

NHS Digital
Agenda: Part 1 (Public Session)
01 February 2017 – 10:00 to 12:45

**Venue: The Royal College of Obstetricians and Gynaecologists (RCOG), 27 Sussex Place
 Regent's Park, London, NW1 4RG**

Apologies:

- **Rachael Allsop, Director of Workforce**
- **Sir John Chisholm, Non-Executive Director**
- **Tamara Finkelstein, Director General for Community Care**

<u>Ref No</u>	<u>Agenda Item</u>	<u>Time</u>	<u>Presented By</u>
NHSD 17 05 01	<i>Chair's Introduction and Apologies (oral)</i>	10:00 – 10:05	Chair
NHSD 17 05 02	<i>Declaration of Interests and Minutes</i> (a) Register of Interests (paper) – for information (b) Minutes of Board Meeting on 30 November 2016 (paper) – to ratify (c) Matters Arising (oral) – for comment (d) Progress on Action Points (paper) – for information	10:05 – 10:10	Chair
NHSD 17 05 03	<i>Strategic Delivery and Operational Performance</i> (a) Board Performance Pack (paper) – for discussion (b) NHSmail Incident Summary (paper) – for discussion	10:10 – 11:10	CEO Chief Operating Officer
NHSD 17 05 04	<i>Strategy and Capability</i> (a) Capability Review Update (paper) - for information (b) Implementation and Business Change Portfolio Proposal (paper) – for approval	11:10 – 11:45	Director of Finance Director of Digital Transformation
NHSD 17 05 05	<i>Governance and Assurance</i> (a) Board and Sub-Committee Appointments (paper to be tabled) – for approval (b) Directions for Acceptance: i. Direction: Sexual and Reproductive Health Activity Dataset (paper) (c) Committee Reports: i. Assurance and Risk Committee (ARC) Report: 18 January 2017 (oral) (d) Board Forward Business Schedule 2016-17 (paper) – for information	11:45 – 12:45	Chair Medical Director and Caldicott Guardian Committee Chair Chair
NHSD 17 05 06	<i>Any other Business</i> (subject to prior agreement with Chair) (a) Arrangements for the Annual Review of Board Effectiveness 2016 -17 (oral)		Chair

12:45

Close

- NHSD 17 05 07 **Background Paper(s)** (for information only)
- (a) Staff Survey Results 2016-17 (paper)
 - (b) Data Release Audit Status Report (paper)
 - (c) Forthcoming Statistical Publications (paper)
 - (d) Programme Definitions (paper)

Date of next meeting: 28 March 2017, Rooms LG19, LG20, LG21, Wellington House, 133-155 Waterloo Road. London SE1 8UG.

Board meeting – Public Session

Title of paper:	NHS Digital Board Members Register of Interests
Board meeting date:	01 February 2017
Agenda item no:	NHSD 17 05 02 a
Paper presented by:	Chair
Paper prepared by:	Executive Office Secretariat
Paper approved by: (Sponsor Director)	Each Director is accountable for their declaration of interest
Purpose of the paper:	<p>NHS Digital 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:	<p>Corporate Governance</p> <p>Transparency and Openness</p>
Actions required by the board:	For information

NHS Digital Board Register of Interests 2016-17

Name	Declared Interest
Non-Executive Directors	
Noel Gordon: Chair	<ul style="list-style-type: none"> • Non-Executive Director, NHS England • Non-Executive Director, PSR (Payments Services Regulator) • Chairman of Board of Trustees, Uservice.org <p>Other Offices held:</p> <ul style="list-style-type: none"> • Member, Audit Committee, University of Warwick • Member, Development Board, Age UK <p>Shareholdings:</p> <ul style="list-style-type: none"> • Accenture <p>Other relevant interests:</p> <ul style="list-style-type: none"> • Senior Advisor, Aleron
Sir Ian Andrews: Non-Executive Director Senior Independent Director	<ul style="list-style-type: none"> • Partner in IMA Partners (formerly trading as IMA Partners Ltd until February 2016) providing legal and management consultancy services to government, academia (KCL¹) and Transparency International UK. <p>Other Offices held:</p> <ul style="list-style-type: none"> • Conservator of Wimbledon and Putney Commons • Trustee Chatham Historic Dockyard • Member of UK Defence Academy Academic Advisory Board
Marko Balabanovic: Non-Executive Director	<p>Employment (other than with NHS Digital):</p> <ul style="list-style-type: none"> • Chief Technology Officer, Digital Catapult <p>Shareholdings:</p> <ul style="list-style-type: none"> • Equal Media Ltd
Daniel Benton: Non-Executive Director	<p>Directorships:</p> <ul style="list-style-type: none"> • Trustee, The Grange Festival <p>Other Offices held:</p> <ul style="list-style-type: none"> • Fundraising and Finance Committees , NSPCC <p>Shareholdings:</p>

¹ King's College London

Name	Declared Interest
	<ul style="list-style-type: none"> Accenture Supercarers
<p>Dr Sarah Blackburn:</p> <p>Non-Executive Director</p>	<ul style="list-style-type: none"> Director - The Wayside Network Limited Independent member of the Management Board, RICS² <p>Employment (other than with the NHS Digital):</p> <ul style="list-style-type: none"> The Wayside Network Limited <p>Other Offices held:</p> <ul style="list-style-type: none"> Audit Committee member, RAC Pension Fund Trustee <p>Contracts held in last 2 years: The Wayside Network Limited has:</p> <ul style="list-style-type: none"> a contract to supply GP and primary care nursing services to Avon and Wiltshire NHS Partnership a zero hours contract with the Chartered Institute of Internal Auditors to provide an External Quality Assessment Reviewer and a viva voce examiner <p>Shareholdings:</p> <ul style="list-style-type: none"> 50% of The Wayside Network Limited
<p>Sir John Chisholm:</p> <p>Non-Executive Director</p>	<ul style="list-style-type: none"> Executive Chair – Genomics England Ltd Director – Historic Grand Prix Cars Association Ltd
<p>Professor Soraya Dhillon MBE:</p> <p>Non-Executive Director</p>	<p>Directorships:</p> <ul style="list-style-type: none"> Non-Executive Director, The Hillingdon Hospital NHS Foundation Trust <p>Employment (other than with NHS Digital):</p> <ul style="list-style-type: none"> Academic Manager, University of Hertfordshire <p>Other offices held:</p> <ul style="list-style-type: none"> Senior Independent Sponsor Improvement Steering Group, Eastern Academic Health Science Network <p>Contracts held in last 2 years:</p> <ul style="list-style-type: none"> Former Dean School of Life and Medical Sciences, University of Hertfordshire until 31 October 2016

² Royal Institution of Chartered Surveyors

Name	Declared Interest
<p>Professor Sudhesh Kumar:</p> <p>Non-Executive Director</p>	<p>Directorships:</p> <ul style="list-style-type: none"> • Institute of Digital Healthcare, Warwick Manufacturing Group <p>Employment (other than with NHS Digital):</p> <ul style="list-style-type: none"> • Dean, Warwick Medical School <p>Other offices held:</p> <ul style="list-style-type: none"> • Non-Executive Director, University Hospital of Coventry and Warwickshire (UHCW) NHS Trust • Honorary NHS Consultation Physician, (UHCW), Heart of England Foundation Trust and George Elliot Hospitals <p>Shareholdings:</p> <ul style="list-style-type: none"> • Medinova Research Limited <p>Other relevant interests:</p> <ul style="list-style-type: none"> • Member, Medical School Council
<p>Professor Maria Goddard:</p> <p>Non-Executive Director</p>	<ul style="list-style-type: none"> • Member of Board of Directors for the York Health Economics Consortium at the University of York • 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
<p>Rob Tinlin:</p> <p>Non-Executive Director</p>	<p>Directorships:</p> <ul style="list-style-type: none"> • Trustee, Southend Hospital Charity Foundation • Trustee, Southend Museum Development Trust <p>Employment (other than with the NHS Digital):</p> <ul style="list-style-type: none"> • Chief Executive, Southend-on-Sea Borough Council, until 31 03 2017 <p>Other Offices held:</p> <ul style="list-style-type: none"> • Member, Advisory Board, Queen Mary University of London Business School • Chairman and Board Member, Association of Local Authority Chief Executives, resigned 05 01 2017 • Member, Anglia Ruskin MedTech Board, until 31 03 2017

Name	Declared Interest
	<ul style="list-style-type: none"> Member, Southend Health & Well Being Board, until 31 03 2017
Executive Members of the Board	
Andy Williams: Chief Executive Officer (CEO)	<ul style="list-style-type: none"> None
Rachael Allsop: Director of Workforce	<ul style="list-style-type: none"> None
Beverley Bryant: Director of Digital Transformation	<p>Contracts held in last two years:</p> <ul style="list-style-type: none"> Director of Digital Technology, NHS England (until 31 May 2015) <p>Other relevant interests:</p> <ul style="list-style-type: none"> Silent Partner – Wildtrack Telemetry Systems Limited
Rob Shaw: Chief Operating Officer	<ul style="list-style-type: none"> None
Carl Vincent: Executive Director of Finance and Corporate Services	<ul style="list-style-type: none"> None
Ex Officio Board Members	
Professor Martin Severs: Medical Director and Caldicott Guardian	<ul style="list-style-type: none"> Trustee of Dunhill Medical Trust, a research charity Professor of Health Care for Older People with University of Portsmouth (Honorary) <p>Other Offices:</p> <ul style="list-style-type: none"> Member of National Data Guardian's Panel <p>Other relevant interests:</p> <ul style="list-style-type: none"> Member of Royal College of Physicians, British Geriatrics Society, the Faculty of Public Health Medicine and British Medical Association (BMA)
Tamara Finkelstein: Director General for Community Care,	<ul style="list-style-type: none"> Department of Health, Director General for Community Care <p>Directorships:</p>

Name	Declared Interest
Department of Health	<ul style="list-style-type: none"> • New North London Synagogue (as Tamara Isaacs) • The Jewish Community Secondary School (as Tamara Isaacs)
Keith McNeill: Chief Clinical Information Officer, NHS England	<p>Chief Clinical Information Officer, Health and Social Care</p> <p>Directorships:</p> <ul style="list-style-type: none"> • Carers Queensland <p>Other Offices:</p> <ul style="list-style-type: none"> • Non-Executive Director Eastern Academic Health Science Network <p>Contracts held in last two years:</p> <ul style="list-style-type: none"> • Chief Executive, Addenbrookes Hospital Cambridge
Executive Management Team Directors	
Tom Denwood: Director for Provider Support and Integration	<ul style="list-style-type: none"> • British Computer Society (BCS) Health, Vice Chair Policy and Strategy (a voluntary role at this registered charity) • Senior Responsible Owner (SRO) for Local Service Provider (LSP) Programmes on behalf of Department of Health • Senior Responsible Owner (SRO) for the Health and Social Care Network (HSCN) Programme on behalf of Department of Health (DH)
James Hawkins: Director of Programmes	<ul style="list-style-type: none"> • Parent Governor at St Peters Church of England Primary School, Harrogate
David Hughes: Director of Information and Analytics	<ul style="list-style-type: none"> • None

NHS Digital
Minutes of Board Meetings
Wednesday 30 November 2016
Part 1 - Public Session

Present:

Non-Executive Director (Chair)	Noel Gordon
Non-Executive Director (Vice-Chair)	Sir Nick Partridge
Non-Executive Director (Senior Independent Advisor)	Sir Ian Andrews
Non-Executive Director	Sir John Chisholm
Non-Executive Director	Prof. Maria Goddard

Chief Executive Officer	Andy Williams
Director of Digital Transformation	Beverley Bryant
Chief Operating Officer	Rob Shaw

Clinical Director and Caldicott Guardian	Prof. Martin Severs
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In attendance:

Head of Workforce	Rowena Herbert
Director of Information and Analytics	David Hughes
Executive Office Secretariat	Emma Martin-Morrissey

1. **Chair's Introduction and Apologies** NHSD 16 04 01

- 1.1 The Chair convened a meeting of the NHSD Digital Board. He welcomed the Board and the public audience.

The Chair noted that it would be the last public Board meeting that Non-Executive Director and NHS Digital Deputy Chair, Sir Nick Partridge would attend, as he would be retiring from NHS Digital on 31 December 2016. The Chair thanked Sir Nick for his valuable contribution to the Board during his time in post.

- 1.2 The Chair confirmed that Rachael Allsop, Director of Workforce, Dr Sarah Blackburn, Non-Executive Director, Tamara Finkelstein, DH Director General for Community Care Keith McNeill, NHS Chief Clinical Information Officer (CCIO) and Carl Vincent, Director of Finance had registered their apologies for the meeting. He confirmed the meeting was quorate.

- 1.3 The Chair also noted that Andy Williams had announced that he would retire as Chief Executive Officer (CEO) for NHS Digital on 31 March 2017. A structured process had been developed through the Remuneration Committee to appoint a successor, which would start week commencing 5 December 2016, and a public advertisement for the post would be published during the second week in January 2017. The Chair reported that the process was expected to take longer than four months and Rob Shaw, Chief Operating Officer (COO) had kindly agreed to act as interim CEO from 31 March 2017 until the new CEO is in post. Sir Ian Andrews, Senior Independent Adviser, would oversee and have dual control with the Chair, over the process, where the Chair was deemed to have a potential conflict of interest in respect of any candidates from NHS England of which he is a Non-Executive Director. Andy Williams will be in post until 31 March 2017 and will continue to fulfil his duties as CEO until that date.

2. **Declaration of Interests and Minutes** NHSD 16 04 02

- 2.1 (a) Register of Interest (paper): NHSD 16 04 02 (a)

The Clinical Director and Caldicott Guardian highlighted an error in the Register of Interests paper. The British Medical Association had been incorrectly listed as British Medical Associates. The Board agreed the register of interests was correct other than the highlighted error. The error in the register would be corrected.

- 2.2 (b) Minutes of Board Meeting on 07 September 2016 (paper): NHSD 16 04 02 (b)

The Board ratified the minutes of the meeting held on 07 September 2016.

- 2.3 (c) Matters Arising (oral): NHSD 16 04 02 (c)

There were no matters arising raised.

- 2.4 (d) Progress on Action Points (paper): NHSD 16 04 02 (d)

The Board noted the progress on action points resulting from the previous meetings. The Chair drew the Board's attention to some improvements that had been made to the format of the action update to make it easier to track progress against actions.

3. **Strategic and Operational Delivery Performance** NHSD 16 04 03

- 3.1 (a) Board Performance Pack (paper): NHSD 16 04 03 (a)

The Chief Executive Officer (CEO) presented this item. The purpose was to provide the Board with a summary of NHS Digital's performance in October 2016.

He drew the Board's attention to the Programme Achievement Key Performance (KPI) Indicator and noted that 28 of 33 Paperless 2020 were now being reported and the rest of the Programme Achievement KPI comprised of 12 legacy programmes. The CEO highlighted that one of the Paperless 2020 programmes was reported red, the Citizen Identity Programme. He reported that work was being progressed with the Government Digital Service to agree on the correct approach.

The CEO noted that one of the 12 legacy programmes, the Child Protection Information Sharing Programme was reported as red. The Board expressed concern at the status and the Director of Digital Transformation reported that the programme had recently had a Gateway Review and a root analysis and this work showed that the targets for the year had been over ambitious. A more realistic plan was being developed that would be in place by March 2017. It was reported that the programme had confidence in this approach and that its 2018 targets would still be reached.

The CEO reported that the Amber rating for Organisational Health was due to a delay in recruitment but noted that progress was being made in the area.

The CEO noted that November's IT Service performance report would be affected by the issues experienced with NHS Mail on Monday 14 November. The Chief Operating Officer reported that a full report would be taken to the Board on the 1 February 2017 including a review of clinical safety that was being conducted by the Clinical Director and Caldicott Guardian.

3.2 (b) Transformation Update: Embedding the Operating Model (paper): NHSD 16 04 03
(b)

The Head of Workforce attended to present this item on behalf of the Director of Workforce. The purpose was to provide an update to the Board on the latest status of NHS Digital Transformation and progress in embedding the Operating Model. The Head of Workforce highlighted the work undertaken by the transformation review and highlighted the areas that require focus.

The Board noted the progress of the Transformation Programme and was reassured of progress to date. The Chair noted that changing culture was not easy but was fundamentally important to what NHS Digital were trying to achieve.

The Board discussed next steps and what the next target would be now that the Minimum Viable Product had been achieved. The CEO reported that the Executive Management Team (EMT) would be meeting to consider areas of focus and whether additional actions were required further to what was already planned.

The Board discussed the requirement for a target workforce model as part of the next steps work and the Chair suggested that a joint paper should be submitted for the 28 March Board which encompasses the Capability Review, Refreshing the Strategy and the Target Workforce Model. He stated that the Target Workforce Model would bring together the Capability Plan and Strategy and the Strategy refresh and all three should converge in one paper.

Action: Director of Workforce

The Board discussed employee engagement and highlighted the importance of regular engagement with staff to reiterate messages of cultural change. The Chair requested a progress update for the next Board on 1 February 2017 on

Transformation and employee engagement.

Action: Director of Workforce

4 **Strategy and Capability NHSD 16 04 04**

(a) Paperless 2020 Clinical Governance and Clinical Safety (paper): NHSD 16 04 04
(a)

4.1

The Medical Director and Caldicott Guardian presented this item. The purpose was to brief the Board on how it is intended that clinical governance and patient safety are integrated into the Paperless 2020 portfolio of programmes at an operational level.

The Board addressed the identified risk of taking clinicians away from direct clinical work, given the staffing shortage in the NHS. The Board noted the importance and the benefits of embedding clinicians in the development of clinical systems and that the approach had the approval of the Strategic Clinical Reference Group (SCRG). It was noted that as health and social care moves further towards the digital age, the work that NHS Digital and the clinician does would be more closely aligned.

The Board discussed public confidence issues and the Chair agreed that it was important to ensure that the system had the correct accountability. He also stated that it was key to build a narrative that is communicated effectively to appease any concerns raised by the public.

The Board welcomed and approved the paper and gave approval for assigning a Non-Executive Director (NED) the responsibility of being sighted on Clinical Safety and Governance. The Chair stated that the responsibility would be suited to one of the incoming NEDs that were being appointed. He said that the appointment would be announced in early 2017 and the Medical Director and Caldicott Guardian agreed that he could wait until that time for confirmation of the assigned NED.

Action: Chair

4.2 (b) NHS Digital Data Strategy (paper): NHSD 16 04 04 (b)

The Director of Information and Analytics presented this item. The purpose was to present the final version of NHS Digital's data and information strategy to the Board for approval.

Non-Executive Director, Sir John Chisholm made an observation that the three key elements of data and information services, are the data, the analytics (software) and the analysis. Data is the role of NHS Digital, analytics software will be provided by NHS Digital as part of the Data Services Platform (DSP), but organisations should be free to use their own, and analysis will be performed in many organisations, including in NHS Digital. The Chair requested that the strategy paper more strongly reflect this distinction.

Action: Director of Information and Analytics

The Board noted, given the importance of ensuring the security and protection of citizens' data, that information security and governance arrangements had an important part to play in any strategy.

4.3 (c) Business Analysis (Front Door) Proposals (paper): NHSD 16 04 04 (c)

The Director of Digital Transformation presented this item. The purpose of the paper was to brief the Board on proposals for the establishment of a Business Analysis "front-door" service those co-ordinates NHS Digital's response to requirements and opportunities from customers.

The Board were supportive of the paper and approved the proposals and specific steps outlined in the paper.

The Director of Digital Transformation was asked to bring to the March Board a holistic design for the whole Client Engagement Capability.

Action: Director of Digital Transformation

5 **Governance and Assurance** NHSD 16 04 05

5.1 (a) The process for managing Data Requests, Data Releases and Associated Audits
NHSD 16 04 05 (a)

The Medical Director and Caldicott Guardian presented this item. The purpose was to provide the Board with the matrix and diagram that sets out the different stages of managing a request for data and the lead directors for each stage in the process. The Matrix and diagram had been provided for information at the Board's request. The Board noted the information in the matrix and diagram.

5.2 (b) NHS Digital Clinical Appraisal and Revalidation Policy (paper): NHSD 16 04 05 (b)

The Medical Director and Caldicott Guardian presented this item. The purpose was to seek endorsement of the updated policy for clinical registration and revalidation. The Board noted and endorsed the updated policy.

5.3 (c) Corporate Governance Manual 2017-18 (paper): NHSD 16 04 05 (c)

The Chair introduced this item. The purpose was to present the 2017-18 Corporate Governance Manual to the Board for approval. The Chair drew attention to section 3.1.1 entitled Confidentiality Responsibilities and asked the Board to note what is expected in this area. It was noted that the updated document had been reviewed and approved by the Assurance and Risk Committee at its meeting on 16 November 2016. The Board, being satisfied with the information and assurances provided, approved the Corporate Governance Manual 2017-18.

5.4 **(d) Directions for Acceptance: NHSD 16 04 05 (d)**

(i) Directions: Community Services Data Set Pilot (paper):

The Director of Information and Analytics presented this item. The Board, being satisfied with the information and assurances provided, accepted the Direction.

(ii) Mandatory request from the National Institute for Health and Care Excellence for 'Quality Outcome Framework Pilot 11' data extraction (paper)

The Director of Information and Analytics presented this item. The Board, being satisfied with the information and assurances provided, accepted the Direction.

(iii) Direction from Department of Health for NHS Health Check for adults aged 40 – 74 years' data extraction (paper):

The Director of Information and Analytics presented this item. The Board, being satisfied with the information and assurances provided, accepted the Direction.

(iv) Direction from Department of Health for Emergency Care Data Set pilot (paper)

The Director of Information and Analytics presented this item. The Clinical Director

and Caldicott Guardian advised that the Board should support the direction depending on successful approval by the Data Access Advisory Group (DAAG) / Independent Group Advising on the Release of Data (IGARD) and that NHS Digital would conform to any scrutiny that may come out of that process. The Board, being satisfied with the information and assurances provided, accepted the Direction.

5.5 **(e) Committee Reports: NHSD 16 04 05 (e)**

(i) Assurance and Risk Committee (ARC) Report: 16 November 2016 (oral)

Senior Independent Advisor, Sir Ian Andrews, introduced this item on behalf of the Assurance and Risk Committee Chair Dr Sarah Blackburn. The purpose was to brief the Board on the last committee meeting held on 16 November 2016. The Committee had considered three strategic deep dives on risk and mitigations for the Health and Social Care Network (HSCN), Paperless 2020 and Data Sharing programmes. The Committee had discussed the complexities of the HSCN programme and the difficulties presented by the procurement of multiple suppliers. Assurances had been given that these risks would be managed through strengthening NHS Digital's commercial support by increased recruitment of commercial expertise and calling on the expertise of Crown Commercial.

The Committee had also received updates on Capability Review Delivery Assurance, the Risk and Control Assurance Framework, strategic risks and issues and 5 internal audit reports.

The Committee approved the National Audit Office 2016/17 Audit Plan and changes to the Corporate Governance Manual.

(ii) Information Assurance and Cyber Security Committee (IACSC): 16 November 2016 (oral)

The Information Assurance and Cyber Security Committee (IACSC) Chair and Non-Executive Director, Sir Ian Andrews, presented this item. The purpose was to brief the Board on the last committee meeting also held on 16 November 2016. He reported that the Committee had received a briefing from the National Cyber Security Centre (NCSC), reports on various security incidents and responses to them and progress against the Cyber Security Programme. The Committee also discussed implementation plans for the National Data Guardian (NDG) review once received and considered emerging proposals for information governance within the Department of Health.

(iii) Remuneration Committee: 05 October 2016 (oral)

The Chair requested that the Remuneration Committee report is no longer reported to the Board, as the discussions are people related and should remain confidential.

5.6 **(f) Board Terms of Reference (paper): NHSD 16 04 05 (f)**

The Chair introduced this item. The purpose was to present the updated NHS Digital Board Terms of Reference to the Board for approval. The updated terms of reference contained some Minor, non-material revisions that had been made at the request of the Chair.

The Chair reported that Dr Sarah Blackburn had agreed to take over from Sir Nick Partridge as Deputy Chair when he retires from NHS Digital on 31 December 2016. He briefed the Board on the process to recruit additional Non-Executive Directors (NEDs) and that, subject to ministerial and No.10 approval, these would be announced in January 2017 and for a short period until 31 March 2017; the NHS

Digital Board would exceed the number of required NEDs, which it is allowed to do at its own discretion.

The Board approved the updated NHS Digital Board Terms of Reference and noted the Chair's update.

- 5.7 (g) Board Forward Business Schedule 2016-17 (paper) – for information NHSD 16 04 05 (g)

The Board noted this paper for information.

- 6 **Any Other Business (subject to prior agreement with chair):** NHSD 16 04 06

There were no items of any other business discussed.

- 7 **Background Papers (for information)** NHSD 16 04 07

- 7.1 (a) Direction: Breast and Cosmetic Implant Register Update (paper) NHSD 16 04 07 (a)

The Board noted this paper for information.

- 7.2 (b) Forthcoming Statistical Publications (Paper): NHSD 16 04 07 (b)

The Board noted this paper for information.

- 7.3 (c) Programme Definitions (paper) – for reference NHSD 16 04 07 (c)

The Board noted this paper for information.

- 8 **Date of Next Meeting**

- 8.1 The next statutory Board meeting will take place on 01 February 2017 London (venue to be confirmed).

The Board resolved that pursuant to the Public Bodies (Admission to Meetings) Act 1960 that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest' (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960).

Table of Actions:

Action	Action Owner
<p><u>Transformation Update</u></p> <p>The Board discussed the requirement for a target workforce model as part of the next steps work and the Chair suggested that a joint paper should be submitted for the 28 March Board which encompasses the Capability Review, Refreshing the Strategy and the Target Workforce Model. He stated that the Target Workforce Model would bring together the Capability Plan and Strategy and the Strategy refresh and all three should converge in one paper.</p>	<p>Director of Workforce</p>
<p><u>Transformation Update</u></p> <p>The Chair requested a progress update for the next Board on 1 February 2017 on Transformation and employee engagement.</p>	<p>Director of Workforce</p>
<p><u>Business Analysis (Front Door) Proposals</u></p> <p>The Director of Digital Transformation was asked to bring to the March Board a holistic design for the whole Client Engagement Capability.</p>	<p>Director of Digital Transformation</p>
<p><u>Paperless 2020 Clinical Governance and Clinical Safety</u></p> <p>The Board welcomed and approved the paper and gave approval for assigning a Non-Executive Director (NED) the responsibility of being sighted on Clinical Safety and Governance. The Chair stated that the responsibility would be suited to one of the incoming NEDs that were being appointed. He said that the appointment would be announced in early 2017 and the Medical Director and Caldicott Guardian agreed that he could wait until that time for confirmation of the assigned NED.</p>	<p>Chair</p>
<p><u>NHS Digital Data Strategy</u></p> <p>Non-Executive Director, Sir John Chisholm made an observation that the three key elements of data and information services, are the data, the analytics (software) and the analysis. Data is the role of NHS Digital, analytics software will be provided by NHS Digital as part of the Data Services Platform (DSP), but organisations should be free to use their own, and analysis will be performed in many organisations, including in NHS Digital. The Chair requested that the strategy paper more strongly reflect this distinction.</p>	<p>Director of Information and Analytics</p>

Agreed as an accurate record of the meeting	
Date:	
Signature:	
Name:	
Title:	NHS Digital Chair

Board meeting – Public Session

Title of paper:	Update on action points from the previous meeting
Board meeting date:	01 February 2017
Agenda item no:	NHSD 17 05 02 d
Paper presented by:	Chair
Paper prepared by:	Annabelle McGuire Secretary to the Board and Head of Corporate Governance
Paper approved by: (Sponsor Director)	Each action update is submitted and approved by the relevant Executive Director
Purpose of the paper:	To share an update on open action points from previous meetings for information. To ensure the completion of Board business.
Key risks and issues:	As stated in the action and commentary
Patient/public interest:	Corporate Governance best practice
Actions required by the board:	To note for information

Progress against Board meeting actions

Green = completed
 Amber = on-going
 Red = overdue

Meeting Date	Status	Summary of Action	Responsible Director	Commentary	Next Steps	Target Completion Date
30/11/2016	Amber	The Board discussed the requirement for a target workforce model as part of the next steps work and the Chair suggested that a joint paper should be submitted for the 28 March Board which encompasses the Capability Review, Refreshing the Strategy and the Target Workforce Model. He stated that the Target Workforce Model would bring together the Capability Plan and Strategy and the Strategy refresh and all three should converge in one paper.	Director of Workforce	Head of Workforce, Director of Strategy and Head of Capability Review to progress		28/03/2017

Meeting Date	Status	Summary of Action	Responsible Director	Commentary	Next Steps	Target Completion Date
30/11/2016	Green	The Chair requested a progress update for the next Board on 1 February 2017 on Transformation and employee engagement.	Director of Workforce	<p>Since the last NHS Digital Board, the EMT commissioned a review of lower level (“teething”) issues, which was led by James Hawkins. EMT agreed the outcome of this work and have agreed seven workstreams to initiate and deliver in Q4 2016/17. Our key themes are:</p> <ul style="list-style-type: none"> • <u>Operating Model Governance</u>. We agreed that the ownership and oversight of the Operating Model, including change control, should sit with a re-constituted Workforce and Transformation Board. • The Professional Groups’ effectiveness in recruiting, deployment of staff and creating communities of practice has been uneven. We need to ensure the Heads of Profession have the space and resources to deliver. • <u>Accountability</u> – providing greater clarity for the key roles across the organisation: Heads of Profession, Heads of Workforce, Portfolio item managers, etc • Examining our relatively mechanical approach to <u>resource management</u>, and consider variations in light of what is used in other organisations • Explore the differences between <u>programmes, services and corporate functions</u>, and whether there 	EMT Transformation focus meeting on 15/12/2016	01/02/2017

Meeting Date	Status	Summary of Action	Responsible Director	Commentary	Next Steps	Target Completion Date
				<p>Commentary</p> <ul style="list-style-type: none"> • Explore the differences between programmes, services and corporate functions, and whether there are implications for how we should apply the operating model • Prioritise and implement further changes to <u>corporate systems and MI</u>, in order to make corporate processes smoother and drive out benefits of the new operating model • Consider options for next steps in embedding cultural change, with an emphasis on greater engagement 		

Meeting Date	Status	Summary of Action	Responsible Director	Commentary	Next Steps	Target Completion Date
30/11/2016	Green	The Director of Digital Transformation was asked to bring to the March Board a holistic design for the whole Client Engagement Capability.	Director of Digital Transformation	Since the last NHS Public Digital Board we have identified integral themes of our transformation following a Transformation Review process instigated by and worked through with EMT to address in Q4 2016-17. The intention is to resolve lower level concerns, explore strategic issues, and feed into the overall Capability Plan which responds to the Capability Review, allowing us to bring our initiatives together for coherent resolution.		28/03/2017

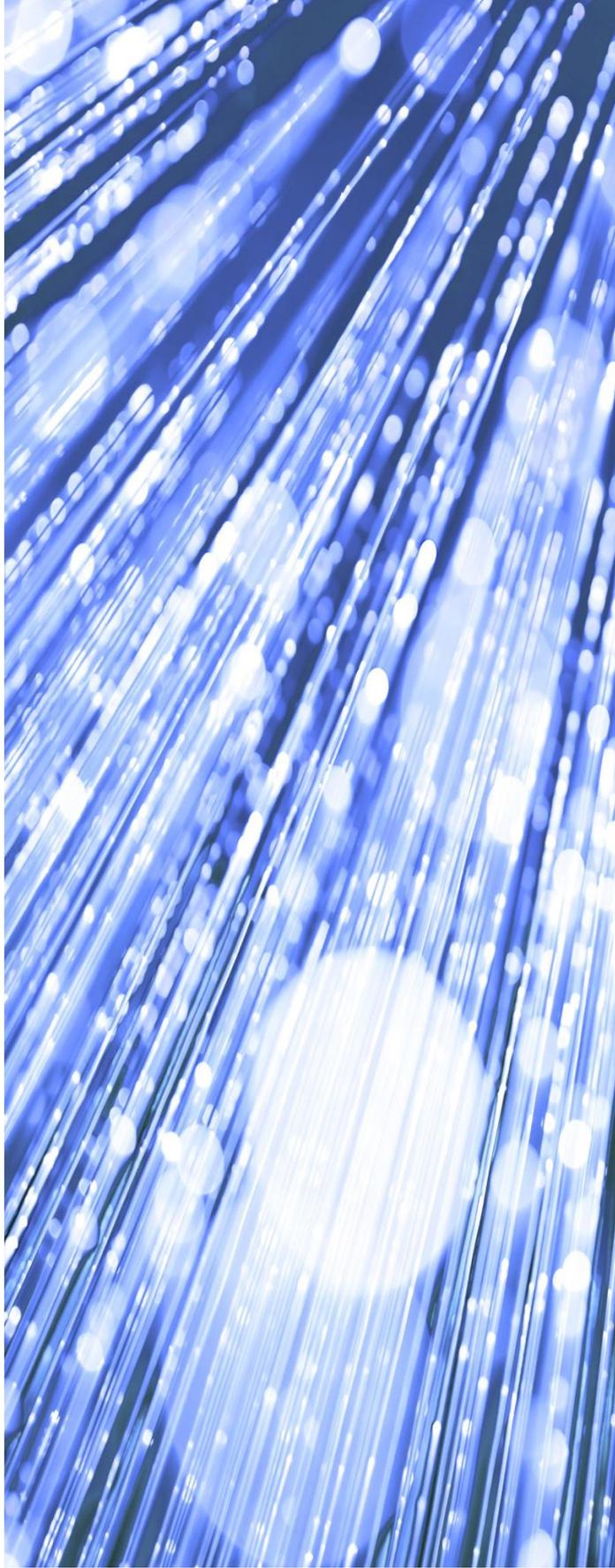
Meeting Date	Status	Summary of Action	Responsible Director	Commentary	Next Steps	Target Completion Date
30/11/2016	Green	<p>Non-Executive Director, Sir John Chisholm made an observation that the three key elements of data and information services, are the data, the analytics (software) and the analysis. Data is the role of NHS Digital, analytics software will be provided by NHS Digital as part of the Data Services Platform (DSP), but organisations should be free to use their own, and analysis will be performed in many organisations, including in NHS Digital. The Chair requested that the strategy paper more strongly reflect this distinction.</p>	<p>Director of information and Analytics</p>	<p>Following the Board discussion on 30 November, the data strategy final version has been published with a clear message on our role with data. This clarifies that we should have a prime role with data by being “the single authoritative source of data across the health and social care system,” but that we support, complement and stimulate the rest of the system in relation to our analysis and analytical services through the development of “an enhanced, interactive, web-based analytics service for the data we hold on behalf of the health and care system, which will be offered through tools as a standard way of presenting data. This will accelerate the ability of the system in its entirety to make better use of its analytical capabilities and will shift the focus more to the use of information to drive improvement in quality, efficiency and outcomes</p>		01/02/2017
30/11/2016	Amber	<p>Chair to confirm Non-Executive Director responsible for being sighted on Clinical Safety and Governance</p>	<p>Chair</p>	<p>Awaiting new NEDs to be appointed and Chair’s discussion.</p>		01/02/2017

Board Meeting – Public Session

Title of paper:	NHS Digital Board Performance Pack (public)
Board meeting date:	01 February 2017
Agenda item no:	NHSD 17 05 03 a
Paper presented by:	Carl Vincent, Director of Finance and Corporate Services
Paper prepared by:	David O'Brien, Head of Business Intelligence
Paper approved by: (Sponsor Director)	The Performance Pack is approved collectively by EMT in its corporate business management meeting held in advance of the Board papers being issued.
Purpose of the paper:	To provide the Board with a summary of NHS Digital's performance for December 2016.
Additional Documents and or Supporting Information:	No additional documents
Please specify the key risks and issues:	The corporate performance framework monitors NHS Digital performance including information governance and security.
Patient/public interest:	The public interest is in ensuring the NHS Digital manages its business in an effective way.
Supplementary papers:	For information only, a document entitled 'KPIs in Development' has been placed in the Virtual Boardroom application. This shows work in progress mock-ups of new KPIs for Data Quality, Reputation, and Workforce.
Actions required by the Board:	To Note

Board Performance Pack

December 2016 Data



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NHS Digital Performance Summary

Programme Achievement is reported as Amber-Green. Across all reported programmes overall delivery confidence for December was 65.7%, an increase from 64.8% in November. Although the overall position is Amber-Green, delivery confidence across the portfolio of P2020 programmes is Amber.

The Programme Achievement reporting comprises 30 P2020 programmes and 10 legacy programmes: Delivery confidence across the P2020 programmes was 69.3% (Amber). No P2020 programmes reported as Red, seven reported as Amber-Red.

Delivery confidence across the legacy (non-P2020) programmes was 72% (Amber-Green). One legacy programme reported as Red: Child Protection Information Sharing.

Benefits data is reported for a limited selection of programmes: this data indicates that, compared to the baselined business case figures, 85.3% of planned investment is forecast to take place and 88.3% of expected benefits are forecast to be realised as a result.

IT Service Performance is reported as Green. All services (57 of 57) achieved their availability target. All new High Severity Service Incidents logged in December (20 of 20) were resolved within their target fix time. 90% of services (9 of 10) achieved their response time target, the one exception being CQRS.

Organisational Health is Amber and is forecast to remain so next month. The organisation continues to focus on recruitment campaigns by profession, the development of new employment pipelines, and on building on the success of the graduate scheme. The development and alignment of robust business and workforce plans remain critical factors in closing the gap between workforce demand and supply and is a priority for the Workforce work-stream. Additionally, work has commenced on alternative sourcing models to help to bridge the supply / demand gap, and in light of the anticipated impact of the introduction of the IR35 guidelines on 1st April. Mid-year PDR completion rates are significantly lower than target and are being actively chased. Sickness absence and turnover remain relatively stable.

Data Quality is reported as Amber. Of the 26 datasets in the scope of the organisation's data quality assurance process, 23 are assessed as requiring some improvement and on (Diagnostic Imaging Dataset) is assessed as requiring significant improvement.

Financial Management is reported as Red: the budget for the year has been materially restated at Month 9 to include a) the transfer of DH contracts and assets to NHS Digital, b) the transfer of P2020 revenue funding to NHS Digital and c) the realignment of some NHS England funding from external income to core GfA. As a result, the core GfA income budget has increased from £137.6m to £221.2m and the external income budget has decreased from £69.3m to £46.1m, giving a net increase of £60.3m. The expenditure budget has therefore also increased by £60.3m, across staff, non-staff and unallocated costs. After making these adjustments to budgets, there is forecast underspend for the year of £11.3m compared to the underspend of £5m anticipated at the start of the year.

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	A	A	A
Data Quality	David Hughes	A	A	N/A
Financial Management: NHS Digital	Carl Vincent	R	R	R

Performance Tracker: Rolling 12 months

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Programme Achievement	A/G	A	A/G	A/G	A/G							
IT Service Performance	G	G	G	R	R	R	R	A	A	G	A	G
Organisational Health	A	A	A	A	A	A	A	A	A	A	A	A
Data Quality	G	G	G	G	A/G	G	G	G	G	A	N/A	A
Financial Management: NHS Digital	R	R	R	N/A	G	G	G	R	R	R	R	R

KPI Programme Achievement
KPI Owner James Hawkins

Based on December 2016 Highlight Reports or P2020 Programme Initiation Progress Reports
 (The programme achievement KPI reporting comprises 30 P2020 programmes and 10 other existing programmes.)

The overall KPI is reported as Amber-Green. Across all reported programmes overall delivery confidence for December was 65.7%.

Delivery confidence across the P2020 programmes was 59.3%. Seven P2020 Programmes are reported as Amber-Red. For detail please see Appendices 1.

Delivery confidence across the legacy (non-P2020) programmes was 72%. One legacy programme was reported as Red: Child Protection Information Sharing. One other reported as Amber-Red. For detail please see Appendices 2.

MCDS and HJIS Current Service have been removed from the programme achievement KPI. ETP will also be removed from next month.

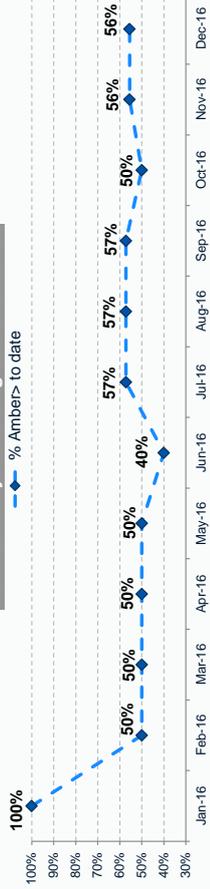
Programme Achievement: Delivery Confidence (%)

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



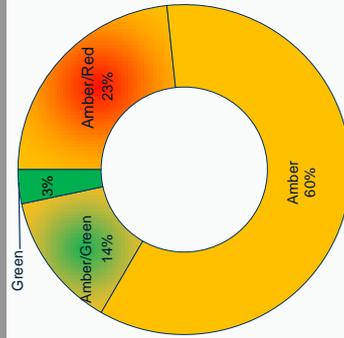
Previous RAG	64.8%	A/G
Current RAG	65.7%	A/G
1 Month Future Forecast RAG	64.2%	A/G
2 Month Future Forecast RAG	67.2%	A/G
3 Month Future Forecast RAG	69.6%	A/G

% of Gateways receiving amber or better

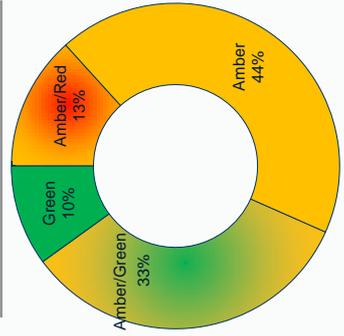


Gateway Reviews: No Gateway Reviews were carried out in December.

P2020 December 2016 Reported Delivery Confidence Breakdown



P2020 March 2017 Forecast Delivery Confidence Breakdown



Benefits Reporting

In December:

Average forecast cost, as % of baselined / business case whole life cost = **85.3%**

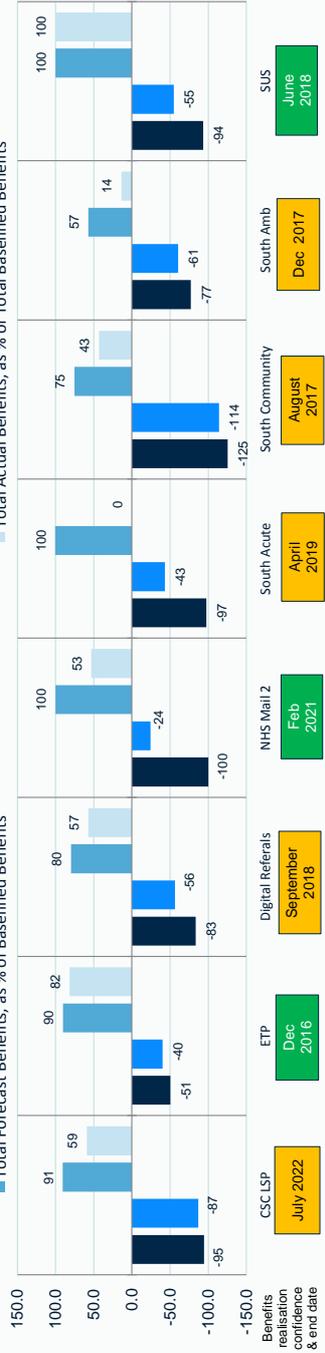
Average spend to date, as % of baselined / business case whole life cost = **52.4%**

Average forecast benefits, as % of baselined / business case benefits = **88.3%**

Average actual benefits realised to date, as % of baselined / business case benefits = **52.2%**

Forecast Cost and Spend to Date, as % of Baselined/Business Case WLC against Forecast and Actual Benefits, as % of Baselined/Business Case Benefits

■ Total Forecast Cost, as % of Total Baselined WLC
 ■ Total Actual Benefits, as % of Total Baselined Benefits



KPI IT Service Performance
KPI Owner Rob Shaw

Previous RAG A
 Current RAG G
 Forecast RAG G

Availability:

All 57 services achieved their average availability target in December. This is excellent performance and the second time this has been achieved during the last twelve months.

Fix Times:

20 HSSIs were logged in December, a marked decrease from recent months (e.g. 41 in November) and lower than the 12 month average of 33.

All 20 HSSIs logged in December achieved their fix time target, the fifth month running when a Green RAG status has been achieved for this performance indicator and the fourth successive month where 100% of HSSIs have been fixed within target.

Note that the Severity 1 Vision (in Practice Systems) Summary Care Record (SCR) HSSI originally logged on 18 October has now been closed and the post incident review completed. The final patient record was corrected on 29 November and final communications to impacted practices were sent out on 12 December. As a result, this HSSI fix time failure is included in the December reporting month even though the incident occurred in October, hence the graph below shows 20 of 21 HSSIs fixed within target.

In December, 2 Clinical Safety Incidents and 1 Incident with both Clinical Safety and Security implications, were logged to the Service Bridge as HSSIs.

Response Times:

Performance was good for the majority of services in December 2016 with 9 out of 10 services (90%) reported against having achieved or exceeded their response times target.

The one service to fail its response time target was GDIT's CQRS. This service failed at a critical level in December against Message Type 4.PL (Practice Level), due to a lock within the database on 09 December that caused a high percentage of Practice Level reports to fail the service level agreement.

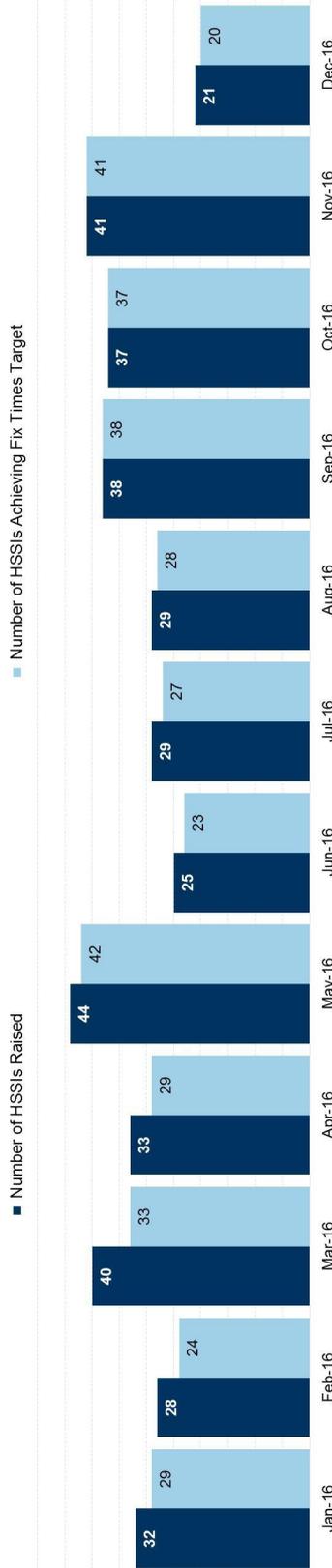
It should be noted that with the exception of this failure, all other CQRS Message Types achieved their respective performance targets during the December 2016 reporting month and also that this critical level failure only occurred on 1 out of 20 working days during December.

Forecast Forecasted RAG status: It is forecast that a GREEN RAG status will be achieved in January 2017.

Incidents of note outside the reporting period: Since the reporting period of December 2016, the following Severity 2 HSSI has been reported which is worthy of note.

04/01 - NHSmail - A maximum of 6,000 users were unable to access NHSmail emails via Outlook Web Access (OWA) over the N3 network due to a fault with one of the Client Access Servers (CAS).

Higher Severity Service Incidents: Achieving Fix Times Target



Performance Indicators

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
No. of Services achieving Availability target	56	56	56	57	55	60	56	53	54	56	55	57
No. of Services breaching Availability target, but not to a critical level	0	0	0	1	0	0	2	3	2	1	2	0
No. of Services breaching Availability target at a critical level	0	0	0	1	2	1	1	0	0	0	0	0
Total No. of Services measured for Availability Performance >>>>	56	57	57	59	57	61	59	56	56	57	57	57
No. of Services achieving Response Times target	15	14	14	13	15	15	13	10	9	10	9	9
No. of Services breaching Response Times target, but not to a critical level	2	0	0	0	0	1	1	0	0	0	0	0
No. of Services breaching Response Times target at a critical level	1	4	4	4	2	1	1	1	2	0	1	1
Total No. of Services measured for Response Times Performance >>>>	18	18	18	17	17	17	15	11	11	11	10	10
Total number of Higher Severity Service Incidents (HSSIs)	32	28	40	33	44	25	29	29	38	37	37	21
Total number of HSSIs achieving Fix Times target	29	24	33	29	42	23	27	28	38	37	37	20
% HSSIs achieving Fix Times target	91%	86%	83%	88%	95%	92%	93%	97%	100%	100%	100%	95%

Caveats:

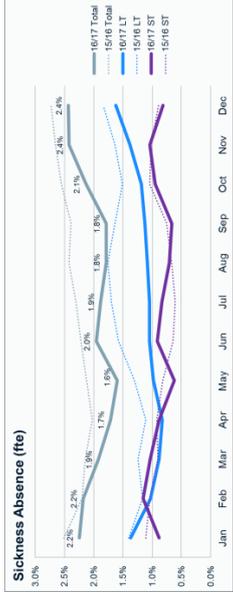
1. HSSI data for EMIS (GPET-E) is to be confirmed as at 12/01 (latest quarterly Performance Monitoring Report not yet received).
2. All data in this report is potentially subject to change, as it has yet to be fully reviewed by Service Owners and agreed with their Supplier counterparts, as part of their BAU monthly Service Review cycles.
3. If any changes are needed following the completion of all Supplier Service Reviews, these will be reflected in next month's KPI.

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

Overall Position: The overall position remains amber and is forecast to remain so next month. We are continuing the focus on recruitment campaigns by profession, the development of new employment pipelines and building on the success of the graduate scheme. The development and alignment of robust business and workforce plans remain critical factors in closing the gap between workforce demand and supply and is a priority for the Workforce work-stream. Additionally work has commenced on alternative sourcing models to also work towards bridging the supply / demand gap, and in light of the anticipated impact of the IR35 guidelines on 1st April. We have moved to reporting actual mid year PDR completion rates which are significantly lower than target and are being actively chased. Sickness absence and turnover remain relatively stable.

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

Summary Table	Target	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Engagement Score	>=70	●	N/A	N/A	N/A	N/A	75	N/A	N/A	N/A	N/A	N/A	N/A
Engagement Actions Completed	>=90%	●	90%	90%	80%	74%	80%	83%	84%	85%	77%	77%	51%
PDR Completion	>=90%	●	90%	90%	80%	74%	80%	83%	84%	85%	77%	77%	51%
Annual Training Spend / Head	£275k/Year	●	£352	£395	£518	£89	£103	£136	£158	TBC	TBC	TBC	TBC
12 Month Average Sickness Absence%	<=3%	●	2.3%	2.2%	2.0%	1.6%	2.0%	1.8%	1.8%	2.0%	2.0%	2.0%	2.0%
Mandatory Training - All Staff (composite)	>=90%	●	76%	89%	93%	93%	94%	93%	92%	92%	89%	82%	82%
Mandatory Training - New Starters (composite)	>=90%	●	82%	89%	93%	93%	94%	93%	92%	92%	89%	82%	82%
Time to Hire - In post	>=70	●	69	72	78	56	51	63	63	48	49	59	49
Turnover	9% - 11%	●	8%	8%	8%	11%	11%	11%	11%	11%	11%	11%	11%
Net Monthly Movement	TBC	28	-2	-13	-55	1	14	16	-1	-5	11	19	8



Engagement

- Arrangements are now in hand to procure a provider for the 2016 staff survey. This is later in the year than intended but has allowed for progress from the 'Minimum Viable Product' and will still offer staff the opportunity to share their views of the organisation. Comms during January will focus on actions taken in response to the previous survey, as a precursor to launch of the 2016 survey.
- Results from the 'pulse' survey in November/December will be presented to EMT in January and will be subject to further analysis to identify key issues to be addressed.
- The Workforce Communication Plan continues to drive a more coordinated and targeted approach and metrics confirm increasing visibility.

Training and Development

Mandatory Training - Induction of New Starters

- Corporate induction event 70% / Online induction access 84% - those who have joined in the last 3 months.

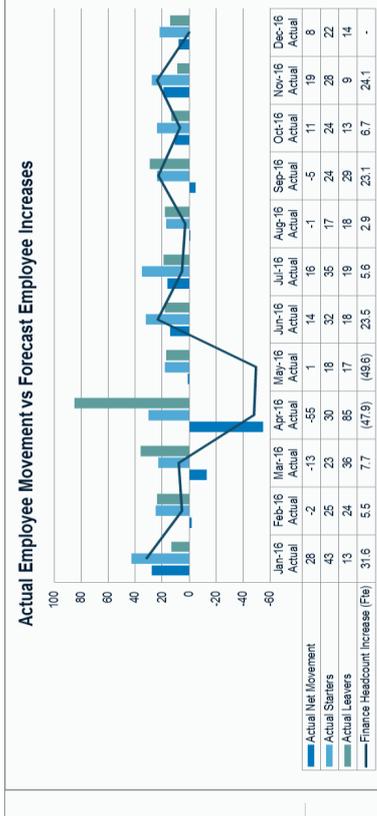
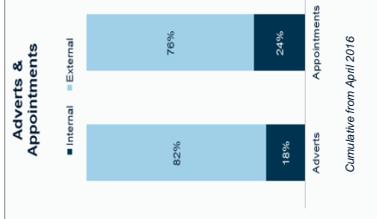
Mandatory Training - All Staff

- Fire Safety compliance score: 83%
- Information Security compliance score: 82%
- Information Governance compliance score: 81%
- Mid Year PDR Reporting - Excluding absent staff
- PDR compliance - 51%
- ARF compliance - 59%

Sickness Absence

- Sickness absence continues to track slightly lower than the same period last year.
- The 12 months average figure remains at 2%, with a balancing effect between an increase in short-term sickness and a reduction in short-term sickness last month. The cases that have become long-term (more than 4 weeks) are being reviewed in more detail to identify causes and actions to address these.
- Mental health related issues remain the top reason for reported absence. We are in the process of organising mental health first-aid training, as part of a greater focus on health and well being generally and the launch of the emerging strategy in January 2017.

Growing Talent Summary	Final position, cumulative 15/16	Projected placements for 16/17	Appointments 16/17 to date	RECRUITMENT		
				Live Campaigns	% Total Time	Working Days
Work Experience Unpaid work shadowing up to 2 weeks	6	8	10	Advertising 62	2.3%	Approval to advert 1.37
Apprenticeship Paid training role against framework/standard	7	63	7	Selection 86	63.0%	advert to outcome 37.81
Internship Paid 6 week placement	18	10	11	Appointment	20.4%	outcome to checks 12.27
Graduate Training Scheme Paid high potential training scheme	9	30	17	178	14.3%	checks to agreed start date 8.58



Attracting and Growing Talent

- Adverts were launched in December for a range of our early careers schemes, including Business & Operational Delivery apprentices and graduate roles in Development, Digital, Business Analysis, Project Management and Commercial. We are working with the Resource Management function to ensure that appointments are aligned with demand.
- Contribution to various boards and initiatives including Leeds Digital Board and Leeds Digital Skills Group as well as the employer group to support the Leeds City Region LEP's #techgoals campaign. Anticipated that over the longer term involvement in and contribution to such initiatives will support longer term sourcing goals and priorities.
- In the short term a piece of work has been initiated to understand creative and innovative routes to sourcing in the short term which will not necessarily include employment contracts. This is about a refocussing of our efforts on attracting or sourcing talent and our ability to do so at short notice and as demand dictates.

Recruitment

- Recruitment activity continues at high levels with 326 active vacancies as at 5 January.
- Of the 178 candidates currently going through our onboarding process, 120 are new external joiners.
- Implementation of the new end to end recruitment system is underway, we are working alongside Jobtrain to configure the system with plans to launch at the end of this financial year.
- To support recruitment into our IT professions, we have utilised a range of different media and enabled CV application to attract high calibre applicants. To date we have received 105 CV's with 43 being shortlisted and an additional 22 applicants have been sent a technical test to complete within the software development area. Learning from this exercise is being factored in to the configuration of our new recruitment system to ensure that our new processes and workflows offer a strong candidate experience.

Net Movement

- Directly employed and seconded headcount at the end of December was 2794 (2686 FTE).
- Seasonal trends often show a reduction in new joiners in December, with an increase expected in January. We anticipate that this will be reflected in our figures for January based on current recruitment activity.

KPI: Data Quality

KPI Owner: David Hughes

Corporate Data Quality Assurance Quarterly KPI Dashboard

The dashboard is focussed entirely on the maturity of NHS Digital internal processes for managing data quality

Previous RAG
Current RAG
Forecast RAG

A
A
A

KPI Performance Measure

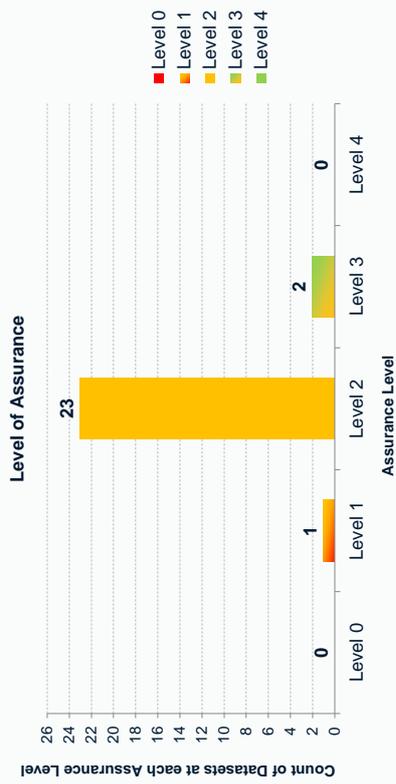
KPI Performance Measure Explained

Level 0	Level 1	Level 2	Level 3	Level 4
Assessment Incomplete	Requires Significant Improvement	Requires Some Improvement	Satisfactory	Exemplary

Explanatory Note:

All assessments are now complete but the majority of datasets require improvement to their data quality assurance practice. There are no datasets with an exemplary assurance score. Suitable measures to improve the quality of datasets will be planned and actioned as required.

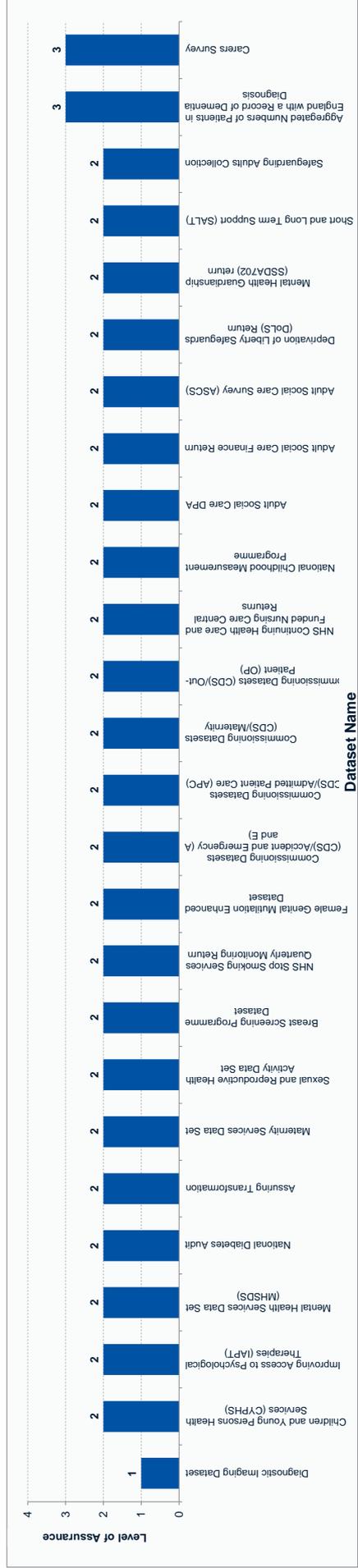
Each dataset has a level of assurance based on their answers to an internal Data Quality Assurance Assessment. The graph shows the count of datasets at each level of assurance.



The level of assurance is determined by the answers to an internal Data Quality Assurance Assessment that is carried out for each of the datasets. The assessment is made up of the 20 questions below. Each question is weighted and the answers are averaged as per a defined methodology to equal the level of assurance.

Weight	Assurance Item
A	A SCCI national information standard has been approved and is used in the assessment of data quality
A	Coverage is assessed and reported in line with HSCIC secondary uses DQA policy requirements
A	Validity assessed and reported in line with HSCIC secondary uses DQA policy requirements
A	Default values assessed and reported in line with HSCIC secondary uses DQA policy requirements
A	Completeness assessed and reported in line with HSCIC secondary uses DQA policy requirements
A	Timeliness assessed and reported in line with HSCIC secondary uses DQA policy requirements
A	Integrity assessed and reported in line with HSCIC secondary uses DQA policy requirements
A	Corporate reference data is used exclusively for validity and default data quality checks
A	A comprehensive list of expected data providers is clearly documented and maintained
A	Robust feedback mechanisms are in place for data providers
A	Robust feedback mechanisms are in place for data users
A	Data quality rules and supporting metadata are documented in plain English
A	Data quality assessment methods are documented in plain English
A	Data quality results reports are documented in plain English
B	Data quality rules, assessment methods and results reports are available on the HSCIC website via a fully completed HSCIC Data Quality Assessment and Reporting Methods template
B	Data quality results are available on the HSCIC website as Open Data
B	A named data quality contact at each provider is documented and maintained
B	A comprehensive list of known data users is documented and maintained
C	A data provider forum has been set up, meets regularly, and produces meeting notes and actions
C	A data user forum has been set up, meets regularly, and produces meeting notes and actions

Assurance Breakdown by Dataset



KPI Financial Management (NHS Digital) - for public session of the Board

KPI Owner Carl Vincent

	Previous RAG	R
	Current RAG	R
	Forecast RAG	R

Summary Performance

Income (GiA, ring-fenced & other)

Costs (incl. contingency)

(Surplus)/Deficit

Optimism adjustment:

(Surplus)/Deficit - adjusted

Budget (£m)	Forecast (£m)	Var (£m)
(282.8)	(281.5)	(1.3)
282.8	270.3	12.6
-	(11.3)	11.3
(5.0)		(5.0)
(5.0)	(11.3)	6.3

The budget for the year has been materially restated at M9 to include a) the transfer of DH contracts and assets to NHS Digital, b) the transfer of P2020 revenue funding to NHS Digital and c) the realignment of some NHS England funding from External Income to Core GiA.

As a result, the core GiA income budget has increased from £137.6m to £221.2m and the external income budget has decreased from £69.3m to £46.1m, giving a net increase of £60.3m. The expenditure budget has therefore also increased by £60.3m, across staff, non-staff and unallocated costs.

After making these adjustments to budgets, we now forecast a total underspend for the year of £11.3m against the underspend anticipated at the start of the year of £5m

Financial details are included in the Management Accounts in the Performance Pack.

REVISED KPI

The financial target for this year is a surplus of £5m from the original GiA budget.

KPI RAG status for the remainder of the year will be measured as follows:

Note: adjusted at M9 to reflect restated budget

- Green Surplus between £4.5m and £8.5m
- Amber Surplus from £2.5m-£4.5m or £8.5m-£10.5m
- Red Surplus under £2.5m or over £10.5m

2016/17 Financial Year Tracker

RAG Rating

May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
G	G	G	R	R	R	R	R			

Paperless 2020 Dashboard - December 2016

Domain	P2020 No	Reporting Month:	Exec Portfolio	Overall Delivery Confidence RAG						Key Delivery Milestones						
				Oct	Nov	Dec	Jan	Feb	Mar	Oct	Nov	Dec				
A	1	P0394	Citizen Identity	HDS	R	R	A	↑	A	A	A	A	A	A	G	↑
A	2	P0425	NHS.UK	HDS	A	A	A	→	R	A	A	A	A	A	A	→
A	3		Health Apps Assessment and Uptake	HDS	A	A	A	→	A	A	A	N/A	N/A	N/A	N/A	-
A	4		Widening Digital Participation	HDS	A	A	A/G	↑	A/G	A/G	A/G	N/A	N/A	N/A	N/A	-
A	16		Personal Health Record	HDS	N/A	A/R	A/R	→	A/R	A	A/G	N/A	N/A	N/A	N/A	-
A	31		Wi-Fi	HDS	A	A	A/G	↑	A/G	A/G	A/G	N/A	N/A	N/A	N/A	-
B	5		Clinical Triage Platform	HDS	A/R	A/R	A/R	→	A/R	A	A	N/A	N/A	N/A	N/A	-
B	6		Patient Relationship Management	HDS	N/A	N/A	N/A	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-
B	7		Access to Service Information	HDS	A	A	A	→	A/G	A/G	A/G	N/A	A	A	A	→
B	8		Out of Hospital Care	HDS	N/A	N/A	N/A	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-
C	9		GP Payments Futures	HDS	A	A	G	↑	G	G	G	N/A	N/A	N/A	N/A	-
		P0422	SNOMED CT in Primary Care	HDS	A	A	A	→	A	A	A	A	A	A	A	→
		P0518	GP Connect	HDS	A	A	A	→	A	A	A/G	N/A	A	A	A	→
C	10		Implementation & Business Change	D&T	N/A	N/A	N/A	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-
C	11		Technology for GP Transformation	HDS	A	A	A	→	A/R	A/R	A/R	N/A	G	A	A	↓
C	12		GP Data Implementation	HDS	A	A/R	A/R	→	A/R	A/R	A/R	A	A	A	A	→
D	13		Integration Projects	PSI	A/R	A/R	A/R	→	A/R	A/R	A	N/A	N/A	N/A	N/A	-
D	14		Interoperability & Architecture	PSI	A	A	A	→	A	A	A	N/A	N/A	N/A	N/A	-
D	15	P0341	Social Care	PSI	A	A	A/G	↑	A/G	A/G	A/G	G	G	G	G	→
E	17		Digitising Community Pharmacy & Medicines	HDS	A	A/R	A/R	→	A/R	A	A	N/A	N/A	N/A	N/A	-
E	18		Pharmacy Supply Chain & Secondary Uses	HDS	A	A	A	→	A	A	A/G	N/A	N/A	N/A	N/A	-
E	19		Integrating Pharmacy Across Care Settings	HDS	A	A	A	→	A/R	A/R	A/R	N/A	N/A	N/A	N/A	-
F	20	P0238	Digital Referrals & Consultations	HDS	A	A	A	→	A	A	A	A	A	A	A	→
G	21		Provider Digitisation	PSI	A/G	A/G	A/G	→	A/G	A/G	A/G	G	G	G	G	→
G	22		Digital Child Health	PSI	A	A	A	→	A	A	A	N/A	N/A	N/A	N/A	-
G	23		Digital Diagnostics	PSI	N/A	N/A	N/A	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-
G	24		Building a Digital Ready Workforce	PSI	A	A	A	→	A/G	A/G	A/G	N/A	N/A	N/A	N/A	-
H	25	P0453	National Data Services Development	I&A	A/R	A/R	A/R	→	A/R	A/R	A	A	A	R	R	↓
H	26		Data Content and New Data Collections	I&A	A	A	A	→	A	A	A	N/A	N/A	N/A	N/A	-
H	27		Innovative uses of Data	I&A	A/R	A	A	→	A	A/G	G	N/A	N/A	N/A	N/A	-
I	29	P0196	NHSmail 2	HDS	A	A	A	→	A	A/G	A/G	G	G	G	G	→
I	30	P0190	Health and Social Care Network	PSI	A/R	A/R	A/R	→	A/R	A/R	A/R	A	A	A	A	→
J	32	P0325	Data & Cyber Security	OAS	A	A	A	→	A	A/G	G	A	A	A	A	→
J	33		National Opt-Out Model	PSI	A	A	A	→	A/R	A	A	G	G	A	A	↓

Delivery Confidence - Paperless 2020:	
December-2016	A 59.33%
March-2017	A/G 68.00%

Sourced from Highlight Reports and Initiation Reports

December-16

Trend Key

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

Non Completion Key

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)

Paperless 2020 Dashboard - December 2016

Domain	P2020 No	Reporting Month:		Current year financial forecast against budget			Investment justification (BC etc) forecast spend status			Benefits realisation confidence				Resourcing Against Plan					
				Sep	Oct	Nov	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec				
A	1	P0394	Citizen Identity	R-O	R-O	A	↑	R	R	A	↑	N/A	N/A	N/A	-	A	A	A	→
A	2	P0425	NHS.UK	G	G	G	→	G	G	G	→	N/A	N/A	A	-	R	A	A	→
A	3		Health Apps Assessment and Uptake	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
A	4		Widening Digital Participation	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
A	16		Personal Health Record	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
A	31		Wi-Fi	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
B	5		Clinical Triage Platform	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
B	6		Patient Relationship Management	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
B	7		Access to Service Information	N/A	A	A	→	N/A	A	A	→	N/A	G	G	→	N/A	A	A	→
B	8		Out of Hospital Care	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
C	9		GP Payments Futures	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
		P0422	SNOMED CT in Primary Care	A	A	A	→	G	G	G	→	G	G	G	→	A	A	A	→
		P0518	GP Connect	N/A	A	A	→	N/A	G	G	→	N/A	G	G	→	A	A	A	→
C	10		Implementation & Business Change	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
C	11		Technology for GP Transformation	N/A	R-U	R-U	→	N/A	G	G	→	N/A	N/A	G	-	N/A	A	A	→
C	12	P0413	GP Data Implementation	G	G	-	-	A	A	-	-	N/A	N/A	-	-	R	R	-	-
D	13		Integration Projects	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
D	14		Interoperability & Architecture	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
D	15	P0341	Social Care	A	A	A	→	N/A	N/A	N/A	-	N/A	N/A	N/A	-	A	A	A	→
E	17		Digitising Community Pharmacy & Medicines	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
E	18		Pharmacy Supply Chain & Secondary Uses	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
E	19		Integrating Pharmacy Across Care Settings	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
F	20	P0238	Digital Referrals & Consultations	G	G	G	→	G	G	G	→	A	A	A	→	A	A	A	→
G	21		Provider Digitisation	G	G	G	→	G	G	G	→	N/A	N/A	N/A	-	G	A	A	→
G	22		Digital Child Health	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
G	23		Digital Diagnostics	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
G	24		Building a Digital Ready Workforce	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
H	25	P0453	National Data Services Development	A	A	A	→	N/A	N/A	N/A	-	A	A	A	→	A	A	A	→
H	26		Data Content and New Data Collections	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
H	27		Innovative uses of Data	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
I	29	P0196	NHSmail 2	A	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→
I	30	P0190	Health and Social Care Network	R-U	G	G	→	A	A	G	↑	A	A	A	→	A	A	A	→
J	32	P0325	Data & Cyber Security	G	G	G	→	G	G	G	→	N/A	N/A	N/A	-	A	A	A	→
J	33		National Opt-Out Model	G	G	G	→	G	G	G	→	N/A	N/A	N/A	-	A	A	A	→

Overall Delivery Confidence for Paperless 2020 (Calculated):	
December-2016	A 59.33%
March-2017	A/G 68.00%

Sourced from Highlight Reports and Initiation Reports

December-16

Trend Key

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

Non Completion Key

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)

Existing Portfolio Delivery - December 2016																
Reporting Month	Portfolio Exec	Overall Delivery Confidence RAG										Risk	Key Delivery Milestones			
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul		Aug	Oct	Nov	Dec
P0012	HDS	A/R	A/G	A/G	↑	N/A	RPA	G	G	G						
P0183	PSI	A/G	A/G	A/G	↑	A/G	Med	A	A	A						
P0182	PSI	A	A	A/G	↑	A/G	Med	A	A	G						
P0181	PSI	A	A	A	↑	A	A	A	A	A	A	A	High	A	A	A
P0031	PSI	A/G	A/G	A/G	↑	A/G	High	G	G	G						
P0004	D&T	R	R	R	↑	R	R	R	R	R	R	R	Med	R	R	R
P0207	PSI	A/R	A/R	A/R	↑	A/R	Med	R	R	R						
P0301	PSI	A	A/G	A/G	↑	A/G	N/A	A	G	G						
P0050	OAS	G	G	G	↑	G	G	G	G	G	G	G	High	G	G	G
P0335	OAS	G	G	G	↑	G	G	G	G	G	G	G	High	G	G	G
Delivery Confidence - Existing Portfolio:																
December-2016		A/G										A/G				
March-2017		72.00%										71.11%				

Sourced from Highlight Reports and Initiation Reports

Trend Key

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

Non Completion Key

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)

Appendix 2 - Programme Delivery Dashboard

Programme Achievement (other Directorates)
James Hawkins
Tom Denwood (Prov Sup), David Hughes (I&A), Rob Shaw (O+AS)

KPI
KPI Owner
Data Owner

		Existing Portfolio Delivery - December 2016												
		Current year financial forecast against budget			Investment justification (BC, MoU etc) forecast spend status			Benefits realisation confidence			Resourcing Against Plan			
		Sep	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
P0012	Electronic Transfer of Prescriptions	R-U	R-U	R-U	G	G	G	G	G	G	G	A	G	G
P0183	South Community Programme	G	G	G	A	A	A	A	A	A	A	A	A	A
P0182	South Ambulance Programme	G	G	G	G	G	G	G	A	A	A	A	A	A
P0181	South Acute Programme	R-U	R-U	R-U	R-U	G	G	G	A	A	A	G	A	A
P0031	CSC LSP	R-U	R-U	R-U	R-U	G	G	G	A	A	A	G	G	G
P0004	Child Protection – Information Sharing	R-U	R-U	R-U	R-U	A	A	A	A	A	A	A	A	G
P0207	Health & Justice Information Services	R-U	R-U	R-U	R-U	G	G	G	G	G	G	A	A	A
P0301	FGMP	G	G	G	G	G	G	G	N/A	N/A	N/A	A	A	A
P0050	Spine 2	G	G	G	G	G	G	G	G	G	G	G	G	G
P0335	SUS Transition	G	G	G	G	G	G	G	G	G	G	G	G	G

Delivery Confidence - Paperless 2020:	
December-2016	A/G 72.00%
March-2017	A/G 71.11%

Trend Key

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

Non Completion Key

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)

Board Meeting – Public Session

Title of paper:	NHSmal Incident Summary (paper) – for discussion
Board meeting date:	01 February 2017
Agenda item no:	NHSD 17 05 03 b
Paper presented by:	James Hawkins, Director of Programmes
Paper prepared by:	Cleveland Henry, Programme Director
Paper approved by: (Sponsor Director)	Rob Shaw, Chief Operating Officer
Purpose of the paper:	Provide the Board with an overview of the NHSmal Incident and actions undertaken or planned in response.
Additional Documents and or Supporting Information:	N/A
Please specify the key risks and issues:	There are no specific risks or issues
Patient/public interest:	Public indirect - The incident attracted significant press coverage, resulting in 1000+ online articles.
Supplementary papers:	N/A
Actions required by the Board:	To note actions taken.

NHSmail incident

Summary and conclusions

Published January 2017

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Actions Required of the Board	4

Executive Summary

This document summarises a recent incident relating to the NHSmal service.

It also outlines the conclusions of an investigation immediately ordered by NHS Digital in light of the incident.

Background

Summary

On 14 November 2016 an NHSmal local administrator created a new email distribution list using a function designed to allow administrators to create specified lists of users. The distribution list was intended to include only staff within one Commissioning Support Unit (CSU).

NHSmal's Dynamic Distribution List (DDL) functionality allows administrators to create distribution lists using a range of options and rules. .

The administrator correctly selected the 'only in my organisation' rule, which should have sent the email only to their own CSU.

However, a software configuration error meant that the system applied an "All England" rule rather than a rule including only the administrator's organisation. This resulted in a distribution to all 840,000 NHSmal accounts in England. The administrator would not have known that this had occurred.

Additional controls should have been in place to limit the volume of any one email sent by an individual user or local administrator. This is a requirement in the solution design.

Automated responses and 'reply to all' emails from recipients very quickly generated a traffic spike, which was detected within minutes by NHS Digital's Service Bridge team.

Individuals who pressed "reply to all" would not have known they were emailing all user accounts in England, as fewer than 20 recipients were obviously visible on the email.

On an average day NHSmal handles between three and five million emails; but between 08:29 and 09:45 on 14 November the service received c.500 million which needed to be processed.

NHS Digital immediately contacted the NHSmal delivery partner, Accenture, to work with them to resolve the issue as quickly as possible.

The Accenture delivery team immediately disabled the ability to "reply to all" in response to the email and deleted the distribution list. The ability of administrators to amend DDLs was also suspended.

Although the service did not crash at any point, the traffic queues that had already built in the system by 09:45 resulted in significant service delays for the majority of the day. The queue was cleared by the following morning.

Conclusion

NHS Digital immediately began an investigation into the incident and continues to work closely with Accenture.

The original design requirements between NHS Digital and the supplier are clear; strict controls must be in place to limit the volume of any one email sent by an individual user or local administrator.

This functionality is still to be delivered by Accenture. The ability to create DDLs of similar form will remain disabled until NHS Digital is satisfied this has been delivered. Currently only the Accenture helpdesk is able to create new DDLs on behalf of NHSmail users via a secure approvals process.

It is very important to note that the individual who created the distribution list was not at fault, and nor were the users who unwittingly used "reply to all" (though this does highlight a general training issue about the appropriateness of replying to all on a distribution list). As publically stated by NHS Digital during the incident, the root cause was a software issue, not human error.

We are continuing to work with Accenture and with Microsoft to review and enhance where necessary all areas of the service, which successfully supports more than 35,000 distribution lists, to ensure we are satisfied such an incident as described by this paper does not recur.

Actions Required of the Board

The Board is asked to note this paper for information.

Board Meeting – Public Session

Title of paper:	NHS Digital Capability Review- an update for the Board
Board meeting date:	01 February 2017
Agenda item no:	NHSD 17 05 04 a
Paper presented by:	Carl Vincent, Director of Finance and Corporate Services
Paper prepared by:	Linda Whalley, Director of Strategy and Account Management
Paper approved by: (Sponsor Director)	Carl Vincent, Director of Finance and Corporate Services
Purpose of the paper:	To update the Board on the Capability Review
Additional Documents and or Supporting Information:	Additional material, including the notes of the Capability Review Steering Group, available from Zoe Teale, programme lead for the Review
Please specify the key risks and issues:	<p>The main risks relate to:</p> <ul style="list-style-type: none"> • Our capacity and capability to deliver our own strategic objectives as well as the commitments set out in the <i>Paperless 2020</i> portfolio • Our reputation with our stakeholders that we are becoming a more responsive and customer-focussed organisation • The effectiveness of the system-level governance arrangements regarding roles and responsibilities of our key national partners • Overall affordability of the changes that will be required as a result of the Capability Review, which will be managed through our business planning for 2017/18.
Patient/public interest:	Indirect – corporate governance and transparency
Supplementary papers:	None
Actions required by the Board:	To note the update

NHS Digital Capability Review - an update for the Board

Published 20 January 2017

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Executive Summary

This paper outlines the purpose of the Capability Review and provides an update on the progress made to date and the planned next steps.

The high-level objectives for the Review are to:

- Review our current capacity and capabilities against the emerging requirements relating to the delivery of the *Paperless 2020* strategy as well as our existing statutory and corporate commitments;
- Identify the future direction for our Delivery Model and any changes that are required;
- Consolidate the work that is currently in progress through the Digital Transformation portfolio to improve the way we engage with and support our clients and stakeholders;
- Ensure that the relationships and working arrangements with our national partners (notably the Department of Health and NHS England) are fit for the governance and assurance purposes to support the delivery of *Paperless 2020*;
- Agree plans for further enhancement of our new Operating Model, both tactically by strengthening our workforce planning capabilities and strategically, through a new workforce strategy.

It is intended that the Board will receive the final report from the Capability Review at its meeting on 28th March 2017.

Background and context

NHS Digital has a critical role to play in delivering the commitments set out in the *Paperless 2020* portfolio. The *Paperless 2020* portfolio itself is a key enabler to support the strategic objectives set out in the Five Year Forward View, to help the NHS become financially sustainable by bridging the three gaps relating to health and wellbeing, care and quality, and funding and efficiency.

This marks a step change in the scale of responsibility and financial accountability for our organisation. It is important that our national partners, stakeholders and customers have the confidence in our ability to discharge these responsibilities. The Capability Review is intended to assess our capacity and capability to meet our future commitments and objectives.

The Review is being progressed in the context of the new arrangements for system-level assurance and governance, as the Department of Health slims down to its new role and hands over funding and controls to its Arms-Length Bodies, including NHS Digital. We need to have the capacity, capability and corporate governance arrangements in place that are recognised as being robust enough to accept this new autonomy, and so have the confidence of our key external partners and stakeholders, including HM Treasury.

To ensure objectivity and robustness, and ensure both the assessments and the action plans are based on expert knowledge of industry-wide best practice, we have commissioned external advisers to support this work.

The Review is being progressed at the same time as the business planning for 2017/18 and will also inform the next stage of our organisational transformation.

The purpose and scope of the Capability Review

The primary objective of the Review is to ensure that NHS Digital has the strategic capacity and capability needed to deliver on our commitments, including the *Paperless 2020* portfolio as well as our statutory duties. It will deliver a new workforce strategy that brings together technology, process and people with the right skills in the right numbers, with the right talent and the leadership to deliver it.

Reflecting the importance of the workforce strategy, the Review itself is led by Rachael Allsop, Director of Workforce. Carl Vincent, Director of Finance and Corporate Services, has been leading on the Review in Rachael's absence.

The Review is overseen by a Steering Group, chaired by Noel Gordon. It includes senior representation from the Department of Health and NHS England, as our sponsor and key customer.

To inform the workforce strategy, the Review was originally set three specific questions to address:

1. Does NHS Digital have the appropriate capabilities to deliver its commitments to the Five Year Forward View and in particular the *Paperless 2020* portfolio?
2. Are the right management, governance and assurance processes and methods are in place to deliver on the commitments?
3. Does NHS Digital has the right number of people with the right talent, skill mix, and leadership?

During the course of the Review, it has become apparent that there is a fundamental need to ensure that we have a clearer articulation of the role and purpose of our organisation alongside that of the Department of Health and NHS England that reflects the strategic agenda we are now facing and also responds to the strong feedback we have received from our external stakeholders, that they do not understand how the roles of these organisations fit together - they perceive duplication in some areas and gaps in others.

The Review has been structured into workstreams, each led by an Executive Director, and each supported by external advisors. The workstreams are summarised below, with additional detail provided in the appendix.

Review component	Purpose
Workforce strategy <i>Rachael Allsop – Director of Workforce</i>	Assess the current workforce supply, and analyse the gap between supply and demand, based on a level of risk for the organisation.
	Use the outputs from the workstreams to identify

Review component	Purpose
	future workforce demand requirements at professional and organisational levels
Client Engagement workstream <i>Beverley Bryant - Director of Digital Technology</i>	Improve the way NHS Digital identifies, supports, and engages with its clients and stakeholders
Delivery workstream <i>Rob Shaw – Chief Operating Officer</i>	Review the current delivery models, design authority, delivery methods, tools, software development, build/buy decisions, use of third parties, approvals and reporting, cyber preparedness, Digital Delivery Centre, commercial and legal capability and enterprise architecture.
Assurance workstream <i>Carl Vincent – Director of Finance & Corporate Services</i>	Review how NHS Digital provides appropriate assurance of delivery to internal and external bodies with a specific focus on controls, processes, cost, benefits and timeliness, the governance structures, policies, processes, tools and systems.

The Steering Group has also agreed that the work currently in progress on our data strategy will be brought into the Review.

Progress to date

So far, each workstream has worked through the external advisers and:

- Held discussions with internal NHS digital staff, both 1-1 and in workshops, to understand the current priorities, and our capacity and capability to deliver them;
- Met with key external stakeholders to ensure the Review is grounded in their perspectives and experience of NHS Digital;
- Undertaken some benchmarking using external frameworks appropriate to each workstream, to provide an objective assessment of our current capabilities;
- Provided an early indication of key findings and some proposals for consideration for future action.

We are now reviewing the proposals in order to agree a prioritised and costed set of action plans for each workstream. We are already progressing some of this work (for example, the Workforce team are already working on improvements to our workforce planning function; the Finance and Corporate Services portfolio is working on the actions from the Assurance workstream; the Digital Transformation portfolio has work in progress that supports the findings from the Client Engagement workstream).

Next steps

The next phase of the Review will involve us:

- Drawing up the action plans for each workstream based on the recommendations we have received from the external advisers;
- Bringing the proposals together into a costed set of plans that will also inform our business plan for 2017/18;
- Triangulating these proposals with our key partners and stakeholders, especially where they relate to system-level roles, responsibilities, assurance and governance;
- Ensuring the next phase of our Transformation programme reflects the organisational and cultural changes that are necessary to underpin the proposals from the Capability Review;
- Agreeing the governance arrangements necessary to provide assurance and oversight of the actions. As far as possible, we will use existing governance boards, such as the Workforce and Transformation Board, or our Digital Delivery Board.

Implications

Strategy Implications

The Capability Review is instrumental in ensuring that NHS Digital has the capacity and capability to deliver our own strategic objectives as well as the commitments set out in the *Paperless 2020* portfolio.

It is essential for our stakeholders that we demonstrate our ability to continue to deliver on our statutory functions and existing service commitments, as well as the commitments of *Paperless 2020*.

Financial Implications

The funding of the work being carried out by our external advisors is being met from NHS Digital internal funding streams. This was subject to the usual approvals and was authorised at Ministerial level.

Internal support to the delivery of the Review is undertaken as part of normal business costs.

We intend that the costs of implementing the recommendations arising from the Review will be factored into our business plan for 2017/18. This will ensure that our investment decisions are transparent and agreed with our key customers, the Department of Health and NHS England.

Stakeholder Implications

The success of the Capability Review will depend on the way we engage with our key partners and stakeholders, as their input is essential in determining the future

requirements. The Review has been informed by an extensive series of interviews that our external advisors carried out with key external partners and stakeholders.

Our staff are also important stakeholders. Regular updates have been provided through our regular “all hands” staff conferences. They are keen to see the Review reach its conclusions alongside the business planning, as they recognise its importance for the next phase of our Transformation.

Handling

We expect that there will be external interest in the Review, and our engagement plans will take account of this in terms of the rationale for the Review, and the approach we are taking to delivering the Review.

Risks and Issues

The risk register is under regular review by the programme team. At the same time, as part of the Assurance workstream, we are undertaking a review of our most important strategic risks.

Corporate Governance and Compliance

The Capability Review is being managed under the current corporate governance framework, with appropriate oversight and reporting arrangements to support both the Executive Management Team and the NHS Digital Board.

Management Responsibility

Andy Williams is the corporate sponsor of the Review, and responsibility for the delivery of the Review is with Rachael Allsop and Carl Vincent.

Zoe Teale is the Programme Head with operational responsibility for the Review.

Actions Required of the Board

This update is provided for information.

Appendix – the scope of the workstreams

Review component	Scope
<p>Workforce strategy <i>Rachael Allsop – Director of Workforce</i></p>	<p>It will provide an independently assured set of recommendations that will inform a workforce capability and implementation plan for activities for the organisation. The scope of the Workforce strategy is in two key parts:</p> <ol style="list-style-type: none"> 1. Capability Review framework and assessment - <ul style="list-style-type: none"> • The implementation of an overarching framework and assessment for the capability review across the organisation, which will align with the plans for each of the workstreams. 2. Workforce capability plan which will: <ul style="list-style-type: none"> • Assess the current workforce supply, and review supporting workforce mechanisms – eg education, training and development, ‘hiring’ or resourcing approach, retention, talent assessment and development, succession planning, plus leadership, pay, culture, organisational structure, location, grade mix • Work with other workstreams to identify future workforce demand requirements at professional and organisational levels • Analyse the gap between supply and demand, based on a level of risk • Develop scenario plans and action plans to meet the gap and risks identified
<p>Client Engagement workstream <i>Beverley Bryant - Director of Digital Technology</i></p>	<p>This workstream will understand our current performance baseline, measure this against wider industry best practice and propose a new Client Engagement Model with an implementation plan to meet NHS Digital strategic objectives.</p> <p>The NHS Digital objectives relevant to this review are to:</p> <ul style="list-style-type: none"> • Extend NHS Digital’s influence and reputation across the health and care sector • Improve the effectiveness of client engagement with broader health and care organisations • Support NHS Digital becoming the ‘go to’ organisation to solve business problems utilising data, information and technology. <p>Areas to focus on include:</p> <ul style="list-style-type: none"> • Strategic Account Management • Front door and business analysis • Innovation and Thought leadership • Linking a new client engagement model to the wider organisation.
<p>Delivery model</p>	<p>This workstream will review the current delivery models</p>

<p>workstream <i>Rob Shaw – Chief Operating Officer</i></p>	<p>across NHS Digital including: Design Authority, delivery methods, tools, software development, build/buy decisions, use of third parties, approvals and reporting and Cyber Preparedness to ensure it is fit for purpose in delivering P2020 and future requirements.</p> <p>Areas to focus on include:</p> <ul style="list-style-type: none"> • Our role across the system to provide leadership in cyber preparedness, response, training and remediation • Plans for a Centre of Excellence for Agile delivery (Digital Delivery Centre) • Delivery model, methods and associated delivery assurance including delivery models for both commissioning others to develop software, and for us to develop software • Commercial capability to support delivery • Enterprise Architecture capabilities to deliver the <i>Paperless 2020</i> portfolio with focus on interoperability. <p>The objectives are to:</p> <ul style="list-style-type: none"> • Assess the current capability of NHS Digital to deliver the <i>Paperless 2020</i> portfolio and future requirements • Provide Independent Assurance • Understand industry best practice • Provide assessment of risks and issues • Provide detailed recommendations based on industry best practice with a health and care system focus • Provide detailed implementation plans.
<p>Assurance workstream <i>Carl Vincent – Director of Finance & Corporate Services</i></p>	<p>The scope of the Assurance workstream covers:</p> <ul style="list-style-type: none"> • All delivery controls and assurance processes that are relevant to the senior management and the NHS Digital Board • The assurance requirements of the external bodies that receive assurance from NHS Digital, particularly the Digital Delivery Board, the DH and HMT • All areas of the business: IT and data services, information security and information governance functions, and new and existing programmes/services • Our governance structures, policies, processes, tools and systems, and the capability and capacity to provide required level of control and assurance • The focus will be on NHS Digital control and assurance of delivery, rather than regulatory compliance • To take into account the future delivery challenges and key risks facing NHS Digital, which includes

	<p>ongoing IT and data services, and the <i>Paperless 2020</i> portfolio, and the existing delivery model, but also possible developments in our delivery model.</p> <p>The objectives are to:</p> <ul style="list-style-type: none">• Review the capability of NHS Digital to control and provide assurance of delivery to internal and external bodies. The appropriate controls and level of assurance should be based on the level of risk appetite (to be defined)• Review the NHS Digital approach to assuring that delivery costs, benefits and timeliness are being properly managed.
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Board Meeting – Public Session

Title of paper:	Implementation and Business Change Portfolio Proposal
Board meeting date:	01 February 2017
Agenda item no:	NHSD 17 05 04 b
Paper presented by:	Beverley Bryant, Director of Digital Transformation
Paper prepared by:	Eve Roodhouse, Director of Implementation and Business Change
Paper approved by: (Sponsor Director)	Beverley Bryant, Director of Digital Transformation
Purpose of the paper:	For approval
Additional Documents and or Supporting Information:	There are no additional documents or supporting information.
Please specify the key risks and issues:	<p>No organisational ownership for 'Business as usual' products, moving into 'IBC' following the end of their business case resulting in a lack of clarity for future developments and product direction.</p> <p>There is a risk that NHS Digital does not currently have the staff, skills or capability to populate the Target Operating Model and deliver to the required targets.</p> <p>There is a risk that there will be confusion with our customers for products and services (such as Provider Digitisation, NHS Mail and HSCN) that are delivered outside of the IBC service.</p>
Patient/public interest:	Indirect patient / public interest
Supplementary papers:	None
Actions required by the Board:	Approval

Implementation and Business Change

Portfolio proposal

Published 20 January 2017

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Executive Summary

This paper summarises the work to establish the Implementation and Business Change (IBC) function in NHS Digital's Digital Transformation portfolio. It is submitted to the NHS Digital Board for information and approval. Given the intent for the service to support and partner with NHS England and NHS Improvement emerging regional structures, leaders from NHS England were invited to provide feedback on the proposals to ensure alignment.

Following approval by the NHS Digital Board, it is planned that a series of communications go out jointly from national and regional leaders to staff and local customers of the service.

Background

The Implementation and Business Change function will bring together implementation resource across NHS Digital into one team split across four regions (matching emerging NHS England and NHS Improvement regional operational structures). The creation of this function is a direct response to:

The need to align to the placed-based approach to delivering the *Five Year Forward View*:

- Local Digital Roadmaps.
- Sustainability and Transformation Plans.
- Building on local interoperability to achieve full national interoperability over time.

The need to balance the role of the centre with local teams:

- Expert knowledge of national products and services.
- The increasing integration of national services into local solutions as we achieve greater interoperability.
- The centre's need to listen and respond to local demands so that the development of national standards and solutions, (e.g. slot management for electronic referrals, dispensing process in pharmacy, online booking of appointments) are driven by user need.

An imperative to drive out benefits:

- Increase adoption of existing solutions and technologies.
- Support for innovation and new ways of working.
- Maximise resources employed by Arm's Length Bodies (ALBs) to work with each other and across geographies rather than being attached to products or programmes.

In October 2016, the Executive Management Team (EMT) approved the approach and high level design for the Implementation and Business Change function and transformation work is underway ahead of the new operating model going live on 1st April 2017.

Recommendation

The new implementation and business change function will:

- Respond to our customers' needs on the ground providing subject matter expertise and capability to support the aims set out in Local Digital Roadmaps (LDRs) and Sustainability and Transformation Plans (STPs), for example, to support local business change programmes, plans for digitising workflows and releasing efficiencies in the business.
- Maximise the potential of existing products and services (such as Summary Care Record and Electronic Prescribing) to support the ambitions set out in LDRs and STPs in line with strategic priorities agreed with NHS England.
- Lead the implementation of new products and services from the *Paperless 2020* domains.
- Facilitate and enable ongoing innovation and improvement.
- Provide central support (including management information and communications materials).
- Be the focal point for driving out maximum benefit from NHS Digital products and services in the real world.

The national SROs will remain accountable for the costs and benefits of the programme business cases, and the local Accountable Officers (such as local Senior Responsible Owners (SROs), organisational CEOs, STP leads) will remain accountable for the local uptake of services (and for example would be held to account by NHS England and NHS Improvement on uptake). NHS Digital's responsibility is to provide a very high quality and responsive service to support others discharging their accountabilities, commissioned by the Digital Delivery Board (DDB) as part of the national offer to the local health economies.

Progress to date

Good progress has been made across a range of areas:

Strategy and Design

The development of the Target Operating Model is progressing well. A high-level description of services is complete, along with target organisation structures which have been approved by EMT. An outline governance document has been developed and will be refined with NHS England with the aim to establish appropriate governance forums in March. Key processes have been identified and either developed or are in development. The process for on-boarding new products or services is already being tested.

Further discussion is required with NHS England to confirm national priorities for 2017/18, but these are expected to include the Electronic Referrals Service (eRS), the Summary Care Record (SCR) and Child Protection Information Sharing (CPIS), which have gained high profile and have built strong traction in recent years.

Demand and On-Boarding

The Implementation and Business Change team has already taken on responsibility for the implementation of three products – Electronic Prescribing (EPS), the SCR and CPIS. In addition, the Business Relationship Management team (45 staff) transferred into the new function in August 2016.

Work is underway to transfer the eRS business change team, with an anticipated move in early 2017. The transfer will only go ahead when the new Regional Leads are in post to ensure the staff are well supported.

In December work began to form a plan to on board the Patient Online product for which NHS England is currently responsible. Some resources may transfer from NHS England to NHS Digital but this is not reflected in the table shown in the workforce implications section below as the detail is not yet confirmed.

An 'expressions of interest' process for key Regional Leads and Head of Central Support team roles completed in December and three of the five roles have been filled. The two vacant Regional Lead roles are currently under recruitment.

We are working with a further 15 programmes to understand their future requirements from the IBC team, to enable the development of a pipeline of work going forward. Details of these can be found in Appendix A.

Management Information (MI)

Each implementation team has historically maintained their own management information about the implementation and utilisation of their products meaning that it is difficult to establish a coherent picture of the adoption and uptake of our products by geography, customer or organisation.

Work is now underway to establish a single MI function that will bring together existing data and enable new products and services to be added in one central robust solution; transform existing MI into customer business intelligence dashboards to enable increased local utilisation of National Services; and, establish a Customer Relationship Management (CRM) tool to collect the customer intelligence necessary to support accelerated delivery. As Microsoft Dynamics CRM is already being used by the organisation work is focused on confirming that this product can support the extended requirements rather than evaluating alternative products.

Implications

Strategy Implications

The objective of the Implementation and Business Change service will be to improve patient outcomes and increase efficiency in the NHS and social care in England through the implementation, adoption and uptake of information systems and their associated business transformation. This will be achieved by: Better alignment of implementation resources to STPs in support of the delivery of the *Five Year Forward View*, achieving better value for money from NHS resources focused on implementation, adoption and uptake of both existing and emerging *Paperless 2020* products and increased responsiveness from NHS Digital to the demands of systems leaders. It will also provide an avenue for collecting feedback from the NHS and feeding ideas and innovations back into NHS Digital.

Financial Implications

In parallel to the development of the IBC function, a new profession (currently also named Implementation and Business Change) is being established at NHS Digital. The new profession is critical to the new function for several reasons:

- To ensure staff get access to the right training and development (skills and competencies required to deliver business change differ from those described in the

Programme and Project Delivery (PPD) profession, where the majority of the implementation staff are currently aligned).

- To facilitate a more flexible workforce (many staff have worked on one product for several years).
- To retain and build our competency through recruitment (there is a natural turnover of staff in implementation and there are also geographical variances).

The table below indicates the proposed resource level for the IBC target organisation structure. Except for some small vacancy factors and geographical mismatches, the size of the team has been determined largely by reallocation and focus of existing teams, rather than an analysis of needs from a customer perspective. This approach has been determined to:

- Maximise implementation and uptake impact from April 2017 by utilising existing subject matter experts who have established relationships with the NHS and local authorities.
- Minimise external recruitment to overall NHS Digital headcount numbers until the model has bedded in and we have been able to gain evidence from the service as to the effectiveness of the new function.
- Ensure that residual implementation teams are not retained within programme structures beyond 'go-live' of the new system or solution. This speaks to the cultural need to move from an organisation where programmes can exist for ten years or more to one where programmes are a temporary state prior to transfer to a steady operational state.

Staff currently assigned to the Health and Social Care Network (HSCN) and Provider Digitisation teams, and funded through those investment justifications, have been excluded from these calculations, due to the stage in the programme lifecycle and/or deep subject matter expertise required, although they will operate in a coordinated way using the same processes and CRM tooling to ensure consistent customer engagement.

IBC Target Organisational Structure	Target Resource Level (wte) as at 01/04/2017	Existing headcount *	No. Vacancies
North	27	32	-5
Midlands	27	23	4
South	27	30	-3
London	21	19	2
Central Operations	13	9	4
TOTAL	115	113	2

*Programmes/Products the headcount has been identified from are: BRM, SCR (plus community pharmacy), EPS, CP-IS, eRS, GP2GP, NHS Mail, Tech Fund, HJ-IS plus central operations people who could transfer from existing programmes.

An allocation of 13 whole time equivalent (WTE) has been made for a central operations team to provide management information, communications, benefits, implementation and

clinical advice to the regional teams. This team will take on functions previously carried out by individual programme teams and is therefore expected to create efficiencies overall.

An organisation structure has been devised with the capacity to provide services for SCR, EPS, CPIS and eRS immediately, plus capacity to take on adoption of new programmes as they transfer from existing programmes, emerge from the NIB domains or are prioritised by NHS England.

Workforce Implications

From April 2017, the function will cost approximately £11.2m pa. To date, £6.5m funding has been sourced for the IBC function from within existing programme business cases or *Paperless 2020* ring-fenced funds. The difference, £4.7m, falls into the following categories:

- Staff who are employed by NHS Digital, have been identified as undertaking implementation and business change roles but are currently engaged in programmes that fall outside *Paperless 2020*, e.g. NHS Mail, the Health and Justice Information Service (HJIS), or the deployment of Technology Funds on behalf of NHS England.
- Staff who are employed by NHS Digital, have transferred into the new IBC function but their business case has expired and we have not yet determined where they will be funded from, e.g. SCR, EPS.

Stakeholder Implications

Two key groups are affected by the introduction of the IBC service. Firstly, our customers who currently deal with a set of NHS Digital staff and secondly NHS Digital staff that currently complete IBC tasks within a programme or domain team.

To inform our strategy and design and to investigate the impact on our customers, sixty structured interviews with key stakeholders (CIOs, Social Care representatives and local implementation leads) were undertaken during October and November 2016 and initial analysis has been completed. The stakeholders were, in general, supportive of the proposed regional model and functions with the only concerns being around maintaining the high level of subject matter expertise and still maintaining a single point of contact to manage their overall relationship.

The detailed feedback is also informing the 'client engagement' model developments of the NHS Digital Capability Review.

Handling

Engagement for NHS Digital staff affected by the creation of the service has been ongoing. Over 120 staff attended an event to introduce the service in Leeds during October and a follow up event is planned for London on the 24th January.

Programmes and domains that use, or will use, the IBC service are currently being engaged and the first stage of informing our external customers happened with the interviews described above and will be followed up once the regional teams are formed.

A communications lead joined the team in January. A full communications strategy will then be developed.

Risks and Issues

The key strategic risks and issues are as follows:

Risk Description	Mitigation
No organisational ownership for 'Business as usual' products, moving into 'IBC' following the end of their business case resulting in a lack of clarity for future developments and product direction.	Work is underway led by the Chief Operating Officer to bring forwards a proposal to address the transition of programmes to service. A proposal is expected to be presented to EMT before February 2017.
There is a risk that NHS Digital does not currently have the staff, skills or capability to populate the Target Operating Model and deliver to the required targets.	The work to establish a new Implementation and Business Change profession is driving out improved clarity on the skills and capability within the organisation and will be complete by end March 2017.
There is a risk that there will be confusion with our customers for products and services (such as Provider Digitisation, NHS Mail and HSCN) that are delivered outside of the IBC service.	<p>The Provider Support team are providing a national support role to NHS England with defined scope to support the delivery of the Global centres of Digital Excellence.</p> <p>HSCN has a challenging timescale and considers that it requires strong control over the migration process.</p> <p>Discussions are scheduled with NHS Mail to consider if the IBC service could/should take on responsibility for supporting the ongoing adoption and uptake of the product.</p> <p>Continual monitoring of the external presentation of these teams will be required to ensure that we are presenting as one NHS Digital and that Regional Leads are well informed of the work underway.</p>

Corporate Governance and Compliance

As mentioned above, an outline governance proposal has been developed and will be refined with NHS England with the aim to establish appropriate governance forums for each

of the regions in March. Key processes have been identified and either developed or are in development. The process for on-boarding new products or services is already being tested.

Management Responsibility

Beverley Bryant is the Executive Director responsible for the IBC service.

Eve Roodhouse is the Programme Director responsible for the establishment of the IBC service. A Director on an Executive Senior Manager grade will be recruited to operate the IBC service, working to Beverley, once Board approval for this model has been secured.

Actions Required of the Board

The Board is being asked to approve the approach and to provide feedback.

Appendix A – Programmes / Domains and Products engaged as part of the IBC Transformation project

The following services have transitioned into the function.

- Child Protection Information Sharing
- Electronic Prescription Service
- Summary Care Record Service
- Business Relationship Management Team

Further existing services transition date by April 2017:

- E Referral Service (due to transition early 2017)
- Patient Online
- GP2GP

A list of programmes and domains that have been engaged to take up the services of the IBC is provided below:

<ul style="list-style-type: none"> • Cyber Security • NHS Mail • SNOMED CT Primary Care • Wi-Fi • Patient Preferences • Digital Child Health • Interoperability Programme: Transfer of Care 	<ul style="list-style-type: none"> • Pharmacy secondary uses • Digitising Community Pharmacy & Medicines • Pathways • GP Connect • Social Care Deployment • Health Apps • Integrating Pharmacy across Care Settings (IPACS) • Digital Diagnostics
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Board Meeting – Public Session

Title of paper:	NHS Digital Board and Committee Appointments
Board meeting date:	01 February 2017
Agenda item no:	NHSD 17 05 05 a
Paper presented by:	The Chair
Paper prepared by:	Annabelle McGuire Principle Business and Operational Delivery Manager
Paper approved by:	The Chair
Purpose of the paper:	To formally note the appointment of five new non-executive directors. To appoint members to the Board's sub-committees.
Additional Documents and or Supporting Information:	The accompanying paper
Please specify the key risks and issues:	There is a risk to NHS Digital's corporate governance structure and therefore decision making at the highest level if the Board and its sub-committees are not quorate.
Patient/public interest:	Fulfilment of statutory obligations and corporate governance accountabilities.
Supplementary papers:	No supplementary papers
Actions required by the Board:	The Board are requested to approve the appointments

NHS Digital

Board and Committee Appointments

Published January 2017

Annabelle McGuire
Principal Business and Operational Delivery Manager

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1 Executive Summary

NHS Digital is led by a unitary Board which is the senior decision making forum in the organisation and which is accountable to Parliament and the Secretary of State for Health. The Board is led by the Chair and comprises Non-Executive and Executive Members.

In line with Schedule 18 of the Health and Social Care Act 2012 as stated in NHS Digital's Standing Orders in the Corporate Governance Manual, there are a number of appointments which must be made to the Board. This is in line with NHS Digital's responsibilities as a public body and ensures that it operates in an open, honest and proper manner.

2 Background

The establishment and constitution of NHS Digital is set out in Schedule 18 of the Health and Social Care Act 2012. In accordance with Schedule 18 of the Health and Social Care Act 2012, the Board must comprise:

- At least six Non-Executive Members including the Chair
- Not more than five other Executive Members who are employees of NHS Digital (HSCIC) and are appointed by the Non-Executive Members.
- One of the Executive Members must be appointed as the Chief Executive.

3 Recommendation

The Board is requested to approve the appointments as set out in this paper.

4 Implications

4.1 Strategy Implications

These appointments meet the organisations statutory oversight and corporate governance obligations.

4.2 Financial Implications

There are no material financial implications brought about by these proposals.

4.3 Stakeholder Implications

There are no significant implications for stakeholders and/or customers.

4.4 Handling

The appointments of the new Non-Executive Directors have been made by the Secretary of State for Health and communicated internally to staff and externally via the Department of Health's, Cabinet Office's and NHS Digital's web sites.

5 Risks and Issues

There is a risk to NHS Digital's corporate governance structure and therefore decision making at the highest level if the Board and its sub-committees are not quorate.

6 Corporate Governance and Compliance

These appointments ensure that corporate governance obligations are achieved.

7 Management Responsibility

The Board is led by the Chair Noel Gordon.

8 Appointment of Non-Executive Directors

The Board are asked to formally note the appointment of the following five independent Non-Executive Directors to the Board effective from 01 January 2017. These appointments were made by the Secretary of State for Health.

- Dr Marko Balabanovic
- Daniel Benton
- Professor Soraya Dhillon M.B.E.
- Professor Sudhesh Kumar
- Rob Tinlin

9 Appointment of Non-Executive Directors to sub-committees

The Board approves appointments to each sub-committee which it has formally constituted.

9.1 Assurance and Risk Committee

Non-Executive Director Dr Sarah Blackburn chairs this committee and Non-Executive Director Sir Ian Andrews is a member. The proposal is the appointment of the following new Non-Executive Directors to the Assurance and Risk Committee (ARC).

- Daniel Benton
- Rob Tinlin

9.2 Information Assurance and Cyber Security Committee

Non-Executive Director Sir Ian Andrews chairs this committee and Non-Executive Director Dr Sarah Blackburn is a member. The proposal is the appointment of the following new Non-Executive Director to the Information and Cyber Security Committee (IACSC).

- Dr Marko Balabanovic

9.3 Remuneration Committee

The Chair of the Board chairs the Remuneration Committee. The proposal is the appointment of the following Non-Executive Directors to the Remuneration Committee.

- Professor Soraya Dhillon M.B.E.
- Professor Sudhesh Kumar

9.4 Investment Committee

The proposal is the appointment of the following Non-Executive Directors to the newly constituted Investment Committee.

- Noel Gordon will chair this Board sub-committee
- Daniel Benton

10 Appointment of the vice-Chair

The Chair and Members may appoint one of the Non-Executive Members to be Vice-Chair. The Chair proposes the appointment of Dr Sarah Blackburn as the NHS Digital Vice-Chair effective from 01 January 2017.

11 Actions Required of the Board

The Board are requested to approve the appointments.

12 Appendix 1

Committee membership table



Committee membership

Committee	Chair	Membership	Quoracy	Meetings Per Year (Est)
Audit and Risk Committee (ARC)	Dr Sarah Blackburn	Non-Executive Directors: Sir Ian Andrews Daniel Benton Rob Tinlin	3 NEDs one of whom must be the committee Chair	5 (physical)
Information Assurance and Cyber Security Committee (IACSC)	Sir Ian Andrews	Non-Executive Directors: Marko Balabanovic Sarah Blackburn	2 NEDs along with either the COO or Caldicott Guardian	4 (physical)
Investment Committee (IC)	Noel Gordon	Non-Executive Directors: Daniel Benton Rob Tinlin Executive Directors:	2 NEDs along with the NHS Digital's Director of Finance and Corporate Services (or nominee)	10 (virtual)
Remuneration Committee	Noel Gordon	Non-Executive Directors: Soraya Dhillon Sudhesh Kumar	3 NEDs one of whom must be the committee Chair	3 - 4 (physical / virtual)

Board Meeting – Public Session

Title of paper:	Direction for Sexual and Reproductive Health Activity Dataset
Board meeting date:	01 February 2017
Agenda item no:	NHSD 17 05 05 b i
Paper presented by:	David Hughes, Executive Director of Information and Analytics
Paper prepared by:	Paul Niblett, Lifestyles Section Head
Paper approved by: (Sponsor Director)	David Hughes, Executive Director of Information and Analytics
Purpose of the paper:	To accept the Direction
Additional Documents and or Supporting Information:	Appendix A – DH Direction for Sexual and Reproductive Health Activity Dataset
Please specify the key risks and issues:	There is reputational risk to NHS Digital; both with DH, PHE and the wider general public if NHS Digital are unable to continue collecting the data.
Patient/public interest:	Indirect – relates to dataset created from patient attendances at Sexual and Reproductive Health services.
Supplementary papers:	Appendix A – DH Direction for Sexual and Reproductive Health Activity Dataset
Actions required by the Board:	To accept the Direction

Direction for Sexual and Reproductive Health Activity Dataset

Published 01 February 2017

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Executive Summary

This paper requests acceptance of a Direction from the Department of Health (DH) which will allow NHS Digital to continue to collect the Sexual and Reproductive Health Activity Dataset (SRHAD).

The Direction is included at appendix A.

Background

NHS Digital (under its predecessor organisation the Health and Social Care Information Centre) inherited the task of collecting and disseminating data from SRHAD when it was formed as part of the Health and Social Care Act 2012.

Since then there have been some changes to the dataset which require an updated Direction from DH for NHS Digital to continue have a legal basis in place to collect the data.

Recommendation

The Board is asked to accept the Direction.

Implications

Strategy Implications

This proposal falls within “Making better use of health and care information” in the NHS Digital strategy for 2015-2020 and is part of our statutory duty to “Manage the collection, storage, processing and publication of national health and care information, as directed by the Secretary of State and NHS England”.

Financial Implications

As the data is already being collected there are no additional financial applications.

Stakeholder Implications

Both DH and Public Health England (PHE) are users of this dataset and the National Statistics report produced from the dataset is used by the media and general public.

Therefore if NHS Digital were to stop collecting the data it is likely to have adverse implications both for our immediate stakeholders and may result in reputational damage from the wider general public.

Handling

The Direction has been approved by Information Governance and the Media team have confirmed there are no communication implications.

Risks and Issues

Risks / Issues	Mitigation plans / actions
There is reputational risk to NHS Digital; both with DH, PHE and the wider general public if NHS Digital is unable to continue collecting the data.	Request the NHS Digital Executive Management Team and Board, accept the DH Direction to continue to collect and disseminate the Sexual and Reproductive Health Activity Data.

Corporate Governance and Compliance

As part of the consultation process, this Direction was reviewed at EMT on 12 January 2017 date and all Directions should be referred to the NHS Digital Board for consideration and acceptance.

The National Statistics report generated from the dataset will be published in line with the Code of Practice for Official Statistics.

Although there are no direct identifiers in the dataset, it is potentially identifiable via unique combinations of the activity data items. Therefore, any dissemination of the data will be compliant with the ICO Guide on Anonymisation

Management Responsibility

Chris Roebuck (Director of Publications and Head of Profession for Statistics)
Professor David Hughes (Executive Director of Information and Analytics)

Actions Required of the Board

The Board is requested to accept the Direction.



Department of Health

Andy Williams
Chief Executive,
NHS Digital
1 Trevelyan Square, Boar Lane
Leeds
LS1 6AE

[#] November 2016

Dear Andy

I am writing to provide a Direction to NHS Digital, formerly known as the Health and Social Care Information Centre (HSCIC) and hereafter referred to as NHS Digital, to establish and operate an informatics system for the collection of sexual and reproductive health data.

This Direction is given in exercise of the powers conferred by sections 254(1) and (6), 260(2)(a), 261(3), 274(2) and 304(9), (10) and (12) of the Health and Social Care Act 2012¹ and Regulation 32 of the National Institute for Health and Social Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013².

In accordance with section 254(2)(a) of the Act, the Secretary of State considers that it is in the interests of the health service in England for this Direction to be given.

This Direction is to be known as the Sexual and Reproductive Health Activity Dataset (SRHAD) Direction, and comes into force on **[1 Feb 2017 (if agreed at board meeting on that date)]**. The Direction will cover the collection of de-identified person-level data from providers of sexual and reproductive health services in England.

Providers of sexual and reproductive health services include: family planning services; community contraception services; Contraception and Sexual Health (CASH) services; integrated GUM and SRH Services; and young people's services (e.g. Brook Advisory Centres).

Under section 254 of the 2012 Act, NHS Digital is required to:

- Collect data relating to de-identified, person-level information on contraception and other activities provided by sexual and reproductive health services (See Annex 1 for full list of data items to be collected).
- Collect the data on an annual basis.
- Following validation and analysis publish the data in the form of a National Statistics report.
- Disseminate the data in an anonymised form to the following: Public Health England.

¹ 2012 c.7

² S.I. 2013/259

Please accept this letter as a direction given under subsection (1) of section 254 of the 2012 Act to the NHS Digital to exercise the functions in relation to the informatics support service for the collection of data from providers of sexual and reproductive health services in England. The purpose of the data collection is to fulfil the Secretary of State for Health's statutory duty to protect health and address inequalities, and promote the health and wellbeing of the nation. In addition, Public Health England (PHE) will use SRHAD data to support these public health functions with regard to sexual and reproductive health.

NHS Digital will have regard to and comply with the Directions to NHS Digital to process Type 2 objections.

In accordance with s254(5), NHS Digital has been consulted before this Direction has been given.

Yours sincerely

Director name

Director title

..Ends

SRHAD Data Items to be Collected

Field Name	Description	NHS Data Dictionary Data Element
Organisation ID	Organisation Code of the Service	ORGANISATION IDENTIFIER (CODE OF PROVIDER)
Clinic ID	Clinic (service) ID code	ORGANISATION SITE IDENTIFIER (OF TREATMENT)
Patient ID	Local patient ID used to identify a patient	LOCAL PATIENT IDENTIFIER
Gender	Gender	PERSON STATED GENDER
Age	Age at attendance date in years	AGE AT ATTENDANCE DATE
Ethnicity	Patient's ethnic category	ETHNIC CATEGORY CODE
LSOA of Residence	Lower layer super output area of residence of the patient	LOWER LAYER SUPER OUTPUT AREA (PERSON RESIDENCE)
LA of Residence	Local Authority (LA) of patient residence	ONS LOCAL GOVERNMENT GEOGRAPHY AREA CODE (LOCAL AUTHORITY DISTRICT).
GP Practice Code	It is the CODE of the GP Practice that the patient is registered with.	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)
Date of Attendance	Date of Attendance	ATTENDANCE DATE
Initial Contact	The patients first ever contact with this service	INITIAL CONTACT INDICATOR
Consultation Medium Used	Identifies the communication mechanism used to relay information between the care professional and the person who is the subject of consultation.	CONSULTATION MEDIUM USED
Location Type	Where the patient consultation/treatment took place	ACTIVITY LOCATION TYPE CODE
Contraception Method Status	Type of Contraception Consultation	CONTRACEPTION METHOD STATUS
Contraception Main Method	Main method of contraception of the patient	CONTRACEPTION PRINCIPAL METHOD
Contraception Other Method 1	Supporting contraception method	CONTRACEPTION OTHER METHOD
Contraception Other Method 2	Supporting contraception method	CONTRACEPTION OTHER METHOD
Contraception Method Post Coital 1	Emergency Contraception	CONTRACEPTION METHOD POST COITAL

Field Name	Description	NHS Data Dictionary Data Element
Contraception Method Post Coital 2	Emergency Contraception	CONTRACEPTION METHOD POST COITAL
SRH Care Activity 1	Sexual & Reproductive Health Care Activity received by patient	SEXUAL AND REPRODUCTIVE HEALTH CARE ACTIVITY
SRH Care Activity 2	Sexual & Reproductive Health Care Activity received by patient	SEXUAL AND REPRODUCTIVE HEALTH CARE ACTIVITY
SRH Care Activity 3	Sexual & Reproductive Health Care Activity received by patient	SEXUAL AND REPRODUCTIVE HEALTH CARE ACTIVITY
SRH Care Activity 4	Sexual & Reproductive Health Care Activity received by patient	SEXUAL AND REPRODUCTIVE HEALTH CARE ACTIVITY
SRH Care Activity 5	Sexual & Reproductive Health Care Activity received by patient	SEXUAL AND REPRODUCTIVE HEALTH CARE ACTIVITY
SRH Care Activity 6	Sexual & Reproductive Health Care Activity received by patient	SEXUAL AND REPRODUCTIVE HEALTH CARE ACTIVITY

Board Meeting – Public Session

Title of paper:	NHS Digital Board Forward Business Schedule
Board meeting date:	01 February 2017
Agenda item no:	NHSD 17 05 05 d
Paper presented by:	Chair
Paper prepared by:	Annabelle McGuire, Secretary to the Board and Head of Corporate Governance
Paper approved by: (Sponsor Director)	None
Purpose of the paper:	This paper details the NHS Digital Board forward business schedule for the financial year 2016-17. Please note this schedule is subject to frequent change.
Key risks and issues:	N/A
Patient/public interest:	Corporate Governance – decision making
Actions required by the board:	To note for information

NHS Digital – Public Board Meeting Forward Business Schedule 2016-17¹

04 May 2016 ⁱⁱ Board Business	08 June 2016 Board Business	07 Sept 2016 Board Business	30 Nov 2016 Board Business	01 Feb 2017 Board Business	28 Mar 2017 Board Business
Register of Interests Minutes of previous meeting Progress on Action Points Board Forward Business Schedule 2016-17 Reports from Sub-Committees	Register of Interests Minutes of previous meeting Progress on Action Points Board Forward Business Schedule 2016-17 Reports from Sub-Committees Board appointments	Register of Interests Minutes of previous meeting Progress on Action Points Board Forward Business Schedule 2016-17 Terms of Reference for the Board and the Board sub-committees	Register of Interests Minutes of previous meeting Progress on Action Points Board Forward Business Schedule 2016-17 Reports from Sub-Committees	Register of Interests Minutes of previous meeting Progress on Action Points Board Forward Business Schedule 2016-17 and 2017-18 Reports from Sub-Committees	Register of Interests Minutes of previous meeting Progress on Action Points Board Forward Business Schedule 2017-18 Reports from Sub-Committees
Governance and Assurance	Governance and Assurance	Governance and Assurance	Governance and Assurance	Governance and Assurance	Governance and Assurance
Annual Review of Board Effectiveness Report 2015-16	Directions: Diabetes Prevention Programme DH Directions: GP Metrics DH Directions: Clinical Audit Platform Collection National Pandemic Flu Directions NHS Improvement Mandatory Request for Patient Level Costing	Corporate Governance Manual 2017/18 Directions: NHS Health Checks DH Directions: Emergency Care Dataset DH Directions: Troubled Families Mandatory Request: OOF Pilot 11 DH Direction: Community Services Data Set	Corporate Governance Manual 2017-18 Scheme of Delegated Financial Authorities 2017-18 Arrangements for the Annual Review of Board Effectiveness 2016-17 DH Direction: Troubled Families Direction: Sexual Reproductive Health Attendance Data	Corporate Governance Manual 2017-18 Scheme of Delegated Financial Authorities 2017-18 Directions Direction to undertake the National Diabetes Audit Stop Smoking Services Collection – DH Direction	Corporate Governance Manual 2017-18 Scheme of Delegated Financial Authorities 2017-18 Directions Direction to undertake the National Diabetes Audit Stop Smoking Services Collection – DH Direction
Operational Performance	Operational Performance	Strategic Operational Delivery and Performance	Strategic Operational Delivery and Performance	Strategic Delivery and Operational Performance	Strategic Delivery and Operational Performance
Board Performance Pack Transformation Programme Plan 2016-17 Data Release Audit Annual Report 2015-16	Board Performance Pack *Corporate Business Plan 2016-17 (Final) Data Release Audit Status Report	Board Performance Pack Transformation Programme Mid-Year Report 2016-17 National Back Office Tracing Service Review * Mid-Year review of Corporate Business Plan 2016-17	Board Performance Pack Staff Survey Results 2016-17 Data Release Audit Status Report Diversity and Inclusion Update (deferred until March 2017) * Corporate Business Plan 2017-18 (Draft) Transformation update	Board Performance Pack Transformation Programme Report 2016-17 Information Assurance and Cyber Security Diversity and Inclusion Update Annual Report 2016-17 * Corporate Business Plan 2017-18 (Final)	Board Performance Pack Transformation Programme Report 2016-17 Information Assurance and Cyber Security Diversity and Inclusion Update Annual Report 2016-17 * Corporate Business Plan 2017-18 (Final)
Strategy and Capability	Strategy and Capability	Strategy and Capability	Strategy and Capability	Strategy and Capability	Strategy and Capability
HSCIC Statutory Duty – Burden	Clinical Governance and Safety Paperless 2020 Update Report	NHS Digital Statutory Duty – Burden Data Strategy - Final Paperless 2020: Finalised list of Programme SRCs and Delivery Leads Business Strategy and Analysis Portfolio Proposal	Implementing the Capability Review The Digital Academy Implementation and Business Change Portfolio Proposal	Workforce Model, Strategy Refresh and Capability Review Outcomes Innovation and Partnerships Portfolio Proposal	Workforce Model, Strategy Refresh and Capability Review Outcomes Innovation and Partnerships Portfolio Proposal
Client Engagement	Client Engagement	System Wide Support and Engagement	System Wide Support and Engagement	System Wide Support and Engagement	System Wide Support and Engagement
Papers for Information Only	Papers for Information Only	Papers for Information Only	Papers for Information Only	Papers for Information Only	Papers for Information Only
Forthcoming Statistical Publications Programme Definitions External Information Management Strategy	Forthcoming Statistical Publications Programme Definitions	Forthcoming Statistical Publications Programme Definitions	Forthcoming Statistical Publications Programme Definitions NHS Mail Incident Summary	Forthcoming Statistical Publications Programme Definitions	Forthcoming Statistical Publications Programme Definitions
April and May 2016	June and July 2016	August and September 2016	October and November 2016	December 2016 and January 2017	February and March 2017
Key Meetings	Key Meetings	Key Meetings	Key Meetings	Key Meetings	Key Meetings
<ul style="list-style-type: none"> Executive Management Team – weekly Public Board (Accounts) - 08 June 2016 Board Development Day – 27 July 2016 Assurance and Risk Committee – 08 May 2016 Information Assurance and Cyber Security Committee – 3 May 2016 Public Board Meeting – 4 May 2016 	<ul style="list-style-type: none"> Executive Management Team – weekly Public Board Meeting – 7 September 2016 Assurance and Risk Committee – 31 August 2016 Information Assurance and Cyber Security Committee – 12 July 2016 	<ul style="list-style-type: none"> Executive Management Team – weekly Information Assurance and Cyber Security Committee - 03 October 2016 Board Development Day 26 October 2016 Assurance and Risk Committee - 16 November 2016 Information Assurance and Cyber Security Committee -16 November 2016 	<ul style="list-style-type: none"> Executive Management Team – weekly Assurance and Risk Committee – 5 December 2016 Board Development Day – 14 December 2016 Assurance and Risk Committee – 18 January 2017 	<ul style="list-style-type: none"> Executive Management Team – weekly Public Board Meeting – 1 February 2017 Board Development Day 01 March 2017 Assurance and Risk Committee – 15 March 2017 Information Assurance and Cyber Security Committee -15 March 2017 	

ⁱ This is a living document and is subject to regular updates
ⁱⁱ Please see the final agenda for the full details of the items discussed at the statutory public Board meetings
* These documents may be embargoed and therefore not available publically

Board Meeting – Public Session

Title of paper:	Staff Survey Results 2016-17
Board meeting date:	01 February 2017
Agenda item no:	NHSD 17 05 07 a
Paper presented by:	Tom Denwood, Director of Provider Support and Integration
Paper prepared by:	Sophie Faulks, Research and Insight Manager
Paper approved by: (Sponsor Director)	Tom Denwood, Director of Provider Support and Integration
Purpose of the paper:	For information. To provide the Board with an update on NHS Digital staff views following a survey in November 2016. The results were similar to a survey conducted in May 2016.
Additional Documents and or Supporting Information:	None
Please specify the key risks and issues:	No key risks and issues impacting information governance, security, data sharing and confidentiality, although the omnipresent insider threat risk continues to be managed via Information Assurance and Security Committee (IASC).
Patient/public interest:	Direct, the public would want to know its national NHS information and technology organisation has a motivated workforce. Realisable in the medium term.
Supplementary papers:	PowerPoint presentation entitled Staff Pulse Survey Nov 2016.
Actions required by the Board:	No actions required by the Board at this time.

Staff Pulse Survey Nov 2016

Summary Report Dec 2016

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Research and Insight Team
Sophie Faulks, Research and Insight Manager

Objectives

An all staff survey conducted every few months to:

- Monitor staff sentiment over time
- Provide actionable insights, which can be shared and applied across NHS Digital
- Assess impact of organisational changes or other activity over the past few months
- Engage our staff by asking their views

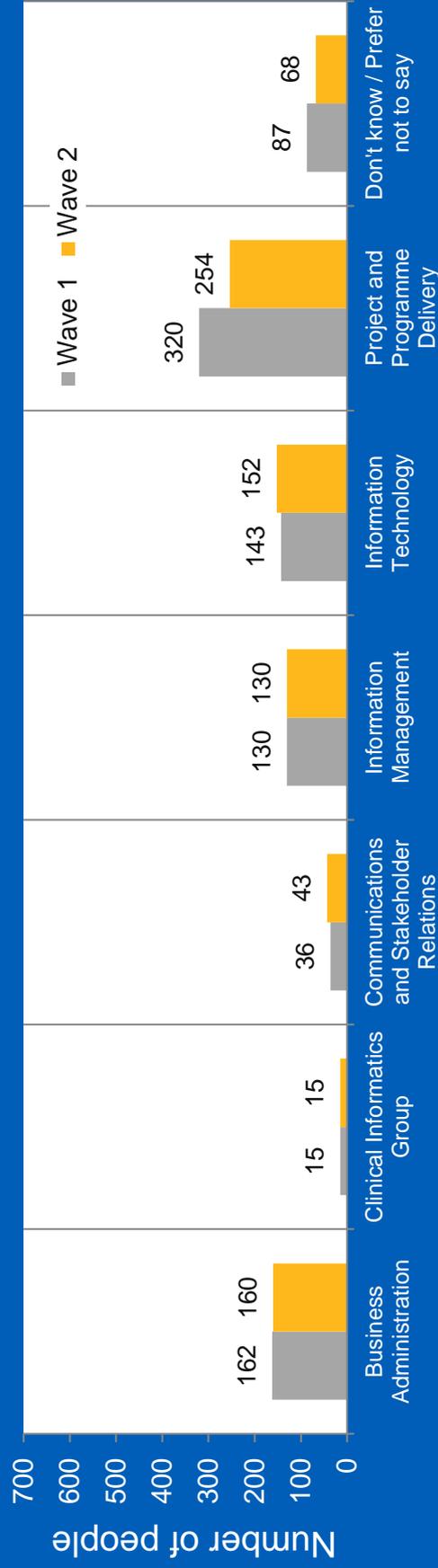
Methodology

- Baseline wave (Wave 1) was conducted in May 2016
- Second wave (Wave 2) invite sent to all staff on 1 Nov 2016, with link to survey
- Open for one week
- Also promoted in weekly review email
- Wave 2: 822 responses = 30% response rate
 - Wave 1 resulted in 893 responses = 33% response rate
- Very short survey:
 - 3 attitudinal statements (2 of which repeated from Wave 1)
 - 1 question on NHS Digital direction (repeated)
 - 1 question on intention to stay/leave NHS Digital in coming years (new)
 - 1 open ended follow-up question (new)
 - Portfolio and Professional pool (repeated)

3

Response by professional group

The response was similar to Wave 1, with the exception of Project and Programme delivery for which a slightly smaller proportion took part at Wave 2.

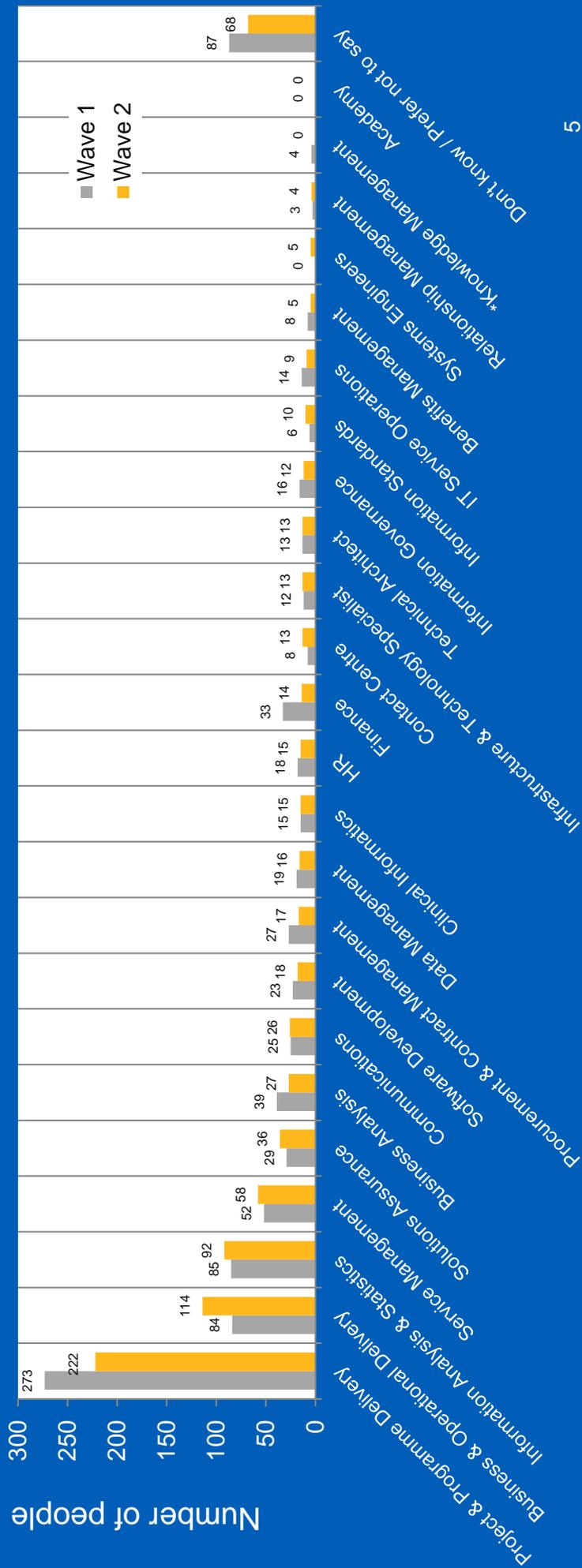


32% of this group took part at Wave 2 compared with 40% at Wave 1.

Base: All respondents (W1 - 893, W2 - 822).

Response by professional pool

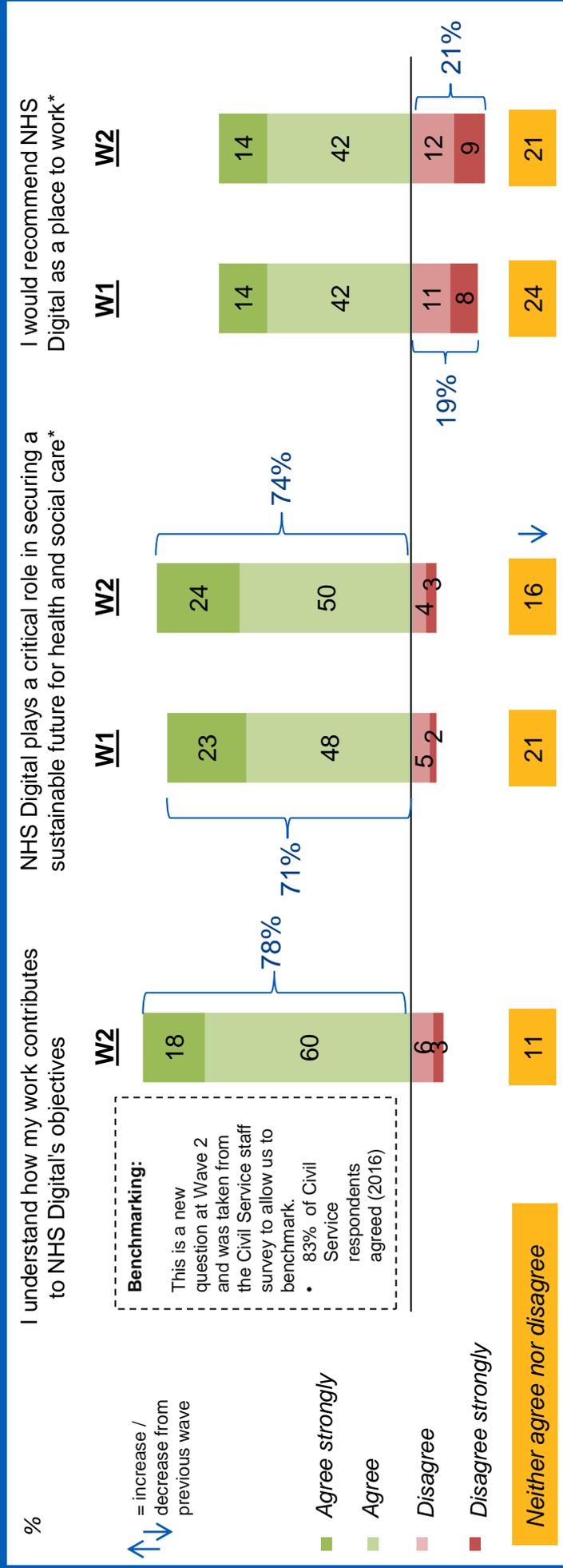
The response was broadly similar to Wave 1, with some differences in Project and Programme Delivery, Business and Operational Delivery and Finance.



Base: All respondents (W1 - 893, W2 - 822).

Perceptions

At Wave 2 there was a positive shift in some perceptions: an slight (though not quite significant) increase in the proportion agreeing that NHS Digital plays a critical role, with a corresponding significant decrease in those saying they neither agreed nor disagreed. Although there was also a slight increase in the proportion disagreeing they would recommend NHS Digital, this was not statistically significant.

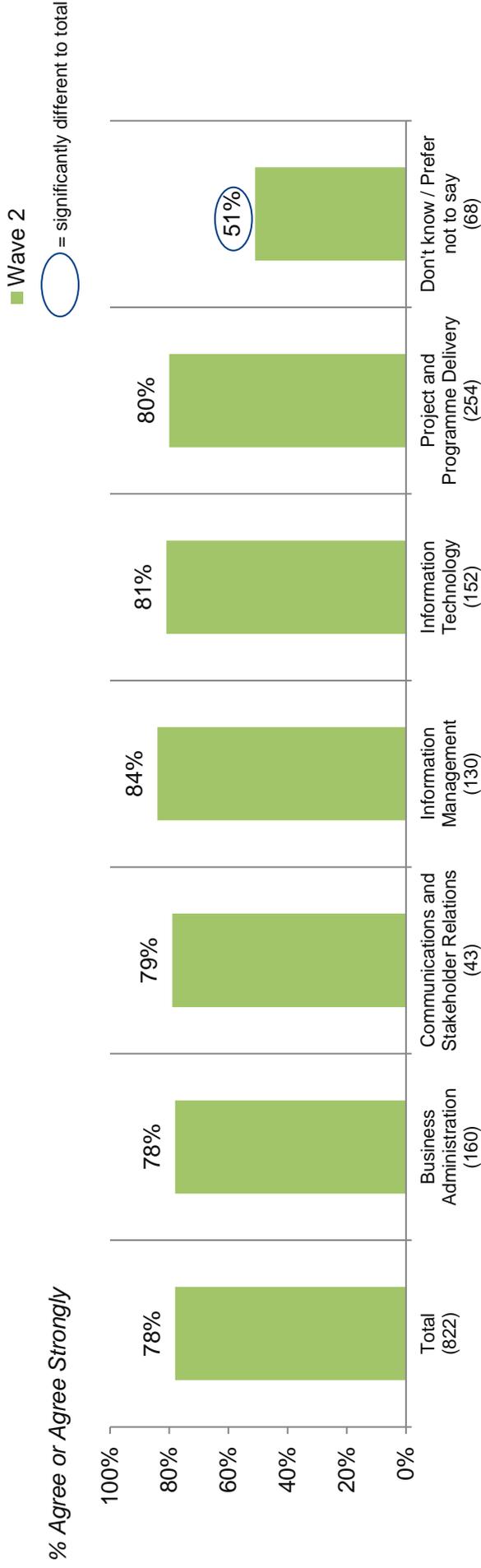


Base: All respondents (W1 - 893, W2 - 822). 'Don't know' responses not shown. Comparison to 2016 Civil Service People Survey (279,708 respondents) Q1. To what extent do you agree or disagree with the following statements? * Wording at Wave 1 referred to 'the HSCIC'.

Perceptions by group

There were no significant differences in perceptions by group, with the exception of those who said Don't know / prefer not to say (but this group are consistently more negative throughout the survey, perhaps because those who are negative decided against declaring their professional group in case it made them identifiable).

I understand how my work contributes to NHS Digital's objectives

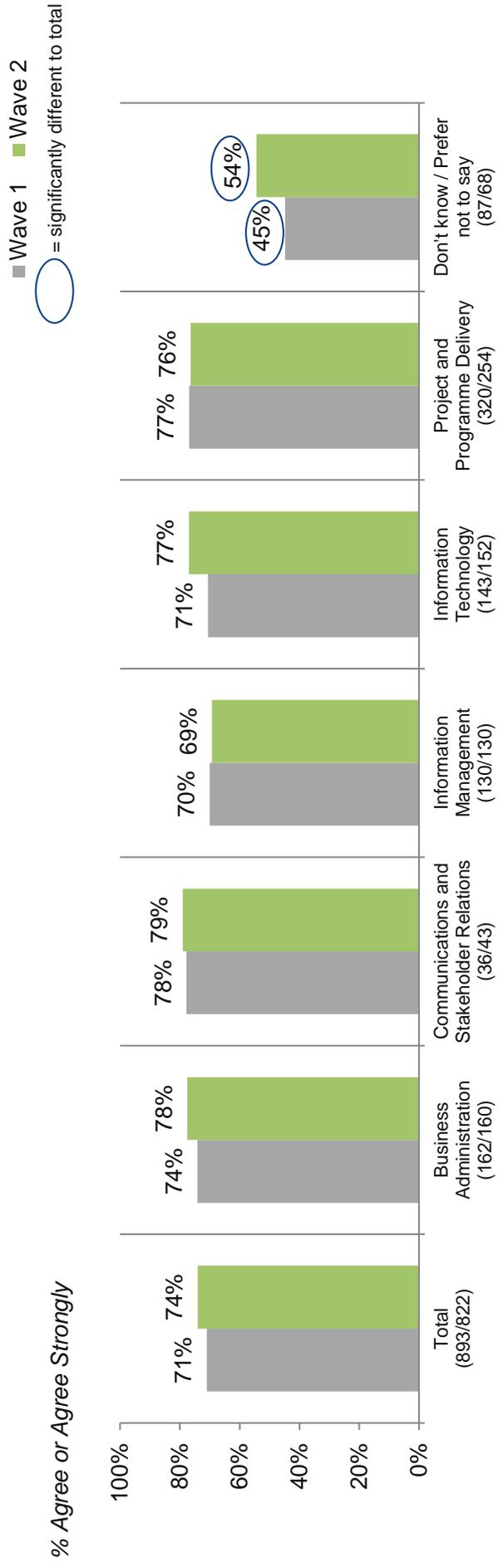


Base: All respondents (W2 - 822). Clinical Informatics group not shown due to small base size (15).
 Q1. To what extent do you agree or disagree with the following statements? Question not asked at Wave 1 so no comparator data available.

Perceptions by group

There were no significant differences over time by professional group.

NHS Digital plays a critical role in securing a sustainable future for health and social care*

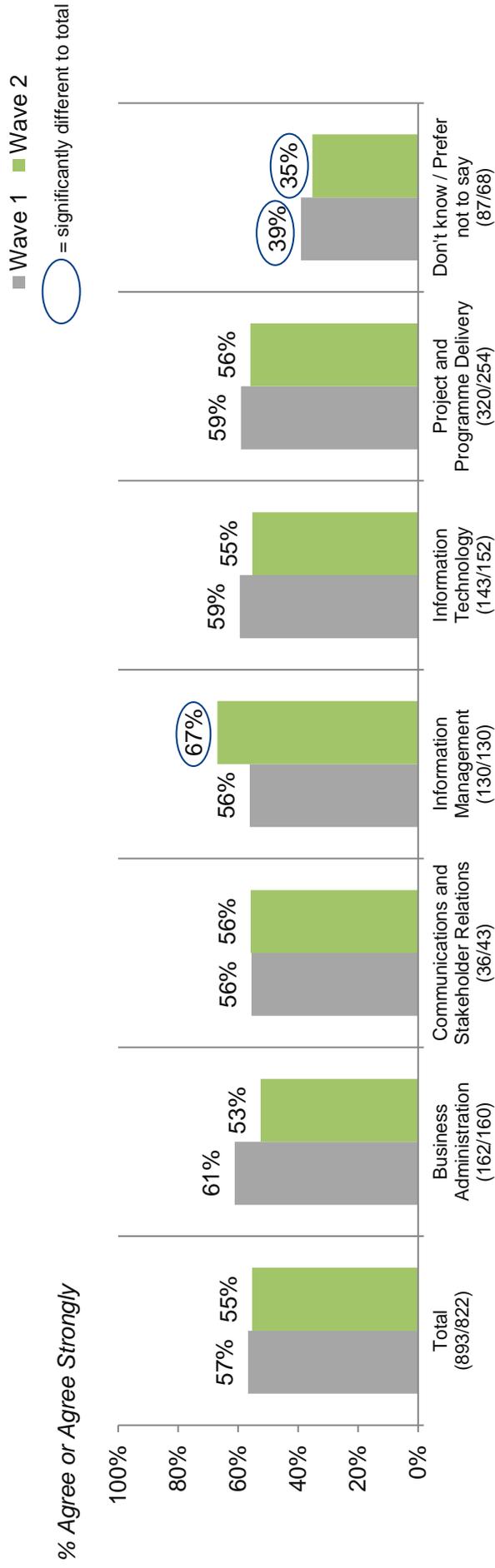


Base: All respondents (W2 - 822). Clinical Informatics group not shown due to small base size (15).
Q1. To what extent do you agree or disagree with the following statements? * Working at Wave 1 referred to 'the HSCIC'.

Perceptions by group

Perceptions by group remained similar to the previous wave. At wave 2, those in Information Management were significantly more likely than average to agree they would recommend NHS Digital, which represents a slight (but not quite significant) increase on the previous wave.

I would recommend NHS Digital as a place to work*



Base: All respondents (W1 - 893, W2 - 822). Clinical Informatics group not shown due to small base size (15).
Q1. To what extent do you agree or disagree with the following statements? *Wording at Wave 1 referred to 'the HSCIC'.

Direction

As at Wave 1, almost half of staff felt that things at HSCIC were heading in the right direction, compared with one in seven who felt they were on the wrong track.

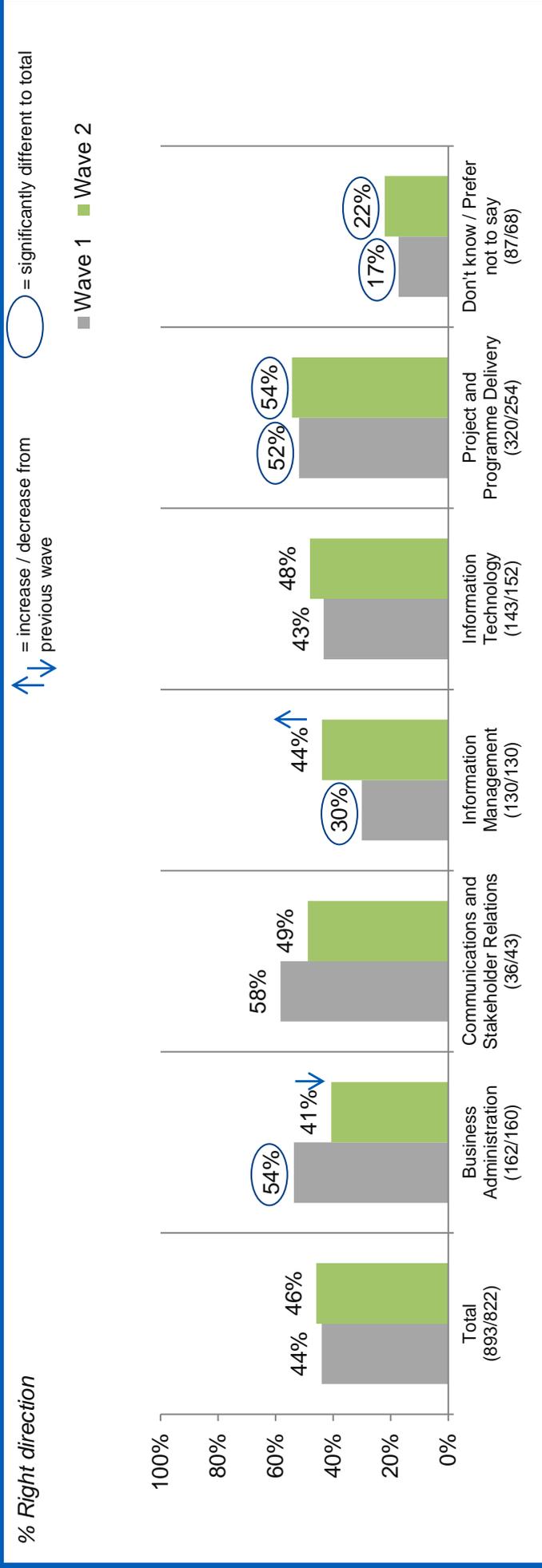


Base: All respondents (W1 - 893, W2 - 822). 'Don't know' responses included with 'Unsure'.

Q2. Generally speaking, would you say things in the HSCIC are heading in the right direction, or are they off on the wrong track?

Direction by group

There were some differences by professional group at Wave 2 with Project and programme delivery group remaining more likely than average to think NHS Digital is heading in the right direction. At W1, Business Admin was particularly likely to say right direction whilst Information management was less likely. Both groups have seen a change over time at W2 to bring them back in line with the average.

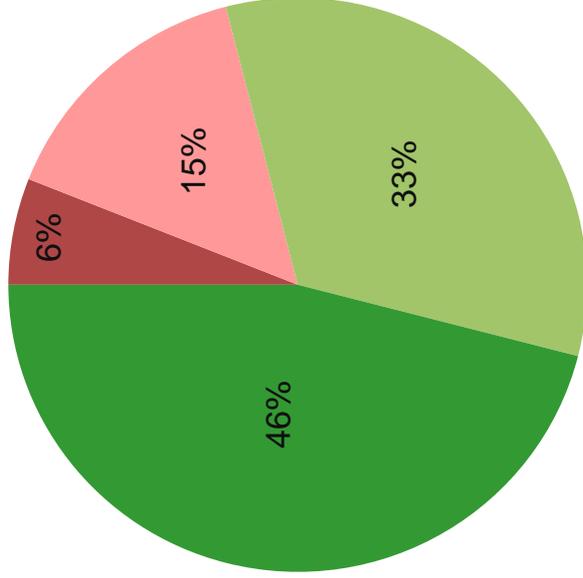


Base: All respondents (W1 - 893, W2 - 822). Clinical Informatics group not shown due to small base size (15).
 Q1. To what extent do you agree or disagree with the following statements? *Wording at Wave 1 referred to 'the HSCIC'.

Working for NHS Digital

The majority of respondents wanted to stay working at NHS Digital for the next year or longer, which is significantly higher than the proportion saying this in the 2016 Civil Service staff survey. Around a fifth were considering leaving NHS Digital over the next 12 months.

- I want to leave NHS Digital as soon as possible
- I want to leave NHS Digital within the next 12 months
- I want to stay working at NHS Digital for at least the next year
- I want to stay working at NHS Digital for at least the next three years



Benchmarking

This is a new question at Wave 2 and was taken from the Civil Service staff survey to allow us to benchmark.

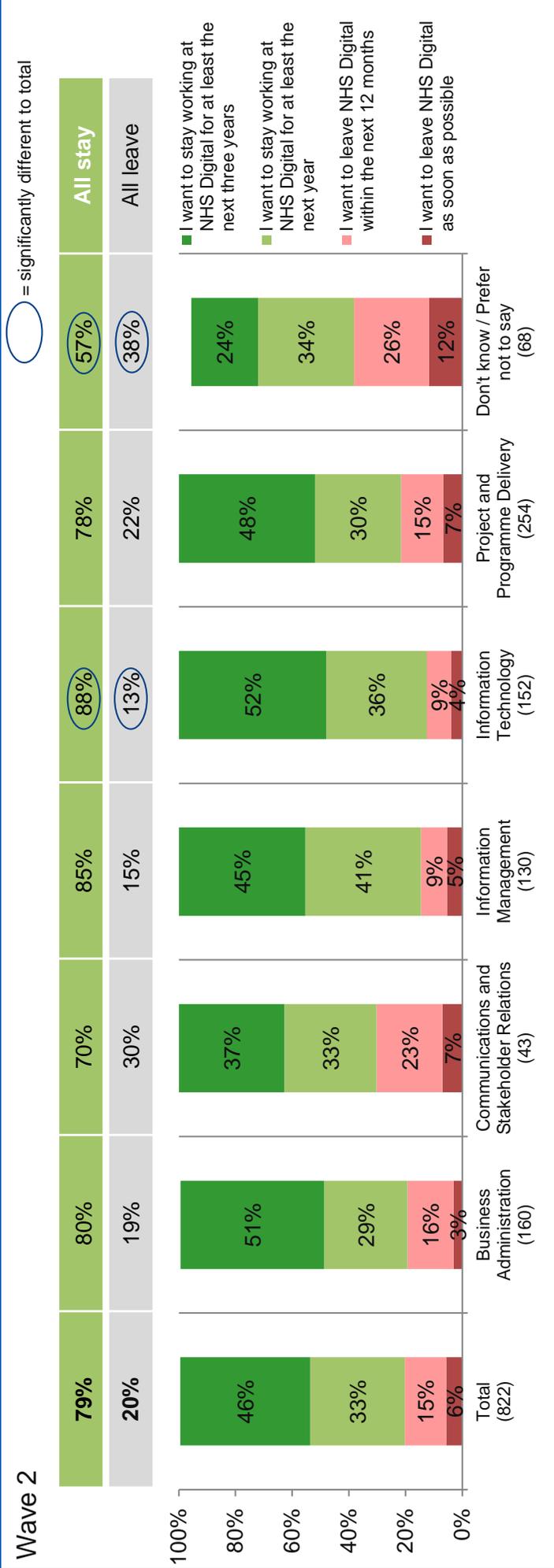
In 2016, results of the Civil Service survey were:

- 8% want to leave ASAP
- 15% leave in next 12 months
- 32% want to stay for next year
- 43% want to stay for next 3 years

Base: All respondents (W2- 822). Comparison to 2016 Civil Service People Survey (279,708 respondents)
Q3. Which of these statements most reflects your current thoughts about working for NHS Digital?

Working for NHS Digital, by group

Response by group was broadly similar, though those in the Information Technology group were more likely than average to say they wanted to stay working for NHS Digital for the next year or longer



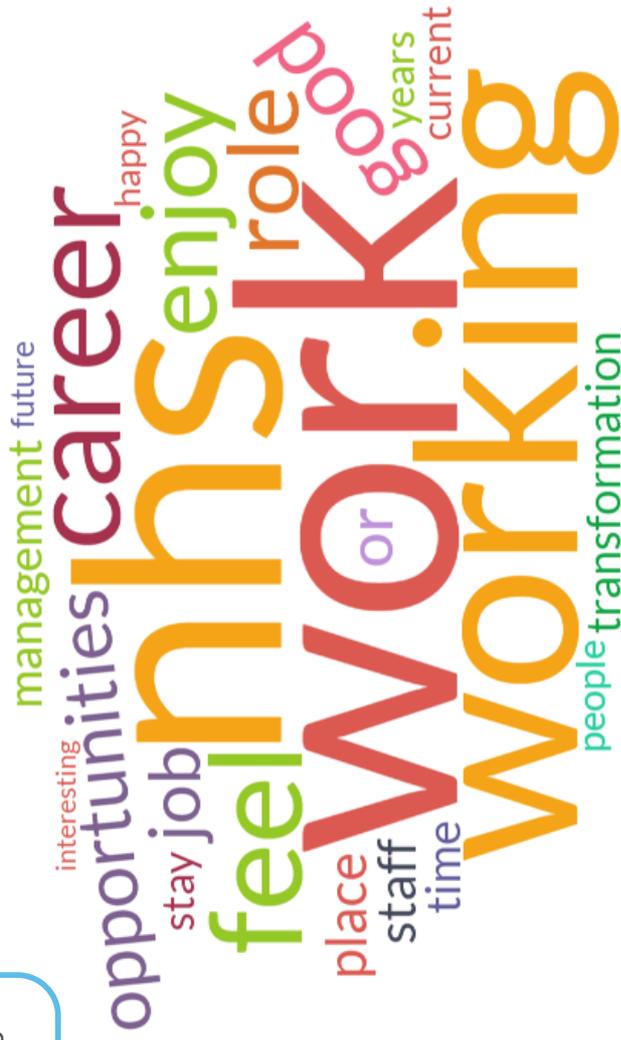
Base: All respondents (W2 - 822). Clinical Informatics group not shown due to small base size (15). Q3. Which of these statements most reflects your current thoughts about working for NHS Digital?

Why stay / leave NHS Digital?

Although I am a little uneasy with the direction that NHS Digital with transformation, especially around progression it still remains a good place to work

Don't feel I am valued and no clear career pathway and feels totally disorganised as an organisation

When asked to explain their views on staying at / leaving NHS Digital, respondents gave an overwhelmingly detailed response, suggesting they welcomed the opportunity to share their views through the survey.



Am very happy with the type of work I am doing at the moment and am in a supportive team

Base: All respondents (W2- 822). Comments were given by 674 respondents.

Q3. Which of these statements most reflects your current thoughts about working for NHS Digital? Q3a. Please tell us why you've answered Q3 in this way.

Why stay / leave NHS Digital?



Around a quarter of respondents (predominantly those wanting to stay) commented that NHS Digital was a **great place to work**, which included references to work-life balance, flexibility and variety of work.

Around a fifth of those wanting to stay commented on **good opportunities**, including career progression and scope for learning. Amongst those wanting to leave, top reasons included **low morale and not feeling valued**, and **poor job prospects**, both mentioned by around a fifth.

Transformation was mentioned by 7% and the approach to career / assignment management by 6%. In both cases comments tended to be negative, regardless of whether the respondent wanted to leave or stay. Most comments centred on process not working and bureaucracy.

Base: All respondents (W2- 822). Comments were given by 674 respondents. Q3. Which of these statements most reflects your current thoughts about working for NHS Digital? Q3a. Please tell us why you've answered Q3 in this way.

Why stay / leave NHS Digital? Comments

I am quite happy here and enjoy the people and environment and feel that I can progress at NHS Digital.

The working environment has deteriorated significantly over the last few years. Morale has dropped and the pressure of work has increased, timescales to complete work have reduced, and unrealistic expectations seem to be the norm. It is no longer an enjoyable place to work.

I love what I do, but I am disappointed with how the new resourcing system has been implemented it is very confusing and instead of being career enhancing it has become career limiting.

Happy with my work and the work/life balance it allows.

I don't feel like there is a role for me to progress in to and more value is placed in those at band 8 and above, with constant recruitment of more and more managers.

I want to stay at NHS Digital because it has a good vision and what it aims to achieve it right. There is however a massive disconnect between EMT vision and the discharge of this vision by middle/senior management. Partly this is because the framework for delivering the new organisation is not yet complete. This is a massive problem for morale and motivation as things like promotion opportunities don't currently exist.

In my current situation, including pension arrangements it ticks the boxes for me.

At present, I enjoy my role and would probably look to stay at the organisation in the short term. However, the current transformation agenda has made a lot of aspects of my role (recruitment, resourcing, specialist knowledge of senior managers, training) considerably worse than before.

Summary – Tracking questions

- Perceptions around NHS Digital remained broadly similar to the previous wave, though there were slight positive shifts in relation to NHS Digital playing ‘a critical role in in securing a sustainable future for health and social care’
 - There were few differences in perceptions by professional group, though those in Information Management were significantly more likely than average at wave 2 to agree they would recommend NHS Digital (67% compared with 55% on average at wave 2)
- As at wave 1, almost half of staff at wave 2 felt that things at HSCIC were heading in the right direction (46%), compared with one in seven who felt they were on the wrong track (17%)
 - There were similar differences by professional group at Wave 2, with Project and programme delivery group remaining more likely than average to think NHS Digital is heading in the right direction (54% compared with 46% on average at wave 2).

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Summary – New questions

- The majority of respondents (79%) said they wanted to stay working at NHS Digital for the next year or longer
 - A fifth (20%) were considering leaving NHS Digital over the next 12 months
- The proportion wanting to stay is significantly higher than the proportion saying this in the 2016 Civil Service staff survey (though staff profiles for both organisations should be compared to add context to this finding)
- Response by professional group was broadly similar, though those in the Information Technology group were more likely than average to say they wanted to stay working for NHS Digital for the next year or longer (88% compared with 79% on average at wave 2)
- When asked to explain their views on staying at / leaving NHS Digital, respondents gave an overwhelmingly detailed response, suggesting they welcomed the opportunity to share their views through the survey.



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Board Meeting – Public Session

Title of paper:	Data release audit status A review of the audits of recipients of our data
Board meeting date:	01 February 2017
Agenda item no:	NHSD 17 05 07 b
Paper presented by:	Martin Severs, Medical Director and Caldicott Guardian
Paper prepared by:	Nicholas Oughtibridge, Head of Information Standard Quality, Assurance, Appraisal and Testing
Paper approved by: (Sponsor Director)	Martin Severs, Medical Director and Caldicott Guardian
Purpose of the paper:	Regular review of the arrangements for and findings from the audits of the recipients of our data.
Additional Documents and or Supporting Information:	None
Please specify the key risks and issues:	The new staff may not be able to conduct audits without a period of education, training and development. In this case, the number of audits conducted in 2017/18 may be less than intended. This risk is tolerated. Progress handling this risk will be reported to the board at their July 2017 meeting.
Patient/public interest:	Indirect – maintaining public trust in arrangements for the safe sharing of confidential information
Supplementary papers:	No supplementary papers
Actions required by the Board:	For information

Data release audit status

A review of the audits of recipients of our data

Published 27 January 2017

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The Health and Social Care Information Centre is a non-departmental body created by statute, also known as NHS Digital.

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Executive Summary

This paper is part of a regular review of the arrangements for and findings from the audits of the recipients of our data. The audits form one of the controls enabling the sharing of de-identified personal data with third parties for the purposes of the provision of health care or adult social care or for the promotion of health. These controls enable data to be made available for a wide range of health and care related purposes – including for the commissioning of those services, and the epidemiological research that is needed at the earlier stages of developing new treatments – but not for solely commercial purposes such as for commercial insurance.

The paper is provided for information.

Background

In June 2014, the board committed to implement a robust audit function, which will enable ongoing scrutiny of how data are being used, stored and deleted by those receiving it.

The programme of data sharing audits was established in April 2015 following a successful pilot from November 2014. During the 2015/16 financial year, 25 audits were provided; for the financial year 2016/17 this is on target to increase to 30 audits.

Audits assess arrangements for information transfer, access control, use and benefits of data, data destruction, risk management and operational management and control. A separate one-day audit can provide assurance concerning data destruction and disposal.

In May 2016, the board requested that the service is expanded so that every organisation receiving de-identified personal data is audited at least once in a three-year period and accepted a proposal for this in September. Recruitment of additional staff is currently underway.

A [Data Sharing Audit Guide](#)¹ is available on the corporate website to support the organisations receiving data from NHS Digital.

Implications

Strategy Implications

The audit of recipients of our confidential information contributes to building public trust and confidence in the processing and sharing of information, including responding to people's preferences for when their personal data can be shared and to the strategy 2015- 2020 commitment to ensure every citizen's data is protected.

Financial Implications

The annual cost of the expanded service will be £561k, partially funded through grant-in-aid with the remainder included in the charges for receiving data. The arrangements are being determined as part of the annual budget preparations.

¹ http://content.digital.nhs.uk/media/22736/NHS-Digital-Data-Sharing-Audit-Guide/pdf/NHS_Digital_Data_Sharing_Audit_Guide.pdf

Stakeholder Implications

The audits of recipients of our confidential information are part of a package of measures to provide the public with assurance concerning the handling of their confidential information.

The majority of recipients of our confidential information have welcomed the audits and advised that they have had a positive impact in helping them to improve their processes, reducing the risk to our confidential information.

Handling

Data sharing reports ²are published on the NHS Digital Website.

Risks and Issues

The new staff may not be able to conduct audits without a period of education, training and development. In this case, the number of audits conducted in 2017/18 may be less than intended. This risk is tolerated. Progress handling this risk will be reported to the board at their July 2017 meeting.

Corporate Governance and Compliance

The programme of data release audits is one of the controls required to conform to the Information Commissioner's Office (ICO) publication "Anonymisation: managing data protection risk code of practice".

The board will be updated twice a year, in July and January.

Management Responsibility

The Executive Director responsible is Martin Severs, Medical Director and Caldicott Guardian; the senior manager responsible is Nicholas Oughtibridge, Head of Information Standards.

Actions Required of the Board

This paper is provided for information.

² <http://www.digital.nhs.uk/dsa>

Board Meeting – Public Session

Title of paper:	Forthcoming Statistical Publications
Board meeting date:	01 February 2017
Agenda item no:	NHSD 17 05 07 d
Paper presented by:	N/A - For information
Paper prepared by:	Chris Roebuck, Director of Publications and Head of Profession for Statistics
Paper approved by: (Sponsor Director)	David Hughes, Director of Information and Analytics.
Purpose of the paper:	This paper describes NHS Digital Official (and National) Statistics publications published in November and December 2016 and planned for February – March 2017, and media and web coverage for publications released in November and December 2016.
Additional Documents and or Supporting Information:	N/A
Please specify the key risks and issues:	N/A
Patient/public interest:	Overview of NHS Digital Statistical Publications
Supplementary papers:	N/A
Actions required by the Board:	For information

NHS Digital Statistical Publications

Author Chris Roebuck

Published 01 February 2017

Information and technology
for better health and care

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Executive Summary

This paper describes:

- NHS Digital Official (and National) Statistics publications released during November - December 2016 and planned for February – March 2016;
- Media coverage for press released Official Statistics publications during November – December 2016;
- Web activity for publications released during November – December 2016.

Background

As at 01 February 2017, NHS Digital is responsible for 95 active (currently published or planned for future release) series of Official Statistics of which 32 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.

During the 2015/16 financial year (01/04/15 to 31/03/16), NHS Digital published 294 statistical reports.

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 their administrative and management data sources.

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

Most NHS Digital 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 and recently released publications

Official and National statistics

February 2017

New releases: None planned for February 2017

Biennial: None planned for February 2017

Annual

08 February 2017 Personal Social Services: Staff of Social Services Departments, England - September 2016 [NS]

23 February 2017 Hospital Adult Critical Care Activity - 2015-16

23 February 2017 Breast Screening Programme, England - 2015-16 [NS]

28 February 2017 Statistics on Drug Misuse, England – 2017 [NS]

Biannual: None planned for February 2017

Quarterly

09 February 2017 Provisional Quarterly Patient Reported Outcome Measures (PROMs) in England - April 2015 to March 2016 - February 2017 Release

09 February 2017 Provisional Quarterly Patient Reported Outcome Measures (PROMs) in England - April 2016 to September 2016

16 February 2017 NHS Dental Statistics for England - 2016-17, Second quarterly report

23 February 2017 NHS Outcomes Framework indicators - February 2017 release [NS]

Monthly

01 February 2017 Maternity Services Monthly Statistics - September 2016, Experimental Statistics

07 February 2017 Out of Area Placements in Mental Health Services - December 2016

08 February 2017 NHS Safety Thermometer Report - England January 2016 - January 2017

10 February 2017 Children and Young People's Health Services Monthly Statistics - October 2016

10 February 2017 Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - January 2017

16 February 2017 Provisional Accident and Emergency Quality Indicators for England - November 2016, by provider

16 February 2017	Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2016 - December 2016
21 February 2017	Mental Health Services Monthly Statistics - Final November, Provisional December 2016
21 February 2017	Improving Access to Psychological Therapies Report - November 2016 Final, December 2016 Primary and most recent quarterly data (Quarter 2 2016-17)
22 February 2017	NHS Sickness Absence Rates - October 2016, Provisional statistics
22 February 2017	NHS Workforce Statistics - November 2016, Provisional Statistics
28 February 2017	Learning Disability Services Monthly Statistics - Commissioner Census (Assuring Transformation), January 2017, Experimental Statistics
Other	None planned for February 2017

March 2017

New releases: None planned for March 2017

Biennial: None planned for March 2017

Annual

14 March 2017	General Ophthalmic services workforce statistics - 31 December 2016 [NS]
29 March 2017	General and Personal Medical Services, England - As at 30 September 2016, Provisional Experimental statistics
30 March 2017	Statistics on Obesity, Physical Activity and Diet, England - 2017 [NS]
30 March 2017	Prescription Cost Analysis, England - 2016 [NS]

Biannual

29 March 2017	Healthcare Workforce Statistics - September 2016, Experimental
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Quarterly

03 March 2017	CCG Prescribing Data - October to December 2016
08 March 2017	Data on written complaints in the NHS - 2016-17 Quarter 3, Experimental [NS]
10 March 2017	Statistics on Women's Smoking Status at Time of Delivery: England - Quarter 3, October 2016 to December 2016
23 March 2017	CCG Outcomes Indicator Set - March 2017 release
23 March 2017	Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation, England, October 2015 - September 2016 [NS]
29 March 2017	NHS Staff Earnings Estimates - December 2016, Provisional Statistics

Monthly

01 March 2017	Maternity Services Monthly Statistics - October 2016, Experimental statistics
03 March 2017	Out of Area Placements in Mental Health Services - January 2017
07 March 2017	Female Genital Mutilation - October-December 2016, Experimental Statistics, Enhanced Dataset
08 March 2017	NHS Safety Thermometer Report - England February 2016 - February 2017
10 March 2017	Children and Young People's Health Services Monthly Statistics - November 2016
10 March 2017	Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - February 2017
14 March 2017	Care Information Choices, England - February, 2017
17 March 2017	Provisional Accident and Emergency Quality Indicators for England - December 2016, by provider
17 March 2017	Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2016 - January 2017
21 March 2017	Mental Health Services Monthly Statistics - Final December 2016, Provisional January 2017
28 March 2017	Learning Disability Services Monthly Statistics - Commissioner Census (Assuring Transformation), February 2017, Experimental Statistics
29 March 2017	NHS Sickness Absence Rates - November 2016, Provisional Statistics
29 March 2017	NHS Workforce Statistics - December 2016, Provisional Statistics

Other

None planned for March 2017

Clinical Audits

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

February 2017 None planned for February 2017

March 2017

07 March 2017	National Diabetes Footcare Audit - National Diabetes Foot Care Audit Report 2017
08 March 2017	National Diabetes Inpatient Audit - 2016, England and Wales
09 March 2017	National Diabetes Audit - National Diabetes Audit Complications and Mortality 2013/2014
23 March 2017	National Pulmonary Hypertension Audit - 2016

User and Media activity

The following tables show web and media coverage figures for Official (and National) Statistics released by NHS Digital between November and December 2016. Clinical Audits are not included.

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 (each is counted separately i.e. an article appearing in both a newspaper's print and online instances will count as two citations). The totals in the table include all media units for the month of publication up to the date of writing this paper (see header).

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

November 2016

Publication	Date	Unique page views	Media units
Children and Young People's Health Services Monthly Statistics - October 2015 to March 2016	02 November 2016	297	0
Maternity Services Monthly Statistics - June 2016, Experimental statistics	02 November 2016	357	0
National Child Measurement Programme, England - 2015/16 school year [NS]	03 November 2016	1109	34
Hospital Maternity Activity - 2015-16	09 November 2016	582	35
Hospital Admitted Patient Care Activity - 2015-16 [NS]	09 November 2016	621	29
NHS Safety Thermometer Report - England October 2015 - October 2016	09 November 2016	219	0
Provisional Quarterly Patient Reported Outcome Measures (PROMs) in England - 10 November 2016	10 November 2016	336	0
Provisional Quarterly Patient Reported Outcome Measures (PROMs) in England - April 2015 to March 2016 - November 2016 Release	10 November 2016	451	1
Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - October 2016	11 November 2016	295	0
Cervical screening programme - 2015-16 [NS]	15 November 2016	624	26
Care Information Choices, England - November, 2016	15 November 2016	123	0
General Pharmaceutical Services - 2006/7 - 2015/16 [NS]	16 November 2016	231	5
NHS Outcomes Framework indicators - November 2016 release [NS]	17 November 2016	218	0
Prescribing Costs in Hospitals and the Community - England, 2015-16	22 November 2016	456	12
Mental Health Services Monthly Statistics - Final August, Provisional September 2016	22 November 2016	594	0
Improving Access to Psychological Therapies Report - August 2016 Final, September 2016 Primary and most recent quarterly data (Quarter 1 2016-17)	22 November 2016	505	0
NHS Sickness Absence Rates - July 2016, Provisional Statistics	23 November 2016	194	0
NHS Workforce Statistics - August 2016, Provisional Statistics	23 November 2016	172	0

Publication	Date	Unique page views	Media units
NHS Dental Statistics for England - Quarter 1, 2016-17	24 November 2016	71	0
Provisional Accident and Emergency Quality Indicators for England - August 2016, by provider	25 November 2016	81	0
Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient	25 November 2016	89	0
Monthly Statistics - Commissioner Census (Assuring Transformation), October	29 November 2016	176	0
Mental Health Bulletin - 2015-16, Annual report	30 November 2016	173	1
Inpatients formally detained in hospitals under the Mental Health Act 1983 and patients subject to Supervised Community Treatment - 2015/16, Annual figures	30 November 2016	579	17

December 2016

Publication	Date	Unique page views	Media units
Hospital Outpatient Activity - 2015-16 [NS]	01 December 2016	267	5
Out of Area Placements in Mental Health Services - October 2016	02 December 2016	365	0
CCG Prescribing Data - July to September 2016	02 December 2016	182	0
Children and Young People's Health Services Monthly Statistics - April to June 2016	06 December 2016	146	0
Female Genital Mutilation - July-September 2016, Experimental Statistics, Enhanced Dataset	06 December 2016	729	11
Maternity Services Monthly Statistics - July 2016, Experimental statistics	07 December 2016	135	0
Statistics on Women's Smoking Status at Time of Delivery: England - Quarter 2, July 2016 to September 2016	07 December 2016	97	3
Dental Working Hours - 2014/15 and 2015/16 Motivation Analysis: Experimental Statistics	08 December 2016	386	1
Health and Care of People with Learning Disabilities - Experimental Statistics, 2014/15	09 December 2016	1050	7
Care Information Choices, England - December, 2016	09 December 2016	51	0
NHS Safety Thermometer Report - England November 2015 - November 2016	09 December 2016	139	0
GP Contract Services - GP practices in England, 2015/16	13 December 2016	139	1
Health Survey for England: Trend Tables - Health Survey for England: Trend tables 2015 [NS]	14 December 2016	644	
Health Survey for England - Health Survey for England 2015 [NS]	14 December 2016	2080	42
Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation, England, July 2015 - June 2016 [NS]	15 December 2016	186	5
CCG Outcomes Indicator Set - December 2016 release	15 December 2016	203	0
Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - November 2016	16 December 2016	255	0
NHS Workforce Statistics - September 2016, Provisional Statistics	20 December 2016	153	0
NHS Sickness Absence Rates - July 2016, Provisional Statistics	20 December 2016	89	0
NHS Staff Earnings Estimates - August 2016, Provisional Statistics	20 December 2016	113	0
Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2016 - October 2016	21 December 2016	53	0
Provisional Accident and Emergency Quality Indicators for England - September 2016, by provider	21 December 2016	120	0
Learning Disability Services Monthly Statistics - Commissioner Census (Assuring Transformation), November 2016, Experimental Statistics	21 December 2016	106	0
Mental Health Services Monthly Statistics - Final September, Provisional October 2016	22 December 2016	488	0
Improving Access to Psychological Therapies Report - September 2016 Final, October 2016 Primary and most recent quarterly data (Quarter 1 2016-17)	22 December 2016	517	0

Recommendation

None – for information only.

Implications

Strategy Implications

These publications and their associated media and web coverage results form part of objective five of our strategy, “Making better use of health and care information” whereby we “are part of the Government’s Statistical Service and adhere to the UK Statistics Authority’s Code of Practice for national statistics. We publish data and statistics in formats that cannot be used to identify individual patients, service users or citizens.”

Financial Implications

There are no financial implications of this resolution/proposal.

Stakeholder Implications

This is for information purposes only, for stakeholders to review forthcoming publications and the media and web attention of those previously published..

Handling

There are no handling implications of this resolution/proposal

Risks and Issues

There are no associated risks and issues as this is for information only.

Corporate Governance and Compliance

All Official and National statistics publications adhere to the UK Statistics Authority’s Code of Practice for Official Statistics which fulfil our obligations as a producer of Official and National statistics.

Management Responsibility

Professor David Hughes, Executive Director of Information and Analytics is the sponsor director accountable for these publications. The senior manager with overall responsibility is Chris Roebuck, Director of Publications and Head of Profession for Statistics.

Actions Required of the Board

None – for information only.

Board Meeting – Public Session

Title of paper:	Project and Programme Definitions
Board meeting date:	01 February 2017
Agenda item no:	NHSD 17 05 07 d
Paper presented by:	Carl Vincent, Director of Finance and Corporate Services
Paper prepared by:	David O'Brien, Head of Business Intelligence
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.
Additional Documents and or Supporting Information:	Descriptive project and programme definitions, including P2020 initiatives, will be developed as part of a portfolio restructure exercise, which is currently underway.
Please specify the 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 NHS Digital 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.
Supplementary papers:	<i>no supplementary papers</i>
Actions required by the Board:	For Reference Only

P2020 Programmes	
Portfolio Code	Summary Description
P0516/00	Access To Service Information AZSI will provide an accurate source of the truth for service information for urgent and emergency healthcare services in England as a strategic piece of the NHS's national data infrastructure. Service information will be updated and accessible in real time through open APIs, mobile applications and other applications across the health and social care services. Service information will provide detail of available services and their clinical capabilities, current demand and available capacity to ensure patients are connected with the most appropriate and cost-effective service every time. The ability to seamlessly access service information and then book appointments that can fulfil a patient's need through emerging booking services, e.g. eRS and GP Connect
P0535/00	Building a Digital Ready Workforce Our vision is to be the mechanism for providing the skills, knowledge, values and behaviours to help the health and care workforce to make the best use of data and technology. This includes supporting leaders and establishing a professional landscape for the workforce across the health and care system.
P0394/00	Citizen Identity To provide citizens with a single verified online identity that can be used to log into multiple online health and social care digital services. Citizen identity is critical enabling infrastructure for many other Paperless 2020 programmes, and could be utilised by other NHS Digital national programmes, local initiatives, and other Government organisations
P0436/00	Clinical Triage Platform The core challenge facing the NHS is how to address the significant funding gaps and achieve sustainability whilst continuing to deliver a high quality safe clinical service for our population. The Five Year Forward View (FYFV) along with the NHS Mandate sets out the key delivery priorities for the NHS. The critical transformation of Urgent and Emergency system is core to both of these strategic imperatives.
P0325/00	Data and Cyber Security The purpose of the programme is to provide the health & social care system with a trusted central focal point for all matters related to cyber and information security. It exists to provide health & social care organisations with a range of support services designed to enhance the system's preparedness for cyber threats and ability to appropriately remediate against such incidents when they do occur.
P0529/00	Data Content and New Data Collections The programme covers the prioritisation, rationalisation and improvements of existing data set collections and the development of new data flows that meet the current and future needs for commissioners, providers, public health and for research and policy development, including leading the development of standards and standardisation of data for local and national data flows.
P0532/00	Digital Child Health The programme will transform the way information is handled in children's health services. It will achieve this by making health information interoperable, translating it into messages which can be exchanged and ensuring that we effectively manage the offer and uptake of preventative programmes of care. Our vision: knowing where every child is and how healthy they are; appropriate access to child health information for all involved in the care of children.
P0526/00	Digital Referrals and Consultations The programme will focus on a user-led product evolution of the existing NHS e-RS and the achievement of utilisation targets defined in the NHS e-RS Outline Business Case (OBC) and supporting the wider paperless and digital ambitions of the NIB as well as wider NHS operations
P0523/00	Digitising Community Pharmacy and Medicines The programme will strengthen the existing Electronic Prescription Service (EPS) by adding new functionality and expanding the use of EPS into additional care settings
P0518/00	GP Connect TBC
P0413/00	GP Data Implementation The vision for the GPES Continuity programme is to deliver improvements to the current service or a replacement service that would allow NHS Digital to deliver legitimate data extracts from GP systems on behalf of customers that are complete, accurate, relevant, accessible and timely GP practice data.
P0538/00	GP Payments Futures The Calculating Quality Reporting Service (CQRS) calculates the achievement and remuneration of quality outcome related incentive payments to GPs, calculating approximately £1.2bn payments per annum to support the GP Contract. The contract for the CQRS system was awarded in November 2011. CQRS was rolled out nationally in June 2013.
P0190/00	Health and Social Care Network (HSCN) The programme will deliver a new successor network to N3 which will provide a reliable, safe and efficient way for health and social care organisations to exchange electronic information. It aims to enable anyone involved in the delivery of health and social care services with access to the information and services they need to do their job from any location at any time and without the need for complex, bespoke and expensive ICT arrangements
P0513/00	Health Apps Assessment and Uptake Our vision is to accredit wearable technologies and digital applications, and to make them an essential part of health and care provision and public health behaviour change, connected to the patient record. This will involve understanding and addressing the barriers to use/commissioning of apps and wearables by the health and care system: in relation to citizens, patients, commissioners, healthcare professionals and developers.
P0530/00	Innovative uses of Data The aim of this programme is to create improved access and appropriate ability to further unlock and exploit national health and care datasets, by individuals and organisations who should have access, through the application of new data science, analytics technology and skills. The programme has 2 aspects to it, creating tools and environments enabling others to create innovative deliverables that have a real world impact on patients with data and analytics. The second is actually producing data and analytics that have direct real world impact in their own right .
P0536/00	Interoperability and Architecture TBC

P0525/00	Integrating Pharmacy Across Care Settings	The programme aims to incorporate the skills and expertise of pharmacy wherever medicines are used across the 'care continuum'. It will: take a holistic view of pharmacy input across the end to end patient journey; seek to dissolve barriers to better care and improving patient outcomes through the optimal use of technology; use available levers to drive improvements in medicines optimisation, efficiency and productivity; enable pharmacy to do more for less; generate an innovative culture to challenge the status quo to deliver a transformed model of care fit for the twenty-first century
P0489/00	Integration Projects	To identify the priority information sharing needs of the health and care system and to address those needs; through definition of the required information sharing capabilities and standards and, where necessary, the direct delivery of business solutions.
P0453/00	National Data Service Development	The aim of the programme is to put in place effective services and activities to deliver 'secondary' uses of patient data – i.e. to support clinical professionals, commissioners and researchers' legitimate need to use patient level data to inform decision making and provide insight into the health and care of England's citizens.
P0527/00	National Opt-Out Model	This programme concerns the implementation of a National Opt-Out solution to record a person's preferences in accordance with the scope of the new model and to ensure these preferences are available for use across all health and care organisations
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.
P0460/00	NHS-UK	The transformation of NHS Choices to NHS.UK will change the service from information provision on health conditions into a focused user journey supporting customers through their primary health care information needs NHS.UK will alleviate some demands on NHS services by empowering users to self-serve where appropriate and by linking users directly to NHS services at the right point in their user journey
P0537/00	Personal Health Record	TBC
P0524/00	Pharmacy Supply Chain and Secondary Uses	This programme will provide digital maturity to deliver the required data to support the NHS in its drive to achieve medicines optimisation. Medicines optimisation aims to get the best from investment in, and use of, medicines requiring a rounded approach, an enhanced level of patient centred professionalism, and partnership between clinical professionals and a patient.
P0528/00	Provider Digitisation	The level of digitisation in the provider landscape and across communities varies widely as articulated through the NHS Digital Maturity Assessments. The programme will seek to support increased levels of digital maturity in the NHS with the direct aim to improve quality and consistency of care, reducing the funding and efficiency gap and improving the health and wellbeing of citizens. This will be achieved through targeted investment and support to provider organisations
P0422/00	SNOMED CT in Primary Care	The primary purpose of the SNOMED CT in Primary Care is to ensure that all primary care systems fully adopt SNOMED CT as the single clinical terminology. It provides a necessary step to facilitate the withdrawal of the deprecated Read code standards.
P0534/01	Migrants and Visitors changes	Time recording activities
P0341/00	Social Care	The programme is designed to provide support to local government, the NHS and the wider adult social care sector (including domiciliary, residential care providers and the voluntary / community sector) in improving the digital maturity of adult social care delivery and support the integration of services at a local level
P0520/00	Technology for General Practice Transformation	The programme aims for a digital transformation within General Practice, where technology and data are core to a sustained improvement in performance for the benefit of patients and professionals. There are two core aspects: firstly, to design and implement new models for technology, data, commercial delivery and business operations for GP IT delivery to succeed GPSoC from 2018 onwards; secondly, to facilitate and enable delivery of new technologies focussed on the GP Forward View and Paperless 2020 aims and outcomes in order to reduce burdens, enable new models of care and greater patient self care, and introduce new services such as online consultations
P0514/00	Widening Digital Participation	The programme will promote and enable digital inclusion and literacy for citizens who are not confident online or unable to access digital services.
P0512/00	Wi-Fi	The programme will enable the provision of free Wi-Fi services to patients, clinicians and healthcare staff across the NHS
Legacy Programmes		
Portfolio Code	Item Name	Summary Description
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 NHS Digital to deliver the CP-IS service through ministerial approved business cased signed off in Dec 12 and supports funding of the project through to April 2018. The project should be NHS Digital cost neutral
P0031/00	CSC LSP Delivery Programme	LSP Delivery Programme: Increased patient safety and quality of healthcare and also greater clinical effectiveness and administration efficiency.

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
P0341/02	Female Genital Mutilation Prevention (FGMP)	A work package to produce a feasibility study on information collection and sharing by the NHS on Female Genital Mutilation (FGM). To deliver an assessment of the feasibility of achieving the following objectives: -How can the NHS support the multi-agency objective of protecting and caring for those currently affected by, or at imminent risk of, FGM; -How can the NHS support the long term health education and health promotion components of a multi-agency strategy on the eradication of FGM
P0207/00	Health and 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.
P0546/03	South Community Programme	To procure clinical solutions for the Southern Community and Child Health Trusts who do not currently have these solutions under the BT LSP solution.
P0546/02	South Ambulance Programme	To procure clinical solutions for the Southern Ambulance Trusts who do not currently have these solutions under the BT LSP solution.
P0546/01	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.
P0050/00	Spine2	The provision of the existing Spine Services to be re-procured using the new Government ICT strategy framework, using internal and 3rd party resources.
P0335/00	SUS	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.

