hscic Health & Social Care Information Centre

Health and Social Care Information Centre Board

Agenda: Part 1 (Public Session)

15 July 2015 – 12:15 to 14:30

Venue: HSCIC Redditch Office, Prospect House, Fishing Line Road, Redditch, B97 6EW

Ref No	Agenda Item	Time	Presented By
HSCIC 15 03 01	**Chair's Introduction and Apologies (oral)**	12:15 – 12:20	Chair
HSCIC 15 03 02	**Declaration of Interests and minutes**	12:20 – 12:30	Chair
	(a) Register of Interests (paper) – **for information**		
	(b) Minutes of Board Meeting on 10 June 2015 (paper) – **to ratify**		
	(c) Progress on Action Points (paper) – **for information**		
HSCIC 15 03 03	**Transparency and Governance**	12:30 – 13:00	
	(a) Committee Reports: i. Assurance and Risk Committee (oral)		Sir Ian Andrews, Non-Executive Director
	ii. Information Assurance and Cyber Security Committee: 01 July 2015 (oral)		Committee Chair
	iii. Information Assurance and Cyber Security Committee Terms of Reference (paper) – **for ratification**		Committee Chair
	(b) Board Forward Business Schedule 2015-16 (paper) – **for information**		Chair
	(c) Board Oversight of Investment Decisions – **for agreement**		CEO (Director of Finance and Corporate Services)
HSCIC 15 03 04	**Business and Performance Reporting**	13:00 – 13:30	
	(a) Board Performance Pack (paper) – **for information**		CEO
	(b) Data Release Review: Audit Status Report (paper) – **for information**		Director of Operations and Assurance Services
	(c) HSCIC Personal Development Review Report (paper) – **for information**		CEO (Director of Human Resources and Transformation)
	(d) National Audit Office (NAO) GP Extraction Service (GPES) Report (paper) - **for information**		Director of Programmes
	(e) Electronic Referral Service Go-Live (paper) – **for information**		Director of Programmes

HSCIC 15 03 05	**Supporting the Health and Social Care System**	13:30 – 14:20	
	(a) i. Care.data Programme Update *(Board Approvals and Budget Position)* ii. Care.data revised NHS England Direction (paper) – **for agreement**		Caldicott Guardian and Lead Clinician
	(b) UK Genetic Infrastructure Direction (paper) – **for agreement**		Caldicott Guardian and Lead Clinician
	(c) Data Service for Commissioners Direction (paper) – **for approval**		Caldicott Guardian and Lead Clinician
	(d) Dementia Prevalence Direction (paper) – **for agreement**		Caldicott Guardian and Lead Clinician
	(e) NHS England Direction National Cancer Waiting Times Monitoring (paper) – **for agreement**		Director of Operations and Assurance Services
HSCIC 15 03 06	**Any other Business** (subject to prior agreement with Chair)	14:25 – 14:30	Chair
HSCIC 15 03 07	**Background Paper(s)** (for information)		
	(a) HSCIC Social Care Work Update (paper) – **for information**		
	(b) Forthcoming Statistical Publications (paper) – **for information**		
	(c) Programme Definitions (paper) – **for reference**		

Date of next meeting 23 September 2015

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Board meeting – Public session

Title of paper:	**HSCIC Board members Register of Interests 2015-16**
Board meeting date:	15 July 2015
Agenda item no:	HSCIC 15 03 02 (a)
Paper presented by:	Chair
Paper prepared by:	Annabelle McGuire, Secretary to the Board
Paper approved by: (Sponsor Director)	N/A
Purpose of the paper:	The HSCIC is required by its Standing Orders to maintain a publically available Register of Members' Interests. The Register contains, as they become available, the Declarations of Interest made by Board members.
Key risks and issues:	N/A
Patient/public interest:	Transparency and Openness
Actions required by the board:	For information

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HSCIC Board Register of Interests 2015-16

Name	Declared Interest
Non-Executive Directors	
Kingsley Manning - Chair	• Director – Newchurch Limited (non-trading since 01 June 2013) • Director – Hennig UK Limited • Trustee and Board member - Royal Philharmonic Society
Sir Ian Andrews - Non-Executive Director	• Director of IMA Partners Ltd (formerly known as Abis Partnership Ltd) provision of legal and management consultancy services to government, academia (KCL[1]) and Transparency International UK • Consultancy advice to DH on aspects of governance of NHS Transformation, renegotiation of Connecting for Health contracts with CSC[2], and oversight of Fujitsu Arbitration process **Other Offices:** • Conservator of Wimbledon and Putney Commons • Trustee Chatham Historic Dockyard • Member of UK Defence Academy Academic Advisory Board
Sir John Chisholm - Non-Executive Director	• Executive Chairman – Genomics England Ltd. • Chair – Nesta (the charity) • Chair – Historic Grand Prix Cars Association Ltd.
Professor Maria Goddard - Non-Executive Director	• Member of Board of Directors for the York Health Economics Consortium at the University of York. • Professor of Health Economics at the University of York and head of department/director of the Centre for Health Economics at the University of York
Sir Nick Partridge - Non-Executive Director	**Other Offices:** • Chair - Clinical Priorities Advisory Group, NHS England • Deputy Chair - UK Clinical Research Collaboration • Deputy Chair, Sexual Health Forum, DH

[1] King's College London
[2] Computer Sciences Corporation

Name	Declared Interest
Dr Sarah Blackburn – Non-Executive Director	• Director - The Wayside Network Limited • Director - IIA[3] Inc • Independent member of the Management Board, RICS[4] • Non-Executive Partner, The Green Practice, Bristol **Employment (other than with the HSCIC):** The Wayside Network Limited **Other Offices:** • Audit Committee member, RAC Pension Fund Trustee **Contracts held in last 2 years:** The Wayside Network Limited has: • a contract to supply GP and primary care nursing services to Avon and Wiltshire NHS Partnership • a zero hours contract with the Chartered Institute of Internal Auditors **Shareholdings:** • 50% of The Wayside Network Limited
Executive Directors	
Andy Williams – CEO	• None
Rachael Allsop - Executive Director of Human Resources	• None
Rob Shaw - Executive Director of Operations and Assurance Services	• None
Carl Vincent - Executive Director of Finance and Corporate Services	• None
Directors	
Peter Counter - CTO[5]	• Director at Canary Wharf College Limited

[3] The Institute of Internal Auditors
[4] Royal Institution of Chartered Surveyors
[5] Chief Technical Officer

Name	Declared Interest
Tom Denwood - National Provider Support Director	• British Computer Society (BCS) Health, Vice Chair Policy and Strategy (a voluntary role at this registered charity) • Senior Responsible Owner (SRO) for Local Service Provider (LSP) Programmes on behalf of Department of Health
James Hawkins - Director of Programmes Delivery	• Parent Governor at St Peters Church of England Primary School, Harrogate
Isabel Hunt - Director of Customer Relations	• Trustee, Thackray Medical Museum (Leeds) • Council Member, Leeds Minster • Director - Barry Wades Estates Ltd
Professor Martin Severs – Caldicott Guardian and Lead Clinician	• Trustee of Dunhill Medical Trust, a research charity • Consultant Geriatrician with Portsmouth Hospitals NHS Trust • Professor of Health Care for Older People with University of Portsmouth **Other Offices:** • Member of SoS[6] Independent Information Governance Oversight Panel **Other relevant interests:** • Medical consultant and member of the Royal College of Physicians, British Geriatrics Society and the Faculty of Public Health Medicine
Director of Information and Analytics	• Vacancy
Director of Strategy	• Vacancy

[6] Secretary of State

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Minutes of Board Meeting – Wednesday 10 June 2015

Part 1 - Public Session

Present:

Chair	Kingsley Manning
Non-Executive Director	Sir Ian Andrews
Non-Executive Director	Dr Sarah Blackburn
Non-Executive Director	Sir John Chisholm
Non-Executive Director	Prof. Maria Goddard
Chief Executive Officer	Andy Williams
Director of Human Resources and Transformation	Rachael Allsop
Director of Operations and Assurance Services	Rob Shaw
Director of Finance and Corporate Services	Carl Vincent

In attendance:

Chief Technology Officer	Peter Counter
National Provider Support Director	Tom Denwood
Director of Programmes	James Hawkins
Director of Customer Relations	Isabel Hunt
Director of Information and Analytics	Andrew MacLaren
Caldicott Guardian and Lead Clinician	Prof. Martin Severs
Secretary to the Board	Annabelle McGuire

1. **Chair's Introduction and Apologies** (HSCIC 15 02 01)

1.1 The Chair convened a meeting of the HSCIC Board. He welcomed the observers attending the Board meeting.

1.2 Non-Executive Director Sir Nick Partridge had registered his apologies.

2. **Declaration of Interests and Minutes** (HSCIC 15 02 02)

2.1 (a) Register of Interests (paper): HSCIC 15 02 02 (a)
The Board agreed the Register of Interests was correct.

2.2 (b) Minutes of Board meeting on 29 April 2015 (paper): HSCIC 15 02 02 (b)
The Board ratified the minutes of the meeting on 29 April 2015 as correct.

2.3 (c) Progress on action points (paper): HSCIC 15 02 02 (c)
The Board noted the progress on action points resulting from the previous meeting.

2.4 (d) Matters Arising: HSCIC 15 02 02 (d):

- The Chair raised the matter of the National Back Office (NBO) Tracing Service review, and asked Non-Executive Director Prof. Maria Goddard when the Board would consider the final report. She stated that she would provide an update in the part two private session of the 23 September, and the presentation of the final report would be to the 25 November part one public session. The Board noted the update and reporting timeline.

3. **Transparency and Governance** (HSCIC 15 02 03)

3.1 (a) Improving Public Involvement: HSCIC 15 02 03 (a)

i. Board Forward Business Schedule: HSCIC 15 02 03 (a) i
The Board noted the forward business schedule for 2015-16.

ii. Format of Board Meetings Proposal (paper): HSCIC 15 02 03 (a) ii
The Chair introduced this item. He observed the paper was a record of the discussion that had taken place at the non-statutory Board business meeting on 20 May. The estimate of costs for live streaming the Board he considered were prohibitively high, however investigation was underway looking at other options. The venue for the next Board meeting on 15 July was at the HSCIC offices in Redditch. He informed the Board there would be staff and external presentations during the morning seminar. The Board received and noted the paper.

4. **HSCIC Annual Report and Accounts 2014-15** (HSCIC 15 02 04)

4.1 (a) HSCIC Annual Report and Accounts 2014-15 (paper): HSCIC 15 02 04 (a)
The Director of Finance and Corporate Services introduced this item. He summarised the current position stating that the work was around two weeks behind schedule, so although the NAO had provided a near final report of their audit they had not finished all of their audit work. The final NAO report will potentially require changes to the current draft of the report, but the ARC did not believe these updates would be of material significance, and the HSCIC would finish the year with an overall clean set of accounts. The Board discussed the reasons for the work taking longer than originally anticipated - and requested a Board paper in September setting out the process to resolve and mitigate the issues.

Action: Director of Finance and Corporate Services

The ARC had established that due to the number of updates they wished to assure the changes in order that the Committee agreed the final document. The Committee Chair had asked the Director of Finance and Corporate Services and the Secretary to the Board to put in place a timeline and process to ensure the Annual Report and Accounts 2014-15 were finalised in time to meet the deadline in July.

The Board approved the HSCIC Annual Report and Accounts 2014-15 in principle. The Board resolved that subject to there being no material changes to the Annual Report and Accounts 2014-15 to delegate authority to the CEO to approve following assurance from the ARC the Committee was content the document was finalised. However, if there were material changes the Board would be meet again in early July to approve the Annual Report and Accounts 2014-15. The Chair thanked the ARC and it's Chair for their continued efforts.

5 **HSCIC Business Plan 2015-16** (HSCIC 15 02 05)

5.1 (a) HSCIC Business Plan 2015-16 (paper): HSCIC 15 02 05 (a)
The Director of Finance and Corporate Services introduced this item. He informed the Board that the document had undergone a significant amount of work. The Board considered the document was considerably improved. He confirmed the sharing of a draft with the Department of Health's Sponsor Team. The Board agreed that on conveyance of material changes to Ministerial priorities, the HSCIC Business Plan 2015-16 would be re-evaluated. The Chair observed that he expected in time to see a closer alignment of the business plan with the corporate risk and issue register.

The Board approved the HSCIC Business Plan 2015-16, subject to changes following Ministerial discussions. The Board approved the publication of the document on the HSCIC web site. The Board thanked the Assistant Director for Strategy and Policy, and other relevant staff for their contribution to the document.

6 **Supporting the Health and Social Care System** (HSCIC 15 02 06)

6.1 (a) Direction from NHS England for Maternity Services Dataset (paper): HSCIC 15 02 06 (a)
The Director of Information and Analytics presented this item. Notification of the imminent Directions had taken place at the April Board meeting, following which on 12 May a Chair's Action was undertaken to accept the Direction. The Board ratified the Directions being satisfied in respect to the provided assurances.

6.2 (b) Direction from NHS England for Mental Health Services Dataset (paper): HSCIC 15 02 06 (b)
The Director of Information and Analytics presented this item. The Board noted the challenging delivery timescales. The Board approved the Directions being satisfied in respect to the provided assurances.

6.3 (c) Monitor Collaboration Agreement (paper): HSCIC 15 02 06 (c)
The National Provider Support Director presented this item. He informed the Board of the scheduled Board-to-Board meeting with Monitor on 24 June. The purpose of the agreement was to formalise the relationship between the two organisations. Monitor is dependent on data services – the HSCIC provides many of these services. The agreement reflected the dependencies between the organisations and established a commitment to collaborate and cooperate while respecting each other's responsibilities, statutory foundations and independence. The Monitor Board approved the agreement for publication on 28 May, subject to the HSCIC Board considering the document. He confirmed that agreements where already in place with other system partners, some of which were at a more advanced stage - and established there was no funding involved at this stage.

The Board, being satisfied with the assurances provided, approved the Monitor Collaboration Agreement. The Board requested a review of on-going relationships with the HSCIC's system partners before the end of the year.

Action: Director of Customer Relations

7. **Any other Business** (HSCIC 15 02 07)

7.1 There were no items of any other business discussed.

8. **Background Papers** (HSCIC 15 02 08)

8.1 There were no background papers for information issued on this occasion.

9 9.1 The arranged date of the next public Board meeting was for 15 July – venue Redditch

Table of Actions:

Action	Action Owner
HSCIC Annual Report and Accounts 2014-15: The Board discussed the reasons for the work taking longer than originally anticipated - and requested a Board paper in September setting out the process to resolve and mitigate the issues.	**Director of Finance and Corporate Services**
The Board requested a review of on-going relationships with the HSCIC's system partners before the end of the year.	**Director of Customer Relations**

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Kingsley Manning, HSCIC Chair 15 July 2015

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Board meeting – Public session

Title of paper:	**Update on action points for the previous meeting**
Board meeting date:	15 July 2015
Agenda item no:	HSCIC 15 03 02 (c)
Paper presented by:	Chair
Paper prepared by:	Annabelle McGuire, Secretary to the Board
Paper approved by: (Sponsor Director)	Action Updates as submitted by the relevant Executive Management Team director.
Purpose of the paper:	To share an update on action points from the previous meeting for information.
Key risks and issues:	As stated in the action and commentary
Patient/public interest:	Corporate Governance
Actions required by the board:	To note for information

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Summary of progress against Board meeting actions

✓ = completed
c/f = on-going

Status	Summary of Action	Commentary	Responsible Director	For Information Only
✓	HSCIC Annual Report and Accounts 2014-15: The Board discussed the reasons for the work taking longer than originally anticipated - and requested a Board paper in September setting out the process to resolve and mitigate the issues.	Scheduled for Board meeting on 23 September 2015.	Director of Finance and Corporate Services	Yes
c/f	The Board requested a review of on-going relationships with the HSCIC's system partners before the end of the year.	Scheduled for the Non Statutory Board meeting on 16 December 2015.	Director of Customer Relations	Yes

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Board meeting – Public session

Title of paper:	**Information Assurance and Cyber Security Committee (IACSC) Terms of Reference (ToR)**
Board meeting date:	15 July 2015
Agenda item no:	HSCIC 15 03 03 (a) iii.
Paper presented by:	Rob Shaw, Director of Operations and Assurance Services
Paper prepared by:	James Wood, Head of Infrastructure Security
Paper approved by: (Sponsor Director)	Rob Shaw, Director of Operations and Assurance Services
Purpose of the paper:	To present the Board with the updated IACSC Terms of Reference for ratification. In accordance with the HSCIC Corporate Governance Manual, the Terms of Reference should be reviewed by the IACSC annually and any amendments require Board ratification
Key risks and issues:	A functioning IACSC is a key pillar in the HSCIC approach to information assurance and cyber security. Failure to approve its ToR could inhibit the committee's function and limit its ability to progress information assurance cyber security work within the HSCIC.
Patient/public interest:	Indirect – information and cyber security are direct interests for patients and public. However, this is an internal sub-board and therefore its interest is in-direct. Outputs from IACSC may have direct public interest which may be sent to the public facing HSCIC board or disseminated through other public channels.
Actions required by the board:	To ratify the updated Information Assurance and Cyber Security Terms of Reference

Health & Social Care Information Centre

Health and Social Care Information Centre

Information Assurance and Cyber Security Committee (IACSC)

Terms of Reference

Date: 2015-16

Contents

1 Introduction

These terms of reference have been produced based on the specimen good practice versions provided in both the Department of Health and HM Treasury Audit Committee Handbooks. They have been slightly amended to reflect the views and wishes of the Committee members.

2 Constitution

The HSCIC Board hereby resolves to establish a Committee of the Board to be known as the Information Assurance and Cyber Security Committee (IACSC).

3 Membership

The Information Assurance and Cyber Security Committee will be appointed by the HSCIC Board from amongst the independent non-executive Directors of the HSCIC and will comprise three members. One of the non-executive Directors shall be the Chair of the HSCIC Audit and Risk Committee.

The Chair of the HSCIC Board will not be a member of Information Assurance and Cyber Security Committee. The HSCIC Board will appoint the Chair of the Committee from amongst the independent non-executive Directors and this appointment will be reviewed on an annual basis.

4 Quorum

A quorum will be two members along with either the HSCIC's SIRO[1] or Caldicott Guardian.

5 Attendance

The Information Assurance and Cyber Security Committee will normally be attended by:

- The Chief Executive Officer;
- The Director of Operations and Assurance Services, who as SIRO will cover information governance and information risks;
- The Chief Technology Officer;
- The Director of Human Resources;
- Caldicott Guardian; and
- Cross-Government representatives, led by Cabinet Office including
    - Communications and Electronic Security Group (CESG)
    - Office of Cyber Security and Information Assurance (OCSIA)
    - Centre for the Protection of National Infrastructure (CPNI)
    - Office of the Government Senior Information Risk Officer (OGSIRO)
- A representative from the Independent Information Governance Oversight Panel (IIGOP)

A representative from the Department of Health Sponsor Team may also be invited to attend.

[1] Senior Information Risk Owner

The Secretary of Information Assurance and Cyber Security Committee will be the HSCIC Board Secretary.

6 Access

Representatives of sub-groups of the Information Assurance and Cyber Security Committee will have free and confidential access to the Chair of the Committee.

7 Frequency

Meetings shall be held not less than four times a year, but will meet more regularly, initially as the delivery of the Cyber Security Programme (CSP) needs ongoing oversight or if other circumstances dictate.

8 Authority

The Information Assurance and Cyber Security Committee is authorised by the Board:

- To investigate any activity within the terms of reference. It is authorised to seek any information that it requires from any employee and all employees are directed to cooperate with any request made by the Information Assurance and Cyber Security Committee
- To obtain outside legal or independent professional advice, at the HSCIC's expense, and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

9 Duties

The duties of the Information Assurance and Cyber Security Committee can be categorised as follows:

9.1 Internal control and risk management responsibilities

The Information Assurance and Cyber Security Committee shall review and monitor the effectiveness of the system of integrated governance, risk management and internal control relating to information assurance; information governance; cyber and other security; and data quality.

Corporate Strategic and Operational risks are recorded on the Corporate Risk Registers and actively managed by the Executive team. The Information Assurance and Cyber Security Committee will provide oversight, review and challenge of the detailed Information Assurance/Information Governance/Cyber Security risks that are maintained across the organisation.

In particular, the Information Assurance and Cyber Security Committee will review the adequacy of and make recommendations to the Board or the Assurance and Risk Committee as identified below:

Assurance and Risk Committee

- Input and recommendations to risk and control related disclosure statements, (in particular the Annual Governance Statement) prior to the endorsement of the Board

- The operational effectiveness of policies and procedures

The HSCIC Board

- The underlying assurance processes that indicate the degree of the achievement of corporate Information Assurance and Cyber Security objectives, the effectiveness of the management of threats and risks to HSCIC information systems

- The structures, processes and responsibilities for identifying and managing key Information Assurance and Cyber Security risks facing the organisation

- The policies for ensuring that there is compliance with relevant regulatory, legal and code of conduct requirements as set out in the Controls Assurance Standards and other relevant guidance

In carrying out this work the Information Assurance and Cyber Security Committee will primarily utilise the work of the Information Assurance and Standards Assurance functions. It will also seek reports and assurances from directors and senior managers as appropriate.

9.2 Information Assurance

The Information Assurance and Cyber Security Committee will ensure that there is an effective Information Assurance function established by management that meets recognised industry and Government standards and provides appropriate independent assurance to the Chief Executive and Board. This will be achieved by:

- Reviewing and making recommendations to the Board on the structure, function and remit of the Information Assurance function.

- Reviewing the operation of Information Assurance functions, considering the major findings of investigations (and management's response), and ensuring co-ordination between relevant expertise areas.

- Ensuring that the Information Assurance function is adequately resourced and has appropriate standing within the organisation

- Annual review of the effectiveness of the Information Assurance function.

9.3 Cyber Security

The Information Assurance and Cyber Security Committee will review the work and findings of the Cyber Security Programme and take account of the implications and management responses to their work. This will include:

- Acting as an effective Programme Board providing the strategic direction for the Cyber Security Programme.

- Reviewing and making any recommendations to the Board as necessary on reports relating to Information Assurance and Cyber Security.

9.4 Other Assurance Functions

The Information Assurance and Cyber Security Committee will review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation.

The Information Assurance and Cyber Security Committee will ensure that the appropriate sub-groups are put in place for following Information Assurance functions:

- Data Access
- Corporate Information Security
- Programme Information Assurance
- Management Systems and Standards
- Other required bodies and legal boards

In addition, the Information Assurance and Cyber Security Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Information Assurance and Cyber Security Committee's own scope of work.

9.5 Management

The Information Assurance and Cyber Security Committee will request and review reports and positive assurances from directors and senior managers on the overall arrangements for governance, security and internal control.

The Information Assurance and Cyber Security Committee may also request specific reports from individual functions within the organisation as they may be appropriate to the overall arrangements.

10 Reporting

The minutes of the Information Assurance and Cyber Security Committee meetings will be recorded and maintained. The Chair of the Information Assurance and Cyber Security Committee will report verbally to each HSCIC Board meeting with any required discussion points being raised to the private session of the Board.

The Information Assurance and Cyber Security Committee will report to the Board annually on its work in support of the Annual Governance Statement.

The Information Assurance and Cyber Security Committee will annually review its terms of reference and its own effectiveness and recommend any necessary changes to the Board.

Board meeting – Public session

Title of paper:	**HSCIC Board Forward Business Schedule**
Board meeting date:	15 July 2015
Agenda item no:	HSCIC 15 03 03 (b)
Paper presented by:	Chair
Paper prepared by:	Annabelle McGuire, Secretary to the Board
Paper approved by: (Sponsor Director)	None
Purpose of the paper:	This paper details the HSCIC Board forward business schedule for the financial year 2015-16. Please note this schedule is subject to change.
Key risks and issues:	N/A
Patient/public interest:	Corporate Governance – decision making
Actions required by the board:	To note for information

3 (b) Board Forward Business Schedule 15-16 - cover sheet

HSCIC – Draft Public Board Business Schedule 2015-16

29 April 2015	10 June 2015	15 July 2015	23 Sept 2015	25 Nov 2015	27 Jan 2016	30 Mar 2016
Accountability	***Accountability***	***Accountability***	***Accountability***	***Accountability***	***Accountability***	***Accountability***
Register of Interests Minutes of previous meeting (Mar) – **to ratify** Progress on Action Points Board Forward Business Schedule 2015-16 Reports from sub-committees: • Assurance and Risk 22/04/2015	Register of Interests Minutes of previous meeting (Apr) – **to ratify** Progress on Action Points Board Forward Business Schedule 2015-16 Annual Report and Accounts for 2014-2015 for HSCIC – **for approval**	Register of Interests Minutes of previous meeting (June) – **to ratify** Progress on Action Points Board Forward Business Schedule 2015-16 Reports from sub-committees: • Assurance and Risk • Information Assurance and Cyber Security Committee Information Assurance and Cyber Security Committee Terms of Reference Schema Delegation of Authorities – briefing note	Register of Interests Minutes of previous meeting (July) – **to ratify** Progress on Action Points Board Forward Business Schedule 2015-16 Reports from sub-committees: • Assurance and Risk • Information Assurance and Cyber Security Committee	Register of Interests Minutes of previous meeting (Sep) – **to ratify** Progress on Action Points Board Forward Business Schedule 2015-16 Reports from sub-committees: • Assurance and Risk • Information Assurance and Cyber Security Committee	Register of Interests Minutes of previous meeting (Nov) – **to ratify** Progress on Action Points Board Forward Business Schedule 2015-16 and 2016-17 Arrangements for the Annual Review of Board Effectiveness Reports from sub-committees: • Assurance and Risk • Information Assurance and Cyber Security Committee	Register of Interests Minutes of previous meeting (Jan) – **to ratify** Progress on Action Points Board Forward Business Schedule 2015-16 and 2016-17 Scheme of Delegation of Authorities - **for review** Annual Review of Board Effectiveness Report Reports from sub-committees: • Assurance and Risk • Information Assurance and Cyber Security Committee
Supervising Management	***Supervising Management***	***Supervising Management***	***Supervising Management***	***Supervising Management***	***Supervising Management***	***Supervising Management***
Board Performance Pack Forthcoming Statistical Publications Review of the National Back Office Tracing Service – Interim Progress Report	Board Performance Pack – **for information only** Forthcoming Statistical Publications – **for information only**	Board Performance Pack Forthcoming Statistical Publications Data Release Review: Audit Status Report Staff Personal Development Review Report Care.data note – Board approvals and budget position	Board Performance Pack Forthcoming Statistical Publications Transformation Programme Mid-Year Report 2015-16 HSCIC Annual Report and Accounts 2014-15 Update Paper	Board Performance Pack Forthcoming Statistical Publications Review of the National Back Office Tracing Service - Final Report	Board Performance Pack Forthcoming Statistical Publications Data Release Review: Audit Status Report	Board Performance Pack Forthcoming Statistical Publications Information Assurance and Cyber Security Annual Report 2015-16 Transformation Programme Report 2015-16
Strategy Formulation	***Strategy Formulation***	***Strategy Formulation***	***Strategy Formulation***	***Strategy Formulation***	***Strategy Formulation***	***Strategy Formulation***
ealth and Social Care ation Centre (Immigration Charge) Directions 2015	No agenda items	UK Genetic Testing Directions Data Service for Commissioners Directions Care.data revised NHS England Directions Directions: Data Extractions for the Department of Work and Pensions Fit to Work Programme HSCIC Social Care Work Update	Care.data Department of Health Direction on Objections HSCIC Information Governance Strategy Streamlining the Independent Information Governance Advice to HSCIC	Update on the HSCIC (Immigration Health Charge) Directions	Directions - TBC	Directions - TBC
Planning	***Planning***	***Planning***	***Planning***	***Planning***	***Planning***	***Planning***
	No agenda items Business Plan 2015-16 – **for approval**			Mid-year review of Corporate Business Plan 2015-16	Corporate Business Plan 2016-17 (Draft)	Corporate Business Plan 2016-17 (Final)
April and May 2015	**June 2015**	**July and August 2015**	**Sept and Oct 2015**	**Nov and Dec 2015**	**Jan and Feb 2016**	**Mar 2016**
Key Meetings	***Key Meetings***	***Key Meetings***	***Key Meetings***	***Key Meetings***	***Key Meetings***	***Key Meetings***
• Executive Management Team - weekly • Board Strategy Session – 25 February • Remuneration Committee – 30 March	• Executive Management Team - weekly • Board Strategy Session – 20 May • Assurance and Risk Committee – 10 June	• Executive Management Team - weekly • Information Assurance and Cyber Security Committee – 01 July	• Executive Management Team – weekly • Board Strategy Session – 02 September • Information Assurance and Cyber Security Committee – 15 September • Assurance and Risk Committee – 15 September	• Executive Management Team – weekly • Board Strategy Session – 28 October • Information Assurance and Cyber Security Committee – 10 November • Assurance and Risk Committee – 10 November	• Executive Management Team – weekly • Board Strategy Session – 16 December • Assurance and Risk Committee – 13 January • Information Assurance and Cyber Security Committee – 13 January	• Executive Management Team – weekly • Board Strategy Session – 24 February • Information Assurance and Cyber Security Committee – 15 March

3 (b) Board Forward Business Schedule 15-16

hscic Health & Social Care Information Centre

Board meeting – Public session

Title of paper:	Board Oversight of Investment Decisions
Board meeting date:	15 July 2015
Agenda item no:	HSCIC 15 03 03 (c)
Paper presented by:	Andy Williams, Chief Executive Officer
Paper prepared by:	Carl Vincent, Director of Finance & Corporate Services
Paper approved by: (Sponsor Director)	Carl Vincent, Director of Finance & Corporate Services
Purpose of the paper:	Provision of proposals for Board oversight of investment decisions
Key risks and issues:	None
Patient/public interest:	No direct impact
Actions required by the board:	Approval of the process proposed for Board oversight of investment decisions and commitment of resources

Board Oversight of Investment Decisions

Author: Carl Vincent, Director Finance & Corporate Services

Date: 2 July 2015

Contents

Background

1. The paper addresses the actions arising from discussion of the Schema Delegation of Authorities Review (*HSCIC 15 09 03 (c))* at the public meeting of the Board on 31 March 2015.

Introduction

2. The following sets out proposals for Board oversight of investment decisions and commitment of resources. It covers:

   a) HSCIC expenditure – funded from Grant-in-Aid (GIA)
   b) HSCIC expenditure – funded from other income
   c) DH funded programmes – HSCIC delivery
   d) HSCIC commitment to deliver work / programmes (excluding Directions under s254[1])

3. The HSCIC policy for delegated authorities sets out the expenditure levels that require Board approval – see summary at Annex A. It covers capital and revenue expenditure for the whole life of the programme or commitment, and also specifies the requirement for Board approval of decisions that are novel, contentious or repercussive. In the next draft of the policy, we will add some definitions of this term. The other point to note is that novel, contentious or repercussive has to be defined in the context of the investment and the organisation, because if it is sufficiently novel, contentious or repercussive it would need DH or even HMT approval.

4. The remainder of this note clarifies how the guidance should be applied for the different types of investment.

Principles for determining Board oversight

5. The key principles that should be applied are as follows:

   - Board approval should be sought for all decisions that are strategically important for the HSCIC. This includes decisions that are novel, contentious or repercussive, so could have significant reputational risks and/or long term implications for the HSCIC or the wider health and social care system; and
   - the Board should be allowed sufficient time to give important decisions due consideration – i.e. their input should be sought early enough in the investment process to allow them to engage in decisions about the direction of the programme/investment process, in addition to approving the final investment decision. In some cases this will be in advance of a business case being developed.

[1] Separate advice and guidance is being produced on the HSCIC Board oversight of Directions issued under s254 of the H&SC Act 2012

Investment decisions

6. The HSCIC is involved in a number of investment decisions. Some are concerned with HSCIC expenditure funded from Grant-in-Aid and/or additional income sources (typically the DH or NHSE), but in other cases the HSCIC will be the delivery organisation for programmes where the majority of the expenditure is incurred by the DH. Where the expenditure is incurred by the HSCIC, irrespective of the funding source, the HSCIC is accountable and responsible for the expenditure so should ensure an appropriate investment justification is made and approved.

7. Where the HSCIC is the delivery organisation for a programme and the expenditure appears in the DH Accounts, the HSCIC is not, strictly speaking, accountable for the expenditure, but does have other important accountabilities and responsibilities, such as:

    - the overarching need for the Board to ensure that the activity is not ultra vires;
    - other statutory and non-statutory responsibilities, including the technical architecture, the burden on providers of data collections, data quality, and system-wide cyber security;
    - whether the investment is consistent with the HSCIC's Strategy and Business Plan, which is agreed with the DH; and
    - ensuring there is appropriate control over the resources for which it is responsible, the management of risk such as reputational and delivery, and the implications for other areas of HSCIC delivery.

8. Subject to the specific delegated authorities, the Board should also approve agreements for the HSCIC to deliver work on behalf of another organisation. The HSCIC is accountable for any expenditure it incurs in delivering the work, but subject to specific limits to delegated authority the Board should have oversight of vires issues, consistency with strategy and wider responsibilities, delivery and reputational risk, and the impact on other HSCIC programmes and services.

9. The Board has authority to approve or reject all recommendations for HSCIC investment decisions. Where the investment is being made by another organisation and the business case is not owned by the HSCIC, the Board can approve or request changes to the business case/programme/investment. In the extreme, where the funding organisation refuses to agree to required changes, the HSCIC Board can refuse to deliver the work unless specifically required to do so by a DH Direction.

10. Annex A below summarises the required Board oversight for all four types of decision, although in practice most investment decisions will cover two or more of the investment categories.

Process

11. To ensure the Board has appropriate oversight of decision making sufficiently early in the process to make strategic direction setting decisions, as well as providing final approval to proceed, we will create a report for the Board setting out the pipeline of expected

approvals. This will include the approximate value, a very short (e.g. one paragraph) and a description of the programme or service. We will also indicate the planned approval date by the DH Informatics Programme Management Board, which is typically the next stage of the approvals process, although there are often several other stages including HMT and the Cabinet Office. The current pipeline, which is 'work in progress', is set out in Annex B.

12. Where Board approval is sought, the information provided for the Board should set out the important decisions and issues in a concise paper, with business cases and other management documents provided by exception only.

Actions required of the Board

13. For Board approval of the process proposed for Board oversight of investment decisions and commitment of resources.

Annex A: Summary of delegated authorities

HSCIC controlled operating revenue expenditure
(administrative and programme revenue: delegated approval levels)

	HSCIC Board	CEO	DoF	Other EMT Directors
Investment Decisions: eg. business cases (Agile Discovery/Alpha spend, PBC, SOC, OBC) including admin element of DH funded programmes	Over £2m (Max £35m p/a or £175m total over 5 years)	Up to £2m	Up to £500k	Up to £250k
Commitment of Resources: includes new contracts, contract extensions, CCNs, FBCs, MOUs & SLAs (when consistent with latest approved business case)	Over £4m (Max £35m p/a or £175m total over 5 years)	Up to £4m	Up to £2m	Up to £250k (approval to commit resources only)
Signing of new MoUs, SLAs, contracts, POSA Work Packages for the *provision* of goods / services	Over £2m	Up to £2m	Up to £500k	Up to £250k
HSCIC controlled expenditure (capital: delegated approval levels for Business Cases)				
New ICT systems that support administration (ie. internal corporate HSCIC systems) (whole life costs)	Over £500k and up to £1m		Up to £500k	Up to £250k (Director of Ops & Assurance Services only)
Replacement ICT systems that support administration (ie.internal corporate HSCIC systems) (whole life costs)		Over £500k	Up to £500k	Up to £250k (Director of Ops & Assurance Services only)
New ICT systems that support programmes (whole life costs)	Over £1m and Up to £5m		Up to £1m	Up to £500k (Director of Ops & Assurance Services only)
DH funded business cases (Capital and revenue)				
Programme Expenditure: includes programme business case (PBC), agile Discovery/Alpha spend, strategic outline cases(SOC), outline business cases(OBC), full business cases(FBC) ICT spend approval, advance payments		Any value		
New Contract/Contract Extension/CCN/POR		Over £1m		Up to £1m

Note: All investment decisions that are strategically important, or are novel, contentious or repocussive, should be submit the HSCIC Board, including those funded and accounted for by the DH

Annex B: Category of investment decision / commitment of resources

Investment decision	Explanation	Basis of review	Decision options for the Board
a) Programmes / work where the HSCIC incurs the expenditure – funded from GIA Investment decisions typically based on a business case	This is part of the HSCIC core business (e.g. replacement of internal IT systems) This category includes GIA funded HSCIC expenditure in support of programmes where expenditure is incurred in the DH Accounts (e.g. the internal team to support delivery of NHS Mail, HSCN)	Since this is HSCIC expenditure, the Board have accountability and responsibility for the expenditure and resources use	Approve, reject, or require changes
b) Programmes / work where the HSCIC incurs the expenditure – funded from other income sources Investment decisions typically based on a business case	The funding should already be in place as part of an agreement the HSCIC has to deliver a service or programme (typically covered by a POSA), but in executing the delivery the HSCIC needs to incur significant expenditure (e.g. care.data) This includes HSCIC expenditure in support of programmes where expenditure is incurred in the DH Accounts (e.g. the internal team to support delivery of Spine 2)	Since this is HSCIC expenditure, the Board have full accountability and responsibility for the expenditure	Approve, reject, or require changes
c) Programmes delivered by the HSCIC, but where expenditure is incurred by the DH (and does not appear in the	This relates to programmes delivered by the HSCIC, but where the expenditure is accounted for within the DH (e.g. NHS Mail, HSCN)	Board accountability and responsibility covers vires, other statutory responsibilities (e.g. the burden on providers of data collections, data quality), responsibilities assigned to the HSCIC by the DH (e.g. technical architecture, and cyber security issues for the wider system), consistency with the	Approve, request changes, or require a specific DH

Investment decision	Explanation	Basis of review	Decision options for the Board
HSCIC Accounts) Investment decisions typically based on a business case		HSCIC's strategy, reputational and delivery risk, the implications for other areas of HSCIC delivery, and our broader corporate responsibility to use our expertise to contribute to health and social care system and deliver value for money	Direction to deliver the work as specified
d) HSCIC commitment to deliver work / programmes (excluding Directions under s254 from the DH or NHSE) Decisions typically part of a Provision of Services Agreement (POSA) and set out in a Work Package or MOU	This relates to programmes of programmes or services where the HSCIC is commissioned to be the delivery organisation (e.g. the Cyber Security Programme)	Board accountability and responsibility covers vires, other statutory responsibilities (e.g. the burden on providers of data collections, data quality), responsibilities assigned to the HSCIC by the DH (e.g. technical architecture, and cyber security issues for the wider system), consistency with the HSCIC's strategy, reputational and delivery risk, the implications for other areas of HSCIC delivery, and our broader corporate responsibility to use our expertise to contribute to health and social care system	Approve, request changes, or require a specific DH Direction to deliver the work as specified

Annex C: Pipeline of future investment decisions

(WORK IN PROGRESS)

Project/ Programme	Investment decision from category Appendix A	Description	HSCIC Board Initial view	HSCIC Board Approval	Planned date for DH Informatics Portfolio Mgt. Board	Approx. Whole Life Cost	Exec Dir.	Recommended approval level
SUS Transition	(a) (FBC (Supplementary Addendum)	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	Note to members in advance of July	July (15th)	July (1st)	£40.5m	Rob Shaw	Board. This is a strategically important investment decision for the health and social care system
Cyber Security Programme	(a) PBC	The HSCIC board commissioned an Interim Cyber Security Review (ICSR) to establish the readiness and capability of the HSCIC to proactively manage and respond to Cyber Security threats as part of a wider Information Assurance programme. The resulting report identified a significant number of high impacting risks that need to be addressed as a matter of urgency. This programme will address these risks. In addition there are some areas not covered by the report that may require additional effort such as threat analysis and specialist input from niche providers.	Date TBC	Date TBC	TBC	£10.5m	Rob Shaw	Board. This is a strategically important investment decision for the health and social care system
Care.Data	(a) PBC	The Care.Data programme, this initiative will ensure that there is more rounded information available to citizens, patients, clinicians, researchers and the people that plan health and care services. Our aim is to ensure that the best possible evidence is available to improve the quality of care for all		July		£91.5m to £122.3m	Director of Information and Analytics	Board. This is a strategically important investment decision for the health and social care system

Project/ Programme	Investment decision from category Appendix A	Description	HSCIC Board Initial view	HSCIC Board Approval	Planned date for DH Informatics Portfolio Mgt. Board	Approx. Whole Life Cost	Exec Dir.	Recommended approval level
Care.Data	(a) OBC	The Care.Data programme, this initiative will ensure that there is more rounded information available to citizens, patients, clinicians, researchers and the people that plan health and care services. Our aim is to ensure that the best possible evidence is available to improve the quality of care for all	July (TBC)	Date TBC	Oct		Director of Information and Analytics	Board. This is a strategically important investment decision for the health and social care system
HSCN	(a) OBC	Develop and deliver options appraisals with supporting impact assessments, leading to an appropriate business case for the procurement of a wide area network to meet the information needs of health, public health and social care through utilising in full or in part the Public Sector Network (PSN) framework, models and approaches. The PSNH project will deliver a Public Services Network for Health, which will be aligned and accredited to PSN standards	July	Sept	Sept		James Hawkins	Board. This is a strategically important investment decision for the health and social care system
Health & Justice Information Services – Phase 1: Residential Detention	(a) FBC	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	Sept	TBC	Nov / Dec (inc NHSE approvals)	Dependent on procurement outcome	James Hawkins	TBC
CSC LSP Delivery Programme	(a) FBC (revised RPA business case / IPPMA case)	LSP Delivery Programme: Increased patient safety and quality of healthcare and also greater clinical effectiveness and administration efficiency	TBC	TBC	TBC	Circa £25m	Tom Denwood	TBC
NHS e-Referral	(a) Consolidated	The NHS e-Referral Service Programme	Date	Date TBC	Date TBC		James Hawkins	Board. This is a

Project/ Programme	Investment decision from category Appendix A	Description	HSCIC Board Initial view	HSCIC Board Approval	Planned date for DH Informatics Portfolio Mgt. Board	Approx. Whole Life Cost	Exec Dir.	Recommended approval level
Service Programme	FBC	will deliver an open, modern, electronic referral service, improving patient outcomes and delivering paperless referrals by 2015.	TBC					strategically important investment decision for the health and social care system
National Tariff System	(a) pre-Discovery PBC	The National Tariff System (NTS) programme will provide national solutions that implement the national payment system as defined by NHS England and Monitor. This will be achieved via implementation of a national system and enabling products which initially provide core Payment by Results (PbR) functionality for hospitals providing NHS care. Over the longer term it will deliver emerging national policy requirements and meet additional business requirements of users.	TBC	TBC	Date TBC	£93-123m (as per draft, pre-Discovery PBC)	Director of Information and Analytics	Board. This is a strategically important investment decision for the health and social care system
Data Services Programme	(a) PBC	Delivery of a scaleable, accessible and fit for purpose data services platform and operating model providing efficient and secure hosting of HSCIC's key data services, improving the way we collect, analyse, disseminate and publish data.	TBC	TBC	Date TBC	£5-10m (as per draft Brief)	Director of Information and Analytics	Board. This is a strategically important investment decision for the health and social care system

Board meeting – Public session

Title of paper:	**HSCIC Board Performance Pack (public)**
Board meeting date:	15th July 2015
Agenda item no:	HSCIC 15 03 04 (a)
Paper presented by:	Andy Williams, CEO
Paper prepared by:	John Willshere, Portfolio Director
Paper approved by:	Carl Vincent Director of Finance and Corporate Services
Purpose of the paper:	To provide the Board with a summary of performance in May.
Key risks and issues:	The corporate performance framework monitors HSCIC performance including information governance and security.
Patient/public interest:	The public interest is in ensuring the HSCIC manages its business in an effective way
Actions required by the board:	To note

hscic Health & Social Care Information Centre

Board Performance Pack

May 2015 Data

www.hscic.gov.uk enquiries@hscic.gov.uk @hscic

Contents

HSCIC Performance Summary

Programme Achievement is reported as AMBER/GREEN for the third consecutive month. However, there was a slight fall in overall programme delivery confidence (from 69.0% to 68.4%) and the gap between actual and forecast delivery confidence has widened to 6.6 percentage points. Across the portfolio only one programmes is rated as RED for overall delivery confidence (Health and Social Care Network). During April five out of six programme gateway reviews produced an outcome of AMBER or better.

IT Service Performance is reported as GREEN this month. For the third consecutive month 100% of services (65 out of 65) achieved their availability target. The number of high severity service incidents was well below the rolling 12-month average and 93% of these were resolved within the target fix time. 93% of services achieved their response time target.

Organisational Health is reported as AMBER. The main issue of concern is our ability to meet the current planned resource forecast. The time to recruit measure is still above target but is to be reviewed in light of data that show our average time from advert to starting in post is better than external benchmarks. The downward trend in sickness absence continues despite an increase in long-term absence. There has been significant improvement in action planning arising from the staff survey: the majority of departments now have plans in place and 90% of actions have been completed on time. Professional group membership and PDR completion require further improvement.

Data Quality is reported as GREEN as all of the datasets currently in scope meet the planned requirements in terms of data quality methodologies and published data quality assessments. The reported performance information also presents data about NHS number data quality. A new set of performance measures will be developed for data quality following the introduction of a new HSCIC data quality policy. The policy is expected to be reported to EMT during July or August.

HSCIC Financial Management is reported as GREEN. At Month 2 the year-to-date outturn shows an overspend of £0.7m (£26.8m spend against a budget of £26.1m). There is a year-to-date overspend of £1m on the core Grant in Aid (GiA) budget. This is largely due to timing differences of actuals against budget, particularly relating to income. These differences are expected to decrease as we move further into the year. The overspend on core GiA is partially offset by an underspend on ring-fenced GiA resulting from vacancies not being filled as early as planned. The full-year position is forecasted to be a small overall surplus of £1.6m.

Performance This Period

Performance Tracker: Rolling 12 months

Performance Indicator	Owner	Current Period	Current Forecast	Previous Forecast	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Programme Achievement	James Hawkins	A/G	A/G	A/G	A	A	A	A	A	A	A	A	A	A/G	A/G	A/G
IT Service Performance	Rob Shaw	G	G	G	A	R	G	G	G	A	A	G	A	G	G	G
Organisational Health	Rachael Allsop	A	A	A	R	R	G	G	G	G	G	G	A	A	A	A
Data Quality	Andrew Maclaren	G	G	G	R	R	R	G	G	G	G	G	A	A	G	G
Financial Management: HSCIC	Carl Vincent	G	G		G	G	A	A	R	R	G	G	G	R		G

KPI	**Programme Achievement**
KPI Owner	**James Hawkins**

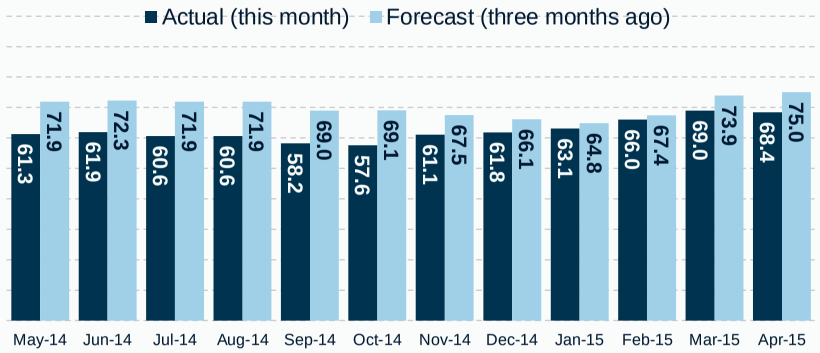
Previous RAG	**69.0%**	**A/G**
Current RAG	**68.4%**	**A/G**
Forecast RAG	**74.8%**	**A/G**

Overall Delivery Confidence:

Overall delivery confidence reported across the portfolio is 68.4% and remains AMBER GREEN. This is 0.6 percentage points lower than in March, the first fall in six months. However, delivery confidence remain more than ten percentage points higher than the lowest recorded figure (57.6%, October 2014).

The gap between forecast and actual delivery confidence has widened to 6.6 percentage points. In April, 12 programmes or projects failed to meet the delivery confidence forecasts made in January 2015.

Programme Achievement: Delivery Confidence (%)



Overall Delivery Confidence:

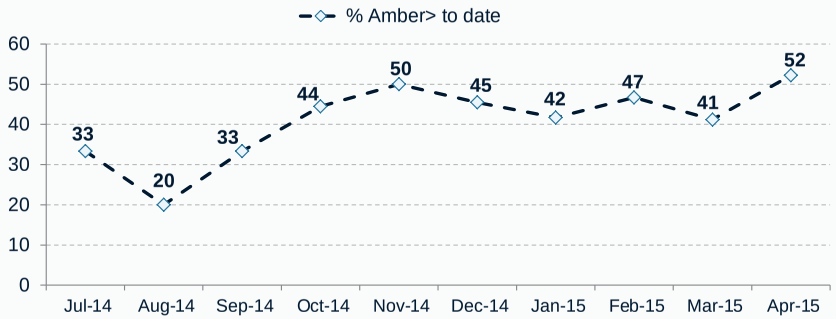
One programme is RED for delivery confidence: **Health and Social Care Network**

1. Resources: Reduced funding approvals has led to replanning, taking additional time that would have been used to progress into the design phase.

2. The Outline Business Case (OBC) has not been developed. A business case lead from within the HSCIC has commenced to lead the OBC Production. The replanning means the programme can no longer present the OBC in July. The current indicative replan date is August 2015.

Note: A number of external factors influence programme achievement performance (e.g. approvals). Through the new system-wide governance arrangements HSCIC will seek to exert stronger control over external factors.

Percentage of Gateway Reviews achieving Amber or Better



Gateway Reviews

5 out of 6 Gateway Reviews reported in April achieved an outcome of AMBER or better. Overall, however, since July 2014 only 52.1% of Gateway Reviews (12 out of 23) have achieved an outcome of AMBER or better.

Release Dates

Proposed releases - Cross programme dependency group are monitoring the following release dates.

Portfolio	Portfolio Item	Release Date
P0055/00	MCDS	Jun-15
P0238/00	NHS eRS	Jun-15
P0321/00	PoDME - BGL	Jun-15

Submitted Priotisation (Top 10)

Portfolio	Portfolio item name	RPA Score	Total score - submitted	External Delivery Confidence	Last Gate Date	Next Gate Date
P0050/00	Spine 2	High	18.5	Green	11/02/2015	30/09/2015
P0238/00	NHS e-Referral Service Programme	High	18.2	Amber\Green	24/04/2015	30/09/2015
P0335/00	SUS Transition	Medium	18	Amber\Red	17/12/2014	16.07.2015
P0208/00	GPSoC Replacement	High	17.7	Amber\Green	22/04/2015	
P0406/00	Data Service for Commissioners		17.5			
P0325/00	Cyber Security Programme (CSP)	High	17.5			
P0190/00	Health & Social Care Network (HSCN)	High	17.1	Red	28/01/2015	30/09/2015
P0031/00	CSC LSP Delivery Programme	High	17	Red	02/04/2015	
P0196/00	NHSmail 2	Medium	16.5	Amber\Green	25/02/2015	09/09/2015
P0022/00	BT LSP (London)	High	16	Amber\Red	27/03/2015	

KPI	IT Service Performance
KPI Owner	Rob Shaw

Previous RAG	G
Current RAG	G
Forecast RAG	G

Availability

100% of services (65 of 65) achieved the average availability target in April. This is the third consecutive month, seventh occasion in the last twelve months, that this excellent performance has been achieved.

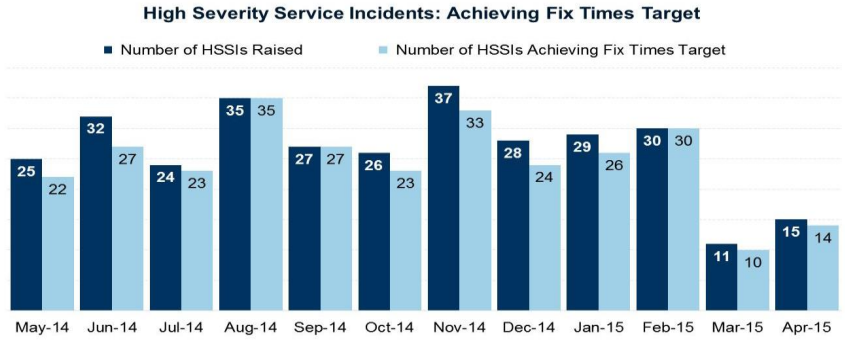
Fix Times: High Severity Service Incidents (HSSIs)

There were 15 HSSIs in April, an increase of 4 from the previous month but well below the 12-month rolling average (27).

Two Security Incidents were logged to the Service Bridge as HSSIs. No Clinical Safety incidents were raised as HSSIs in the month.

The fix time target was achieved for 93.3% of HSSIs (14 out of 15). The exception was the Calculating Quality Reporting Service (CQRS) which experienced an HSSI that did not achieve the Severity 2 fix time target of 2 hours.

This HSSI related to a known issue where under certain scenarios a duplicate aspiration payment is created in error. A workaround is in place to capture these events and remove duplicate payments, on the evening of 4th April 2015 a significant load on the aspiration meant that the workaround did not identify 13 payments. This scenario was discovered by GDIT on the 15th April 2015. The HSSI was closed on 22nd April 2015.



Response Times

Response time targets were achieved for 92.9% of services (26 out of 28). The two exceptions were:

1. The Calculating Quality Reporting Service: experienced a repeat failure at a critical level on the Message Type 2 and a further failure on Message Type 7.

GDIT have experienced repeat Message Type 2 failures over recent months, following investigation GDIT have identified that a number of system administration pages i.e. non-user facing pages are being included in the Message Type 2 reports. These pages are a contributor to the current service level failures and GDIT are making changes to remove these pages from the measurement.

GDIT have identified that the Message Type 7 failure on CQRS is attributed to the receipt of data that does not require a calculation. GDIT are investigating options to address this issue, including creating a second queue for specific sets of data, however this is not yet fully elaborated.

HSCIC has issued a second warning letter to GDIT on the basis of repeat failures against Message Type 2 and 7 Response Times, and other commercial breaches.

2. BT South RiO: experienced a small number of non-critical Response Time failures in April. Breaches in Berkshire West were attributed to an error on the local trust network. Hampshire and Solent also incurred breaches due heavy usage of the system running up to the trust exit, particularly around child health functions.

Incidents of note outside the reporting period

Since the April reporting period and the generation of this commentary (11 June) the following HSSIs have been reported which are worthy of note:

02/05/2015 - **BT N3** - Multiple trusts were unable to access external websites over N3

05/05/2015 - **HSCIC CIS** - Authentication unavailable for approximately 50% of new users

07/05/2015 - **HSCIC SUS** - LDAP queries on SDS are intermittently very slow

17/05/2015 - **HSCIC CIS** - CIS Authentication failures throughout the day.

21/05/2015 - **RX Systems** - Proscript unavailable for multiple users

Forecast

Forecasted RAG status: It is forecast that a GREEN RAG status will be achieved in May.

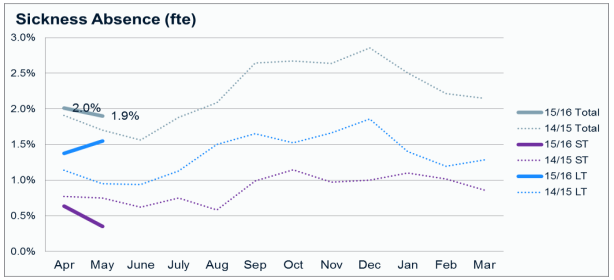
Performance Indicators	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15
No. of Services achieving Availability target	62	58	69	68	61	60	63	68	64	67	66	65
No. of Services breaching Availability target, but not to a critical level	2	1	0	1	0	1	4	0	2	0	0	0
No. of Services breaching Availability target at a critical level	0	10	0	0	0	0	0	0	0	0	0	0
Total No. of Services measured for Availability Performance >>>>	64	69	69	69	61	61	67	68	66	67	66	65
No. of Services achieving Response Times target	26	25	25	26	22	22	26	29	29	28	27	26
No. of Services breaching Response Times target, but not to a critical level	1	1	1	0	2	1	2	0	0	1	1	1
No. of Services breaching Response Times target at a critical level	1	1	1	1	1	2	1	1	1	1	1	1
Total No. of Services measured for Response Times Performance >>>>	28	27	27	27	25	25	29	30	30	30	29	28
Total number of Higher Severity Service Incidents (HSSIs)	25	32	24	35	27	26	37	28	29	30	11	15
Total number of HSSIs achieving Fix Times target	22	27	23	35	27	23	33	24	26	30	10	14
% HSSIs achieving Fix Times target	88%	84%	96%	100%	100%	88%	89%	86%	90%	100%	91%	93%

KPI:	Organisation Health
Owner:	Rachael Allsop

Previous RAG	A
Current RAG	A
Forecast RAG	A

Overall Position: AMBER rated, although there has been good progress on a number of indicators. The downward trend in sickness absence continues despite an increase in long-term absence, which is being addressed by robust action plans. There has been significant improvement in action planning arising from the staff survey, with just two plans to be finalised. The majority of departments now have plans and 90% of actions have completed on time. The time to recruit measure is still above target but is to be reviewed in light of data that show our average time from advert to starting in post is better than external benchmarks. Work on attracting and growing our own talent continues to be a success story. Professional group membership and PDR completion require further improvement but the main issue of concern is our ability to meet the current planned resource forecast. This is likely to improve as staff budgets and profiling of recruitment are finalised.

Summary Table	Target	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Engagement Score	>=70			72					73				
Engagement Actions Completed	>=90%	#	#	#	93%	95%	92%	92%	#	100%	#	#	90%
Professional Group Membership	>=90%	77%	83%	86%	87%	80%	81%	80%	81%	81%	80%	80%	82%
PDR Completion	>=90%	59%	69%	71%	73%	2%	58%	75%	76%	77%	78%	5%	38%
Training Spend / Head	£275	#	#	#	£33	£93	£150	£215	£250	£295	£353	-	-
Monthly Sickness Absence%	<=3%	1.6%	1.9%	2.1%	2.6%	2.7%	2.6%	2.9%	2.5%	2.2%	2.1%	2.0%	1.9%
Time to Recruit (working days)	<=40	49	50	52	61	62	66	57	72	63	58	62	60
Turnover	9% - 11%	12%	12%	11%	12%	11%	11%	10%	10%	10%	11%	11%	11%
Net Monthly Movement	TBC	-16	21	14	22	28	32	28	45	20	60	25	8



Engagement

- There has been further progress on action planning arising from the staff survey. A more robust system for tracking action plan formulation and delivery is now in place and action plans have been received for all directorates. Further work is required on two plans, where actions have not yet been scheduled. Overall completion of actions due against planned is at 90%, with 100% being achieved in the majority of plans. Outstanding actions are being followed up.
- The review of communication and engagement has been completed and the report is being written for presentation to EMT in July. This will inform future activity on communication and staff engagement, including the staff survey.

Training and Development

Spend - No financial data across HSCIC is available for April 2015.
Training Days - An average of 0.4 training days per person have been booked / undertaken in 2015/16
Civil Service Learning

- 80 days worth of eLearning has been completed to date
- 959 training days have been booked for 2015/16 to date

Induction

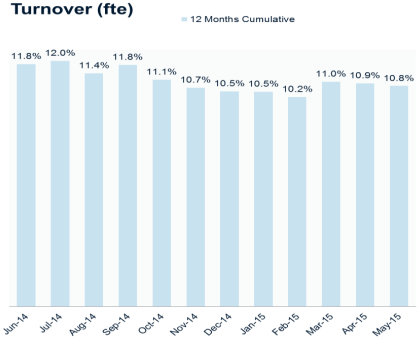
- 26 induction courses have now been run since the launch in October
- A 95% positive evaluation score has been achieved.
- Mandatory Health and Safety training is now available though the induction portal

Mandatory Training

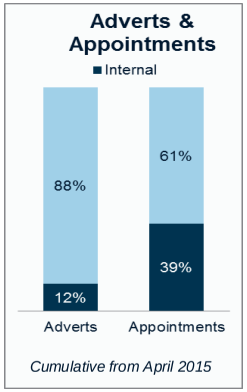
- Health and safety training is now live for all staff on the Insight4 portal and regular compliance reporting has commenced

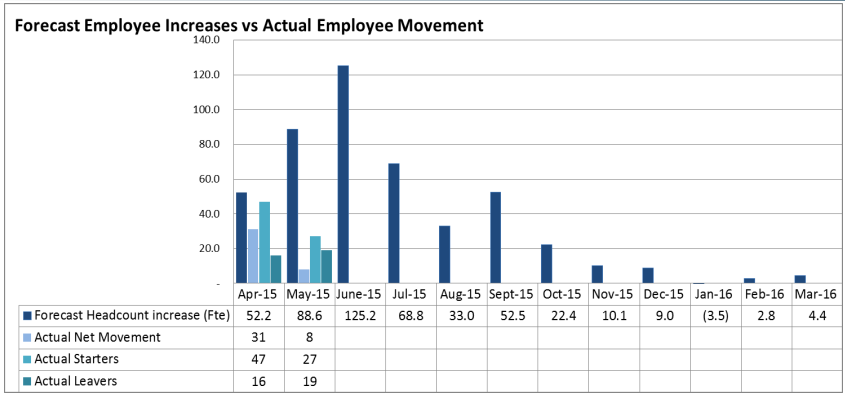
Sickness Absence

- Sickness absence remains within target and continues to reduce overall, primarily in response to a downward trend in short-term absence. There will be a focus on managing long-term absence over the next three months with a view to further reducing absence and associated costs.
- Even at the current low level, the annual cost of sickness absence is an estimated £2.26m. The opportunity cost, in terms of lost productivity, is harder to quantify but, nonetheless, underlines the importance of effective management of sickness.



Recruitment Summary		
Live Campaigns	% Total Time	Working Days
Advertising	approval to advert	
29	2.2%	1.38
Selection	advert to outcome	
127	64.3%	41.13
Appointment	outcome to checks	
90	18.0%	11.50
	checks to agreed start date	
	15.5%	9.94





	Apr-15	May-15	June-15	Jul-15	Aug-15	Sept-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Forecast Headcount increase (Fte)	52.2	88.6	125.2	68.8	33.0	52.5	22.4	10.1	9.0	(3.5)	2.8	4.4
Actual Net Movement	31	8										
Actual Starters	47	27										
Actual Leavers	16	19										

Attracting and Growing Talent

- The summer **internship scheme** will be launched on 5 June 2015 and will offer short term opportunities across a range of teams within the organisation. Internships will start at the end of July and will last between 6 and 8 weeks. The scheme will build upon the successes of the work placements offered last year and our growing profile in local communities. The internships are being marketed through local university careers boards.
- We are beginning to see appointments made to the organisation via new **direct sourcing** methods. These include candidates that have viewed our vacancies via alternative media and those who we have proactively contacted via local networks.

Talent Summary	Placed 14/15	Current position, cumulative 15/16	Future projected placements 15/16
Work Experience	25	1	3
Internship	0	0	15
Apprenticeship	4	5	4
Graduate Training	10	10	20
Placement year	1	0	3

Transactional Recruitment & Turnover

- In May the average time between initiation of recruitment to HR being notified of an agreed start date was 60 working days. This is significantly above the target of 40 days. However, the average time taken from initiation to successful candidate starting in post was 69 days. This figure is better than national benchmarks produced by XpertHR. We are looking to refresh the measure to best reflect the length of the process.
- We have surveyed a sample of recruiting managers from the past two months to understand their experiences of the recruitment process. Three quarters of responses indicated that the time taken to recruit had an impact on their ability to deliver with 4 managers saying that the process had taken longer than they had expected. Through June we will be analysing the responses to understand areas where we may be able to reduce the timescale and produce an action plan. We will also be reviewing capacity as part of linkages with the portfolio resourcing work.
- Role IDs are now recorded for all vacancies before advertising, which is helping to manage recruitment activity against agreed budgets.
- Turnover remains on target.

Net Movement

- Initial review of the budget establishment for 15/16 indicates an increase of **413** (fte) with significant employee increases in the first half of the year. Whilst considerable effort has been invested in trying to convert more adverts into appointments, current activity in our recruitment pipeline suggests we are unlikely to meet these demands. There is, in any event, a question of whether planned recruitment is affordable.
- Based on net movement since April, we would be predicting a total net growth of 198 heads this financial year.

KPI	Data Quality
KPI Owner	Andrew MacLaren

Previous RAG	G
Current RAG	G
Forecast RAG	G

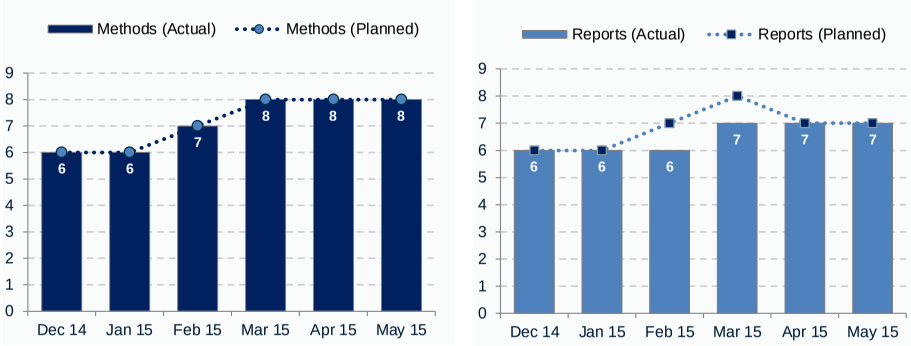
Overall Position
The overall RAG rating this month is GREEN.
Note the target profile has been rebased for FY2015/16.

Forecast
The forecast RAG is GREEN.

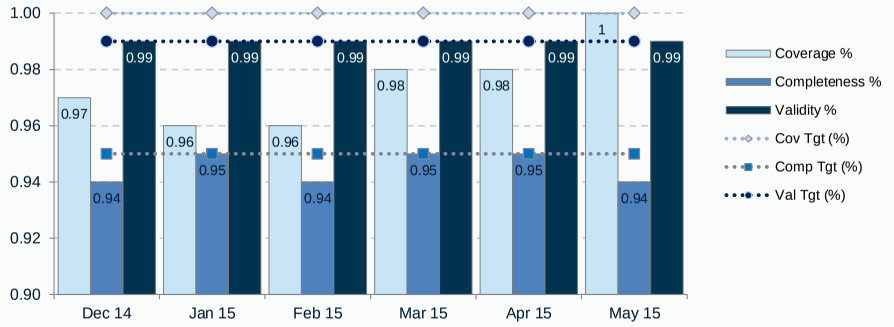
Notes:

The data for this report is sourced from the HSCIC teams responsible for landing, assessing and reporting of the individual datasets in line with the current version of the applicable Standardisation Committee for Care Information (SCCI) approved information standard.

Key data asset key performance indicator (KPI)



Key data asset management information (MI)



Key Performance Indicator (KPI) Commentary

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

Management Information (MI) Commentary

- MI measures the quality of data submitted by those data providers expected to submit data to the HSCIC in accordance with the current version of the applicable Standardisation Committee for Care Information (SCCI) approved information standard.
- Data providers are responsible for the quality of data submitted.
- The six key datasets currently in scope for these indicators are: Admitted Patient Care, Outpatients, Accident & Emergency, Improving Access to Psychological Therapies, Mental Health & Learning Disabilities and Diagnostic Imaging.

NHS Number completeness and validity by dataset - cumulative available data (September 2014 - May 2015)

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

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

Dataset level information by data quality measure - cumulative available data (September 2014 - May 2015)

Dataset coverage (%)	Completeness of reported data items (%)	Validity of completed data items (%)
98%	100%	100%
96%	100%	100%
94%	97%	100%
97%	84%	97%
98%	95%	98%
100%	92%	100%

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

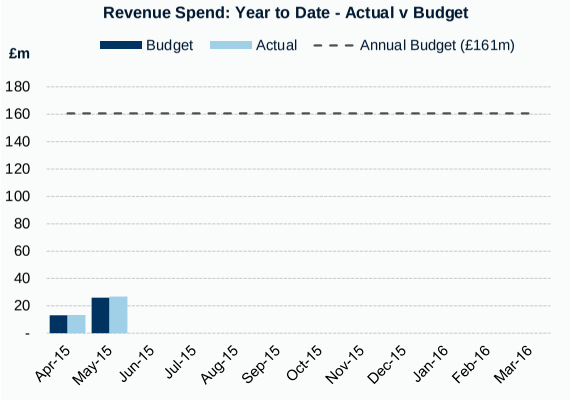
KPI	Financial Management (HSCIC)
KPI Owner	Carl Vincent

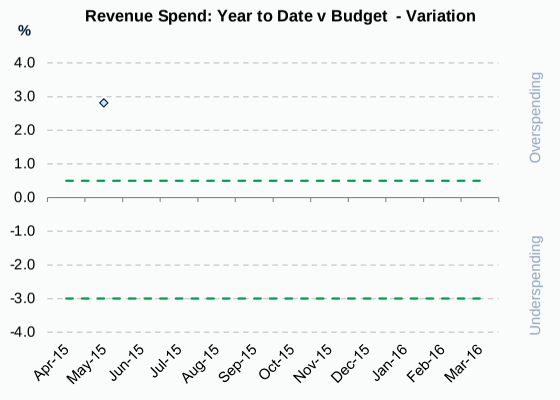
Previous RAG	R
Current RAG	G
Forecast RAG	G

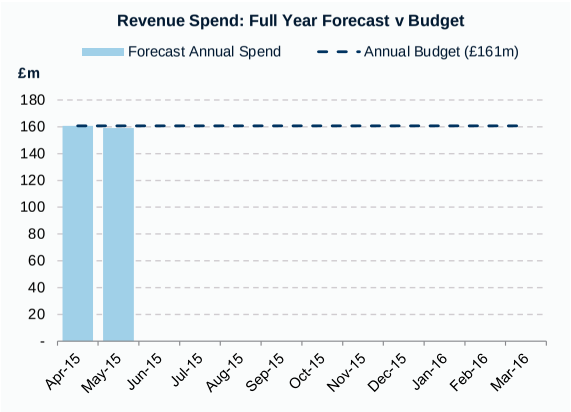
Revenue Spend	Budget (£m)	Actual (£m)	Variation (%)
Year to Date: Actual v Budget	26.1	26.8	2.8%
Full Year Forecast v Budget	160.6	159.0	1.0%

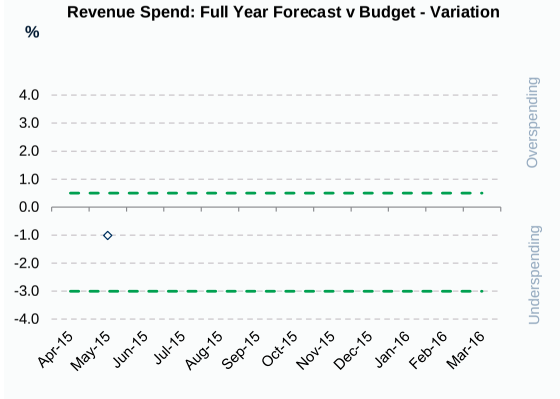
Forecast Accuracy	Actual (£m)	Forecast (£m)	Variation (%)
In-month: Forecast v Actual	11.5	-	100.0%

NOTE: Forecast Accuracy not measurable for M2 as there was no forecast @ M1









HSCIC Operating costs

The year-to-date outturn for the first two months of the year is £0.7m or 2.8% above budget. The variance of £0.7m comprises £1.0m over budget on core GIA and £0.2m under on ring-fenced GiA. The £1.0m overspend on core GiA is largely due to timing differences of actual v budget, particularly on Income, which decrease as we move further into the year. The £0.2m underspend on ring-fenced GiA is due to vacancies not being filled as early as predicted.

The forecast core GiA outturn for the full year is £1.6m or 1% under budget; this comprises £0.8m from core GiA and £0.9m from ring-fenced GiA, both largely driven by reducing staff costs as recruitment dates for vacancies move to later in the year than budgeted.

Non-GiA income is £1.1m under budget for the year-to-date; however, this is largely due to the phasing of Actuals against Budget and the forecast is £0.4m above budget for the full year. This is primarily driven from additional income from SSD, partially offset by lower income on Choices and Cross-Government programmes.

Staff costs are £0.9m under budget for the year-to-date and forecast £4.9m under budget for the full year. This mainly reflects recruitment running behind budgeted vacancies - most of the vacancies have now been reprofiled in the forecast to later in the year. The budget included an increase of 141 FTE over April and May; however, permanent headcount only increased by a net 20 FTE over the two months (note: FTE increase shown is as at the last payroll date therefore may differ from HR figures for staff employed at the end of the month)

Non-staff costs are forecast to be £3.0m above budget for the full year. This includes £2.1m for Professional Fees (including EY costs in F&CS) and £0.9m for ICT costs.

No YTD Depreciation has yet been posted due to the Fixed Asset register being finalised for the year-end.

Management action

Although tight budgets were set for Directorates for 15/16, the detailed budgets contained a significant amount of recruitment in the first quarter of the year, much of which has not yet materialised. Some of this underspend on staff may be required to fund work through workpackages in place of recruitment, or may mean that income reduces where the staff were to support externally-funded work. We will work with Directors to identify any funds that can be released to Contingency fund.

Appendix 1 - Management Accounts

2014/15 HSCIC Management Accounts as at 31st May 2015

£'m	Year-to-Date			Full Year		
	Budget	Actual	Var	Budget	F'cast	Var
Core GiA	(24.0)	(24.0)	0.0	(148.0)	(148.0)	0.0
Ring-Fenced GiA	(2.1)	(1.8)	(0.2)	(12.6)	(11.8)	(0.9)
External Income	(9.2)	(8.1)	(1.1)	(63.3)	(63.7)	0.4
Staff Costs	25.4	24.4	0.9	162.2	157.3	4.8
Non-staff Costs	10.4	10.5	(0.1)	62.5	65.6	(3.0)
Unallocated Costs	(0.5)	0.0	(0.5)	(0.8)	(0.2)	(0.6)
Surplus/ (Deficit)	**(0.0)**	**1.0**	**(1.0)**	**(0.0)**	**(0.8)**	**0.8**
Depreciation GiA	(2.5)	(2.5)	0.0	(16.3)	(16.3)	0.0
Depreciation Cost	0.0	0.0	0.0	0.0	0.0	0.0
Surplus/ (Deficit)	**(2.5)**	**(2.5)**	**0.0**	**(16.3)**	**(16.3)**	**0.0**

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

The year-to-date outturn for the first two months of the year is £0.7m/ 2.8% above budget. The variance of £0.7m comprises £1.0m over budget on core GIA and £0.2m under on ring-fenced GiA. The £1.0m overspend on core GiA is largely due to timing differences of actual v budget, particularly on Income, which decrease as we move further into the year. The £0.2m underspend on ring-fenced GiA is due to vacancies not being filled as early as predicted.

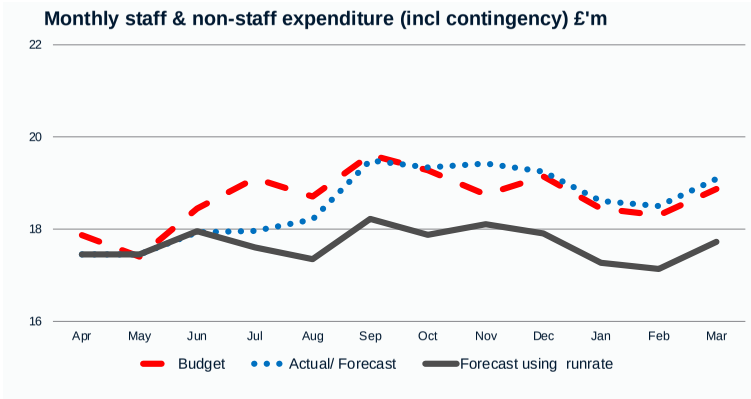
The forecast core GiA outturn for the full year is £1.6m/ 1% under budget; this comprises £0.8m from core GiA and £0.9m from ring-fenced GiA, both largely driven by reducing staff costs as recruitment dates for vacancies move to later in the year than budgeted.

Non-GiA income is £1.1m under budget for the year-to-date; however, this is largely due to the phasing of Actuals against Budget and the forecast is £0.4m above budget for the full year. This is primarily driven from additional income from SSD, partially offset by lower income on Choices and Cross-Government programmes.

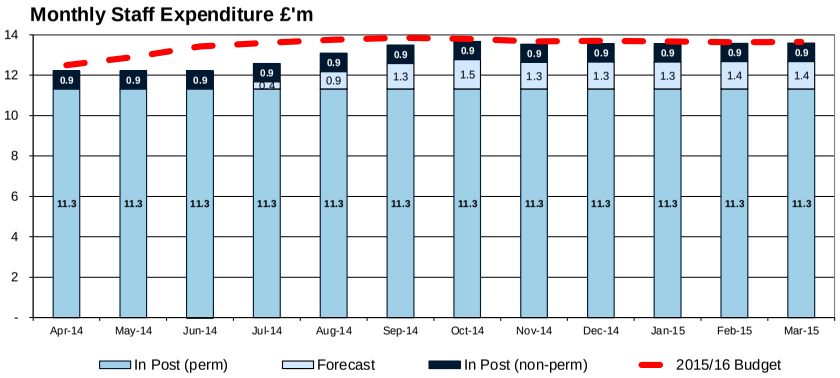
Staff costs are £0.9m under budget for the year-to-date and forecast £4.9m under budget for the full year. This mainly reflects recruitment running behind budgeted vacancies - most of the vacancies have now been reprofiled in the forecast to later in the year. The budget included an increase of 141 FTE over April and May; however, permanent headcount only increased by a net 20 FTE over the two months (note: FTE increase figure is as at payroll date therefore may differ from HR figures for the whole of the month)

Non-staff costs are forecast to be £3.0m above budget for the full year. This includes £2.1m for Professional Fees (including EY costs in F&CS) and £0.9m for ICT costs.

No YTD Depreciation has yet been posted due to the Fixed Asset register being finalised for year-end.



Monthly trend of gross expenditure for the organisation for the original budget, the latest forecast (2 months of actual costs and 10 months of expected costs) and an extrapolation (runrate) of the position if the current staff position remained at May levels for the remainder of the year.



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

Appendix 1 - Management Accounts

2014/15 HSCIC Management Accounts as at 31st May 2015

Detail by Income/ Expenditure Type

£'m	Year-to-Date			Full Year			
	Budget	Actual	Var	Budget	F'cast	Var	
Income							
Grant in Aid	(24.0)	(24.0)	0.0	(148.0)	(148.0)	0.0	Ring-fenced GiA - £(0.2)m YTD and £(0.9)m forecast variances reflect a reduction in expected costs in O&AS
Grant in Aid (ring-fenced)	(2.1)	(1.8)	(0.2)	(12.6)	(11.8)	(0.9)	
Income	(9.2)	(8.1)	(1.1)	(63.3)	(63.7)	0.4	Non-GiA income is £1.1m under budget for the year-to-date; however, this is largely due to the phasing of Actuals against Budget and the forecast is £0.4m above budget for the full year. This is primarily driven from additional income from SSD, partially offset by lower income on Choices and Cross-Government programmes. Additional income is expected for GPES but this is not yet reflected in the forecast.
Total Income	**(35.3)**	**(33.9)**	**(1.3)**	**(223.9)**	**(223.5)**	**(0.4)**	
Staff Costs							**£0.5m of year-to-date variance from PDD/ HSCN. £4.8m full year variance includes:**
Permanent Staff	23.0	22.6	0.4	152.0	148.3	3.7	1.6 O&AS directorate (recruitment delays plus funding transferred to workpackages)
Non Permanent Staff	2.4	1.8	0.5	10.1	9.0	1.2	1.7 Programme Delivery (delayed recruitment against budget)
Total Staff Costs	**25.4**	**24.4**	**0.9**	**162.2**	**157.3**	**4.8**	0.4 ASI directorate (delayed recruitment against budget)
							0.4 Finance & Corporate Services (reduction in Contractors)
							0.7 Other
							4.8
Other Costs							
Professional Fees	3.8	3.3	0.4	27.2	29.3	(2.1)	Full year variance includes £1.1m increase in F&CS for costs of E&Y, £2.2m increase on Spine 2 and various smaller reductions
Information Technology	2.4	3.0	(0.6)	12.8	13.7	(0.9)	Full year variance includes £0.6m in PDD (Choices & GPES) and £0.2m in O&AS (ICT). YTD variance expected to decrease at M3 with release of year-end accruals.
Travel & Subsistence	0.8	0.8	(0.1)	4.7	4.8	(0.1)	
Accommodation	2.1	2.3	(0.2)	11.2	11.3	(0.1)	
Marketing, Training & Events	0.2	0.2	0.0	1.8	1.8	(0.0)	
Office Services	0.5	0.3	0.1	2.9	2.8	0.1	
Other	0.7	0.5	0.1	2.0	2.0	0.0	
Total Other Costs	**10.4**	**10.5**	**(0.1)**	**62.5**	**65.6**	**(3.0)**	
Unallocated Costs							
Directorate Contingency/ Savings	(0.5)	0.0	(0.5)	(3.5)	(2.9)	(0.6)	Directorate "Savings to be found" and/or contingencies to be used over the year. Savings figures will unwind over the course of the year as the savings are realised in Actuals.
Central Contingency	0.0	0.0	0.0	2.7	2.7	0.0	Contingency funding for new work to be allocated during the year
Depreciation							
Depreciation Grant-in-Aid	(2.5)	(2.5)	0.0	(16.3)	(16.3)	0.0	No YTD Depreciation has yet been posted due to the Fixed Asset register being finalised for the year-end. The YTD position will be posted at Month 3
Depreciation Costs	2.5	0.0	2.5	16.3	16.3	0.0	
	0.0	**(2.5)**	**2.5**	**0.0**	**(0.0)**	**0.0**	

Appendix 1 - Management Accounts

2014/15 HSCIC Management Accounts as at 31st May 2015

Detail by Directorate

£'m	Year-to-Date			Full Year			
	Budget	Actual	Var	Budget	F'cast	Var	
Provider Support							
Income	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)	(0.0)	£0.2m forecast underspend on staff costs due to delayed recruitment and leavers not replaced.
Staff Costs	1.8	1.7	0.1	10.9	10.7	0.2	
Other Costs	0.1	0.1	(0.0)	0.7	0.7	(0.0)	The "Contingency/ Virements" line shows Directorate Savings to be Found to be realised throughout the year.
Contingency / Virements	0.0	0.0	0.0	(0.9)	(0.9)	0.0	
Net GiA funded	**1.9**	**1.9**	**0.0**	**10.6**	**10.4**	**0.2**	
Programmes Delivery							
Income	(3.2)	(2.6)	(0.7)	(20.7)	(19.8)	(0.9)	Income - £(0.7)m year-to-date and £(0.9)m forecast variance on Income are from Choices and Cross-Govt, reflecting lower than budgeted costs.
Staff Costs	5.3	4.7	0.6	32.2	30.5	1.7	Staff costs - YTD underspend is primarily on HSCN £0.5m. The full year forecast variance of £1.7m includes £0.7m HSCN and £0.8m Choices.
Other Costs	1.7	1.4	0.3	11.3	11.5	(0.2)	
Contingency / Virements	(0.4)	0.0	(0.4)	(2.4)	(2.0)	(0.4)	The "Contingency/ Virements" line shows Directorate Savings to be Found to be realised throughout the year.
Net GiA funded	**3.4**	**3.5**	**(0.1)**	**20.4**	**20.2**	**0.2**	
Operations & Assurance Services							
Income	(4.8)	(4.7)	(0.1)	(33.0)	(33.8)	0.8	£0.8m additional income due to £0.9m capitalisation of costs against the DH Spine 2 asset, £0.8m additional income for SSD, partially offset by reductions in income for NHS Pathways £0.4m and Ring-fenced GiA £0.4m.
Staff Costs	8.2	8.2	(0.0)	53.8	52.1	1.6	
Other Costs	2.9	3.4	(0.5)	18.3	19.9	(1.6)	£1.6m reduction in Staff Costs is due to expected recruitment being delayed until later in the year, some of which relates to income reductions as above.
Contingency / Virements	0.0	0.0	0.0	0.9	0.9	0.0	
Net GiA funded	**6.3**	**6.9**	**(0.6)**	**39.9**	**39.1**	**0.8**	£1.6m increase in non-staff costs is primarily due to £1.5m increase on Professional Fees for Spine 2 workpackages (related to the increased income from DH above). The YTD overspend on non-staff costs is primarily from ICT but is expected to reduce materially at M3
Information & Analytics							
Income	(2.5)	(2.0)	(0.4)	(17.4)	(17.4)	(0.0)	£(0.4)m year-to-date variance on Income is due to budget phasing of Income on Medical Research (expected to unwind over the year)
Staff Costs	3.6	3.6	0.1	24.0	23.8	0.2	
Other Costs	2.0	1.9	0.1	10.7	10.8	(0.0)	
Contingency / Virements	0.1	0.0	0.1	1.0	1.0	(0.0)	
Net GiA funded	**3.3**	**3.4**	**(0.1)**	**18.3**	**18.1**	**0.1**	
Architecture, Standards & Innovation							
Income	(0.4)	(0.4)	0.0	(2.2)	(2.0)	(0.2)	£0.4m forecast underspend on Staff costs due to delays to budgeted recruitment, including £0.2m on Tech Archs and £0.2m on Standards
Staff Costs	2.4	2.4	(0.0)	16.1	15.7	0.4	
Other Costs	0.9	1.0	(0.1)	4.1	4.2	(0.1)	The "Contingency/ Virements" line shows Directorate Savings to be Found to be realised throughout the year.
Contingency / Virements	0.0	0.0	0.0	(0.7)	(0.7)	0.0	
Net GiA funded	**2.9**	**3.0**	**(0.1)**	**17.2**	**17.1**	**0.1**	
Finance & Corporate Services (excl Estates)							
Income	(0.1)	(0.1)	(0.1)	(1.1)	(1.0)	(0.1)	£0.4m underspend on staff costs is due to reduction in contractor costs in Commercial.
Staff Costs	2.8	2.7	0.1	17.2	16.8	0.4	
Other Costs	0.5	0.4	0.0	4.6	5.5	(0.9)	£(0.7)m overspend on non-staff costs is due to the inclusion of unbudgeted costs for E&Y £(1.1)m partially offset by reduction in forecast legal fees £0.2m
Contingency / Virements	(0.2)	0.0	(0.2)	(1.1)	(0.9)	(0.2)	The "Contingency/ Virements" line shows Directorate Savings to be Found to be realised throughout the year.
Net GiA funded	**2.9**	**3.1**	**(0.2)**	**19.6**	**20.3**	**(0.7)**	
Estates	1.9	2.1	(0.2)	9.8	10.0	(0.2)	Variance due to unbudgeted costs on Skipton House and PEX
HR & Transformation	**0.5**	**0.4**	**0.1**	**3.4**	**3.4**	**(0.0)**	
Customer Relations	**0.7**	**0.7**	**0.0**	**4.9**	**4.8**	**0.1**	
Clinical	**0.2**	**0.1**	**0.0**	**1.2**	**1.1**	**0.1**	
HSCIC Corporate Contingency/ GiA	(24.0)	(24.1)	0.1	(145.3)	(145.4)	0.1	
	(20.6)	**(20.8)**	**0.1**	**(126.0)**	**(126.1)**	**0.1**	

KPI	Programme Achievement
KPI Owner	James Hawkins

Appendix 2 - Programme Delivery Dashboard

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

Programme Delivery Dashboard - April 2015

	Reporting Month:		SRO?	Overall Delivery Confidence RAG						Assurance Delivery Confidence / Status							Key Delivery Milestones			FY forecast (HSCIC operating expenditure) vs planned				FY financial forecast (DH Prog) vs. budget			
				Feb	Mar	Apr	May	Jun	Jul	RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Feb	Mar	Apr	Feb	Mar	Apr		Feb	Mar	Apr	
Primary Care IT	P0070	Calculating Quality Reporting Service	No	A/G	G	G	G	G	G	Low	5	Oct-2014	A/G	5	Oct-2015	Booked	A	R	A	R-U	R-U	N/A	-	R-U	N/A	N/A	-
	P0281	General Practice Extraction Service	Yes	A	A/G	A/G	A/G	A/G	A/G	TBC	4	Dec-2012	A/G	TBC	TBC	TBC	A	A	A	R-O	R-O	N/A	-	N/A	N/A	N/A	-
	P0208	GP Systems of Choice Replacement	Yes	A	A	A	A/G	A/G	A/G	High	5	Apr-2015	A/G	TBC	TBC	Not booked	A	A	A	R-U	R-U	N/A	-	R-U	R-U	N/A	-
Cross Govt IT	P0004	Child Protection – Information Sharing	Yes	A	A	A	A	A	A/G	Med	4	Jul-2014	A/G	5	Apr-2016	Not Booked	A	A	A	R-U	R-U	N/A	-	N/A	N/A	N/A	-
	P0010	DMS Connectivity	No	G	G	G	G	G	G	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A-O	A-O	N/A	-	N/A	G	N/A	-
	P0341	SCIP	Yes	A/G	A/G	G	G	G	G	TBC	N/A	N/A	N/A	TBC	TBC	TBC	G	G	G	R-U	R-U	N/A	-	N/A	N/A	N/A	-
	P0372	ISP	Yes	A/G	A/G	A	A	A	A	TBC	N/A	N/A	N/A	TBC	TBC	TBC	A	A	A	TBC	G	N/A	-	N/A	N/A	N/A	-
	P0301	FGMP	Yes	G	G	G	G	G	G	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G	G	G	G	G	N/A	-	N/A	N/A	N/A	-
	P0207	Health & Justice Information Services	Yes	A/G	A/G	A/G	A/G	A/G	A/G	Med	2	Aug-2014	A/R	3	Sep-2015	Not booked	G	G	A	R-O	R-O	N/A	-	N/A	N/A	N/A	-
	P0037	Offender Health IT	Yes	A/G	A/G	A/G	A/G	A/G	A/G	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G	G	G	R-O	R-O	N/A	-	N/A	N/A	N/A	-
	P0014	GP2GP	No	A	A/G	A/G	A/G	A/G	A/G	Low	4	Feb-2014	A/G	5	Sep-2015	Not Booked	A	A	A	R-U	R-U	N/A	-	R-U	R-U	N/A	-
	P0026	NHS Choices	Yes	A	A	A/R	A/R	A	A	High	PVR	Dec-2013	A	1	Apr-2015	Not Booked	G	G	G	R-U	R-U	N/A	-	R-U	R-U	N/A	-
	P0190	Health and Social Care Network	Yes	A/R	R	R	R	R	A/R	High	PAR	Jan-2015	R	TBC	TBC	Not Booked	A	R	R	R-U	R-O	N/A	-	R-O	R-O	N/A	-
	P0196	NHSmail 2	Yes	A/G	A/G	A/G	A/G	A/G	A/G	High	3	Feb-2015	A/G	4	TBC	Not Booked	G	A	A	R-U	R-U	N/A	-	R-O	R-U	N/A	-
	P0238	NHS e-Referrals inc. CAB	No	A/R	A	A	A/G	A/G	A/G	High	4	Apr-2015	A/G	TBC	TBC	Not booked	A	A	A	R-U	R-U	N/A	-	R-U	R-U	N/A	-
	P0051	Summary Care Record	Yes	A/G	A/G	A/G	A/G	A/G	A/G	Med	5	Apr-2015	A/G	TBC	TBC	Not booked	A	A	A	R-O	R-O	N/A	-	R-O	R-O	N/A	-
	P0012	Electronic Transfer of Prescriptions	Yes	A	A	A	A	A	A	High	0 + 5	Apr-2015	A	5	Oct-2015	Not booked	G	G	G	R-O	R-O	N/A	-	R-U	R-U	N/A	-

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

Delivery Confidence - Programme Delivery:	
April-2015	A/G 73.75%
July-2015	G 80.00%

PDD View	
April-2015	N/A
July-2015	N/A

April's Calculated Delivery Confidence is at 73.75%. Calculated delivery confidence RAG remains at Amber Green. The 3-month calculated forecast Delivery Confidence (to July 2015) is Green at 80%.

Sourced from Highlight Reports Apr-2015

KEY

Trend

⇧	RAG improvement from previous month
⇨	RAG same as previous month
⇩	RAG decrease from previous month

Non Completion

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

KPI	Programme Achievement
KPI Owner	James Hawkins

Previous RAG	A/G
Current RAG	A/G
Forecast RAG	G

Programme Delivery Director View	
Current RAG	N/A
Forecast RAG	TBC

Programme Delivery Dashboard - April 2015

			Investment justification (BC, MoU etc) forecast spend status			Benefits realisation confidence			Quality Management against plan			Programme / Project end date			Current Investment Justification approval status			Digital & Technology Spend Controls Status			Resourcing Against Plan		
	Reporting Month:		Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr
Primary Care IT	P0070	Calculating Quality Reporting Service	G	G	G	A	G	G	G	G	G	G	G	G	G	G	G	N/A	N/A	N/A	A	A	A
	P0281	General Practice Extraction Service	G	G	G	N/A	N/A	N/A	A	A	A	A	A	A	G	G	G	G	G	G	A	A	A
	P0208	GP Systems of Choice Replacement	G	G	G	G	G	G	G	G	G	A	A	G	A	G	G	G	G	G	A	A	A
Cross Govt IT	P0004	Child Protection – Information Sharing	G	G	G	A	A	A	G	G	G	G	G	G	G	G	G	G	G	G	A	A	A
	P0010	DMS Connectivity	G	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G	G	G	G	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A
	P0341	SCIP	G	G	G	N/A	N/A	N/A	N/A	N/A	N/A	G	G	G	G	G	G	N/A	N/A	N/A	G	G	G
	P0372	ISP	G	G	G	N/A	N/A	N/A	A	A	A	G	G	G	G	G	G	N/A	N/A	N/A	G	G	G
	P0301	FGMP	G	G	G	N/A	N/A	N/A	TBC	TBC	TBC	G	G	G	G	G	G	A	G	G	A	A	G
	P0207	Health & Justice Information Services	G	G	G	TBC	TBC	TBC	G	G	G	A	A	A	G	A	A	G	G	G	G	G	G
	P0037	Offender Health IT	G	G	G	G	G	N/A	G	G	G	G	G	G	G	G	G	N/A	N/A	N/A	G	G	G
	P0014	GP2GP	G	G	G	A	A	A	G	G	G	A	A	A	G	G	G	N/A	N/A	N/A	A	G	G
	P0026	NHS Choices	A	A	A	A	A	N/A	A	A	A	R	R	R	A	A	R	A	A	R	A	A	A
	P0190	Health and Social Care Network	G	G	A	N/A	N/A	N/A	A	A	A	R	R	R	G	G	A	R	A	A	R	R	R
	P0196	NHSmail 2	G	G	G	G	G	G	G	G	G	A	A	A	G	G	G	G	G	G	A	A	A
	P0238	NHS e-Referrals inc. CAB	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	A	A	A
	P0051	Summary Care Record	G	G	G	A	A	A	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
	P0012	Electronic Transfer of Prescriptions	G	G	G	A	A	A	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G

Overall Delivery Confidence for Programme Delivery (Calculated):	
April-2015	A/G 73.75%
July-2015	G 80.00%

PDD View	
April-2015	N/A
July-2015	N/A

April's Calculated Delivery Confidence is at 73.75%. Calculated delivery confidence RAG remains at Amber Green. The 3-month calculated forecast Delivery Confidence (to July 2015) is Green at 80%.

Sourced from Highlight Reports (Key RAGs) Apr-2015

KEY

Trend

⇧	RAG improvement from previous month
⇨	RAG same as previous month
⇩	RAG decrease from previous month

Non Completion

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

KPI	Programme Achievement (other Directorates)
KPI Owner	James Hawkins
Data Owner	Tom Denwood (Prov Sup), Andrew Maclaren (I&A) and Rob Shaw (O+AS)

Prov Sup RAG Summary	
Previous RAG	G
Current RAG	A
Forecast RAG	A

I&A RAG Summary	
Previous RAG	A
Current RAG	A
Forecast RAG	A

O+AS RAG Summary	
Previous RAG	A
Current RAG	G
Forecast RAG	G

Prov Sup Dashboard - April 2015

Reporting Month		SRO Appr?	Overall Delivery Confidence RAG						Assurance Delivery Confidence / Status							Key Delivery Milestones			FY forecast (HSCIC operating expenditure) vs planned			FY financial forecast (DH Prog) vs. budget			
			Feb	Mar	Apr	May	Jun	Jul	RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	
P0033	PACS	Yes	A	A	A	A	A	A	TBC	0	Nov-11	A	TBC	TBC	TBC	A	A	A	G	G	G	A-U	A-U	A-U	
P0183	South Community Programme	No	G	G	G	G	G	G	Med	3	Dec-12	A/G	5	Sep-15	Not booked	G	G	G	G	G	G	N/A	N/A	N/A	-
P0182	South Ambulance Programme	No	A	A	A	A	A	A	Med	4	Nov-14	A/G	5	TBC	TBC	A	A	R	G	G	G	N/A	N/A	N/A	-
P0181	South Acute Programme	No	A/G	A/G	G	G	G	G	High	4	Apr-15	G	TBC	TBC	TBC	A	A	A	R-U	R-U	R-U	N/A	N/A	N/A	-
P0047	BT LSP - South	No	A	A/R	A/R	A/R	A/R	A/R	High	PAR	Mar-15	A/R	N/A	N/A	N/A	G	G	G	R-U	R-U	R-U	R-O	R-O	R-O	
P0022	BT LSP - London	No	A	A/R	A/R	A/R	A/R	A/R	High	PAR	Mar-15	A/R	N/A	N/A	N/A	G	G	G	R-O	R-O	R-O	R-U	R-U	R-U	
P0031	CSC LSP	Yes	A	A	A/R	A/R	A/R	A/R	High	PAR	Apr-15	R	PAR	TBC	TBC	A	A	G	R-U	R-U	R-U	R-U	R-U	R-U	
																			1st letter = RAG, 2nd letter = Under / overspend			1st letter = RAG, 2nd letter = Under / overspend			

Overall Delivery Confidence for Prov Sup:	
April-2015	A 62.86%
July-2015	A 62.86%

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

Infomatics and Analytics - April 2015

Reporting Month		SRO Appr?	Overall Delivery Confidence RAG						Assurance Delivery Confidence / Status							Key Delivery Milestones			FY forecast (HSCIC operating expenditure) vs planned			FY financial forecast (DH Prog) vs. budget			
			Feb	Mar	Apr	May	Jun	Jul	RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	
P0306	care.data	Yes	A/R	A/R	A/R	A/R	A/R	A/R	High	PAR	Feb-15	R	TBC	TBC	TBC	A	A	A	R-U	R-U	R-U	N/A	N/A	N/A	-
P0406	Data Services for Commissioners	Yes	NR	A	A	A	A	A	TBC	N/A	N/A	N/A	NR	NR	NR	NR	G	A	NR	NR	NR	NR	NR	NR	-
P0294	National Tariff System (NTS)	Yes	A/R	A/R	A	A	A	A	TBC	N/A	N/A	A	PVR	Jun-15	TBC	TBC	TBC	A	R-O	R-O	A-U	TBC	TBC	A-U	-
P0055	Maternity and Childrens Dataset	Yes	A/R	A	A	A/G	A/G	A/G	High	3	Jan-13	A	4	TBC	TBC	A	A	A	R-U	R-U	G	N/A	N/A	N/A	-
P0321	Pathfinder on DME	Yes	A	A/R	A/R	A	A	A	Med	3	Aug-14	A/R	TBC	TBC	TBC	A	R	R	R-O	R-O	A-U	N/A	N/A	N/A	-
																			1st letter = RAG, 2nd letter = Under / overspend			1st letter = RAG, 2nd letter = Under / overspend			

Overall Delivery Confidence for I&A:	
April-2015	A 52.00%
July-2015	A 60.00%

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

Operations and Assurance Services Dashboard - April 2015

Reporting Month		SRO Appr?	Overall Delivery Confidence RAG						Assurance Delivery Confidence / Status							Key Delivery Milestones			FY forecast (HSCIC operating expenditure) vs planned			FY financial forecast (DH Prog) vs. budget			
			Feb	Mar	Apr	May	Jun	Jul	RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	
P0050	Spine 2	No	A	A/G	A/G	G	G	G	High	5	Feb-15	G	5	Sep-15	Planned	G	G	G	R-U	R-U	TBC	R-U	R-U	TBC	-
P0325	Cyber Security Programme	Yes	A	A/R	A	A/G	G	G	High	N/A	N/A	N/A	0	TBC	TBC	A	A	A	N/A	N/A	N/A	N/A	N/A	N/A	-
P0335	SUS Transition	Yes	A	G	G	G	G	G	High	PAR	Dec-14	A/R	PAR	Jun-15	Planned	A	G	G	R-U	R-U	G	G	G	G	
																			1st letter = RAG, 2nd letter = Under / overspend			1st letter = RAG, 2nd letter = Under / overspend			

Overall Delivery Confidence for O+AS:	
April-2015	G 80.00%
July-2015	G 100.00%

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

Sourced from Highlight Reports (Key RAGs) April-15

KEY

Trend

⇧	RAG improvement from previous month
⇨	RAG same as previous month
⇩	RAG decrease from previous month

Non Completion

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

KPI	Programme Achievement (other Directorates)
KPI Owner	James Hawkins
Data Owner	Tom Denwood (Prov Sup), Andrew Maclaren (I&A) and Rob Shaw (O+AS)

Prov Sup RAG Summary	
Previous RAG	G
Current RAG	A
Forecast RAG	A

I&A RAG Summary	
Previous RAG	A
Current RAG	A
Forecast RAG	A

O+AS RAG Summary	
Previous RAG	A
Current RAG	G
Forecast RAG	G

Prov Sup Dashboard - April 2015

		Investment justification (BC, MoU etc) forecast spend status				Benefits realisation confidence				Quality Management against plan				Programme / Project end date				Current Investment Justification approval status				Digital & Technology Spend Controls Status				Resourcing Against Plan			
		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr	
P0033	PACS	G	N/A	N/A	-	G	G	G	⇒	G	N/A	N/A	-	A	A	A	⇒	G	N/A	N/A	-	G	N/A	N/A	-	G	G	G	⇒
P0183	South Community Programme	G	G	A	⇩	G	G	G	⇒	G	G	G	⇒	G	G	G	⇒	G	G	G	⇒	G	G	G	⇒	G	G	G	⇒
P0182	South Ambulance Programme	G	G	G	⇒	A	A	A	⇒	A	A	A	⇒	G	G	G	⇒	G	G	G	⇒	G	G	G	⇒	G	G	G	⇒
P0181	South Acute Programme	G	G	G	⇒	A	A	A	⇒	G	G	G	⇒	G	G	G	⇒	G	G	G	⇒	G	G	G	⇒	A	G	G	⇒
P0047	BT LSP - South	G	G	G	⇒	R	R	R	⇒	G	G	G	⇒	A	A	A	⇒	G	G	G	⇒	G	G	G	⇒	G	G	G	⇒
P0022	BT LSP - London	G	G	G	⇒	R	R	R	⇒	G	G	G	⇒	A	A	A	⇒	G	G	G	⇒	G	G	G	⇒	G	G	G	⇒
P0031	CSC LSP	G	G	G	⇒	A	A	A	⇒	G	G	G	⇒	A	R	R	⇒	G	G	G	⇒	G	G	G	⇒	G	G	G	⇒

Overall Delivery Confidence for Prov Sup:	
April-2015	A 62.86%
July-2015	A 62.86%

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

Informatics and Analytics - April 2015

		Investment justification (BC, MoU etc) forecast spend status				Benefits realisation confidence				Quality Management against plan				Programme / Project end date				Current Investment Justification approval status				Digital & Technology Spend Controls Status				Resourcing Against Plan			
		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr	
P0306	care.data	R	R	R	⇒	R	R	R	⇒	A	A	A	⇒	N/A	G	G	⇒	A	A	A	⇒	N/A	N/A	N/A	-	A	A	A	⇒
P0406	Data Services for Commissioners	NR	A	A	⇒	NR	NR	TBC	-	NR	NR	TBC	-	NR	G	G	⇒	NR	NR	TBC	-	NR	N/A	TBC	-	NR	NR	TBC	-
P0294	National Tariff System (NTS)	TBC	TBC	A		TBC	TBC	A	-	TBC	TBC	A	-	TBC	TBC	A	-	TBC	TBC	A	-	TBC	TBC	A	-	TBC	TBC	A	-
P0294	Matemity and Childrens Dataset	G	G	G	⇒	A	A	A	⇒	G	G	G	⇒	G	G	G	⇒	G	G	G	⇒	G	G	G	⇒	A	A	A	⇒
P0321	Pathfinder on DME	G	G	G	⇒	N/A	N/A	N/A	-	R	R	R	⇒	A	A	A	⇒	A	A	A	⇒	A	N/A	N/A	-	A	A	A	⇒

Overall Delivery Confidence for I&A:	
April-2015	A 52.00%
July-2015	A 60.00%

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

Operations and Assurance Services Dashboard - April 2015

		Investment justification (BC, MoU etc) forecast spend status				Benefits realisation confidence				Quality Management against plan				Programme / Project end date				Current Investment Justification approval status				Digital & Technology Spend Controls Status				Resourcing Against Plan			
		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr	
P0050	Spine 2	G	G	G	⇒	A	A	A	⇒	A	A	A	⇒	G	G	G	⇒	G	G	G	⇒	G	G	G	⇒	A	A	A	⇒
P0325	Cyber Security Programme	A	A	A	⇒	N/A	N/A	N/A	-	N/A	N/A	N/A	-	G	G	G	⇒	A	A	A	⇒	A	A	A	⇒	G	A	A	⇒
P0335	SUS Transition	G	G	G	⇒	A	A	A	⇒	A	A	A	⇒	G	A	A	⇒	G	A	A	⇒	G	A	A	⇒	G	G	G	⇒

Overall Delivery Confidence for O+AS:	
April-2015	G 80.00%
July-2015	G 100.00%

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

Sourced from Highlight Reports (Key RAGs)

KEY

Trend

⇧	RAG improvement
⇒	RAG same as previous month
⇩	RAG decrease from previous month

Non Completion

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

Board meeting – Public session

Title of paper:	**Audit of recipients of confidential information**
Board meeting date:	15 July 2015
Agenda item no:	HSCIC 15 03 04 (b)
Paper presented by:	Rob Shaw, Director of Operations and Assurance Services
Paper prepared by:	Nicholas Oughtibridge, Head of Management Systems, Information Governance & Standards Assurance
Paper approved by: (Sponsor Director)	Rob Shaw, Director of Operations and Assurance Services
Purpose of the paper:	The Board is asked to note progress for information.
Key risks and issues:	Data sharing audits provide an opportunity for HSCIC to assure that external recipients of our data are adhering to the requirements defined in the data sharing contract frameworks and specific data sharing agreements. This assurance, and the transparency around this increases public confidence that we are monitoring the release of data.
Patient/public interest:	Indirect – the purpose of the audits is to ensure that confidential information is handled appropriately by organisations provided with this information by HSCIC.
Actions required by the board:	To note progress for information.

hscic Health & Social Care Information Centre

Audits of recipients of confidential information

Six monthly report on audits of recipients of confidential information under data sharing framework contracts and agreements

Nicholas Oughtibridge

July 3, 2015

Contents

Background

The HSCIC provides confidential information to a wide variety of organisations to support specific purposes. Each dissemination of these data is subject to a Data Sharing Framework Contract[1] and Data Sharing Agreement[2]. Recipients of data are required to have regard to the HSCIC Code of Practice on Confidential Information[3].

The HSCIC has provision through the Data Sharing Framework Contract to audit the recipients of these data to ensure that confidential information is handled appropriately. This report is a status update on those audits. It provides the numbers of planned, in progress and completed audits and the report's publication on the HSCIC's web site.

By the end of August we will have completed 10 audits. Recruitment of new auditors will increase our capacity significantly and we are on track to complete a total of 25 audits by the end of the financial year.

Selection of organisations to audit

The HSCIC uses a balanced risk approach to identifying recipients of confidential information to audit. The criteria adopted are:

- Complaints
- Known issues: concerns which have raised either internally (Information Asset Owners, customer relationship manager, Data Access Advisory Group, Caldicott Guardian, Senior Information Risk Owner) or externally (whistle blower, another organisation, patients or an independent body such as Monitor, Information Commissioners Office, Confidentiality Advisory Group, Office of National Statistics)
- Organisations which have received high media interest for their previous handling of data
- Repeated extensions for the same data
- Low IG Toolkit scores (or 100% for first year of completion)
- Organisations presenting high risk of linking confidential data from two or more different datasets
- Random selection of data recipients
- Self-selection by a data recipient who may wish to be seen to have received a positive audit statement from HSCIC

[1] Standard Data Sharing Contract - http://www.hscic.gov.uk/media/15728/DARS-Data-Sharing-Contract/pdf/HSCIC_Data_Sharing_Framework_Contract_Jan2015v_2_(restricted_editing).pdf
[2] Template Data Sharing Agreement - http://www.hscic.gov.uk/media/15729/DARS-Data-Sharing-Agreement/pdf/Data_Sharing_Agreement_2015v2(restricted_editing).pdf
[3] Code of Practice on Confidential Information - http://systems.hscic.gov.uk/cop

Status update

Planned audits

Six organisations have been audited to date and the reports from these audits are published on the HSCIC website[4]. Once we have achieved a critical mass of audits, we will undertake a lessons learned exercise to ensure we can feed the results in to HSCIC processes and procedures to support continuous improvement. Two further audits will take place in July and two in August which will mean a total of ten organisations will be audited by end of the summer.

A further ten organisations have been identified for audit from September and nine dditional audits will be scheduled upto March 2016.

Building capacity

The initial audits were undertaken by existing HSCIC staff from several departments. A recruitment exercise has been undertaken with two staff appointed to dedicated auditing of data recipients and a further three able to audit data recipients in addition to auditing HSCIC internal practice. All the additional staff will be in post by August 2015.

Training for the new staff has been arranged to take place in August. This training is to the syllabus defined by the International Register of Certificated Auditors[5].

Plans are in place for our policy and process for undertaking internal and external audits to be shared with the recipients of thess data and wider stakeholders. The high level process is illustrated in figure 1. Following an audit the SIRO may commission an additional audit as follow-up.

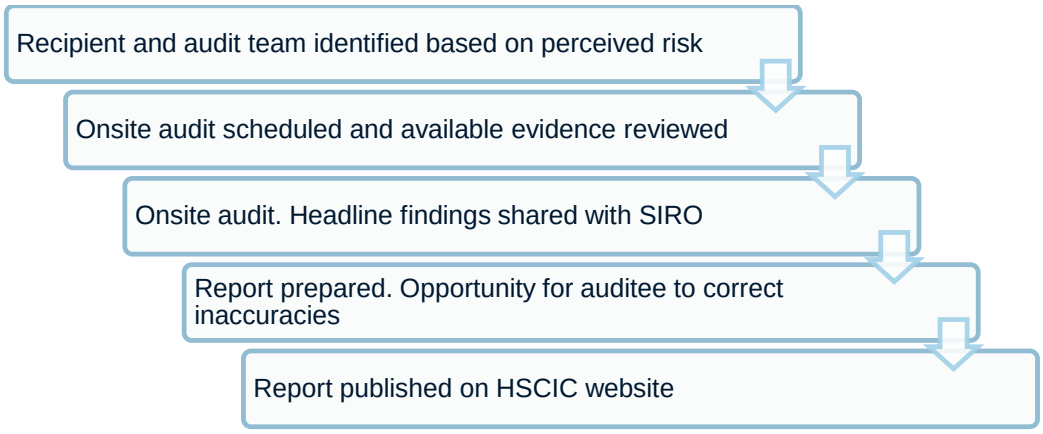


Figure 1 Steps to deliver an audit

[4] http://www.hscic.gov.uk/dsa
[5] http://www.irca.org/

Summary

By the end of August we will have completed 10 audits. Recruitment of new auditors will increase our capacity significantly and we are on track to complete a total of at least 25 audits by the end of the financial year.

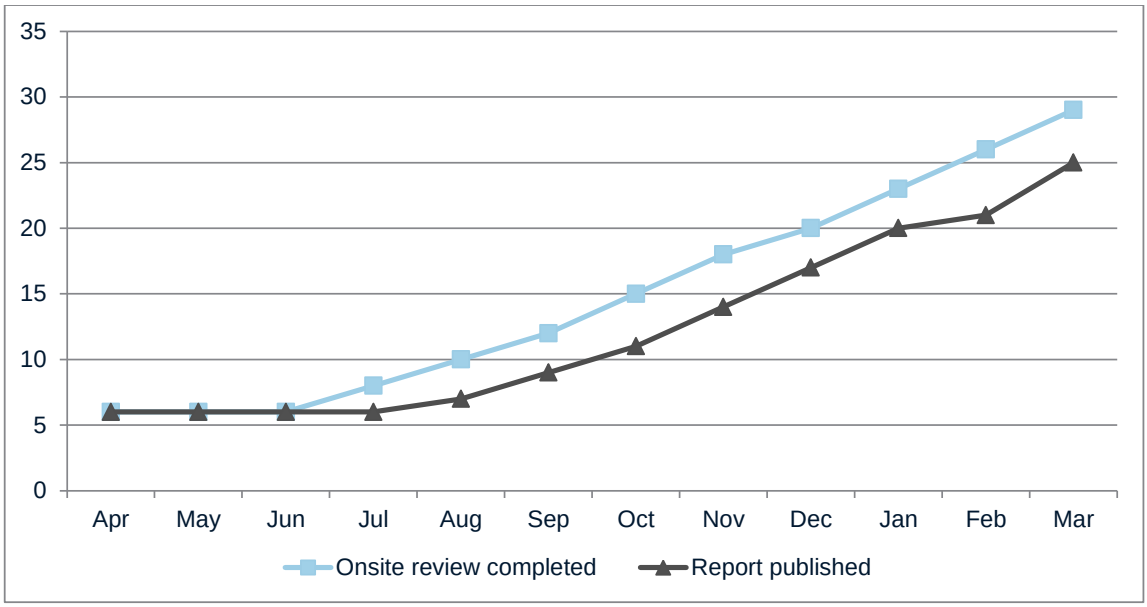


Figure 2 Steps to deliver an audit

Actions Required of the Board

The Board is asked to note progress for information.

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Board meeting – Public session

Title of paper:	**Performance and Development Review Activity**
Board meeting date:	15 July 2015
Agenda item no:	HSCIC 15 03 04 (c)
Paper presented by:	Andy Williams - CEO (on behalf of Rachael Allsop – Executive Director of HR and Transformation)
Paper prepared by:	Tim Roebuck - Head of Organisational Development
Paper approved by: (Sponsor Director)	Rachael Allsop – Executive Directorate of HR and Transformation
Purpose of the paper:	To report on the levels of Performance and Development Review (PDR) activity by each HSCIC Directorate at the start of the financial year.
Key risks and issues:	This paper is for information
Patient/public interest:	None
Actions required by the board:	This paper is for information

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Performance and Development Review Activity

A Summary of Employee Appraisals

Author: Tim Roebuck

Date: 6th July 2015

Contents

Background

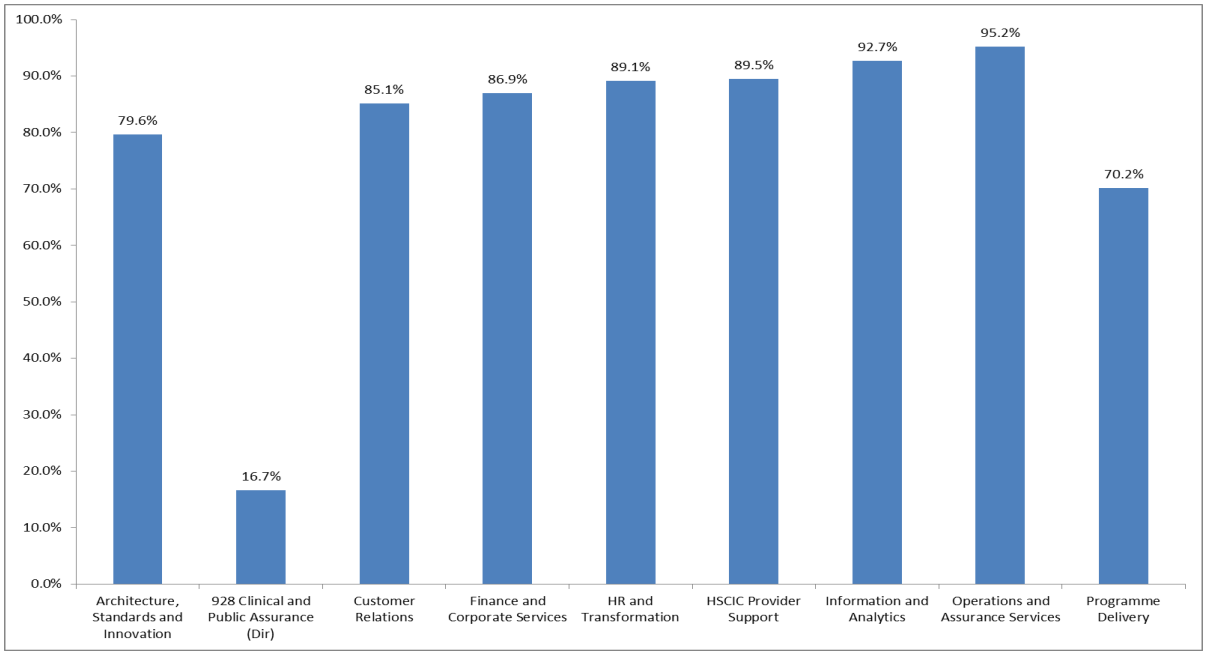
The Board requested a paper to understand progress in relation to our commitment that each employee has a PDR. Since April 2014, PDR records have been uploaded securely to an internal system and this allows activity to be tracked for every employee and the number of returns to be counted by work area. At the end of the last financial year 85% of employees had undergone a PDR.

While we would not anticipate reaching 100% compliance due to the numbers of people who are out of the business at any one time (due to maternity, secondment and health related absence etc) the levels of activity are much greater now compared to the same point of the previous year – 87% as compared to 59%.

In addition to increased oversight, the other factor which is likely to have increased the number of returns is the introduction of 'talent management'. The nine box grid has now being used to assess around 300 senior-level employees with plans to cascade more widely by the end of the year. This has raised both the profile and utility of the PDR.

Current PDR Activity by Directorate

2,239 PDRs were uploaded across the organisation out of a possible 2,573



Directorate	Uploaded	Headcount	Percentage
Architecture, Standards and Innovation	160	201	79.6%
Clinical and Public Assurance (Dir)	1	6	16.7%
Customer Relations	63	74	85.1%
Finance and Corporate Services	226	260	86.9%
HR and Transformation	41	46	89.1%
HSCIC Provider Support	128	143	89.5%
Information and Analytics	471	508	92.7%
Operations and Assurance Services	808	849	95.2%
Programme Delivery	341	486	70.2%
TOTAL	2,239	2,573	87.0%

Board meeting – Public session

Title of paper:	**General Practice Extraction Service – HSCIC Public Board Update**
Board meeting date:	15 July 2015
Agenda item no:	HSCIC 15 03 04 (d)
Paper presented by:	James Hawkins, Director of Programme Delivery
Paper prepared by:	Sarah Kennedy, GPES Programme Manager
Paper approved by: (Sponsor Director)	James Hawkins, Director of Programme Delivery
Purpose of the paper:	To update the HSCIC Board on the background to the NAO investigation, the findings from that investigation and the future plans for GPES.
Key risks and issues:	
Patient/public interest:	Indirect
Actions required by the board:	The board are asked to note the findings from the NAO investigation into GPES and the proposed future plans for GPES to be delivered by GPES Continuity.

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General Practice Extraction Service (GPES)

National Audit Office investigation and future plans for GPES

James Hawkins

15 July 2015

Contents

Background and Purpose

1. The General Practice Extraction Service (GPES) is an IT system designed to extract data from GP practice computer systems. GPES provided the first data extract to NHS England for the Quality Outcomes Framework (QOF) in April 2014.
2. The National Audit Office (NAO) conducted an investigation into GPES in January 2015 and published its report on 2nd July 2015. It stated that significant issues occurred with GPES in the years before the inception of the HSCIC, in particular in relation to the procurement and design stage.
3. In response to the report, the HSCIC has been clear that since its inception it has taken full responsibility for delivering a data extraction service that is operationally and financially efficient.
4. The purpose of this paper is to update the HSCIC Board on the background to the NAO investigation, the findings from that investigation and the future plans for GPES.

GPES Service

System Development

5. Work on the GPES project began in 2007, initially managed by the NHS Information Centre. The NHS Information Centre (NHS IC) contracted with GP system suppliers and Atos to develop a tool to manage extraction of data in 2011.
6. In March 2013, the NHS IC accepted delivery of the GPES system from Atos and on 31 March 2013, the NHS Information Centre closed and responsibility transferred to the new Health and Social Care Information Centre (HSCIC) from 1 April 2013.
7. Remedial work under a new team of HSCIC staff was required during 2013 and 2014 to fix failures in the system. The first GPES data extract (Quality Outcomes Framework 2013/14) was provided to a customer (Calculating Quality Reporting Service (CQRS)) in April 2014.

GPES Capability

8. The HSCIC's first priority was to stabilise the service to make sure it could facilitate QOF payments to more than 8,000 GP practices in England. We ensured this happened and have so far supported payments worth approximately £1.7 billion.
9. This has been built upon with faster, live reports and the addition of automated enhanced payments for conditions like dementia, learning disabilities and rotavirus.
10. During the 2014/15 financial year, GPES completed eight extract types for 38 data collection periods for NHS England.
11. After stabilising the service we are now working with organisations that have previously made extract requests to agree on their current requirements.We expect to complete data collections for 24 different extract types in 2015/16.

12. We are working hard with system suppliers to ensure that together we ensure GPES runs at full capacity and that new contract negotiations move forward in a positive way.
13. We are exploiting all technological aspects of the current service and are expanding on this with our technical expertise to make the extraction process faster.

NAO Investigation

Background

14. Through routine audit team visits, the NAO was made aware that GPES went live in April 2013 and that payment was made to the supplier of the service, Atos, at that point for the delivery of the system.
15. The NAO was also aware that issues were identified with GPES following transfer of the system to HSCIC in April 2013 and that discussions were already underway to devise a remediation plan.
16. During the NAO audit in 2014, the NAO was also briefed that HSCIC had accrued additional expenditure in respect of a proposed settlement with Atos to fix the problems with GPES.
17. The NAO decided to conduct a full review of the GPES project and arranged to do this in January 2015.
18. In parallel, the HSCIC conducted a review of the financial/accounting position for GPES to look at whether the asset value was fair and reasonable and to review the depreciation policy. The HSCIC has agreed with the NAO to write off £840k of the asset value and to a shorter depreciation policy.

Findings and Lessons Learned

19. The NAO report states that significant issues occurred with GPES in the years before the inception of the HSCIC. It is clear the GPES procurement and design stage was not good enough, regardless of the intent of predecessor bodies.
20. We are confident that we have the right team in place and we are maximising the working aspects of GPES and replacing those parts that do not work. Our focus is on developing a suitable service that meets the needs of the NHS and patients.

Proposed Changes to GPES

21. The GPES Continuity Project has been established to ensure that this capability is available in GPES and replace those parts of GPES that do not work satisfactorily.
22. A New Work Commission for the GPES Continuity project was approved by the HSCIC Programme and Service Delivery Board (PSDB) in March 2015.
23. A number of options have been assessed to replace the service against the three key objectives for GPES Continuity,

- to build upon the capacity of the GPES service and increase the number and/or size of data collections that can be supported,
- reduce operational costs and commercial complexity, and
- reduce the lead time for supporting a new extract.

24. The preferred option is to make changes to the current GP system supplier solutions and redevelop those parts of GPES that do not work satisfactorily.

Actions Required of the Board

25. The board are asked to note the findings from the NAO investigation into GPES and the proposed future plans for GPES to be delivered through the GPES Continuity project.

Board meeting – Public session

Title of paper:	**NHS e-Referral Service (NHS e-RS) Go Live & Early Life Overview**
Board meeting date:	15 July 2015
Agenda item no:	HSCIC 15 03 04 (e)
Paper presented by:	James Hawkins, Programmes Delivery Director
Paper prepared by:	Ben Gildersleve, NHS e-Referral Service Programme Head; Neil Bennett, Head of Service Management
Paper approved by: (Sponsor Director)	James Hawkins, Programmes Delivery Director
Purpose of the paper:	To update the HSCIC Board on the NHS e-Referral Service go live and early life.
Key risks and issues:	• The new NHS e-Referral Service was built to replace the legacy Choose and Book service. • The new NHS e-RS went live on 15 June 2015 • Overall, the service is working well for GPs and Referrers, with positive feedback received from this user community on the speed, function, look and feel of the system. • The number of bookings is now comparable with the previous Choose and Book system. • End July 2015 is the target date to stabilise the service, fix the majority of outstanding issues and allow users to operate the service effectively.
Patient/public interest:	Direct
Actions required by the board:	To note contents of this briefing

NHS e-Referral Service Go Live & Early Life Overview

Ben Gildersleve

06 July-15

Contents

Background

NHS e-Referral Service Vision

The vision for NHS e-Referral Service (NHS e-RS) was launched in June 2013, which set out an ambitious target to replace the legacy Choose and Book service that originally went live in 2004 and achieve paperless referrals in the NHS.

The vision was for a new open platform, using modern technology to support rapid iterative agile development, with expanded systems integration capability and significantly lower operating costs.

The new service targeted maintaining the quality and economic benefits of Choose and Book and exceeding these through delivering additional new developments such as Patients booking follow up appointments, linking of patient referrals, improved capacity and demand reporting.

NHS e-Referral Service Initial Phase development

The build project of the NHS e-RS platform, including migration of c.60 million Choose and Book patient referrals, commenced in July 2013 with BJSS the key principle development partner.

Some key headlines of the build project are below:

- New software and technical architecture built from scratch based on requirements from HSCIC;
- New Infrastructure as a Service (IaaS) built from scratch;
- 7 Data migration rehearsals completed;
- 5 cutover and transition rehearsals;
- Circa.400 external users involved in testing of the service before go live, with feedback stating c.80% of users stating NHS e-RS was either Better or Much Better than Choose and Book; and
- 35 suppliers of systems that integrated to Choose and Book completed testing of their systems integrating with NHS e-RS and approved go live.

During the course of the build project, the national Telephone Appointment Line which handles circa 65,000 calls from patients booking appointments, was transitioned to a new supplier (Conduit) on 1 April 2014, to maintain continuity of service to respond to the closure of NHS Direct.

Choose and Book as a service was maintained throughout the build project, with continuation of the service negotiated at a significantly reduced cost from December 2013 through to NHS e-RS go live, versus operating costs for service prior to 2013.

NHS e-Referral Service Cabinet Office Assurance

A Cabinet Office Major Projects Authority Gate 4 (Readiness for Service) was completed in April 2015, with an Amber/Green rating.

NHS e-Referral Service completed and passed a Cabinet Office Government Digital Service Digital by Default Service Assessment becoming the first major Health IT service to do so.

NHS e-Referral Service Transition and Cutover

The NHS e-RS transition and cutover was completed during 12 June to 15 June, with a final go / no go checkpoint taken on 14 June at 22:00.

15 Terabytes of data was successfully migrated from Choose and Book to the new NHS e-RS system.

The service was live from 00:00 on Monday 15 June 2015.

NHS e-Referral Service Performance Update

NHS e-Referral Service Performance

The NHS e-RS live service experienced some periods of unavailability and periods of poor performance in week 1, with a much more stable service in weeks 2 and 3.

The wholesale availability and performance issues having been addressed but some Provider Trusts were still experiencing significant impacts.

15 software releases (fixes) and a small number of infrastructure changes have been deployed since go live to resolve key incidents raised by users.

User and NHS Organisation impact of NHS e-Referral Service

Overall, the service is working well for GPs and Referrers, with positive feedback received from this user community on the speed, function, look and feel of the system.

The number of bookings is now comparable with the previous Choose and Book system.

However, some Provider Trusts and Referral Management Centres[1] have been impacted by a small number of functional defects and poor performance of the system. Two priority defects have been resolved during week 2, however not all the issues have been fully resolved to the satisfaction of users.

A range of visits to Provider Trusts and Referral Management Centres were completed by the NHS e-RS Programme Team to understand the impact on Provider Trusts. This has allowed the HSCIC Delivery team to focus on the critical incidents affecting users.

The Programme team are expanding their activities in terms of visiting sites to gather more feedback and manage the relationships with Providers.

Communications and Media

The HSCIC Service Bridge issued regular incident communications, with the service status page (http://nww.hscic.gov.uk/servicemanagement/status/) kept updated.

The NHS e-RS Programme site ‘alerts page’ (www.hscic.gov.uk/referrals/serviceinfo) has been regularly updated and two NHS e-RS bulletins issued in line with Service Bridge communications.

An additional mechanism for users to feedback was set up via the NHS e-RS Programme site. This received 378 queries in week 1 and a further 290 queries during week 2. The bulk of these related to the incidents already raised or new incidents which needed to be raised through the formal Incident Management processes.

[1] Referral Management Centres (RMCs) receive referrals from GPs, in various forms, and then perform a variety of actions including onward referrals, bookings, with some RMCs engaging with patients some not.

There was some Media coverage during weeks 1 and 2, with coverage in Health trade press as well as some national online media. The HSCIC and NHS England Media teams have been co-ordinating responses to enquiries.

Communications are being issued on a regular basis to keep users up to speed on activity being taken to resolve issues.

Operations

There has been a vast collective effort across the HSCIC to execute cutover and transition, then support the service during its early life involving the Programme Team, Service Management, Solution Assurance (incl. Technical Operations), Technical Architects, National Service Desk, BJSS (Software Development partner), Redcentric (Infrastructure partner).

It has been consistently noted by all those involved and around the teams how all resources have worked extremely effectively together despite the significant challenges of the task in hand.

Areas of Focus in next 4 weeks

The current target is to fully stabilise the service by the end of July.

The specific areas of focus are listed below, which will be assessed and iterated frequently based on information received from users and patients:

- Focus on the service, monitoring and managing incidents, including assessing and mitigating any clinical and or information governance risks, ensuring delivery partners deliver necessary output to improve the service.
- Completing testing of work off plan release 4.1, with target deployment date 10/11/12 July.
- Developing a programme of small, rapidly deployed releases after R4.1.
- Review status of impacted sites and define plan for large scale site engagement activity to be co-ordinated and led by NHS e-RS Programme team but covering multiple HSCIC and NHS England teams.
- Monitor communications, media and user engagement, with move to more proactive communications from subject to service status/quality.

Actions Required of the Board

1. To note contents of this briefing

Health & Social Care Information Centre

Board meeting – Public session

Title of paper:	**Directions from NHS England for care.data GP Extract**
Board meeting date:	15 July 2015
Agenda item no:	HSCIC 15 03 05 (a) i. & ii.
Paper presented by:	Martin Severs Caldicott Guardian and Lead Clinician
Paper prepared by:	Eve Roodhouse Programme Director, care.data
Paper approved by: (Sponsor Director)	Martin Severs Caldicott Guardian and Lead Clinician
Purpose of the paper:	To provide the rationale behind the Directions to facilitate the collection, analysis and dissemination of data from pathfinder practices, and background on the investment to deliver requirements.
Please specify the key risks and issues:	Risks have been minimised by engaging with stakeholders through the care.data Advisory Group. The Directions were considered and approved by the NHS England Board on 28 May 2015 and by the care.data Programme Board on 23 June 2015. The 'approval to commence extraction from pathfinders' will be informed by advice provided by the National Data Guardian, (Dame Fiona Caldicott) to the Secretary of State following her assessment of the programme proposals and safeguards in place to extract data. The Directions will not be issued until this advice has been received and approval to commence extraction confirmed.
Patient/public interest:	Direct interest as this relates to the extraction of personal confidential data from GP systems. The Directions relate to the extraction, analysis and dissemination of patient data from GP practices.
Actions required by the board:	The board is asked to review and comment on the Directions to the Health and Social Care Information Centre for the collection of GP data and the supplementary information provided. The desired outcome is that the Board will accept or

request changes to the Directions.

hscic Health & Social Care Information Centre

Directions from NHS England for care.data GP Extract

The Health and Social Care Information Centre (Establishment of Information Systems for NHS Services: Collection and Analysis of Primary Care Data) Directions 2015

Eve Roodhouse

6 July 2015

Contents

Background

Directions were issued by NHS England to the HSCIC to support the delivery of the first phase of the care.data programme in December 2013 (The Health and Social Care Information Centre (Establishment of Information Systems for NHS Services: Collection and Analysis of Primary Care Data) Directions 2013). They had previously been considered by the HSCIC Board in August 2013. As a result of the introduction of the pathfinder stage the 2013 Directions now need to be withdrawn and new Directions issued.

In February 2014, GPs, Healthwatch England, professional bodies and patient groups made their views clear that more needed to be done to ensure that patients and the public have a clear understanding of NHS England's intention to use patient data held by GP practices for purposes beyond direct health care as part of the care.data programme.

In light of feedback from patients, the public, GPs and stakeholders, the programme agreed to a phased implementation of care.data and to work with between 100 and 500 GP practices within 2-4 CCG areas in a 'pathfinder stage'.

Following Programme Board approval, and agreement with Ministers, four CCG areas were confirmed as pathfinders on Tuesday 7 October 2014. The pathfinder CCG areas are Somerset, West Hampshire, Blackburn with Darwen and Leeds (with Leeds being a collective of the three CCGs in that area, North, West and South East).

The CCGs and constituent GP practices that participate in the pathfinder stage will be involved in testing all aspects of the communications and data extraction process so they can be refined before any decision is made on widening participation.

The scope of these Directions is the pathfinder stage of the programme and they will replace the previous version, Health and Social Care Information Centre (Establishment of Information Systems for NHS Services: Collection and Analysis of Primary Care Data) Directions 2013. Further Directions will be issued to extend the scope of the collection when the pathfinder evaluation exercise is complete.

The 'Approval to commence extraction from pathfinders' will be informed by advice provided by the National Data Guardian, (Dame Fiona Caldicott) to the Secretary of State following her assessment of the programme proposals and safeguards in place to extract data. The Directions will not be issued until this advice has been received and approval to commence extraction confirmed. However, to ensure transparency ahead of planned communications with the public in pathfinder areas, the Directions are presented to the HSCIC Board for their consideration at the July board meeting.

The Directions were considered and approved by the NHS England Board on 28th May 2015 and by the care.data Programme Board on 23rd June 2015. At the time the Directions went to the NHS England Board the programme was not in a position to add the Leeds pathfinder CCGs but they have now been added to the Directions.

Changes Introduced by the 2015 Directions

- The practices from which the data will be collected are limited to Pathfinder General Practices. Pathfinder GP practices have volunteered to test, evaluate, influence and shape the collection of GP information, and all supporting activity, within the care.data programme.
- The purposes for which the data will be collected and analysed have been extended to include research, public health intelligence and regulatory purposes. This follows approval by the GPES Independent Advisory Group in September 2014.
- The organisations that the HSCIC will disseminate information to in support of these purposes have been limited to NHS England, Public Health England, the Care Quality Commission and the Pathfinder CCGs and GP Practices in the pathfinder stage.
- Direction on dissemination is removed as these directions apply to the collection and analysis rather than the dissemination of primary care data. HSCIC's powers to disseminate data are set out in the Health and Social Care Act 2012.
- Detailed direction on the management of patient objections has been removed and will be replaced by directions to be issued by the Secretary of State. The programme continues to work with the DoH to agree the timeframes.

Investment to Deliver Requirements

The majority of the costs associated with the delivery of the pathfinder stage are being funded by NHS England with the exception being expenditure on the technical solution 'Pathfinders on DME' (PoD), which is funded by the HSCIC. The budget position is set out below.

Financial Year 2014/2015

During financial year 2014/2015 the total figure which was spent on care.data by the HSCIC was £1,320,000 of which £1,000,000 was funded to the HSCIC by NHS England to cover the programme team costs.

Financial Year 2015/2016

Table A below shows the expected HSCIC covered costs for Financial Year 2015/2016.

Table A

HSCIC covered costs	2015/2016 £
PoD costs to be covered by HSCIC	715,000

NHS England will continue to provide funding for the programme team for FY 2015/2016. No commitment has been made for Financial Year 2016/2017 (FY 16/17). Costs of rollout beyond the pathfinder stage will be set out in the Phase 1 Outline Business Case (OBC) and included in the financial planning round for FY16/17.

Inclusion of Programme in HSCIC Portfolio Process

The care.data programme has ensured it has followed the HSCIC portfolio processes by linking into the PMO Assurance and Approvals team on a regular basis. A separate paper setting out the pipeline of upcoming investments is also being submitted to the HSCIC Board in July 2015, and care.data will continue to input information so that board members are aware when key decisions are required.

Proposed Process with the HSCIC Board

A summary of the key decisions that the HSCIC Board will be asked to formally consider in relation to the care.data programme during the reaminder of FY 15/16 is provided below:

Subject	HSCIC Board Decision*	Timescale
Approval to commence extraction from pathfinders	Yes. After Board have been informed of advice of National Data Guardian to Secretary of State	Autumn 2015
Updated Directions 1. GP Extract Directions(for pathfinders) (Note that updated Directions will not be issued by NHS England until approval to commence extraction has been secured). 2. Objection Directions (Note these will be written by DoH, timeframes to be agreed)	Yes. To accept or request changes.	1. July 2015 2. Date to be confirmed
Programme Business Case	Yes. Accept or request changes.	Autumn 2015
Phase 1 Outline Business Case	Yes. Approve	Autumn 2015
Updated Directions: Phase 1 (Note that updated Directions will be required beyond the pathfinder stage).	Yes. To accept or request changes.	Winter 2016
Scope of phase 2 and 3	This will be determined via National Information Board workstream 2.2, athough subsequent OBCs will be approved by the HSCIC Board	TBC

* As set out in the separate paper on Board oversight, the HSCIC will be asked to approve Directions and the subsequent investment to deliver their requirements, but ultimately the Board doesn't have the right to veto. Although it is undesirable, and executives will work to

situation occuring, the HSCIC may need to reluctantly proceed with work under Direction whilst lodging our position.

It should be noted that:

- As set out above, the 'Approval to commence extraction from pathfinders' will be informed by advice provided by the National Data Guardian, (Dame Fiona Caldicott) to the Secretary of State following her assessment of the programme proposals and safeguards in place to extract data. If the National Data Guardian's advice is favourable confirmation will be sought from the HSCIC Board that it is content all necessary obligations have been met for the HSCIC to support the programme to proceed with extraction as Joint Data Controller with NHS England.
- The Programme Business Case and the Outline Business Case for Phase 1 of the programme will be submitted to the HSCIC Board for their consideration in advance of their submission to the Cabinet Office/HM Treasury.
- The HSCIC Board will be asked to consider Outline Business Cases and any related Directions for Phase 2 and 3 of the programme.

Actions Required of the Board

- The board is asked to review and comment on the Directions to the Health and Social Care Information Centre for the collection of GP data and the supplementary information provided.

- The desired outcome is that the Board will accept or request changes to the Directions.

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: Collection and Analysis of Primary Care Data) Directions 2013

The National Health Service Commissioning Board hereby 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), 260 (4)(a), 262(1), (3)(a), (5),(7)and 304(9), (10) and (13) 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.

Citation and commencement

1. (1) These Directions may be cited as The Health and Social Care Information Centre (Establishment of Information Systems for NHS Services: Collection and Analysis of Primary Care Data) Directions 2013 and shall come into force on 23 December 2013.

   (2) These Directions are given to the Health and Social Care Information Centre by the National Health Service Commissioning Board.

Interpretation

2. In these Directions:-
   "the Act" means the Health and Social Care Act 2012;
   "the Board" means the National Health Service Commissioning Board established by section 1H(1) of the National Health Service Act 2006;
   "the Health and Social Care Information Centre" means the body corporate established by section 252 of the Act;
   "the HSCIC" means the Health and Social Care Information Centre;
   "HES" means the Hospital Episodes Statistics database held by the HSCIC;

"identifiable data" means information which is in a form which identifies any individual to whom the information relates or enables the identity of such an individual to be ascertained;
“primary care data” means data collected or generated by systems operated in support of general medical services, personal medical services or alternative provider medical services;
“pseudonymised” has the meaning given in Appendix C of Care Episode Statistics: Technical Specification of the GP Extract published by the Board on 29th May 2013 and attached at Annex 1 of these Directions; and
"re-identification" has the meaning given in Appendix C of Care Episode Statistics: Technical Specification of the GP Extract published by the Board on 29th May 2013 and attached at Annex 1 of these Directions and "re-identify" shall be interpreted accordingly.

Establishment of Information Systems: primary care data

3. (1) In exercise of its powers in section 254(1) and Section 254(6) of the Act the Board hereby directs the HSCIC to establish and operate systems for the collection and analysis of information as further described and specified in sub-paragraph 3(2) and paragraph 4.

(2) The HSCIC is directed to establish and operate systems pursuant to sub-paragraph 3(1) to collect primary care data and to analyse that data, including analysis through linking that data to HES data held by the HSCIC, to enable the activities described in paragraph 3(4). The detailed description of the primary care data to be collected and of the actions to be taken by HSCIC to analyse the data is further specified in paragraph 4.

(3) In accordance with section 254(3) of the Act, the Board confirms that it is necessary and expedient for it to have the information which will be obtained through the HSCIC complying with these Directions in relation to the exercise of functions in connection with the provision of NHS services, and in particular to enable the effective and appropriate commissioning of NHS services by the Board and other NHS commissioners as further described in sub-paragraph 3(4).

(4) The collection and analysis of primary care data by the HSCIC pursuant to these Directions, including the linking of primary care data to the HES, will enable the Board and other NHS commissioning organisations or others acting on their behalf to identify and evaluate the overall NHS care pathway, across primary and secondary care, in relation to particular categories of patient or condition, resulting in the following benefits in relation to the exercise of commissioning and other health service functions:

For communities

(a) enabling the design of health services according to comprehensive needs assessment;
(b) enabling communities to become more active in the planning, redesign and prioritisation of local care services through the provision of information that reflects the end-to-end process of care;
(c) enabling the provision of integrated care through the use of linked data;

For patients

(d) accommodating patients' right to know that unexplained variations in how care is provided will be identified and addressed swiftly;
(e) providing confidence that services are planned in a coordinated way, and that planning is centred on patient pathways;
(f) ensuring that clinical outcomes are measured in transparent ways, based on an appropriate set of data;

For GPs and other primary care clinicians

(g) improved monitoring of outcomes through linkage between primary and secondary care;
(h) improved monitoring of performance through linkage between primary and secondary care;
(i) earlier diagnosis of illness;
(j) improving the contribution of primary care to wider Clinical Commissioning Group outcomes;
(k) improved data quality;
(l) monitoring and understanding trends;
(m) predictive modelling;
(n) evaluation of preventive services and interventions;
(o) exploring patient pathways;
(p) detecting unwarranted variation.

Data to be collected and analysed

4. (1) The HSCIC is directed by the Board pursuant to paragraph 3 of these Directions to collect from General Practitioner practices the data items listed in Appendix A of Care Episode Statistics: Technical Specification of the GP Extract published by the Board on 29th May 2013 attached at Annex 1 of these Directions.

(2) However the HSCIC is directed to de-select at the point of collection, those clinical data entries that contain any of the "sensitive" codes listed in Appendix B of Care Episode Statistics: Technical Specification of the GP Extract published by the Board on 29th May 2013 attached at Annex 1 of these Directions.

(3) The HSCIC is further directed by the Board pursuant to paragraph 3 of these Directions to analyse the primary care data collected in accordance with sub-paragraphs 4(1) and 4(2) through:

(a) linking it to data held in HES in accordance with Care Episode Statistics: Technical Specification of the GP Extract published by the Board on 29th May 2013 attached at Annex 1 of these Directions; and

(b) carrying out such other forms of data analysis in relation to the data, including data manipulation and report-generation, as the HSCIC determines to be reasonable or as are reasonably requested by the Board or other NHS commissioning organisations.

Publication and dissemination

5. In exercise of its powers under section 260(4)(a) the Board hereby directs the HSCIC that publication of any information which was obtained by complying with these Directions shall only be made in a form which complies with:

(1) the guidance published by the Information Commissioner's Office: Anonymisation: managing data protection risk code of practice attached at Annex 2 of these Directions (or as the same may be updated from time to time) ; and

(2) the Anonymisation Standard for Publishing Health and Social Care Data Specification published by the Information Standards Board dated 21 February 2013 attached at Annex 3 of these Directions (or as the same may be updated from time to time),

including the approach to small number suppression set out in those documents.

6. In exercise of its powers under section 262(1) and 262(3)(a) and 262(7) of the Act, the Board makes the following directions to the HSCIC:

(1) The Board directs the HSCIC to disseminate information obtained by complying with these Directions (including the primary care data, any information obtained through analysis of that data as required by these Directions and any sub-set of that data or information) pursuant to section 262(1) of the Act and by exercising its power under sections 261 (4) of the Act to the NHS Commissioning Board, other NHS commissioning organisations and other bodies to the extent that the HSCIC considers such a request to be reasonable, where the conditions set out in sub-paragraph (2) are met;

(2) The HSCIC may only disseminate the data under paragraph 6(1) if:

(a) The recipient is a health service body, a provider of NHS-funded services or a local authority engaged in joint commissioning with an NHS organisation, or a person acting on behalf of any such body, and the

information is to be used by that person or body for purposes relating to the exercise of public functions;

(b) The data are pseudonymised and the HSCIC is appropriately assured that the recipient would not be able to re-identify individuals from the information to be provided when linked to other information held by or likely to come into the possession of the recipient; and

(c) The recipient has signed a written agreement with the HSCIC which specifies the data to be made available, the purpose for which the recipient will use the data and the terms on which that data may be shared and re-used.

7. In exercise of its powers under section 262(5) of the Act the Board hereby directs the HSCIC not to exercise its power under section 261(1) or (4) in relation to information that it obtains by complying with these Directions to disseminate:

(1) identifiable data; or

(2) pseudonymised data to the extent that the HSCIC reasonably considers that the proposed recipient of the data would be able to re-identify individuals from the information to be provided when linked to other information held by or likely to come into the possession of the recipient.

Managing patient objections

8. The HSCIC is directed by the Board pursuant to paragraph 3 of these Directions to put measures in place as part of the establishment and operation of the information systems which are the subject of these Directions to ensure that where any primary care data are coded to indicate a patient's objection to disclosure of their identifiable primary care data to the HSCIC or any third party, to the extent that the HSCIC is acting in pursuance of these Directions in relation to that patient the HSCIC will only collect non-identifiable primary care data and those data items necessary to enable the HSCIC to record the fact of the patient's objection and that the data items necessary to record the fact of the patient's objection shall be collected and stored separately from other information to be collected in order to prevent any possibility of identification or re-identification of the patient within the HSCIC.

Review of these Directions

9. These directions will be reviewed and updated as required, including where new collections are agreed, or annually if this is earlier. This review will include consultation with the HSCIC as required by section 254(5) of the Act (powers to direction Information Centre to establish information systems).

Signed by authority of the NHS Commissioning Board NHS England

Sir Bruce Keogh
Caldicott Guardian

19 December 2013

Annex 1
Care Episode Statistics: Technical Specification of the GP Extract

ces-tech-spec-gp-extract.pdf

Annex 2
Anonymisation: managing data protection risk code of practice

anonymisation_code.pdf

Annex 3
Anonymisation Standard for Publishing Health and Social Care Data Specification

1523202010spec.pdf

EXPLANATORY NOTE

(This note is not part of the Directions)

These Directions are published by the NHS Commissioning Board (which operates as NHS England) in exercise of its powers under section 254 of the Health and Social Care Act 2012 to direct the Health and Social Care Information Centre (the Information Centre) to establish information systems.

The rationale behind the Directions is to facilitate the information system defined in the Care Episodes Statistics: Technical Specification of the GP Extract published in May 2013 by NHS England[1]. This defines release 1 of the care.data system, which includes linkage of primary care data to data on hospital activity. Analysis of the resulting data will provide NHS Commissioners and the public with information better to understand the overall NHS care pathway, and to facilitate commissioning of services and improvement of services.

The key components of the Directions are:

- direction to the Information Centre to collect primary care data and link this to Hospital Episodes Statistics as the first stage of analysis (sub-paragraphs 3(1)-3(3) and sub-paragraph 4(3)(a));
- direction to the Information Centre to carry out further analysis including data manipulation and report generation as may be requested by commissioners (sub-paragraph 3(4) and sub-paragraph 4(3)(b);
- explanation of benefits for communities, patients, GPs and other clinicians (sub-paragraph 3(4));
- specification of the data items to be collected – with reference to the Technical Specification (sub-paragraph 4(1));
- specification of "sensitive" data items to be excluded – also with reference to the Technical Specification (sub-paragraph 4(2));
- direction to the Information Centre to comply with the guidance published by the Information Commissioner's Office: Anonymisation: managing data protection risk code of practice[2], and the Anonymisation Standard for Publishing Health and Social Care Data Specification published by the HSCIC[3] (paragraph (5));
- direction to the Information Centre is to disseminate record level data to NHS Commissioners – with specified controls in place to ensure confidentiality is maintained (paragraph (6));
- direction to the Information centre not to disseminate identifiable data (paragraph (7));
- management of patient objections (paragraph (8)).

[1] http://www.england.nhs.uk/ourwork/tsd/data-info/
[2] http://www.ico.org.uk/for_organisations/data_protection/topic_guides/anonymisation
[3] http://www.isb.nhs.uk/library/standard/128

Patients are able to record an objection either to the collection of identifiable data from their GP records by the Information Centre, or to onward disclosure of *any* identifiable data held by the Information Centre, or both. They can do this by telling their GP, who will record the objection(s) in the practice information system using pre-determined codes. The Information Centre will respect a recorded objection to the collection of identifiable data from the practice system by collecting only the items necessary to record the fact of this objection, which will be held for statistical purposes. This will be held separately to non-identifiable data from the same records.

Objection to the onward disclosure of primary care data by the Information Centre is not covered, as it is directed not to disseminate identifiable data collected under these Directions anyway. Onward disclosure of data originating from other organisations is beyond the scope of these Directions.

Further Directions will be issued for further data to be collected and where the methodology is to be changed.

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: Collection and Analysis of Primary Care Data) Directions 2015

The National Health Service Commissioning Board hereby 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), 304(9), (10), (11) and (13) 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.

Citation, commencement and repeal of existing directions

1. (1) These Directions may be cited as The Health and Social Care Information Centre (Establishment of Information Systems for NHS Services: Collection and Analysis of Primary Care Data) Directions 2015 and shall come into force on **[insert date]**.

   (2) These Directions are given to the Health and Social Care Information Centre by the National Health Service Commissioning Board.

   (3) The Health and Social Care Information Centre (Establishment of Information Systems for NHS Services: Collection and Analysis of Primary Care Data) Directions 2013 are hereby revoked.

Interpretation

2. In these Directions:-

"The 2012 Act"	means the Health and Social Care Act 2012;

"the Board"	means the National Health Service Commissioning Board[1];
"care.data Programme Board"	means the group chaired by the Senior Responsible Owner for the care.data programme (who is appointed by the Department of Health Informatics Accountability Officer) that is responsible for the ensuring that the care.data programme is managed and resourced well, that it delivers the benefits required, manages costs and risks, and operates lawfully;
"Care Quality Commission"	means the body corporate established by section 1 of the Health and Social Care Act 2008;
"CCG"	means Clinical Commissioning Group;
"General Medical Practitioner"	means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;
"General Practice"	means the business operated by one or more General Medical Practitioners for the purpose of delivering services under a General Medical Services Contract, Personal Medical Services or Alternative Provider Medical Services contract;
"The Health and Social Care Information Centre"	means the body corporate established by section 252 of the 2012 Act;
"the HSCIC"	means The Health and Social Care Information Centre;
"HES"	means the Hospital Episodes Statistics database held by the HSCIC;
"Primary Care Data"	means data collected or generated by systems operated in support of general medical services, personal medical services or alternative provider medical services;
"the Pathfinder CCGs"	means the CCGs listed in the schedule to these Directions, of whom the Pathfinder General Practices are members and any additions to or removals from this list as may be notified to the HSCIC by the Board in writing following the approval of the care.data Programme Board;
"the Pathfinder General Practices"	means the General Practices listed in the schedule to these Directions and any additions to or removals from this list as may be notified to the HSCIC by the Board in writing following the approval of the care.data Programme Board.

[1] 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.

"Public Health England"	means the unit within the Department of Health which has that title and has operational responsibility for fulfilling the Secretary of State's functions under the 2012 Act with regard to public health

Establishment of Information Systems: primary care data

3. (1) In exercise of its powers in section 254(1) and Section 254(6) of the 2012 Act the Board hereby directs the HSCIC to establish and operate systems for the collection and analysis of information as further described and specified in sub-paragraph 3(2) and paragraph 4.

(2) The HSCIC is directed to establish and operate systems pursuant to sub-paragraph 3(1) to collect Primary Care Data from the Pathfinder General Practices and to analyse that data to enable the activities described in paragraph 3(4). The description of the Primary Care Data to be collected and of the actions to be taken by HSCIC to analyse the data is specified in paragraph 4.

(3) In accordance with section 254(3) of the 2012 Act, the Board confirms that it is necessary and expedient for it to have the information which will be obtained through the HSCIC complying with these Directions in relation to the Board's exercise of functions in connection with the provision of NHS services, and in particular to enable the purposes further described in sub-paragraph 3(4).

(4) The collection and analysis of Primary Care Data by the HSCIC pursuant to these Directions will enable the Board to develop and test the processes required to support the effective future collection and analysis of certain Primary Care Data from General Practices as part of the care.data programme generally including analysis of data as described in paragraph 4 of these Directions. It is necessary and expedient to work towards and facilitate such future data collection and analysis as this will enable the Board to carry out its statutory functions through the following activities, or to facilitate the carrying out of such activities by other bodies including Public Health England, the Care Quality Commission, CCGs and General Practices through the HSCIC's provision of information to those bodies in accordance with its statutory powers:

(a) identification, evaluation and improvement of NHS care pathways across primary and secondary care;
(b) design or commissioning of services tailored for individuals and communities;
(c) conduct of research; and
(d) analysis of data for health intelligence purposes, including for public health and healthcare regulatory purposes]

Data to be collected and analysed

4. (1) The HSCIC is directed by the Board pursuant to paragraph 3 of these Directions to:

    (a) collect from Pathfinder General Practices the Primary Care Data items listed in the Care.data GP data specification v1.1 published by HSCIC on 12th February 2014 attached at Annex 1 of these Directions;

    (b) de-select at the point of collection, those clinical data entries that contain codes listed in the Care.data GP data specification v1.1 published by HSCIC on 12th February 2014 under the heading "Do not extract terms from this set".

    (2) The HSCIC is further directed by the Board pursuant to paragraph 3 of these Directions to analyse the Primary Care Data collected in accordance with sub-paragraph 4(1) through:

    (a) linking it to data held in HES; and

    (b) carrying out such other forms of data analysis in relation to the data, including data manipulation and report-generation, as the HSCIC determines to be reasonable or as are reasonably requested by the Board or the other organisations listed in sub-paragraph 3(4) for the purposes set out in sub-paragraph 3(4).

Managing patient objections

5. For the avoidance of doubt or ambiguity, the Board notes that in complying with these Directions the HSCIC will also need to comply with such other directions as the Secretary of State may give to HSCIC under section 254 of the 2012 Act with regard to recognising and respecting patient objections to the collection, analysis and dissemination of their data by the HSCIC. These Directions shall be interpreted and applied in a manner which is consistent with such other Directions from the Secretary of State and in the event of any conflict between these Directions and such other directions of the Secretary of State with regard to the requirements on the HSCIC as to management of patient objections, such other directions of the Secretary of State shall have precedence.

Fees and accounts

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

Board acknowledges such right and agrees to meet such reasonable fee charged by HSCIC.

Review of these Directions

7. These directions will be reviewed and updated as required, including where new collections are agreed, or annually if this is earlier. This review will include consultation with the HSCIC as required by section 254(5) of the 2012 Act (powers to direction Information Centre to establish information systems).

Signed by authority of the NHS Commissioning Board

Sir Bruce Keogh
Caldicott Guardian

[INSERT DATE]

SCHEDULE

Pathfinder CCGs

ODS Code	CCG Name
11X	NHS Somerset CCG
00Q	NHS Blackburn with Darwen CCG
11A	NHS West Hampshire CCG
02V	NHS Leeds North CCG
03G	NHS Leeds South and East CCG
03C	NHS Leeds West CCG

Pathfinder General Practices
DN - To be confirmed

Annex 1
CareData Clinical Code specification v1

caredata-gp-data-spec v1.1.xls

DN – This specification will be replaced with updated version before the Directions are issued. HSCIC expect publication in July 2015.

hscic Health & Social Care Information Centre

Board meeting – Public session

Title of paper:	**Direction from NHS England for Genetic Testing Rates Information System Formal Consultation**
Board meeting date:	15 July 2015
Agenda item no:	HSCIC 15 03 05 (b)
Paper presented by:	TBC
Paper prepared by:	Emma Adams, Business Development Manager, Analytical Services, I&A Directorate Julie Henderson, Head of Analytical Services, I&A Directorate
Paper approved by: (Sponsor Director)	John Varlow, Director of Information Analysis
Purpose of the paper:	To enable the views of the Board to be considered as part of the formal consultation on the Direction prior to it being signed by NHS England. This consultation is in line with our agreed process.
Key risks and issues:	• Due to misalignment of meetings SCCI approval for migration of the collection will not be obtained prior to the HSCIC Board on 15th July 2015. The Burden Assessment report will be completed and submitted to IAP where recommendations will be considered. The current burden assessment rating for this project is medium to low therefore the risk of rejection from SCCI is low. • The Direction provides a legal basis for HSCIC to collect the data and must be in place before data can flow. If the Direction is not approved then there will be considerable reputational risks for the HSCIC in not delivering to the agreed timeframe as the data cannot flow without Directions in place.
Patient/public interest:	Indirect
Actions required by the board:	Consider the draft Direction and to identify any issues or concerns as part of the formal consultation process.

hscic Health & Social Care Information Centre

Direction from NHS England for Genetic Testing Rates Information System

Formal consultation with the HSCIC Board

Information and Analytics Directorate

15 July 2015

Contents

Background

The UK Genetic Testing Network (UKGTN) collects information on the access and provision of genetic testing provided by UKGTN member laboratories for NHS patients for different healthcare populations (e.g. by NHS CCG in England and their equivalents in Scotland, Northern Ireland and Wales). The team carries out work on behalf of the UKGTN Clinical and Scientific Advisory Group (CSAG) and UKGTN membership. UKGTN is accountable to the Department of Health and is hosted by the North West London Commissioning Support Unit (NWLCSU). The data collection is mandatory for UKGTN member laboratories as part of their condition of UKGTN membership.

The purpose of the data collection is to gain information on the access and provision to genetic testing provided by UKGTN member laboratories for NHS patients. The outputs from the data analysis supports commissioners in reviewing variation and taking action to improve access where required.

This is a pre-existing collection, previously collected by UKGTN. However, it has been recognised that the Health and Social Care Act 2012 introduced changes in relation to the management and handling of patient confidential data (PCD) at a national agency level across the health and social care landscape. As a result the UKGTN need to transfer the collection to an organisation with the remit and legal authority to handle and manage PCD and in collaboration with NHS England have approached the HSCIC to manage the collection, analysis and publication of the data.

Initially data will be collected for 3 financial years (2012/13, 2013/14 and 2014/15) with the ongoing collection on an annual basis. The data will be used to populate the analysis for annual reports on molecular genetic test activity in the UK as well as additional reports for each submitting lab and for each NHS England Regional Team that is responsible for specialised services commissioning. The collection includes demographic information, NHS number, molecular and cytogenic test information.

Issues

UKGTN submitted an Idea to Need to SCCI in September 2014 (having first approached the HSCIC in June 2014) with the timescale for implementation by the end of October 2014. The aim was for the publication of the report in March 2015 to be in line with the UKGTN Clinical and Scientific Advisory Group meeting. At this point the data collection was already delayed by 18 months whilst a solution to the collection and management of the PCD was sought.

Ongoing discussions regarding the content of the Direction and the requirement to complete a Burden Assessment have significantly delayed the delivery timeline. Although a revised plan was developed with the aim to start flowing data in March 2015, this has also been delayed for the same reasons and as a consequence, there have been futher delays to the work of the UKGTN. As a result, a section 259 notification will be issued to UKGTN member laboratories immediately following final acceptance of the Direction from NHS England. Data will then flow to the HSCIC as soon as possible.

There is a dependency on the outcome and recommendations from the Impact Assessment Panel (IAP) in order to submit the requirement for the collection migration to the Standardisation Committee for Care Information (SCCI). The risk of not obtaining this approval is low; this is a pre-existing collection migration and not an Information Standard. In addition, the current burden assessment rating for this project is medium to low therefore the risk of rejection from SCCI is low.

Strategy Implications

This proposal is in line with the Organisational Strategy to bring more data collections into the HSCIC and recognises that the HSCIC is best positioned to provide high quality data collection and reporting from NHS funded care providers in England.

Stakeholder Implications

Key stakeholders include the UKGTN Clinical and Scientific Advisory Group (CSAG) and UKGTN membership and NHS England. There is significant urgency from all, who are pressing for the HSCIC to conduct the collection in line with the required timetable. The complexity of working through processes relating to Directions and SCCI in relation to this migration, which is a first of type for the HSCIC, has resulted in significant delays to the work and plans of the UKGTN and is having a negative impact on the reputation of the HSCIC.

To ensure continued engagement and to manage the relationship with the customer there is a requirement to obtain approval from the HSCIC Board at the next meeting on 15th July 2015. Delaying to the next HSCIC Board meeting in September 2015 would result in reputational damage and a breakdown in working relationships building on the previous delays imposed.

Financial Implications

A Memorandum of Understanding (MOU) is in development between NHS England and the HSCIC providing funding for implementation and collection for the first year of submission with ongoing discussions regarding the requirements for the subsequent work. UKGTN have an annual funding allocation for analytical work in relation to the reports produced from the collection.

Actions Required of the Board

The Board is asked to consider the draft direction and to identify any issues or concerns as part of the formal consultation process.

Appendix 1 Draft Direction

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: Genetic Testing Rates Information System) Directions 2015

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), section 255(6) and section 260(4)(a)* 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.

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: Genetic Testing Rates Information System) Directions 2015 and shall come into force on **[insert date].**

2. In these Directions–

"The 2012 Act"	means the Health and Social Care Act 2012[1];
"The Board"	means the National Health Service Commissioning Board[2];
"Devolved Authorities"	has the meaning set out in section 275 of the 2012 Act;
"Genetic Testing Rates Data"	means the data collected through the operation of the Genetic Testing Rates Information System;

[1] 2012 c7

[2] 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.

"Information Standard"	means documents containing standards in relation to the processing of information as provided for in section 250(2) of the 2012 Act. References to the number and title of an Information Standard are to the number and title given to a particular Information Standard within the Information Standards Notice;
"Information Standards Notice"	means the document published by or on behalf of the Board to confirm the making of an Information Standard, summarise its purpose and scope, reference the documentation in which the details of the Standard are set out and mandate compliance with it;
“HSCIC”	means the Health and Social Care Information Centre[3];
“Notification of Reporting Requirements”	Means a document entitled “The UKGTN Genetic Testing Rates Notification of Reporting Requirements” that is revised and approved by the UKGTN Clinical & Scientific Advisory Group, and sent to the HSCIC annually;
“Relevant Organisations”	means UKGTN member laboratories
“Technical Specification”	means the Technical Specification: Genetic Testing, Technical Specification for submission of the Genetic Testing data collection to HSCIC, Clinical Indicators Version 1.0 dated ***DD/MM/YYYY*** [4]that has been published by the Board (Document ID: SCCI2035 Amd ***MM/YYYY***[5]) and annexed to these Directions at Annex A or any subsequent amended version of the same document published by the Board which supersedes version 1.0;
“UKGTN”	means the United Kingdom Genetic Testing Network.

Establishment of the Genetic Testing Rates Information System

3. – (1) Pursuant to its powers under sections 254(1), 254(6) and 255(6) of the 2012 Act, the Board directs the HSCIC to establish and operate a system for the collection and analysis of the information described in sub-paragraph (2) from the Relevant Organisations to be known as “the Genetic Testing Rates Information System”.

[3] The Health and Social Care Information Centre is a body corporate established under section 252(1) of the Health and Social Care Act 2012
[4] *To be added in final version*
[5] *To be added in final version*

(2) The information referred to in sub-paragraph (1) is described in the Submission Templates section of the Technical Specification.

(3) In relation to Relevant Organisations in England, pursuant to its powers under sections 254(1) and 254(6) the Board directs HSCIC to carry out the activities described in sub-paragraph (1):

(a) in particular by requiring those Relevant Organisations to provide to HSCIC the information described in sub-paragraph (2) in accordance with the Technical Specification; and

(b) generally in such a way as to enable and facilitate compliance by those Relevant Organisations with Information Standards Notice SCCI2035.

(4) In relation to Relevant Organisations in the Devolved Authorities, pursuant to its powers under section 255(6) of the 2012 Act the Board directs the HSCIC to carry out the activities described in sub-paragraph (1) by:

(a) requesting those Relevant Organisations to provide to HSCIC the information described in sub-paragraph (2)in accordance with the Technical Specification and the requirements of the requests made by the Devolved Authorities as referred to in paragraph 5 of these Directions; and

(b) collecting that information where and to the extent that it is made available by those Relevant Organisations.

(5) The Board directs the HSCIC to analyse the Genetic Testing Rates Data as the HSCIC determines is necessary –

(a) to populate the postcode of residence where this is absent when the Genetic Testing Rates Data is collected; and

(b) to generate the reports specified in the document "Notification of Reporting Requirements" (as amended from time to time).

(6) Pursuant to its powers under section 260(4)(a) of the 2012 Act the Board directs the HSCIC to publish the reports generated as directed by sub-paragraph (5)(b), in accordance with the schedule specified in the Notification of Reporting Requirements.

Basis 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 and in particular to enable the purposes described in Information Standards Notice SCCI2035.

5. In relation to the collection of data from Relevant Organisations in the Devolved Authorities, the Board is exercising its power under section 255(6) of the 2012 Act on the basis that:

(1) Each of the Devolved Authorities has issued a request to the HSCIC which is annexed to these Directions in Annex B and which requests the HSCIC to carry out the activities specified in paragraph 3(1) of these Directions in relation to the data specified in paragraph 3(2) which can be obtained by Relevant Organisations within their respective territories; and

(2) Each Devolved Authority has confirmed that the information which would be obtained by carrying out their request to the HSCIC is information which it is necessary or expedient for it to have in relation to the exercise of its functions, or carrying out of activities, in connection with the provision of health care within their territory.

Fees and Accounts

6. – (1) Pursuant to section 254(7) of the 2012 Act, HSCIC is entitled to charge the Board a reasonable fee in respect of the cost of HSCIC complying with these Directions and the Board acknowledges such right and agrees to meet such reasonable fee charged by HSCIC.

   (2) The HSCIC must keep proper accounts, and proper records in relation to the accounts, in connection with the Genetic Testing Rates Information System.

Review of these Directions

7. These directions will be reviewed when the Board approves changes to the Information Standard SCCI2035. This review will include consultation with the HSCIC as required by section 254(5) of the 2012 Act (powers to direct the Information Centre to establish information systems).

Signed by authority of the NHS Commissioning Board

Sir Bruce Keogh
Caldicott Guardian

[INSERT DATE]

Annex A – Technical Specification: Genetic Testing, Technical Specification for submission of the Genetic Testing data collection to HSCIC, Clinical Indicators Version 1.0 - *embedded document removed but can be provided on request.*

Annex B – Requests to HSCIC from Devolved Authorities

hscic Health & Social Care Information Centre

Board meeting – Public session

Title of paper:	**Updated Direction from NHS England for Data Services for Commissioners**
Board meeting date:	15 July 2015
Agenda item no:	HSCIC 15 03 05 (c)
Paper presented by:	TBC
Paper prepared by:	Heather Pinches, Programme Manager I&A Directorate
Paper approved by: (Sponsor Director)	Director of Information and Analytics
Purpose of the paper:	To enable the views of the Board to be considered as part of the formal consultation on the updated Direction prior to it being signed by NHS England. This consultation is in line with our agreed process.
Key risks and issues:	The Data Services for Commissioners (DSfC) Programme enables the commissioning of health and social care services across England with the minimal, safe and efficient use of personal confidential data in line with legal requirements. NHS England, the Directing Authority, is seeking to amend the existing Direction to reflect legal advice which has clarified certain powers in the Health and Social Care Act. The revised Directions provide clarification that represents the most up to date legal advice and as such there is no risk to the HSCIC in agreeing to accept these changes. The greater risk would be in having a legal document that is not up to date and accurate.
Patient/public interest:	Indirect.
Actions required by the board:	Consider the draft Direction and to identify any issues or concerns as part of the formal consultation process.

hscic Health & Social Care Information Centre

Updated Direction from NHS England for Data Services for Commissioners

Formal consultation with the HSCIC Board

Information and Analytics Directorate

15 July 2015

Contents

Background

The Data Services for Commissioners (DSfC) Programme enables NHS England, Clinical Commissioning Groups (CCGs), Commissioning Support Units (CSUs), NHS England Area Teams, Local Authority Public Health (LAPH) and other NHS organisations to plan and commission healthcare services nationally and in their local area using data and information provided by and through the HSCIC.

This enables commissioners to plan and fund healthcare services through analysis of actual and projected use of services across all parts of the care economy. This modelling requires access to information about the care provided to patients but without accessing personal confidential patient data unless there is a need to do so. These arrangements ensure minimal, safe and efficient use of personal confidential data in line with legal requirements.

The HSCIC is directed by NHS England to provide this service and this was undertaken by establishing a number of regional processing centres, known as Data Services for Commissioners Regional Offices (DSCROs).

Issues

NHS England, the Directing Authority, is seeking to amend the existing Direction to reflect legal advice which has clarified certain powers in the Health and Social Care Act. This includes:

1. Removal of pseudonymisation as a basis for dissemination. The changes reflect the current understanding of identifiable data and requirements for dissemination. As all relevant dissemination is currently supported by s251 approval, there is no business impact.
2. Transformation of the data for lawful dissemination (sub-paragraph 4(3)) – s251 regulations stated more generally to anticipate the imminent new regulations under this power.
3. Requirements for lawful dissemination (paragraphs 8 and 9).
4. Management of objections (paragraphs 10 and 11).
5. In line with the stated review cycle.

It should be noted that this amended direction relates to the existing “as is” service.

In accordance with our agreed process the draft Direction is brought to the Board for formal consultation to enable the views of the Board to be fed back to NHS England prior to the Direction being issued. It has been reviewed internally by EMT, Information Governance and HSCIC lawyers and is attached at appendix 1.

Strategy Implications

This is current service provided by the HSCIC and the Direction replaces an existing Direction like for like. Therefore it is not anticipated that there will be any strategy implications.

Stakeholder Implications

It is not anticipated that there will be any stakeholder implications.

Financial Implications

This is an existing service provided by the HSCIC and there are no specific financial implications from the changes proposed.

Actions Required of the Board

The Board is asked to consider the draft direction and to identify any issues or concerns as part of the formal consultation process.

Appendix 1 Draft Direction

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: Data Services for Commissioners) Directions 2015

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)), 260(2)(d), 261(3), 262(3)(a) and (b), 262(7) and 304(9), (10), (11) and (13)* 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.

Citation, commencement and interpretation

1. (1) These Directions may be cited as The Health and Social Care Information Centre (Establishment of Information Systems for NHS Services: Data Services for Commissioners) Directions 2013 and shall come into force on **[insert date]**.

(2) The Health and Social Care Information Centre (Establishment of Information Systems for NHS Services: Data Services for Commissioners) Directions 2013 are hereby revoked.

2. In these Directions–

"The 2012 Act"	means the Health and Social Care Act 2012;
"The 2012 Regulations"	means The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012[1];
"Regional Team"	means a division of the Board which holds budgetary and commissioning responsibilities on behalf of the Board;
"The Board"	means the National Health Service Commissioning Board[2];

[1] S.I. 2012/2996.

"Care Item"	means an identifiable instance of a Treatment provided to a Patient, to which a cost or charge is or may be attributable or referenced, including but not limited to inpatient stays, outpatient care, referral activity, prescription of medicines or devices and performance of surgical procedures;
"CCG"	means clinical commissioning group;
"Clinical Registry Data"	means data held on national or local databases or registries relating to individual patients' disease, condition, injury and activity data relating to their treatment;
"Commissioning Contract"	means an NHS standard contract, other than a primary care contract, entered into by a Relevant Body with a Health Service Provider in the exercise of its Commissioning Functions;
"Commissioning Functions"	means the functions of a Relevant Body in arranging for the provision of services as part of the health service, but it does not include, in relation to the Board, its functions in relation to services provided under a primary care contract;
"Data Services for Commissioners"	means a service delivered by the HSCIC to collect, cleanse, link, de-identify and analyse Local Commissioning Data, Clinical Registry Data and Historic PCT Data and provide Required Commissioning Contract Data at the request of a Relevant Body in order to facilitate that Relevant Body's Commissioning Functions;
"GP Practice"	means either a provider of primary medical services who is an individual who is the sole provider party to a contract for provision of primary medical services as referred to in section 14A(4) of the NHS Act 2006 or a provider of primary medical services as defined in sections 14A(6) or (7) of the NHS Act 2006;
"The Health and Social Care Information Centre"	means the body corporate established by section 252 of the 2012 Act;
"Health Care Service"	means a service consisting of the provision of Treatment for the purposes of the health service;
"Health Service Provider"	means a person, other than a Relevant Body who has entered into a Commissioning Contract;

[2] 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.

"Historic PCT Data"	means local commissioning data that the Board has identified to the HSCIC as having been collected by PCTs from Health Service Providers and analysed by PCTs (including through linking such local data with National Commissioning Data) prior to 1 April 2013 for purposes connected to the PCT's commissioning functions and which is still required by a Relevant Body in relation to Commissioning Contracts to enable Local Commissioning Data to be referenced against historical reference points;
"HSCIC"	means the Health and Social Care Information Centre;
"Identifiable Data"	means information which is in a form which identifies any individual to whom the information relates or enables the identity of such an individual to be ascertained;
"Local Commissioning Data"	means data relating to the provision of Health Care Services pursuant to a particular Commissioning Contract, other than National Commissioning Data, which are either data identified in Schedule 6 of that Commissioning Contract under the sections "National Requirements Reported Locally" or "Local Requirements Reported Locally"; or data relating to Care Items delivered under that Commissioning Contract which are identified in the Prescribed Specialised Services Guidance; or data relating to Care Items delivered under a non-contract agreement;
"National Commissioning Data"	means data collected from Health Service Providers by the HSCIC pursuant to directions of the Secretary of State as saved and otherwise provided for in article 9 of the Health and Social Care Act (Commencement No. 4, Transitional, Savings and Transitory Provisions) Order 2013;
"NHS Number"	means a National Health Service Number;
"NHS Services"	has the meaning given in section 254(4) of the 2012 Act;
"Patient"	means any person who is receiving Treatment provided as part of the health service;
"PCTs"	means Primary Care Trusts;
"Prescribed Specialised Services Guidance"	means the "Manual for prescribed specialised services" published by the Board in November 2012 attached at Annex 1 of these Directions, "Identification rules for prescribed specialised services" published by the Board to accompany the Manual, attached at Annex 2 of these Directions and other guidance published by the

	Board on the identification of prescribed specialised services from time to time;
"Relevant Body"	means a CCG or the Board. For the purposes of any reference in these Directions to a request for Data Services for Commissioners, Relevant Body means a CCG or a Regional Team of the Board;
"Required Commissioning Contract Data"	means in relation to a particular request made for Data Services for Commissioners as provided for in these Directions, the data, analysis records, reports or other outputs requested by the Relevant Body;
"Responsible Commissioner"	means a Relevant Body with responsibility for commissioning a Health Care Service as determined by the 2012 Regulations and The Who Pays Guidance, who consequently holds responsibility for funding Care Items delivered as part of this Health Care Service;
"Section 251 Regulations"	means regulation 3 or 5 of the Health Service (Control of Patient Information) Regulations 2002, SI 2002/1438 and any other regulations which may be made in exercise of the power in section 251(1) of the National Health Service Act 2006;
"Treatment"	means an intervention that is intended to manage a person's disease, condition or injury and includes prevention, examination and diagnosis; and
"The Who Pays Guidance"	means "Who Pays? Determining responsibility for payments to providers – Rules and guidance for clinical commissioning groups", published by the Board in August 2013, attached at Annex 3 of these Directions. This gives guidance on the implementation of Part 2 (persons for whom a CCG has responsibility) and Part 3 (services to be commissioned by the Board) of the 2012 Regulations, and includes provisions under section 14Z7 of the NHS Act 2006 as modified by the 2012 Act to set out the circumstances in which a CCG is liable to make a payment to a Health Service Provider in respect of services commissioned by another CCG.

Establishment of information systems: Data Services for Commissioners

3. Pursuant to its powers under sections 254(1) and 254(6) of the 2012 Act, the Board directs the HSCIC to establish and operate systems for the collection and analysis of Local Commissioning Data, Clinical Registry Data and Historic PCT Data to deliver Data Services for Commissioners, as further described and specified below:

    (1) the HSCIC is directed to establish and operate systems for the collection of Local Commissioning Data from a Health Service Provider where Data Services for Commissioners are requested by a Relevant Body which is party to a Commissioning

Contract with that Health Service Provider and to analyse such Local Commissioning Data collected from that Health Service Provider pursuant to paragraph 4 below to produce Required Commissioning Contract Data for that Relevant Body;

(2) the HSCIC is directed to establish and operate systems for the collection of Clinical Registry Data that are necessary for the execution of sub-paragraph 4(1);

(3) the HSCIC is directed to establish and operate systems for the collection of Historic PCT Data and to retain and carry out analysis of that data pursuant to paragraph 4 to produce the Required Commissioning Contract Data for a Relevant Body which has requested Data Services for Commissioners; and

(4) the HSCIC is directed to put in place a system for managing and responding to requests from Relevant Bodies for Data Services for Commissioners as provided for in sub-paragraphs 3(1), (2) and (3) above.

Analysis of Data

4. As part of the systems to be established and operated pursuant to paragraph 3 above, HSCIC is directed to:-

(1) analyse Local Commissioning Data and Clinical Registry Data in such manner as HSCIC reasonably determines is appropriate to produce Required Commissioning Contract Data for the Relevant Body which validates the delivery of Care Items and identifies the Responsible Commissioner for Care Items in accordance with The Who Pays Guidance and the Prescribed Specialised Services Guidance, including analysis through linking Local Commissioning Data to Clinical Registry Data and to National Commissioning Data and other data held by HSCIC;

(2) carry out such other analysis of Local Commissioning Data and/or Historic PCT Data as HSCIC considers appropriate in order to produce Required Commissioning Contract Data which is requested by the Relevant Body for the purposes of performing any of the functions specified in paragraph 6 below, including analysis through linking of Local Commissioning Data to Historic PCT Data and linking Local Commissioning Data and/or Historic PCT Data to other data held by the HSCIC, provided that the HSCIC is only directed to carry out such analysis in relation to Local Commissioning Data in response to a request made by the Relevant Body which is a party to the Commissioning Contract to which the Local Commissioning Data relates;

(3) produce Required Commissioning Contract Data in a form required for dissemination in accordance with paragraph 8 below, and in particular by:

(a) transformation of the data to meet the requirements for lawful dissemination under the Section 251 Regulations;

(b) transformation of the data to meet the requirements for lawful dissemination under or by virtue of any statutory provisions other than sections 261(1) or (5) of the 2012 Act or section 251 of the NHS Act 2006; or

(c) transformation of the data so that the information is not in a form which identifies any individual to whom the information relates who is not a relevant person or which enables the identity of such an individual to be ascertained.

(4) establish and maintain a register of all Commissioning Contracts in relation to which Data Services for Commissioners pursuant to these Directions is provided, which captures in each case:

(a) the relevant Health Service Provider and Relevant Body; and

(b) the Data Services for Commissioners requested by the Relevant Body.

S254(3) - Requirement for these Directions

5. 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 exercise of the Board's functions in connection with the provision of NHS Services, and in particular to enable Relevant Bodies to perform Commissioning Functions including the functions set out in paragraph 6 below.

6. The functions referred to in sub-paragraph 4(2) and paragraph 6 above are:-

(1) monitoring and audit of health care provision and outcomes where such provision has been made;

(2) analysis of health care provision to ensure effective pathways, use of resources and capacity;

(3) establishing population health needs for strategic delivery planning;

(4) planning and administration of the provision made for health and health related care;

(5) identifying individuals with a high risk of suffering adverse consequences from infection, or whose immunisations are not up to date, with the aim of contacting them to offer an immunisation appointment; and

(6) analysing demographic and health profiles for pandemic emergency planning.

Publication

7. Pursuant to its powers under section 260(2)(d) the HSCIC is directed by the Board not to publish data collected by the systems that it is directed to operate by paragraph 3 of these

Directions, and not to publish data produced through compliance with sub-paragraphs 4(1),(2) and (3) of these Directions.

Dissemination

8. Pursuant to sections 261(3), 262(3)(a), 262(3)(b) and 262(7) of the 2012 Act, the HSCIC is directed by the Board to disseminate Required Commissioning Contract Data to the Relevant Body which requested it or any person acting on behalf of that Relevant Body and to the Health Service Provider from which the relevant Local Commissioning Data was collected, but only where

   (1) one of the conditions specified in paragraph 9 below applies; and

   (2) the information does not include Identifiable Data relating to any Patients who have lodged objections to the onward disclosure of their Identifiable Data by HSCIC, provided that this requirement applies only where and to the extent that the functionality to record and implement such Patient objections has become available pursuant to paragraph 10.

9. The conditions referred to in sub-paragraph 8(1) are that:

   (1) the information was collected by the HSCIC pursuant to these Directions and the Relevant Body receiving the information is a person to whom the information could have been lawfully disclosed by the person from whom the HSCIC collected the information; or

   (2) the Relevant Body is a person authorised to receive the information under the Section 251 Regulations; or

   (3) the Relevant Body is a person authorised to receive the information under or by virtue of any statutory provision other than sections 261(1) or (5) of the 2012 Act or section 251 of the NHS Act 2006; or

   (4) the information is not in a form which identifies any individual to whom the information relates who is not a relevant person or which enables the identity of such an individual to be ascertained.

Managing Patient objections

10. Subject to paragraph 11, the HSCIC is directed by the Board pursuant to paragraph 3 of these Directions to put measures in place as part of the establishment and operation of the information systems for Data Services for Commissioners to ensure that where the HSCIC holds a record of any Patient's objection to the onward disclosure of their Identifiable Data by the HSCIC any dissemination of information pursuant to these Directions shall, in respect of that Patient, only include data that is not Identifiable Data.

11. For the avoidance of doubt, the requirements in paragraph 10 shall apply only:

    (1) where and to the extent that the functionality to record and implement such Patient objections has become available to the HSCIC;

    (2) to the extent that the HSCIC is acting in pursuance of these Directions.

Fees

12. Pursuant to sub-section 254(7) of the 2012 Act, HSCIC is entitled to charge the Board a reasonable fee in respect of the cost of HSCIC complying with these Directions and the Board acknowledges such right and agrees to meet such reasonable fee charged by HSCIC.

Review of these Directions

13. The Board will review these directions by 30th September 2016, and thereafter as the Board considers appropriate. Reviews will include consultation with the HSCIC as required by sub-section 254(5) of the 2012 Act (powers to direct the Information Centre to establish information systems). Following a review, the directions will be updated should substantive changes be required.

Signed by authority of the NHS Commissioning Board

Sir Bruce Keogh
Caldicott Guardian

[INSERT DATE]

Annex 1
Manual for prescribed specialised services – *embedded document removed but can be provided on request.*

Annex 2
Identification rules for prescribed specialised services - *embedded document removed but can be provided on request.*

Annex 3
Who Pays? Determining responsibility for payments to providers – Rules and guidance for clinical commissioning groups. *Embedded document removed but can be provided on request*

Health & Social Care Information Centre

Board meeting – Public session

Title of paper:	**Direction for the collection of Dementia diagnoses data for NHS England and Department of Health**
Board meeting date:	July 15 2015
Agenda item no:	HSCIC 15 03 05 (d)
Paper presented by:	TBC
Paper prepared by:	Dave Roberts, Head of Primary Care Information
Paper approved by: (Sponsor Director)	Director Information and Analytics
Purpose of the paper:	To enable the views of the Board to be considered as part of the formal consultation on the direction. This consultation is in line with our agreed process.

Key risks and issues: *(The main risks and issues the board needs to be aware of, in particular those referring to information governance, security, data sharing and confidentiality)*	The direction provides a legal basis for the Health and Social Care information Centre (HSCIC) to collect dementia diagnoses data from all general practices in England and must be in place before data can flow from August 2015. The Standardisation Committee for Care Information (SCCI) require a direction to be in place as part of their pre-approval checks in recommending the Information Standards Notice (ISN) for publication. It is also agreed with the GP professional bodies that the ISN is sent to GP practices six weeks before any extraction of data from GP practices. Therefore, the direction is brought to the Board to enable all key deadlines to be met. If the direction is delayed then there may be an impact on the delivery of the data set to the agreed timetable with reputational risks for the HSCIC. Funding for this extraction has been agreed and will be met jointly by NHS England and the Department of Health (DH). The direction has been approved by the HSCIC IG team and their decision was that there was no requirement for it to be seen by the HSCIC lawyers.
Patient/public interest: • *Direct (for example, part of a service that will be used by patients or the public)* • *Indirect (for example, a reduction in administrative burden which frees up more time for direct patient care)* • *Realisable only in the medium or longer term (for example, where part of a longer term programme)*	Indirect
Actions required by the board:	Consider the draft direction and to identify any issues or concerns as part of the formal consultation process.

hscic Health & Social Care Information Centre

Direction for the collection of Dementia diagnoses data for NHS England and Department of Health

Formal consultation with the Health and Social Care Information Centre Board

Information and Analytics Directorate

July 15, 2015

Contents

Background

The Prime Minister, as part of the Dementia Challenge, announced the requirement for a renewed effort to tackle dementia at the G8 Dementia summit in December 2013. Increasing the percentage of patients living with dementia who have received a formal diagnosis is a Prime Ministerial commitment. An ambition to increase the rate of dementia diagnosis has been agreed by the Department of Heath (DH) and NHS England and is specified in the NHS mandate.

Supporting this agreement are two metrics, one in the NHS Outcomes Framework and another in the Clinical Commissioning Group (CCG) planning guidance. These indicators have previously used estimates of dementia based on dementia prevalence rates from the Alzheimer's Society 2007 report "Dementia UK".[1]

The measure used to monitor progress on this initiative is the number of patients actually diagnosed with dementia (the numerator) divided by the number of patients estimated to have dementia (the denominator) expressed as a percentage. NHS England produce the estimated prevalence data and the Health and Social Care Information Centre (HSCIC) are asked to produce data on the number of patients actually diagnosed with dementia.

The previous customer requirement for the Quality Outcomes Framework (QOF) Subset Extract for Dementia Prevalence for financial year 2014-15 was reviewed by the General Practice Extraction Service Independent Advisory Group (GPES IAG) on July 10, 2014 and was recommended to proceed to extraction. In summary the request was for a simple count of patients diagnosed with dementia for each general practice on a monthly basis. The number of patients diagnosed with dementia was based on the patients who had at least one of a cluster of diagnostic clinical codes in their patient record at the time of extraction. These clusters were based on the clinical code clusters used in QOF. A separate extraction was required as the QOF data is not collected on a monthly basis.

Following a HSCIC review of available evidence, NHS England and DH have agreed that the best current estimates of dementia prevalence are those found by the second Cognitive Function and Ageing Study (CFAS II).[2] Subsequently it has been agreed that from April 2015 dementia prevalence will be monitored using the estimates of prevalence from CFAS II.

This new methodology for estimated prevalence (the denominator for the required indicator) has resulted in a need to change the requirements for the numerator.

This new customer requirement is to extract aggregated data on dementia diagnoses categorised into gender and age bands.

The following changes have been made to this requirement for the 2015-16 financial year:

- Addition of gender categories: Male or Female, and
- Addition of age categories: 0-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65-69; 70-74; 75-79; 80-84; 85-89; and 90+, to match the same age bands shown in the CFAS II study.

[1] King's College London and the London School of Economics 2007. *Dementia UK, The full report 2007*, Available [Online] at: http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=2. [Accessed 27 March 2015] p. 17

[2] UK Medical Research Council 2013. *A two-decade comparison of prevalence of dementia in individuals aged 65 years and older from three geographical areas of England: results of the Cognitive Function and Ageing Study I and II 2013*, The Lancet, Available [Online] at: http://www.sciencedirect.com/science/article/pii/S0140673613615706. [Accessed 27 March 2015] p. 2

Issues

The dementia diagnoses extraction is due to start in August 2015. A direction is needed in order to provide the legal basis for the HSCIC to collect the data from all practices and must be in place before data can flow. The Standardisation Committee for Care Information (SCCI) also requires a direction to be in place as part of their pre-approval checks in recommending the Information Standards Notice (ISN) for extraction. In line with previous agreements with the British Medical Association (BMA) and the Royal College of General Practitioners (RCGP) the ISN should be published at least six weeks in advance to give general practices time to discuss and prepare for the extraction. This means that the direction and ISN need to be published by mid July 2015 at the latest.

The guidance document on directions states that before any direction is signed it must be reviewed by EMT and a decision taken by them as to whether it should be referred to the HSCIC Board for consideration. This direction was discussed at the EMT meeting on July 2, 2015 and it was agreed that it should be referred to the HSCIC board on July 15, 2015 for consideration. The direction, attached at appendix 1, is therefore brought to the HSCIC board for consideration. The direction has been reviewed internally by the business area within the Information and Analytics (I&A) Directorate. It has been approved by the HSCIC Information Govenance (IG) team and their descison was that there was no requirement for it to be seen by the HSCIC lawyers.

Strategy Implications

By bringing together and continuing to build on and rationalise the existing information requirements related to improvements in mental health services the HSCIC is able to better meet customer needs as well as delivering our statutory duty to reduce burden on the system.

The improvement of mental health services remains a core policy priority for DH and NHS England. The development of robust information on mental health services in turn ensures better services for patients, better commissioning, better regulation and greater transparency.

Stakeholder Implications

Key stakeholders include DH and NHS England and all are pressing for the commencement of the collection by the HSCIC in line with the agreed timetable.

Financial Implications

It should be noted that under the Health and Social Care Act[3] once a direction is issued the HSCIC may then charge a reasonable fee for the cost of complying with that direction.

DH have agreed to pay HSCIC £100k for this extraction and any remaining costs are included as part of an overall payment of £2.5m for all primary care extractions required by NHS England in 2015/16.

[3] Health and Social Care Act 2012 Sec 254 (7) "The Information Centre may charge the Board a reasonable fee in respect of the cost of complying with a direction given by the Board under subsection (1)."

Actions Required of the Board

The Board is asked to consider the draft direction and to identify any issues or concerns as part of the formal consultation process.

Appendix 1 Draft Direction

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: Dementia Prevalence) Directions 2015

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.

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: Dementia Prevalence) Directions 2015 and shall come into force on **[insert date]**.

2. In these Directions–

"The 2012 Act"	means the Health and Social Care Act 2012[4];
"The Board"	means the National Health Service Commissioning Board[5];
"HSCIC"	means the Health and Social Care Information Centre[6];
"Information Standard"	means a document containing standards in relation to the processing of information as provided for in section 250(2) of the 2012 Act. References to the number and title of an Information Standard are to the number and title given to a particular Information Standard within the Information

[4] 2012 c7
[5] 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.
[6] The Health and Social Care Information Centre is a body corporate established under section 252(1) of the Health and Social Care Act 2012

	Standards Notice;
"Information Standards Notice"	means the document published by or on behalf of the Board or the Secretary of State to confirm the making or amendment of an Information Standard, summarise its purpose and scope, reference the documentation in which the details of the Standard are set out and mandate compliance with it;
"Relevant Organisation"	means an organisation type that is listed under "applies to" in the Specification;
"SCCI"	is the unique reference number for the Children and Young People's Health Services Data Set Information Standard;
"Specification"	means the General Practice Extraction Service (GPES) Customer Requirement Summary (for aggregate data extractions); Customer: Secretary of State for Health, via Department of Health and NHS England, Requirement: Quality and Outcomes Framework (QOF) Subset Extract for Dementia Prevalence for financial year 2015-16; Customer Requirement Reference Number: NIC-329437-L9M3C; version 1.1 dated May 2015 and annexed to these Directions at Annex A or any subsequent amended version of the same document published by the Board which supersedes version 1.1;
"Technical Output Specification"	means the QOF Monthly Prevalence Dataset – 2015/16 Technical Specification version 1.1 dated 01/05/2015 and annexed to these Directions at Annex B or any subsequent amended version of the same document published by the Board which supersedes version 1.1.

Establishing and Operating the Dementia Diagnoses 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 the Relevant Organisations, such system to be known as "the Dementia Diagnoses Information System".

(2) The information referred to in sub-paragraph (1) is the information described in the Specification and 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 Technical Output Specification and generally in such a way as to enable and facilitate compliance with Information Standards Notice SCCI2090-2058.

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. In particular the information obtained through compliance with these Directions will facilitate or enable the achievement of the purposes of Information Standard SCCI2090-2058 that are described in the Specification.

Fees and Accounts

5. Pursuant to sub-section 254(7) of the 2012 Act, HSCIC is entitled to charge the Board a reasonable fee in respect of the cost of HSCIC complying with these Directions and the Board acknowledges such right and agrees to meet such reasonable fee charged by HSCIC.

6. The HSCIC must keep proper accounts, and proper records in relation to the accounts, in connection with the Dementia Diagnoses Information System.

Review of these Directions

7. These Directions will be reviewed when the Board approves any amendment to the Information Standard SCCI2090-2058. 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 – Dementia Diagnoses Data Extraction Standard Specification

Mini CRS Dementia QOF subset Dementia

Annex B – Dementia Diagnoses Data Set Technical Output Specification

QOF_Monthly_Prevalance_Spec_1516 v1.

hscic Health & Social Care Information Centre

Board meeting – Public session

Title of paper:	**Direction from NHS England for National Cancer Waiting Times Monitoring dataset**
Board meeting date:	15 July 2015
Agenda item no:	HSCIC 15 03 05 (e)
Paper presented by:	Rob Shaw, Director of Operations and Assurance Services
Paper prepared by:	Graham Ambrose, Service Delivery Manager, Operations and Assurance Services
Paper approved by: (Sponsor Director)	Rob Shaw, Director of Operations and Assurance Services
Purpose of the paper:	To bring the final draft of the Direction to enable the views of the Board to be considered as part of the formal consultation prior to these being signed by NHS England. This consultation is in line with our agreed process.
Key risks and issues:	The Direction provides a legal basis for HSCIC to continue to collect the data through the existing service provided to NHS England. If the Direction is not approved then there is a reputational risk to both NHS England and HSCIC in maintaining a data flow with no legal basis.
Patient/public interest:	Indirect
Actions required by the board:	Approval of the draft Direction

hscic Health & Social Care Information Centre

Direction from NHS England for National Cancer Waiting Times Monitoring dataset

Consultation and approval by the HSCIC Board

Rob Shaw

26th June 2015

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Background

The National Cancer Waiting Times Monitoring service has been operational since 2002. It was originally sponsored by the Department of Health and was handed over to NHS England in 2013.

Prior to March 2013 the data was collected under a Section 251 approval but it has since become apparent that Cancer Waiting Times was not included in the list of services provided by HSCIC under the Health and Social Care Act 2012.

The Directions paper attached has been produced by NHS England to ensure the legal standing of the existing data collection service is in place.

Issues

NHS England requires the Direction to be in place as soon as possible as the service is currently provided without a legal standing.

There are no risks associated with the Cancer Waiting Times Monitoring Direction as it only seeks to confirm the legal standing of the existing service. There may be future challenges for the service with type 2 objections from patients although this dataset may be assessed as being for the purpose of direct patient care.

There is a reputational risk to both NHS England and HSCIC if the service continues without the Direction in place.

Actions Required of the Board

The Board is asked to consider and approve the draft Direction for the National Cancer Waiting Times Monitoring data set.

Board meeting – Public session

Title of paper:	**Update on the HSCIC's work relating to social care**
Board meeting date:	15 July 2015
Agenda item no:	HSCIC 15 03 07 (a)
Paper presented by:	N/A – for information
Paper prepared by:	Linda Whalley, Assistant Director for Strategy and Policy
Paper approved by: (Sponsor Director)	Andy Williams, CEO
Purpose of the paper:	To provide an update on the HSCIC's work relating to social care, with particular relevance to the wider strategic agenda towards new care models supporting integration and devolution.
Key risks and issues:	There are numerous operational risks associated with the work reference in this paper, which are managed at service or programme level as appropriate. There are also strategic issues relating to the way the HSCIC works across the health and care system as a whole. The HSCIC is committed to maximising our contribution to the strategic agenda, as set out for example in the National Information Board "Personalised Care 2020" strategy, the Five Year Forward View for the NHS and our own strategy.
Patient/public interest:	The paper is of general interest in terms of informing the public about our work.
Actions required by the board:	For information.

Update on the HSCIC's work relating to social care

Author: Linda Whalley, Assistant Director for Strategy and Policy

Date: July 2015

Contents

The purpose of this paper

1. This is a “for information” paper to update the Board on how the HSCIC has been progressing our work to support local authorities in their duties on adult social care. It follows the report provided to the Board in November 2014 and March 2015, and puts that work in the broader context of the strategic developments regarding integration and devolution.

Context

2. It was noted at the Board in March 2015 that this work needs to be seen in the context of the development of new models of integrated care that are emerging in local integration pilot sites across the country. We also need to be mindful that the devolution agenda will have its own implications for our engagement with localities, not least because the integration agenda will involve a wider range of local services, delivered by organisations from the public, private and third sector.

3. This is a major test for the HSCIC’s ability to “orchestrate” our engagement across a range of sites, where our expertise and services can bring value and improve the way people engage with services, and increasing the integration across services.

Updates on key actions since March 2015

4. The **Social Care Informatics Project** (SCIP) continues to progress on all its priority areas, including:

    - The roadmap for data standards to support interoperability and integration, with a particular focus on the transfers of care standards sponsored by the National Information Board;
    - Working with local authorities to develop the standards and take them and the data collections through the SCCI process. This is being done through collaborative development with local authorities, whereby the development and implementation is done in an iterative way, to avoid unnecessary delays to the work itself;
    - Extending the Interoperability Toolkit to cover messaging to meet the requirements of the Care Act, including transfers of care work with social care;
    - Evaluating options to build on the Adapter Demonstrator Project to accelerate rollout;
    - Working with several care homes in collaboration with the Care Provider Alliance to pilot the use of NHSMail, launching online guidance and tools so sites can assess the options open to them;
    - Launching an IG Toolkit module for care homes;
    - Exploring options to support the adoption and rollout of the email standard across health and care economies, as well as organisations and care settings;
    - Discussing with the Strategic Account Management team options for engaging with the system supplier market to help accelerate roll-out and adoption of standards. This is also an area of interest to the Information and Analytics team, as there have been delays in the suppliers completing the work to deliver the new data returns that have been agreed with the Department of Health and local government.

- The project is also looking at options for involving local authorities in the full range of the SCIP work.

5. We have appointed a **Strategic Account Manager** for social care, and he will join the HSCIC on July 13th 2015. This will be an important step in increasing our external focus. One of the priorities for this post will be to position our work firmly in the context of local integration and devolution activities.

6. The HSCIC's internal **Community of Interest group** is now meeting regularly, and is proving to be a useful focal point for internal co-ordination across our directorates. From July onwards, the meeting will increasingly be used to discuss specific topics that are important to our work, as well as just sharing routine updates.

7. We have also established a **Leadership Group** comprising members of the Executive Management Team who are closest to our work with adult social care and local government, along with the Strategic Account Manager for social care. The main purpose of this group is to steer and inform our work on the wider integration and devolution agendas during the summer. The Group's priorities include:

    - Effective delivery of our commitments in the SCIP;
    - Broaden our focus beyond social care, to ensure we engage effectively with local authorities in the full range of their responsibilities (eg public health, children's services, community leadership and health and wellbeing boards) and with local projects and programmes working on integration,devolution and new models of care;
    - Support the Strategic Account Manager for social care;
    - Explore options for extending our engagement with social care informatics experts, alongside our work with healthcare CIOs;
    - Draw up proposals for our future activities, to inform the planning round for 2016/17.

8. The **Information Governance Alliance** has been working with a small group of Pioneer sites to explore the local approaches to data sharing and information governance, with a view to addressing those issues that properly require national solutions. This work has been well-received. The Department of Health has established a "new care models Information Governance Group", as a subgroup to the Information Governance Oversight Group, to ensure that there is effective alignment of effort across the national organisations with the Pioneer sites.

9. We are working with a number of **local sites** to explore how we can support their work, either through the provision of advice and guidance, or through practical intervention. All of these projects are still in the early stages of scoping their requirements, and it is clear there are some common areas of interest, which require the HSCIC to avoid falling into the trap of proposing solutions before the local problems have been fully scoped and articulated. As we identify areas where we can work with local sites, we will agree a Memorandum of Understanding that sets out our offer.

    Common issues include:

- Identifying local data requirements to support their work, including ways of capturing and recording the data, and how to manage the data flows efficiently and securely;
- Ensuring that the necessary information governance requirements are understood and addressed, to support the flow of data to meet the agreed business requirements;
- Making best use of technology both at organisational and at partnership level, and ensuring they are getting maximum benefits and cost efficiencies from the national infrastructure;
- Implementing new governance arrangements for the local collaborations, including funding arrangements, monitoring and accountability reporting, and so on;
- Varying degrees of confusion or frustration about the roles of the national organisations involved in health and care informatics.

10. We are at a key period in the changes to our **national data collections**. Local authorities have submitted the new data on short and long term social care support (known as SALT), and the Adult Social Care finance collection (ASC-FR) is due to be submitted in August. These are substantially redesigned collections aimed at supporting the new requirements arising from the Care Act. The scale of the redesign is significant, and Councils have been recording the data for two years. When we publish this data in the autumn, it will provide new information about the way care services are delivered, which is likely to be very helpful in the design of new models of integrated care.

11. We recently published a more extensive study on the uses and the quality of data we are collecting relating to guardianship under the Mental Health Act 1983[1]. This is part of our ongoing work to assess **the quality and relevance of our publications** against the UK Statistics Authority Code of Practice for Official Statistics. It includes a range of findings and information relating to the quality of the data collected, administrative burden, how the data is used, and by whom. It also includes case studies to illustrate the way guardianship services are delivered in the context of mental health services, including cross-overs into other aspects of health and care services. The study has been well received, and this approach will be factored into our other publications relating to adult social care data.

12. Following its conference in February 2015, we have successfully completed the first year of the social care informatics **workforce development project** which had been commissioned by the Department of Health and implemented jointly with Skills for Care. The project has been well-received and the first report will be published in July 2015. The next phase of the project will be to implement the recommendations from the report, as a key contribution to the National Information Board's work to support and develop the informatics workforce.This will be done as part of the SCIP.

13. The Appendix to this paper provides an update on the commitments included in the Board report in November 2014. Additional highlights are provided below.

[1] http://www.hscic.gov.uk/media/17319/Uses-and-data-quality-of-the-Guardianship-under-the-Mental-Health-Act-1983-collection/pdf/Uses_and_data_quality_of_the_Guardianship_under_the_Mental_Health_Act__1983_data_collection_v1.0.pdf

Actions Required of the Board

14. The Board is asked to note the contents of this paper.

Appendix – Update on the commitments from the November 2014 Board paper

Action	Lead	Timescale	Update
Each Directorate to include a section in their Business Plan which sets out their plans for extending their contribution to the social care agenda	All Directors	December 2014	Closed. We are using the Community of Interest to bring people together on a regular basis.
Draw up a prospectus of services that are available to local authorities, which describes how they add value to social care services	Assistant Director for Strategy and Policy	March 2015	Open. More work has been done on this, to set out the scope of the services which are relevant. We are keen to ensure that the document looks beyond social care as a setting and is relevant to local authorities and their wider role, especially in the context of integration and devolution.
Introduce an internal "community of interest/practice" group to improve our internal co-ordination and information-sharing	Director for National Programmes (cross-government team)	December 2014	Closed. The group meets regularly, and is now supported by a Leadership group, which brings together a number of members of the Executive Management Team as noted in paragraph 7 in the report.
Appoint a professional lead and Caldicott guardian for social care, to work with our Lead Clinician.	Lead clinician	Interim appointment by January 2015	Closed
Produce a stakeholder map and engagement plan reflecting our work on social care, to help our internal co-ordination and inform the account	Director of Customer Relations	February 2015	Open. Some preliminary work has been done on this, and it will be developed further once the new Strategic Account

Action	Lead	Timescale	Update
management function			Manager is in post.
Improve the range and quality of information and training material on social care and local government which is available for our staff	National Provider Support Director	February 2015	Open. This is progressing – material has been provided for inclusion in the corporate induction, and the Community of Interest is discussing the next steps at its meeting in July.
Ensure that our "Connecting" programme includes provision for engagement with local authorities	Director for Workforce and Transformation	December 2014	Closed - this has been factored into the "Connecting" programme.
Widen our engagement with local authorities by building on the work of the DISC team with local authority staff to run workshops and webexes to share information about key issues, projects, etc.	Director for Workforce and Transformation	March 2015	Closed as this is now ongoing and will be "business as usual" for the Strategic Account Manager. We are continuing to expand our external engagement activities in a number of ways – attending meetings, local site visits, etc. Our webinars, run by the DISC team are continuing to be an effective method of engagement. We are investigating the best way to share the intelligence obtained from these engagements, and the Strategic Account Manager will lead in this when he starts in July 2015.
Ensure our arrangements for engaging with the national integration agenda, and especially the 14 Pioneer sites, are	Assistant Director for Strategy and Policy	Ongoing	Closed. The Information Governance Alliance has been working intensively with a small number of the Pioneer

Action	Lead	Timescale	Update
clear and effective, pending the appointment of the account management function			sites and a number of actions have been progressed for each site. This work is now being overseen through a new IG Group chaired by the DH.
Introduce quarterly "team-to-team" meetings with the Department of Health's key staff	Director of Customer Relations/ Assistant Director for Strategy and Policy	February 2015	Open - this was delayed because of the General Election. It will now be taken forward by the Strategic Account Manager for social care.
Draw up an external engagement plan to improve our engagement with our ALB partners on the social care and integration agenda	Director of Customer Relations	March 2015	Open - this will be a priority for the Strategic Account Manager for social care.
Draw up a "roadmap" that sets out the requirements for information standards in social care to support the implementation of the Care Act and accelerate progress on integration	Director for National Programmes	March 2015	Closed – the SCIP has agreed the priorities for standards and is progressing this work accordingly.
Develop a "digital maturity" framework for local authorities that supports local innovation and integration, and includes guidance on transitioning and implementing the NHS Number, secure exchange of information, cross-government networks and information governance	Director for National Programmes	March 2015	Closed. The NIB Framework (workstream 2.2) intends to cover this, so our involvement will be managed through that workstream. In addition, the SCIP project will address any issues or gaps that may require action.
Introduce an account management function	Director of Customer	April 2015	Closed. The Strategic Account Manager for

Action	Lead	Timescale	Update
for adult social care	Relations		social care will join the HSCIC in July.

Board meeting – Public session

Title of paper:	**HSCIC Statistical Publications**
Board meeting date:	15 July 2015
Agenda item no:	HSCIC 15 03 07 (b)
Paper presented by:	For information
Paper prepared by:	Claire Thompson, Statistical Governance Manager
Paper approved by: (Sponsor Director)	Julie Stroud, Interim Director and Head of Profession for Statistics
Purpose of the paper:	This paper describes HSCIC Official Statistics publications planned for July to September 2015, media coverage for press released Official Statistics publications and web activity for publications released in April and May 2015.
Key risks and issues:	ICT are intending to upgrade the SharePoint servers during July. A five day window is required, and is likely to be on the week commencing 13th July. All statistical publications are hosted in the SharePoint Repository and their being published on the HSCIC website is dependent on this being functional. As this upgrade is essential we have opted for a week where only two publications are scheduled ('General Ophthalmic Activity Statistics' and 'Numbers of GP Patients Registered at a GP Practice' on the 16th July). In addition to being published on the HSCIC website, HSCIC statistical releases are also signposted on the 'GOV.UK' website, to which we have write-access. We have been informed that it is likely the upgrade will not take the full 5 days but it is possible. As a contingency the Statistical Governance Team would be able to publish these release directly on the GOV.UK website with an explanatory note (and publish on the HSCIC website when functionality returns). We have been assured that historical publications pages on the HSCIC will be unaffected and will remain active, as will any links pointing at them.

Patient/public interest:

Actions required by the board:

HSCIC Statistical Publications

Author Julie Stroud

Date 02 July 2015

Contents

Purpose

This paper describes HSCIC Official Statistics publications planned for May to July 2015, media coverage for press released Official Statistics publications and web activity for publications released in March 2015.

Background to HSCIC Official Statistics

At 02 July 2014, the HSCIC is responsible for 104 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.

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

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

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

National Statistics are identified below with [NS]

Forthcoming Publications

Official and National Statistics

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

July 2015

New releases

None presently scheduled.

Annual

07 July 2015	Prescriptions Dispensed in the Community, England - Statistics for England - 2004-2014 [NS]
16 July 2015	General Ophthalmic Services activity statistics - England, year ending 31 March 2015 [NS]
23 July 2015	Smoking, Drinking and Drug Use among Young People in England - 2014 [NS]

Quarterly

16 July 2015 Numbers of Patients Registered at a GP Practice - July 2015

29 July 2015 Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation, England, January 2014 - December 2014

Monthly

03 July 2015	HES-MHLD Data Linkage Report - Summary Statistics, March 2015
08 July 2015	NHS Safety Thermometer Report - England June 2014 - June 2015
09 July 2015	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to February 2015
09 July 2015	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2013 to March 2014 - July 2015 Release
10 July 2015	HES-DID Data Linkage Report - Provisional Summary Statistics, April 2014 to February 2015 (Experimental Statistics)
21 July 2015	Mental Health and Learning Disabilities Statistics - Monthly report: Final April 2015 and Provisional May 2015
21 July 2015	Improving Access to Psychological Therapies Report - April Final and May Primary 2015 +Quarter 4 2014/15
21 July 2015	Learning Disability Services Monthly Statistics - Commissioner census (Assuring Transformation), June 2015, Experimental Statistics
22 July 2015	NHS Workforce Statistics - April 2015, Provisional statistics
22 July 2015	NHS Staff Earnings Estimates - April 2015, Provisional Statistics
22 July 2015	NHS Sickness Absence Rates - January 2015 to March 2015 and Annual Summary 2010-11 to 2014-15
24 July 2015	Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2015
24 July 2015	Provisional Accident and Emergency Quality Indicators for England - April 2015, by provider
31 July 2015	HES-MHLD Data Linkage Report - Summary Statistics, April 2015

Ad hoc

None presently scheduled.

August 2015

New releases

04 August 2015	Health and Wellbeing of 15-year-olds in England - Smoking Prevalence – Findings from the What About YOUth? Survey 2014
18 August 2015	NHS Vacancies Survey England - 2014/15 NHS Jobs based proxy administrative data, Provisional, Experimental Statistics

Biennial

27 August 2015	Dental Working Hours - 2012/13 and 2013/14 Motivational Analysis: Experimental Statistics

Annual

05 August 2015	Guardianship under the Mental Health Act, 1983 - England, 2014-15 [NS]
11 August 2015	Patient-Led Assessments of the Care Environment (PLACE) - England, 2015
12 August 2015	Prescribing for diabetes in England - 2005/06 to 2014/15
19 August 2015	Hospital Episode Statistics: Deaths within 30 days of a hospital procedure or of an emergency admission to hospital - Financial year 2012/13
20 August 2015	NHS Dental Statistics for England - 2014-15, Annual report
26 August 2015	Data on written complaints in the NHS - 2014-15 [NS]

Quarterly

04 August 2015	Deprivation of Liberty Safeguards (DoLS) – Monthly Summary Statistics - 2015/16 Quarter 1
19 August 2015	NHS Outcomes Framework indicators - August 2015 release
19 August 2015	Statistics on NHS Stop Smoking Services in England - April 2014 to March 2015
21 August 2015	Learning Disability Services Quarterly Statistics - Commissioner census (Assuring Transformation), Q1 2015/16, Experimental Statistics

Monthly

07 August 2015	HES-DID Data Linkage Report - Provisional Summary Statistics, April 2014 to March 2015 (Experimental Statistics)
12 August 2015	NHS Safety Thermometer Report - England July 2014 - July 2015
13 August 2015	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to March 2015
13 August 2015	Finalised Patient Reported Outcome Measures (PROMs) in England - April 2013 to March 2014
20 August 2015	NHS Workforce Statistics - May 2015, Provisional Statistics
20 August 2015	NHS Sickness Absence Rates - April 2014, Provisional Statistics
20 August 2015	NHS Staff Earnings Estimates - May 2015, Provisional Statistics

21 August 2015	Learning Disability Services Monthly Statistics - Commissioner census (Assuring Transformation), July 2015, Experimental Statistics
25 August 2015	Mental Health and Learning Disabilities Statistics - Monthly report: Final May 2015 and Provisional June 2015
25 August 2015	Improving Access to Psychological Therapies Report - May Final and June Primary 2015
26 August 2015	Provisional Accident and Emergency Quality Indicators for England - May 2015, by provider
26 August 2015	Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2015 - May 2015; Special topic - Treatment of NHS patients in Non-NHS hospitals

Ad hoc

None presently scheduled.

September 2015

New releases

- Healthcare Workforce Statistics - March 2015, Experimental
- Female Genital Mutilation - April-June 2015, Experimental Statistics, Enhanced Dataset

Biennial

- Personal Social Services Survey of Adult Carers in England - 2014-15

Annual

- Dental Earnings and Expenses - 2013-14 Initial Analysis
- GP Earnings and Expenses - 2013-14
- Personal Social Services: Expenditure and Unit Costs, England - 2014-15, Provisional release [NS]
- NHS Payments to General Practice - England, 2014/15
- Investment in General Practice - 2010-11 to 2014-15, England, Wales, Northern Ireland and Scotland
- Psychological Therapies, Annual report on the use of IAPT services - England - 2014/15
- NHS Immunisation Statistics, England - 2014-15 [NS]
- Mental Capacity Act 2005, Deprivation of Liberty Safeguards Assessments (England) - 2014/15

Biannual

- Healthcare Workforce Statistics - March 2015, Experimental

Quarterly

- CCG Outcomes Indicator Set - September 2015 release
- CCG Prescribing Data - April to June 2015 Numbers of Patients Registered at a GP Practice - July 2015
- Female Genital Mutilation - April-June 2015, Experimental Statistics, Enhanced Dataset
- NHS Continuing Healthcare Activity - England, Quarter 1, 2015-16
- Statistics on Women's Smoking Status at Time of Delivery: England - Quarter 1, April 2015 to June 2015

Monthly

- HES-MHLD Data Linkage Report - Summary Statistics, May 2015
- Improving Access to Psychological Therapies Report - June Final and July Primary 2015
- Learning Disability Services Monthly Statistics - Commissioner census (Assuring Transformation), August 2015, Experimental Statistics
- Mental Health and Learning Disabilities Statistics - Monthly report: Final June 2015 and Provisional July 2015
- NHS Safety Thermometer Report - England August 2014 - August 2015
- NHS Sickness Absence Rates - May 2015, Provisional Statistics
- NHS Staff Earnings Estimates - Estimates to June 2015, Provisional statistics
- NHS Workforce Statistics - June 2015, Provisional Statistics
- Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2015 - June 2015
- Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2015
- Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to March 2015 - September 2015 Release
- Provisional Accident and Emergency Quality Indicators for England - June 2015, by provider

Ad hoc

None presently scheduled.

Clinical Audits

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

July 2015

None presently scheduled.

August 2015

None presently scheduled.

September 2015

AUDIT: National Head and Neck Cancer Audit (2014, DAHNO Tenth Annual Report)

User and Media Activity

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

Media Units are the total articles or other media coverage for example print, online articles or broadcasts for the publication. The totals in the table include all media units to 02 July 2015.

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

April 2015 Publications

Publication	Date	Unique page views	Media units
HES-DID Data Linkage Report - Provisional Summary Statistics, April 2014 to November 2014 (Experimental Statistics)	08/04/2015	108	
Prescription Cost Analysis, England - 2014 [NS]	08/04/2015	570	
NHS Safety Thermometer Report - England March 2014 - March 2015	08/04/2015	184	
Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2013 to March 2014 - April 2015 Release	09/04/2015	544	
Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to November 2014	09/04/2015	268	
HES-MHLD Data Linkage Report - Summary Statistics, December 2014	10/04/2015	98	
Compendium of Maternity Statistics - England, April 2015	14/04/2015	1060	9
CCG Prescribing Data - October to December 2014	14/04/2015	299	
Adult Critical Care in England - April 2013 - March 2014	15/04/2015	139	
Numbers of Patients Registered at a GP Practice - April 2015	16/04/2015	505	
Quarterly Improving Access to Psychological Therapies Data Set Reports, England - Final Q3 2014-15 summary statistics and related information, Experimental statistics	16/04/2015	406	
Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - April 2014 - March 2015	16/04/2015	471	
Mental Health and Learning Disabilities Statistics - Monthly report: Final January 2015 and Provisional February 2015	21/04/2015	445	
Improving Access to Psychological Therapies Report - January 2015 final	21/04/2015	396	

HSCIC Statistical Publications

Publication	Date	Unique page views	Media units
Provisional Accident and Emergency Quality Indicators for England - January 2015, by provider	22/04/2015	147	
Prescribing by Dentists, England - 2014	23/04/2015	357	
Statistics on NHS Stop Smoking Services in England - April 2014 to December 2014	23/04/2015	514	
Learning Disability Services Monthly Statistics - Commissioner census (Assuring Transformation), March 2015, Experimental Statistics	24/04/2015	144	
NHS Sickness Absence Rates - October 2014 to December 2014	28/04/2015	212	
NHS Staff Earnings Estimates - January 2015, Provisional statistics	28/04/2015	146	
NHS Workforce Statistics - January 2015, Provisional Statistics	28/04/2015	235	
Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation, England, October 2013 - September 2014	29/04/2015	254	
Female Genital Mutilation - March 2015, Experimental Statistics	30/04/2015	877	
Learning Disabilities Census Report - Further analysis: England, 30th of September 2014	30/04/2015	560	4

May 2015 Publications

Publication	Date	Unique page views	Media units
HES-MHLD Data Linkage Report - Summary Statistics, January 2015	01/05/2015	195	
NHS Safety Thermometer Report - England April 2014 - April 2015	06/05/2015	447	
HES-DID Data Linkage Report - Provisional Summary Statistics, April 2014 to December 2014 (Experimental Statistics)	08/05/2015	126	
Deprivation of Liberty Safeguards (DoLS) – Monthly Summary Statistics - Quarter 4 2014/15 (January-March)	12/05/2015	467	
Patient Reported Outcome Measures (PROMs) in England - Special Topic - 2012/13 Finalised data: Quality of Life and Health Gain	14/05/2015	203	
Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to December 2014	14/05/2015	394	
Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2013 to March 2014 - May 2015 Release	14/05/2015	937	
NHS Outcomes Framework indicators - May 2015 release	19/05/2015	305	
NICE Technology Appraisals in the NHS in England (Innovation Scorecard) - to September 2014, Experimental Statistics	19/05/2015	421	
Mental Health and Learning Disabilities Statistics - Monthly report: Final February 2015 and provisional March 2015	20/05/2015	694	
Improving Access to Psychological Therapies Report - February 2015 final	20/05/2015	676	
NHS Dental Statistics for England - 2014/15 Third Quarterly Report	21/05/2015	182	
NHS Staff Earnings Estimates - February 2015, Provisional Statistics	21/05/2015	102	
NHS Workforce Statistics - February 2015, Provisional statistics	21/05/2015	120	
NHS Sickness Absence Rates - January 2015, Provisional Statistics	21/05/2015	200	
Learning Disability Services Monthly Statistics - Commissioner census (Assuring Transformation), April 2015, Experimental Statistics	22/05/2015	204	
Learning Disability Services Quarterly Statistics - Commissioner census (Assuring Transformation), Q4 2014/15, Experimental Statistics	22/05/2015	247	
Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2014 - February 2015 (Special topic: Dog and other mammal bites)	28/05/2015	690	42

Publication	Date	Unique page views	Media units
Provisional Accident and Emergency Quality Indicators for England - February 2015, by provider	28/05/2015	163	
Statistics on Smoking, England - 2015 [NS]	29/05/2015	985	10

Actions Required of the Board

For information.

Board meeting – Public session

Title of paper:	Programme Definitions
Board meeting date:	15 July 2015
Agenda item no:	HSCIC 15 03 07 (c)
Paper presented by:	Carl Vincent, Director of Finance and Corporate Services
Paper prepared by:	John Willshere, Portfolio Director
Paper approved by: (Sponsor Director)	Carl Vincent, Director of Finance and Corporate Services
Purpose of the paper:	To provide the Board with a summary of each programme listed on the programme dashboards.
Key risks and issues:	
Patient/public interest:	The public interest is in ensuring the HSCIC manages its programmes in an effective way.
Actions required by the board:	For reference only.

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

P0207/00	Health & Justice Information Services	Health and Justice Information Services (HJIS) focuses on the future information services required to support the statutory responsibilities of NHS England (Health & Justice) in the direct provision and commissioning of healthcare for all places of detention, and Sexual Assault Referral Centres, in England.
P0037/00	Offender Health IT	To deploy a clinical system to all prisons in the South and London so that they can link up with existing deployment plans in NME to form a national network. The system chosen TPP SystmOne, provides a single patient record which is allowing patients information to be transferred when they are moved around the prison estate. Thus providing continuity of care and improving health care for prisoners as well as working environment for staff.
P0301/00	Female Genital Mutilation Prevention – Data and Systems Business Case Development	The objective of this document is to define and authorise the work package to produce a feasibility study on information collection and sharing by the NHS on Female Genital Mutilation (FGM). The work package will deliver an assessment of the feasibility of achieving the following objectives: - How can the NHS support the multi-agency objective of protecting and caring for those currently affected by, or at imminent risk of, FGM; - How can the NHS support the long term health education and health promotion components of a multi-agency strategy on the eradication of FGM An assessment of feasibility will be formulated in a final document which will contain a study investigating multiple options for achieving the objective. The options will consider those requirements, risks and benefits relevant to the objectives, starting from a 'do nothing' state, to one which fully addresses the obligations on the NHS and health care professionals as outlined in the multi-agency practice guidelines on FGM. All the options together will identify a common set of requirements, against which each individual option will be assessed. Each option will also specify the estimated resources, in terms of time, cost and materials, required to realise the option.
P0055/00	Maternity and Childrens Datasets	To collect and report on data for maternity, child health and adolescent mental health services.
P0372/00	Information Service for Parents at Point of Care	The HSCIC Cross-Government Programmes team has been asked to initiate and subsequently manage the delivery of a project to develop information sharing between maternity systems and a central repository owned by PHE. The project will facilitate PHE in providing an information service (high quality digital advice) at point of care (maternity) for new and expectant parents. This work is being commissioned, and funded, by PHE and aligns with the PHE Marketing Strategy (addressing key public health issues, increasing quality and cost-effectiveness and being evidence based) as well as being a direct ministerial requirement (Dan Poulter) to provide direct access to a coherent service at point of care for this patient group.
P0321/00	Pathfinders on DME (formerly Strategic Capability Platform (SCP) P1)	A public commitment has been made to extract primary care data from GP Systems in early 2014 and to link and disseminate that data in anonymised form from July 2014. This, along with other short term commitments associated with programmes, including care.data, results in a requirement for a new Interim Platform to meet the requirements of NHS England as Lead Commissioner ahead of any significant investment in the Strategic Capability Platform. The Strategic Capability is planned to be the platform that enables the HSCIC to carry out its statutory requirements for the processing and dissemination of data in a safe and secure environment.
P0010/00	Defence Medical Services (DMS)	Support Defence Medical Services to deliver the fully operating capability of their Personnel Care Record System Programme (DMICP). This includes integrating with the services and systems of the NHS, provision of relevant SME, skills and programme resource. In this context NHS systems include patient registration, staff authentication and patient choice together with activity related management information.