a “direction”.

The associated papers (draft direction and schedule) have been developed jointly by HSCIC, DH and Genomics England and are attached.

## 4. Recommendation

The Board are invited to consider and comment on the DH draft proposal. Subject to any comments, the Board are recommended to indicate their support to formalise the direction.

## 5. Issues

### Strategy Implications

This work directly supports the HSCIC strategic objectives and demonstrates system leadership in secure and safe data management and support to research environments by:

---

<sup>1</sup> Subject to prevailing approval regimes

**100,000 Genomes Project:**

**Proposal for a Secretary of State direction to cover HSCIC provision of informatics support.**

---

- Implementing services that meet national and local needs
- Supporting health and care organisations to get the best from technology, data and information
- Making better use of health and care information.

Alignment with design principles of the Data Services Platform (DSP) will be maintained.

### **Financial Implications**

Project and operating costs are not expected to exceed £1M per annum. The work is chargeable to Genomics England at the permitted prevailing rate. The direction confirms HSCIC's ability to charge for this service.

## **6. Risk Analysis**

The Board are advised that:

- The direction letter mitigates risk of legal challenge to HSCIC receiving and processing data related to this project.
- The direction letter also protects research participants' data by excluding it from HSCIC obligations to publish<sup>2</sup> data it holds.
- As part of the Data Access Advisory Group (DAAG) approval of Genomics England's application to access HES there is a requirement to update their participant information sheets to show HSCIC involvement explicitly. Both organisations will post relevant information about the work on their respective web sites.
- Full risk analysis and appropriate counter measures for the project and operational service will be developed as part of the project establishment.

## **7. Corporate Governance and Compliance**

The Direction forms part of the precursor governance required for HSCIC to formally establish and operate the service.

Any data sharing and access requirements from Genomics England will be subject to the prevailing scrutiny and approval process.

A project initiation document is being prepared with a full risk analysis and will be overseen by a Project Board with representation from both HSCIC and Genomics England.

## **8. Management Responsibility**

The development of the service is being led by John Willshire, Programme Director with support from multiple directorate team members with Peter Counter (CTO) acting as the Senior Responsible Owner (SRO).

Once operational it is expected to be led from within the Operations and Assurance Services directorate with strong liaison with Information and Analytics directorate.

---

<sup>2</sup> under section 260 of the Health and Social Care Act 2012



## Department of Health

From: Siobhan Jones,  
Deputy Director  
100,000 Genomes Project & Digital Health

Andy Williams  
Chief Executive,  
Health and Social Care Information Centre  
1 Trevelyan Square, Boar Lane  
Leeds LS1 6AE

xx November 2015

Dear Andy

I am writing to provide a direction to the Health and Social Care Information Centre to establish and operate an informatics support service for the 100,000 Genomes Project. This service will support the secure management of participant data, linkage (once approved) to HSCIC held data and release of de-identified data to Genomics England's research facility and re-identification of clinical reports for clinicians.

On 1 April 2013, the National Institute of Health and Clinical Excellence (Constitution and Functions) and Health and Social Care Information Centre (Functions) Regulations 2013 came into effect.

The regulations make provision for Secretary of State to direct the Health and Social Care Information Centre to exercise functions on his behalf to develop or operate information or communications systems, referred to as "systems delivery functions" under section 274 of the Health and Social Care Act 2012 ("the 2012 Act").

Under section 254 of the 2012 Act, HSCIC are required to:

- host an information system established by Genomics England for approved users to support the collection and storage of consented participant information for Genomics England provided by the NHS Genomics Medicine Centres (GMCs)
- link such data to other data sets held by the HSCIC; and
- return identified clinical reports to GMCs,

and then disseminate that information to authorised recipients at Genomics England, under section 261(2)(b)(ii) of the 2012 Act in support of the 100,000 Genomes Project.

Please accept this letter as a direction given under subsection (1) of section 254 of the 2012 Act to the Health and Social Care Information Centre to exercise the functions in relation to the informatics support service for the 100K Genome project, details of which are set out in the attached schedule.

The Health and Social Care Information Centre is directed to not further publish the information which it obtains by complying with this direction, in accordance with section 260(2)(d) of the 2012 Act, other than in accordance with the instructions in this direction.

Continues...

The system should be implemented at dates agreed with Genomics England in 2015-16.

HSCIC may charge Genomics England for the provision of this service.

Yours sincerely

Siobhan Jones

Deputy Director, 100,000 Genomes Project & Digital Health  
Office for Life Sciences  
Department of Health, 79 Whitehall, SW1A 2NS  
E: [siobhan.jones@dh.gsi.gov.uk](mailto:siobhan.jones@dh.gsi.gov.uk) T:020 7972 2003 M:07721 967610

## Schedule to Direction Informatics Support Service for the 100,000 Genomes Project

### System Scope (also see Fig 1 below)

1. The Service will provide the capability for participant data collected with the appropriate participant consent by the NHS Genomics Medical Centres (GMC) (commissioned by NHS England) to be securely stored and managed by the HSCIC acting as an agent for Genomics England. Genomics England and the HSCIC will then establish a roadmap to deliver a technical solution that links data collected by Genomics England to data held by the HSCIC. The technical solution including defining accountabilities and responsibilities will state how this information is de-identified, exported to Genomics England for research and clinical report generation and then how re-identification occurs to support clinical feedback.
2. The HSCIC will provide services made up of the following six key elements :
  1. Host the infrastructure that will hold the identifiable participant data on behalf of Genomics England.
  2. Agree a technical solution and roadmap of delivery that will support the performance management of GMCs including tracking of samples and data
  3. Agree a technical solution and roadmap of delivery that will support the linking of participant data (whether derived from GMCs, Genomics England pilots or other sources) to their other records (such as HES) held by HSCIC;
  4. Agree a technical solution and roadmap of delivery that will support the de-identifying and exporting to Genomics England only of de-identified data.
  5. Agree a technical solution and roadmap of delivery that will support the re-identification of data to support clinical feedback, clinical data quality management, and clinical trial recruitment.
  6. A range of service management, specialist advisory, project management and support services.

### System Purpose

3. Use of the IT elements of the system will:
  - Collect and support validation of the participant data;
  - Manage access to participant clinical data by Genomics England and GMC staff;
  - Help longitudinal management of participant data;
  - Ensure separation of identifiable data from the research environment;
  - Ensure linkage to other data is completed within a secure environment and de-identified before exporting to the Genomics England research environment; and
  - Achieve the re-identification of clinical interpretation reports and clinical data quality management reports to GMCs within the HSCIC infrastructure.
4. The new system, developed by Genomics England and hosted by the Health and Social Care Information Centre (HSCIC), has been commissioned by Genomics England for the purpose of securely storing Participant Identifiable and Participant Confidential Data exclusively for the 100,000 Genomes Project.

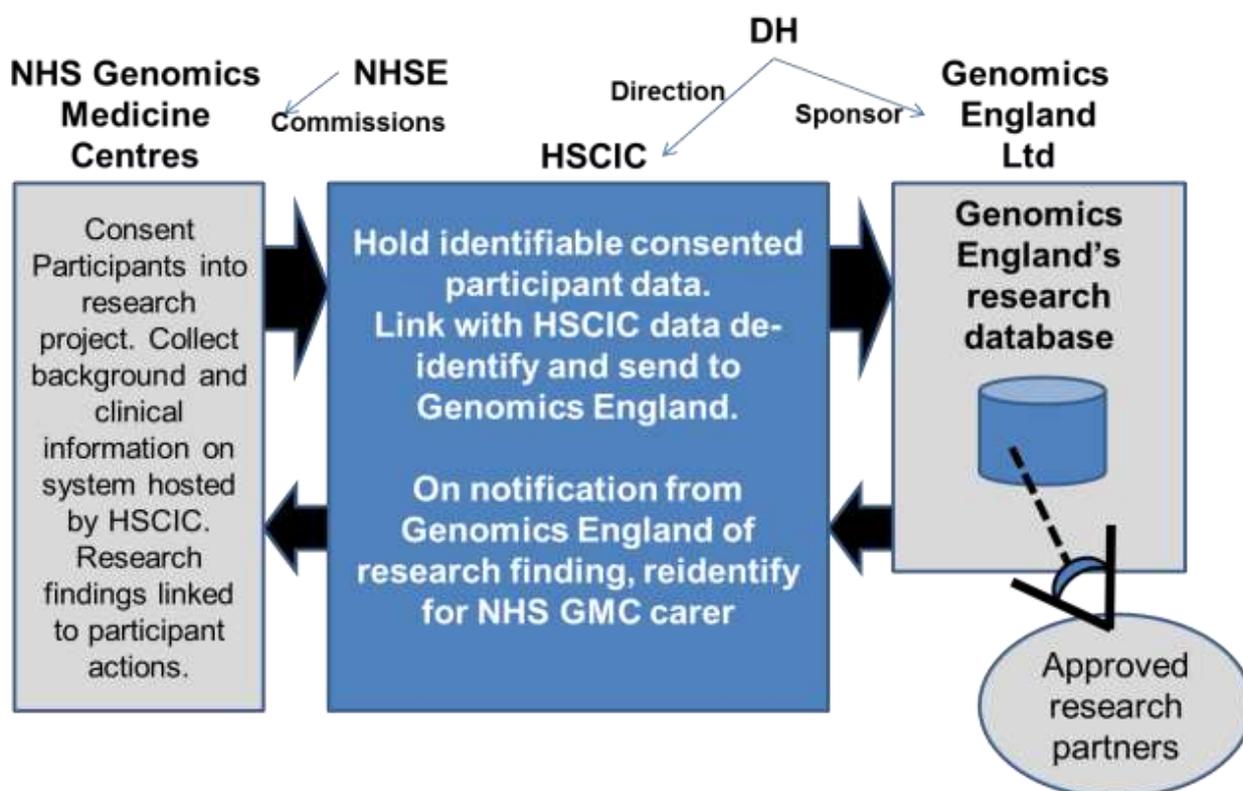
## Schedule to Direction Informatics Support Service for the 100,000 Genomes Project

### System Users

5. The main groups of healthcare professionals who will have access to the system for reading and/or writing data are:

- NHS clinicians will have access to data on participants in their care and clinicians will receive feedback on participants in their care in a downloadable clinical report.
- Genomics England and HSCIC staff will have access to carry out data cleansing and support activities.
- Monitors or auditors will need access to the data held by HSCIC as is required, in line with participant consent.
- Genomics England and partner staff to monitor and track sample and data quality and progress using non-identifiable data (partners including GMCs, ICON, NHS Blood and Transplant, UK Biobank, Illumina (Cambridge) Ltd). Where access to identifiable data is necessary access will only be granted following explicit approval from Genomics England's Senior Information Risk Owner (SIRO).

Figure 1 – Simple context diagram



## Board meeting – Public session

---

<b>Title of paper:</b>	<b>HSCIC Board Forward Business Schedule</b>
------------------------	--

Board meeting date:	25 November 2015
---------------------	------------------

Agenda item no:	HSCIC 15 05 05 (b)
-----------------	--------------------

Paper presented by:	Chair
---------------------	-------

Paper prepared by:	Annabelle McGuire, Secretary to the Board
--------------------	---

Paper approved by: (Sponsor Director)	None
---------------------------------------	------

Purpose of the paper:	This paper details the HSCIC Board forward business schedule for the financial year 2015-16.
-----------------------	--

Please note this schedule is subject to change.

Key risks and issues:	N/A
-----------------------	-----

Patient/public interest:	Corporate Governance – decision making
--------------------------	--

<b>Actions required by the board:</b>	To note for information
---------------------------------------	-------------------------

---

HSCIC – Draft Public Board Business Schedule 2015-16

29 April 2015	10 June 2015	15 July 2015	23 Sept 2015	25 Nov 2015	27 Jan 2016	30 Mar 2016
<b>Accountability</b> Register of Interests Minutes of previous meeting (Mar) – to ratify Progress on Action Points Board Forward Business Schedule 2015-16 Reports from sub-committees: • Assurance and Risk 22/04/2015	<b>Accountability</b> Register of Interests Minutes of previous meeting (Apr) – to ratify Progress on Action Points Board Forward Business Schedule 2015-16  Annual Report and Accounts for 2014-2015 for HSCIC – for approval	<b>Accountability</b> Register of Interests Minutes of previous meeting (June) – to ratify Progress on Action Points Board Forward Business Schedule 2015-16 Reports from sub-committees: • Assurance and Risk • Information Assurance and Cyber Security Committee Information Assurance and Cyber Security Committee Terms of Reference Schema Delegation of Authorities – briefing note	<b>Accountability</b> Register of Interests Minutes of previous meeting (July) – to ratify Progress on Action Points Board Forward Business Schedule 2015-16 Reports from sub-committees: • Assurance and Risk • Information Assurance and Cyber Security Committee • Remuneration Committee	<b>Accountability</b> Register of Interests Minutes of previous meeting (Sep) – to ratify Progress on Action Points Board Forward Business Schedule 2015-16 Reports from sub-committees: • Assurance and Risk • Information Assurance and Cyber Security Committee	<b>Accountability</b> Register of Interests Minutes of previous meeting (Nov) – to ratify Progress on Action Points Board Forward Business Schedule 2015-16 and 2016-17 Arrangements for the Annual Review of Board Effectiveness Reports from sub-committees: • Assurance and Risk • Information Assurance and Cyber Security Committee • Remuneration Committee	<b>Accountability</b> Register of Interests Minutes of previous meeting (Jan) – to ratify Progress on Action Points Board Forward Business Schedule 2015-16 and 2016-17 Scheme of Delegation of Authorities Corporate Governance Manual Annual Review of Board Effectiveness Reports from sub-committees: • Assurance and Risk • Information Assurance and Cyber Security Committee
<b>Supervising Management</b> Board Performance Pack Forthcoming Statistical Publications Review of the National Back Office Tracing Service – Interim Progress Report	<b>Supervising Management</b> Board Performance Pack – for information only Forthcoming Statistical Publications – for information only	<b>Supervising Management</b> Board Performance Pack Forthcoming Statistical Publications Data Release Review: Audit Status Report Staff Personal Development Review Report Care.data note – Board approvals and budget position	<b>Supervising Management</b> Board Performance Pack (i) Data Quality Key Performance Indicator Plan (paper) – for information (ii) Data Quality Strategy on a Page (paper) – for information Forthcoming Statistical Publications Transformation Programme Mid-Year Report 2015-16	<b>Supervising Management</b> Board Performance Pack Forthcoming Statistical Publications  Electronic Referral Service – Lessons Identified (TBC) Review of the National Back Office Tracing Service - Final Report (DATE TO BE CONFIRMED)	<b>Supervising Management</b> Board Performance Pack Forthcoming Statistical Publications Data Release Review: Audit Status Update Data Quality Update	<b>Supervising Management</b> Board Performance Pack Forthcoming Statistical Publications Information Assurance and Cyber Security Annual Report 2015-16 Transformation Programme Report 2015-16 E-med 3 Direction: Fit Note Aggregated Data: Identified Issues
<b>Strategy Formulation</b> The Health and Social Care Information Centre (Immigration Health Charge) Directions 2015	No agenda items	<b>Strategy Formulation</b> UK Genetic Testing Directions Data Service for Commissioners Directions Care.data revised NHS England Directions Directions: Data Extractions for the Department of Work and Pensions Fit to Work Programme HSCIC Social Care Work Update	<b>Strategy Formulation</b> Type 2 Objections Direction Assuring Transformation Update Direction Genomics Direction Directions: Female Genital Mutilation Prevention Project E-med 3 Direction: Fit Note Aggregated Data HSCIC Information Governance Strategy Streamlining the Independent Information Governance Advice to HSCIC	<b>Strategy Formulation</b> Update on the HSCIC (Immigration Health Charge) Directions Directions for Patient Objection Management System - Update Streamlining the Independent Information Governance Advice to HSCIC Genomics Direction  Data Provision Notices (TBC)	<b>Strategy Formulation</b> Breast Implant Registry Direction Pulmonary Hypertension Direction Directions for Patient Objection Management System	<b>Strategy Formulation</b> Streamlining the Independent Information Governance Advice to HSCIC Care.data DH Direction on Objections
<b>Planning</b>	<b>Planning</b>	<b>Planning</b>	<b>Planning</b>	<b>Planning</b>	<b>Planning</b>	<b>Planning</b>
	No agenda items Business Plan 2015-16 – for approval		Board Overview and Pipeline of Investment Decisions	Mid-year review of Corporate Business Plan 2015-16	Draft Corporate Business Plan 2016-17 (Update and Timeline)	Corporate Business Plan 2016-17 (Final)
<b>April and May 2015</b>	<b>June 2015</b>	<b>July and August 2015</b>	<b>Sept and Oct 2015</b>	<b>Nov and Dec 2015</b>	<b>Jan and Feb 2016</b>	<b>Mar 2016</b>
<b>Key Meetings</b>	<b>Key Meetings</b>	<b>Key Meetings</b>	<b>Key Meetings</b>	<b>Key Meetings</b>	<b>Key Meetings</b>	<b>Key Meetings</b>
<ul style="list-style-type: none"> <li>Executive Management Team - weekly</li> <li>Board Strategy Session – 25 February</li> <li>Remuneration Committee – 30 March</li> </ul>	<ul style="list-style-type: none"> <li>Executive Management Team - weekly</li> <li>Board Strategy Session – 20 May</li> <li>Assurance and Risk Committee – 10 June</li> </ul>	<ul style="list-style-type: none"> <li>Executive Management Team - weekly</li> <li>Information Assurance and Cyber Security Committee – 01 July</li> <li>Remuneration Committee – 07 August</li> </ul>	<ul style="list-style-type: none"> <li>Executive Management Team – weekly</li> <li>Board Strategy Session – 02 September</li> <li>Information Assurance and Cyber Security Committee – 15 September</li> <li>Assurance and Risk Committee – 16 September</li> </ul>	<ul style="list-style-type: none"> <li>Executive Management Team – weekly</li> <li>Board Strategy Session – 28 October</li> <li>Information Assurance and Cyber Security Committee – 12 November</li> <li>Assurance and Risk Committee – 10 November</li> </ul>	<ul style="list-style-type: none"> <li>Executive Management Team – weekly</li> <li>Board Strategy Session – 16 December</li> <li>Assurance and Risk Committee – 13 January</li> <li>Information Assurance and Cyber Security Committee – 13 January</li> </ul>	<ul style="list-style-type: none"> <li>Executive Management Team – weekly</li> <li>Board Strategy Session – 24 February</li> <li>Information Assurance and Cyber Security Committee – 15 March</li> </ul>

## Board meeting – Public session

<b>Title of paper:</b>	<b>HSCIC Statistical Publications</b>
Board meeting date:	25 November 2015
Agenda item no:	HSCIC 15 05 07 (a)
Paper presented by:	For information purposes only
Paper prepared by:	Claire Thompson, Statistical Governance Manager
Paper approved by: (Sponsor Director)	Chris Roebuck, Interim Director and Head of Profession for Statistics
Purpose of the paper:	This paper describes HSCIC Official Statistics publications planned for December 2015 and January 2016, media coverage for press released Official Statistics publications and web activity for publications released during September 2015
Key risks and issues:	N/A
Patient/public interest:	Overview of HSCIC Statistical Publications
<b>Actions required by the board:</b>	For information

# HSCIC Statistical Publications

**Author Chris Roebuck**

**Date 13 November 2015**

# Contents

---

<b>Contents</b>	<b>1</b>
<b>Purpose</b>	<b>2</b>
Background to HSCIC Official Statistics	2
<b>Forthcoming Publications</b>	<b>2</b>
Official and National Statistics	2
Clinical Audits	5
User and Media Activity – September 2015	6
<b>Actions Required of the Board</b>	<b>8</b>

---

## Purpose

This paper describes:

- HSCIC Official Statistics publications planned for December 2015 and January 2016;
- Media coverage for press released Official Statistics publications;
- Web activity for publications released in September 2015.

## Background to HSCIC Official Statistics

As at 13 November 2015, the HSCIC is responsible for 88 active (currently published or planned for future release) series of Official Statistics of which 25 are designated as National Statistics, which means that the UK Statistics Authority (UKSA) recognises them as being compliant with the Code of Practice for Official Statistics.

Official Statistics are expected to evolve and improve over time, to meet the changing needs of our users, to improve their quality and utility and to respond to changes in the administrative and management data sources.

“Experimental statistics” are new Official Statistics that are under-going evaluation. A key part of this evaluation is user engagement whereby the HSCIC invites readers to comment on the publications, which helps to inform future releases.

Most HSCIC Official Statistics are published annually or more frequently. Generally, each edition is similar in content to previous versions but any substantial changes are noted below (note: no such changes are yet planned).

National Statistics are identified below with [NS].

## Forthcoming Publications

### Official and National Statistics

Dates for forthcoming publications are confirmed approximately six to eight weeks ahead of publication; until this point, the HSCIC announces only the planned month of publication.

#### December 2015

##### New releases

None presently scheduled.

##### Biennial

09 December 2015 Health and Wellbeing of 15-year-olds in England - Main findings from the What About YOUTH? Survey 2014

##### Annual

15 December 2015 Learning Disabilities Census Report - England, 30th of September 2015

16 December 2015 Health Survey for England - 2014 [NS]

16 December 2015 Health Survey for England: Trend Tables - 2014 [NS]

**Quarterly**

- 03 December 2015 CCG Prescribing Data - July to September 2015
- 15 December 2015 NHS Continuing Healthcare Activity - England, Quarter 2, 2015-16
- 16 December 2015 Statistics on Women's Smoking Status at Time of Delivery: England - Quarter 2, July 2015 to September 2015
- 17 December 2015 CCG Outcomes Indicator Set - December 2015 release

**Monthly**

- 02 December 2015 Female Genital Mutilation - July-September 2015, Experimental Statistics, Enhanced Dataset
- 02 December 2015 Provisional Accident and Emergency Quality Indicators for England - August 2015, by provider
- 02 December 2015 Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2015 - August 2015; Special topic - Intentional Self-Harm
- 04 December 2015 HES-DID Data Linkage Report - Provisional Summary Statistics, April 2015 to July 2015 (Experimental Statistics)
- 09 December 2015 NHS Safety Thermometer Report - England November 2014 - November 2015
- 10 December 2015 Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to March 2015 - December 2015 Release
- 10 December 2015 Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2015 to July 2015
- 11 December 2015 Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - November 2015
- 17 December 2015 NHS Workforce Statistics - September 2015, Provisional Statistics
- 17 December 2015 NHS Sickness Absence Rates - August 2015, Provisional Statistics
- 17 December 2015 NHS Staff Earnings Estimates - September 2015, Provisional statistics
- 22 December 2015 Mental Health and Learning Disabilities Statistics - Monthly report: Final September 2015 and Provisional October 2015
- 22 December 2015 Improving Access to Psychological Therapies Report - September Final, October Primary 2015 and most recent quarterly data (Quarter 1 2015/16)
- 23 December 2015 Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2015 - September 2015
- 23 December 2015 Provisional Accident and Emergency Quality Indicators for England - September 2015, by provider
- 23 December 2015 Learning Disability Services Monthly Statistics - Commissioner Census (Assuring Transformation), November 2015, Experimental Statistics

**Ad-hoc**

- 18 December 2015 GP Contract Services - GP Practices in England, 2014/15 October

## January 2016

### New releases

None scheduled for January.

### Biennial

None scheduled for January.

### Annual

- Accident and Emergency Attendances in England - 2014-15
- Data on written complaints in the NHS - 2015/16 Quarter 2, Experimental [NS]
- General Ophthalmic Services activity statistics - Selected statistics for England, April 2015 to September 2015 [NS]

### Quarterly

- Numbers of Patients Registered at a GP Practice - January 2016
- Seven-day Services - England, Provisional, Experimental statistics
- Statistics on NHS Stop Smoking Services in England - April 2015 to September 2015
- Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation, England, July 2014 - June 2015

### Monthly

- HES-DID Data Linkage Report - Provisional Summary Statistics, April 2014 to August 2015 (Experimental Statistics)
- HES-MHLD Data Linkage Report - Summary Statistics, September 2015
- Improving Access to Psychological Therapies Report - October Final, November Primary 2015 and Quarter 2 2015/16
- Learning Disability Services Monthly Statistics - Commissioner Census (Assuring Transformation), December 2015, Experimental Statistics
- Maternity Services Monthly Statistics - Maternity Services Statistics – May & June 2015
- Maternity Services Monthly Statistics - Maternity Services Statistics – July & August 2015
- Mental Health and Learning Disabilities Statistics - Monthly report: Final October 2015 and Provisional November 2015
- NHS Safety Thermometer Report - England December 2014 - December 2015
- NHS Sickness Absence Rates - September 2015 Provisional Statistics
- NHS Staff Earnings Estimates - October 2015, Provisional Statistics
- NHS Workforce Statistics - October 2015 Provisional Statistics

## HSCIC Statistical Publications

---

- Provisional Accident and Emergency Quality Indicators for England - October 2015, by provider
- Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2015 - October 2015
- Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to March 2015 - January 2016 Release
- Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2015 to August 2015
- Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - December 2015

## Other

NICE Technology Appraisals in the NHS in England (Innovation Scorecard) - to June 2015

## Clinical Audits

Clinical Audits are not currently classified as Official Statistics. The Code of Practice for Official Statistics is followed as best practice during the production cycle but the release processes differ.

### December 2015

- |                  |   |
|------------------|---|
| 14 December 2015 | National Bowel Cancer Audit - National Bowel Cancer Audit 2015 Annual Report                |
| 17 December 2015 | National Oesophago-Gastric Cancer Audit - The National Oesophago-Gastric 2015 Annual Report |

### January 2016

- National Diabetes Audit - National Diabetes Audit Core Report 1 2014-2015

## User and Media Activity – September 2015

**Unique page views** are the number of times the publication page was viewed during the two-week period following its release. Note that one user could generate more than one unique visit.

**Media Units** are the total articles or other media coverage for example print, online articles or broadcasts for the publication. The totals in the table include all media units to 13 November 2015.

Bars in the tables below indicate the scale of interest generated by each publication.

Publication	Date	Unique page views	Media units
Healthcare Workforce Statistics March 2015, Experimental	02/09/2015	3,358	
AUDIT: National Head and Neck Cancer Audit 2014, DAHNO Tenth Annual Report	03/09/2015	314	4
CCG Prescribing Data April to June 2015	03/09/2015	848	
HES-DID Data Linkage Report Provisional Summary Statistics, April 2015 (Experimental Statistics)	04/09/2015	802	
HES-MHLD Data Linkage Report Summary Statistics, May 2015	04/09/2015	171	
NHS Safety Thermometer Report England August 2014 - August 2015	09/09/2015	389	
Dental Earnings and Expenses 2013-14 Initial Analysis	10/09/2015	707	26
GP Earnings and Expenses 2013-14	10/09/2015	2,266	26

Note that media activity shown above for Dental and GP Earnings and Expenses reports is a count for both reports, but is duplicated in this chart in order that we may show the web hits (where we do have separate information).

Publication	Date	Unique page views	Media units
Provisional Monthly Patient Reported Outcome Measures (PROMs) in England April 2014 to March 2015 - September 2015 Release	11/09/2015	229	
Provisional Monthly Patient Reported Outcome Measures (PROMs) in England April 2015	11/09/2015	543	
Statistics on Women's Smoking Status at Time of Delivery: England Quarter 1, April 2015 to June 2015	15/09/2015	504	
Personal Social Services Survey of Adult Carers in England 2014-15	16/09/2015	2,201	33
Personal Social Services: Expenditure and Unit Costs, England 2014-15, Provisional release	16/09/2015	1,648	
Investment in General Practice 2010-11 to 2014-15, England, Wales, Northern Ireland and Scotland	17/09/2015	566	
NHS Continuing Healthcare Activity England, Quarter 1, 2015-16	17/09/2015	384	
NHS Payments to General Practice England, 2014/15	17/09/2015	1,468	
Learning Disability Services Monthly Statistics Commissioner census (Assuring Transformation), August 2015, Experimental Statistics	18/09/2015	413	
Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses August 2015	18/09/2015	57	
CCG Outcomes Indicator Set September 2015 release	22/09/2015	1,069	
Improving Access to Psychological Therapies Report June Final, July Primary 2015 and most recent quarterly data (Quarter 4 2014/15)	22/09/2015	976	
Mental Health and Learning Disabilities Statistics Monthly report: Final June 2015 and Provisional July 2015	22/09/2015	823	
Female Genital Mutilation April-June 2015, Experimental Statistics, Enhanced Dataset	23/09/2015	718	
NHS Immunisation Statistics, England 2014-15	23/09/2015	1,191	21

Publication	Date	Unique page views	Media units
NHS Sickness Absence Rates May 2015, Provisional Statistics	24/09/2015	554	
NHS Staff Earnings Estimates Estimates to June 2015, Provisional statistics	24/09/2015	479	
NHS Workforce Statistics June 2015, Provisional Statistics	24/09/2015	857	
NHS Staff Earnings Estimates Estimates to June 2015, Provisional statistics	24/09/2015	479	
Mental Capacity Act 2005, Deprivation of Liberty Safeguards Assessments (England) 2014/15	29/09/2015	2,182	11
Provisional Accident and Emergency Quality Indicators for England June 2015, by provider	30/09/2015	465	
Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data April 2015 - June 2015	30/09/2015	388	
Seven-day Services: England, Provisional, January 2014 - December 2014, Experimental statistics	30/09/2015	1,874	1

## Actions Required of the Board

For information.

## Board meeting – Public session

---

<b>Title of paper:</b>	<b>Programme Definitions</b>
Board meeting date:	25 November 2015
Agenda item no:	HSCIC 15 05 07 (b)
Paper presented by:	Carl Vincent, Director of Finance and Corporate Services
Paper prepared by:	John Willshere, Portfolio Director
Paper approved by: (Sponsor Director)	Carl Vincent, Director of Finance and Corporate Services
Purpose of the paper:	To provide the Board with a summary of each programme listed on the programme dashboards.
Key risks and issues:	The programme dashboards monitor the performance of each programme. This document gives a brief overview of what each programme was set up to do.
Patient/public interest:	The public interest is in ensuring the HSCIC manages its programmes in an effective way. This document gives patients and members of the public a useful overview of each programme on the dashboard.
<b>Actions required by the board:</b>	<b>For Reference Only</b>

Portfolio Code	Portfolio item name	Portfolio Item Desc
P0050/00	Spine 2	The provision of the existing Spine Services to be re-procured using the new Government ICT strategy framework, using internal and 3rd party resources.
P0238/00	NHS e-Referral Service Programme	The NHS e-Referral Service Programme will deliver an open, modern, electronic referral service, improving patient outcomes and delivering paperless referrals by 2015.
P0335/00	SUS Transition	Responsible for the delivery of interim tactical solutions to ensure business continuity from the end of the BT SUS contract. This will include system data and user transition.
P0208/00	GPSoC Replacement	To provide a contractual vehicle for the supply and development of GP clinical IT systems for all Practices in England, following expiry of the extended GPSoC call off agreements in March 2014.
P0325/00	Cyber Security Programme (CSP)	The HSCIC board commissioned an Interim Cyber Security Review (ICSR) to establish the readiness and capability of the HSCIC to proactively manage and respond to Cyber Security threats as part of a wider Information Assurance programme. The resulting report identified a significant number of high impacting risks that need to be addressed as a matter of urgency. This programme will address these risks. In addition there are some areas not covered by the report that may require additional effort such as threat analysis and specialist input from niche providers.
P0406/00	Data Services for Commissioners (DSiC)	This investment will build upon the existing HSCIC and Data Services for Commissioner Regional Office (DSCRO) systems, processes, projects, programmes and services where appropriate to meet the strategic direction of the HSCIC and Data Services for Commissioners. The existing Data Service for Commissioner Programme P0265/00 will be closed down due to the fact that the timescales have slipped and the anticipated funding amounts were not allocated for the strategic solution. NHSE have now reprioritised this programme of work and HSCIC will be responsible for continuing to provide the Business Service function (BAU) and will contribute to the Future State workstreams over the next 2 years, there this is a request for a new Data Services for Commissioners Programme to be initiated on the HSCIC Portfolio.
P0190/00	Health & Social Care Network (HSCN)	Develop and deliver options appraisals with supporting impact assessments, leading to an appropriate business case for the procurement of a wide area network to meet the information needs of health, public health and social care through utilising in full or in part the Public Sector Network (PSN) framework, models and approaches. The PSNH project will deliver a Public Services Network for Health, which will be aligned and accredited to PSN standards
P0031/00	CSC LSP Delivery Programme	LSP Delivery Programme: Increased patient safety and quality of healthcare and also greater clinical effectiveness and administration efficiency
P0196/00	NHSmail 2	The NHSmail 2 Project is to replace the existing NHSmail service. The project is tasked with procuring a new service and transitioning the users and services onto this service from the current Vodafone platform.
P0022/00	BT LSP (London)	BT LSP (London) has overall responsibility for upgrading NHS information technology to make it possible for hospitals, community services and mental health trusts to implement Electronic Patient Record as per the LSP contract with BT. This will enable the NHS to provide better, safer care for patients wherever and whenever they need it.
P0047/00	BT LSP (South)	Ensuring patients detailed clinical information is available at the point of care.
P0026/00	NHS Choices	NHS Choices (www.nhs.uk) acts as the digital gateway and public front door to the NHS, transforming the delivery of health and social care to one that is patient-centred, personalised and accessible to all.
P0306/00	Care.Data	The Care.Data programme, this initiative will ensure that there is more rounded information available to citizens, patients, clinicians, researchers and the people that plan health and care services. Our aim is to ensure that the best possible evidence is available to improve the quality of care for all.
P0004/00	Child Protection - Information Sharing	The Child Protection - Information Sharing project will provide child protection information to unscheduled (emergency and urgent care) services in the NHS on the statutory position of children subject to a Child Protection Plan or Looked After Children on a Statutory Order. It is intended that the information will be fed from Children's Social Care systems and a solution will be developed that will enable unscheduled care setting systems within the NHS to view this information.  NHS England fund HSCIC to deliver the CP-IS service through ministerial approved business case signed off in Dec 12 and supports funding of the project through to April 2018. The project should be HSCIC cost neutral.
P0012/00	Electronic Transmission of Prescriptions	The Electronic Transmission of Prescriptions (ETP) programme is delivering the Electronic Prescription Service (EPS) to GP practices, community pharmacies and dispensing appliance contractors across England. EPS enables prescribers (such as a GP or practice nurse) to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice, and then onward transmission to the NHS Prescription Services to support reimbursement. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.  EPS is being delivered in two phases: • EPS Release 1 introduced the technical infrastructure to enable prescribers and dispensers to operate the EPS. EPS Release 1 was completed in 2008. • EPS Release 2 delivers enhanced functionality (such as electronic signatures and patient nomination of a preferred pharmacy) for users to gain tangible benefit from EPS. EPS Release 2 is currently being rolled out
P0051/00	Summary Care Record	Delivery of the SCR which supports urgent and emergency care settings, providing information to authorised health care professionals to support care where no information is currently held about a patient, for example in out-of-hours settings, emergency departments, treating temporary residents and emergency admissions to secondary care.
P0341/00	Social Care Informatics Project (SCIP)	The purpose of this project is to determine the feasibility, identify and prioritise candidate opportunities and develop an outline roadmap for the development of standards in ASC for the increased collection and sharing of client level data.
P0294/00	National Tariff System (NTS)	The National Tariff System (NTS) programme will provide national solutions that implement the national payment system as defined by NHS England and Monitor. This will be achieved via implementation of a national system and enabling products which initially provide core Payment by Results (PbR) functionality for hospitals providing NHS care. Over the longer term it will deliver emerging national policy requirements and meet additional business requirements of users.
P0181/00	South Acute Programme	18 NHS organisations are participating in the South Acute Programme working as six collaborative groups. Trusts within each collaborative are procuring common Commercial off the Shelf (COTS) clinical systems. These clinical systems are being selected to meet each groups local requirements and include full integrated Electronic Health Records, Clinical Portal, Electronic Document Management (EDM) and ePrescribing solutions. It is anticipated that all of the groups will have signed contracts by the end of May 2015.
P0182/00	South Ambulance Programme	To procure clinical solutions for the Southern Ambulance Trusts which do not currently have these solutions under the BT LSP solution.
P0183/00	South Community and Child Health Programme	To procure clinical solutions for the Southern Community and Child Health Trusts which do not currently have these solutions under the BT LSP solution.
P0033/00	PACS Exit Programme	Development and deployment of the PACS (Picture Archiving And Communication System). Overarching programme to manage the PACS sub-programmes.
P0070/00	Calculating Quality Reporting Service (CQRS)	The Calculating Quality Reporting Service (CQRS) is used to calculate, report and approve quality outcome-related achievement and payments to GP practices and NHS England Area Teams. CQRS has replaced the QMAS system which was previously responsible for calculating and reporting Quality Outcomes Framework (QOF) payments. A replacement system (for QMAS) was required to provide increased flexibility to meet the policy outlined in the Health and Social Care Act.
P0014/00	GP2GP	To deliver the national implementation and roll-out of a computerised system to manage the transfer of patient records between GP practices when patients change their GP, covering electronic records transfers between GP practices.
P0281/00	General Practice Extraction Service (GPES)	The General Practice Extraction Service (GPES) is a centrally managed service that extracts information from general practice IT clinical systems for a wide range of purposes. It also forms part of the new process for providing payments to GPs and clinical commissioning groups (CCGs).

P0207/00	Health & Justice Information Services	Health and Justice Information Services (HJIS) focuses on the future information services required to support the statutory responsibilities of NHS England (Health & Justice) in the direct provision and commissioning of healthcare for all places of detention, and Sexual Assault Referral Centres, in England.
P0037/00	Offender Health IT	To deploy a clinical system to all prisons in the South and London so that they can link up with existing deployment plans in NME to form a national network. The system chosen TPP SystemOne, provides a single patient record which is allowing patients information to be transferred when they are moved around the prison estate. Thus providing continuity of care and improving health care for prisoners as well as working environment for staff.
P0301/00	Female Genital Mutilation Prevention – Data and Systems Business Case Development	<p>The objective of this document is to define and authorise the work package to produce a feasibility study on information collection and sharing by the NHS on Female Genital Mutilation (FGM).</p> <p>The work package will deliver an assessment of the feasibility of achieving the following objectives:</p> <ul style="list-style-type: none"> <li>- How can the NHS support the multi-agency objective of protecting and caring for those currently affected by, or at imminent risk of, FGM;</li> <li>- How can the NHS support the long term health education and health promotion components of a multi-agency strategy on the eradication of FGM</li> </ul> <p>An assessment of feasibility will be formulated in a final document which will contain a study investigating multiple options for achieving the objective.</p> <p>The options will consider those requirements, risks and benefits relevant to the objectives, starting from a 'do nothing' state, to one which fully addresses the obligations on the NHS and health care professionals as outlined in the multi-agency practice guidelines on FGM.</p> <p>All the options together will identify a common set of requirements, against which each individual option will be assessed. Each option will also specify the estimated resources, in terms of time, cost and materials, required to realise the option.</p>
P0055/00	Maternity and Childrens Datasets	To collect and report on data for maternity, child health and adolescent mental health services.
P0372/00	Information Service for Parents at Point of Care	The HSCIC Cross-Government Programmes team has been asked to initiate and subsequently manage the delivery of a project to develop information sharing between maternity systems and a central repository owned by PHE. The project will facilitate PHE in providing an information service (high quality digital advice) at point of care (maternity) for new and expectant parents. This work is being commissioned, and funded, by PHE and aligns with the PHE Marketing Strategy (addressing key public health issues, increasing quality and cost-effectiveness and being evidence based) as well as being a direct ministerial requirement (Dan Poulter) to provide direct access to a coherent service at point of care for this patient group.
P0321/00	Pathfinders on DME (formerly Strategic Capability Platform (SCP P1)	A public commitment has been made to extract primary care data from GP Systems in early 2014 and to link and disseminate that data in anonymised form from July 2014. This, along with other short term commitments associated with programmes, including care.data, results in a requirement for a new Interim Platform to meet the requirements of NHS England as Lead Commissioner ahead of any significant investment in the Strategic Capability Platform. The Strategic Capability is planned to be the platform that enables the HSCIC to carry out its statutory requirements for the processing and dissemination of data in a safe and secure environment.
P0010/00	Defence Medical Services (DMS)	Support Defence Medical Services to deliver the fully operating capability of their Personnel Care Record System Programme (DMICP). This includes integrating with the services and systems of the NHS, provision of relevant SME, skills and programme resource. In this context NHS systems include patient registration, staff authentication and patient choice together with activity related management information.

## Board Meeting – Public Session

---

<b>Title of paper:</b>	<b>Correspondence from the Information Commissioner's Office (ICO)</b>
Board meeting date:	25 November 2015
Agenda item no:	HSCIC 15 05 07 (c)
Paper presented by:	Martin Severs, Lead Clinician and Interim Director of Information and Analytics (Caldicott Guardian)
Paper prepared by:	N/A
Paper approved by: (Sponsor Director)	By request of the Chair
Purpose of the paper:	To share the letter sent by the ICO with the Board
Key risks and issues:	See letter
Patient/public interest:	Openness and transparency
<b>Actions required by the board:</b>	<b>For Information Only</b>

Kingsley Manning  
Chair  
Health and Social Care Information Centre  
Trevelyan Square  
1 Boar Lane  
Leeds  
LS1 6AE

Sent by email only to [kingsley.manning@hscic.gov.uk](mailto:kingsley.manning@hscic.gov.uk)

Copied to:

Dawn Foster, Head of Information Governance- [dawn.foster@hscic.gov.uk](mailto:dawn.foster@hscic.gov.uk)

Martin Severs, Caldicott Guardian- [martinsevers@hscic.gov.uk](mailto:martinsevers@hscic.gov.uk)

11 November 2015

Dear Kingsley

### **HSCIC and type 2 objections**

Thank you for your detailed response of 24 September, which we have now been able to consider.

Based on the information you have provided we are of the view that the HSCIC has not complied with the first principle of the Data Protection Act 1998, as it has continued to share patient data with other organisations for purposes other than direct care after patients were offered an opt-out and significant numbers of patients objected to their data being used in that way.

This is because in August and September 2013 as part of the care.data programme, patient leaflets and patient FAQ information were sent to GP practices so that GPs could start giving patients the fair processing information required as part of the programme. Within that fair processing information two opt-outs were offered. The first was specific to care.data and allowed patients to object to their personal data being sent from GP practices to the HSCIC for purposes other than direct care (referred to as the "type 1" opt-out). This is not the focus of this complaint. The second (referred to as "type 2") opt-out was more general and was not actually related to the care.data programme in any way, although it was communicated in the same leaflets. This second opt-out allowed patients to opt out of their personal data held by the HSCIC being shared

with any other organisation for purposes other than direct care. This covered data obtained by HSCIC from any care setting, and would include data from sources such as hospitals, GPs and community healthcare services.

In January 2014 a leaflet was sent to all households and the opt-outs were offered again at that point. Patients who wished to opt out of their personal data being shared outside the HSCIC were told to let their GP know, and the GP would flag the objection.

We are of the view that patients who did opt out would have a reasonable expectation that their personal data would not be included in HSCIC data releases. However, the opt-outs remain on GP practice systems and details of which patients have opted out have never been sent to HSCIC. This means that the opt-outs have not been actioned and those patients' personal data continues to be released by the HSCIC. We understand that the number of patients affected has been estimated to be around 700,000.

We note the difficulties that the HSCIC has experienced, namely that directions have not been issued to HSCIC to extract any of the data, either in relation to the care.data programme, the type 1 opt-out, or the type 2 opt-out. In addition to this, we also note that concerns have existed that the current type 2 opt-out code was written in such a way that, if actioned, could prevent patient data being shared for some direct care purposes such as cancer screening.

We are very pleased to hear that HSCIC has been concentrating a great deal of effort into finding a way to fix the problem and that it is anticipated that all type 2 opt-outs will be honoured by January 2016. As you will be aware, an important part of the ICO's role is to take action to ensure organisations meet their information rights obligations. In this case we suggest that an undertaking would be an appropriate course of action, as this would formalise and demonstrate the HSCIC's commitment to deal with patient objections in compliance with the first principle by actioning the existing type 2 opt-outs, and informing the affected individuals in a clear and accessible way. Given the level of positive engagement we have received from the HSCIC we are willing to propose an undertaking rather than issue an Enforcement Notice. An undertaking is not a statutory regulatory power but a formal undertaking can be given by an organisation to the ICO committing the organisation to a particular course of action or otherwise achieving compliance.

Further information about how we take action is contained in the ICO's Regulatory Action Policy:

[http://ico.org.uk/~media/documents/library/Data\\_Protection/Detailed\\_specialist\\_guides/data-protection-regulatory-action-policy.pdf](http://ico.org.uk/~media/documents/library/Data_Protection/Detailed_specialist_guides/data-protection-regulatory-action-policy.pdf)

It will be important that the undertaking is in place in a timely manner to enable compliance with the HSCIC's commitment to action the opt-outs by January 2016. We would therefore like your response to the proposal of an undertaking as soon as possible. We still retain the option to use an Enforcement Notice if needed to secure compliance by this date.

We have discussed the matter with the ICO's Enforcement team who will draft an undertaking to set out a formal commitment from the HSCIC to the actions referred to in your letter of 24 September, namely to implement the type 2 objections and inform those affected in a clear and accessible way. We will share the draft with you for comment in due course, but in the meantime we look forward to hearing from you.

Yours sincerely

Dawn Monaghan  
Group Manager, Public Services