**NHS Digital**

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

**Wednesday 06 September 2017 10:00 to 12:45**

**Venue: Room 102a & 124a, Skipton House, London SE1 6LH**

**Apologies:**

- Jonathan Marron, Director General for Community Care (Department of Health representative)

**Additional Attendees:**

- Roberta Barker, Interim Director of Workforce attending as observer
- Daniel Ray, Director of Data Science and Chris Roebuck, Director and Head of Profession attending for item 04a
- Nic Fox, Interim Director of Provider Digitisation and Programmes attending for item 04b iii & iv

| Ref No | Agenda Item | Time | Presented By |
|---|---|---|---|
| NHSD 17 03 01 | **Chair's Introduction and Apologies (oral)** | 10:00 – 10:05 | Chair |
| NHSD 17 03 02 | **Declaration of Interests and Minutes**<br>(a) Register of Interests (paper) – **for information**<br>(b) Minutes of the Statutory Board Meeting on 31 May 2017 (paper) – **to ratify**<br>(c) Matters Arising (oral) – **for comment**<br>(d) Progress on Action Points (paper) – **for information** | 10:05 – 10:15 | Chair |
| NHSD 17 03 03 | **Strategic Delivery and Operational Performance**<br>(a) Board Performance Pack (paper) | 10:15 – 11:00 | Deputy CEO |
| | (b) Corporate Business Plan Q1 Monitoring Report (paper) | | Chief Financial Officer |
| NHSD 17 03 04 | **Governance and Assurance**<br>(a) Transforming Statistical Services: What will be different one year from now (presentation) | 11:00 – 11:45 | Director of Data and Integration |
| | (b) Directions for Acceptance:<br>i. Client Level Adult Social Care Direction (paper) – **for acceptance**<br>ii. Employment Advisors in Improving Access to Psychological Therapies Dataset (paper) – **for acceptance**<br>iii. National Data Opt Out Programme (paper) – **for acceptance**<br>iv. Winter Pressures Direction - (paper) – **for acceptance** | 11:45 – 12:10 | Director of Data and Integration<br>Interim Director of Provider Digitisation and Programmes |
| | (c) Mandatory Requests for Acceptance:<br>i. Patient Level Information Costing (PLICS) Mental Health Pilot Mandatory Request (paper) – **for acceptance** | 12:10 – 12:15 | Director of Data and Integration |

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|---|---|---|---|
| | (d) Committee Reports:<br>i. Assurance and Risk Committee (ARC) Report: 31 May 2017 (oral) **- for information**<br>ii. Investment Committee (IC) Report: 10 and 24 July 2017 (oral) **- for information** | 12:15 – 12:30 | Committee Chair |
| | (e) Annual Review Terms of Reference for the Board and the Board sub-committees (papers) – **for ratification**<br>• Board<br>• Investment Committee<br>• Remuneration Committee | 12:30 – 12:40 | Committee Chair |
| NHSD 17 03 05 | **Any other Business** (subject to prior agreement with Chair) | 12:40– 12:45 | Chair |
| | **Close** | 12:45 | |
| NHSD 17 03 06 | **Background Paper(s)** (for information only)<br>(a) Forthcoming Statistical Publications (paper) – **for information**<br>(b) Board Forward Business Schedule 2017-18 (paper) – **for information** | | |

**Date of next meeting:** 08 November 2017, Diggory, Hill & Bevan, Trevelyan Square, Leeds, LS1 6AE

# Board meeting – Public Session

| **Title of paper:** | **Register of Interests** |
|---|---|
| Board meeting date: | 06 September 2017 |
| Agenda item no: | NHSD 17 02 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: | NHS Digital is required by its Standing Orders to maintain a publically available Register of Members' Interests.<br><br>The Register contains, as they become available, the Declarations of Interest made by Board Members. |
| Key risks and issues: | N/A |
| Patient/public interest: | Corporate Governance<br><br>Transparency and Openness |
| **Actions required by the board:** | For information |

**NHS Digital Board Register of Interests 2017-18**

| Name | Declared Interest |
|---|---|
| **Non-Executive Directors** | |
| **Noel Gordon:**<br>Chair | **Directorships:**<br>• Chairman, Healthcare UK<br>• Non-Executive Director, NHS England<br>• Non-Executive Director, PSR (Payments Services Regulator)<br>• Chairman of Board of Trustees, Uservoice.org<br>**Other Offices held:**<br>• Member, Life Sciences Industrial Strategy Advisory Board<br>• Member, Audit and Risk Committee, University of Warwick<br>• Member, Development Board, Age UK<br>**Shareholdings as defined in the NHS Digital Corporate Governance Manual:**<br>• Accenture<br>**Other relevant interests:**<br>• Senior Advisor, Aleron |
| **Dr Sarah Blackburn:**<br>Non-Executive Director<br>Vice Chair | **Directorships:**<br>• Director - The Wayside Network Limited<br>• Board Director and Audit Committee member, RAC Pension Fund Trustee<br>**Employment (other than with the NHS Digital):**<br>The Wayside Network Limited<br>**Other Offices held:**<br>None<br>**Contracts held in last 2 years:**<br>The Wayside Network Limited has:<br>• a contract to supply GP and primary care nursing services to Avon and Wiltshire NHS Partnership<br>• a zero hours contract with the Chartered Institute of Internal Auditors to provide an External Quality Assessment Reviewer and a viva voce examiner<br>**Shareholdings as defined in the NHS Digital Corporate Governance Manual:**<br>• 50% of The Wayside Network Limited |

| Name | Declared Interest |
|---|---|
| | **Other relevant interests:**<br>• Husband has the other 50% of The Wayside Network Limited shares<br>• Daughter is a trainee orthopaedic surgeon in Bristol |
| **Sir Ian Andrews:**<br>Non-Executive Director<br>Senior Independent Director | **Employment (other than NHS Digital):**<br>• Partner in IMA Partners (formerly trading as IMA Partners Ltd until February 2016) providing legal and management consultancy services to government, academia (KCL[1]) and Transparency International UK.<br>**Other Offices held:**<br>• Trustee Chatham Historic Dockyard<br>• Member of UK Defence Academy Academic Advisory Board |
| **Dr Marko Balabanovic:**<br>Non-Executive Director | **Employment (other than with NHS Digital):**<br>• Chief Technology Officer, Digital Catapult<br>**Shareholdings as defined in the NHS Digital Corporate Governance Manual:**<br>• Equal Media Ltd |
| **Daniel Benton:**<br>Non-Executive Director | **Directorships:**<br>• Trustee, The Grange Festival<br>**Other Offices held:**<br>• Fundraising and Finance Committees , NSPCC<br>**Shareholdings as defined in the NHS Digital Corporate Governance Manual:**<br>• Accenture<br>• Supercarers |
| **Professor Soraya Dhillon MBE:**<br>Non-Executive Director | **Directorships:**<br>• Vice Chair, The Hillingdon Hospital NHS Foundation Trust<br>**Employment (other than with NHS Digital):**<br>• Academic Manager, University of Hertfordshire<br>**Other offices held:**<br>• Senior Independent Sponsor Improvement Steering Group, Eastern Academic Health Science Network<br>**Contracts held in last 2 years:**<br>• Former Dean School of Life and Medical Sciences, University of |

[1] King's College London

| Name | Declared Interest |
|---|---|
| | Hertfordshire until 31 October 2016 |
| **Professor Sudhesh Kumar:**<br>Non-Executive Director | **Directorships:**<br>• Institute of Digital Healthcare, Warwick Manufacturing Group<br>**Employment (other than with NHS Digital):**<br>• Dean, Warwick Medical School<br>**Other offices held:**<br>• Non-Executive Director, University Hospital of Coventry and Warwickshire (UHCW) NHS Trust<br>• Honorary NHS Consultation Physician, (UHCW), Heart of England Foundation Trust and George Elliot Hospitals<br>**Shareholdings:**<br>• Medinova Research Limited<br>**Other relevant interests:**<br>• Member, Medical School Council |
| **Rob Tinlin:**<br>Non-Executive Director | **Directorships:**<br>• Director, Towler Tinlin Associates Ltd<br>**Other Offices held:**<br>• Member, Advisory Board, Queen Mary University of London Business School |
| **Executive Members of the Board** | |
| **Sarah Wilkinson:**<br>Chief Executive Officer | **Directorships:**<br>• Board Member, Audit Risk and Compliance Committee, Kings College London<br>• Non-Executive Director, Police ICT Company<br>• Board Member, The Tech Partnership<br>• Board Member, Advisory Board of the Department of Computing, Imperial College<br>• Board Member, Advisory Board of the Department of Mathematics, Oxford University<br>**Other Offices held:**<br>• Board Advisor (ad-hoc), Technology Start-Ups within the WAYRA Incubator<br>**Contracts Held in last two years:**<br>• Prior employment at Home Office as CIO, February 2015 to July |

| Name | Declared Interest |
|---|---|
| | 2017<br>**Other relevant interests:**<br>• Regular speaking engagements, some in a professional capacity (to be managed with the support of NHS Digital Comms function) and some private (predominantly focused on technology management, technology education in schools and Women in STEM) |
| **Rob Shaw:**<br>Interim Chief Executive Officer | • None |
| **Carl Vincent:**<br>Chief Financial Officer | • None |
| **Tom Denwood:**<br>Director of Data and Integration | • British Computer Society (BCS) Health, Vice Chair Policy and Strategy (a voluntary role at this registered charity)<br>• Senior Responsible Owner (SRO) for Local Service Provider (LSP) Programmes on behalf of Department of Health |
| **Sean Walsh:**<br>Interim Director of Operations and Assurance Services and Senior Information Risk Owner (SIRO) | **Other Offices held:**<br>• Trustee, West Somerset Academies Trust |
| **Ex Officio Board Members** | |
| **Professor Martin Severs:**<br>Medical Director and Caldicott Guardian | • Trustee of Dunhill Medical Trust, a research charity<br>• Professor of Health Care for Older People with University of Portsmouth (Honorary)<br>**Other Offices:**<br>• Member of National Data Guardian's Panel<br>**Other relevant interests:**<br>• Member of Royal College of Physicians, British Geriatrics Society, the Faculty of Public Health Medicine and British Medical Association (BMA) |
| **Jonathan Marron:**<br>Director General for | • To be confirmed |

| Name | Declared Interest |
|---|---|
| Community Care, Department of Health | |
| **Professor Keith McNeil:**<br>Chief Clinical Information Officer, NHS England | Chief Clinical Information Officer, Health and Social Care<br>**Directorships:**<br>• Carers Queensland<br>**Other Offices:**<br>• Non-Executive Director Eastern Academic Health Science Network<br>**Contracts held in last two years:**<br>• Chief Executive, Addenbrookes Hospital Cambridge |
| **Executive Management Team Directors** | |
| **Roberta Barker:**<br>Interim Director Workforce | **Directorships:**<br>• J&L People LTD<br>**Other relevant interests:**<br>• None |
| **Nic Fox:**<br>Interim Director of Provider Digitisation and Programmes | • None |
| **James Hawkins:**<br>Director of Programmes | • Parent Governor at St Peters Church of England Primary School, Harrogate |
| **Eve Roodhouse:**<br>Interim Director of Implementation and Programmes | • To be confirmed |

**NHS Digital**

**Minutes of Board Meeting**

**Wednesday 31 May 2017**
**Venue: Diggory, Hill and Bevan, Ground Floor, 1 Trevelyan Square, Leeds, LS1 6AE**

**Part 1 - Public Session**

**Present:**

| | |
|---|---|
| Noel Gordon | Non-Executive Director (Chair) |
| Dr Sarah Blackburn | Non- Executive Director (Vice Chair) |
| Sir Ian Andrews | Non-Executive Director (Senior Independent Director) |
| Dr Marko Balabanovic | Non-Executive Director |
| Daniel Benton | Non-Executive Director |
| Prof. Soraya Dhillon, MBE | Non-Executive Director |
| Prof. Sudhesh Kumar | Non-Executive Director |
| Rob Tinlin | Non-Executive Director |
| | |
| Rob Shaw | Interim Chief Executive Officer |
| Beverley Bryant | Director of Digital Transformation |
| Carl Vincent | Director of Finance and Corporate Services |
| | |
| Prof. Keith McNeil | NHS Chief Clinical Information Officer (CCIO), (NHS England representative) |
| Prof. Martin Severs | Medical Director and Caldicott Guardian |

**In attendance:**

| | |
|---|---|
| Dean White | Secretary to the Board |
| Chris Jarvis | Interim Board Secretary |

**1. Chair's Introduction and Apologies** **NHSD 17 02 01 (P1)**

1.1 The Chair convened a meeting of the NHSD Digital Board and welcomed members of the public to the meeting.

1.2 The Chair reported that he had received apologies from Rachael Allsop, Director of Workforce, Prof. David Hughes, Director of Information & Analytics, Tamara Finkelstein, Director General for Community Care (Department of Health representative).

1.3 The Chair noted that the meeting was subject to General Election communication controls (purdah). In keeping with other ALBs, NHS Digital would be withholding publication of Board papers until election communication controls had been rescinded.

1.4 The Chair acknowledged the extraordinary contribution of the NHS family in dealing with the terrible events in Manchester.

1.5 The Chair further noted the extraordinary resilience of NHS and NHS Digital systems in contending with the recent Cyber attack. The Chair expressed his thanks to the CEO and his teams for successfully helping to steer the NHS and NHS Digital through this high risk event, noting that measures are now in-hand to further strengthen NHS defences and to learn lessons from the experience.

1.7 Finally, the Chair noted the Board's thanks to Chris Jarvis, out-going Board Secretary for running an efficient Board function over the past few months.

1.8 The Chair confirmed that the meeting was quorate.

**2. Declaration of Interests and Minutes** **NHSD 17 02 02 (P1)**

2.1 (a) Register of Interest (paper) NHSD 17 02 02 (a) (P1)

The Chair noted two amendments to the register of interests.

The Chair asked Board members to make declarations of interest for the Agenda items listed. None were noted.

2.2 (b) Minutes of Board Meeting on 03 May 2017 (paper) NHSD 17 02 02 (b) (P1)

The Board ratified the minutes of the meeting Part 1 held on 03 May 2017.

2.3 (c) Matters Arising (oral) NHSD 17 02 02 (c) (P1)

There were no matters arising not covered on the agenda.

2.4 (d) Progress on Action Points (paper) NHSD 17 02 02 (d) (P1)

The Board noted the progress on action points resulting from the previous meetings. Rob Tinlin asked that action owners be requested to ensure that their "Commentary" & "Next Steps" entries included more detail and specific target completion dates.

**Action: Board Secretariat to communicate this requirement to action owners.**

**3. Strategic Delivery and Capability** **NHSD 17 02 03 (P1)**

3.1 (a) CEO Business Update NHSD 17 02 03 (0) (P1)

Rob Shaw, Interim CEO introduced this item, noting:

- That the GP Connect services pilot had gone successfully live at Leeds Hospital enabling hospital medical staff to access General Practice records held by local GPs using the EMIS system.
- A second instance of the Lorenzo hospital system had gone live at Mid Essex hospital with a third instance expected to go live in the near future.
- Beverley Bryant, Director of Digital Transformation had recently supported a UK trade mission to Brazil, receiving positive feedback from other delegates on the contribution made by the NHS Digital team to this event.
- NHS Digitals attendance at e-Health Week had gone very well and learning points were being incorporated into planning for future conference attendance.
- Rob Shaw, Interim CEO noted that NHS Digital have been invited to speak at the next Local Government Association conference on the topic of the recent Cyber-attack and Cyber Security.

3.2 (b) Update on Cyber Attack (oral) NHSD 17 02 03 (a) (P1)

Rob Shaw, Interim CEO introduced this item.

Rob Shaw, confirmed that no national systems operated by NHS Digital, or any of its own internal systems had been compromised by the attack.

Rob Shaw noted that as soon as the scale of the attack had become apparent, a 24/7 helpline and support team swung into operation working with DH and national agencies to combat the threat to NHS services.

Work was still ongoing at a national level to trace those responsible for the attack and a number of reviews were now underway or about to commence looking at all aspects of this high risk event.

In light of the attack NHS Digital's CareCert team are developing an enhanced package of support to aid local NHS organisations and to help protect them from future attacks.

The Chairs of NHS Digital, NHS England and NHS Improvement have established a joint Cyber forum to ensure any lessons which need to be learnt, actioned and which need to be implemented are taken forward by the system.

Rob Shaw noted that a key risk for NHS organisations is the issue of medical and diagnostic devices (rather than systems) running on older/vulnerable versions of software. This issue can't be resolved quickly.

Prof. Soraya Dhillon noted the importance of recognising the needs and challenges of community services and their staff, which tended to be more isolated than those based in hospitals.

Sir Ian Andrews recognised that there had been a genuine team response (NHS-wide/cross-Government) to the attack, and that the contribution of NHS Digital and the CareCert team had been duly noted.

In response to a question from the Chair, Rob Shaw confirmed that this had been the biggest ever Ransom Ware attack on the NHS but that luckily it hadn't been very sophisticated. The very high number of incidents had stretched the available resources and important lessons had been learnt such as the need to work with software suppliers like Microsoft to overcome legacy devices and associated software maintenance issues.

The Chair thanked Rob Shaw for his candid summary and noted that this had been a timely reminder of the need for vigilance, preparedness and leadership as well as highlighting the need for clearer, stronger guidance and direction.

## 4 Governance and Assurance

### 4.1 Annual Report of Accounts (paper) — NHSD 17 02 04 (a) (P1)

Carl Vincent, Director of Finance and Corporate Services presented this item. The purpose was to gain approval from the Board for the 2016-17 Annual Report and Accounts.

Carl Vincent confirmed that the draft Annual Report and Accounts had been considered by the Assurance and Risk Committee (ARC), noting the challenge which had been encountered as a consequence of the consolidation of a number of P2020 assets and associated budgets into NHS Digitals 2016-17. Despite this challenge Carl Vincent confirmed that there had been a good review by the National Audit Office (NAO) and that work was on track to complete a final draft for presentation to the NAO by the end of June and submission to Parliament shortly thereafter.

The Chair thanked Carl and asked Dr Sarah Blackburn Chair of ARC to comment on the draft accounts.

Dr Sarah Blackburn (SB) confirmed that ARC had considered the draft Annual Report and Accounts, and that subject to any final points or actions received from the National Audit Office (NAO), ARC proposed to recommend the 2016-17 Annual Report and Accounts to the Board.

SB asked the Board to grant delegated authority to the Accounting Officer to make minor and or non-material changes as maybe requested by the auditors, subject to the agreement of the Chair of ARC.

SB further noted that ARC had received Internal Audit's consideration of internal audit arrangements and audit work delivered during 2016/17. Their opinion was moderate, a good outcome given the challenges noted by Carl Vincent. SB reported that ARC had further noted that there was a good system of internal risk control in place, operated through finance, internal and external audit teams.

The Chair thank SB noted for the update and noted the recommendation of ARC. He thanked Carl Vincent, Dr Sarah Blackburn, ARC and the finance and communication teams for their efforts in finalising the document.

The Chair proposed a motion to approve the 2016-17 Annual Report and Accounts and to grant delegated authority to the Accounting Officer. The motion was so approved.

### 4.2 (b) Directions for Acceptance: — NHSD 17 02 04 (b) (P1)

| | | |
|---|---|---|
| i. | Establishment of Information Systems for NHS Services: Emergency Care Data Set Collection Directions 2017 (paper) | NHSD 17 02 04 (a)(i) (P1) |

The Medical Director and Caldicott Guardian presented this item on behalf of the Director of Information & Analytics. Direction has been received from NHS England to support the Emergency Care Data Set (ECDS). Implementing ECDS will facilitate better and timelier access to data on Emergency Department activity. The Direction covers the transmission of ECDS data to NHS Digital and the subsequent dissemination of the data.

Initially the sponsor for the ECDS Impact Assessment was DH. As the project has moved forward into the delivery phase for ECDS, sponsorship of the Direction has transferred to NHS England.

The existing Commissioning Data Set (CDS) was developed in the late 1970s. At that time the work of A&E was largely minor injuries and occasional major trauma and

CDS Type 010 was appropriate for measuring this work at that time.

In the last 40 years there has been a sustained increase in the volume, scope and complexity of Emergency Care and the CDS has not evolved to keep pace with these changes and this has resulted in an 'information gap' in the data collected from A&E. The information gap has reached such an extent that in 2013, the Commons Health Select Committee, when reviewing Urgent and Emergency Care, commented that the system was 'Flying Blind'.

NHS Digital has been commissioned to deliver the capability to collect and disseminate the updated Emergency Care Data Set (ECDS) by the ECDS project board, chaired by Professor Jonathan Benger, National Clinical Director for Urgent Care at NHS England.

**The Board, being satisfied with the information and assurances provided regarding; burden consideration, links to P2020, benefit and NHS Digital capacity, accepted the Direction.**

ii. Community Services Dataset Direction (paper) NHSD 17 02 04 (b)(ii) (P1)

The Medical Director and Caldicott Guardian presented this item on behalf of the Director of Information & Analytics.

Further to the approval of Directions for the Community Services Data Set Pilot that came into force on 20 March 2017, this paper is a request for the agreement to the attached Full Directions to enable the collection of data from all providers of Community Services to support the implementation of a new national Community Services Data Set (CSDS).

The flow of a national community services data set has been prioritised by NIB and has a ministerial focus. Agreement has been reached with NHS England to amend the existing 'Children and Young Persons Health Services dataset' (CYPHS) to enable the collection of data for the whole community by removing the age restriction presently enforced when collecting data.

An application for the issue of an Information Standards Notice was approved by the Standardisation Committee for Care Information (SCCI) on 29 March 2017 and was issued on 21 April 2017.

Directions have been raised by NHS England on behalf of Department of Health in support of the 'full' collection of data relating to all Community Service Providers**.**

**The Board was satisfied with the information and assurances provided regarding burden consideration, links to P2020, benefit and NHS Digital capacity, but sought clarification as to whether a Direction raised by NHS England could be extended to include services provided by Local Authorities as they fell outside the remit of NHS England.**

**The Board conditionally accepted the Direction subject to the Medical Director and Caldicott Guardian and or Director of Information & Analytics confirming the Direction was not ultra vires.**

***Post meeting note:*** *The CSDS direction for the pilot was issued in 2016 by NHS England. This CSDS direction that the Board considered on 31st May 2017 is to be issued by Secretary of State, although drafted by NHS England. As such it legally covers health and social care and meets the necessary local authority conditions as part of the DH responsibilities.*

4.3 (c) Committee Reports (oral) NHSD 17 02 04 (c) (P1)

i. i. Investment Committee (IC) Report: 09 May 2017(oral) — NHSD 17 02 04 (c)(i) (P1)

Noel Gordon, Committee Chair introduced this item. The purpose was to provide the Board with a summary of recent committee business. Noel Gordon reported:

- The new IC was established on 7 May 2017.
- The Chair confirmed that Committee membership included :Noel Gordon (Chair), Daniel Benton, Non-Executive Director, Carl Vincent, Director of Finance & Beverley Bryant, Director of Digital Transformation
- The Committee forms part of National Information Board (NIB) wide approvals system with a remit to review Investment Justifications and Business Cases.
- The Investment Committee which met on 7 May considered two submissions:
  - National Data Services Development
  - Digital Child Health Programme

- Both business cases were approved, and demonstrated that the process worked well but also highlighted aspects where opportunities exist to strengthen risk assurance of the business case.

ii. Assurance and Risk Committee (ARC) Report: 10 May 2017 (oral) — NHSD 17 02 04 (c)(ii) (P1)

Dr Sarah Blackburn, Committee Chair introduced this item. The purpose was to provide the Board with a summary of committee business from its meeting on the 10 May.

- The Committee considered progress on actions relating to the Capability Review.
- The Committee Chair met with Internal Audit and NAO to review plans for finalising the Annual Report and Accounts.
- The Committee considered a paper on DSCROs and Type 2 Objections.
- The Committee undertook deep-dives on two subjects of interest; Clinical Safety and Governance.
- The Committee offered advice on the draft Whistleblowing policy.

**5 Any Other Business (subject to prior agreement with chair)** — **NHSD 17 02 05 (P1)**

5.1 There was no other business

**6 Background Papers (for information)** — **NHSD 17 02 06 (P1)**

6.1 (a) Board Forward Business Schedule (paper) — NHSD 17 02 06 (a) (P1)

**The Board noted this paper for information.**

6.2 (b) Forthcoming statistical Publications (paper) — NHSD 17 02 06 (b) (P1)

**The Board noted this paper for information.**

**7 Date of Next Meeting**

7.1 The next statutory Board meeting will take place on 06 September 2017.

*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:**

| Paper Ref | Action Reference | Action Owner |
|---|---|---|
| NHSD 17 02 02 (d) (P1) | Board Action owners be requested to ensure that their "Commentary" & Next Steps" entries include more detail and specific target completion dates. | Executive Office Secretariat |
| NHSD 17 02 04 (b)(ii) (P1) | Medical Director and Caldicott Guardian and or Director of Information & Analytics to confirm to the Board Secretary that the Direction is not ultra vires. | Prof M Severs<br>Prof David Hughes |

| | |
|---|---|
| **Agreed as an accurate record of the meeting** | |
| **Date:** | |
| **Signature:** | |
| **Name:** | Noel Gordon |
| **Title:** | NHS Digital Chair |

# Board meeting – Public Session

| | |
|---|---|
| **Title of paper:** | **Progress on Action Points** |
| Board meeting date: | 06 September 2017 |
| Agenda item no: | NHSD 17 03 |
| Paper presented by: | Chair |
| Paper prepared by: | Executive Office Secretariat |
| 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.<br>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 |

# Action Log

## Board Meeting – Public Session

### Progress against meeting action from 07 September 2016

| Owner | Director of Operations and Assurance Services | Agenda Title | Information Assurance and Cyber Security Committee |
|---|---|---|---|
| Meeting Ref | HSCIC 16 03 | Action ID | A5.1 |

| Action Description | Due Date | Status |
|---|---|---|
| The COO said that there was recognition that the Information Assurance and Cyber Security Committee terms of reference would need to evolve to reflect changes in the informatics governance landscape and across Whitehall, including the formation of the National Cyber Security Centre (NCSC). The Chair asked that the Board have sight of any proposed change to the Committee and its terms of reference prior to implementation | May 2017 | Open |

| Update Date | Action Description | Action Lead | Next Steps |
|---|---|---|---|
| 28 .03.2017 | Work with NCSC has begun to identify linkages and requirements on the IACSC Terms of Reference.<br>However, the work is also looking to bring input from the recommendations within the NHS Digital Capability review which has not yet been approved. | Sean Walsh | Capability review to be approved within NHS Digital to be approved and released in March 2017.<br>Once released, ToR to be update accordingly and circulated to the Board. |
| 03.05. 2017 | Work is progressing but we have yet to fully define the impact and impact as a consequence of the Capability Review. | Sean Walsh | Work is in progress to determine the impact of the Capability Review aspects. This will be completed by end May 2017 |

**Action Status**

Green = On-track
Amber = Overdue but progress reported
Red = Overdue no progress reported

| Update Date | Action Description | Action Lead | Next Steps |
|---|---|---|---|
| 31.05. 2017 | IACSC TOR to be retrospectively updated to include NCSC as committee member, no further changes are required at this time.<br><br>Progression of the Capability Review recommendations may result in the need to further review the groups Terms Of Reference (ToR), should this requirement be identified a further paper will be submitted | Sean Walsh | Paper highlighting the inclusion of NCSC within the TOR to be submitted to November Board.<br><br>Should progression of Capability Review requirements results in the need for further changes an additional paper can be submitted to the Board. |
| 16.08.2017 | The TOR has been updated with minor amendments by Sean Walsh. The updated version is enclosed as a 'Draft for review' at the next meeting. | Sean Walsh | Submitting to IACSC on the 15 September 2017 |



**Action Status**

Green = On-track
Amber = Overdue but progress reported
Red = Overdue no progress reported

## Board Meeting – Public Session

### Progress against meeting action from 28 March 2017

| | | | |
|---|---|---|---|
| **Owner** | **Director of Programmes** | **Agenda Title** | **Progress Towards a Patient Centric Digital Health and Care System** |
| **Meeting Ref** | **NHSD 17 06** | **Action ID** | **A4.1** |

| Action Description | Due Date | Status |
|---|---|---|
| **It was agreed that further updates on progress towards a Patient –Centric Digital Health and Care System detailing successes and challenges, be brought to a future Board meeting** | **May 2017** | **Closed** |

| Update Date | Update | Action Lead | Next Steps |
|---|---|---|---|
| 03.05.2017 | Further update on the 30 May Development Board Agenda. | | To present a further update to the Board at the 30 May 2017 meeting. |
| 31.05.2017 | Further update will be bought to the 04 July Board Timeout meeting. | | To present a further update to the Board at the 04 July Timeout meeting.<br><br>It was subsequently agreed to defer this item to the September meeting |

**Action Status**

Green = On-track
Amber = Overdue but progress reported
Red = Overdue no progress reported

| Update Date | Update | Action Lead | Next Steps |
|---|---|---|---|
| 06.09.2017 | This item is on the 06 September Agenda | | Action Closed |



**Action Status**

Green = On-track
Amber = Overdue but progress reported
Red = Overdue no progress reported

## Board Meeting – Public Session

### Progress against meeting action from 03 May 2017

| Owner | Chief Financial Officer | Agenda Title | Board Performance Pack |
|---|---|---|---|
| Meeting Ref | NHSD 17 01 | Action ID | A3.1 |

| Action Description | Due Date | Status |
|---|---|---|
| Comprehensive review of KPIs due to be carried out at the end of June | June 2017 | Open |

| Update Date | Update | Action Lead | Next Steps |
|---|---|---|---|
| 31.05.2017 | Work is underway to review the corporate KPIs reported to EMT and the Board. The main focus is the Programmes Achievement KPI and the Workforce/Organisational Health KPI. In addition the Financial information reported in the pack is being reviewed, and other elements of the pack will be freshened up. | David O'Brien | Proposals for the main KPI developments will be considered by EMT in June/July and the changes incorporated into the Performance Pack for the next statutory Board meeting |
| 22.08.2017 | A review of the KPIs has been completed. Proposals have been discussed twice at EMT, and there has been a telephone consultation with the Vice-Chair. A paper on the proposed new KPIs is included as an agenda item in the private section of the 06 September Board meeting. | David O'Brien | Following feedback and approval from the Board on the proposals, the new KPIs will be finalised and brought on stream at the earliest opportunity. The first new Performance Pack will be reported to the Board at its November meeting. |

**Action Status**

Green = On-track
Amber = Overdue but progress reported
Red = Overdue no progress reported

## Board Meeting – Public Session

### Progress against meeting action from 03 May 2017

| | | | |
|---|---|---|---|
| **Owner** | **Interim Executive Director for Implementation and Programmes** | **Agenda Title** | **Child Protection Information Sharing (CP-IS) paper** |
| **Meeting Ref** | **NHSD 17 01** | **Action ID** | **A4.1** |

| **Action Description** | **Due Date** | **Status** |
|---|---|---|
| **Implementation of actions identified to ensure that milestones are met. ie.**<br>**I. Noted the progress and actions in hand outlined in the paper to accelerate progress in CP-IS deployment**<br>**II. Noted the revised delivery milestones, reflecting a more realistic deployment**<br>**Noted there would be more frequent and detailed reporting within the Performance Dashboard** | **06.09.2017** | **Closed** |

| Update Date | Update | Action Lead | Next Steps |
|---|---|---|---|
| 31.05.2017 | CP-IS will be added to the quarterly performance dashboard from September | David O'Brien | See revised Performance Pack |

**Action Status**

Green = On-track
Amber = Overdue but progress reported
Red = Overdue no progress reported

## Board Meeting – Public Session

### Progress against meeting action from 03 May 2017

| Owner | Director of Data and Integration | Agenda Title | NHS Digital Social Care – update briefing |
|---|---|---|---|
| Meeting Ref | NHSD 17 01 | Action ID | A4.2 |

| Action Description | Due Date | Status |
|---|---|---|
| To be bought back to the September Board meeting for a further update, with particular reference to the broader context of Integrated Care, within an holistic approach | September 2017 | Open |

| Update Date | Update | Action Lead | Next Steps |
|---|---|---|---|
| 31.05.2017 | • Guidance sought from relevant Non-Executive Director on framing.<br>• Discussion with NHS England National Director: Operations and Information on link to Accountable Care Systems. | | • Board development day agenda item scheduled for further discussion.<br>• Work with NHS England and other partners to understand full remit of Integrated Care requirements. Opportunity for testing at National Social Care Advisory Group |
| 21.08.2017 | In the post meeting discussions it was clear that the Board wanted clarity about the social care programme within domain D of Personal Health and Care 2020 and this has been picked up in the substantive work being undertaken in social care by Tom Denwood, and which will be brought to the Board by his Domain | Linda Whalley | On the 06 September Agenda |

**Action Status**

Green = On-track
Amber = Overdue but progress reported
Red = Overdue no progress reported

| Update Date | Update | Action Lead | Next Steps |
|---|---|---|---|
| | D work. | | |



**Action Status**

Green = On-track
Amber = Overdue but progress reported
Red = Overdue no progress reported

## Board Meeting – Public Session

### Progress against meeting action from 31 May 2017

| Owner | Secretariat | Agenda Title | Progress on Action Points |
|---|---|---|---|
| Meeting Ref | NHSD 17 02 | Action ID | A2.1 |

| Action Description | Due Date | Status |
|---|---|---|
| **Board Action owners be requested to ensure that their "Commentary" & Next Steps" entries include more detail and specific target completion dates.** | **30.09.2017** | **Open** |

| Update Date | Update | Action Lead | Next Steps |
|---|---|---|---|
| 23.08.2017 | Work underway to revise action assurance process. | Dean White | Introduction of proposed assurance to ensure submissions meet this requirement. |

**Action Status**

Green = On-track
Amber = Overdue but progress reported
Red = Overdue no progress reported

## Board Meeting – Public Session

### Progress against meeting action from 31 May 2017

| Owner | Medical Director and Caldicott Guardian/Director of Data and Integration | Agenda Title | Community Services Dataset Direction |
|---|---|---|---|
| Meeting Ref | NHSD 17 02 | Action ID | A4.1 |

| Action Description | Due Date | Status |
|---|---|---|
| Medical Director and Caldicott Guardian and or Director of Information & Analytics to confirm to the Board Secretary that the Direction is not ultra-vires | | Closed |

| Update Date | Update | Action Lead | Next Steps |
|---|---|---|---|
| 17.08.2017 | The CSDS direction for the pilot was issued in 2016 by NHS England. This 2017 CSDS direction that the Board saw is to be issued by Secretary of State (but drafted by NHS England). and as such it legally covers health and social care and has all the necessary local authority necessary conditions as part of the DH responsibilities | | None, completed. |

**Action Status**

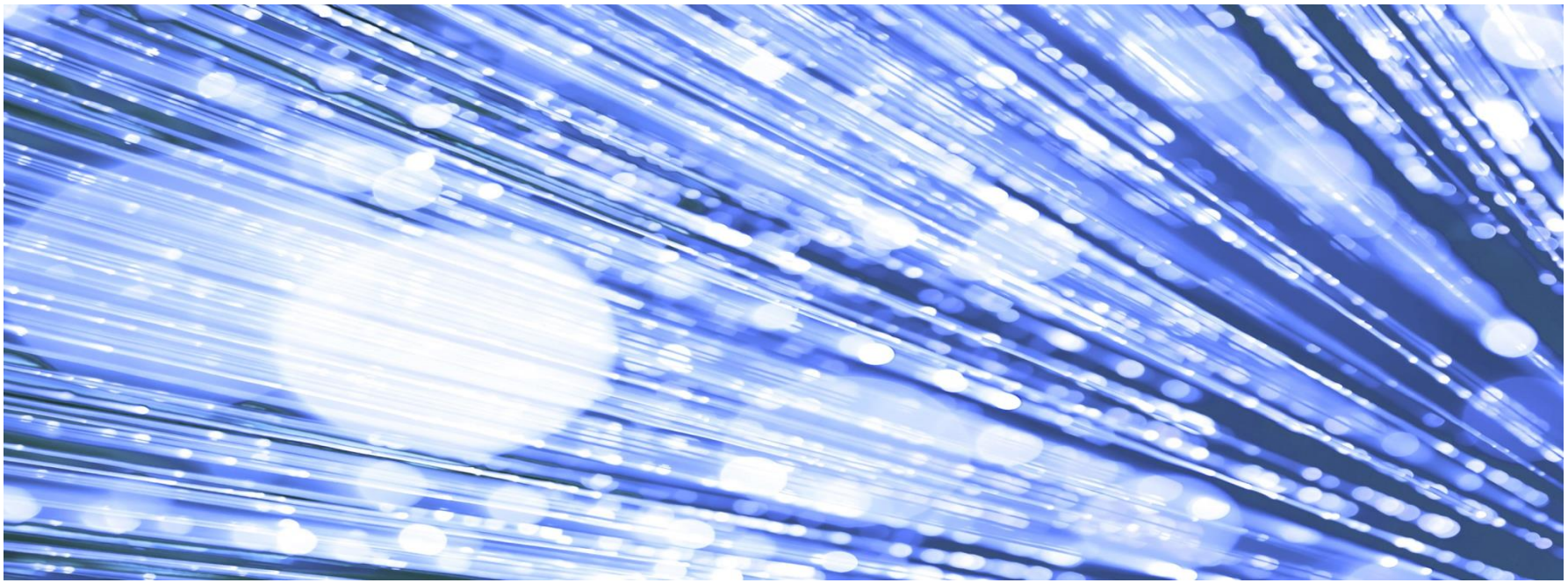
Green = On-track
Amber = Overdue but progress reported
Red = Overdue no progress reported

# Board Meeting – Public Session

| | |
|---|---|
| **Title of paper:** | **NHS Digital Board Performance Pack (public)** |
| Board meeting date: | 06 September 2017 |
| Agenda item no: | NHSD 17 03 03 a |
| Paper presented by: | Rob Shaw, Deputy CEO |
| 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 July 2017. |
| 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: | N/A |
| **Actions required by the Board:** | **To Note** |

# Board Performance Pack

## July 2017 Data



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# Contents

# NHS Digital Performance Summary

**Programme Achievement** is reported as Amber. Across all reported programmes overall delivery confidence for July 2017 was 59.6%, the same as last month. Delivery confidence across the PHC2020 programmes was 63%. One PHC2020 Programme reported as Red (Digital Diagnostics). Seven PHC2020 Programmes reported as Amber/Red. Delivery confidence across the legacy (non-P2020) programmes was 56% (the same as last month).

**IT Service Performance** is reported as Green. 100% of services (68 out of 68) achieved their availability target. 96% of High Severity Service Incidents (25 out of 26) were resolved within their target fix time. 100% of services (12 of 12) achieved their response time target, although performance information has yet to be confirmed for the Calculating Quality Reporting Service (CQRS).

**Organisational Health** is reported as Amber and is forecast to remain so next month. The 'Path to Green' continues to be dependent on Workforce planning actions, including alternative sourcing models. The interim workforce structure has been implemented during July 2017, with the Profession Support Managers working closely with the HoPs providing the necessary support. Recruitment continues across many of the 'critical professions' with HoPs managing the 'recruitment risk' in line with their Establishment Ceiling. The PDR Compliance rate has improved to 71%, which is encouraging; Profession Support Managers continue to support the HoPs in improving this compliance rate. Turnover remains at 7% for the 4th month running which is lower than expected.

**Finance**: Revenue year-to-date is £5.3m under budget primarily due to non- staff costs, with ICT and External Services £8.8m behind year-to-date budget due to slower than budgeted delivery and delays for business case approvals. Full year forecast central estimate assumes £2.5m overspend due to approved £10m overspend on HSCN Transition network, £5m Cyber Microsoft licences and reduced external income, offset by underspends on staff and non-staff across delivery programmes. Capital is £21m under budget for the year-to-date as a result of lower than anticipated Headcount Capitalisation, programmes scope changing capitalisation assumptions and slower than anticipated ramp up of programme activity for M4. £2.5m underspend for Interoperability & Architecture due to delay with approvals and £0.4m due to changes in requirements.

**Performance This Period**

**Performance Tracker: Rolling 12 months**

| Performance Indicator | Owner | Current Period | Current Forecast | Previous Forecast | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Programme Achievement** | **James Hawkins** | A | A/G | A | A/G | A | A/G | A/G | A/G | A/G | A/G | A/G | A | A/G | A | A |
| **IT Service Performance** | **Sean Walsh** | G | G | G | A | A | G | A | G | R | A | G | R | G | G | G |
| **Organisational Health** | **Roberta Barker** | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A |
| **Financial Management: NHS Digital** | **Carl Vincent** | R | R | R | R | R | R | R | R | R | R | R | N/A | R | R | R |

| KPI | Programme Achievement |
|---|---|
| KPI Owner | James Hawkins |

| | | |
|---|---|---|
| Previous RAG | 59.6% | A |
| Current RAG | 59.6% | A |
| 1 Month Future Forecast RAG | 61.5% | A/G |
| 2 Month Future Forecast RAG | 66.5% | A/G |
| 3 Month Future Forecast RAG | 70.1% | A/G |

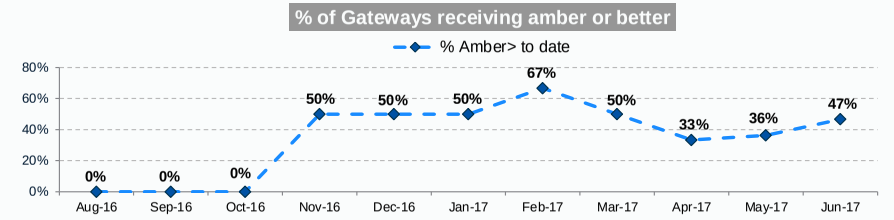
**Based on Highlight Reports and Initiation Progress Reports, covering July 2017 activity**
The programme achievement KPI reporting comprises 31 PHC2020 programmes and 5 other 'legacy' programmes.

The overall KPI is reported as Amber. Across all reported programmes overall delivery confidence for July 2017 was 59.6% (the same as last month).

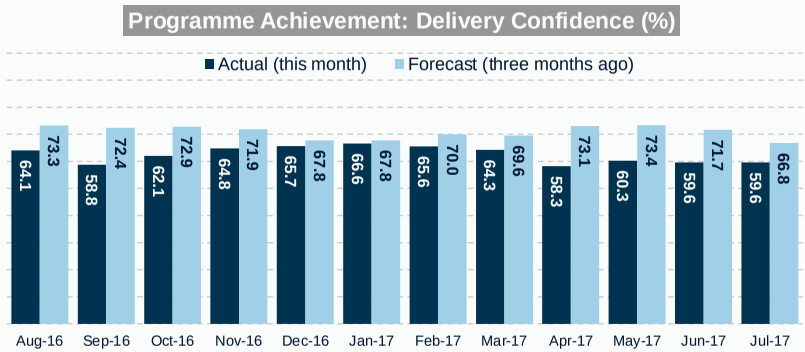
Delivery confidence across the PHC2020 programmes was 63% (the same as last month). One PHC2020 Programme reported as Red (Digital Diagnostics). Seven reported Amber/Red (same as last month). For detail please see Appendices 3 and 4.

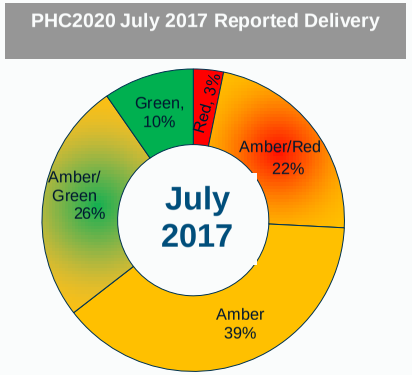
Delivery confidence across the legacy (non-PHC2020) programmes was 56% (the same as last month).

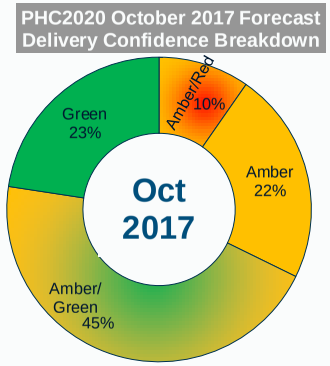
**Note:** The following programme reports and Overall Delivery Confidences **were not** SRO approved at the time of producing this report: PHC2020 - All programmes in Domains D and 20. Digital Referrals and Consultations. Legacy - Health & Justice Information Services and FGMP.




**Gateway Reviews:** The figures have now been updated with all SRO approved Gateway Review outcomes that have been confirmed to the Corporate Portfolio Office.




**Benefits Reporting**

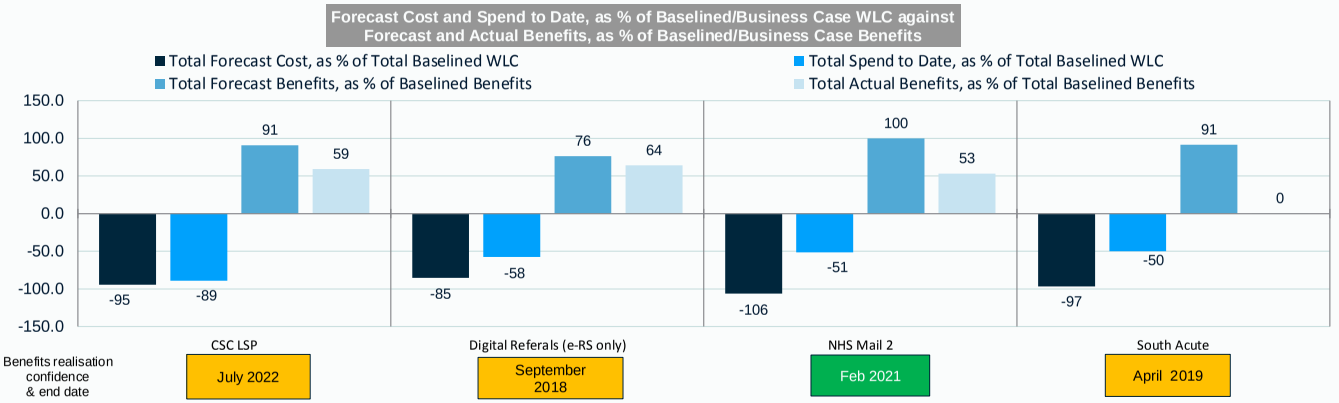
**In July:**

Average forecast cost, as % of baselined / business case whole life cost = **95.7%**

Average forecast benefits, as % of baselined / business case benefits = **62%**

Average spend to date, as % of baselined / business case whole life cost = **89.6%**

Average actual benefits realised to date, as % of Baselined / business case benefits = **44.2%**



**KPI Owner: Sean Walsh**

## OAS IT Service Performance KPI - July 2017

**Summary:**
The July 2017 reporting month saw the overall KPI RAG status remain Green for the second consecutive month. Across all 68 services measured there were no Availability failures, just one HSSI failed its Fix-Time target, and all services reported to date met their Response Times target.

**99.99%**
**Overall Availability for All Services in Jul-17**

| | |
|---|---|
| Previous RAG | G |
| Current RAG | G |
| Forecast RAG | G |

### Availability

All 68 measured services met their availability target in July, resulting in a Green overall RAG status.

### Response Times

Of the 12 reported services as at 12/07 all have achieved or exceeded their Response Times target in July.

Please note however that Response Time performance is currently to be confirmed for GDIT's Calculating Quality Reporting Service (CQRS). GDIT have reported a single non-critical level failure, but with an accompanying Excusing Cause, which is currently under review.

### Incidents of note outside the reporting period

Since the reporting period of July 2017 two noteworthy HSSIs have been reported:

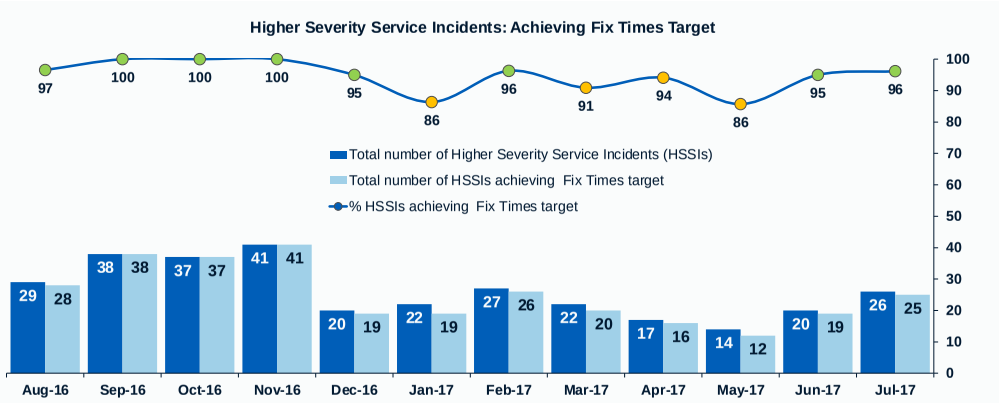
08/08: GPSoC Vision Health (Vision) - Multiple users across 9 sites lost connection to a plug-in (Aeros) which enables the interface from local GP to the Vision hosted environment. A configuration change was carried out to resolve this HSSI.

10/08: DXC NME (Lorenzo) - Multiple users at 3 sites reported an issue with Lorenzo SMS messaging systems. Traffic was load balanced onto Cluster B, the problematic server was restarted which then resolved the issue.

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

26 HSSIs were logged in July, six more than in June but in line with the rolling 12-month average of 26. These HSSIs included 15 Clinical Safety Incidents and 2 Incidents with both Clinical and Security implications.
25 of the 26 HSSIs achieved their fix-time target.

DXC's Lorenzo service experienced a single Severity 2 HSSI Fix Time Failure in July. On 04/07 users at one Trust were unable to display chart information for certain patients. A workaround was implemented via a change to fix the issue. This HSSI took 7 hours and 42 minutes to resolve against a Fix Time target of 4 hours.




### Performance Indicators

| | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No. of Services achieving Availability target | 53 | 54 | 56 | 55 | 57 | 53 | 53 | 54 | 55 | 66 | 67 | 68 |
| No. of Services breaching Availability target, but not to a critical level | 3 | 2 | 1 | 2 | 0 | 1 | 2 | 1 | 1 | 1 | 1 | 0 |
| No. of Services breaching Availability target at a critical level | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 |
| Total No. of Services measured for Availability Performance >>>> | 56 | 56 | 57 | 57 | 57 | 55 | 55 | 55 | 57 | 68 | 68 | 68 |
| No. of Services achieving Response Times target | 10 | 9 | 10 | 9 | 9 | 9 | 9 | 9 | 9 | 13 | 13 | 12 |
| No. of Services breaching Response Times target, but not to a critical level | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No. of Services breaching Response Times target at a critical level | 1 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total No. of Services measured for Response Times Performance >>>> | 11 | 11 | 10 | 10 | 10 | 9 | 9 | 9 | 9 | 13 | 13 | 12 |

**Caveats:** Every month, all data in this KPI is to be confirmed / subject to change, at the time of report production. This is due to the KPI being produced prior to Service Review meetings being held with all Suppliers, at which the content of their latest monthly PMRs (Performance Monitoring Reports) is agreed with NHS Digital Service Owners and the latest PMR formerly signed off.

Any RAG status changes in the previous reporting month + fluctuations in the numbers across all 3 PIs (Performance Indicators) are due to retrospective changes made, due to some Supplier PMRs not being received until after the final submission deadline, last month.

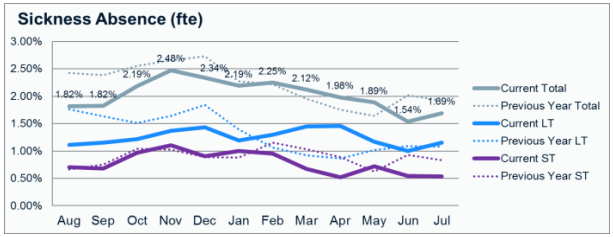
KPI: Organisation Health

Owner: Roberta Barker

**Overall Position:** The overall position remains amber and is forecast to remain so next month. The 'Path to Green' continues to be dependent on Workforce planning actions, including alternative sourcing models. The interim workforce structure has been implemented during July 2017, with the Profession Support Managers working closely with the HoPs providing the necessary support. Recruitment continues across many of the 'critical professions' with HoPs managing the 'recruitment risk' in line with their Establishment Ceiling. The PDR Compliance rate has improved from to 71%, which is encouraging; Profession Support Managers continue to support the HoPs in improving this compliance rate. Turnover remains at 7% for the 4th month running which is lower than expected.

| | |
|---|---|
| Previous | A |
| Current | A |
| Forecast | A |

| Summary Table | Target | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Engagement Score | >=70 | 75 | | | | | | | | | | | |
| Engagement Actions Completed | >=90% | N/A | | | | | | | | | | | |
| PDR Completion | >=90% | N/A | 84% | 85% | N/A | | | | | | | 53% | 71% |
| Annual Training Spend / Head | £275/Year | 136 | £158 | £167 | £184 | £191 | £271 | £306 | £464 | - | £81 | £119 | - |
| 12 Month Average Sickness Absence% | <=3% | 1.8% | 1.8% | 2.1% | 2.0% | 2.0% | 2.0% | 2.1% | 2.1% | 2.1% | 2.3% | 2.0% | 2.0% |
| Mandatory Training - All Staff (composite) | >=90% | 92% | 93% | 92% | 89% | 82% | 80% | 79% | 91% | 91% | 91% | 92% | 92% |
| Mandatory Training - New Starters | >=90% | 63% | 58% | 67% | 64% | 78% | 71% | 70% | 78% | 70% | 69% | 76% | 85% |
| Time to Hire - In post | <=70 | 63 | 48 | 49 | 59 | 49 | 95 | 80 | 85 | 70 | 56 | 82 | 78 |
| Turnover | 9% - 11% | 11% | 11% | 11% | 11% | 11% | 11% | 10% | 10% | 7% | 7% | 7% | 7% |
| Net Monthly Movement | TBC | -1 | -5 | 11 | 19 | 8 | 39 | 28 | 11 | 41 | 35 | 29 | 20 |




## Engagement

- The Employee Engagement Survey results were published on 26th July followed by a summary report of the free text comments on 4th August.
- The corporate action plan is being developed and Heads of Profession have begun sharing and reviewing their results within their professions.
- The action plan is due to be published at the end of August.

## Training and Development

***Mandatory Training - Induction of New Starters***

- 100% of new starters in July have been booked on Corporate induction. 15% Declined due to Location, these employees are based in Exeter.

***Mandatory Training - All Staff***

- Fire Safety compliance score: 88%
- Information Security compliance score: 94%
- Information Governance compliance score: 95%

***End of Year PDR Form Reporting - Excluding absent staff***

- PDR Compliance - 71%

## Sickness Absence

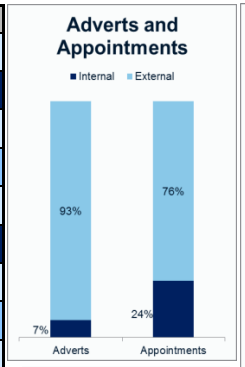
- Overall sickness absence has reduced in month. Focus remain on ensuring timely and accurate reporting and recording of sickness absence.
- The MIST team are currently working on a career manager dashboard which will help with proactive monitoring of absence cases, this will be supported in the early stages through the continuation of absence data reports from HR .
- By September 2017 the recording of temporary and contractor staff will have transferred from Procurement to HR and will be maintained via ESR.
- The HR Operations and HR Admin team are working on creating workstructures with ESR to help the overall management of establishments/headcount across Professions.



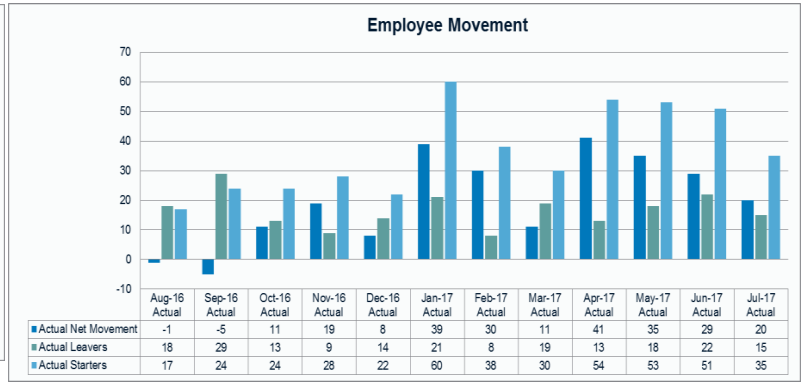
| "Growing our Own" Talent Summary | Projected placements for 17/18 | Appointments 17/18 (total to date) | Appointments 17/18 to date (commenced) |
|---|---|---|---|
| Work Experience<br>Unpaid work shadowing up to 2 weeks | 10 | 9 | 4 |
| Apprenticeship<br>Paid training role against framework/standard | 64 | 0 | 0 |
| Internship<br>Paid 8 week placement (Summer 17 intake) | 10 | 12 | 12 |
| Graduate Training Scheme<br>Paid high potential training scheme (Sept 17 intake) | 30 | 22 | 2 |

| LIVE CAMPAIGNS |
|---|
| Advertising |
| 48 |
| *Selection* |
| 145 |
| Appointment |
| 112 |

| RECRUITMENT | |
|---|---|
| % Total Time | Working Days |
| ***Approval to advert*** | |
| 0.8% | 0.44 |
| ***advert to outcome*** | |
| 43.6% | 25 |
| ***outcome to checks*** | |
| 29.0% | 16.64 |
| ***checks to agreed start date*** | |
| 26.6% | 15.23 |




*Cumulative from April 2017*




| | Aug-16 Actual | Sep-16 Actual | Oct-16 Actual | Nov-16 Actual | Dec-16 Actual | Jan-17 Actual | Feb-17 Actual | Mar-17 Actual | Apr-17 Actual | May-17 Actual | Jun-17 Actual | Jul-17 Actual |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual Net Movement | -1 | -5 | 11 | 19 | 8 | 39 | 30 | 11 | 41 | 35 | 29 | 20 |
| Actual Leavers | 18 | 29 | 13 | 9 | 14 | 21 | 8 | 19 | 13 | 18 | 22 | 15 |
| Actual Starters | 17 | 24 | 24 | 28 | 22 | 60 | 38 | 30 | 54 | 53 | 51 | 35 |

### Attracting and "Growing our Own" Talent

- 12 candidates commenced with NHS Digital in July on summer **Internships** providing useful delivery support for NHS Digital and a pipeline of future talent who will be able to apply for Apprenticeship, Graduate Scheme and other vacancies The internships commenced with a tailored induction session.
- 8 vacancies remain for the **NHS Digital Graduate Scheme** with 22 joiners commencing during or prior to September 2017 providing a pipeline of future talent for NHS Digital. Vacancies are predominantly in Software Development. Whilst large numbers of applications (over 300) have been received the national skills shortage for developers has resulted in fierce competition. Since last month an offer has been accepted for a Software Development graduate. Several applicants are at various stages of assessment for the outstanding roles with a view to meeting target numbers.
- 44 requests to host **apprenticeships** have been made from across the business in addition to work to identify current employees who will register as apprentices to achieve additional skills and qualification. This will enable NHS Digital to meet the government apprenticeship levy and provide investment in talented individuals who will support delivery. The tender process for training providers is at the moderation stage. Providers will also support with recruitment.

### Recruitment

- Recruitment activity continues at high levels with **305 active vacancies** as at 3 August. **395 new employees** have joined NHS Digital since October '16, when targeted recruitment campaigns commenced, including 193 since April '17.
- Time to hire (from advert approval to actual start date) has decreased slightly to **78 working days**. This can be attributed to initial data emerging through the new recruitment system from the roles which have progressed quickly.
- Webex Overview sessions and drop in surgeries to provide support to managers with the **new end to end recruitment platform** were held across July and further work continues to embed the new approach. The platform is providing the opportunity to utilise a range of attraction methods outside of NHS jobs, access to metrics to enable better informed decision-making around advertising and therefore return on investment and one portal for hiring managers and candidates providing a better experience.

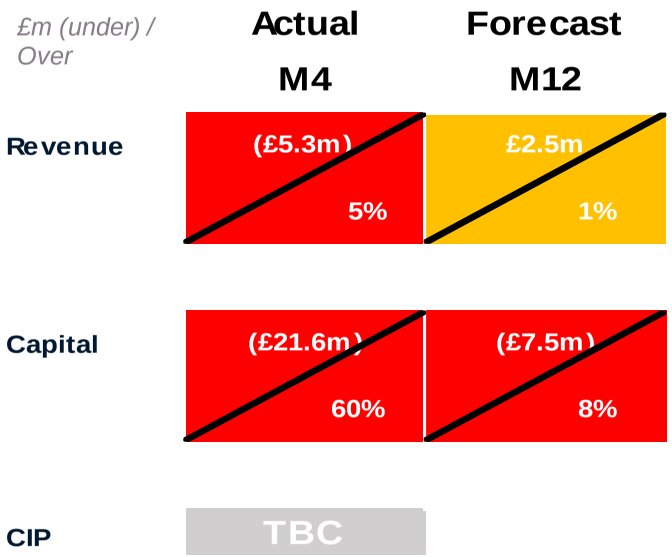
### Net Movement

- Directly employed and seconded **headcount** at the end of June was 3004 (2882.8 FTE).
- Since targeted Recruitment campaigns started in October 2016, there has been a **net increase of 243 employees.**

| | |
|---|---|
| **KPI** | **Financial Management - for public session of the Board** |
| **KPI Owner** | **Carl Vincent** |

| | |
|---|---|
| **Previous RAG** | R |
| **Current RAG** | R |
| **Forecast RAG** | R |

# M4 - Year-to-date and forecast; net expenditure v GiA




**Corporate forecast based on category spend*

## Revenue - Year-to-date

Revenue year-to-date is **£5.3m** under budget primarily due to non- staff costs, with ICT and External Services £8.8m behind year-to-date budget due to slower than budgeted delivery and delays for business case approvals.

## Revenue - Full Year

Full year forecast central estimate assumes **£2.5m overspend** due to approved £10m overspend on HSCN Transition network, £5m Cyber Microsoft licences and reduced external income, offset by underspends on staff and non-staff across delivery programmes.

## Capital

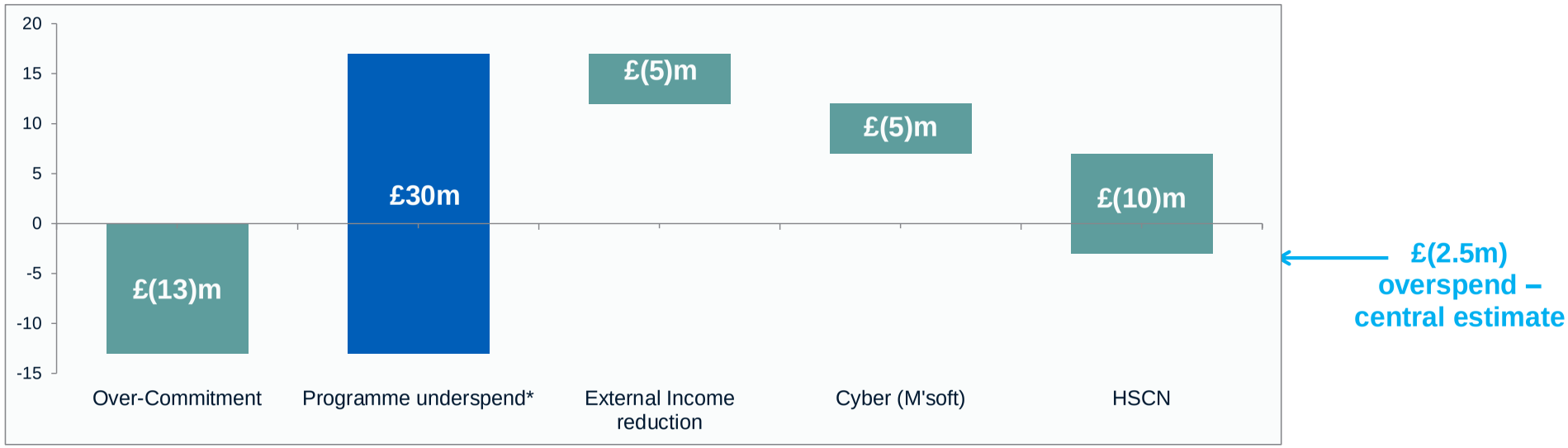
Capital is **£21m** under budget for the year-to-date as a result of lower than anticipated Headcount Capitalisation, programmes scope changing capitalisation assumptions and slower than anticipated ramp up of programme activity for M4. £2.5m underspend for Interoperability & Architecture due to delay with approvals and £0.4m due to changes in requirements.

## Cost Improvement Programme (CIP)

CIP submissions have been received for Q1 and are currently under-review.

# Appendix 1 - FY corporate forecast based on category spend 17/18

The corporate forecast based on category spend is that annual overspend will be around £2.5m, with the budgeted £13m over-commitment and approved £15m cost pressures (HSCN, Cyber) offset by an estimated underspend of c£30m* across staff and non-staff expenditure. We will track closely over the next few months, and if we continue to forecast an overspend we will seek to manage pressure across the portfolio with the DH and NHSE PHC2020 budgets to avoid the need to restrict planned expenditure.

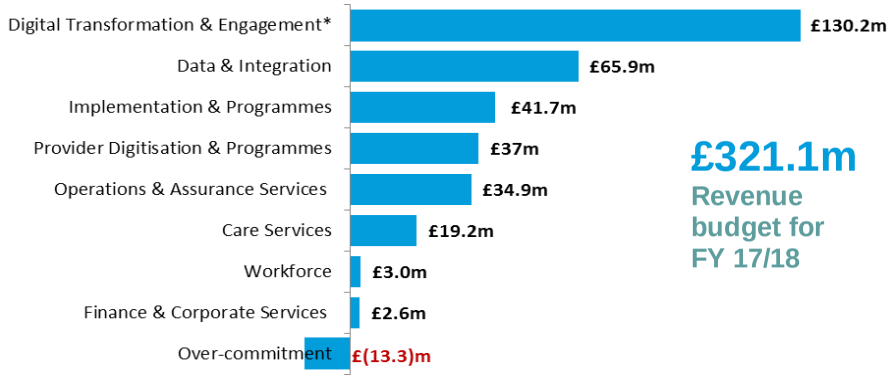



* This based on our estimated impact of an NHS Digital establishment of 3,000 FTEs and of slippage of procurements

# Appendix 1 - Expenditure for Executive Portfolios

## Revenue

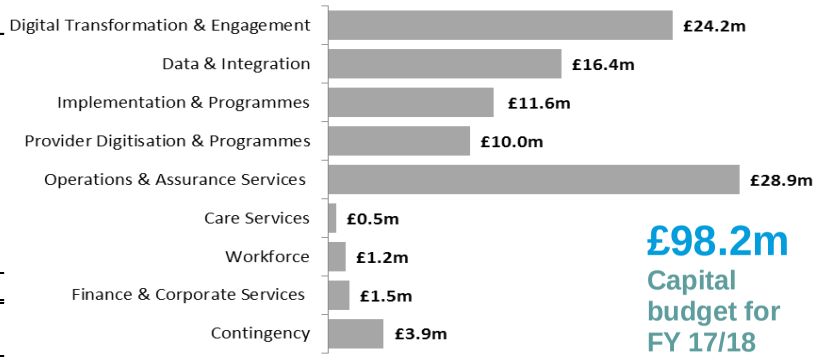
| £m | YTD Budget | YTD Act | Variance | FY Budget |
|---|---|---|---|---|
| Digital Transformation & Engagement | 38.8 | 34.4 | 4.4 | 130.2 |
| Data & Integration | 21.8 | 15.2 | 6.6 | 65.9 |
| Implementation & Programmes | 13.1 | 10.4 | 2.7 | 41.7 |
| Provider Digitisation & Programmes | 10.7 | 7.1 | 3.6 | 37.0 |
| Operations & Assurance Services | 12.2 | 12.9 | (0.6) | 34.9 |
| Care Services | 6.3 | 5.3 | 0.9 | 19.2 |
| Workforce | 1.1 | 0.1 | 1.0 | 3.0 |
| Finance & Corporate Services | 0.9 | 0.8 | 0.2 | 2.6 |
| **Sub total** | **104.8** | **86.1** | **18.7** | **334.4** |
| Over-commitment | (4.5) | 0.0 | (4.5) | (13.3) |
| Under 'recovery' | | 8.9 | (8.9) | |
| **Total** | **100.4** | **95.0** | **5.3** | **321.1** |




**£321.1m**
Revenue budget for FY 17/18

## Capital

| £m | YTD Budget | YTD Act | Variance | FY Budget |
|---|---|---|---|---|
| Digital Transformation & Engagement | 10.6 | 3.2 | 7.5 | 24.2 |
| Data & Integration | 8.3 | 1.7 | 6.5 | 16.4 |
| Implementation & Programmes | 2.9 | 2.2 | 0.7 | 11.6 |
| Provider Digitisation & Programmes | 1.1 | 0.3 | 0.7 | 10.0 |
| Operations & Assurance Services | 10.8 | 6.1 | 4.6 | 28.9 |
| Care Services | 0.2 | 0.0 | 0.2 | 0.5 |
| Workforce | 0.5 | 0.0 | 0.5 | 1.2 |
| Finance & Corporate Services | 0.6 | 0.1 | 0.5 | 1.5 |
| **Sub total** | **34.9** | **13.6** | **21.3** | **94.3** |
| Contingency | | | | 3.9 |
| **Total** | **34.9** | **13.6** | **21.3** | **98.2** |




**£98.2m**
Capital budget for FY 17/18

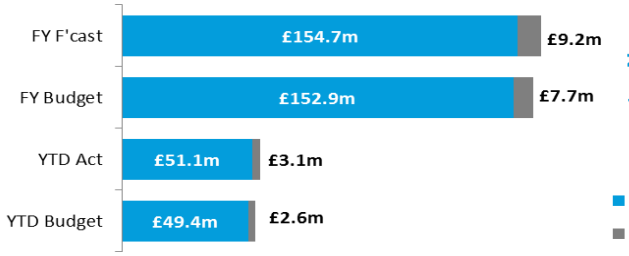
# Appendix 1 - M4 – Expenditure by Category

| £'m | Year to Date | | | Full Year | | |
|---|---|---|---|---|---|---|
| | Budget | Actual | Var | Budget | F'cast | Var |
| **Income** | | | | | | |
| Grant in Aid | (100.4) | (100.4) | (0.0) | (321.1) | (321.1) | (0.0) |
| Income | (15.6) | (12.4) | (3.2) | (48.5) | (46.9) | (1.6) |
| **Total Income** | **(115.9)** | **(112.8)** | **(3.2)** | **(369.6)** | **(368.0)** | **(1.6)** |
| **Expenditure** | | | | | | |
| Staff Costs | 52.0 | 54.2 | (2.2) | 160.6 | 163.8 | (3.2) |
| External Services | 13.3 | 9.7 | 3.6 | 40.1 | 41.7 | (1.6) |
| ICT | 41.4 | 36.2 | 5.2 | 135.8 | 138.9 | (3.0) |
| Travel and Subsistence | 1.8 | 2.0 | (0.2) | 5.6 | 5.9 | (0.4) |
| Estates and Facilities | 4.8 | 4.0 | 0.8 | 14.3 | 13.6 | 0.7 |
| Staff-related Costs | 1.3 | 0.6 | 0.7 | 3.5 | 3.4 | 0.1 |
| Communications | 0.6 | 0.3 | 0.3 | 2.7 | 2.7 | 0.0 |
| Other | 0.0 | 0.5 | (0.5) | 0.0 | 0.5 | (0.5) |
| Contingency | 0.8 | | 0.8 | 6.9 | | 6.9 |
| **Total Costs** | **115.9** | **107.4** | **8.5** | **369.6** | **370.5** | **(0.9)** |
| **Net Revenue** | **(0.0)** | **(5.3)** | **5.3** | **0.0** | **2.6** | **(2.5)** |
| **Capital Expenditure** | **35.0** | **13.4** | **21.6** | **98.2** | **90.8** | **7.5** |

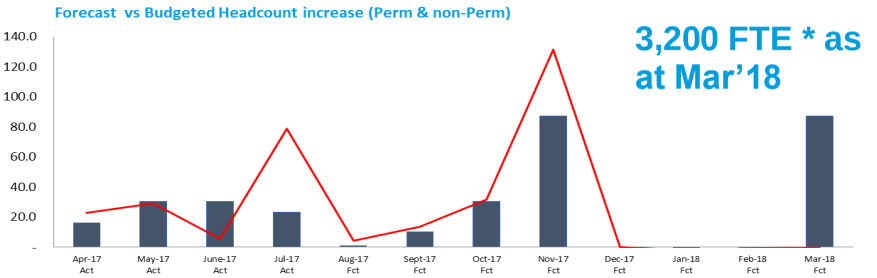
FY forecast shows **£2.6m** revenue overspend; significant variance due increased ICT costs of **£9.2m** due to HSCN, Cyber Microsoft licences and additional programme & corporate expenditure.

Year to date staff costs higher due to lower than anticipated headcount capitalisation, however full year expected to remain close to budget, with the forecast showing a small increase in permanent staff and contractor costs.

*The "Supply side" staff budget is based on 3,000 FTEs*




**£3.2m forecast Staff overspend**




**3,200 FTE * as at Mar'18**

| FTE | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Budget | 2,931 | 2,942 | 2,939 | 3,006 | 3,008 | 3,018 | 3,043 | 3,174 | 3,174 | 3,168 | 3,167 | 3,166 |
| Act/ Fcst | 2,914 | 2,927 | 2,985 | 2,996 | 2,997 | 3,004 | 3,033 | 3,118 | 3,118 | 3,115 | 3,114 | 3,201 |

* Agreed headcount ceiling is 3,000 FTE for permanent staff, excluding the Academy. The budget/ forecast include Academy and non-permanent staff and therefore total above 3,000 FTE.

# Appendix 2: Programme Delivery Dashboard - Paperless 2020

**PHC2020 Programmes Dashboard - July 2017**

| Domain | PHC2020 No | | | Overall Delivery Confidence RAG (August, September and October are forecasts) | | | | | | Delivery Against Plan | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Reporting Month: | | May | Jun | Jul | | Aug | Sep | Oct | May | Jun | Jul | |
| A | 1 | P0394 | Citizen Identity | A | A | A | ⇨ | A | A | A | G | G | A | ⇩ |
| A | 2 | P0425 | NHS.UK | A | A | A | ⇨ | A | A/G | A/G | A | A | G | ⇧ |
| A | 3 | P0513 | Health Apps Assessment and Uptake | A | A | A/G | ⇧ | G | G | G | N/A | A | A | ⇨ |
| A | 4 | P0514 | Widening Digital Participation | G | G | G | ⇨ | G | G | G | G | G | G | ⇨ |
| A | 16 | P0537 | Personal Health Record | A/G | A/G | A/G | ⇨ | A/G | A/G | A/G | N/A | N/A | A | - |
| A | 31 | P0512 | Wi-Fi | G | G | G | ⇨ | G | G | G | A | G | G | ⇨ |
| B | 5 | P0436 | Clinical Triage Platform | A | A | A | ⇨ | A | A/G | A/G | A | A | A | ⇨ |
| B | 6 | P6 | Patient Relationship Management | N/A | N/A | N/A | - | N/A | N/A | N/A | N/A | N/A | N/A | - |
| B | 7 | P0516 | Access to Service Information | A | A | A | ⇨ | A | A | A/G | A | A | A | ⇨ |
| B | 8 | P8 | Out of Hospital Care | N/A | N/A | N/A | - | N/A | N/A | N/A | N/A | N/A | N/A | - |
| C | 9 | P0538 | GP Payments Calculations Futures | A | A | A | ⇨ | A | A/G | A/G | A | A | A | ⇨ |
| | | P0422 | SNOMED CT in Primary Care | A | A | A | ⇨ | A/G | A/G | A/G | A | A | A | ⇨ |
| | | P0518 | GP Connect | A/R | A/R | A/R | ⇨ | A | A | A | R | A | A | ⇨ |
| C | 11 | P0520 | Technology for GP Transformation | A/R | A/R | A/R | ⇨ | A/R | A | A | A | A | A | ⇨ |
| C | 12 | P0413 | GP Data Implementation | A/R | A/R | A/R | ⇨ | A | A/G | A/G | R | R | R | ⇨ |
| D | 13 | P13 | Integration Projects | A/G | A/G | A/G | ⇨ | G | G | G | A | A | A | ⇨ |
| D | 14 | P14 | Interoperability & Architecture | A | A | A | ⇨ | A/R | A/R | A/R | A | R | R | ⇨ |
| D | 15 | P0341 | Social Care | A | A/R | A/R | ⇨ | A | A/G | A/G | G | A | A | ⇨ |
| E | 17 | P0523 | Digitising Community Pharmacy & Medicines | A | A | A/G | ⇧ | A/G | A/G | A/G | A | A | A | ⇨ |
| E | 18 | P0524 | Pharmacy Supply Chain & Secondary Uses | A | A/G | A/G | ⇨ | A/G | A/G | A/G | G | G | G | ⇨ |
| E | 19 | P0525 | Integrating Pharmacy Across Care Settings | A | A | A | ⇨ | A | A/G | G | A | A | A | ⇨ |
| F | 20 | P0238 | Digital Referrals & Consultations | A/R | A/R | A/R | ⇨ | A/R | A/R | A/R | A | A | A | ⇨ |
| G | 21 | P21 | Provider Digitisation | A | A/G | A/G | ⇨ | A/G | A/G | A/G | A | A | A | ⇨ |
| G | 22 | P22 | Digital Child Health | A/R | A/R | A/R | ⇨ | A | A | A/G | R | A | A | ⇨ |
| G | 23 | P23 | Digital Diagnostics | A | A | R | ⇩ | R | R | A | N/A | N/A | N/A | - |
| G | 24 | P24 | Building a Digital Ready Workforce | A/G | A/G | A/G | ⇨ | A/G | G | G | G | G | G | ⇨ |
| H | 25 | P0453 | National Data Services Development | A | A | A | ⇨ | A | A | A | A | A | A | ⇨ |
| H | 26 | P26 | Data Content and New Data Collections | A | A | A | ⇨ | A | A | A | A | A | A | ⇨ |
| H | 27 | P27 | Innovative uses of Data | A/G | G | G | ⇨ | G | G | G | G | G | G | ⇨ |
| I | 29 | P0196 | NHSmail 2 | A | A/G | A/G | ⇨ | A/G | A/G | A/G | G | G | G | ⇨ |
| I | 30 | P0190 | Health and Social Care Network | A/R | A/R | A/R | ⇨ | A/R | A/R | A/R | A | A | A | ⇨ |
| J | 32 | P0325 | Data & Cyber Security | A | A | A | ⇨ | A | A/G | A/G | A | A | A | ⇨ |
| J | 33 | P33 | National Data Opt-Out Programme | A/R | A | A | ⇨ | A | A | A | A | A | A | ⇨ |

| Overall Delivery Confidence - PHC2020 (Calculated): | |
|---|---|
| July-2017 | A/G 63.23% |
| October-2017 | A/G 76.13% |

Based on Highlight/Initiation Reports covering activity in July-17

The following PHC2020 programme reports and Overall Delivery Confidences, were not SRO approved at the time of producing this report (17/08/2017 at 16:15): All programmes in Domain D and Programme 20 Digital Referrals and Consultations.

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 or information around the progression of an approval) |

# Appendix 2: Programme Delivery Dashboard - Paperless 2020

## PHC2020 Programmes Dashboard - July 2017

| Domain | P2020 No | Reporting Month: | | Current year financial forecast against budget | | | | Investment justification (BC etc) forecast spend status | | | | Benefits realisation confidence | | | | Resourcing Against Plan | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Apr | May | Jun | | May | Jun | Jul | | May | Jun | Jul | | May | Jun | Jul | |
| A | 1 | P0394 | Citizen Identity | N/A | N/A | R-U | - | G | G | G | ⇨ | N/A | N/A | N/A | - | A | A | A | ⇨ |
| A | 2 | P0425 | NHS.UK | N/A | N/A | A | - | R | G | G | ⇨ | A | N/A | N/A | - | R | R | R | ⇨ |
| A | 3 | | Health Apps Assessment and Uptake | N/A | N/A | G | - | N/A | G | G | ⇨ | N/A | N/A | A | - | N/A | A | A | ⇨ |
| A | 4 | | Widening Digital Participation | G | N/A | N/A | - | N/A | N/A | N/A | - | N/A | N/A | N/A | - | G | G | G | ⇨ |
| A | 16 | | Personal Health Record | N/A | N/A | R-U | - | N/A | N/A | G | - | N/A | N/A | N/A | - | N/A | N/A | R | - |
| A | 31 | | Wi-Fi | G | N/A | G | - | G | G | G | ⇨ | A | A | A | ⇨ | A | A | G | ⇧ |
| B | 5 | | Clinical Triage Platform | G | N/A | N/A | - | N/A | N/A | N/A | - | N/A | N/A | N/A | - | A | A | 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 | A | A | N/A | - | G | G | G | ⇨ | G | G | G | ⇨ | R | 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 Calculations Futures | N/A | N/A | A | - | N/A | N/A | N/A | - | G | G | G | ⇨ | A | A | A | ⇨ |
| | | P0422 | SNOMED CT in Primary Care | G | N/A | N/A | - | G | G | G | ⇨ | G | G | G | ⇨ | G | G | A | ⇩ |
| | | P0518 | GP Connect | N/A | N/A | N/A | - | G | N/A | N/A | - | G | G | G | ⇨ | A | A | A | ⇨ |
| C | 11 | | Technology for GP Transformation | N/A | N/A | N/A | - | R | R | R | ⇨ | G | G | G | ⇨ | R | R | R | ⇨ |
| C | 12 | P0413 | GP Data Implementation | N/A | N/A | N/A | - | A | A | A | ⇨ | N/A | N/A | N/A | - | R | R | R | ⇨ |
| D | 13 | | Integration Projects | G | G | G | ⇨ | G | G | G | ⇨ | N/A | N/A | N/A | - | A | R | A | ⇧ |
| D | 14 | | Interoperability & Architecture | A | A | A | ⇨ | A | A | A | ⇨ | N/A | N/A | N/A | - | A | R | R | ⇨ |
| D | 15 | P0341 | Social Care | A | A | A | ⇨ | G | G | G | ⇨ | N/A | N/A | N/A | - | A | A | A | ⇨ |
| E | 17 | | Digitising Community Pharmacy & Medicines | G | N/A | G | - | G | G | G | ⇨ | G | G | G | ⇨ | A | A | A | ⇨ |
| E | 18 | | Pharmacy Supply Chain & Secondary Uses | G | N/A | N/A | - | G | G | G | ⇨ | G | G | G | ⇨ | A | A | A | ⇨ |
| E | 19 | | Integrating Pharmacy Across Care Settings | G | G | G | ⇨ | G | G | G | ⇨ | A | G | G | ⇨ | A | R | R | ⇨ |
| F | 20 | P0238 | Digital Referrals & Consultations | N/A | N/A | N/A | - | G | G | G | ⇨ | A | A | A | ⇨ | A | A | A | ⇨ |
| G | 21 | | Provider Digitisation | G | G | G | ⇨ | G | G | G | ⇨ | A | A | A | ⇨ | A | A | A | ⇨ |
| G | 22 | | Digital Child Health | N/A | R-O | R-U | ⇨ | A | A | A | ⇨ | N/A | N/A | N/A | - | A | A | 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 | A | N/A | G | - | A | G | G | ⇨ | N/A | N/A | G | - | A | A | G | ⇧ |
| H | 25 | P0453 | National Data Services Development | A | A | G | ⇧ | N/A | N/A | N/A | - | A | A | A | ⇨ | A | A | A | ⇨ |
| H | 26 | | Data Content and New Data Collections | A | A | A | ⇨ | G | G | G | ⇨ | N/A | N/A | N/A | - | R | R | R | ⇨ |
| H | 27 | | Innovative uses of Data | N/A | N/A | N/A | - | G | G | G | ⇨ | N/A | G | G | ⇨ | A | A | A | ⇨ |
| I | 29 | P0196 | NHSmail 2 | R-O | A | N/A | - | G | G | N/A | - | G | G | G | ⇨ | G | G | G | ⇨ |
| I | 30 | P0190 | Health and Social Care Network | A | A | A | ⇨ | G | G | 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 Data Opt-Out Programme | G | G | G | ⇨ | G | G | G | ⇨ | N/A | N/A | N/A | - | A | A | A | ⇨ |

| Overall Delivery Confidence - PHC2020 (Calculated): | |
|---|---|
| July-2017 | A/G 63.23% |
| October-2017 | A/G 76.13% |

Based on Highlight/Initiation Reports covering activity in July-17

The following PHC2020 programme reports and Overall Delivery Confidences, were not SRO approved at the time of producing this report (17/08/2017 at 16:15): All programmes in Domain D and Programme 20 Digital Referrals and Consultations.

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 or information around the progression of an approval) |

# Appendix 3 - Programme Delivery Dashboard - Legacy Portfolio

**Legacy Programmes Dashboard - July 2017**

| Reporting Month | | Overall Delivery Confidence RAG (August, September and October are forecasts) | | | | | | Risk | Delivery Against Plan | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | May | Jun | Jul | Aug | Sep | Oct | RPA | May | Jun | Jul | |
| P0546/01 | South Acute Programme | A | A | A | A | A | A | High | A | A | A | ⇨ |
| P0031 | CSC LSP | A/G | A/G | A/G | A/G | A/G | A/G | High | A | A | A | ⇨ |
| P0004 | Child Protection – Information Sharing | A | A/R | A/R | A/R | A/R | A | Med | G | A | A | ⇨ |
| P0207 | Health & Justice Information Services | A/R | A/R | A/R | A/R | A/R | A/R | Med | A | A | A | ⇨ |
| P0301/00 | FGMP | A | A | A | A | A/G | A/G | N/A | A | A | A | ⇨ |

| Delivery Confidence - Legacy Portfolio (Calculated): | |
|---|---|
| July-2017 | A 56.00% |
| October-2017 | A/G 64.00% |

The following legacy programme reports and Overall Delivery Confidences, **were not** SRO approved at the time of producing this report (17/08/2017 at 16:15): Health & Justice Information Services and FGMP.

Based on Highlight Reports covering activity in July-17

Trend Key

| | |
|---|---|
| ⇧ 3 | RAG improvement from previous month |
| ⇨ 1 | RAG same as previous month |
| ⇩ 0 | 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 or information around the progression of an approval) |

# Appendix 3 - Programme Delivery Dashboard - Legacy Portfolio

**Legacy Programmes Dashboard - July 2017**

| | | Current year financial forecast against budget | | | Investment justification (BC, MoU etc) forecast spend status | | | Benefits realisation confidence | | | Resourcing Against Plan | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Apr | May | Jun | May | Jun | Jul | May | Jun | Jul | May | Jun | Jul |
| P0546/01 | South Acute Programme | G | A | A | G | G | G | A | A | A | A | A | A |
| P0031 | CSC LSP | R-U | R-U | R-U | G | G | G | A | A | A | G | G | G |
| P0004 | Child Protection – Information Sharing | G | G | G | A | A | A | A | A | A | A | A | A |
| P0207 | Health & Justice Information Services | A | A | A | A | A | A | A | A | A | A | A | A |
| P0301/00 | FGMP | A | A | A | G | G | G | N/A | N/A | N/A | G | G | G |

| Delivery Confidence - Legacy Portfolio (Calculated): | |
|---|---|
| July-2017 | A 56.00% |
| October-2017 | A/G 64.00% |

The following legacy programme reports and Overall Delivery Confidences, were not SRO approved at the time of producing this report (17/08/2017 at 16:15): Health & Justice Information Services and FGMP.

Trend Key

| | |
|---|---|
| 3 | RAG improvement from previous month |
| 1 | RAG same as previous month |
| 0 | 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 or information around the progression of an approval) |

| P2020 Programmes | | |
|---|---|---|
| **Portfolio Code** | **Item Name** | **Summary Description** |
| P0516/00 | Access To Service Information | A2SI 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 CTP Programme will deliver - an intelligent triage platform that triages patients to the right place first time- new patient triage functionality offered online. |
| 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 | Digitising Community Pharmacy and Medicines programme will digitise all prescribing within GP and enhance the digital transaction by adding exemption data. As we increase digital prescribing, that data will then be integrated with patient applications to allow greater self-management of medication ordering, delivery and compliance. |
| P0518/00 | GP Connect | GP Connect aims to support better clinical care by opening up information and data held within GP Practice IT systems. This will be achieved by standardising integration and simplifying the operating model. |
| 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 | This work is required to ensure there is continuity of a service to support payments to general practice in England when the contract for the Calculating Quality and Reporting Service (CQRS) ends in July 2018. It will look at reducing burden for practices by exploring the possibility of expanding the services supported by a national calculation system and look to support any recommendations from a wider end-to-end payment review (dependency) to ensure maximum benefits for practices. |
| P0190/00 | Health and Social Care Network (HSCN) | The Health and Social Care Network (HSCN) programme is providing the successor data networking arrangements for the Health and Social care sector and will establish a reliable, safe and efficient way for organisations to exchange information. The programme will deliver replacement network infrastructure and migrate customers from legacy arrangement to the HSCN delivering significant cost savings. |
| P0513/00 | Health Apps Assessment and Uptake | The Healthcare Apps Assessment and Uptake (inc. Wearables) Programme is to improve the health and well-being of citizens and patients by the increased use of healthcare mobile applications, making them an essential part of health and care provision and public health behaviour change. |
| 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 | Interoperability between disparate health and social care IT systems is a fundamental principle of an integrated health and social system. The programme has been established to build a number of national capabilities (digital interoperability platform) to facilitate information flow across the system. |

| | | |
|---|---|---|
| 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' interactions with the health and care system. |
| P0527/00 | National Opt-Out Model | The National Data Opt-out Programme concerns the implementation of a solution to enable patients and service users to opt out of their personal confidential data being used for purposes beyond direct care in accordance with the scope of the new model proposed within the National Data Guardian (NDG) Review of Data Security, Consent and Opt, and to ensure these opt-outs are available for use across all health and care organisations. |
| P0196/00 | NHSmail 2 | The NHSmail programme delivers collaborative solutions including Secure Instant Messaging and Presence, a national directory service, allowing any user (of any approved email system) to look up contact details for any other user with a record in the directory and thus communicate with them, an insecure nhs.uk relay, allowing interoperability between NHS.uk (not NHSmail) email services and also providing Anti-Virus Anti-Spam protection from the internet.<br>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 | Personal Health Records (PHRs) will enable citizens to have access to a significant number of services, allowing them to access and contribute to their health information, and to interact and transact with those that care for them. |
| 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 | This project will ensure all GP Practices are using the same clinical terminology (SNOMED CT) by working with suppliers to migrate their systems from existing terminologies. This will allow better interoperability between systems. |
| 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. |
| 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:<br>-How can the NHS support the multi-agency objective of protecting and caring for those currently affected by, or at imminent risk of, FGM;<br>- 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. |

# Board Meeting – Public Session

| **Title of paper:** | **Corporate Business Plan Q1 Monitoring Report** |
|---|---|
| Board meeting date: | 06 September 2017 |
| Agenda item no: | NHSD 17 03 03 b |
| Paper presented by: | Carl Vincent, Chief Financial Officer |
| Paper prepared by: | David O'Brien, Head of Business and Operational Delivery |
| Paper approved by: (Sponsor Director) | Carl Vincent, Chief Financial Officer |
| Purpose of the paper: | To report on the delivery status of corporate business plan commitments |
| Additional Documents and or Supporting Information: | No additional documents |
| Please specify the key risks and issues: | There are two main areas of risk:<br>1. Delivery of the PHC2020 portfolio<br>2. Financial risk<br>These are outlined in the report and managed as part of NHS Digital's strategic risk framework. |
| Patient/public interest: | There is patient / public interest in ensuring that NHS Digital delivers its planned commitments to time, cost and quality. |
| Supplementary papers: | No supplementary papers |
| **Actions required by the Board:** | **The Board notes the positon regarding delivery of NHS Digital corporate business plan commitments for 2017/18** |

NHS Digital

# Corporate Business Plan Q1 Monitoring Report

## 2017/18 Corporate Business Plan Delivery Status Report

06 September 2017



Information and technology
for better health and care

# Contents

# Executive Summary

This paper presents an update on the delivery status of the NHS Digital corporate business plan for 2017/18. The paper highlights those deliverables at most risk of non-delivery, and includes a brief summary of the budget position.

In addition, the paper includes information about the implementation of the Child Protection Information Sharing programme, as requested by the Board.

The paper is for information, and to provide assurance that risks and issues are being actively managed.

# Background

NHS Digital's 2017/18 business plan reflects the fact that the organisation's role has increased significantly as we have been tasked with delivering commitments set out in the National Information Board's strategy, *Personalised Health and Care 2020* (PHC2020). This represents a major shift in the scale and complexity of the requirements that fall on this organisation. The commitments in the 2017/18 corporate business plan see NHS Digital accelerate the delivery of this ambitious portfolio of digital technology and data solutions.

The corporate business plan contains 67 commitments to be delivered in 2017/18. Many of these commitments directly relate to the delivery of PHC2020 programmes. Others represent supporting developments in areas such as data management, analytics, infrastructure and security. Finally, some commitments take forward improvement activity to strengthen how the organisation operates internally and engages externally.

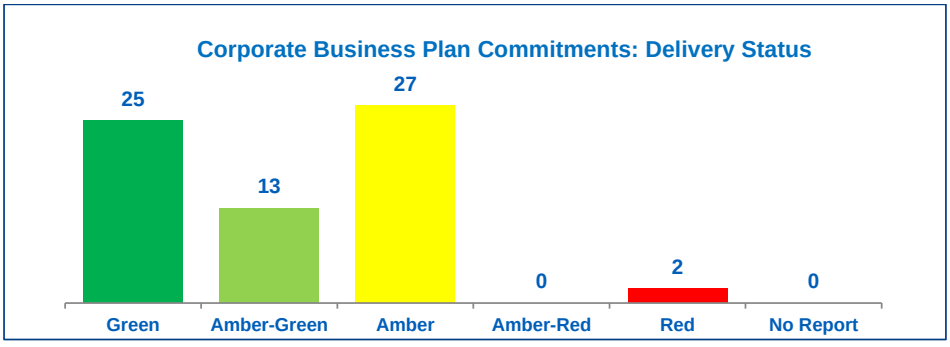
The reported information is triangulated with other sources of intelligence such as risk reports, performance data, and delivery information found in programme highlights reports.

# Recommendation

The Board is asked to note the information provided.

## Overall Position: Delivery Status of Commitments

The chart below summarises the reported delivery progress at the close of quarter one. Of 67 commitments, 38 (57%) are either 'Green' or 'Amber-Green' and a further 27 (40%) are 'Amber'. Only two commitments are considered to be at significant risk of not being delivered during 2017/18 as planned, these are outlined in the next section.



A breakdown of RAG rating by each business plan commitment is presented at **Appendix B**.

Note that the RAG ratings used here are based on the standard definitions for delivery confidence as applied to projects and programmes across the organisation. These align with the ratings system used by the Infrastructure and Projects Authority to report the outcomes of the Gateway Review external assurance process for major programmes.

Note that the RAG ratings in the context of this report refer to the status of work originally planned to be completed within the lifetime of 2017/18 corporate business plan. This might be different from the overall delivery confidence of a multi-year programme.

## Commitments Rated 'Red'

Two commitments have a delivery status of Red, indicating that successful delivery as originally planned is unlikely to be achieved in 2017/18. These relate to:

- **C4: PHC2020 Programme 12 General Practice Data Implementation**. This programme is developing a new solution (replacing the existing solution, GPES) to collect data from GP practices in order to provide patient-level datasets to inform commissioning, policymaking and research.

  The Red rating concerns a specific milestone to secure full business case approval. The overall delivery confidence for programme as a whole has been Amber-Red for some months but is now forecast to improve. The Outline Business Case agreed in February 2017 highlighted the risk that the new service may not be delivered by July 2018 when the GPES contracts expire. By way of mitigation a revised delivery approach has been agreed. This will deliver an initial interim solution, including in-house development, which will maintain service continuity as well as deliver capabilities to be incorporated into the broader replacement to GPES.

- **H10: Service model to support the government's Troubled Families policy initiative**. This work is developing datasets and analysis to support the Troubled Families programme, sponsored by the Department of Communities and Local Government. The Red rating reflects insufficient progress with this work, resulting mainly from lack of resources.

Further information about the position with these commitments is found at **Appendix A**.

## Budget Position

The central estimate of the full year forecast at M4 is an annual overspend of around £2.5m, with the £13m over-commitment of the budget and subsequent additional cost pressures (HSCN £10m, Cyber £5m) offset by an estimated staff cost underspend of c£16m and non-staff underspend of c£14m.

There is still a significant amount of uncertainty on timescales and expenditure for some of the programme areas, particularly where they are relatively early in the planning and delivery lifecycle. We will track the budget position closely over the next few months, and if we continue to forecast an overspend we will seek to manage pressure across the portfolio with the DH and NHSE PHC2020 budgets to avoid the need to restrict planned expenditure.

More detailed financial information is presented in the Board Performance Pack.

## Child Protection Information Sharing Implementation

The corporate business plan includes delivery targets for the newly formed Implementation and Business Change function. These targets include raising the uptake of the Child Protection Information Sharing (CPIS) system. **Appendix C** presents a dashboard of information setting out the most recent position regarding the uptake of CPIS. The most recent data (July) shows that:

- uptake amongst local authorities was 43% against a March 2018 target of 65%.
- uptake amongst unscheduled healthcare settings was 17% against a March 2018 target of 45%.

The current forecasts indicate that the March 2018 uptake targets for local authorities and for unscheduled healthcare settings will be achieved.

# Implications

## Strategy Implications

The corporate business plan directly supports implementation of NHS Digital's strategy for 2015-2020, *Information and Technology for Better Care*. It also represents NHS Digital's contribution to other strategies across the health and care system, notably:

- National Information Board, *Personalised Health and Care 2020*
- NHS England, *Five Year Forward View*
- Department of Health Shared Delivery Plan, *Our Health 2020*

## Financial Implications

The central estimate of the full year forecast at M4 is that annual overspend will be around £2.5m.

## Stakeholder Implications

Key stakeholder implications are:

- The National Information Board, whose strategy, *Personalised Health and Care 2020*, will be delivered through the commitments set out in the NHS Digital business plan.
- The Digital Delivery Board, which has approved the NHS Digital business plan and which has a particular interest in delivery of the PHC2020 commitments.
- The Department of Health, which has approved the NHS Digital corporate business plan on behalf of the Secretary of State.

## Handling

The public have an interest in our progress in delivering our business plan commitments, so we have worked with our communications teams to ensure they are able to respond appropriately to any follow up questions.

# Risks and Issues

## 1. Delivery of Personalised Health and Care 2020

Delivery of the *Personalised Health and Care 2020* commitments presents NHS Digital with a number of significant risks including resourcing, management of interdependencies, and the sheer scale and complexity involved in delivering multiple major programmes. These are captured as corporate risks in the organisation's strategic risk management framework.

## 2. Financial Risks

Financial pressures across the *Personalised Health and Care 2020* portfolio present risks to NHS Digital. We will track the budget position closely over the next few months, and if we continue to forecast an overspend we will seek to manage pressure across the portfolio budgets (along with DH and NHS E) to avoid the need to restrict planned expenditure on other business plan priorities.

# Corporate Governance and Compliance

Delivery of our business plan commitments will be monitored by NHS Digital's internal governance bodies, including the Executive Management Team and the Operations Board. The NHS Digital Board will receive quarterly performance reports on business plan delivery. These reports will be presented in the public session of statutory Board meetings.

NHS Digital will report on its delivery of *Personalised Health and Care 2020* commitments to the Digital Delivery Board and to the Department of Health via quarterly accountability meetings.

# Management Responsibility

The responsible Executive Director for corporate business planning and budget-setting is Carl Vincent, Chief Financial Officer.

# Actions Required of the Board

The Board notes the positon regarding delivery of NHS Digital corporate business plan commitments for 2017/18

# Appendices

# Appendix A: Commitments Rated 'Red'

| Commitment | | NHS Digital Lead | Q1 Status | Comments |
|---|---|---|---|---|
| C4 | PHC 2020 Programme 12: **General Practice Data Implementation**<br><br>Secure business case approvals | Nic Fox | Red | The specific milestone relating to business case approval is rated as Red in the most recent SRO-approved programme highlight report. Progress with mitigation actions across the wider programme activities means the overall delivery confidence for Programme 12 is forecast to improve to Amber (having been Amber-Red for several months).<br><br>The GP Data for Secondary Uses Programme Outline Business Case, which was approved in February 2017, set out the functionality and capacity required for the GPES replacement service. The Outline Business Case highlighted the risk that the new service may not be delivered by July 2018 when the GPES contracts expire.<br><br>By way of mitigation a revised delivery approach has been agreed. This will deliver an initial interim solution, including in-house development, which will maintain service continuity as well as deliver capabilities to be incorporated into the broader replacement to GPES. A detailed delivery plan for the interim solution was agreed in the summer 2017. The replacement to GPES will have the flexibility to respond to requirements in the future. Further work is underway which will conclude by the end of Spring 2018, to confirm the detailed approach and timescales for the broader replacement for GPES. |
| H10 | Provide a service model to support the government's Troubled Families policy initiative | Tom Denwood | Red | This work has insufficient staffing resource to make the required progress. The staffing shortfall includes managerial capacity and data analysts (one analyst currently allocated to meet a requirement of four).<br><br>In addition, there has been limited availability of information governance specialists (across DH and NHS Digital) to progress the development of a formal Direction for this work.<br><br>The first output (for the Department of Communities and Local Government) was due to be published in April 2016 but has not been delivered. This has been re-baselined for delivery during 2017/18. This is at risk due to the resourcing factors outlined above. |

# Appendix B: All Commitments – Summary RAG Rating

| Ref | | Commitment | NHS Digital Lead | Q1 Status |
|---|---|---|---|---|
| **PHC2020 Domain A: Patient Engagement: Self-Care and Prevention** | | | | |
| **A1** | Programme 1: **Citizen Identity** | Agree a standard for Citizen Identity and deploy into Alpha for selected services | James Hawkins | **Amber** |
| **A2** | Programme 2: **NHS.uk** | Launch the NHS.uk platform for public use | James Hawkins | **Amber** |
| **A3** | Programme 3: **Health Applications Assessment and Uptake** | Expand the Digital Tools Library to offer more patient healthcare and well-being Apps. | James Hawkins | **Green** |
| **A4** | Programme 4: **Widening Digital Participation** | Support digitally excluded citizens to engage with digital health and care services | James Hawkins | **Green** |
| **A5** | Programme 16: **Personal Health Record** | Ensure that patients are able to use NHS.UK to access existing online GP services and to download their GP record. | James Hawkins | **Amber Green** |
| **A6** | Programme 31: **Wi-Fi** | Support the delivery of Wi- Fi functionality to all GP surgeries and commence delivery of Wi-Fi in secondary care settings. | James Hawkins | **Green** |

| Ref | | Commitment | NHS Digital Lead | Q1 Status |
|---|---|---|---|---|
| **PHC2020 Domain B: Urgent and Emergency Care** | | | | |
| **B1** | Programme 5: **Clinical Triage Platform** | Launch the NHS 111 digital online service to steer users to the most appropriate care setting. | James Hawkins | **Amber** |
| **B2** | Programme 7: **Access to Service Information** | Ensure that all Integrated Urgent Care providers are able to utilise the Directory of Service (DoS) as a standalone service, including access via Application Programme Interfaces (APIs). | James Hawkins | **Amber Green** |

| Ref | | Commitment | NHS Digital Lead | Q1 Status |
|---|---|---|---|---|
| **PHC2020 Domain C: Digital Transformation in General Practice** | | | | |
| **C1** | Programme 9: **General Practice Operational Systems and Services** | Transition GP systems to the SNOMED clinical terminology system | Nic Fox | **Amber** |
| **C2** | Programme 10 **Adopting Existing Technologies in General Practice** | Deliver an operational and maturing regionally structured Implementation and Business Change function | Eve Roodhouse | **Green** |
| **C3** | Programme 11: **Technology for General Practice Transformation** | Publish a digital catalogue to support the procurement of a replacement for the GPSoC Framework | Nic Fox | **Amber** |
| **C4** | Programme 12: **General Practice Data Implementation** | Secure business case approvals | Nic Fox | **Red** |

| Ref | | Commitment | NHS Digital Lead | Q1 Status |
|---|---|---|---|---|
| **PHC2020 Domain D: Integrated Care and Social Care** | | | | |
| **D1** | Programme 13: **Integration Projects** | Develop standards and functionality to support delivery of inpatient-based episode discharge summaries. | Tom Denwood | **Amber Green** |
| **D2** | Programme 14: **Interoperability and Architecture** | Continue the development and the delivery of information sharing capabilities and standards at national, local and patient level giving better access to patient records with appropriate controls. | Tom Denwood | **Amber** |
| **D3** | Programme 15: **Social Care** | Implement standards for local health and care organisations to support secure exchange of information, starting with admission, discharge and withdrawal notices | Tom Denwood | **Amber** |
| **Other Developments** | | | | |
| **D4** | Standards Implementation and Maintenance | Provide new releases of, and implementation support for, a series of standards including: Pathology, Clinical Classifications, SNOMED CT, and the NHS Dictionary of Medicines and Devices (dm+d). | Martin Severs | **Green** |

| Ref | | Commitment | NHS Digital Lead | Q1 Status |
|---|---|---|---|---|
| **PHC2020 Domain E: Digital Medicines** | | | | |
| **E1** | Programme 17: **Digitising Community Pharmacy and Medicines** | Provide the capability of electronic prescribing in urgent care. | Eve Roodhouse | **Amber Green** |
| **E2** | Programme 18: **Pharmacy Supply Chain and Secondary Uses** | Support Dictionary of Medicines and Devices system upgrades in hospital pharmacy systems. | Eve Roodhouse | **Amber** |
| **E3** | Programme 19: **Integrating Pharmacy Across Care Settings** | Deliver functionality that allows (a) clinicians to record activity regarding their patients' care and (b) improved information to be provided to patients about their prescriptions. | Eve Roodhouse | **Green** |

| Ref | | Commitment | NHS Digital Lead | Q1 Status |
|---|---|---|---|---|
| **PHC2020 Domain F: Elective Care** | | | | |
| **F1** | Programme 20: **Digital Referrals and Consultations** | Deliver an easy-to-use service that allows patients to book their first outpatient appointment. | Eve Roodhouse | **Amber** |

| Ref | Commitment | | NHS Digital Lead | Q1 Status |
|---|---|---|---|---|
| **PHC2020: Domain G Paper Free at the Point of Care** | | | | |
| G1 | Programme 21: **Provider Digitisation** | Work with partner organisations to establish the provider digitisation programme, ensuring that funding and support mechanisms align with local Sustainability and Transformation Plans. | Nic Fox | **Amber** |
| G2 | Programme 22: **Digital Child Health** | Work with the Professional Records Standards Body to define sets of information that can be captured about planned care activities for children performed by care professionals in a variety of settings. | Nic Fox | **Amber** |
| G3 | Programme 24: **Building A Digital Ready Workforce** | Deliver the Building A Digital Ready Workforce programme, including establishment of the NHS Digital Academy, the Faculty of Clinical Informatics and the Federation of Informatics Professionals. | Nic Fox | **Amber Green** |
| **Other Developments** | | | | |
| G5 | Digitising NHS acute providers: support all organisations required to exit the Local Service Provider contract in 2017-18 to do so. | | Nic Fox | **Amber** |
| G6 | With partner organisations including NHS England and the Ministry of Justice, launch the new Health and Justice Information Service for prisons, immigration removal centres, youth institutes and secure children's homes. | | Nic Fox | **Amber Red** |

| Ref | Commitment | | NHS Digital Lead | Q1 Status |
|---|---|---|---|---|
| **PHC2020 Domain H: Data Availability for Outcomes, Research and Oversight** | | | | |
| **H1** | Programme 25: **National Data Services Development** | Establish a national de-identification/re-identification service to enable patient care to be supported across geographical boundaries in line with the National Data Guardian for Health and Care's recommendations. | Tom Denwood | **Amber** |
| **H2** | Programme 26: **Data Content and New Data Collections** | Produce an approach and associated implementation plan that will deliver the strategic transformation of data collection across health and social care. | Tom Denwood | **Green** |
| **H3** | Programme 27: **Innovative Uses of Data** | Establish the Innovation and Virtual Data Science Centre partnering with key health and care bodies. | Tom Denwood | **Green** |
| **H4** | Programme 27: **Innovative Uses of Data** | Develop the use of linked data to support sustainability and transformation partnerships and vanguards and the developing national strategy for life sciences. | Tom Denwood | **Green** |
| **Other Data and Analytics Developments** | | | | |
| **H5** | Expand and enhance the Data Access Request Service | | Tom Denwood | **Green** |
| **H6** | Develop and deliver a secure remote data access environment | | Tom Denwood | **Amber Green** |
| **H7** | Enhance prescribing and medicines data | | Tom Denwood | **Green** |
| **H8** | Implement the Data Management Service | | Tom Denwood | **Amber Green** |
| **H9** | Improve our data quality function and implement a framework of data quality levers and sanctions | | Tom Denwood | **Green** |
| **H10** | Provide a service model to support the government's Troubled Families policy initiative | | Tom Denwood | **Red** |
| **H11** | Assure health and care indicators for NHS Digital and other organisations across the health and care system. | | Tom Denwood | **Amber** |
| **H12** | Deliver a national library and repository of quality assured indicators | | Tom Denwood | **Amber** |
| **H13** | Progress the transformation of the NHS Digital Information and Analytics functions | | Tom Denwood | **Amber** |
| **H14** | Deliver new SUS+ capabilities to receive, process and disseminate near real time data to customers. | | Sean Walsh | **Amber Green** |

| Ref | Commitment | | NHS Digital Lead | Q1 Status |
|---|---|---|---|---|
| **PHC2020 Domain I Infrastructure** | | | | |
| I 1 | Programme 29: **NHSmail2** | Complete NHSmail delivery to support junior doctors and complete rollout across community pharmacies, social care, optometrists, dentists, and other health and care settings | James Hawkins | **Amber Green** |
| I 2 | Programme 30: **Health and Social Care Network** | Continue the phased delivery of the Health and Social Care Network and commence migration from existing networking arrangements | James Hawkins | **Amber** |
| **Other Infrastructure Developments** | | | | |
| I 3 | Implement a new communications tool for the delivery of Service Notifications across the NHS. | | Sean Walsh | **Amber** |
| I 4 | Deliver customer facing communication tools to enable real time IT security advice and information | | Sean Walsh | **Green** |
| I 5 | Establish a service to manage and migrate Unify data collections, reducing burden on organisations submitting data to national bodies | | Sean Walsh | **Amber** |
| I 6 | Introduce and embed a new process for the transition of programmes to live service | | Sean Walsh | **Green** |
| I 7 | Embed the new Business Continuity Management System (BCMS) | | Sean Walsh | **Green** |
| I 8 | Deliver Spine Demographics Reporting Service (SDRS), with data feeds delivered to support cervical screening, GP payments, breast screening, and the abdominal aortic aneurysm service | | Sean Walsh | **Amber** |
| I 9 | Create a collaborative assurance and service acceptance framework that provides clear direction to suppliers on the requirements when connecting to NHS Digital systems and services. | | Sean Walsh | **Amber Green** |
| I 10 | Deliver an Enterprise Architecture function to support NHS Digital's technical governance process. | | Tom Denwood | **Amber** |

| Ref | Commitment | | NHS Digital Lead | Q1 Status |
|---|---|---|---|---|
| **PHC2020 Domain J Public Trust and Security** | | | | |
| **J1** | Programme 32: **Data and Cyber Security** | Deliver the IG Toolkit replacement 'CareCERT Assurance' | Sean Walsh | **Amber** |
| **J2** | Programme 32: **Data and Cyber Security** | Support the implementation of the recommendations from the National Data Guardian Review. | Sean Walsh | **Amber** |
| **J3** | Programme 33: **National Data Opt-Out** | Work with partners, the public and professionals to develop, test and introduce the ability for the public to set a national opt-out digitally and non-digitally. | Nic Fox | **Amber** |
| **Other Developments** | | | | |
| **J4** | Improve our assurance and appraisal process that is informed by and contributes to system wide standards, burden, and training and technology governance | | Martin Severs | **Green** |
| **J5** | Deliver comprehensive advice on reducing the burden of data collections. | | Martin Severs | **Green** |
| **J6** | Expand and enhance the Data Security Centre's capability to protect citizen data and build public trust. | | Sean Walsh | **Amber** |
| **J7** | Develop and publish information governance standards and provide supporting advice and guidance. | | Martin Severs | **Green** |
| **J8** | Enable 40,000 health and care organisations to self-assess their performance against information governance standards | | Martin Severs | **Green** |
| **J9** | Design, develop and implement the ICO Anonymisation Code of Practice in the health and social care system | | Martin Severs | **Green** |
| **J10** | Implement the Clinical Governance improvement Plan | | Martin Severs | **Green** |
| **J11** | Implement the Patient Safety Improvement Plan | | Martin Severs | **Green** |

| Ref | Commitment | NHS Digital Lead | Q1 Status |
|---|---|---|---|
| **Transforming How NHS Digital Engages and Works** | | | |
| T1 | Strategy and Account Management: design and implement a new client engagement model which moves beyond a function-by-function view to an organisation-based focus on coordinated activities and aligned behaviours | Eve Roodhouse | Green |
| T2 | Strategy and Account Management: put in place internal infrastructure to support the client engagement activities and deliver corporate insight and intelligence to inform future delivery | Eve Roodhouse | Green |
| T3 | Provide a high-performing and efficient Workforce Service to enable delivery of NHS Digital corporate delivery priorities | Roberta Barker | Green |
| T4 | Deliver a suite of initiatives to support the transformation of the Workforce to meet the future needs of NHS Digital and its customers | Roberta Barker | Green |
| T5 | Operate and assure the organisation's funding mechanisms and the new system-wide financial governance arrangements | Carl Vincent | Amber |
| T6 | Deliver a Commercial change programme: new frameworks, toolsets, systems and processes especially in the areas of strategic sourcing, category management, supplier relationship management, and contract management. | Carl Vincent | Amber Green |
| T7 | Establish and embed consistent planning, reporting, governance and assurance arrangements for all programmes, including development and support for system-wide governance and approvals arrangements | Carl Vincent | Amber Green |
| T8 | Deliver the key elements of the NHS Digital website programme, including a new publications system, clinical indicators library and new platform for the website that enables channel integration with the contact centre. | Carl Vincent | Green |

# Appendix C: Child Protection - Information Sharing

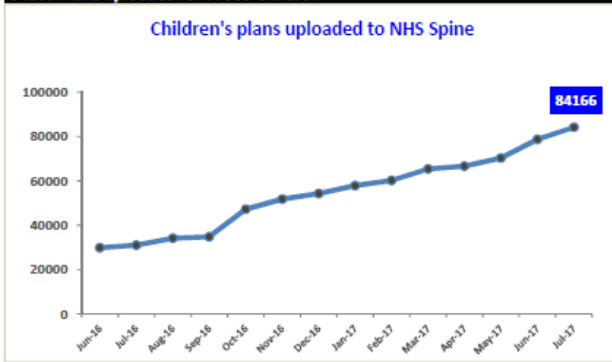
## CHILD PROTECTION - INFORMATION SHARING (CP-IS) Project Dashboard

### Summary

Updated: 31/07/2017

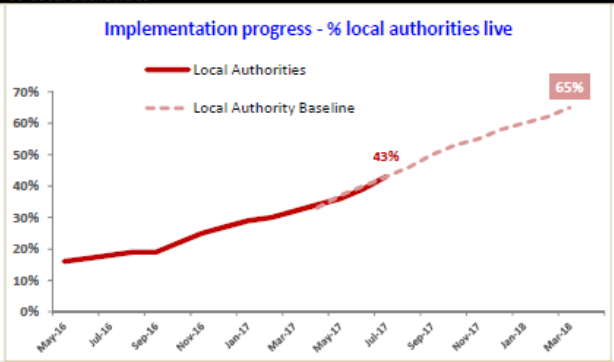
**Deployment: Plans Uploaded**

**84166 Plans uploaded for 77539 Children**



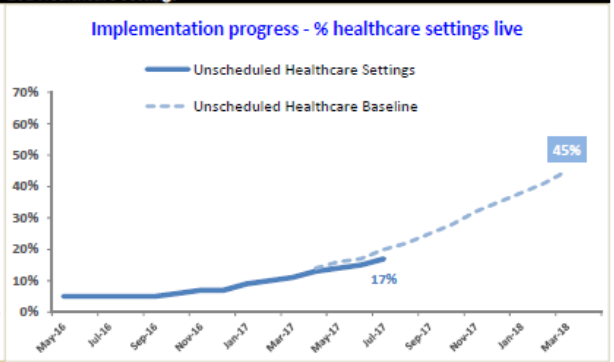

**Deployment: Local Authorities Live**

**65 Local authorities**




**Deployment: Healthcare Settings Live**

**202 Healthcare settings**

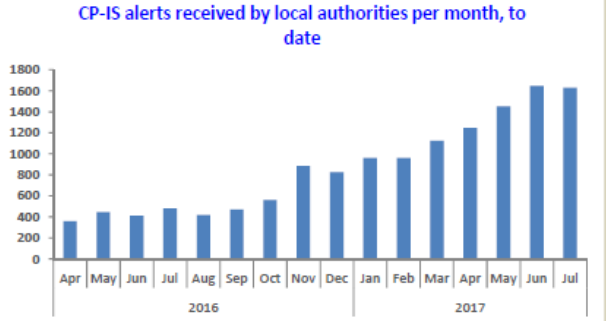



**Usage: Alerts received by Social Workers**

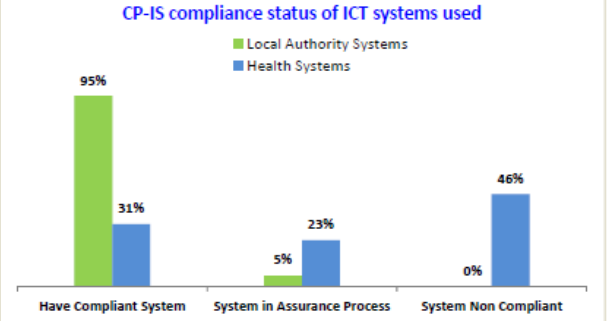
**There are 77539 children on the CP-IS system:**

**- 9398 (12.1%) children have presented 16100 times to unscheduled healthcare settings since April 2015**

**- This has alerted 59 local authorities**




**Software Suppliers: Systems Readiness**



# Board Meeting – Public Session

| | |
|---|---|
| **Title of paper:** | **Transforming Statistical Services: what will be different 1 year from now?** |
| Board meeting date: | 06 September 2017 |
| Agenda item no: | NHSD 17 03 04 a |
| Paper presented by: | Tom Denwood, Director of Data and Integration, Chris Roebuck, Director of Publications and Head of Profession for Statistics and Daniel Ray, Director of Data Science |
| Paper prepared by: | Chris Roebuck, Director of Publications and Head of Profession for Statistics and Daniel Ray, Director of Data Science |
| Paper approved by: (Sponsor Director) | Tom Denwood, Director of Data and Integration |
| Purpose of the paper: | • Build a common high level understanding of our current Statistical Services and external regulation.<br>• Highlight future scope and external drivers for change.<br>• Outline our modernisation plan, implications and some specific questions for Board feedback. |
| Additional Documents and or Supporting Information: | Documents saved in Shared Documents:<br>• Code of Practice for Official Statistics<br>• Pre-Release Order for Official Statistics<br>Main points from them are covered in presentation |
| Please specify the key risks and issues: | The modernisation plan does not introduce any new specific risks and issues.<br>Slide 10 of the presentation highlights general risks and mitigation around statistical activity. |
| Patient/public interest: | Direct – our publications are used by the public for accountability purposes, either through direct or indirect access. As we move to more accessible formats public interest should rise. |
| Supplementary papers: | Saved in Shared Documents:<br>• SP1_CodeofPracticeforOfficialStatistics<br>• SP2_Pre-ReleaseOrderforOfficialStatistics |
| **Actions required by the Board:** | To understand at a high level our current Statistical Services and the external governance and regulatory environment.<br>To provide feedback on our modernisation plan.<br>To provide a steer on some specific strategic questions highlighted on slide 33 of the presentation. |

# Fit for 2020:
# Transforming Statistical Services

## What will be different a year from now?



Information and technology
for better health and care

Chris Roebuck, Head of Profession for Statistics
Daniel Ray, Director of Data
(Sponsored by Sudhesh Kumar, Tom Denwood)

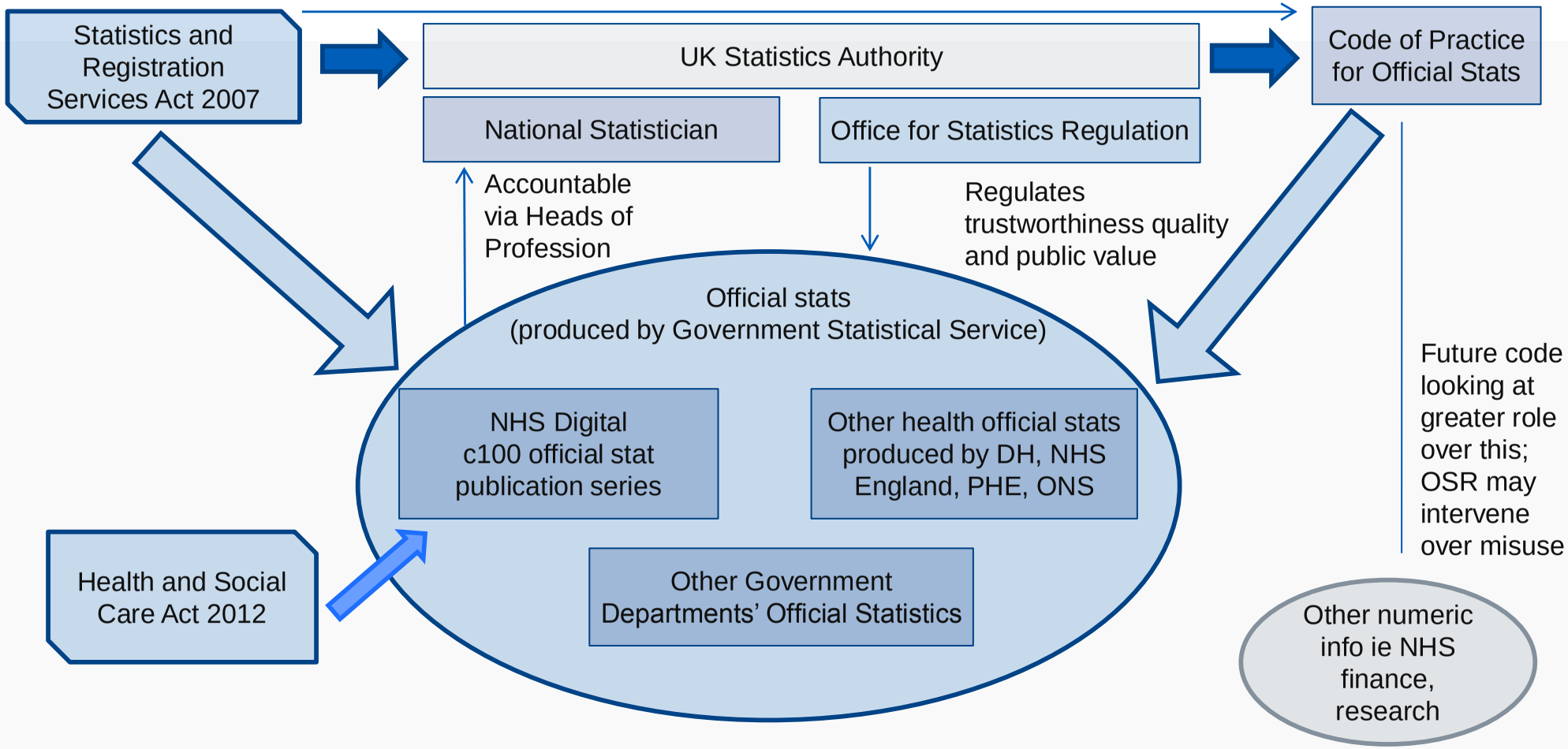
# Main themes for Board discussion today

- Statistical Services as the 4th leg of NHS Digital's business
- Future scope
  - New demand
  - Value creation
  - The McNeil review
  - Life sciences
- Three pillars of our modernisation plan over the next year
- Implications for resources, leadership and technology

# 1) The context in which we operate

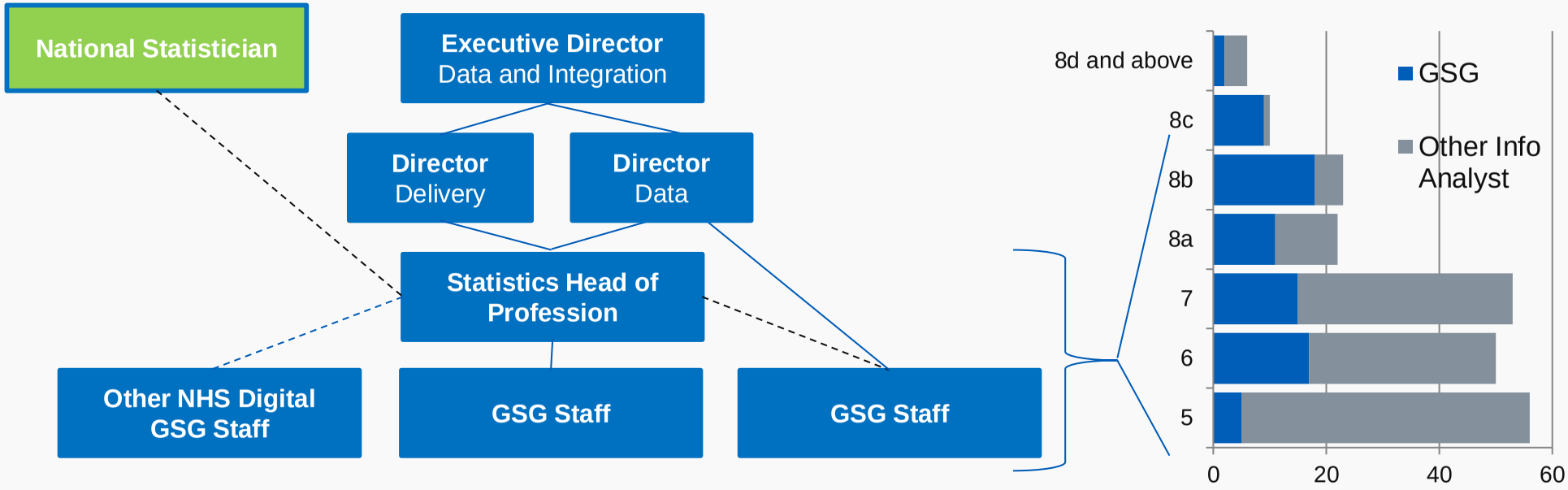
- Governance and regulatory environment is highly controlled
- Complex ecosystem; legacy of multiple providers; some streamlining underway
- Fast moving landscape: In the last 12 months, we delivered 5 major improvements

# Governance: Legislative, accountability and regulatory framework



# Organisation: 220 Information Analysts; of which 80 qualified government statisticians (GSG)

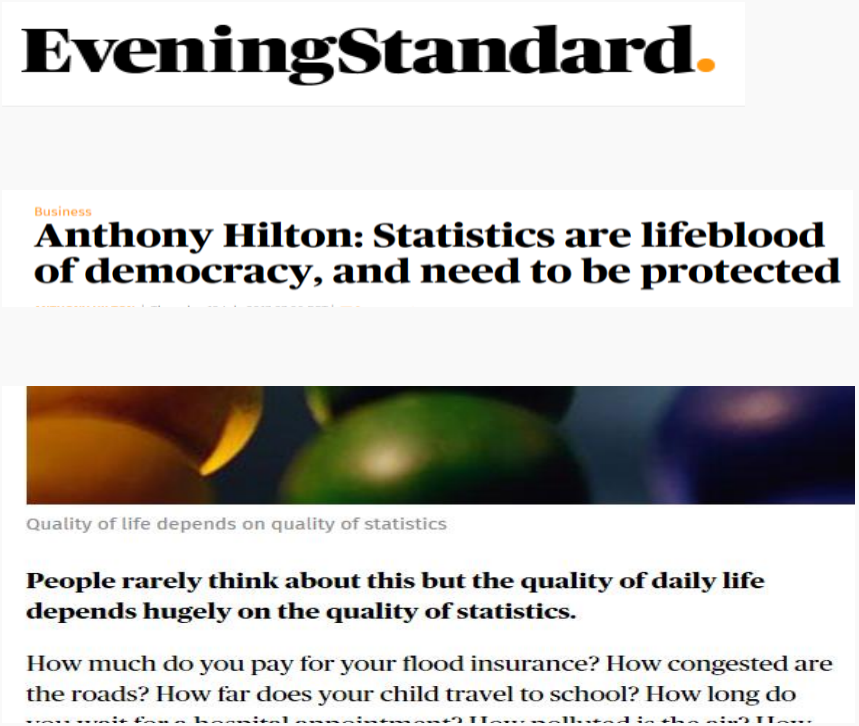
- GSG staff across business but professionally accountable to Stats Head of Profession
- Stats Head of Profession accountable to National Statistician
- Qualified GSG varies by grade



# Outputs: we publish almost 100 Statistical Series every year; the origin of our work stems from the H&SC Act

In addition to acting as data safe haven and fulfilling publication obligations under Act our stats:

- Inform national policy
- Inform local decision making
- Enable wider public debate
- Enable public accountability



# Ecosystem: NHS Digital is not the only producer of English Health and Care Statistics but we are the largest by volume

| | NHS Digital | PHE | NHS England | ONS | DH | CQC |
|---|---|---|---|---|---|---|
| Cancer, including outcomes | ✓ | ✓ | ✓ | ✓ | | |
| Child & Maternal Health | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Drugs, alcohol and tobacco | ✓ | ✓ | | ✓ | | |
| End of life care | | ✓ | | ✓ | | |
| Health inequalities | ✓ | ✓ | | ✓ | | |
| Long term conditions | ✓ | ✓ | | | | |
| Mental health | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Obesity, diet & physical activity | ✓ | ✓ | | | | |
| Social care, adults & older people | ✓ | ✓ | ✓ | ✓ | | |
| Health services | ✓ | | ✓ | ✓ | | ✓ |

# Example of raw data release: NHS Digital's release of GP practice level prescribing data

- Monthly release into public domain of large file of prescribing data (not as official statistics)
- Used by customers to produce innovative products eg Ben Goldacre's Oxford research centre use of prescribing data

| B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|
| PCT | PRACTICE | BNF CODE | BNF NAME | ITEMS | NIC | ACT COST | QUANTITY |
| RTV | Y04937 | 0401010Z0A | Zopiclone_ | 4 | 2.19 | 2.38 | 59 |
| RTV | Y04937 | 0401020K0A | Diazepam_ | 1 | 0.71 | 0.67 | 28 |
| RTV | Y04937 | 0402010ABA | Quetiapine | 2 | 0.96 | 1.12 | 56 |
| RTV | Y04937 | 0402010ABA | Quetiapine | 2 | 2.1 | 2.16 | 56 |
| RTV | Y04937 | 0402010ADA | Aripiprazol | 1 | 0.39 | 0.47 | 7 |
| RTV | Y04937 | 0402010ADA | Aripiprazol | 1 | 1.42 | 1.33 | 28 |
| RTV | Y04937 | 0402010ADA | Aripiprazol | 1 | 0.37 | 0.45 | 7 |
| RTV | Y04937 | 0402010S0A | Promazine | 3 | 39.06 | 36.2 | 450 |
| RTV | Y04937 | 040201030A | Risperidon | 1 | 1.25 | 1.27 | 56 |
| RTV | Y04937 | 040201060A | Olanzapine | 5 | 1.98 | 2.4 | 56 |
| RTV | Y04937 | 0402030K0A | Lithium Ca | 1 | 0.39 | 0.47 | 14 |
| RTV | Y04937 | 0402030K0B | Priadel_Ta | 2 | 1.94 | 2.02 | 70 |
| RTV | Y04937 | 0403030D0A | Citalopram | 1 | 0.2 | 0.3 | 7 |
| RTV | Y04937 | 0403030D0A | Citalopram | 3 | 2.28 | 2.45 | 84 |
| RTV | Y04937 | 0403030Q0A | Sertraline | 3 | 3.68 | 3.55 | 98 |
| RTV | Y04937 | 0403030Q0A | Sertraline | 1 | 2.44 | 2.27 | 56 |
| RTV | Y04937 | 0403040W0A | Venlafaxine | 1 | 10.45 | 9.79 | 28 |
| RTV | Y04937 | 0403040X0A | Mirtazapine | 2 | 2.45 | 2.39 | 49 |
| RTV | Y04937 | 0403040X0A | Mirtazapine | 2 | 3.75 | 3.7 | 35 |

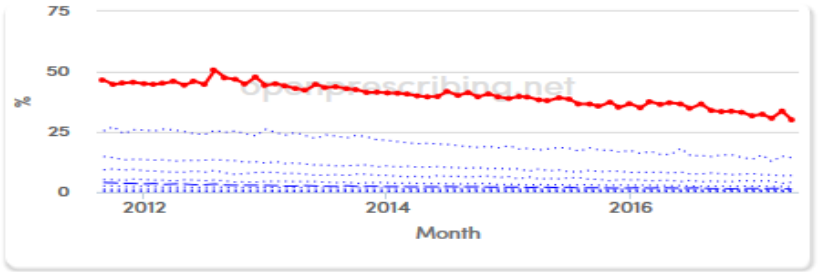
Intermediary

**Why it matters:** The BNF states: To avoid error with low-dose methotrexate, it is recommended that: the patient is carefully advised of the dose and frequency and the reason for taking methotrexate and any other prescribed medicine(e.g.folic acid);only one strength of methotrexate tablet (usually 2.5 mg) is prescribed and dispensed;

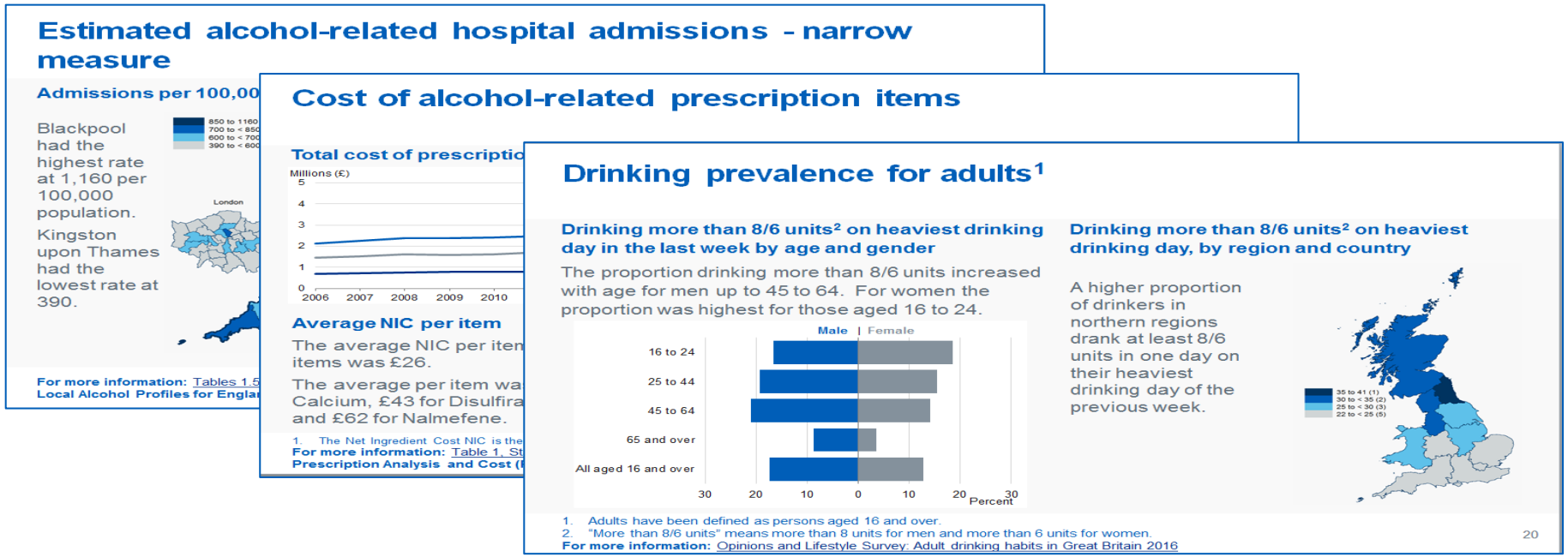
**Description:** Prescribing of methotrexate 10mg tablets as a percentage of prescribing of all methotrexate tablets

**Performance:** This CCG was at the 99th percentile on average across the past 6 months.

**Explore:** see show all practices in this CCG contribute to this CCG's performance; or compare performance with other CCGs.



# Example of publication commentary and media reporting NHS Digital – PHE – ONS co-ordinated alcohol publication




Aspects of statistics reported upon largely accurately by range of media organisations.

The Sun Daily Express, The Times, Evening Standard, The Guardian, Daily Telegraph, The Independent, News and Star, Metro, Daily Mirror, Daily Mail, and BBC website

# Key risks around statistical work – many have an opposite risk so balanced mitigation needed

| Risk | Opposite risk | Mitigation (how to achieve balance) |
|---|---|---|
| Risk of identification of individuals in published output through triangulation of small number counts etc. | Published output not granular enough to be of use to local decision makers. | Robust publication process, NHS anonymisation standard, risk assessments for all publications and disclosure control panel. |
| Risk of errors in output. | | Publication process in place that all teams are obliged to follow. Published incident and correction policies mean that any issues are handled appropriately. |
| Other breaches of Code of Practice around public value, quality and independence. | Independence conflated with isolationism - do not make our numbers and expertise available to influence key-decision makers. | Induction for staff on Code, publication process, risk assessment, guidance around management information. Build strong relationships with key customers |

# We've come a long way in the last year: continuous improvements delivered 5 important changes to our offering

- **Groundbreaking new experimental series** – six new series including largest ever analysis on population with learning disabilities giving new insights around potential inequalities in service provision
- **New linked data sets** – for example, Mental Health and Maternity to analyse factors affecting perinatal Mental Health
- **Speed and timeliness** – reduced availability time of monthly HES by 44 days; screening data published at practice level and quarterly to improve decision relevance
- **Refine methodologies and improve sources** – for example, improved workforce statistics with new methodology for collecting and counting numbers
- **New interim web platform for publications** – easier to find and access. First data hub introduced (for GPs, CCGs and other interested parties)

# But we have further to go…
# Areas customers have identified room for improvement

- Governance/process perceived to limit our ability always to respond rapidly
- Need to focus on wider stats services than just set piece publications
- Some information is not available quickly enough or in enough detail to be of maximum value
- Relevance: with so many analysts across organisations we are not always seen as the ‘go to’ place for health and care stats
- Need to be customer-centric

**Our new cycle of reinvention will address these**

## 2) Drivers for change

- The 5 Year Forward View
- Demand side pressure
- ‘Staying relevant’ in an evolving world

# Drivers for change – a busy year ahead and a new agenda

- Need to maximise “Value Created’’ = public service impact
- Big Data: more data types, increased volume, more linkages
- New Code of Practice for Official Statistics
- New Office of National Statistics pre-release rules
- Digital Economy Act and opportunities for cross-government data linkage
- Drive to synchronise release dates across health statistics
- Life sciences strategy / new data sets / regional data sets
- New Health and Care Priorities from Prime Minister and “Next Steps; 5 Year Forward View Delivery Plan’’

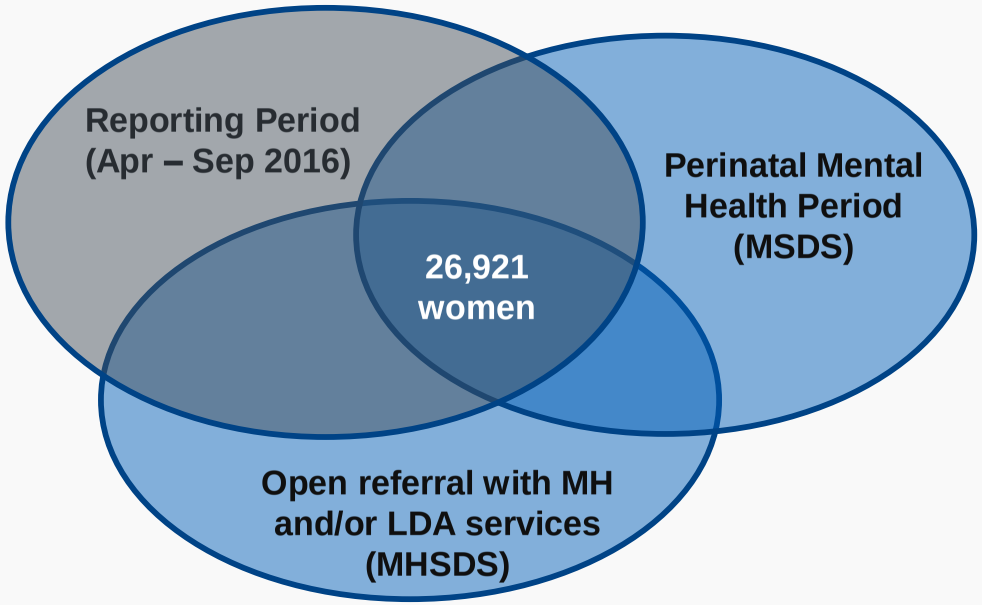
# Spotlight: the McNeil Review and main implications

- Potential transfer of some data collections from PHE to NHS Digital
- New data linkage and statistical service opportunities to provide fresh insight for benefit of health and care system through partnership working
- Diligence on transfer of each dataset should include how organisations can best work in partnership to provide statistics and publication services

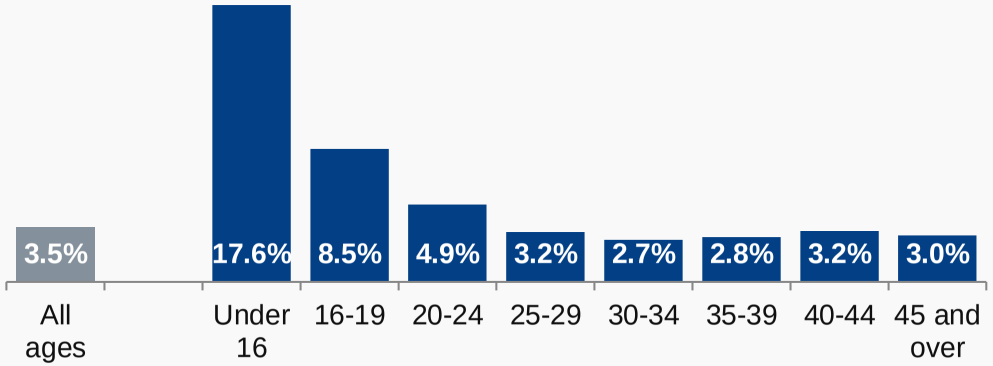
# Spotlight: Life Sciences Industrial Strategy

- New regional datasets may become available for statistical analysis
- Potential for collaboration with one or more of the regions
- National feasibility and outcomes analysis service for life science
- Long term outcomes tracking to support life science
- Speeding up dissemination of data further
- Unlocking existing data with appropriate governance and capturing new data for life science

# Spotlight: example of a new linked data set – Mental Health and Maternity




% women in contact with MH and/or LD services over perinatal period by age



# Spotlight: New Official Statistics Code of Practice – now in consultation – potential implications for NHS Digital

- Requirement for stats HoP role over all relevant numeric info not just official stats
- Preserve processes on independence of stats; extend **some** to numeric info not official stats eg clinical audits
- Requirements around collaboration with experts and innovation link to strategy
- Appears less prescriptive on consulting on all changes; more nimble on moving resource from low to high impact activities

# 3) Future vision, size and shape

- **Our emerging vision statement**
- **Three pillars of our modernisation plan**
- **Base camps**
  - **Base camp 1: April 2018**
  - **Base camp 2: September 2018**

# Our future vision

- Users have the health and care information they trust at the time they need it to improve health and care services.
- Major trends in health and care clear for all to understand, enabling public debate and accountability.
- Beneath this, users have the detail they need in formats they need for the topics and localities they care about.

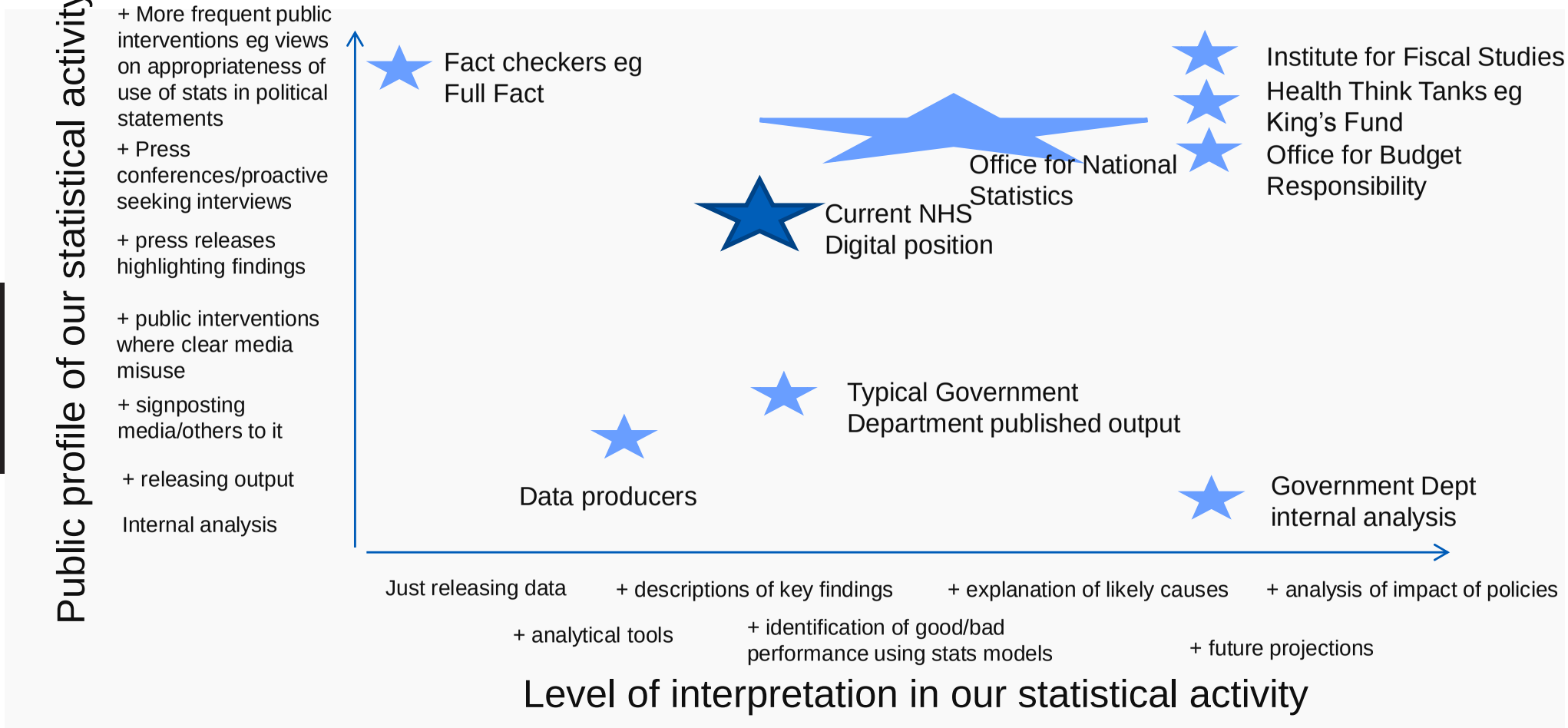
# We will fulfil this by…

- **Understanding our customers**, responding rapidly to their analytical needs and expertly supporting them through a complex world, dynamically moving our resources to emerging priority areas;

- **Maximising technology and automation**, so we can focus on being highly skilled in analysing the numbers, innovative around their presentation and relentlessly curious around what is driving them;

- **Seeking out external expertise and partnerships.** We won't seek a monopoly on all health statistics. We will deliver those within our remit exceptionally well and be an exceptional partner to assist on those outside.

# Author's judgement of how NHS Digital's current position compares with other key organisations to inform future positioning discussion



# Three pillars of our modernisation plan for next 12 months

1) User customisation; more tailored presentations
   - fewer, but more joined up publications, triangulation across topics
   - more interactive and more varied formats eg video presentations, social media
   - data driven subscription, APIs to aggregate data
   - natural query language

2) Shift resources to high value creating activities
   - rebalance cost vs timeliness vs coverage
   - more dynamic resource movement from lower to higher impact publication activities
   - routine activities automated; more focus on analysts and analytics to provide maximum impact
   - greater statistical modelling to provide insight on likely causes to aid decision making

3) Better user engagement and collaboration
   - greater collaboration with other national bodies and research
   - more time supporting users when publication released
   - Publication Advisory Board to get ongoing user input

# i) User Customisation: Tailored presentation with impact

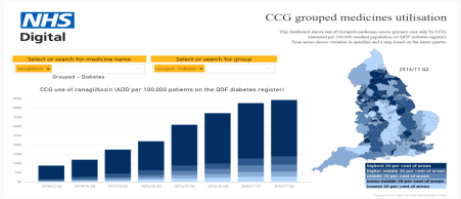
New website provides single search function on all our information

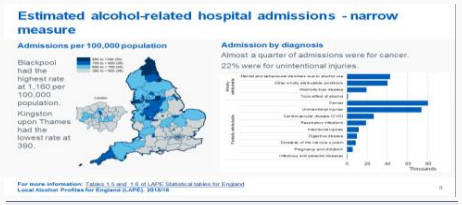
Interactive analysis so users can have outputs tailored to their needs

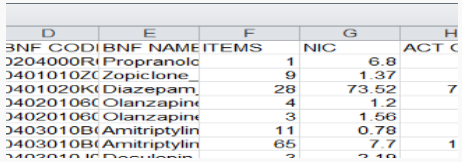
Collaborative reports giving joined up view on each topic

Fast anonymous datasets, including data driven subscription

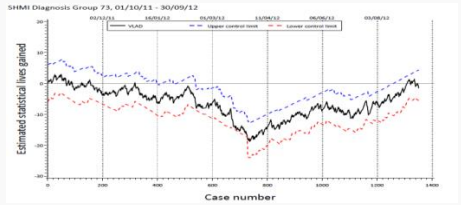
More tailored statistical analysis



| D | E | F | G | H |
|---|---|---|---|---|
| BNF CODI | BNF NAME | ITEMS | NIC | ACT C |
| 0204000R | Propranolc | 1 | 6.8 | |
| 0401010Z | Zopiclone_ | 9 | 1.37 | |
| 0401020K | Diazepam_ | 28 | 73.52 | 7 |
| 0402010C | Olanzapine | 4 | 1.2 | |
| 0402010C | Olanzapine | 3 | 1.56 | |
| 0403010B | Amitriptylin | 11 | 0.78 | |
| 0403010B | Amitriptylin | 65 | 7.7 | 1 |



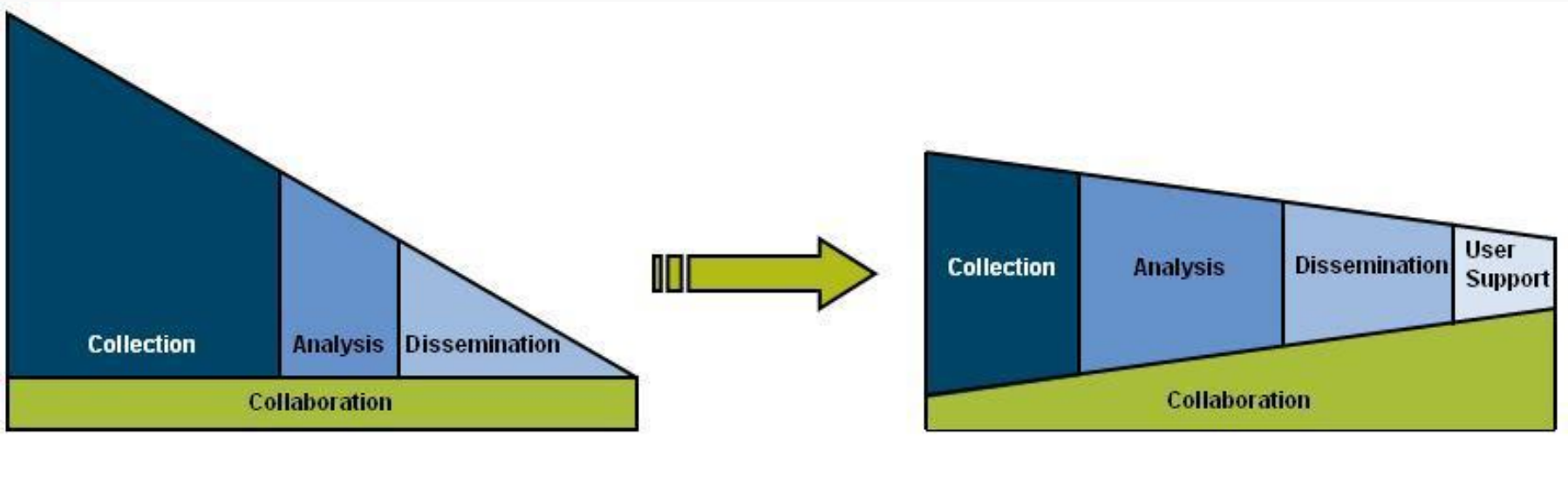

News media

Third party programmer

+ data driven subscription
+ natural query language
+ APIs to aggregate data

## ii) Shift resources to higher value activities

- Automation of repeatable activities to enable modernisation
- Collaborate and provide ongoing statistical support/promotion for users once publications released




Government Statistical Service-wide approach we should employ

## iii) Better user engagement and serving a wider customer base

- NHS Trusts, CCGs STPs, LAs; management and clinicians through more interactive and tailored output
- Intelligent lay audience via additional context, joined up insight and more impactful publications
- More collaboration with academic sector and life science regional clusters
- Patients, service users and the public

# Base Camp 1 - by April  2018, we will have:

- Delivered a new publication component of website enhancing accessibility and interactivity
- Improved interactivity through rolled out PowerBI for at least one publication series in each topic area
- 10 collaborative publications with other national bodies
- Replicated primary care data hub in two other areas
- Piloted Natural Query Language and new communications approaches including videos

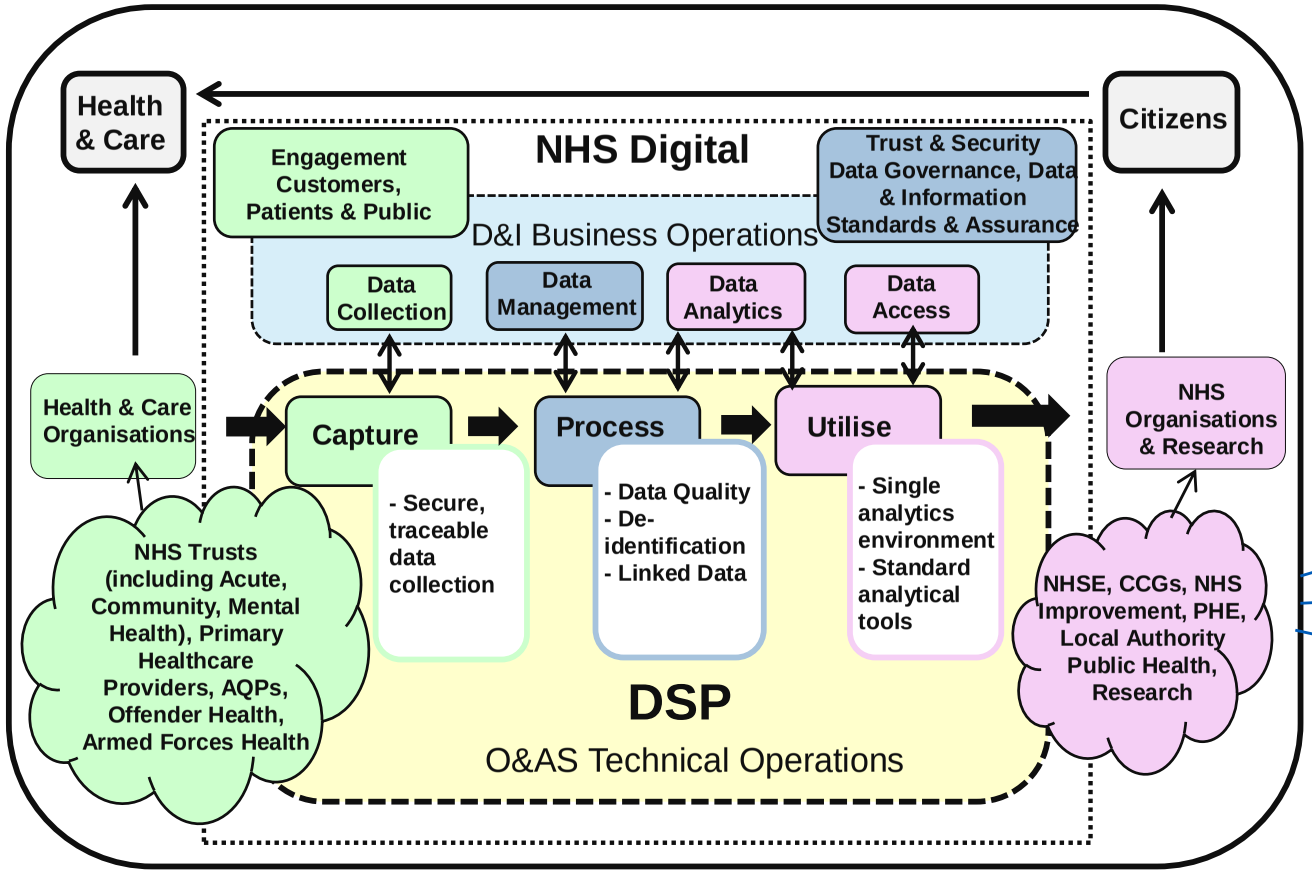
# Base Camp 2 - by September 2018, we will have:

- Rolled out pilots that have been successful across multiple business areas
- Web, technology and business developments making publications “interactive by default”, centred around hubs for key themes, enabling users to draw in all relevant material

# 4) Implications for resourcing, technology and leadership

- Dependencies on PHC2020 technology enablers eg DSP
- Workforce transformation
- Leadership and Culture to lead our Modernisation plan

# DSP an enabler for a user-centric and collaborative statistical service




Automation of data tasks free up analytical capacity for analysis

Analytics products enable bespoke user views as part of stats service

Single version of truth enables collaboration between different bodies in producing statistics

# Workforce: use more specialist skills; better collaboration and use of external SMEs

- **Skill Profile:** greater focus on collaboration and consultancy as key skills
- **Skill Mix:** more data management and data science skills
- **Skill Substitution**: to enable automation and more sophisticated data use
- **Skill Sourcing:** higher proportion of Information Analysis profession part of Government Statistician Group; second and collaborate with front line SMEs
- **Skill Structure:** move to Target Operating Model across D&I;
- **Skill Retention:** retain most talented staff

Implement through NHS Digital's Workforce strategy, bringing in and promoting talent

# Talent and culture to lead our modernisation plan

## 1) Leadership Implications:

- Increase professionally qualified Government Statisticians (GSG) at top tiers of leadership of relevant services
- Ensure seat at table at highest levels in health care management for using stats to influence direction

## 2) Talent and Skills Implications:

- Need for more qualified GSG staff particularly at senior level and need for more data managers
- Bring in more secondees from front line
- Need for more consultancy/collaboration skills

## 3) Culture and behavioural development:

- More solution focused, innovative, collaborative and better at supporting customers through complex environment
- More nuanced risk appetite
- We also need the system to become better consumers of analysis

## 4) Culture and behaviours we need to build on:

- Reputation for trustworthiness and impartiality
- Strong reputation with media … and good media interest in reports
- Strength of process for minimising errors and effective handling of any that do occur
- Governance around release of statistics,

# Four questions for the Board today …

- Is our modernisation plan right? **Ambition, pace, direction?**
- Do we understand the workforce/skill/leadership implications and are we supportive?
- Do we have the Mandate from the Board to build a narrative for customers, ALBs and staff around our “Fit for 2020” strategy?
- **How far** should we go in promoting public profile of our statistics? **What level of** interpretation should we place on statistics?

# Annex

# Further background on legislation and governance

# Annex - Legislation applying to NHS Digital

## 2007 Statistics and Registration Services Act

- 2008 (1 April) UK Statistics Authority created
- removed Ministerial control of ONS
- tightened control of pre-release access

## Health and Social Care Act 2012

- Section 60: NHS Digital must publish information it collects

# Annex - Accountabilities around Official Statistics

- National Statistician appoints statistics Heads of Profession (HoP) in each major statistics producing organisation
- HoP for Statistics has final say on organisation's statistics even with others more senior in organisation
  - directly accountable to National Statistician on this; including following Code of Practice
- Office for Statistics Regulation promote and safeguard quality and use of official statistics, including compliance with the code through assessments, public interventions and other initiatives

# Annex - Code of Practice for Official Statistics

- Published in 2009
- 8 principles and 3 protocols
- Centred on Quality, Value and Trustworthiness
- Particular rules restricting pre-release access and independence of statistics
- Amended version currently under consultation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Information and technology
for better health and care

UK Statistics Authority

# Code of Practice for Official Statistics

January 2009

Edition **1.0**

ISBN 978-1-85774-902-1

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www.statisticsauthority.gov.uk

**Building Trust in Statistics**

# Code of Practice for Official Statistics

Edition 1.0

**January 2009**

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**About the UK Statistics Authority**
The UK Statistics Authority is an independent body operating at arm's length from government as a non-ministerial department, directly accountable to Parliament. It was established on 1 April 2008 by the *Statistics and Registration Service Act 2007*.

The Authority's overall objective is to promote and safeguard the production and publication of official statistics that serve the public good. The Authority is accordingly required to promote and safeguard the quality and comprehensiveness of official statistics, and good practice in relation to official statistics.

The Statistics Authority has three main functions:

- oversight of the Office for National Statistics (ONS) – the executive office of the Authority
- monitoring and reporting on all official statistics, wherever produced, and
- independent assessment of official statistics.

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# Contents

# Foreword

## Sir Michael Scholar, Chair of the UK Statistics Authority

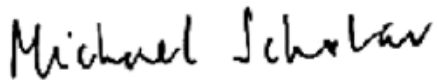
The *Statistics and Registration Service Act 2007* created the UK Statistics Authority and empowered it to determine, and assess compliance with, a Code of Practice for official statistics. In a highly decentralised statistical service, the Code will serve to establish common standards and, by so doing, help to ensure a coherent and trustworthy service to the user of statistics.

Publication of this first edition of the Code establishes a cornerstone of the new statutory framework. Compliance with it allows official figures and statistical publications to carry the National Statistics label. We want to see that label recognised as a stamp of assurance that the statistics have been produced and explained to high standards and that they serve the public good.

The Code builds on, and supersedes, the former National Statistics Code of Practice. It also draws on international guidelines and on an extensive round of public consultations. In 2007 the Statistics Commission consulted on *Proposals for a Code of Practice for Official Statistics*. In 2008, the Statistics Authority further developed the Commission's proposals and issued another consultation document, *Official Statistics serving the public good*. The report of that consultation is being published alongside the Code[1].

The Code applies to all UK bodies that are responsible for official statistics. Compliance with the Code is a statutory requirement on bodies that produce statistics that have already been designated as National Statistics.

I commend this Code of Practice both to the producers and to the users of official statistics. It is a concise yet comprehensive statement of good practice for all the many bodies to which it applies. It is not however fixed forever, and the Authority will update it as required. With that in mind, comments on this first edition are most welcome.



January 2009

[1] Code of Practice for Official Statistics: Report on the Consultation and Principles and Procedures for Assessment, UK Statistics Authority, January 2009

# Code of Practice for Official Statistics

## Preamble

i. Official statistics are fundamental to good government, to the delivery of public services and to decision-making in all sectors of society. They provide Parliament and the public with a window on society and the economy, and on the work and performance of government.

ii. Observance of a common Code of Practice, by all the public bodies that produce official statistics, is central to maintaining a unified statistical service that meets the needs of government and society and is both trustworthy and trusted.

iii. The *Statistics and Registration Service Act 2007* requires the UK Statistics Authority (the 'Statistics Board' in the Act) to prepare and publish a Code of Practice and to assess compliance against it. Official statistics assessed as compliant are to be designated as National Statistics. Bodies that produce National Statistics are required to ensure that the Code continues to be observed. For other official statistics, compliance with the Code is not a formal requirement.

iv. 'Official statistics' are defined in Section 6 of the *Statistics and Registration Service Act 2007*.

v. This Code is consistent with the United Nations *Fundamental Principles of Official Statistics*[2] and the *European Statistics Code of Practice*[3] (with which all producers of European Statistics are expected to comply).

vi. It is also consistent with the Civil Service core values of integrity, honesty, objectivity and impartiality[4]. In relation to statistical work, these are interpreted as follows.

- Integrity – putting the public interest above organisational, political or personal interests.
- Honesty – being truthful and open about the statistics and their interpretation.
- Objectivity – using scientific methods to collect statistics and basing statistical advice on rigorous analysis of the evidence.
- Impartiality – acting solely according to the merits of the statistical evidence, serving equally well all aspects of the public interest.

The National Statistician will publish a related code of conduct for officials working within the Government Statistical Service.

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[2] United Nations Statistics Division *Fundamental Principles of Official Statistics* (2006)
[3] Eurostat *European Statistics Code of Practice: For national and community statistical authorities* (2005)
[4] Cabinet Office Civil Service Code (2006)
http://www.cabinetoffice.gov.uk/propriety_and_ethics/civil_service/civil_service_code.aspx

vii. The Code contains eight principles and, in relation to each, a statement of associated practices. It also contains three more detailed protocols – on user engagement; on the release of statistics; and on the use of administrative data for statistical purposes. The Code has been framed to support the assessment of compliance by the UK Statistics Authority.

viii. Taken together, the principles and protocols of the Code are intended to ensure: that the range of official statistics meets the needs of users; that the statistics are produced, managed and disseminated to high standards; and that the statistics are well explained.

ix. As required under Section 11(1) of the Act, the Code does not cover requirements in relation to 'pre-release' access to statistics in their final form. Pre-Release Access Orders provide the rules and principles relating to the granting of such access. The Code will apply as if it included these Orders.

x. The Code is specific but, in many cases, its requirements will need interpretation and professional judgement. The National Statistician and the Head of Assessment[5] will provide supplementary guidance to assist bodies that produce official statistics.

xi. Some practices set out in the Code are relevant to more than one principle. In the interests of conciseness, the practices are not normally repeated under different principles.

xii. Under some circumstances it may be appropriate for the UK Statistics Authority to agree exemptions or exceptions to the practices, though not to the principles. Where a body that produces National Statistics is aware of a need for an exemption, it should make a case to the Head of Assessment. Details of all exemptions and exceptions will be made public.

xiii. It is implicit in the Code that there will be sufficient managerial separation between staff responsible for official statistics and other staff of the organisation, to ensure clear lines of accountability for observance of the Code.

xiv. The Code uses the following terminology.

- *production, management and dissemination of official statistics* – refers to the entire statistical process from the identification of needs, to the decision to collect or compile data, through to providing advice to the user.
- *statistical report* – means any statistical output, including any associated commentary and metadata.
- *relevant statistical Head of Profession* – includes the Chief Statisticians of the Devolved Administrations. ('Heads of Profession' are the senior statistical advisers in government departments).

[5] The National Statistician and Head of Assessment are statutory office holders with responsibilities set out in Sections 30 to 32, and Section 33 of the *Statistics and Registration Service Act 2007* respectively.

## Principle 1: Meeting user needs

**The production, management and dissemination of official statistics should meet the requirements of informed decision-making by government, public services, business, researchers and the public.**

*Practices*

1. Engage effectively with users of statistics to promote trust and maximise public value, in accordance with Protocol 1.
2. Investigate and document the needs of users of official statistics, the use made of existing statistics and the types of decision they inform.
3. Adopt systematic statistical planning arrangements, including transparent priority setting, that reflect the obligation to serve the public good.
4. Publish statistical reports according to a published timetable that takes account of user needs.
5. Publish information about users' experiences of statistical services, data quality, and the format and timing of reports.

## Principle 2: Impartiality and objectivity

**Official statistics, and information about statistical processes, should be managed impartially and objectively.**

*Practices*

1. Publish statistical reports in an orderly manner, in accordance with Protocol 2.
2. Present statistics impartially and objectively.
3. Make official statistics equally available to all, subject to statutory provisions for pre-release access.
4. Announce changes to methods or classifications well in advance of the release of the changed statistics.
5. Publish details of any exemption from the practices of the Code, as agreed by the UK Statistics Authority.
6. Publish a Revisions Policy for those outputs that are subject to scheduled revisions. Provide a statement explaining the nature and extent of revisions at the same time that they are released.
7. Correct errors discovered in statistical reports, and alert stakeholders, promptly.
8. Release all regular statistical reports on the internet without charge to the user.
9. For any supplementary statistical services for which a charge is made, adopt clear pricing policies that comply with legislation and relevant policy.

## Principle 3: Integrity

**At all stages in the production, management and dissemination of official statistics, the public interest should prevail over organisational, political or personal interests.**

*Practices*

1. Issue statistical reports separately from any other statement or comment about the figures and ensure that no statement or comment – based on prior knowledge – is issued to the press or published ahead of the publication of the statistics.
2. Ensure that those producing statistical reports are protected from any political pressures that might influence the production or presentation of the statistics.
3. Ensure that the relevant statistical Head of Profession has the sole responsibility for deciding on statistical methods, standards and procedures, and on the content and timing of statistical releases.
4. Follow all statutory obligations and internationally endorsed guidelines governing the collection of data, confidentiality, and release.
5. Inform the National Statistician about complaints that relate to professional integrity, quality or standards, whether or not they can be resolved directly.
6. Implement controls to ensure that individuals do not abuse the trust placed in them for personal gain.
7. Promote a culture within which statistical experts in government can comment publicly on statistical issues, including the misuse of official statistics.

## Principle 4: Sound methods and assured quality

**Statistical methods should be consistent with scientific principles and internationally recognised best practices, and be fully documented. Quality should be monitored and assured taking account of internationally agreed practices.**

*Practices*

1. Ensure that official statistics are produced according to scientific principles. Publish details of the methods adopted, including explanations of why particular choices were made.
2. Ensure that official statistics are produced to a level of quality that meets users' needs, and that users are informed about the quality of statistical outputs, including estimates of the main sources of bias and other errors, and other aspects of the European Statistical System definition of quality[6].
3. Adopt quality assurance procedures, including the consideration of each statistical product against users' requirements, and of their coherence with other statistical products.
4. Publish quality guidelines, and ensure that staff are suitably trained in quality management.
5. Seek to achieve continuous improvement in statistical processes by, for example, undertaking regular reviews or releasing statistical work in progress such as *experimental statistics*[7].
6. Promote comparability within the UK and internationally by, for example, adopting common standards, concepts, sampling frames, questions, definitions, statistical units and classifications (including common geographic referencing and coding standards). Make the reasons for any deviations from standard models publicly available.
7. Where time series are revised, or changes are made to methods or coverage, produce consistent historical data where possible.

[6] The six dimensions of the ESS Quality Framework are: relevance, accuracy, timeliness and punctuality, accessibility and clarity, comparability, and coherence.

[7] Experimental statistics are new official statistics undergoing evaluation. They are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage.

## Principle 5: Confidentiality

**Private information about individual persons (including bodies corporate) compiled in the production of official statistics is confidential, and should be used for statistical purposes only.**

*Practices*

1. Ensure that official statistics do not reveal the identity of an individual or organisation, or any private information relating to them, taking into account other relevant sources of information.
2. Keep confidential information secure. Only permit its use by trained staff who have signed a declaration covering their obligations under this Code.
3. Inform respondents to statistical surveys and censuses how confidentiality will be protected.
4. Ensure that arrangements for confidentiality protection are sufficient to protect the privacy of individual information, but not so restrictive as to limit unduly the practical utility of official statistics. Publish details of such arrangements.
5. Seek prior authorisation from the National Statistician or Chief Statistician in a Devolved Administration for any exceptions, required by law or thought to be in the public interest, to the principle of confidentiality protection. Publish details of such authorisations.
6. In every case where confidential statistical records are exchanged for statistical purposes with a third party, prepare written confidentiality protection agreements covering the requirements under this Code. Keep an operational record to detail the manner and purpose of the processing.

## Principle 6: Proportionate burden

**The cost burden on data suppliers should not be excessive and should be assessed relative to the benefits arising from the use of the statistics.**

*Practices*

1. Report annually the estimated costs (for example, on businesses, service providers, or the public) of responding to statistical surveys and strive to develop methods that will reduce the costs to individual organisations or people.
2. Seek participation in statistical surveys through informed consent, rather than using statutory powers, wherever possible.
3. Promote statistical purposes actively in the design of administrative systems in order to enhance the statistical potential of administrative records.
4. Analyse the costs of proposed new data requirements (to data suppliers) against the potential benefits.
5. Evaluate existing data sources and estimation techniques before undertaking new surveys.

## Principle 7: Resources

**The resources made available for statistical activities should be sufficient to meet the requirements of this Code and should be used efficiently and effectively.**

*Practices*

1. Ensure that statistical services have the staff, financial and computing resources to produce, manage and disseminate official statistics to the standards of this Code.
2. Consult users before changing the allocation of resources to statistical activities. Include specific resources for user consultation in budgets.
3. Ensure that records are maintained showing the relationship between the statistical planning process, the work programme, the allocation of resources, and the outcomes.
4. Monitor expenditure against work programmes and demonstrate effective stewardship of resources allocated to statistical work.
5. Seek to balance quality (for example, accuracy and timeliness) against costs (including both costs to government and data suppliers), taking into account the expected uses of the statistics.
6. Ensure that appropriately skilled people are employed in the statistical production process. Use an appropriate competence framework to set the requirements of statistical posts and the development needs of staff, and support staff in developing their statistical, management and subject area knowledge.
7. Where administrative sources are used for statistical purposes, follow the practices set out in Protocol 3.

## Principle 8: Frankness and accessibility

**Official statistics, accompanied by full and frank commentary, should be readily accessible to all users.**

*Practices*

1. Provide information on the quality and reliability of statistics in relation to the range of potential uses, and on methods, procedures, and classifications.
2. Prepare and disseminate commentary and analysis that aid interpretation, and provide factual information about the policy or operational context of official statistics. Adopt formats for the presentation of statistics in graphs, tables and maps that enhance clarity, interpretability and consistency.
3. Make statistics available in as much detail as is reliable and practicable, subject to legal and confidentiality constraints, offering choice and flexibility in the format according to the level of detail required by the user.
4. Publicise official statistics in ways that enable users to identify and access information relevant to their needs. Make access to official statistics as straightforward as possible by providing easy-to-use entry points.
5. Ensure that official statistics are disseminated in forms that, as far as possible, are accessible to a range of different audiences, including those with disabilities.
6. Ensure that official statistics are disseminated in forms that enable and encourage analysis and re-use. Release datasets and reference databases, supported by documentation, in formats that are convenient to users.
7. Manage official statistics in accordance with relevant public records legislation and codes of practice on records management. Deposit official statistics (accompanied by information about their purposes, design and methods) with the relevant national archive as required in legislation.

## Protocol 1: User engagement

**Effective user engagement is fundamental both to trust in statistics and securing maximum public value. This Protocol draws together the relevant practices set out elsewhere in the Code and expands on the requirements in relation to consultation.**

*Practices*

1. Identify users. Document their statistical needs, and their wishes in terms of engagement.
2. Make users aware of how they can find the information they need.
3. Take account of users' views on the presentation of statistics, and associated commentary, datasets and metadata.
4. Provide users with information about the quality of statistics, including any statistical biases.
5. Involve users in the evaluation of *experimental statistics*.
6. Seek feedback from users on their experiences of the statistical service they receive, data quality, and the format and timing of outputs. Review the feedback systematically.
7. Consult users before making changes that affect statistics (for example, to coverage, definitions, or methods) or publications. Consultations should be:
    - Informed – by relevant central guidance on how consultations should be conducted; and by the views of user groups on the best means of obtaining views;
    - Efficient – by balancing the importance of the issue and the likely impact of users' views against the time and resources available, so as to obtain good value for money from the consultation process; by liaising and co-ordinating with other producers to avoid duplication of effort and to minimise burdens; and by exploiting different methods of consultation;
    - Clear – by describing the consultation, and expressing the issues, as simply and concisely as possible; and by publishing the timetable for each consultation; and
    - Responsive – by publishing the records of decisions and actions following a consultation, together with explanations for them; and by publishing individual responses, unless anonymity is requested.

## Protocol 2: Release practices

**Statistical reports should be released into the public domain in an orderly manner that promotes public confidence and gives equal access to all, subject to relevant legislation[8].**

*Practices*

1. Release statistical reports as soon as they are judged ready, so that there is no opportunity, or perception of opportunity, for the release to be withheld or delayed.
2. Publish a timetable of statistical releases for twelve months ahead.
3. Ensure that all National Statistics can be accessed from the National Statistics Publication Hub[9].
4. Issue statistical releases at the standard time of 9.30am on a weekday, to maintain consistency and to permit time for users to understand and respond to the information during normal working hours.
5. Draw public attention to any change to a pre-announced release date and explain fully the reasons for the change at the same time. The relevant statistical Head of Profession has the final decision and should not be influenced by non-statistical matters.
6. Include the name and contact details of the responsible statistician in statistical reports.
7. Subject to compliance with the rules and principles on pre-release access set out in legislation, limit access before public release to those people essential for production and publication, and for quality assurance and operational purposes. Publish records of those who have access prior to release.
8. Ensure that no indication of the substance of a statistical report is made public, or given to the media or any other party not recorded as eligible for access before publication. Report to the National Statistician immediately any accidental or wrongful release, and investigate the circumstances.
9. Ensure that government statements issued alongside official statistics, and referring to, or based upon, them:
    a. contain a prominent link to the statistical release and clearly refer to the source of the statistics;
    b. are labelled clearly as policy statements (or ministerial statements) and are readily distinguished from a statistical release; and
    c. meet basic professional standards (for example, statistics should be cited accurately, and charts should be drawn in an accurate and impartial way).

[8] http://www.opsi.gov.uk/si/si2008/draft/ukdsi_9780110832203_en_1
http://www.opsi.gov.uk/legislation/scotland/ssi2008/draft/sdsi_9780111000236_en_1
[9] http://www.statistics.gov.uk

## Protocol 3: The use of administrative sources for statistical purposes

**Administrative sources should be fully exploited for statistical purposes, subject to adherence to appropriate safeguards.**

*Practices*

1. Observe all statutory obligations and relevant codes of practice in relation to the protection of confidentiality and the handling of personal data.
2. Only base statistics on administrative data where the definitions and concepts are good approximations to those appropriate for statistical purposes.
3. Maximise opportunities for the use of administrative data, cross-analysis of sources and for the exchange and re-use of data, to avoid duplicating requests for information. Where possible, use common information technology and information management systems that facilitate the flow of information between producers of statistics.
4. Ensure that no action is taken within the producer body, or public statement made, that might undermine confidence in the independence of the statistics when released.
5. Prepare, in consultation with the National Statistician, a Statement of Administrative Sources which identifies the following.
    a. The administrative systems currently used in the production of official statistics.
    b. Procedures to be followed within the organisation to ensure that full account is taken of the implications for official statistics when changes to administrative systems are contemplated.
    c. Information on other administrative sources that are not currently used in the production of official statistics but have potential to be so used.
    d. Arrangements for providing statistical staff, whether inside the producer body or elsewhere, with access to administrative data for statistical purposes.
    e. Arrangements for auditing the quality of administrative data used for statistical purposes.
    f. Arrangements for ensuring the security of statistical processes that draw on administrative data.

UK Statistics Authority

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**Building Trust in Statistics**

STATUTORY INSTRUMENTS

# 2008 No. 2998

# OFFICIAL STATISTICS

## The Pre-release Access to Official Statistics Order 2008

| | |
|---|---|
| *Made - - - -* | *18th November 2008* |
| *Coming into force - -* | *1st December 2008* |

The Minister for the Cabinet Office makes this Order in exercise of the powers conferred by section 11(2), (4), (5) and (6) of the Statistics and Registration Service Act 2007(**a**).

In accordance with section 11(7) of that Act the Minister for the Cabinet Office has consulted the Statistics Board, Scottish Ministers, the Welsh Ministers and the Department of Finance and Personnel for Northern Ireland.

In accordance with section 65(5)(a) of that Act a draft of this Order has been approved by resolution of each House of Parliament.

**Citation and commencement**

**1.** This Order may be cited as the Pre-release Access to Official Statistics Order 2008 and comes into force on 1st December 2008.

**Pre-release access**

**2.** The Schedule sets out the rules and principles relating to the granting of pre-release access to official statistics that are not wholly Scottish devolved statistics, Welsh devolved statistics, or Northern Ireland devolved statistics.

*Liam Byrne*
18th November 2008 Minister for the Cabinet Office

(**a**) 2007 c.18.

# SCHEDULE

Article 2

## PART 1

### Generally applicable rules and principles

**1.** Pre-release access may only be granted in accordance with the rules and principles set out in this Schedule.

**2.** Only the person responsible may grant pre-release access.

**3.**—(1) The person responsible—

(a) may only grant pre-release access where to deny such access would, in the opinion of the person responsible, significantly impede—

(i) the provision of responses to questions or the making of statements about an official statistic at or shortly after the time of publication of that statistic; or

(ii) the taking of action before, at the time of or shortly after publication of that statistic;

(b) may only grant pre-release access to an eligible person;

(c) may only grant pre-release access if in the opinion of the person responsible the public benefit likely to result from such access outweighs the detriment to public trust in official statistics likely to result from such access;

(d) is required to restrict pre-release access to the minimum number of persons consistent with the need for pre-release identified within paragraph (a);

(e) may, when deciding whether to grant pre-release access to an eligible person, take into account any failure by that person, in relation to a previous grant of pre-release access, to comply with paragraph 6, paragraph 7 or any conditions imposed by the person responsible;

(f) may grant pre-release access subject to conditions.

(2) For the purposes of this paragraph "eligible person" means—

(a) a Minister of the Crown;

(b) the head of a government department;

(c) a member of the Scottish Executive;

(d) a junior Scottish Minister;

(e) a member of the Welsh Assembly Government;

(f) a Northern Ireland Minister, including the First Minister and Deputy First Minister in Northern Ireland;

(g) a member of the Northern Ireland Assembly appointed as a junior Minister under section 19 of the Northern Ireland Act 1998(**a**);

(h) a person who, in the opinion of the person responsible, is otherwise accountable to the public for the formulation or development of government policy or for the delivery of public services to which the statistic has direct relevance; or

(i) a person who needs pre-release access in order to advise a person referred to in any of paragraphs (a) to (h).

(3) For the purposes of this paragraph, "government policy" includes the policy of the Scottish Administration, the policy of the Executive Committee of the Northern Ireland Assembly and the policy of the Welsh Assembly Government.

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(**a**) 1998 c.47

**4.** Subject to paragraph 5, the person responsible may not grant pre-release access for a period in excess of 24 hours prior to the time set for the publication of an official statistic.

**5.**—(1) In exceptional circumstances only, the person responsible may grant pre-release access to—

(a) an eligible person for a period in excess of 24 hours prior to the time set for the publication of an official statistic if in the opinion of the person responsible the public benefit likely to result from such access significantly outweighs the detriment to public trust in official statistics likely to result from such access;

(b) a person who is not an eligible person (either within the period of 24 hours prior to the time set for the publication of an official statistic or before this period) if an eligible person who has been granted pre-release access to an official statistic makes representations to the person responsible that pre-release access is needed for the purposes of paragraph 3(1)(a)(ii) in relation to that statistic.

(2) Where pre-release access is granted under sub-paragraph (1)(b), the person responsible must be satisfied that—

(a) the public benefit likely to result from such access (including the timing of such access) significantly outweighs the detriment to public trust in official statistics likely to result from such access; and

(b) the person to whom pre-release access is granted is the appropriate person to take the action referred to in paragraph 3(1)(a)(ii).

(3) A person who receives pre-release access under sub-paragraph (1)(b) is an eligible person only for the purposes of paragraphs 6, 7 and 8.

(4) Where pre-release access is granted under this paragraph the person responsible must—

(a) publish the reasons for granting such access; and

(b) inform the Statistics Board.

(5) For the purposes of this paragraph—

(a) paragraph 3(1)(b) does not apply to sub-paragraph (1)(b),

(b) paragraph 3(1)(c) does not apply.

**6.**—(1) An eligible person who receives pre-release access must not disclose—

(a) the statistic,

(b) any part of a publication where that part includes that statistic, or

(c) any suggestion of the size or direction of any trend indicated by that statistic,

until after the official statistic has been published.

(2) An eligible person who receives pre-release access must not use that access—

(a) for personal gain;

(b) to take any action (other than the preparation of responses or statements as referred to in paragraph 3(1)(a)(i)) for political advantage.

**7.** —(1) An eligible person who receives pre-release access must not use such access to change or compromise—

(a) the content or presentation of the official statistic;

(b) the timing of publication of the official statistic.

(2) This paragraph does not prevent an eligible person from communicating to the person responsible any numerical or typographical error in the composition or presentation of the official statistic.

**8.** The person responsible may only grant pre-release access to market sensitive official statistics to an eligible person ("P") who has signed a declaration that P undertakes, in relation to any such

statistics to which P is granted pre-release access, to comply with paragraphs 6 and 7 together with any specific conditions subject to which such access is granted.

**9.** The person responsible must publish—

(a) a list of all official statistics at least annually to which that person has granted pre-release access;

(b) at the same time as or prior to the publication of an official statistic a list of the job title and organisation of persons to whom the person responsible has granted pre-release access to that statistic; and

(c) arrangements made by the person responsible to ensure compliance with this Schedule including, where appropriate, the role of the departmental Head of Profession for Statistics.

**10.** —(1) Nothing in this Schedule prevents access to official statistics in their final form prior to publication by a person directly involved in the production of the publication, whether electronic or in hard copy, by which such statistics are to be published providing such access is used only for those purposes.

(2) A person mentioned in sub-paragraph (1) is an eligible person only for the purposes of paragraphs 6 and 7.

**11.**—(1) Nothing in paragraphs 6, 7 and 8 prevents an eligible person who receives pre-release access sharing such access to the official statistic with a person providing administrative support (of a type not within paragraph 3(2)(i) or 15(3)(k)) to that eligible person.

(2) A person providing administrative support under sub-paragraph (1) is an eligible person only for the purposes of paragraphs 6 and 7.

## PART 2

### Special provisions

#### Bank of England

**12.**—(1) The person responsible may grant pre-release access to a Bank eligible person if, in the opinion of the person responsible, such access is needed for the effective discharge by the Bank of England ("the Bank") of its functions.

(2) For the purposes of this paragraph "Bank eligible person" means—

(a) the Governor of the Bank;

(b) a Deputy Governor of the Bank;

(c) a member of the Monetary Policy Committee; or

(d) an officer, servant or agent of the Bank.

(3) The person responsible may, for any of the purposes set out in sub-paragraph (5), grant pre-release access to a Treasury eligible person to any statistics to which access has been granted to a Bank eligible person under sub-paragraph (1).

(4) For the purposes of this paragraph "Treasury eligible person" means—

(a) a person designated by the Treasury to attend, as a representative of the Treasury, a meeting of the Monetary Policy Committee pursuant to paragraph 13 of Schedule 3 to the Bank of England Act 1998(**a**);

(b) the Chancellor of the Exchequer; or

(c) a person who needs pre-release access in order to advise a person referred to in paragraph (a) or (b).

---

(**a**) 1998 c.11.

(5) The purposes referred to in sub-paragraph (3) are—

(a) the effective co-ordination of fiscal and monetary policy;

(b) the preparation of any communication from the Treasury to the Bank in relation to a notice given by the Treasury to the Bank under section 12 of the Bank of England Act 1998.

(6) The number of persons to whom pre-release access is granted under this paragraph must be kept to the minimum necessary for achieving the purpose for which such access is granted.

(7) Such access must be kept to the minimum time prior to publication necessary to achieve the purpose for which such access is granted.

(8) Such pre-release access may be granted subject to such conditions as the person responsible sees fit.

(9) The person responsible must not grant pre-release access under this paragraph unless, in the opinion of the person responsible, the public benefit likely to result from such access outweighs the detriment to public trust in official statistics likely to result from such access.

(10) For the purposes of this paragraph, paragraphs 6, 7 and 8 apply to a Bank eligible person and a Treasury eligible person as they apply to an eligible person.

(11) The person responsible may, when deciding whether to grant pre-release access to a Bank eligible person or a Treasury eligible person, take into account any failure by that person, in relation to a previous grant of pre-release access, to comply with paragraph 6, paragraph 7 or any conditions imposed by the person responsible.

(12) Nothing in paragraphs 6, 7 and 8 prevent a Bank eligible person or a Treasury eligible person who receives pre-release access sharing such access to the official statistic with a person providing administrative support (of a type not within paragraph 12(4)(c)) to that Bank eligible person or Treasury eligible person.

(13) A person providing administrative support under sub-paragraph (12) is an eligible person only for the purposes of paragraphs 6 and 7.

(14) Paragraphs 3, 4, 5 and 11 do not apply to the granting of pre-release access under this paragraph.

International obligations

**13.**—(1) The person responsible may grant pre-release access to permit the UK to comply with its international obligations to provide data to international statistical organisations.

(2) Part 1, except for paragraph 2, does not apply to the granting of pre-release access under this paragraph.

Journalists

**14.**—(1) If the person responsible is satisfied that a person is a bona fide representative of a news gathering or news reporting organisation, the person responsible may grant pre-release access to that person for up to a maximum period of 24 hours prior to publication of an official statistic.

(2) The person responsible may grant such pre-release access if, in the opinion of the person responsible, such access—

(a) is necessary for bona fide representatives of news gathering or news reporting organisations to understand the statistic and, where relevant, a statistical publication which includes that statistic, and

(b) is likely to facilitate well-informed debate.

(3) The person responsible may only grant pre-release access if in the opinion of the person responsible the public benefit likely to result from such access outweighs the detriment to public trust in official statistics likely to result from such access.

(4) Such access must be kept to the minimum time prior to publication necessary to achieve the purposes of sub-paragraph (2).

(5) The person responsible may, when deciding whether to grant pre-release access to a person under this paragraph, take into account any failure by that person, in relation to a previous grant of pre-release access, to comply with paragraph 6, paragraph 7 or any conditions imposed by the person responsible.

(6) The person responsible may impose such conditions on the granting of pre-release access as the person responsible considers appropriate including—

(a) that pre-release access must take place in such secure location as may be specified by the person responsible and that no communication equipment may be used at that location except as may be permitted by the person responsible; or

(b) without prejudice to paragraph 8, that a person to whom pre-release access under this paragraph is intended to be granted and before such access is granted must agree to comply with any conditions imposed by the person responsible.

(7) Part 1, except for paragraphs 2, 6, 7, 8 and 9, does not apply to the granting of pre-release access under this paragraph.

(8) For the purposes of this paragraph, paragraphs 6, 7 and 8 apply to a person to whom pre-release access is granted under this paragraph as they apply to an eligible person.

Third party publications

**15.**—(1) The person responsible may grant pre-release access for the purpose of a publication where, in the opinion of the person responsible, the official statistic is relevant to the subject-matter of the publication and the inclusion of the official statistic in the publication will significantly improve the accuracy or usefulness of information contained in the publication.

(2) Such pre-release access may only be granted if the publication is intended to be published at the same time as or shortly after the official statistic to which pre-release access is being granted under this paragraph is to be published.

(3) The person responsible may only grant such access to—

(a) a Minister of the Crown;

(b) the head of a government department;

(c) a member of the Scottish Executive;

(d) a junior Scottish Minister;

(e) a member of the Welsh Assembly Government;

(f) a Northern Ireland Minister, including the First Minister and Deputy First Minister in Northern Ireland;

(g) a member of the Northern Ireland Assembly appointed as a junior Minister under section 19 of the Northern Ireland Act 1998;

(h) the National Statistician;

(i) an officer, servant or agent of a person or body which produces official statistics;

(j) a person who, in the opinion of the person responsible, is otherwise accountable to the public for the formulation or development of government policy or for the delivery of public services to which the statistic has direct relevance;

(k) a person who needs pre-release access in order to advise a person referred to in any of paragraphs (a) to (j).

(4) The number of persons to whom pre-release access is granted under this paragraph must be kept to the minimum necessary for achieving the purpose referred to at sub-paragraph (1).

(5) Such access must be kept to the minimum time prior to publication necessary for the inclusion of the statistic in the publication.

(6) The person responsible must not grant pre-release access under this paragraph unless in the opinion of the person responsible the public benefit likely to result from granting such access

outweighs the detriment to public trust in official statistics likely to result from granting such access.

(7) The person responsible may, when deciding whether to grant pre-release access to a person listed in sub-paragraph (3), take into account any failure by that person, in relation to a previous grant of pre-release access, to comply with paragraphs 6 and 7.

(8) Paragraphs 3 to 5 of Part 1 do not apply to the granting of pre-release access under this paragraph.

(9) For the purposes of this paragraph, paragraphs 6, 7, 8 and 11 apply to a person listed at sub-paragraph (3) as they apply to an eligible person.

(10) For the purposes of this paragraph, "government policy" includes the policy of the Scottish Administration, the policy of the Executive Committee of the Northern Ireland Assembly and the policy of the Welsh Assembly Government.

## PART 3

### Interpretation

**16.** In this Schedule, "market sensitive official statistics" means official statistics which when disclosed would, in the opinion of the person responsible, be reasonably likely to have a significant effect on the value or traded volume of any investment.

## EXPLANATORY NOTE

*(This note is not part of the Order)*

This Order provides for the rules and principles relating to the granting of pre-release access to official statistics that are not wholly Scottish, Welsh or Northern Ireland devolved statistics. Official statistics are defined in section 6 of the Statistics and Registration Service Act 2007 (the Act).

The rules and principles are set out in the Schedule and describe the persons who may receive pre-release access to official statistics, the circumstances in which access may be given, and the obligations of the persons giving and receiving such access.

A decision whether to grant pre-release access is taken by the person responsible. Pre-release access is defined in section 11(8) of the Act. The person responsible is defined in section 67 of the Act.

Part 1 sets out the rules and principles which are generally applicable to the granting of pre-release access to official statistics. Pre-release access to official statistics can be given for a maximum of 24 hours unless there are exceptional circumstances.

Part 2 makes special provision in relation to the Bank of England, international obligations, journalists and third party publications.

An impact assessment has not been produced for this instrument as no impact on the private or voluntary sectors is foreseen.

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£5.00

E3330 11/2008 183330T 19585

# Board Meeting – Public Session

| | |
|---|---|
| **Title of paper:** | **Client Level Adult Social Care Direction** |
| Board meeting date: | 06 September 2017 |
| Agenda item no: | NHSD 17 03 04 b i |
| Paper presented by: | Tom Denwood, Director of Data and Integration |
| Paper prepared by: | John Winter, Programme Manager, Data Content and New Data Collections |
| Paper approved by: (Sponsor Director) | Tom Denwood, Director of Data and Integration |
| Purpose of the paper: | Board acceptance of a DH direction |
| Additional Documents and or Supporting Information: | The Direction |
| Please specify the key risks and issues: | 1. There is a risk in delivering a solution which is not fully fit for purpose. This is being mitigated by NHS Digital working with the Local Authorities on the implementation of the direction.<br>2. The burden of the collection on the three Local Authorities will need to be monitored, though it should be noted that the pilot collection is voluntary. |
| Patient/public interest: | Direct: This is a new collection of record-level social care data |
| Supplementary papers: | Saved in Shared Documents:<br>• SP1_DirectionLetterfromDH |
| **Actions required by the Board:** | The NHS Digital Board is requested to accept the DH direction |

# A Department of Health Direction to NHS Digital

## Collection of Client-Level Adult Social Care data

Published September 2017

Information and technology
for better health and care

# Contents

# 1 Executive Summary

The paper requests Board acceptance of the attached direction.

Liverpool City Council, Manchester City Council and Rochdale Borough Council are three local areas working with the Department of Health and with NHS Digital to explore the establishment of a Client-Level Adult Social Care data flow.

There is not currently a basis for this to happen as data flows into NHS Digital from social care are currently only undertaken at an aggregated level.

This direction enables the voluntary collection of data to be received by NHS Digital to enable our role as the single authoritative source of data across the health and social care system.

The work to implement the Direction would be undertaken within the Data Services for Commissioners Programme.

# 2 Background

This direction is specifically for the following purposes which will assist Local Government and Clinical Commissioning Groups (CCGs) in fulfilling their statutory functions:

a. Monitoring, at a population level, particular cohorts of service users and designing analytical models which support more effective interventions in health and Adult Social Care
b. Monitoring service and integrated care outcomes across a pathway or care setting involving Adult Social Care
c. Developing, through evaluation, more effective interventions across a pathway or care setting involving Adult Social Care
d. Designing and implementing new payment models across health and Adult Social Care
e. Understanding current and future population needs and resource utilisation for local strategic planning purposes.

The data collected will be record-level patient data.

For the initial pilots (Liverpool, Manchester and Rochdale), the intention is for information to flow from the Council to NHS Digital North West Data Services for Commissioners Regional Office for collection and analysis.

This pilot can enable a better understanding of citizen flows across the health and care system for local areas by being able to have linked (but de-identified) information about a citizen's journey and interactions with services.

# 3 Recommendation

The direction is required to ensure NHS Digital has a legal basis for the collection and landing of the new data items included in the pilot collection.

It is recommended that the NHS Digital Board accept the attached direction to enable the receipt of the data.

# 4 Implications

## 4.1 Strategy Implications

This direction supports the Government's drive towards the integration of health and social care. It will assist Local Government and Clinical Commissioning Groups (CCGs) in fulfilling their statutory functions as set out above.

This service may be extended in the future subject to this approach being proven to meet the intended purposes and to demand from Local Authorities. In this case it would be enabled through a further direction.

Within NHS Digital, this work aligns with our goal to improve health and social care in England by making better use of technology, data and information.

Implementing this Direction is expected to enable a better understanding of Social Care data within NHS Digital, which has the potential to support future initiatives NHS Digital may undertake regarding Health and Social Care integration.

## 4.2 Financial Implications

The cost of implementing the Direction will be borne by NHS Digital, Data Services for Commissioners Programme within National Information Board (NIB) Domain H.

## 4.3 Stakeholder Implications

There are no major stakeholder implications associated with accepting this direction.

Work is on-going with the local councils concerned as part of implementing this request.

In the event of queries being raised, the programme has established processes to respond to general enquiries, freedom of information requests and media enquiries, with FAQ's and lines agreed jointly with DH/NHSE.

## 4.4 Handling

There are no major handling issues directly associated with accepting this direction.

The direction and this paper have been reviewed by the NHS Digital Media Team.

# 5 Risks and Issues

## 5.1 Risks

1. There is a risk in delivering a solution which is not fully fit for purpose. This is being mitigated by NHS Digital working with the Local Authorities on the implementation of the direction.
2. The burden of the collection on the three Local Authorities will need to be monitored, though it should be noted that the pilot collection is voluntary.

# 6 Corporate Governance and Compliance

As part of the consultation process, the direction was reviewed at the Executive Management Team meeting on 09 March 2017.

A small number of non-material wording changes were requested by DH in the period between the above Executive Management Team meeting and August 2017. The attached version of the direction includes these non-material changes.

NHS Digital Information Governance (IG) colleagues have been consulted in the development of the direction and are assured the contents are appropriate from an IG perspective.

The legal basis for the collection is described in the direction. All directions are referred to the NHS Digital Board for consideration and acceptance.

# 7 NHS Digital Management Responsibility

- Tom Denwood, Executive Director of the Data and Integration portfolio
- Jackie Shears Programme Director, Data Content/New Data Collections has overall responsibility for the Direction (prior to acceptance by the NHS Digital Board).
- Kemi Adenubi – Programme Director, National Data Services Development Programme has overall responsibility for implementation of the Direction (post acceptance by the NHS Digital Board).

# 8 Actions Required of the Board

- The NHS Digital Board is requested to accept the DH direction.

Department of Health

Sarah Wilkinson
Chief Executive
NHS Digital
1 Trevelyan Square, Boar Lane
Leeds
LS1 6AE

[XX] 2017

Dear [XX]

I am writing to provide a Direction to the NHS Digital (previously HSCIC) to establish and operate a system for the collection and analysis of client-level Adult Social Care data from certain Local Authorities to support local health and care systems by providing a holistic view of how services are used.

This is specifically for the following purposes which will assist Local Government and Clinical Commissioning Groups (CCGs) in fulfilling their statutory functions (which includes, for example, the functions of local authorities under Part 1 of the Care Act 2014):

a. Monitoring, at a population level, particular cohorts of service users and designing analytical models which support more effective interventions in health and Adult Social Care
b. Monitoring service and integrated care outcomes across a pathway or care setting involving Adult Social Care
c. Developing, through evaluation, more effective interventions across a pathway or care setting involving Adult Social Care
d. Designing and implementing new payment models across health and Adult Social Care
e. Understanding current and future population needs and resource utilisation for local strategic planning purposes.

This Direction is given in exercise of the powers conferred by sections 254(1) and (6), 260(2)(d), 261(3), 274(2) and 304(9), (10) and (12) of the Health and Social Care Act 2012[1] 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 2013[2].

This Direction is to be known as the Collection of Client-Level Adult Social Care data and comes into force on [insert date].

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

- Collect client-level data from certain Local Authorities (see Annex 1) relating to adults in receipt of Local Authority-funded social care services that includes NHS Number, date of birth, postcode and information about care provision (see Annex 2).

[1] 2012 c.7

[2] S.I. 2013/259

- Check the data supplied is as expected and carry out validation and data quality checks for any significant issues
- Trace any missing NHS Numbers (using NHS Digital datasets) where possible
- Anonymise the datasets in line with the ICO Code of Practice and insert consistent pseudonyms to enable them to be linked to health-based datasets

NHS Digital is directed to not publish information collected or produced by complying with this Direction, in accordance with section 260(2)(d). By virtue of section 261(3), NHS Digital is required to disseminate information generated as a result of compliance with this Direction.

NHS Digital is directed to restrict the onward dissemination of the anonymised linked data to the LAs who submitted the social care data and those CCGs that have some of their population included in the data and their data processors, including NHS England Commissioning Support Units (CSUs). Such data will only be shared following approval via NHS Digital's Data Access Service.

NHS Digital must take steps to ensure that no data collected under this direction is shared or published by any means which may lead to the identification of an individual. Local Authorities will have local arrangements for data sharing preferences. NHS Digital must also have regard to such policies, advice or guidance of the Secretary of State as the Secretary of State may notify in writing to NHS Digital.

This service may be extended in the future subject to this approach being proven to meet the intended purposes and to demand from Local Authorities. This would be enabled through a further direction.

Please accept this letter as a direction given under subsection (1) of section 254 of the 2012 Act to NHS Digital to exercise the functions in relation to the system for the collection and processing of client-level Adult Social Care data from certain Local Authorities.

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

Yours sincerely

Katie Farrington

Director of Primary Care, Digital and Data

Ends

Annex 1

**Local Authorities from whom the data is to be collected**

Liverpool City Council

Manchester City Council

Rochdale Borough Council

## Technical Specification

**Frequency:** At most monthly, with a schedule agreed with the Local Authorities for a rolling12-months

**Historic:** Up to 2 years (not before April 2014)

**Dataset:**

Microsoft Excel
97-2003 Worksheet

# Board Meeting – Public Session

| **Title of paper:** | **Employment Advisers (EA) in Improving Access to Psychological Therapies (IAPT)** |
|---|---|
| Board meeting date: | 06 September 2017 |
| Agenda item no: | NHSD 17 03 04 b ii |
| Paper presented by: | Tom Denwood, Director of Data and Integration |
| Paper prepared by: | Annabelle McGuire, Principal Business and Operational Delivery Manager |
| Paper approved by: (Sponsor Director) | Tom Denwood, Director of Data and Integration |
| Purpose of the paper: | Board acceptance of a DH direction |
| Additional Documents and or Supporting Information: | The Direction |
| Please specify the key risks and issues: | 1. **Risk:** Added complexity of maintenance of additional requirement on pre-existing dataset. *Mitigation*: NHSD to manage additional complexity; resolved on moving to next full version of dataset.<br>2. **Issue:** Impact of burden of collection on providers *Mitigation*: Pilot collection voluntary; Cross-system governance approved collection.<br>3. **Risk**: Not meeting stakeholder's expectations due to insufficient resources and concise timescales. *Mitigation:* Internal prioritisation of resources.<br>4. **Risk**: To existing mandated IAPT collection, as data receipt and usage is from same existing database. *Mitigation*: Analysis software improvement in advance of collection; More data quality assurance; Guidance to providers and their system suppliers. |
| Patient/public interest: | Direct: Improved job seeking support for IAPT recipients |
| Supplementary papers: | The Direction is saved in Shared Documents as SP1_DirectionLetterEmployment |
| **Actions required by the Board:** | To accept the DH direction |

# Employment Advisors in Improving Access to Psychological Therapies

Published September 2017

Information and technology
for better health and care

# Contents

# 1 Executive Summary

The paper requests Board acceptance of the attached direction. The 2015 Spending Review committed £47.7m to increase the number of Employment Advisers (EA) in Improving Access to Psychological Therapies (IAPT) services. This investment is being taken forward by the Work (Department for Work and Pensions) and Health (Department of Health) Joint Unit (WHU).

This direction enables the voluntary collection of data to be received by NHS Digital to enable our role in supporting the impact and economic evaluation of the 2015 Spending Review investment.

This pilot collection will be collected alongside the pre-existing mandated IAPT Minimum Dataset[1]. The requirement for a personal identifier in the pilot collection is catered for by the aforementioned IAPT core dataset.

The existing IAPT core dataset is currently collected under the Commencement Order. It is clear that the General Data Protection Regulation (GDPR) will require the IAPT core dataset to be revised to be collected under direction later in 2017/18. This is necessary to re-establish the legal basis for the receipt of the IAPT core dataset. Due to the variation in timescales this is a separate piece of work.

All linkage requests concerning the data collected under this direction are subject to application and appropriate scrutiny via the Data Access Request Service (DARS).

# 2 Background

The aim is to increase the number of EAs embedded in IAPT services to a 1:8 EA to therapist ratio, which will support more people with depression and anxiety to receive integrated psychological therapy and employment support.

The investment is available over the Spending Review period and the increase of EAs will be implemented in two waves over three financial years. The investment is sufficient to implement the 1:8 EA to therapist ratio in 40% - 50% of Clinical Commissioning Groups (CCG). Approximately half of these CCGs will be in wave one and the other half in wave two.

To support the impact analysis routinely collected IAPT minimum dataset health outcomes will be utilised. In addition, therapists (directly or via patient self-report) and EAs will be required to collect a small number of new data items predominantly related to employment and benefit status from the pilot go-live.

New data items are intended to support clinical care by informing the type of employment support received by patients and any on-going therapeutic treatment as a function of the integrated care model to help people improve their mental health and remain in, return to or find work. New data will also fill an important evidence gap by providing greater granularity on patient employment outcomes and benefit status.

# 3 Recommendation

The direction is required to ensure NHS Digital has a legal basis for the pilot collection and landing of the new data items included in the pilot collection. It is recommended that the NHS Digital Board accept the attached direction to enable the receipt of the data.

[1] Improving Access to Psychological Therapies Data Set: http://content.digital.nhs.uk/iapt

# 4 Implications

## 4.1 Strategy Implications

The EA in IAPT initiative is named in Improving Lives: The Work, Health and Disability Green Paper and the Five Year Forward View for Mental Health for the NHS in England.

The project is aligned with the strategic objective of centralising data collections. NHS Digital is the data controller and is therefore responsible for data collection, holding, dissemination and publication.

## 4.2 Financial Implications

This is income generating work and the total costs of the agreed work will not exceed £247,083. The work package is funded by a direct commission from the Work (Department for Work and Pensions) and Health (Department of Health) Joint Unit (WHU). The work package and costs have been approved and accepted by the WHU.

The work package and costs received NHS Digital Finance and Commercial Assurance Panel (FCAP) approval on 12 July 2017. There are no associated commercial activities, the work package and costs having been reviewed by both finance and commercial colleagues.

## 4.3 Stakeholder Implications

There are no major stakeholder implications associated with accepting this direction.

The data collected will be personal (record-level) data. As stated in the approved work package NHS Digital has been requested to produce and publish aggregated reports. It is a requirement for all external organisations to make requests for personal (record-level) data via the Data Access Request Service (DARS), which is subject to the Independent Group Advising on Release of Data (IGARD) endorsement.

## 4.4 Handling

There are no major handling issues directly associated with accepting this direction. The direction and this paper have been reviewed by the NHS Digital Media Team.

There may be some sensitivities related to the collection of information about employment and benefit status, however the new data items are intended to support clinical care by informing the type of employment support received by patients and any on-going therapeutic treatment as a function of the integrated care model. The data is not being collected for other purposes not specified in the approved work package.

# 5 Risks and Issues

## 5.1 Risks

1. There is a risk of adding complexity to the IAPT dataset by accommodating a requirement outside of the usual dataset maintenance and development process. This will be mitigated when/if NHS England reach agreement on IAPT version 2.
2. The burden of the collection on providers will need to be monitored, though it should be noted that the pilot collection is voluntary and providers are receiving investment to implement the collection. Data Coordination Board (DCB) go-ahead was received on 06

April 2017 i.e. the pilot was deemed out of scope by the Data Standards Assurance Service and therefore a formal burden assessment was not required. A Privacy Impact Assessment has been undertaken for the pilot collection.

3. There is a risk of a failure to deliver to the stakeholder's expectations due to insufficient resource levels and concise timescales. The additional staff resources, which are required across a number of NHS Digital internal teams, are specified in the work package costs. This risk is being mitigated through internal prioritisation and escalation processes. The pilot was prioritised by the Data and Integration Portfolio Leadership Team on 25 April 2017.
4. There is a risk to the existing mandated IAPT collection due to minimal testing and assurance on the pilot collection in response to customer timescales, as all the data lands in the same secure NHS Digital database. All IAPT data will need to be used with caution as all functionality will not be fully tested. Mitigation is as follows:
    a. Lessons learned from a previous integrated health IAPT pilot have led to additional development time with dedicated resources.
    b. Analysts and the Data Management Service will perform data quality checks. Data quality feedback is issued to providers.
    c. Detailed guidance, e.g. NHS England have published a data handbook to support the pilot, is issued to providers. A technical output specification and intermediate database specification are issued to system service providers.

## 6 Corporate Governance and Compliance

As part of the consultation process, this direction was reviewed at the Executive Management Team meeting on 17 August 2017.

NHS Digital Information Governance (IG) colleagues have been consulted in the development of the direction and are assured the contents are appropriate from an IG perspective.

The legal basis for the collection is described in the direction. All directions are referred to the NHS Digital Board for consideration and acceptance.

## 7 NHS Digital Management Responsibility

- Tom Denwood, Executive Director of the Data and Integration portfolio
- John Varlow, Director of Analysis Data and Integration
- Ian Binns, Head of Information Analysis (Community and Mental Health) has the overall responsibility for the IAPT Minimum Dataset collection
- Kate Croft, Information Lead Manager Mental Health, Psychological Therapies and Learning Disabilities has the day to day responsibility for the IAPT Minimum Dataset

## 8 Actions Required of the Board

- The NHS Digital Board is requested to accept the DH direction.

Department of Health

Department for Work & Pensions

Tabitha Jay
Director for Work and Health Unit & Office for Disability Issues
Caxton House, Tothill Street
London, SW1H 9NA

**Telephone** 07393763258
**Email** tabitha.jay@dh.gsi.gov.uk

Sarah Wilkinson
Chief Executive
NHS Digital
1 Trevelyan Square, Boar Lar
Leeds
LS1 6AE

Dear Sarah

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 and analysis of work data to support patient care and the evaluation of the initiative Employment Advisers in Improving Access to Psychological Therapies (IAPT).

This Direction is given in exercise of the power conferred by sections 254(1) and (6), 260(2)(a), 261(3), 274(2) and 304(9), (10), (12) of the Health and Social Care Act 2012 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) Regulation 2013.

In accordance with section 254(2)(A) of the Act, the Secretary of State considers that the information obtained by complying with this direction is necessary in relation to the exercise of the Secretary of State's functions in connection with the provision of health services or of adult social care in England.

This Direction is to be known as the Employment Advisers in IAPT Direction, and comes into force on xx September 2017 *(note: date to be added once accepted by the NHS Digital Board)*. The Direction will cover the collection of person-level data from IAPT services.

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

- Collect data relating to person-level information on [see Annex I for full list of data items to be collected)
- Collect the data on a monthly basis

Please accept this letter as a Direction given under subsection (1) of section 254 of the 2012 Act to NHS Digital to exercise the functions in relation to the informatics support service for the collection of data from IAPT services. This includes the

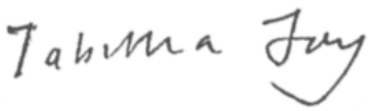
development of an appropriate IAPT Intermediate Database (IDB) tool, modification of the Bureau Service Portal (BSP), analysis to link Employment Adviser in IAPT data items to the IAPT Minimum Dataset (MDS) and publication of monthly aggregate reports. The purpose of the data collection is to fulfil the Secretary of State for Health's statutory duty to protect heath and address inequalities, and promote the health and wellbeing of the nation. In addition, this data will be used to inform clinical care in the provision of integrated employment support in IAPT services going forward.

In exercising the functions under this Direction, NHS Digital must have regard to such priorities, policies, advice or guidance of the Secretary of State as the Secretary of State may notify in writing to NHS Digital.

In accordance with regulation 32(2)(a) of the Regulations, the Secretary of State will make payments to NHS Digital for things done in connection with the exercise of the systems delivery functions referred to above.

In accordance with section 254(5), NHS Digital has been consulted before this Direction has been given.

Yours sincerely



Director name: Tabitha Jay
Director title: Director of Work and Health Unit

**Annex I: Employment Advisers in IAPT Data Items to be Collected**

| Data Item Name | Additional Notes |
|---|---|
| NHS NUMBER | The NHS Number, the primary identifier of a person, is a unique identifier for a Patient within the NHS in England and Wales.<br><br>This data item is already collected in the IAPT mandatory core data set and therefore the legal basis for this is established separately. |
| LOCAL PATIENT IDENTIFIER (EXTENDED) | This number is used to identify a Patient uniquely within a Health Care Provider. It may be different from the Patient's case note number and may be assigned automatically by the computer system.<br><br>This data item is already collected in the IAPT mandatory core data set and therefore the legal basis for this is established separately. |
| ORGANISATION CODE (CODE OF PROVIDER) | This is the Organisation Code of the organisation acting as a Health Care Provider.<br><br>This data item is already collected in the IAPT mandatory core data set and therefore the legal basis for this is established separately. |
| SERVICE REQUEST IDENTIFIER<br>APPOINTMENT DATE<br>APPOINTMENT TIME | The unique identifier for a SERVICE REQUEST.<br><br>These data items are already collected in the IAPT mandatory core data set and therefore the legal basis for this is established separately. |
| EMPLOYMENT ATTENDANCE STATUS | The current attendance status of a PERSON in EMPLOYMENT.<br><br>This data item is required to distinguish between people who are employed and in work (1) and people who are employed and off work through sickness leave (2).<br><br>This information should be used to inform patient: therapist conversations about the suitability of employment |

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| | support and on-going therapeutic treatment to ensure it is most-effectively tailored to the individual. This contextual information will help shape the type of employment support delivered.<br><br>Therefore, this data item will only apply to people who identified themselves as employed (01) in the IAPT Appointment table data item 'Employment Status'.<br><br>This data item should be used to inform ongoing care and will enhance our understanding of those who may not receive Statutory Sick Pay (SSP) or do not recognise themselves as in receipt of SSP. |
| WEEKLY HOURS WORKED | The number of hours worked in a typical week by a PERSON.<br><br>This data item will provide contextual information for the delivery of therapeutic treatment and employment support. The data item may also be used to identify a patient's journey and progression in work.<br><br>This is a NHS Dictionary data item:<br><br>01 30 + hours<br>02 16-29 hours<br>03 5-15 hours<br>04 1-4 hours<br>97 Not disclosed<br>98 Not applicable<br>99 Not known |
| BENEFIT STATUS | The current benefits status of the patient.<br><br>Benefit status is already partially collected in the IAPT Appointment table date item 'Employment Status'.<br><br>This data item informs the following data items. If the answer is 'N' there is no requirement to flow data for the remaining benefits questions.<br><br>New benefit status questions will provide greater granularity on patient outcomes. The questions will also provide context to inform the delivery of therapeutic treatment and employment support. |

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| JOBSEEKER'S ALLOWANCE STATUS<br>EMPLOYMENT AND SUPPORT ALLOWANCE STATUS<br>UNIVERSAL CREDIT STATUS | The current Jobseeker's Allowance (JSA), Employment and Support Allowance (ESA) or Universal Credit (UC) Status of the patient.<br><br>These three benefit types are mutually exclusive, i.e. it will only possible to receive one and not two or all of these benefits.<br><br>Only one of these data items should be recorded as 'Y'.<br><br>For more information on JSA please follow the link.<br><br>For more information on ESA please follow the link.<br><br>For more information on UC please follow the link. |
| PERSONAL INDEPENDENCE STATUS | The current Personal Independence Payment (PIP) Status of the patient.<br><br>For more information on PIP please follow the link. |
| OTHER BENEFIT STATUS | The current Other Benefits Status of the patient. |
| EMPLOYMENT SUPPORT TYPE | The type of employment support given to a PATIENT or planned to be given to a PATIENT.<br><br>This data item will identify how a person has been supported while receiving employment support, i.e. supported to remain in work (1), return to work (2), or to find work (3).<br><br>This will tell us if there has been a change in the type of support a person has received over time.<br><br>This information can only be determined by an EA. |
| LAST EMPLOYMENT SUPPORT APPOINTMENT INDICATOR | An indicator to identify whether the employment support appointment is the last appointment.<br><br>Where the response to this data item is 'Y' it must be recorded and flowed prior |

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| | to the end of the refresh submission window for the reporting period. For example: if the appointment is in April, the record must be updated and flowed by the end of June. If the record does not flow on time, the patient will still be considered to be in receipt of Employment Advice for reporting purposes and it will not be possible to change this status.<br><br>This information can only be determined by an EA.<br><br>Where it is not possible to determine the last employment support appointment during the course of the last employment support appointment, the record must be revisited and identified as such once the last employment support appointment can be reasonably identified. |

# Board Meeting – Public Session

| **Title of paper:** | **National Data Opt-out Programme Directions** |
|---|---|
| Board meeting date: | 6 September 2017 |
| Agenda item no: | NHSD 17 03 04 b iii |
| Paper presented by: | Nic Fox<br>Director of Provider Digitisation and Programmes |
| Paper prepared by: | Tim Magor<br>Programme Head, National Data Opt-out Programme |
| Paper approved by: (Sponsor Director) | Nic Fox<br>Director of Provider Digitisation and Programmes |
| Purpose of the paper: | To seek NHS Digital Board acceptance of the Directions for the implementation of the National Data Opt-Out Programme issued by the Department of Health. |
| Additional Documents and or Supporting Information: | Draft Directions dated 23 August 2017 |
| Please specify the key risks and issues: | Key risks are timing of remaining policy decisions to support implementation and the timing and approach for the wider public communications and engagement. These are both key to building public trust and confidence in support of the Government's response to the National Data Guardian (NDG) Review of Data Security, Consent and Opt-Outs |
| Patient/public interest: | Direct – NDOP is developing a service that will be directly available to patients/public. |
| Supplementary papers: | No supplementary papers |
| **Actions required by the Board:** | To accept Directions for the National Data Opt-out Programme. |

# National Data Opt-out Programme Directions

Published 6 September 2017

Information and technology
for better health and care

# Contents

# Executive Summary

The National Data Opt-out Programme (NDOP) is part of the Personalised Health and Care 2020 portfolio. It is tasked with creating, testing, consulting upon and implementing a national opt-out (on-line and in person) across the health and care system in England, which respects patients' preferences about how their personal confidential data is used for purposes beyond individual care. The Department of Health is now seeking to direct NHS Digital to undertake this work which will include collecting and processing data on patients' national opt-out preference.

The Board is asked to consider and accept the Directions (Annex A).

# Background

The National Data Guardian (NDG) Review of Data Security, Consent and Opt-Outs was commissioned by the Secretary of State for Health and published on 6 July 2016. Following public consultation, the Government response Your Data: Better Security, Better Choice, Better Care was published on the 12 July 2017. It endorsed the NDG recommendation to provide a new national opt-out to give people a clear choice about how their personal confidential data is used for purposes beyond their individual care.

A patient should be able to state their preference once (on-line or in person) and be assured that this will be applied across the health and care system. NHS Digital has been commissioned to deliver the NDOP to implement the national opt-out, including designing and implementing a digital and non-digital mechanism for the public to record opt-outs, a system to hold these preferences centrally, and making these available for use across all health and care organisations. The Government response states that members of the public will start to set national opt-outs, and NHS Digital will start to uphold these from March 2018. All health and care organisations will be upholding the national opt-outs by March 2020.

NHS Digital currently collects and upholds type 2 patient opt-outs which prevent an individual's confidential patient information[1] being shared by NHS Digital for purposes beyond their individual care. The Government response sets out there will be a managed transition of type 2 opt-outs as part of the introduction of the national opt-out.

# Recommendation

The proposed Directions provide a legal basis for NHS Digital to:

- collect, hold, and process data on patients' national opt-out status;
- conduct analysis of national opt-out data to enable NHS Digital to publish non patient identifiable information which enables data recipients to understand and manage the impact of national opt-outs; and
- use of the existing type 2 objections data for communication of the retirement of type 2 opt-outs and the transition arrangements to the national opt-out.

Following review and acceptance by the NHS Digital Board, the directions can be formally issued by the Department of Health.

[1] This has the same meaning as "confidential patient information" defined in section 251 (11) of the National Health Service Act 2006.

# Implications

## Strategy Implications

This Direction supports the NHS Digital strategic vision as follows:

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

Ensuring that NHS Digital is acting in accordance with individual's wishes will help in building public trust in the organisation's role as the national provider of information, data and IT systems for patients and service users in health and social care. This will in turn enable NHS Digital to fulfil its statutory functions to be the trusted 'safe haven' for health and care data in England.

## Financial Implications

The NDOP programme has business case approval for the cost related to these Directions.

The Programme Business Case (PBC) for NDOP was approved on the 17 February 2017 by the Personalised Health and Care 2020 Technology and Data Investment Board (TDIB). The first tranche of the Outline Business Case was assured by the NHS Digital Investment Committee on 9 August 2017 and will be considered by TDIB on 15 September 2017.

## Stakeholder Implications

Implementation of national opt-out is of significant interest to a wide range of stakeholders:

- **Patients across England** - Will need to be aware of the national opt-out and how they can set their national opt-out if they so choose. Those that have previously expressed type 2 opt-outs will need to be aware of the change, and potentially take further action;
- **Health and care professionals** - Will need to understand the national opt-out so that they can respond to patient queries, and reflect in their working practices;
- **Professional bodies** - Will need to fully understand the national opt-out, and support their membership in its adoption;
- **Health and care providers** - The national opt-out will need to be upheld across all health and care settings in England. This will therefore affect all local providers and public bodies that disseminate data for secondary uses across England (not anonymised in line with Information Commissions Office (ICO) guidance);
- **NHS Digital and other Arm's Length Bodies** - Will need uphold the national opt-out;
- **Bodies conducting analysis** will need to take account that national opt-outs may apply to the data they are using for research or other purposes;
- **Information Commissioner's Office (ICO)** – Will be interested in the progress of the implementation of the national opt-out;
- **Research bodies, third sector and patient representative groups** – Will support the implementation of the national opt-out by providing advice to the programme.

## Handling

The impact of the publication of the Government response was limited but it is anticipated that as more detailed engagement commences there will be significant further interest. The programme has established processes to respond to general enquiries, freedom of information requests and media enquiries.

# Risks and Issues

A risk register has been set up and is monitored and managed by NDOP. The highest rating risks are presented to the Programme Board every month. The key risks and issues to highlight to the NHS Digital Board are:

- risk that remaining key policy decisions are not made in a timely way - this will impact on the service being delivered to published timescales; and
- risk of the timing of wider communications on the benefits of data use in health and care – this will impact on public understanding of the national opt-out.

# Corporate Governance and Compliance

NDOP is commissioned by the Department of Health through the Personalised Health and Care 2020 Portfolio on behalf of the health and social care system. The Senior Responsible Owner (SRO) is Katie Farrington, Director of Primary Care, Digital and Data, Department of Health. In carrying out the SRO function, the Department of Health will oversee the delivery of the Programme.

The Programme delivery is led by NHS Digital and reporting through the Programme Governance into the Personalised Health and Care 2020 Digital Delivery Board and NHS Digital Operations Board. External scrutiny is provided by the Infrastructure and Projects Authority and the NDOP Advisory Group.

# Management Responsibility

The responsible Executive Director is Nic Fox, Director of Provider Digitisation and Programmes. The Programme Head for the National Data Opt-out Programme is Tim Magor.

# Actions Required of the Board

The NHS Digital Board is asked to consider and accept the Directions set out in Annex A.

# Annex A: Draft Directions as at 23 August 2017

Department of Health

Sarah Wilkinson
Chief Executive,
NHS Digital
Trevelyan Square
Leeds
LS1 6AE

XX August 2017

Dear Sarah,

Thank you for NHS Digital's work supporting the development of the Government response to, and delivery of the recommendations in, the National Data Guardian's (NDG) Review of Data Security, Consent and Opt-Outs.

The review sets out recommendations for new data security standards and a national opt-out for data sharing which makes it clear to individuals when health and care data about them will be used; and, in what circumstances they can opt-out. The Government response accepts all of the NDG review's recommendations and describes how we intend to deliver those recommendations.

NHS Digital has a critical role to play in continuing to support this programme, developing the implementation plan for the national opt-out and in preparing the national IT infrastructure that will allow the opt-out to be delivered in practice.

I am writing on behalf of the Secretary of State to provide a Direction to NHS Digital, formerly known as the Health and Social Care Information Centre and hereafter referred to as NHS Digital, to establish and operate a system for the collection and analysis of information, and to exercise such systems delivery functions, in respect of the new national opt-out model and the activities specified and described in this letter.

In accordance with section 254(2)(a) of the Act, the Secretary of State considers that the information is necessary or expedient to have in relation to his functions in connection with the provision of health services or of adult social care in England.

This Direction is given to NHS Digital in exercise of the powers of the Secretary of State for Health under section 254(1) and (6) and section 274(2) of the Health and Social Care Act 2012 ("the Act") 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 2013 (the Regulations).

In accordance with the activities specified and described in this letter, and under section 254 of the Act and regulation 32 of the Regulations, NHS Digital is directed to:

(1) Collect the 'patient opt-out data', namely the record of those individuals who have registered an opt-out and store these against an individual's NHS number, as well as relevant technical (or meta) data related to the setting of that opt-out e.g. time and date etc. for audit purposes.

(2) Establish a national repository for central storage of the patient opt-out data.

(3) Establish a new national opt-out system to enable health and care organisations to access the patient opt out data from the national repository, for the purposes of applying patient opt-outs to the patient data that they disseminate in accordance with the opt-out policy.

(4) In establishing the new system to write to all patients with a current type 2 objection to inform them of the transition to the new national opt-out and that their type 2 objection will be withdrawn. This should make clear any actions needed in line with the policy agreed by the Department of Health.

**Analysis on the impact of national opt outs**

As part of the system to be established and operated pursuant to paragraphs (1) to (3) above, NHS Digital is directed to:

(1) Undertake analysis of the patient opt-out data, in order to inform health and care organisations to aid their understanding of how the application of patient opt-outs may impact on the patient data being disseminated, for the purposes of their own analysis, research findings and performance measurement. This may include linking the patient opt-out data to other patient data held by NHS Digital. Any such analysis must be undertaken in such a way as to ensure that individuals are not identified and no confidential patient information is disseminated by NHS Digital.

(2) Apply NHS Digital Disclosure Control Procedures[2] before data resulting from analysis of patient opt-out data are shared or published.

**Handling Type 2 objections with the new National Opt-Out system**

Further to the Directions from the Secretary of State for Health dated 8th October 2015 [3] and the Directions dated 15th April 2016[4], and as part of the transition from type 2 objections pursuant to paragraph (4) above, NHS Digital is directed to:

[2] http://content.digital.nhs.uk/media/23395/Disclosure-Control-Procedure/pdf/Disclosure_Control_Procedure.pdf

[3] [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/468439/patientobjectionsdirections.pdf] NHS Digital was directed, under Section 254 of the Health and Social Care Act 2012, by the Secretary of State for Health in October 2015 to collect Type 2 objection information from GP practices

[4] [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/517522/type2objections.pdf] NHS Digital was further directed, in April 2016, to uphold patients' preferences to opt out of their data being disseminated from NHS Digital. The upholding of these directions commenced in April 2016.

(1) Use the list of NHS Numbers of all Type 2 objectors held within its Patient Objections Management System (POMS) data asset.

(2) Use the Personal Demographic System (PDS) which holds NHS Numbers, names and address details of all patients, to process the NHS Numbers held in POMS in order to obtain a match of NHS Numbers in the Personal Demographic System (PDS).

(3) Use the matched data, i.e. demographic data from PDS and Type 2 objectors NHS Numbers, to write to patients to inform them of the new opt-out. For the purposes of writing to individuals here, no confidential patient information will be accessed and no patient data will be processed for any other purpose.

(4) Further directions will be issued to NHS Digital setting out the agreed transition arrangements and date to commence upholding national opt-outs. NHS Digital will continue to operate the current process to collect and uphold Type 2 objections, as per the Direction issued on 15 April 2016 until further directed to stop doing so.

**Notification of changes**

NHS Digital is further directed to use the patient opt out data to contact patients with a registered opt-out if there are significant changes to the opt-out policy or if it is withdrawn.

In accordance with section 260 of the Act, NHS Digital will publish the information collected or analysed by complying with this Direction in a form which does not identify any individual or enable any individual to be identified, and may disseminate (other than by way of publication) the information to any persons it considers appropriate.

In exercising the functions under this Direction, NHS Digital must have regard to such priorities, policies, advice or guidance of the Secretary of State as the Secretary of State may notify in writing to NHS Digital.

This Direction supplements the following Directions:

- On the 8th October 2015, NHS Digital was directed by the Secretary of State for Health to collect Type 2 objection information from GP practices.

- On the 15th April 2016, NHS Digital was directed by the Secretary of State for Health to uphold Type 2 objections.

In accordance with regulation 32(2)(a) of the Regulations, the Secretary of State may make payments to NHS Digital for things done in the exercise of the function described in this direction.

In accordance with section 254(5) of the Act, NHS Digital has been consulted before this direction has been given.

Yours sincerely,

 

Lorraine Jackson
Deputy Director, Data Sharing and Cyber Security
Department of Health
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T: 0113 254 6242
E: lorraine.jackson@dh.gsi.gov.uk

# Board Meeting – Public Session

| **Title of paper:** | **Winter Pressures Direction (Draft)** |
|---|---|
| Board meeting date: | 06 September 2017 |
| Agenda item no: | NHSD 17 03 04 (P2) b iv |
| Paper presented by: | Nic Fox, Director of Provider Digitisation and Programmes |
| Paper prepared by: | Steve Roe, Programme Head |
| Paper approved by: (Sponsor Director) | Nic Fox, Director of Provider Digitisation and Programmes |
| Purpose of the paper: | To seek NHS Digital Board acceptance of the Directions issued by NHS England to collect GP Appointments Data to support Winter Pressures. |
| Additional Documents and or Supporting Information: | GP Appointment Data, to support Winter Pressures, Direction |
| Please specify the key risks and issues: | Risk and issues detailed in the briefing paper include:<br>• Delivery timescales<br>• Supplier capacity<br>• NHS Digital resource capacity<br>• Data Quality<br>• Professional opinion on collection |
| Patient/public interest: | Indirect with patients/public interest in availability of GP Appointments |
| Supplementary papers: | The following paper is available in Shared Documents:<br>• SP1_GPAppointmentsDatatosupportWinterPressuresDirections draft v2.0.docx |
| **Actions required by the Board:** | The paper is submitted for the acceptance of the GP Appointment Data, to support Winter Pressures, Directions to enable data collection to be undertaken as part of the GP Appointments Data Project. |

# GP Appointment Data, to support Winter Pressures, Draft Direction

06 September 2017

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# Contents

# Executive Summary

NHS England wishes to Direct NHS Digital to establish a new **GP appointment information data collection**. This appointments data will help to improve understanding of appointments capacity and utilisation in General Practice and inform more effective planning and management of capacity at local and regional levels.

Once the data has been collected and processed by NHS Digital, it will be passed to NHS England who will carry out the majority of analysis and further use of the data. Any publication would clearly highlight any caveats and data quality issues associated with the information. No patient identifiable data will be collected as part of this.

The Board is asked to consider and accept the Direction (Appendix A).

# Background

There is already data available to aid understanding of winter pressures for secondary care, but currently there are no routine measures of activity levels in general practice. Therefore this request is for a weekly collection of data on all general practice appointments. This will be provided by the suppliers of Principal Clinical Systems under the GP Systems of Choice (GPSoC). It builds on the management information which is to be collected as part of the GP Workload Tool which was approved by SCCI earlier in 2017 (DCB2236). The main difference between the two is that the GP Appointment Data collection looks forward in respect of available appointments, whereas GP Workload Tool looks at historical activity at an aggregate level.

This appointments data will help to improve understanding of appointments capacity and utilisation in General Practice and inform more effective planning and management of capacity at local and regional levels. It will aid the understanding of seasonal pressures at national level to inform the wider strategy on the provision of services across primary and secondary care, and allow tracking of improvements in patient access to general practice. It will provide data to help inform standardisation of the capture of appointment data which is currently inconsistent.

The intention is for a weekly collection of transactional appointments data until this data feed can be satisfied by the GP Data Implementation project.

# Recommendation

It is recommended that the board considers and approves the direction set out in Appendix 1 to facilitate the legal basis for:

- the collection, holding and processing of a weekly collection of defined data fields relating to GP Practice appointment capacity

Following approval of the Direction and subsequent publication, a Data Provision Notice will be issued to all Practices, requiring their participation, before the initial collection of data.

# Implications

## Strategy Implications

This Direction supports the NHS Digital Data and Information Strategy (November 2016) as follows:

*Data content: a new collection of data that is not currently accessible to better understand and be able to better manage capacity in primary care, leading to improvements in patient access to GP services.*

This work supports NHS England's objective to strengthen primary care services, and specifically the commitment on improving access to general practice services in the GP 5 Year Forward View (to "roll out evening and weekend GP appointments, to 50% of the public by March 2018 and 100% by March 2019").

This objective is reflected in NHS England's Business Plan, the GP Forward View, and the Next Steps publication. The work is also important to inform the drive to relieve pressure on A&E by reducing the number of non-urgent attendances.

## Financial Implications

This work is intended to benefit winter pressure planning for NHS England and sits outside existing Personalised Health and Care2020 funding. NHS England has made a commitment to fund the GP Appointment Data Project, to support Winter Pressures including supplier and ongoing service costs for data landing, processing and dissemination by the NHS Digital Primary Care Data Domain.

## Stakeholder Implications & Handling

The purpose of this collection of data is to assist NHS England in their understanding of GP appointment data to help inform current state and future planning.

If this data is not collected, there will continue to be a lack of understanding of the particular pressures on NHS services over winter and other holiday periods, with respect to capacity and utilisation of appointments in general practice.

Other than NHS England the main stakeholder group is the GP Profession. NHS England is leading the engagement with the GP profession and this will be aligned with the engagement with the GP Workload Tool, which is closely related

# Risks and Issues

A risk register has been set up and is owned by GP Appointment Data project team. It continues to be closely monitored as the project develops. The highest rating risks will be presented to the GP Workload Tool Project Board every month.

Risks to be mitigated by this work:

- Improved ability to understand and manage appointments in general practice over the winter months where there is increased pressure on capacity of GP Practices and the wider healthcare system
- Assist in reducing the risk of patient not be able to access appointments when they need them and potentially reducing the burden on A&E

Risks to delivery:

- Very short timescales for delivery, including approvals for the collections
- GP Principal Clinical System Suppliers capacity to undertake development and deliver the data within the time available
- Internal NHS Digital resource capacity
- Support of the healthcare professions
- Variable data quality of collected appointment data may impact on utilisation

# Corporate Governance and Compliance

The GP Appointment Data extraction is in review by the Data Co-Ordination Sub Group and approval is expected to be achieved at the 14 September 2017, Data Co-Ordination Board (DCB) meeting.

Following DCB assurance of the collection and the NHS Digital Board acceptance of the Direction, a Data Provision Notice will be issued to all general practices in England at least six weeks prior to the data extraction taking place.

Once the data has been collected and processed by NHS Digital, it will be passed to NHS England who will carry out the majority of analysis and further use of the data. The data will be published by NHS Digital and will contain no patient identifiable information. Any publication would clearly highlight any caveats and data quality issues associated with the information.

Funding for the project will be governed by a Provision Of Service Agreement (POSA) between NHS England and NHS Digital.

# Management Responsibility

The responsible NHS Digital Executive Director is Nic Fox, Director of Provider Digitisation and Programmes. The NHS Digital Programme Director is Martin Warden and Programme Head for delivery of the GP Appointment Data Project, to support Winter Pressures is Steve Roe.

Business Sponsor is Matthew Swindells, National Director: Operations and Information, NHS England. As this project will operate within Domain C SRO is Will Smart, CIO for Health and Social Care.

# Actions Required of the Board

Accept the draft Direction from NHS England for the collection of the specified data items relating to GP appointment data.

The first collection is planned to take place in November 2017.

**D I R E C T I O N S**

# NATIONAL HEALTH SERVICE, ENGLAND

## The Health and Social Care Information Centre (Establishment of Information Systems for NHS Services: General Practice Appointments Data Collection in Support of Winter Pressures) Directions 2017

The National Health Service Commissioning Board gives the following Directions to the Health and Social Care Information Centre in exercise of the powers conferred by sections 254(1), (3) and (6) of the Health and Social Care Act 2012.

In accordance with section 254(5) of the Health and Social Care Act 2012, the National Health Service Commissioning Board has consulted the Health and Social Care Information Centre before giving these Directions[1].

**Citation, commencement and interpretation**

1. These Directions may be cited as The Health and Social Care Information Centre (Establishment of Information Systems for NHS Services: General Practice Appointments Data Collection in Support of Winter Pressures) Directions 2017 and shall come into force on **[DATE]**.

2. In these Directions–

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|---|---|
| "The 2012 Act" | means the Health and Social Care Act 2012[2]; |
| "The Board" | means the National Health Service Commissioning Board[3]; |
| "HSCIC" | means the Health and Social Care Information Centre[4]; |

[1] S.I. 2013/259
[2] 2012 c7
[3] The National Health Service Commissioning Board was established by section 1H of the National Health Service Act 2006 (2006 c 41.), and operates as NHS England.
[4] The Health and Social Care Information Centre is a body corporate established under section 252(1) of the Health and Social Care Act 2012

| | |
|---|---|
| "Relevant Organisation" | means General Practices in England; |
| "Specification" | means the Winter Pressures Collection Information System Specification version 1.0 approved on 16/08/2017, and annexed to these Directions at Annex A or any subsequent amended version of the same document approved by the Board which supersedes any previous version; |
| "Technical Output Specification" | means Part 2 of the Specification: Data Requirements. |

**Establishing and Operating the General Practice Winter Pressures Collection Information System**

3. – (1) Pursuant to its powers under sections 254(1) and 254(6) of the 2012 Act, the Board directs the HSCIC to establish and operate a system for the collection of the information described in sub-paragraph (2) from Relevant Organisations, such system to be known as "General Practice Appointments Data Collection in Support of Winter Pressures Information System".

   (2) The information referred to in sub-paragraph (1) is set out in the Technical Output Specification.

   (3) The Board directs HSCIC to carry out the activities described in sub-paragraph (1) in accordance with the Specification and generally in such a way as to enable and facilitate the purposes that are described in the Specification at Annex A.

**S254(3) - Requirement for these Directions**

4. In accordance with section 254(3) of the 2012 Act, the Board confirms that it is necessary or expedient for it to have the information which will be obtained through the HSCIC complying with these Directions in relation to the Board's functions in connection with the provision of NHS Services.

**Fees and Accounts**

5. Pursuant to sub-section 254(7) of the 2012 Act, HSCIC is entitled to charge a reasonable fee in respect of the cost of HSCIC complying with these Directions.

6. The HSCIC must keep proper accounts, and proper records in relation to the accounts, in connection with the General Practice Appointments Data Collection in Support of Winter Pressures Information System.

**Review of these Directions**

7. These Directions will be reviewed when the Specification is amended. This review will include consultation with the HSCIC as required by sub-section 254(5) of the 2012 Act.

**Signed by authority of the NHS Commissioning Board**

**Sir Bruce Keogh**
**Caldicott Guardian**

**[INSERT DATE]**

**Annex A – Specification**

GP Appointment
Data Collection Specif

# Board Meeting – Public Session

| | |
|---|---|
| **Title of paper:** | **Patient Level Information Costing (PLICS) Mental Health Pilot Mandatory Request** |
| Board meeting date: | 06 September 2017 |
| Agenda item no: | NHSD 17 03 04 c i |
| Paper presented by: | Tom Denwood<br>Executive Director of Data and Integration |
| Paper prepared by: | John Winter<br>Programme Manager, Data Content and New Data Collections |
| Paper approved by: (Sponsor Director) | Tom Denwood<br>Executive Director of Data and Integration |
| Purpose of the paper: | Board acceptance of an NHS Improvement Mandatory Request |
| Additional Documents and or Supporting Information: | The Mandatory Request |
| Please specify the key risks and issues: | 1. **Risk:** In delivering a solution which is not fully fit for purpose. *Mitigation*: Close working with client to refine the data volumes, elaborate technical requirements and implement the systems needed.<br>2. **Risk**: Burden of the collection on providers will need to be monitored. *Mitigation*: Pilot collection is voluntary and providers are being supported by NHSI to implement PLICS IT systems/processes.<br>3. **Risk**: Failure to deliver to the client expectations due to insufficient resource and timescales. *Mitigation*: Capability exists. Capacity managed through internal prioritisation and escalation processes. |
| Patient/public interest: | Direct: This is a pilot of a new collection of record-level patient data |
| Supplementary papers: | The Mandatory Request is saved in Shared Documents:<br>• SP1_MandatoryRequest_Supplementary |
| **Actions required by the Board:** | The NHS Digital Board is requested to accept the NHS Improvement Mandatory Request |

# An NHS Improvement Mandatory Request to NHS Digital

## PLICS (Patient Level Information and Costing Systems) Mental Health pilot

Published September 2017

Information and technology
for better health and care

# Contents

# 1 Executive Summary

The paper requests Board acceptance of the attached Mandatory Request.

PLICS data is an enabler for the overall sector Costing Transformation Programme[1] to deliver productivity and efficiency savings identified in the NHS Five Year Forward View, through a step change in the quality of costing information.

It will enable improvements in cost management and efficiency; cost benchmarking, sector development and price system efficiency.

This Mandatory Request enables the voluntary collection of data to be received by NHS Digital to enable our role in supporting the Costing Transformation Programme.

A Mandatory Request for a small scale pilot of PLICS acute data was previously accepted by the NHS Digital Board and implemented by NHS Digital between June and October 2016.

Following the success of that pilot, NHS Improvement requested NHS Digital to further develop a PLICS system on a larger scale in 2017 for acute data. That Mandatory Request was approved at the NHS Digital Board on 28 March 2017, with the IT systems now implemented and the data collection in progress.

Data linkage to other datasets is subject to application via the Data Access Request Service (DARS).

# 2 Background

This Mandatory Request for PLICS Mental Health data builds on the above work.

This pilot will involve a live patient identifiable data collection, data linkage, data quality and validation and data supply, to provide pseudonymised PLICS data to NHS Improvement for onward processing and analysis.

The data would be collected and processed by NHS Digital via existing tools. These systems will be further developed to receive the new dataset, enable the large data volumes required by PLICS data and carry out the required data validations and processing.

The aim is to confirm the utility of PLICS Mental health data and refine the systems and processes ahead of wider roll-out and data collection from a larger number of Mental Health Trusts in 2018.

NHS Digital will issue pseudonymised record level data to NHS Improvement for analysis. It is necessary for external organisations to make requests for record level data via the Data Access and Request Service (DARS).

[1] Transforming patient-level costing in the NHS: https://improvement.nhs.uk/resources/transforming-patient-level-costing/

# 3 Recommendation

The Mandatory Request is required to ensure NHS Digital has a legal basis for the collection and landing of the new data items included in the pilot collection.

It is recommended that the NHS Digital Board accept the attached Mandatory Request to enable the receipt of the data.

# 4 Implications

## 4.1 Strategy Implications

The information gathered from the Costing Transformation Programme will be used to enable NHS Improvement to perform its pricing and licensing functions under the Health and Social Care Act 2012 more effectively.

Within NHS Digital, this work fits with our strategy and purpose to be the organisation that collects and disseminates health and care data. NHS Improvement is a key partner for NHS Digital.

It is beneficial for the system overall to use existing NHS Digital tools, technology and knowledge to collect these data.

Continued NHS Digital involvement in collecting a new type of PLICS data will help in understanding the dataset further, in preparation for the proposed national collection of PLICS data in subsequent years as part of the Costing Transformation Programme.

A milestone for the PLICS data collection from Mental Health Trusts (PO code 26.15) is included in the “P2020 Ministerial Commitments, Key Outcomes and Key Milestones” during 2017.

## 4.2 Financial Implications

The total costs of the work to implement the Mandatory Request are forecast to be £151,791.06.

Funding for implementation of this Mandatory Request is budgeted for and covered by a Business Justification for the Data Content and New Data Collections Programme within National Information Board (NIB) Domain H approved by the Technology and Data Investment Board (TDIB) on 07 July 2017.

There are no associated commercial activities for implementation of this Mandatory Request.

## 4.3 Stakeholder Implications

Accepting this Mandatory Request supports on-going partnership working with NHS Improvement. There are no other major stakeholder implications associated with this Mandatory Request.

## 4.4 Handling

There are no major handling issues directly associated with accepting this Mandatory Request.

NHS Improvement is managing the communications with the 4 pilot Trusts, as part of the wider Costing Transformation Programme.

NHS Digital will:

1) Provide technical expertise as an input to the NHS Improvement communications where required, in order to implement the required systems and de-risk the data collection process.
2) Issue some complementary communications where required by NHS Digital processes and operational emails to Trusts to enable the data collection process.

The Mandatory Request and this paper have been reviewed by the NHS Digital Media Team.

# 5 Risks and Issues

## 5.1 Risks

1. There is a risk in delivering a solution which is not fully fit for purpose. This will be mitigated by NHS Digital and NHS Improvement working closely to refine the data volumes, elaborate technical requirements and implement the systems needed.
2. The burden of the collection on providers will need to be monitored, though it should be noted that the pilot collection is voluntary and providers are being supported by NHS improvement to implement the PLICS IT systems and processes.
3. There is a risk of a failure to deliver to the stakeholder's expectations due to insufficient resource levels and concise timescales. The staff resources, which are required across a number of NHS Digital internal teams, are known and understood by the teams concerned. This risk is being mitigated through internal prioritisation and escalation processes.

# 6 Corporate Governance and Compliance

As part of the consultation process, this Mandatory Request was reviewed at the Executive Management Team meeting on 10 August 2017.

NHS Digital Information Governance (IG) colleagues have been consulted in the development of the Mandatory Request and are assured the contents are appropriate from an IG perspective.

The legal basis for the collection is described in the Mandatory Request. All Mandatory Requests are referred to the NHS Digital Board for consideration and acceptance.

# 7 NHS Digital Management Responsibility

- Tom Denwood, Executive Director of the Data and Integration portfolio
- Jackie Shears, Programme Director, Data Content and New Data Collections
- Jill Sharples, Programme Head, Data Content and New Data Collections
- John Winter, Programme Manager, Data Content and New Data Collections, has the day to day responsibility for delivery of this pilot

# 8 Actions Required of the Board

- The NHS Digital Board is requested to accept the NHS Improvement Mandatory Request.

NHSI
Wellington House,
133-155 Waterloo Road,
London,
SE1 8UG

Health and Social Care Information Centre
1 Trevelyan Square
Boar Lane
Leeds
West Yorkshire
LS1 6AE

1st August 2017

Dear Rob Shaw

**NHS I's Mandatory Request to NHS Digital – PLICS Mental Health Pilot**

I am writing to the Health and Social Care Information Centre (now known as and referred to in this letter as "NHS Digital") on behalf of Monitor (referred to in the rest of this letter as "NHS Improvement"). Further to the collection of Patient Level Costing Information Systems ('PLICS') Acute data carried out by NHS Digital pursuant to NHS Improvement's mandatory request dated 11 April 2017, we are writing to make a further mandatory request under section 255 of the Health and Social Care Act 2012 ("HSCA") that NHS Digital establish and operate a system for the collection and analysis of PLICS Mental Health data.

I've set out below full details of the relevant functions of NHS Improvement and the data collection required.

**NHS Improvement's functions**

Under Chapter 4, Part 3 of the HSCA, NHS Improvement, working with NHS England, is responsible for developing, publicising and enforcing the national tariff, which sets out the price payable by commissioners for NHS services.

NHS Improvement is also responsible for licensing providers of NHS services under Chapter 3, Part 3 of the HSCA. The licence includes a set of standard licence conditions, including:

- conditions applicable to foundation trusts relating to governance arrangements (e.g. there is a requirement for licensees to establish and implement systems and/or processes to ensure compliance with licensee's duty to operate efficiently, economically and effectively); and
- conditions that enable us to fulfil our duties in partnership with NHS England to set prices for NHS care by requiring providers to collect costing information.

Three licence conditions relate to costing:

**Pricing condition 1: Recording of information**. Under this licence condition, we can require licence holders to record information, including cost information, in line with our published guidance. Such information must be recorded using our 'approved reporting currencies' and in accordance with our *Approved costing guidance*.

**Pricing condition 2: Provision of information**. Having recorded the information in line with pricing condition 1, licence holders can be required to submit this information to us, as well as other information and reports we may require for our pricing functions.

**Pricing condition 3: Assurance report on submissions to NHS Improvement**. It is important for price setting that the information submitted is accurate. This condition allows us to require licence holders to submit an assurance report confirming that the information they have provided is accurate.

Although NHS trusts do not have to hold a provider licence, they too must comply with the requirements of these licence conditions under the NHS Trust Development Authority's regime for NHS trusts.

NHS Improvement has a general power under paragraph 15 of Schedule 8 to the HSCA to do anything which appears to it to be necessary or expedient for the purposes of, or in connection with, the exercise of our function.

**Costing Transformation Programme**

Understanding how providers spend money is essential in tackling short-term deficits; supporting the development of new models of care and reducing the variation in resource utilisation.

Benchmarking using current Reference Cost data cannot identify precisely where there is potential for efficiency gains. Such data is limited in its ability to reflect the complexity of patient care and identifying cost variation between individual patients. By introducing a standardised method of reporting cost information at patient level this can be rectified. This is known as Patient Level Costing Information Systems (PLICS).

NHS Improvement's Costing Transformation Programme (CTP), was established to implement PLICS across Acute, Mental Health, Ambulance and Community providers. The programme entails:

- Introducing and implementing new standards for patient level costing;
- Developing and implementing one single national cost collection to replace current multiple collections;
- Establishing the minimum required standards for costing software and promoting its adoption; and

- Driving and encouraging sector support to adopt Patient Level Costing methodology and technology.

The information gathered from this programme will be used to enable NHS Improvement to perform its pricing and licensing functions under the HSCA more effectively. It will:

- inform new methods of pricing NHS services;
- inform new approaches and other changes to the design of the currencies used to price NHS services;
- inform the relationship between provider characteristics and cost;
- help trusts to maximise use of their resources and improve efficiencies, as required by the provider licence;
- identify the relationship between patient characteristics and cost; and
- support an approach to benchmarking for regulatory purposes.

**Mandatory request**

Under section 255 of the HSCA, we hereby request that NHS Digital establishes and operates a system for the collection and analysis of PLICS Mental Health data. This system will build on those System Requests for PLICS Acute data undertaken by NHS Digital from June 2016 that concluded in October 2016 and further undertaken from June 2017.

The system to be established and operated under this request will need to have the following functionality:

- Data collection - ability for providers to submit PLICS Mental Health data direct to NHS Digital;

- Potential to link PLICS data with data from Mental Health Services Data Set (MHSDS) (NIC- 15814 -C6W9R) already held by NHS Digital;

- Data Quality and validation; and

- Data Supply – the functionality to provide pseudonymised PLICS Mental Health data to NHS Improvement for onward processing and analysis, including a consistently pseudonymised NHS Number for linking patient costs across Acute and Mental health services in the collection year.

NHS Digital is requested not to publish the data collected as part of this Mandatory Request.

The below summarises the data types and tables requiring collection by NHS Digital as part of the Costing Transformation programme; collectively these will form the data extract requested by NHS Improvement:

- **Reconciliation table**[1]
  - Message header
  - Final audited accounts table
  - Cost group main table
  - The cost group sub table

- **Patient level table**
  - Message Header
  - Activity Records; and
  - Activity Cost Records

The detail of what is included for each of the above is found at **Annex A**.

To build on the system established by those System Requests for PLICS Acute data, NHS Improvement would like to investigate further the PLICS Mental Health data set. Volunteer provider trusts who have agreed to participate in this data collection exercise expected to take place over the period of October 2017 to March 2018 (inclusive) are listed at **Annex B** ('Volunteer Provider Trusts'). In the event any of the Volunteer Provider Trusts are not able to participate in this data collection, then NHS Improvement shall provide an updated **Annex B** to NHS Digital at the earliest opportunity.

The collection year begins on 1 April 2016 and ends on 31 March 2017. All mental health referrals completed within the collection year or still open at the end of the collection year, with any associated hospital provider spells or contacts in the year are in scope of this collection.

Only those activity cost records for resources used and activities undertaken within the collection year should be included, regardless of when the referral started or ended.

Unless it is deemed by the NHSI Costing Director that the system for the collection and analysis of PLICS Mental Health data established and operated pursuant to this request is deemed ineffective at any point during this programme of works, NHS Improvement shall continue to request NHS Digital to collect and analyse PLICS Mental Health data from any of those Volunteer Provider Trusts in accordance with this request.

We have set out above how the collection of PLICS Mental Health data is relevant to our pricing functions. We consider that the information which could be obtained by complying with the request is information which it is necessary or expedient for NHS Improvement to have in relation to its discharge of its duties:

(a) in relation to the pricing of health care services provided for the purposes of the NHS; in particular, its duty to prepare and publish the national tariff (section 116 and 118 of the HSCA);

[1] These tables are not final and are subject to change. Any changes shall be notified to NHS Digital and updated tables provided to NHS Digital as soon as practicable.

(b) in relation to the licensing of providers of NHS services; in particular, its duty to oversee and enforce the licence (see Part 3 of Chapter 3 of the HSCA); and
(c) generally in relation to the exercise of its functions, in particular its duty under section 62(1) of HSCA in exercising its functions to protect and promote the interests of people who use health care services by promoting provision of health care services which is economic, efficient and effective, and maintains or improves the quality of the services.

"Monitor" is listed as a "principal body" under section 255(9) of the HSCA. This request therefore meets the requirements for a mandatory request under section 255(4) of the HSCA and is a confidential collection request in accordance with section 256(2)(a) of the HSCA. Prior to making this request, NHS Improvement has liaised and worked with NHS Digital as required by 257(4) of the HSCA and recognises this request must go through an established system of approvals within NHS Digital.

In making this mandatory request, NHS Improvement also requests that, pursuant to section 262(4) and (5) of the HSCA that NHS Digital does not exercise the power conferred by section 261(4) of the HSCA in relation to the information which it obtains by complying with this request, other than to disseminate information to such persons, for such purposes and at such times as may be agreed between NHS Digital and NHS Improvement.

NHS Improvement hereby recognises that in submitting this request under section 255 of the HSCA, NHS Digital is entitled to charge a reasonable fee pursuant to section 257 (3) in respect of the cost of complying with this request from NHS Improvement.

Yours sincerely

(Costing Director to sign)

# Annex A

### Costing Transformation Programme Data Extract Requirements

NHS Digital is being asked to collect the below information, which collectively form the extract requested by NHS Improvement:

- **1) Reconciliation table**
  - The message header
  - The final audited accounts table
  - The cost group main table
  - The cost group sub table

- **2) Patient level table**
  - The message header
  - The activity records
  - The activity cost records

## 1) Reconciliation table

**Message Header**

| Field Name | Description |
|---|---|
| ORGANISATION CODE (CODE OF SUBMITTING ORGANISATION) | This is the ORGANISATION CODE of the ORGANISATION acting as the physical sender of a Data Set submission. |
| REPORTING PERIOD START DATE | The reporting period start date to which this file refers |
| REPORTING PERIOD END DATE | The reporting period end date to which this file refers |
| Extract Creation Date Time | The date and time the extract was created |
| Feed Type | The PLICS data set type the extract covers (i.e. MH to denote Mental Health) |

### Final audited accounts table

| Field Name | Description |
|---|---|
| Final audit accounts ID | Identifier which describes the financial transactions charged to the statement of comprehensive income |
| Cost or Income value | Financial transaction value |

### Cost group main table

| Field Name | Description |
|---|---|
| Cost group ID | Identifier to report costed activities |
| Total Cost | The unit costs on a full absorption basis, which should equal the sum of patient facing and support costs (department and organisation) for each resource reported |
| Other operating income | Income from non-patient-care services |

### Cost group sub table

| Field Name | Description |
|---|---|
| Cost group ID | Identifier to report costed activities |
| Service ID | Identifier to report services within a cost group |
| Other operating income | Income from non-patient-care services |
| Total Cost | The unit costs on a full absorption basis, which should equal the sum of patient facing and support costs (department and organisation) for each resource reported |
| Activity | The number of Hospital Provider Spells, Care Contacts or other activity (if not attributable at patient level) during a reporting year for a service |

## 2) Patient level Table

### Message Header

| Field Name | Description |
|---|---|
| ORGANISATION CODE (CODE OF SUBMITTING ORGANISATION) | This is the ORGANISATION CODE of the ORGANISATION acting as the physical sender of a Data Set submission. |
| REPORTING PERIOD START DATE | The reporting period start date to which this file refers |
| REPORTING PERIOD END DATE | The reporting period end date to which this file refers |
| Extract Creation Date Time | The date and time the extract was created |
| Feed Type | The PLICS data set type the extract covers (i.e. MH to denote Mental Health) |
| Number of Activity Records | The total number of activity records included in the extract |
| Total Costs | The total sum of the costs within the extract |

### Activity Records

| Field Name | Description |
|---|---|
| ORGANISATION CODE (CODE OF PROVIDER)* | This is the ORGANISATION CODE of the ORGANISATION acting as a Health Care Provider.<br><br>This organisation code will be concatenated with Hospital Provider Spell Number and with Care Contact ID to create additional IDs that are unique in national data, in accordance with current processing of MHSDS submissions. These will support linkage to MHSDS data already submitted to NHS Digital. |
| SERVICE REQUEST IDENTIFIER* | The unique identifier for a SERVICE REQUEST.<br><br>This ID will be used to link PLICS data to MHSDS data already submitted to NHS Digital. |
| HOSPITAL PROVIDER SPELL NUMBER* | A unique identifier for each Hospital Provider Spell for a Health Care Provider.<br><br>This unique number will be used to link PLICS data to MHSDS data already submitted to NHS Digital. |

* These data items are described in the national data standard SCCI0011 Mental Health Services Dataset version 1.1 and will be records already submitted in monthly MHSDS submissions during 2016/17.

| | |
|---|---|
| START DATE (HOSPITAL PROVIDER SPELL)* | The start date of a Hospital Provider Spell.<br><br>This date supports the validation of PLICS data according to the start and end date of the collection year. |
| DISCHARGE DATE (HOSPITAL PROVIDER* SPELL) | The discharge date from a Hospital Provider Spell.<br><br>This date supports the validation of PLICS data according to the start and end date of the collection year. |
| CARE CONTACT IDENTIFIER* | The CARE CONTACT IDENTIFIER is used to uniquely identify the CARE CONTACT within the Health Care Provider.<br><br>This ID will be used to link PLICS data to MHSDS data already submitted to NHS Digital. |
| CARE CONTACT DATE* | The date on which a Care Contact took place, or, if cancelled, was scheduled to take place.<br><br>This date supports the validation of PLICS data according to the start and end date of the collection year. |
| MHSDS Source table flag | There is a requirement to enable the use of a flag to indicate which table in the MHSDS the activity relates to (i.e. Care Contact or a Hospital Provider Spell).<br>The flag will be used purely to enable validation of the data at the point of generating the data.<br><br>The flag will reference the MHSDS table reference number, which will be either MHS201 (Care Contact) or MHS501 (Hospital Provider Spell). This flag will either be one of the two IDs but it will not be both. |

### Activity Cost Records

| Field Name | Description |
|---|---|
| Collection Activity ID | Unique identifier to report activities, which are measurable amount of work, performed using resources to deliver elements of patient care. Patient activity can be recorded and reported through various feeding systems. |
| Collection Resource ID | Unique identifier to report resources, which are components used to deliver activities, such as staffing, supplies, systems and facilities. |
| Collection Activity count | The number or duration of activities undertaken, e.g. number of tests or duration in theatre |
| Total cost | The unit costs on a full absorption basis, which should equal the sum of patient facing and support costs (department and organisation) for each resource reported |

# Annex B

## Volunteer Provider Trusts

| Trust Name |
| --- |
| Central and North West London NHS Foundation Trust |
| North Staffordshire Combined Healthcare NHS Trust |
| Oxford Health NHS Foundation Trust |
| West London Mental Health trust |

# Board Meeting – Public Session

| **Title of paper:** | **Board and Board Sub-Committee Terms of Reference (ToR) Annual Review 2017-18** |
|---|---|
| Board meeting date: | 06 September 2017 |
| Agenda item no: | NHSD 17 03 04 e |
| Paper presented by: | NHS Digital Chair |
| Paper prepared by: | Nicola Rhodes, Senior Secretariat Support Manager |
| Papers approved by: | The Chair and the relevant sub-committee Chairs |
| Purpose of the paper: | The Terms of Reference (ToR) for the Board and two of its sub-committees have been reviewed as part of the annual review and a number of changes have been proposed.<br><br>Board approval is sought for the revised (ToR) for the Board and the following committees:<br>• NHS Digital Board<br>• Remuneration Committee<br>• Investment Committee<br><br>ToR for the outstanding Committees will be submitted to the November Board for approval which include:<br>• Assurance and Risk Committee<br>• Information Assurance and Cyber Security Committee |
| Key risks and issues: | It is important that these documents are kept up to date and relevant to reflect changes in the organisation to ensure that business is transacted and/or conducted correctly. |
| Patient/public interest: | The documents record the responsibilities and delegations for NHS Digital's Board and its sub-committees. They set out the terms of reference under which the statutory meetings of NHS Digital operate. |
| **Actions required by the Board:** | Board approval is sought for the revised ToR of the Board and the Board's sub-committees |

# NHS Digital Board Terms of Reference and Code of Practice

Date: 2017-18

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# Contents

# 1 Constitution

NHS Digital legally known as the Health and Social Care Information Centre (NHS Digital) was established on 01 April 2013 as an executive non-departmental public body (ENDPB) under the Health and Social Care Act 2012.

As an ENDPB, the organisation is accountable to the Secretary of State for Health for discharging its functions, duties and powers effectively, efficiently and economically.

# 2 Membership

The Board of NHS Digital must comprise:

- At least six non-executive members including the Chair
- Not more than five other executive members who are employees of NHS Digital and are appointed by the non-executive members. One of the executive members must be appointed as the Chief Executive Officer (CEO) but the appointment may not be made without the approval of the Secretary of State. The first CEO was appointed by the Secretary of State.

Further details including the conduct of meetings and the roles and responsibilities of the Chair, Board, CEO and the Senior Independent Director are set out in the Corporate Governance Manual.

The NHS Digital Secretary to the Board will minute the Board meetings.

# 3 Quorum

Meetings are quorate when at least one-third of the membership is present (including at least two non-executives, one of whom must be the Chair or Vice-Chair).

# 4 Attendance

In addition to Board members, other members of the Executive Management Team may attend the Board at the discretion of the Chair. They will not have voting rights. Whilst in office a Board Member is expected to attend the majority of statutory Board meetings. A Board Member may be removed from office if he/she is absent from more than two consecutive statutory meetings (or more than three meetings in any twelve month period) unless at the Chair's discretion the absence is due to illness or another reason agreed by the Chair. In such circumstances the Chair can allow a Board Member to remain in post.

Observers, such as members of the public, the Department of Health Sponsor team, representatives of other stakeholder organisations and representatives of the press can also attend the meetings.

# 5 Access

Observers may attend all formal meetings of NHS Digital Board but will be required to withdraw upon the Board or Committee resolving:

*'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)'*

Observers wishing to attend must register their interest via the NHS Digital web site at least three working days before the meeting.

Agendas and papers for the public session of the Board will be available on the NHS Digital website one working day before the meeting date. Queries about the public session can be raised by notifying the Secretary to the Board (execofficeteam@nhs.net) beforehand so that these, at the discretion of the Chair, may be covered as part of the Board discussion.

From time to time, the Board might need to consider commercial or staff in confidence agenda items that cannot be discussed in public. In that event a private session will also be held without any observers.

# 6 Frequency

The Board will meet at least six times a year in public.

# 7 Appendix A

## 7.1 Current Members of the Board

### 7.1.1 The Non- Executive Board Members:

- Noel Gordon - Chair
- Dr Sarah Blackburn - Vice Chair
- Sir Ian Andrews – Senior Independent Director
- Dr Marko Balabanovic
- Daniel Benton
- Professor Soraya Dhillon MBE
- Professor Sudhesh Kumar
- Rob Tinlin

### 7.1.2 The Executive Members of the Board:

- CEO
- Deputy CEO
- Director of Finance and Corporate Services
- Director of Data and Integration
- Interim Director of Operations & Assurance Services and Senior Information Risk Owner (SIRO)

### 7.1.3 Ex Officio Members of the Board (without voting rights):

- Jonathan Marron - Director General for Community Care at the Department of Health
- Professor Keith McNeil - Chief Clinical Information Officer (CCIO)
- Professor Martin Severs – Medical Director and Caldicott Guardian, NHS Digital

### 7.1.4 Other Members of the Executive Management Team:

May attend the Board at the discretion of the Chair.

# NHS Digital Remuneration Committee

## Terms of Reference

Date: 2017-18

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# Contents

# 1 Constitution

The NHS Digital Board hereby resolves to establish a committee of the Board to be known as the Remuneration Committee. The Remuneration Committee will meet as required by the Chair of the Board but this would normally be at least three times a year.

# 2 Membership

The Remuneration Committee will be appointed by the Board from amongst the independent non-executive Directors of the NHS Digital and will consist of the Board Chair, who will act as Chair of the Committee and three non-executive directors.

# 3 Quorum

A quorum shall be the Chair and two non-executive directors.

# 4 Attendance

The Chief Executive and Director of Workforce will attend the meetings in an advisory capacity but will withdraw when a matter concerning their remuneration package or other matter of individual confidentiality is being discussed or documented.

The Secretary to the Board will attend to minute the meetings but will be required to withdraw when requested by the Chair.

# 5 Authority and Responsibility

The Board has delegated full responsibility to the Remuneration Committee to:

- Make recommendations to the Department of Health (DH) on the level of the remuneration packages of the CEO and other executive directors within the provisions of the Pay Framework for Very Senior Managers (VSMs) or successor arrangements
- Determine pay arrangements for medical and other staff groups who are not subject to Agenda for Change (AfC), VSM or TUPE  protected terms and conditions of employment
- Maintain an overview of senior non-medical staff pay (currently defined as over £100,000 per annum, including any award of Performance Related Pay) to ensure that pay remains consistent with public pay policy
- Approve the level of any annual performance related pay awards to NHS Digital staff on ex-Civil Service terms and conditions
- Approve the annual performance objectives and targets of Executive Directors
- Monitor and evaluate the performance of VSMs and make recommendations to DH on any proposed annual performance pay awards within the total of VSM pay bill which

may be used for performance related pay (as set annually by DH, taking account of the recommendations of the Senior Salaries Review Body)

- Ensure that pay arrangements are appropriate in terms of Equal Pay requirements.
- Consider and approve redundancy payments and other (often TUPE related) exceptional matters
- Ensure that all matters relating to pay and conditions that require approval from the Department of Health Remuneration Committee or other external authority are submitted for approval and that the decisions of those bodies are appropriately implemented.
- Review and make recommendations on the size, composition and structure of the Board. Including assessment and making recommendations to the DH of the skills, knowledge and experience required for new Board appointments. This includes the Board succession planning process, including the pipeline of talent management.
- Oversee pay related diversity and inclusion matters in respect to protected characteristics within the workforce.
- Review at a minimum annually the expenses and subsistence claims of both Executive Directors and Non-Executive Directors.

# 6 Review

The membership and terms of reference of the Remuneration Committee will be reviewed annually.

The effectiveness of Remuneration Committee should be formally reviewed on an annual basis.

# NHS Digital
# Investment Committee

## Terms of Reference
## May 2017

Information and technology
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# Contents

# 1 Introduction

The NHS Digital Board hereby resolves to establish a Committee of the Board to be known as the Investment Committee (IC).

# 2 Membership

The IC will be appointed by the NHS Digital Board, and its membership will comprise of two non-executive Directors, the CEO, the Director of Finance and Corporate Services and another executive as appointed by the NHS Digital Board.

The NHS Digital Board will appoint the Chair of the Committee from the non-executive members of the Committee, and this appointment will be reviewed on an annual basis.

# 3 Quorum

A quorum will be two non-executive members (or named deputies) along with the NHS Digital's Chief Financial Officer (or a named deputy in his absence).

If there is a split view on a decision, the Chair of the Committee will have casting vote.

# 4 Attendance

The Chair of the IC may invite attendees as they feel appropriate.

The Secretary to the Board or nominee will attend all meetings to ensure coordination of the Board's committees. The minutes of the IC will be taken by a member of the Executive Office team.

# 5 Frequency

Meetings shall be held not less than six times a year, however will generally meet more regularly. The meetings arrangements are at the discretion of the Chair, with the default of meetings being held virtually using the appropriate technology.

# 6 Authority

The Committee is authorised to investigate any matter within its terms of reference and to request the resources to do so. The Committee also has the right of access to all information that it deems relevant to fulfil its duties.

The Committee is empowered to obtain external professional advice and to invite external advisers with relevant experience to attend if necessary.

# 7 Duties

The IC will receive and review all business cases and proposed new commercial agreements (contracts and contract change notes) that exceed delegated limits of the executive team as set out in the NHS Digital Corporate Governance Manual.

## 7.1 Assurance of business cases

The role of the IC is to ensure that, in proceeding to deliver the proposed programme, NHS Digital take on an acceptable level of delivery risk with respect to the obligations and accountability of the Accounting Officer. In addition, the IC will provide assurance to the Digital Delivery Board (DDB) that NHSD is able to meet the delivery ask of it.

Specifically, the IC wil be concerned with the risk of delivery with respect to the proposal, including whether the proposals:

- provide a value for money solution to meet the requirements of the DDB and the SRO, and does not exceed the required scope
- have appropriate management and resourcing arrangements, including agreed commercial strategy and risk management
- are technically robust
- are affordable
- are clinically safe
- have robust proposals for cyber security and information security
- have acceptable level of compliance risk, particularly with respect to information governance, procurement and vires

Following IC endorsement, the business case will be submitted to the Technology and Data Investment Board (TDIB) on behalf of the DDB.

## 7.2 Commercial Consideration

### 7.2.1 Approving new commercial agreements

The role of the IC is to ensure that new commercial agreements entered into by NHS Digital:

- are within approved spending limits and within approved scope
- will deliver the requirements of the programmes and services
- will deliver value for money
- are legally and regulatory compliant
- are consistent with the organisations Commercial Strategy
- have appropriate management, including contract management arrangements, risk management and control arrangements
- whether the spread of risk between NHSD and commercial partnerns is appropriate and acceptable.

Where the contracts are above the delegated authority for NHS Digital they will be submitted to the DH for further approval.

### 7.2.2 Commercial dependency

The IC will consider each investment proposal and or business case where a non-contracted delivery dependency arises. IC will assess whether:

- the deliver arrangements of the investment are appropriate
- relationships are legally and regulatory compliant
- are consistent with the organisations Commercial Strategy
- have appropriate management, risk and control arrangements
- the spread of risk between NHSD and third-parties is appropriate and acceptable.

# 8 Administration and management

The agenda shall be determined by the Chair in consultation with the Director of Finance and Corporate Services.

Items for inclusion on the agenda shall be submitted to the Chair at least 10 working days prior to the meeting.

The agenda and papers will normally be circulated five working days prior to the meeting.

# 9 Accountability and reporting

The IC is accountable to the NHS Digital Board

The minutes of the IC meetings will be recorded and maintained. The Chair of the Investment Committee will report verbally to each NHS Digital statutory public Board meeting with any required discussion and action points being raised to the private session of the statutory Board.

The Chair of the Committee will draw to the attention of the Board any issues which require disclosure to the full Board, including those that affect NHS Digital's financial strategy or require executive action.

The IC will report to the Board annually at the end of the financial year in the form of a written report.

The IC will annually review its terms of reference and its own effectiveness and recommend any necessary changes to the full Board.

# Board Meeting – Public Session

| | |
|---|---|
| **Title of paper:** | **Forthcoming Statistical Publications** |
| Board meeting date: | 06 September 2017 |
| Agenda item no: | NHSD 17 03 06 a |
| Paper presented by: | N/A - For information |
| Paper prepared by: | Chris Roebuck<br>Director of Publications and Head of Profession for Statistics |
| Paper approved by: (Sponsor Director) | Tom Denwood, Director of Data and Integration |
| Purpose of the paper: | This paper describes NHS Digital Official (and National) Statistics publications published in July 2017 and planned for September and October 2017, and media and web coverage for publications released in July 2017. |
| 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 06 September 2017

Information and technology
for better health and care

# Contents

# Executive Summary

This paper describes:

- NHS Digital Official (and National) Statistics publications released during July 2017 and planned for September and October 2017;
- Media coverage for press released Official Statistics publications during July 2017;
- Web activity for publications released during July 2017.

# Background

As at 01 April 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 2016/17 financial year (01/04/16 to 31/03/17), NHS Digital published 292 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], publications with a planned press announcement are identified below with [PAS].

# Forthcoming and recently released publications

## Official and National statistics

### September 2017

**New releases:** None planned for September 2017

**Biennial**

| | |
|---|---|
| 13/09/2017 | Dental Working Hours 2014/15 and 2015/16, Wales Motivation Analysis Supplementary Report: Experimental Statistics |

**Annual**

| | |
|---|---|
| 13/09/2017 | Dental Earnings and Expenses 2015/16 Initial Analysis |
| 13/09/2017 | GP Earnings and Expenses 2015/16 |
| 20/09/2017 | Childhood Vaccination Coverage Statistics- England [PAS] |
| 20/09/2017 | Investment in General Practice 2012/13 to 2016/17, England, Wales, Northern Ireland and Scotland [PAS] |
| 20/09/2017 | NHS Payments to General Practice England, 2016/17 [PAS] |
| 27/09/2017 | Estates Returns Information Collection Summary page and dataset for ERIC 2016/17 [PAS] |

**Biannual** None planned for September 2017

**Quarterly**

| | |
|---|---|
| 01/09/2017 | CCG Prescribing Data April to June 2017 |
| 07/09/2017 | Statistics on Women's Smoking Status at Time of Delivery: England Provisional Quarter 1, April 2017 to June 2017 |
| 14/09/2017 | Data on written complaints in the NHS 2016-17 [PAS] |
| 14/09/2017 | Data on written complaints in the NHS 2017-18 Quarter 1, Experimental |
| 14/09/2017 | Patients Registered at a GP Practice September 2017 |
| 21/09/2017 | CCG Outcomes Indicator Set September 2017 release |
| 21/09/2017 | NHS Staff Earnings Estimates to June 2017, Provisional statistics |
| 21/09/2017 | Summary Hospital-level Mortality Indicator (SHMI) Deaths associated with hospitalisation, England, April 2016 - March 2017 [PAS] |
| 22/09/2017 | Care Information Choices, England September 2017 |

**Monthly**

| | |
|---|---|
| 05/09/2017 | Female Genital Mutilation April-June 2017 Experimental Statistics |
| 06/09/2017 | Maternity Services Monthly Statistics April 2017 Experimental statistics |

| | |
|---|---|
| 08/09/2017 | Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data April 2017 - July 2017 |
| 12/09/2017 | Children and Young People's Health Services Monthly Statistics May 2017 |
| 14/09/2017 | Provisional Accident and Emergency Quality Indicators for England July 2017, by provider |
| 15/09/2017 | Recorded Dementia Diagnoses August 2017 |
| 19/09/2017 | Mental Health Services Monthly Statistics Final June, Provisional July 2017 |
| 19/09/2017 | Out of Area Placements in Mental Health Services July 2017 |
| 21/09/2017 | NHS Sickness Absence Rates May 2017, Provisional Statistics |
| 21/09/2017 | NHS Workforce Statistics June 2017, Provisional Statistics |
| 26/09/2017 | Psychological Therapies: reports on the use of IAPT services, England June 2017 final, including reports on the integrated services pilot |
| 28/09/2017 | Learning Disability Services Monthly Statistics Commissioner Census (Assuring Transformation), August 2017, Provisional Statistics |

## October 2017

### New releases:

| | |
|---|---|
| 13/10/2017 | Patients Registered at a GP Practice October 2017; Special Topic - Practice list size comparison, October 2013 to October 2017 |

**Biennial:** None planned for October 2017

### Annual:

| | |
|---|---|
| 03/10/2017 | Hospital Admitted Patient Care Activity 2016-17 [PAS] |
| 05/10/2017 | Personal Social Services Adult Social Care Survey, England 2016-17 [PAS] |
| 05/10/2017 | Sexual and Reproductive Health Services, England 2016-17 [PAS] |
| 11/10/2017 | Mental Health Act Statistics, Annual Figures 2016-17, Experimental statistics |
| 17/10/2017 | Psychological Therapies, Annual report on the use of IAPT services 2016-17 [PAS] |
| 18/10/2017 | Dental Earnings and Expenses 2015-16 Additional Analysis |
| 19/10/2017 | National Child Measurement Programme, England 2016/17 school year [PAS] |
| 24/10/2017 | Estates Returns Information Collection ERIC 2016-17 publication |
| 25/10/2017 | Adult Social Care Activity and Finance Report, England 2016-17 |
| 25/10/2017 | Hospital Accident & Emergency Activity 2016-17 [PAS] |
| 26/10/2017 | Measures from the Adult Social Care Outcomes Framework, England 2016-17 [PAS] |
| 26/10/2017 | Quality and Outcomes Framework, Achievement, prevalence and exceptions data 2016-17 |

**Biannual:** None planned for October 2017

### Quarterly

| | |
|---|---|
| 12/10/2017 | NHS Continuing Healthcare Activity England, Quarter 1, 2017-18 |
| 12/10/2017 | NICE Technology Appraisals in the NHS in England (Innovation Scorecard) to March 2017 |
| 31/10/2017 | Seven-day Services England, April 2016 - March 2017, Experimental statistics |
| 31/10/2017 | Statistics on NHS Stop Smoking Services in England April 2017 to June 2017 |

### Monthly

| | |
|---|---|
| 04/10/2017 | Maternity Services Monthly Statistics May 2017, Experimental statistics |

| | |
|---|---|
| 11/10/2017 | Children and Young People's Health Services Monthly Statistics June 2017 |
| 12/10/2017 | Provisional Accident and Emergency Quality Indicators for England August 2017, by provider |
| 12/10/2017 | Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data April 2017 - August 2017 |
| 13/10/2017 | Recorded Dementia Diagnoses September 2017 |
| 19/10/2017 | Mental Health Services Monthly Statistics Final July, Provisional August 2017 |
| 19/10/2017 | Out of Area Placements in Mental Health Services August 2017 |
| 24/10/2017 | NHS Sickness Absence Rates April 2017 to June 2017 |
| 24/10/2017 | NHS Workforce Statistics July 2017, Provisional Statistics |
| 24/10/2017 | Psychological Therapies: reports on the use of IAPT services, England July 2017 final, including reports on the integrated services pilot and quarter 1 2017-18 |
| 25/10/2017 | Learning Disability Services Monthly Statistics Commissioner Census (Assuring Transformation), September 2017, Provisional Statistics |

## 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.

### September 2017

| | |
|---|---|
| 22/09/2017 | National Diabetes Audit Prevention Programme Pilot |
| 27/09/2017 | National Bowel Cancer Audit Cancer Survival as a Performance Indicator |

### October 2017

| | |
|---|---|
| 04/10/2017 | National Diabetes Audit Participation 2016-17 |
| 12/10/2017 | National Diabetes Audit: The National Pregnancy in Diabetes Annual Report 2016 [PAS] |
| 12/10/2017 | National Diabetes Footcare Audit Hospital Treatment Report 2014-2016 |
| 31/10/2017 | National Pulmonary Hypertension Audit 2017 |

# User and Media activity

The following tables show web and media coverage figures for Official (and National) Statistics released by NHS Digital in July 2017. 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.

# July 2017

| Publication | Date | Unique page views | Media units |
|---|---|---|---|
| Female Genital Mutilation (FGM) Annual Report 2016/17 [PAS] | 04 July 2017 | 2007 | 66 |
| Maternity Services Monthly Statistics, England - February 2017, Experimental statistics | 05 July 2017 | 377 | |
| Out of Area Placements in Mental Health Services May 2017 | 06 July 2017 | 210 | |
| NICE Technology Appraisals in the NHS in England (Innovation Scorecard): to December 2016 | 12 July 2017 | 285 | |
| Children and Young People's Health Services Monthly Statistics, England - March 2017, Experimental statistics | 12 July 2017 | 282 | |
| NHS Continuing Healthcare Activity Statistics for England, Quarter 4 2016-17 | 14 July 2017 | 457 | |
| Recorded Dementia Diagnoses - England, 2016-17 [PAS] | 14 July 2017 | 289 | 9 |
| Patients Registered at a GP Practice, July 2017; Special Topic - Practices which have opened or closed within the last year | 14 July 2017 | 780 | 33 |
| Recorded Dementia Diagnoses June 2017 | 14 July 2017 | 623 | |
| Mental Health Services Monthly Statistics: Final April, Provisional May 2017 | 20 July 2017 | 628 | |
| NHS Sickness Absence Rates: January 2017 to March 2017 and Annual Summary 2010-11 to 2016-17 | 25 July 2017 | 291 | |
| NHS Workforce Statistics - April 2017, Provisional statistics | 25 July 2017 | 630 | |
| NHS Vacancy Statistics England, February 2015 - March 2017, Provisional Experimental Statistics | 25 July 2017 | 1774 | |
| Psychological Therapies: reports on the use of IAPT services, England, April 2017 Final, including reports on the integrated services pilot and quarter 4 2016/17 | 25 July 2017 | 853 | |
| Learning Disability Services Monthly Statistics - England Commissioner Census (Assuring Transformation) - June 2017, Provisional Statistics | 27 July 2017 | 234 | |

# 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

Tom Denwood, Director of Data and Integration 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:** | **NHS Digital Board Forward Business Schedule 2017-18** |
| Board meeting date: | 06 September 2017 |
| Agenda item no: | NHSD |
| Paper presented by: | NHS Digital Chair |
| Paper prepared by: | Nicola Rhodes, Senior Secretariat Support Manager |
| Paper approved by: (Sponsor Director) | None |
| Purpose of the paper: | This paper details the NHS Digital Board forward business schedule for the financial year 2017-18.<br>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 2017-18** [i]

| 03 May 2017 | 31 May 2017 | 06 September 2017 | 08 November 2017 | 21 February 2018 | 21 March 2018 |
|---|---|---|---|---|---|
| | | ***Location:*** Room 102a & 124a, Skipton House, London SE1 6LH | ***Location:*** Diggory, Hill and Bevan, 1 Trevelyan Square, Leeds, LS1 6AE | ***Location:*** London (Venue to be confirmed) | ***Location:*** Diggory, Hill and Bevan, 1 Trevelyan Square, Leeds, LS1 6AE |
| ***Board Businessand Governance*** | ***Board Businessand Governance*** | ***Board Businessand Governance*** | ***Board Businessand Governance*** | ***Board Businessand Governance*** | ***Board Businessand Governance*** |
| Register of Interests – for information<br>Minutes of previous meeting – to ratify<br>Matters Arising – for comment<br>Progress on Action Points – for information | Register of Interests – for information<br>Minutes of previous meeting – to ratify<br>Matters Arising – for comment<br>Progress on Action Points – for information | Register of Interests – for information<br>Minutes of previous meeting – to ratify<br>Matters Arising – for comment<br>Progress on Action Points – for information | Register of Interests – for information<br>Minutes of previous meeting – to ratify<br>Matters Arising – for comment<br>Progress on Action Points – for information | Register of Interests – for information<br>Minutes of previous meeting – to ratify<br>Matters Arising – for comment<br>Progress on Action Points – for information | Register of Interests – for information<br>Minutes of previous meeting – to ratify<br>Matters Arising – for comment<br>Progress on Action Points – for information |
| ***Governance and Assurance*** | ***Governance and Assurance*** | ***Governance and Assurance*** | ***Governance and Assurance*** | ***Governance and Assurance*** | ***Governance and Assurance*** |
| Establishment of Finance and Investment Committee (FIC) and Terms of Reference (ToR)<br>Modern Slavery Act – Implication for NHS Digital | Annual Report and Accounts – for approval | • Annual Review Terms of Reference for the Board and the Board Sub-committeees | • Scheme of Delegated Financial Authorities 2017-18 (update)<br>• Board Sub-Committee Terms of Reference Annual Review 2017/18 | • Arrangements for the Annual Review of Board Effectiveness 2017-18<br>• Corporate Values & Culture (RB)<br>• Review of Corporate Governance Manual (paper) | • Corporate Governance Manual 2017-18<br>• Scheme of Delegated Financial Authorities 2017-18 (update) |
| ***Strategic Operational Delivery and Performance*** | ***Strategic Operational Delivery and Performance*** | ***Strategic Operational Delivery and Performance*** | ***Strategic Operational Delivery and Performance*** | ***Strategic Operational Delivery and Performance*** | ***Strategic Operational Delivery and Performance*** |
| Board Performance Pack<br>Data Release Audit | Update on Cyber Attack | • Board Performance Pack<br>• Corporate Business Plan Q1 Monitoring Report | • Board Performance Pack<br>• Mid-year review of Corporate Business Plan 2017-18 | • Board Performance Pack<br>• Staff Survey Results 2017-18<br>• Corporate Business Plan 2017-18 (Draft) | • Board Performance Pack<br>• Information Assurance and Cyber Security Annual Report 2017-18<br>• Corporate Business Plan 2017-18 (Final) |
| ***Strategy and Capability*** | ***Strategy and Capability*** | ***Strategy and Capability*** | ***Strategy and Capability*** | ***Strategy and Capability*** | ***Strategy and Capability*** |
| • GP Centric Deep Dive<br>• Social Care Centric Deep Dive<br>• Child Protection Information Sharing<br>• Workforce Capabilty Planning | | • Transforming Statistical Services: What will be different one year from now TD | • Sustainability Development Management Plan (paper)<br>• Progress Towards a Patient Centric Digital Health and Care System (JH) | • National Back Office Tracing Service Review (paper) TD/MS (NED Sir Ian Andrews)<br>• International Engageent (paper) RS | |
| ***System Wide Support and Engagement*** | ***System Wide Support and Engagement*** | ***System Wide Support and Engagement*** | ***System Wide Support and Engagement*** | ***System Wide Support and Engagement*** | ***System Wide Support and Engagement*** |
| | | | | | |
| **Committee Reports** | **Committee Reports** | **Committee Reports** | **Committee Reports** | **Committee Reports** | **Committee Reports** |
| | Reports from Sub-Committees (ARC & IC) | Reports from Sub-Committees (ARC & IC) | Reports from Sub-Committees (ARC, IACSC & IC) | Reports from Sub-Committees (ARC, IACSC & IC) | Reports from Sub-Committees (ARC, IACSC & IC) |
| | | | | | |
| **Directions** | **Directions** | **Directions** | **Directions** | **Directions** | **Directions** |
| • | • The HSCIC (Establishment of Information Systems for NHS Services: Emergency Care Data Set Collection) Directions 2017'<br>• Community Services Dataset Direction | • Client Level Adult Social Care Direction<br>• Employment Advisors in Improving Access to Psychological Therapies Dataset (for acceptance).<br>• National Data Opt Out Programme<br>• Winter Pressures Direction | • Secondary Use of Prescribing Data Direction (paper)<br>• Cost Recovery Direction - (paper)<br>• Directions for Hospital Pharmacy Stock Control Proof of Concept (paper) | • | • |
| **Mandatory Request** | **Mandatory Request** | **Mandatory Request** | **Mandatory Request** | **Mandatory Request** | **Mandatory Request** |
| • Client Level Adult Social Care Data Direction (paper) | • | • Patient Level Information Costing (PLICS) Mental Health Pilot Mandatory Request | • Estates Data Collection Mandatory Request | • | • |
| ***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<br>Board Forward Business Schedule 2017-18 | Forthcoming Statistical Publications<br>Board Forward Business Schedule 2017-18 | • Forthcoming Statistical Publications<br>• Board Forward Business Schedule 2017-18 | • Forthcoming Statistical Publications<br>• Board Forward Business Schedule 2017-18 | • Forthcoming Statistical Publications<br>• Board Forward Business Schedule 2017-18 | • Forthcoming Statistical Publications<br>• Board Forward Business Schedule 2017-18 |

| April and May 2017 | June and July 2017 | August and September 2017 | October and November 2017 | December 2017 and January 2018 | February and March 2018 |
|---|---|---|---|---|---|
| ***Key Meetings*** | ***Key Meetings*** | ***Key Meetings*** | ***Key Meetings*** | ***Key Meetings*** | ***Key Meetings*** |
| • Board Devleopment day - 05 April 2017<br>• Board Development Day – 02 May 17<br>• Statutory Board – 03 May 17<br>• Assurance & Risk Committee – 10 May 17<br>• Board Development Day –30 May 17<br>• Statutory Board – 31 May 17<br>• Assurance & Risk Committee – 31 May 17 | • Board Development Day– 04 July 17 | • Assurance & Risk Committee – 13 September 17<br>• Information Assurance and Cyber Security Committee- 13 September 17<br>• Board Development Day – 18 October 17 | • Assurance & Risk Committee – 15 November 17<br>• Information Assurance and Cyber Security Committee – 15 November 17 | • Board Timeout – 20 December 17<br>• Board Development Day – 30 January 18<br>• | • Board Development Day – 20 February 18<br>• Board Development Day – 06 March 18<br>• Statutory Board – 07 March 18<br>• Assurance & Risk Committee – 14 March 18<br>• Information Assurance and Cyber Security Committee – 14 March 18 |

[i] This is a living document and is subject to regular updates