Agenda

Health and Social Care Information Centre Board

Agenda: Part 1 (Public Session)

08 June 2016 – 13:00 to 14:15

Venue: Hill / Diggory (ground floor), HSCIC, Trevelyan Square, Boar Lane, Leeds, LS1 6AE

Ref No	Agenda Item	Time	Presented By
HSCIC 16 02 01	**Chair's Introduction and Apologies (oral)**	13:00 – 13:05	Chair
HSCIC 16 02 02	**Declaration of Interests and minutes**	13:05 – 13:15	
	(a) Register of Interests (paper) – **for information**		Chair
	(b) Minutes of Board Meeting on 04 May 2016 (paper) – **to ratify**		
	(c) Matters Arising (oral) – **for comment**		
	(d) Progress on Action Points (paper) – **for information**		
HSCIC 16 02 03	**Business and Performance Reporting**	13:15 – 13:45	
	(a) Board Performance Pack (paper) – **for information**		CEO
	(b) Annual Report and Statutory Accounts 2015-16 (paper) – **for approval**		Director of Finance and Corporate Services
HSCIC 16 02 04	**Transparency and Governance**	13:45 – 14:10	
	(a) Committee Reports: i. Annual Assurance and Risk Committee (ARC) Report (paper) ii. Information Assurance and Cyber Security Committee (IACSC): 03 May 2016 (oral)		 Committee Chair Committee Chair
	(b) Board Forward Business Schedule 2016-17 (paper) – **for information**		Chair
HSCIC 16 02 05	**Any other Business** (subject to prior agreement with Chair)	14:10 – 14:15	Chair
HSCIC 16 02 06	**Background Paper(s)** (for information only)		
	(a) External Information Management Strategy (paper) - **for information**		
	(b) NHS England Diagnostic Imaging Dataset Directions (paper) – **for information**		
	(c) Data Access Sharing Requests Update (paper) – **for information**		
	(d) Forthcoming Statistical Publications (paper) – **for information**		
	(e) Programme Definitions (paper) – **for reference**		

Date of next meeting 07 September 2016 – The Wesley, Euston House, 81-103 Euston Street, London

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Board meeting – Public session

Title of paper:	**HSCIC Board Members Register of Interests**
Board meeting date:	08 June 2016
Agenda item no:	HSCIC 16 02 02 a (P1)
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:	Corporate Governance Transparency and Openness
Actions required by the board:	For information

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HSCIC Board Register of Interests 2016-17

Name	Declared Interest
Non-Executive Directors	
Noel Gordon: Chair	• NHS England Non-Executive Director • Pay Services Regulator (PSR) Non-Executive Director **Other Offices:** • Allen International – Non Executive Director • Uservoice.org - Chair of Trustees • AgeUK Development Board – Board Member • University of Warwick – Member of the Audit Committee • Advisory Committee, Accelerated Access Review - Member • Aleron – Senior Advisor **Shareholdings:** • Accenture
Sir Ian Andrews: Non-Executive Director Senior Independent 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
Dr Sarah Blackburn: Non-Executive Director	• Director - The Wayside Network Limited • Director - IIA[3] Inc (until 20th July 2016) • Independent member of the Management Board, RICS[4] **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:

[1] King's College London
[2] Computer Sciences Corporation
[3] The Institute of Internal Auditors
[4] Royal Institution of Chartered Surveyors

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Name	Declared Interest
	• a contract to supply GP and primary care nursing services to Avon and Wiltshire NHS Partnership • a zero hours contract with the Chartered Institute of Internal Auditors to provide an External Quality Assessment Reviewer and a viva voce examiner **Shareholdings:** • 50% of The Wayside Network Limited
Sir John Chisholm: Non-Executive Director	• Executive Chair – Genomics England Ltd. • Director – 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 Vice-Chair	**Other Offices:** • Chair - Clinical Priorities Advisory Group, NHS England • Deputy Chair - UK Clinical Research Collaboration • Deputy Chair - Sexual Health Forum, DH
Executive Directors	
Andy Williams: Chief Executive Officer (CEO)	• None
Rachael Allsop: Director of Workforce	• None
Rob Shaw: Chief Operating Officer	• None
Carl Vincent: Executive Director of Finance and Corporate Services	• None

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Name	Declared Interest
Executive Management Team Directors	
Beverley Bryant: Director of Digital Transformation	**Contracts held in last two years:** • Director of Digital Technology, NHS England (until 31 May 2015) **Other relevant interests:** • Silent Partner – Wildtrack Telemetry Systems Limited
Tom Denwood: National Provider Support and Integration 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	• Parent Governor at St Peters Church of England Primary School, Harrogate
Isabel Hunt: Director of Customer Relations	• Trustee, Thackray Medical Museum (Leeds) • Director - Barry Wades Estates Ltd
Professor Martin Severs: Interim Director of Information and Analytics, Medical Director and Caldicott Guardian	• Trustee of Dunhill Medical Trust, a research charity • Professor of Health Care for Older People with University of Portsmouth (Honorary) **Other Offices:** • Member of National Data Panel **Other relevant interests:** • Member of Royal College of Physicians, British Geriatrics Society, the Faculty of Public Health Medicine and British Medical Associates.
Linda Whalley: Director of Policy and Strategy	• None
Director of Information and Analytics	• Vacancy

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Minutes of Board Meeting – Wednesday 04 May 2016

Part 1 - Public Session

Present:

Non-Executive Director (Chair)	Kingsley Manning
Non-Executive Director	Sir Nick Partridge
Non-Executive Director	Sir John Chisholm
Non-Executive Director	Prof. Maria Goddard
Non-Executive Director	Dr Sarah Blackburn
Chief Executive Officer	Andy Williams
Director of Workforce	Rachael Allsop
Chief Operating Officer	Rob Shaw
Director of Finance and Corporate Services	Carl Vincent

In attendance:

National Provider Support and Integration Director	Tom Denwood
Director Of Programmes	James Hawkins
Director of Customer Relations	Isabel Hunt
Interim Director of Information and Analytics, Medical Director and Caldicott Guardian	Prof. Martin Severs
Director of Strategy and Policy	Linda Whalley
Secretary to the Board	Annabelle McGuire

1. **Chair's Introduction and Apologies** HSCIC 16 01 01

1.1 The Chair convened a meeting of the HSCIC Board.

1.2 Sir Ian Andrews Non-Executive Director had registered his apologies.

2. **Declaration of Interests and Minutes** HSCIC 16 01 02

2.1 (a) Register of Interest (paper): HSCIC 16 01 02 (a)

The Board agreed the register of interests was correct.

Dr Sarah Blackburn Non-Executive Director and Prof. Martin Severs Interim Director of Information and Analytics, Medical Director and Caldicott Guardian both stated they needed to submit updated declarations of interest.

2.2 (b) Minutes of Board Meeting on 30 March 2016 (paper): HSCIC 16 01 02 (b)

The Board ratified the minutes of the meeting on 30 March 2016 as correct.

2.3 (c) Matters Arising (oral): HSCIC 16 01 02 (c)

The following matters arising were discussed:

- The Chair noted that a notification had been received to correct a March Board paper from the National Data Guardian's Office. The Board paper states that she will provide advice on the precise wording for a new model of consents and opt outs to be used by the care.data programme, which is so vital for the future NHS. Whilst the early Department of Health (DH) press release stated that the work was for the care.data programme, on 18 September 2015 there was a change to state she will provide advice on the wording for a new model of consents and opt outs, to enable patients to make an informed decision about how their data will be shared. The Board noted the correction.
- The Interim Director of Information and Analytics, Medical Director and Caldicott Guardian said the Independent Group advising on the Release of Data (IGARD) Chair position was progressing. He confirmed that the reporting structure of IGARD might change following the publication of the National Data Guardians report.
- The Board noted the appointment of Noel Gordon as Chair of the HSCIC effective as of 01 June 2016. The Board observed that Noel Gordon would continue to be a Non-Executive Director on NHS England's Board.
- The Board noted the name change of the HSCIC to NHS Digital.

2.4 (d) Progress on Action Points (paper): HSCIC 16 01 02 (d)

The Board noted the progress on action points resulting from the previous meetings.

3. **Business and Performance Reporting** HSCIC 16 01 03

3.1 (a) Board Performance Pack (paper): HSCIC 16 01 03 (a)

The Chief Executive Officer presented this item. The purpose was to provide the Board with a summary of performance in March 2016. He highlighted the main aspects for the Board's attention. He highlighted the newly introduced benefits reporting on Programme Achievement.

In respect to IT Service Performance the number of high severity incidents had increased, which was due to the now addressed issues in respect to Lorenzo and the current NHS Mail system that was in the process of replacement.

The Director of Workforce provided an update on the organisations transformation, in particular staff responses. The CEO spoke about the financial underspend, which was in large part was due to lower than forecasted recruitment. The Board noted the contents of the Board Performance Pack.

3.2 (b) Data Release Audit Annual Report 2015-16 (paper): HSCIC 16 01 03 (b)

The interim Director of Information and Analytics, Medical Director and Caldicott Guardian, presented this item. The purpose was to provide the Board with an update on data sharing audits, which included an options appraisal in respect to the correct number of annual audits. Data sharing audits are a means of ensuring recipients of confidential information supplied by the HSCIC handle those data correctly. The overall strategy was to improve data sharing whilst maintaining public trust.

The Board noted the update and provided their views on the appropriate number of annual audits. The consensus was a three-year overall average for each organisation. The Board agreed they did not want to make auditing a deterrent to smaller organisations.

The Board requested sight of the mechanism for undertaking the audits and consequential funding options in an appropriate timescale.

Action: Interim Director of Information and Analytics, Medical Director and Caldicott Guardian

4. **Supporting the Health and Social Care System** HSCIC 16 01 04

4.1 (a) Approach to fulfilling HSCIC Statutory Duty regarding Burden Advice (paper): HSCIC 16 01 04 (a)

The interim Director of Information and Analytics, Medical Director and Caldicott Guardian, presented this item. The purpose was to provide the Board with an approach to handle the statutory request from the Secretary of State for Health for advice on minimising the burden of data collections on health and care. He informed the Board of the HSCIC's statutory duties for seeking to minimise administrative burden imposed on the health and care system in England, and the timeline for the organisations response.

The Board requested sight of a policy intent decision in an appropriate timescale.

Action: Interim Director of Information and Analytics, Medical Director and Caldicott Guardian

4.2 (b) Department of Health Directions to the HSCIC to process Type 2 Objections and Information Commissioners Office (ICO) Undertaking (paper): HSCIC 16 01 04 (b)

The interim Director of Information and Analytics, Medical Director and Caldicott Guardian, presented this item. The purpose was to ratify the Chair's Action on the Directions and the ICO Undertaking. The Board noted that the Chair's Action had been undertaken following advice from the DH in the context of the wider health and care system. The Board ratified the Chair's action in respect to the Directions and the ICO Undertaking.

The Board requested that the CEO correspond with senior stakeholders in respect to the implementation timetable.

Action: CEO

The Board noted the recent publicity about a release of NHS data by the Royal Free Hospital (London). The interim Director of Information and Analytics, Medical Director and Caldicott Guardian confirmed that the HSCIC is not involved in the release of these data. However, the event raises some significant issues that are of interest to the HSCIC, and of relevance to the National Data Guardian's work on public trust and

handling of patient objections for data sharing. The Board requested the interim Director of Information and Analytics, Medical Director and Caldicott Guardian should discuss the matter with the Royal Free Hospital and report back to the Chair on any specific issues that require the HSCIC to take action within two weeks.

Action: Interim Director of Information and Analytics, Medical Director and Caldicott Guardian

The Board requested sight of a progress update in respect to the ICO Undertaking in an appropriate timescale.

Action: Interim Director of Information and Analytics, Medical Director and Caldicott Guardian

The Chair expressed on behalf of the Board thanks to the HSCIC team and the ICO for their input in resolving this matter.

5 **Transparency and Governance** HSCIC 16 01 05

5.1 (a) Annual Review of Board Effectiveness Report 2015-16 (paper): HSCIC 16 01 05 (a)

The Vice-Chair presented this item. The purpose was to provide the Board with a summary of the review of Board effectiveness 2015-16. He thanked the Board for their contributions. He highlighted the scale of the transformational challenge as being a major influencing factor.

The Board noted the mitigation of risks in respect to the effective work of the Remuneration Committee, and that consideration of benching marking outside stakeholder Arm's Length Bodies might be beneficial. The Board agreed the actions and noted the first review point would be in July 2016.

5.2 (b)Board Forward Business Schedule 2016-17 (paper): HSCIC 16 01 05 (b)

The Board noted the Board forward business schedule.

6 **Any Other Business (subject to prior agreement with chair):** HSCIC 16 01 06

The Chair introduced this item.

- The Director of Customer Relations advised the Board that at the end of May there is to be a launch of a private Beta of the new corporate web site. She noted the alignment to the identity change, branded NHS Digital. She invited the Non-Executive Directors to be part of the user group to view and comment on the site.
- As this was his last Board meeting, the Chair thanked the Secretary to the Board and her team for their efficient administration of the Board meetings during his tenure.
- The Chair thanked the Non-Executive Directors for their significant input whilst he had been Chair of the organisation.
- The Vice-Chair thanked the Chair on behalf of the Board for his hard work and contributions and wished him all the best for the future.

7 **Background Papers (for information)** HSCIC 16 01 07

7.1 (a) Forthcoming Statistical Publications (paper): HSCIC 16 01 07 (a)

The Board noted this paper for information.

7.2 (b) Programme Definitions (paper): HSCIC 16 01 07 (b)

The Board noted this paper for information.

8 **Date of Next Meeting**

8.1 The next statutory Board meeting would take place on Wednesday 08 June 2016.

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

Table of Actions:

Action	Action Owner
Data Release Audits: The Board requested sight of the mechanism for undertaking the audits and consequential funding options in an appropriate timescale.	**Interim Director of Information and Analytics, Medical Director and Caldicott Guardian**
Approach to fulfilling HSCIC Statutory Duty regarding Burden Advice: The Board requested sight of a policy intent decision in an appropriate timescale.	**Interim Director of Information and Analytics, Medical Director and Caldicott Guardian**
Department of Health Directions to the HSCIC to process Type 2 Objections and Information Commissioners Office (ICO) Undertaking: The Board requested that the CEO correspond with senior stakeholders in respect to the implementation timetable.	**CEO**
The Board noted the recent publicity about a release of NHS data by the Royal Free Hospital (London). The interim Director of Information and Analytics, Medical Director and Caldicott Guardian confirmed that the HSCIC is not involved in the release of these data. However, the event raises some significant issues that are of interest to the HSCIC, and of relevance to the National Data Guardian's work on public trust and handling of patient objections for data sharing. The Board requested the interim Director of Information and Analytics, Medical Director and Caldicott Guardian should discuss the matter with the Royal Free Hospital and report back to the Chair on any specific issues that require the HSCIC to take action within two weeks.	**Interim Director of Information and Analytics, Medical Director and Caldicott Guardian**
The Board requested sight of a progress update in respect to the ICO Undertaking in an appropriate timescale.	**Interim Director of Information and Analytics, Medical Director and Caldicott Guardian**

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

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Board meeting – Public session

Title of paper:	**Update on action points from the previous meeting**
Board meeting date:	08 June 2016
Agenda item no:	HSCIC 16 02 02 d (P1)
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

Summary of progress against Board meeting actions

✓ = completed
c/f = on-going

Status	Summary of Action	Commentary	Responsible Director	For Information Only
✓	Action carried forward from 30 March Board meeting: eMED3 Direction Fit Note Aggregated Issues Report: At the request of the Board, a supplier would receive correspondence from the Chair to outline areas that need addressing.	As indicated in the paper eMED3 Fit Notes Data Extract (point 3.3), presented to the HSCIC Board on the 30 March 2016, discussions were being held with the fourth supplier aiming to reduce their proposed delivery date of August 2016. On 22 April, the supplier confirmed they agree to the change control notice (CCN), bringing them in-line with the required deadline of July 2016.	**Director of Programmes**	Yes
c/f	Data Release Audits: The Board requested sight of the mechanism for undertaking the audits and consequential funding options in an appropriate timescale.	A high level milestone plan has been created with initial contact to be made with NED Sarah Blackburn and NED Maria Goddard in June. The plan currently has an end date of September which takes into account submission through internal operational governance processes.	**Interim Director of Information and Analytics, Medical Director and Caldicott Guardian**	Yes
c/f	Approach to fulfilling HSCIC Statutory Duty regarding Burden Advice: The Board requested sight of a policy intent decision in an appropriate timescale.	This is scheduled for the Board Business meeting on 27 July 2016	**Interim Director of Information and Analytics, Medical Director and Caldicott Guardian**	Yes

Status	Summary of Action	Commentary	Responsible Director	For Information Only
✓	Department of Health Directions to the HSCIC to process Type 2 Objections and Information Commissioners Office (ICO) Undertaking: The Board requested that the CEO correspond with senior stakeholders in respect to the implementation timetable.	The letters to NHS England and Public Health England were issued on 25 May.	**CEO**	Yes
✓	The Board noted the recent publicity about a release of NHS data by the Royal Free Hospital (London). The interim Director of Information and Analytics, Medical Director and Caldicott Guardian confirmed that the HSCIC is not involved in the release of these data. However, the event raises some significant issues that are of interest to the HSCIC, and of relevance to the National Data Guardian's work on public trust and handling of patient objections for data sharing. The Board requested the interim Director of Information and Analytics, Medical Director and Caldicott Guardian should discuss the matter with the Royal Free Hospital and report back to the Chair on any specific issues that require the HSCIC to take action within two weeks.	The Interim Director of Information and Analytics, Medical Director and Caldicott Guardian spoke with the Caldicott Guardian at the Royal Free Hospital and wrote to the HSCIC Chair on 06 May 2016.	**Interim Director of Information and Analytics, Medical Director and Caldicott Guardian**	Yes
✓	The Board requested sight of a progress update in respect to the ICO Undertaking in an appropriate timescale.	This is scheduled for the part 2 session of the 08 June Board meeting and future Board meetings	**Interim Director of Information and Analytics, Medical Director and Caldicott Guardian**	Yes

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Board meeting – Public session

Title of paper:	**HSCIC Board Performance Pack (public)**
Board meeting date:	08 June 2016
Agenda item no:	HSCIC 16 02 03 a (P1)
Paper presented by:	Carl Vincent Director of Finance and Corporate services
Paper prepared by:	John Willshere Portfolio Director
Paper approved by:	Carl Vincent Director of Finance and Corporate services
Purpose of the paper:	To provide the Board with a summary of performance in April 2016.
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

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Board Performance Pack

April 2016 Data

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

Contents

HSCIC Performance Summary

The Performance Pack this month is a slimmer version, due to:

1. No Finance Reporting: finance information is not reported until Month 2 onwards. This affects the HSCIC Financial Management KPI pages.

Programme Achievement is reported as AMBER/GREEN. Across all reported programmes overall delivery confidence was 67.1%. One programme was rated as RED for overall delivery confidence (Child Protection - Information Sharing). A set of benefits data is reported on the Programmes Achievement page, showing cost and benefits variance from the baselines set out in approved business cases for a specfic set of programmes. Further work is required to validate the benefits data reported by each programme.

IT Service Performance is reported as RED, primarily due to two outages affecting the Atos GPET-Q service which serves the GP Extraction Service. Overall, 96.6% of services (56 out of 58) achieved their availability target. 87.9% (29 out of 33) of High Severity Service Incidents (HSSIs) were resolved within the target fix time. 75% of services (12 out of 16) achieved their response time target. CSC Lorenzo continues to have performance issues, with 15 HSSIs logged against this system during April.

Organisational Health is AMBER overall although there have been further improvements. Compliance with mandatory training remains at 93%, which is above the target. There has been improvement in the proportion of new starters engaging in the induction training programme, although this is still well below target. The continuing focus on sickness has resulted in a further reduction in overall absence, although short-term absence has gone up marginally (0.1%). Net movement is again negative as a result of MARS exits. There has been a significant improvement in time to hire, representing the second highest performance to date. Turnover is within target for the first time since June last year. PDR completion has dropped but is expected to improve as year end appraisals take place.

Data Quality is reported as GREEN as all of the datasets currently in scope meet the planned requirements in terms of data quality methodologies and published assessments. HSCIC has now published the first version of the Data Quality Maturity Index which reports on data quality across the health sector. Information from this index will be used to infrom future versions of the Data Quality KPI.

Performance This Period

Performance Tracker: Rolling 12 months

Performance Indicator	Owner	Current Period	Current Forecast	Previous Forecast	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Programme Achievement	James Hawkins	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G
IT Service Performance	Rob Shaw	R	G	G	G	G	G	A	G	G	G	G	G	G	G	R
Organisational Health	Rachael Allsop	A	G	A	A	A	A	A	A	G	G	A	A	A	A	A
Data Quality	Martin Severs	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G

KPI	Programme Achievement
KPI Owner	James Hawkins

Previous RAG	68.5%	A/G
Current RAG	67.1%	A/G
1 Month Future Forecast RAG	67.5%	A/G
2 Month Future Forecast RAG	70.8%	A/G
3 Month Future Forecast RAG	76.7%	A/G

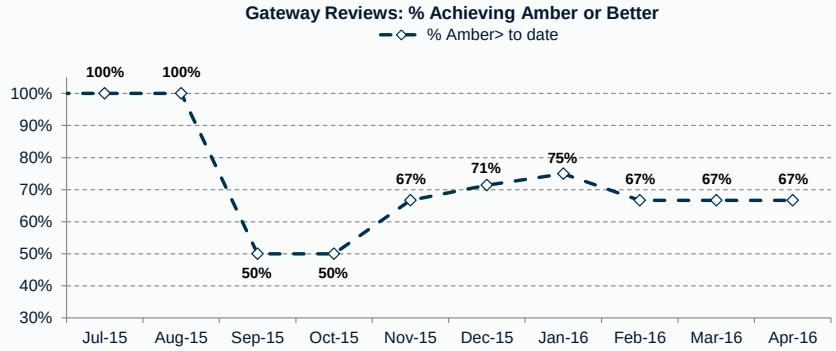
Based on **April 2016** Highlight Reports

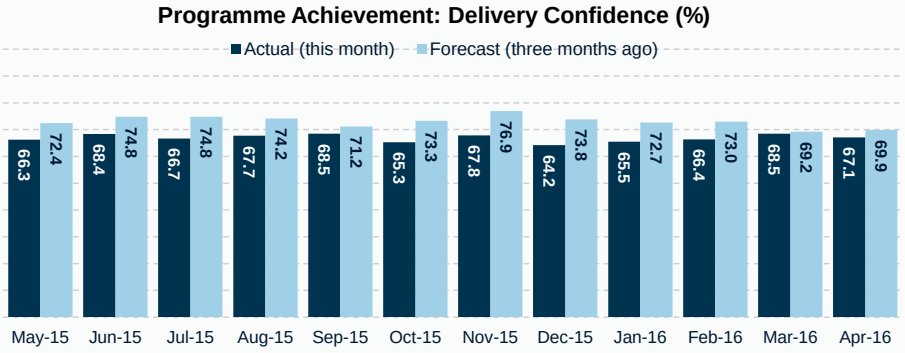
Overall delivery confidence for April is 67.1% (AMBER GREEN).

RAG Distribution:
One programme is rated as RED for overall delivery confidence: CP-IS reported as RED for the second consecutive month (and note that CP-IS also reports RED for progress in meeting risk mitigations)

3 projects and programmes reported a GREEN delivery confidence : Spine 2, NHS Choices, and Summary Care Record.

BT LSP (P0047) and Information Service for Parents (P0372) were closed in March and are no longer included in the Programme Achievement KPI.





Gateway Reviews

The chart above shows the percentage of Gateway Reviews achieving an outcome of amber or better as a rolling percentage.

11 Gateway Reviews were carried out between May 2015 and April 2016. However, two scores for the gateway reviews carried out in April 2016 (care.data and NDSD) are yet to be confirmed to the Portfolio Office, and so the above chart captures only 9 of the 11 completed reviews. Once these scores are confirmed the chart will be updated.

Benefits Reporting

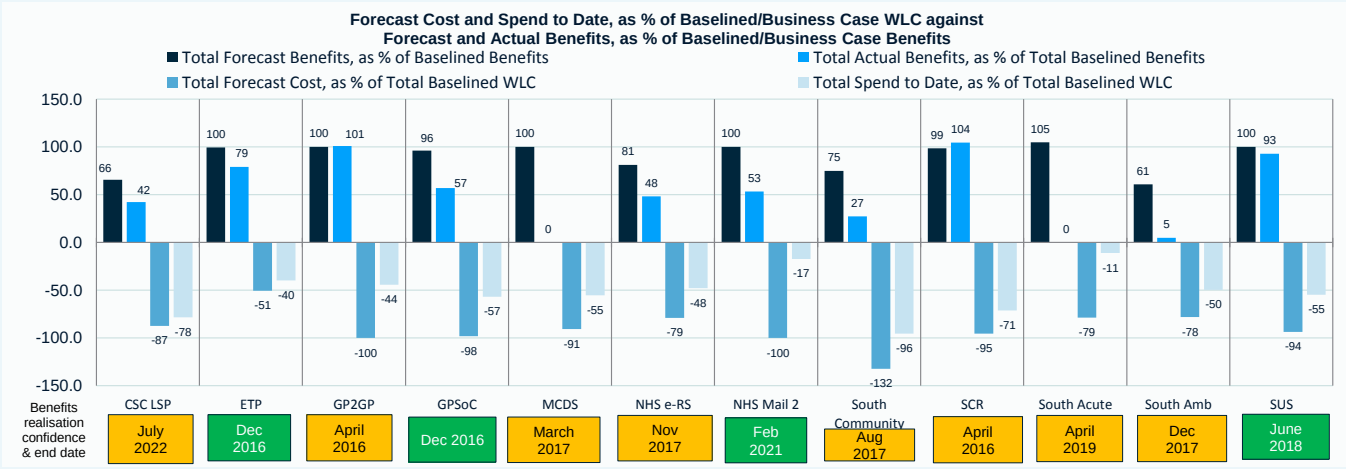
In April:
Average forecast cost as % of baselined Business Case Whole Life Cost = **90.3%**;

Average spend to date, as % of baselined Business Case Whole Life Cost = **51.8%**;

Average forecast benefits, as % of baselined Business Case Benefits = **90.1%**;

Average actual benefits realised to date, as % of baselined Business Case Benefits = **50.9%**.

Criteria for inclusion: the Portfolio Office is in receipt of a Highlight Report in which benefits data is reported. Further work is required to validate the reported benefits data.



KPI	**IT Service Performance**
KPI Owner	**Rob Shaw**

Previous RAG	G
Current RAG	R
Forecast RAG	G

Availability: 56 out of 58 services (96.6%) measured achieved their average availability target in April.

The **Atos GPET-Q** service (serving the GP Extraction Service programme) failed its availability target at a critical level due to two outages, resulting in an overall RED status for this KPI. The first outage related to a failed workflow process which delayed the sending of messages from GPET-Q. The second related to GPET-Q being unable to refer data to customers (NHS England, Public Health England, HSCIC Primary Care Domain), due to an issue with Atos' workflow management application. The root cause of both outages was under investigation at the time of report production.

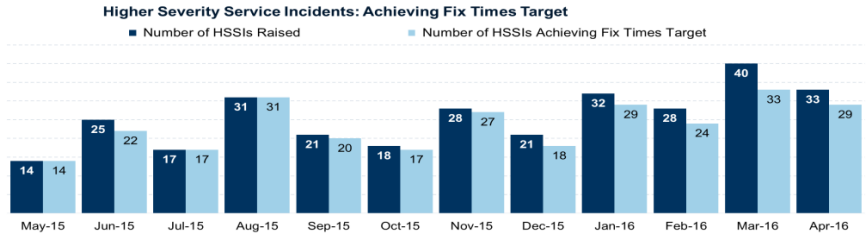
CSC NME's Lorenzo service failed its availability target at a non-critical level due to a number of SQL procedures performing inefficiently, causing bottlenecks or degraded performance throughout the month. Note that while Lorenzo availability is reported as failing at a non-critical level in April, at the time of report production this was in dispute and is subject to change.

Fix Times: There were 33 High Severity Service Incidents (HSSIs) in April 2016, seven fewer than in March but higher than the 12-month average of 26. Six HSSIs were logged as security incidents and nine as clinical safety incidents. Of the 33 HSSIs, 29 met their fix-time target (87.9%).

4 of the 33 HSSIs failed their fix time target. CSC NME failed its Lorenzo fix time target for one Severity 1 incident and one Severity 2 incident. The Severity 1 breach related to Lorenzo performance issues at Tameside General Hospital on 1 April. This HSSI took 2 hours and 25 minutes to fix against a target of 2 hours. The Severity 2 breach related to information missing from clinical notes in Lorenzo at Furness General Hospital. This HSSI was initially logged on 09 March but wasn't resolved until 08 April, taking 562 hours and 6 minutes to fix against a target of 4 hours. The extended fix time was due to the complexity of the investigations required to replicate the issue and then deploy the fix. Root cause analysis for both failures is ongoing, and at the time of report production a number of improvements have been implemented. Note that 15 HSSIs in April (3 at Severity 1, 12 at Severity 2 HSSIs) were logged against CSC NME's Lorenzo service.

Atos GPET-Q failed its fix time target for two Severity 2 HSSIs. Both relate to the outages referenced in the above section on Availability.

The Severity 2 incidents were a mixture of performance and clinical safety incidents. The performance incidents are being dealt with by the CSC Red team. The clinical safety incidents were subject to tactical fixes which have been or will be developed by CSC. CSC and Microsoft continue to monitor performance and make a number of changes to existing stored procedures.



Response Times:

12 out of 16 services (75%) reported against achieved or exceeded their Response Times target.

The Calculating Quality Reporting Service (CQRS) service experienced a repeat failure at a critical level on Message Type 2a and a further repeat non-critical failure against Message Type 4.

Message Type (MT) 2a has not displayed the performance that was expected following the revised components for measurement. The suppliers - GDIT - are fast tracking a number of changes to improve performance in specific areas that continue to not meet the required performance levels.

The repeat MT4 breach was caused by a long running report. GDIT identified a possible cause for the long running and have subsequently increased the amount of space available in the temporary tables used to build the reports. However, it is possible for users to select a significant amount of data which does take a long time to compile. Further investigations into the business need and possible controls around the ability to select such data are underway.

Response Times for CSC NME's iPM Non-Acute service failed at a critical level against Transaction Type (TT) 5 on the iPM510 (Derbyshire) Instance.

Response Times for CSC NME's Lorenzo service also failed at a critical level against TT4 on the LOR5101 (North West) Instance, against TT1, 2 and 3 for the ORMIS service on the DPS53J (University Hospital of South Manchester NHS Trust) Instance and against TT1 and 3 on the DPS52H (South Warwickshire Foundation Trust).

At the time of report production (12 May) root cause analysis is ongoing for these CSC NME failures.

Incidents of note outside the reporting period:

Since the reporting period of April 2016, the following noteworthy HSSIs have been reported:

03/05/2016 - N3 - National impact on connectivity to multiple services, including users on services such as Lorenzo, GPSoC and any services reliant on Spine Authentication.

05/05/2016 - NHS e-Referral Service - Errors were discovered during work to extend storage allocation and as a result the eRS application was unavailable between 21:45 - 07:40 as a result of work being carried out to fix the issue.

Forecast: it is forecast that a GREEN RAG status will be achieved in May 2016.

Performance Indicators	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
No. of Services achieving Availability target	68	75	63	64	65	63	59	57	56	56	56	56
No. of Services breaching Availability target, but not to a critical level	0	1	3	1	0	0	0	1	0	1	1	1
No. of Services breaching Availability target at a critical level	0	0	0	0	0	0	0	1	0	0	0	1
Total No. of Services measured for Availability Performance >>>>	68	76	66	65	65	63	59	59	56	57	57	58
No. of Services achieving Response Times target	23	24	22	22	22	19	16	16	15	14	14	12
No. of Services breaching Response Times target, but not to a critical level	1	1	1	0	0	0	1	1	2	0	0	0
No. of Services breaching Response Times target at a critical level	1	2	2	2	2	4	1	1	1	4	4	4
Total No. of Services measured for Response Times Performance >>>>	25	27	25	24	24	23	18	18	18	18	18	16
Total number of Higher Severity Service Incidents (HSSIs)	14	25	17	31	21	18	28	21	32	28	40	33
Total number of HSSIs achieving Fix Times target	14	22	17	31	20	17	27	18	29	24	33	29
% HSSIs achieving Fix Times target	100%	88%	100%	100%	95%	94%	96%	86%	91%	86%	83%	88%

Caveats:

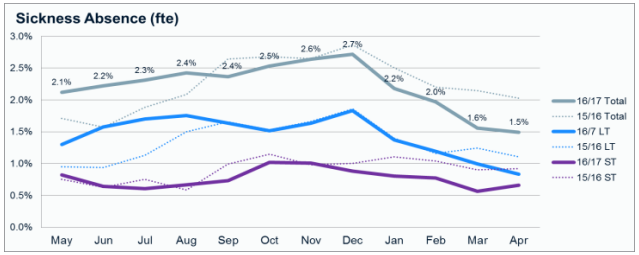
Current month's Response Time achievement for the NHSmail and ESG (Email Security Gateway) services is yet to be received at the time of report production. Data to be included in next month's KPI.
All data in this report is unverified and subject to change, as none of it has yet been through Service Reviews with Suppliers.

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

Overall Position: Further improvements are reported for April but still AMBER overall. Compliance with mandatory training remains at 93%, which is above the target. There has been improvement in the proportion of new starters engaging in the induction training programme, although this is still well below target. The continuing focus on sickness has resulted in a further reduction in overall absence, although short-term absence has gone up marginally (0.1%). Net movement is again negative as a result of MARS exits; the underlying trend would have shown a net increase of 12 against a slow-down in the rate of recruitment as the resource management model starts to bed in and the business takes stock of its requirements. There has been significant improvement in time to hire: the second highest performance to date. Turnover is within target for the first time since June last year. PDR completion has dropped but is expected to improve as year end appraisals take place.

Previous	A
Current	A
Forecast	G

Summary Table	Target	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Engagement Score	>=70			73					75				
Engagement Actions Completed	>=90%	90%	95%	96%	99%	96%	96%	N/A	N/A	N/A	N/A	N/A	N/A
PDR Completion	>=90%	38%	87%	89%	89%	91%	12%	87%	90%	90%	90%	90%	80%
Annual Training Spend / Head	£275/Year	-	£37	£96	£161	£192	£206	£228	£325	£352	£395	£518	-
12 Month Average Sickness Absence%	<=3%	1.9%	1.8%	1.8%	2.0%	2.3%	2.3%	2.3%	2.3%	2.3%	2.3%	2.3%	2.3%
Mandatory Training - All Staff (composite)	>=90%	#	#	#	#	#	#	#	45%	76%	89%	93%	93%
Mandatory Training - New Starters (composite)	>=90%	#	#	#	#	#	#	#	#	#	52%	50%	61%
Time to Hire - In post	>=70	70	69	60	54	64	62	62	69	69	72	78	56
Turnover	9% - 11%	11%	9%	8%	8%	8%	8%	8%	8%	8%	8%	8%	11%
Net Monthly Movement	TBC	8	33	45	12	3	11	43	12	28	-2	-13	-55



Engagement

- The action plan to track progress on the Corporate Response and to secure broader engagement in identifying and implementing actions within professional groups has been drafted. It will be submitted to the Workforce Board on 20th May and rolled out shortly thereafter.
- A steering group involving communications, HR and other interested parties is being established to consider options for the 2016 staff survey and a proposal will be presented to the Workforce Board in Q2.

Training and Development

Training Days *(Civil Service Learning)*

- An average of 0.14 training days per person was reported to have been booked this year on CSL at the end of April

Mandatory Training *(For staff who have joined the HSCIC in last three months)*

- Corporate Induction event 54% / Online Induction access 68%. (*Percentage increase this month is due to the start of automatic email reminders to all new staff that are not compliant and the 3 month window being used instead of 6 month).*

Mandatory Training *(For All Staff)*

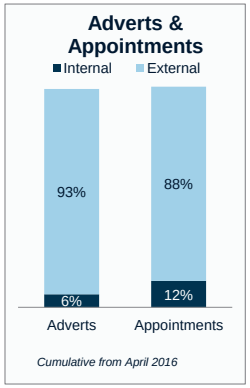
- Fire Safety compliance score: 88.2%
- Information Security compliance score: 97%
- Information Governance compliance score: 95%
- PDR Monitoring is now reported on a rolling 6 month basis

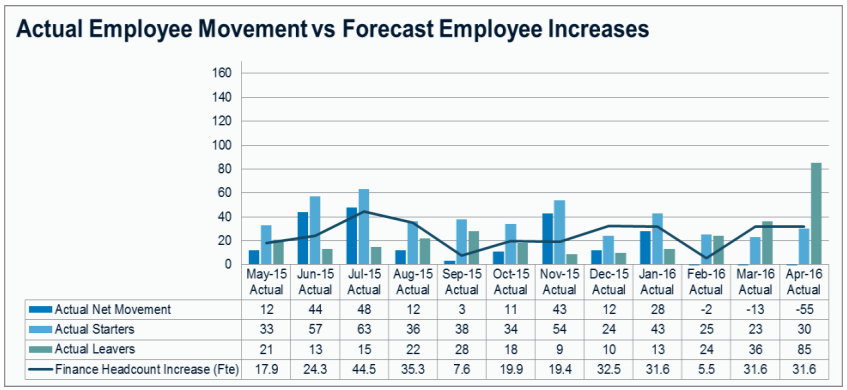
Sickness Absence

- The graph above shows the actual absence in month. Whilst short-term absence has increased marginally, there is a net reduction in absence due to a bigger reduction in long-term absence.
- The 12-month rolling average absence rate remains stable.

Growing Talent Summary	Final position, cumulative 15/16	Projected placements for 16/17	Appointments 16/17 to date
Work Experience Unpaid work shadowing up to 2 weeks	6	8	0
Apprenticeship Paid training role against framework/standard	7	63	1
Internship Paid 8 week placement	18	10	0
Graduate rotational training scheme Paid 2 year high potential training scheme	9	30	0

Recruitment Summary		
Live Campaigns	% Total Time	Working Days
Advertising	approval to advert	
14	2.1%	1.95
Selection	advert to outcome	
47	59.3%	56.10
Appointment	outcome to checks	
20	22.2%	21.05
	checks to agreed start date	
	16.4%	15.57





	May-15 Actual	Jun-15 Actual	Jul-15 Actual	Aug-15 Actual	Sep-15 Actual	Oct-15 Actual	Nov-15 Actual	Dec-15 Actual	Jan-16 Actual	Feb-16 Actual	Mar-16 Actual	Apr-16 Actual
Actual Net Movement	12	44	48	12	3	11	43	12	28	-2	-13	-55
Actual Starters	33	57	63	36	38	34	54	24	43	25	23	30
Actual Leavers	21	13	15	22	28	18	9	10	13	24	36	85
Finance Headcount Increase (Fte)	17.9	24.3	44.5	35.3	7.6	19.9	19.4	32.5	31.6	5.5	31.6	31.6

Attracting and Growing Talent

- We have revised our projected numbers of Graduate trainees to be more ambitious and aim to increase our intake this year to approximately 30 trainees. The first round of assessment centres will be held in June where 35 shortlisted candidates have been invited to attend. We are now carrying out some additional targeted marketing of the opportunities to encourage further applications, specifically from graduates interested in pursuing a career in IT.
- An advert for our summer internship scheme is now live - this is targeted at IT and Commercial students in recognition of our ongoing recruitment difficulties at both graduate and experienced professional level.
- In April we attended Leeds University careers fair along with representatives from the Digital Delivery Centre showcasing the Spine project. We are now working with Communications colleagues to produce materials ready for the transition to NHS Digital this summer.
- HR will be working with Heads of Profession to confirm a plan to meet their respective apprenticeship target.

Recruitment

- In line with the new Operating Model effective 1 April, Heads of Profession are approving all new recruitment requests and appointments to vacancies within their respective profession.
- Time to hire in April averaged 56 days to start date which is a considerable improvement on last month.
- Recruitment activity is slowing with 26 adverts placed in April - this is the lowest monthly figure over the past 12 months.

Net Movement

- Current headcount is 2772, which includes staff seconded into the organisation.
- 67 of the 85 leavers in April left under MARS.
- High number of leavers in April meant that the headcount of the organisation reduced by 55.

KPI	**Data Quality**
KPI Owner	**Martin Severs**

Previous RAG	G
Current RAG	G
Forecast RAG	G

Overall Position: The overall RAG rating this month is GREEN.

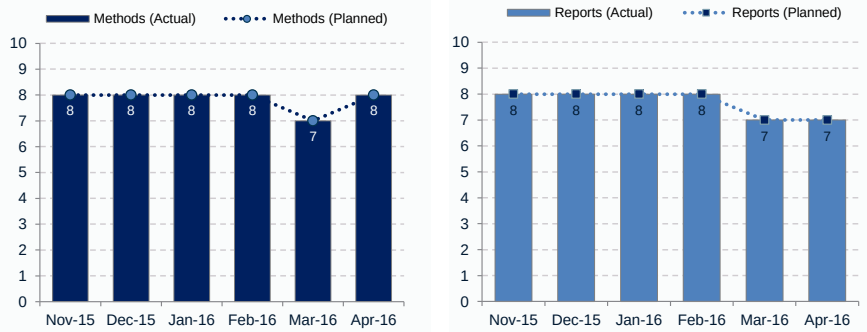
Note that HSCIC has now published the first version of the Data Quality Maturity Index which reports on data quality across the health sector. Information from this index will be used to infrom future versions of the Data Quality KPI.

Forecast: The forecast RAG is GREEN.

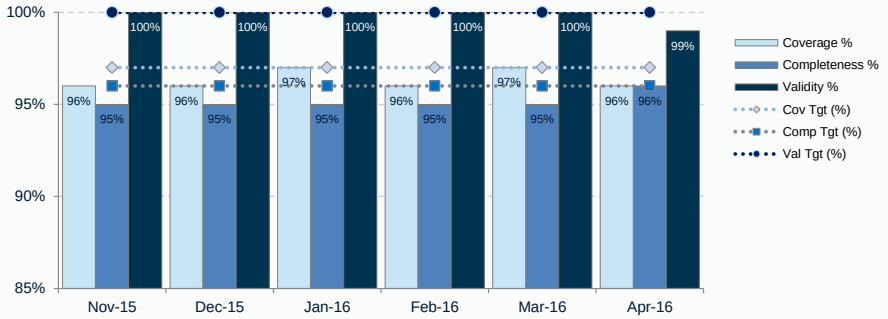
Notes:

- The data for this report is sourced from the HSCIC teams responsible for landing, assessing and reporting on the quality of the individual datasets in line with the current version of the applicable Standardisation Committee for Care Information (SCCI) approved information standard.
- There is a reporting time lag due to the current data submission and reconciliation processes.

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 Services; Diagnostic Imaging; Sexual and Reproductive Health Activity; and the National Child Measurement Programme.
- The plan for the reports is reduced to 7 for April 2016 whilst Diagnostic Imaging data processing is moved from the SAS development environment to the SAS live environment.

Management Information (MI) Commentary

- The validity figures are displayed as 100% due to rounding.
- MI measures the quality of data submitted by those data providers expected to submit data to the HSCIC in accordance with the current version of the applicable Standardisation Committee for Care Information (SCCI) approved information standard.
- Data providers are responsible for the quality of data submitted. The HSCIC reports results of data quality assessments back to data providers to influence improvements.
- The six key datasets currently in scope for these indicators are: Admitted Patient Care, Outpatients, Accident & Emergency, Improving Access to Psychological Therapies, Mental Health Services and Diagnostic Imaging.
- Diagnostic Imaging data is not included in the April 2016 report due to data processing moving from the SAS development environment to the SAS live environment.

NHS Number completeness and validity by dataset - cumulative available data (November 2014 - April 2016)

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)[1]	100%	100%
Mental Health Services Dataset (MHSDS)[2]	99%	100%
Diagnostic Imaging Dataset (DID)[3]	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. N.B. Figures are rounded.

[1]MHLDDS figures based on data up to and including February 2016.
[2]MHSDS figures based on data from and including April 2016.
[3]DID data excludes April 2016 data.

Dataset level information by data quality measure - cumulative available data (November 2014 - April 2016)

Dataset coverage (%)	Completeness of reported data items (%)	Validity of completed data items (%)
98%	100%	100%
96%	100%	100%
91%	98%	100%
98%	86%	98%
98%	95%	98%
92%	85%	99%
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. N.B. Figures are rounded.

[1]MHLDDS figures based on data up to and including February 2016.
[2]MHSDS figures based on data from and including April 2016.
[3]DID data excludes April 2016 data.

KPI	Programme Achievement
KPI Owner	James Hawkins

Appendix 1

HDS RAG Summary	
Previous RAG	A/G
Current RAG	A/G
Forecast RAG	A/G

Programme Delivery Director View	
Current RAG	0
Forecast RAG	TBC

Health Digital Services Dashboard - April 2016

Reporting Month:		SRO?	Overall Delivery Confidence RAG						Assurance Delivery Confidence / Status							Key Delivery Milestones			Current year financial forecast against budget			Investment justification (BC, MoU etc) forecast spend status		
			Feb	Mar	Apr	May	Jun	Jul		Last Gate	Date	RAG	Next Gate	Date	Status	Feb	Mar	Apr	Jan	Feb	Mar	Feb	Mar	Apr
P0208	GP Systems of Choice Replacement	No	A	A	A	A	A	A	N/A	5	Apr-2015	A/G	TBC	TBC	Not booked	A	A	A	R-U	R-U	R-U	G	G	G
P0014	GP2GP	Yes	A	A	A	A	A	A	Low	4	Feb-2014	A/G	N/A	N/A	N/A	A	A	A	R-U	R-U	R-U	G	G	G
P0026	NHS Choices	Yes	A	A	G	G	G	G	High	1	Apr-2015	A/R	TBC	TBC	Not Booked	G	G	G	R-U	R-U	R-U	A	A	G
P0196	NHSmail 2	No	A	A	A/R	A/R	A	A/G	High	4	Feb-2016	A/R	TBC	TBC	TBC	A	A	A	R-U	R-U	R-U	G	G	G
P0238	NHS e-Referrals	No	A	A	A	A/G	A/G	A/G	High	4	Apr-2015	A/G	5	Jul-2016	Not booked	G	G	G	R-O	R-O	R-O	G	G	G
P0051	Summary Care Record	Yes	A/G	A/G	G	G	G	G	Med	5	Apr-2015	A/G	TBC	TBC	Not booked	G	G	G	R-O	R-O	R-O	G	G	G
P0012	Electronic Transfer of Prescriptions	Yes	A	A	A	A	A	A	N/A	0 + 5	Dec-2015	A	5	Jun-2016	Booked	G	G	G	R-O	R-U	R-U	G	G	G

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

Delivery Confidence - Health Digital Services:	
April-2016	A/G 68.57%
July-2016	A/G 77.14%

April's calculated delivery confidence is at 68.6%. The Calculated delivery confidence RAG remains at Amber/Green. The 3-month calculated forecast Delivery Confidence (to July 2016) is also Amber/Green at 77.1%.

Architecture Standards and Innovation - April 2016

Reporting Month		SRO Appr?	Overall Delivery Confidence RAG						Assurance Delivery Confidence / Status							Key Delivery Milestones			Current year financial forecast against budget			Investment justification (BC, MoU etc) forecast spend status			
			Feb	Mar	Apr	May	Jun	Jul	RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Feb	Mar	Apr	Jan	Feb	Mar	Feb	Mar	Apr	
P0453	National Data Services Development	No	A	A	A	A	A	A	Med	0	Nov-15	A	TBC	TBC	TBC	A	A	A	A	A	G	N/A	N/A	N/A	-

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

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

Overall Delivery Confidence for ASI:	
April-2016	A 60.00%
July-2016	A 60.00%

Overall Delivery Confidence is assessed as A based on the Highlight Reports covering the April 2016 period. The high level commentary provides further detail.

Sourced from Highlight Reports (Key RAGs) April-16
Sourced from Highlight Reports Apr-2016

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

Appendix 1

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

Health Digital Services Director View	
Current RAG	
Forecast RAG	TBC

Health Digital Services Dashboard - April 2016

		Benefits realisation confidence			Quality Management against plan			Programme / Project end date			Current Investment Justification approval status			Digital & Technology Spend Controls Status			Resourcing Against Plan			Progress against planned mitigation for risk		
Reporting Month:		Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr
P0208	GP Systems of Choice Replacement	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	A	G	G	A	A	G
P0014	GP2GP	A	A	A	G	G	G	A	A	A	G	G	G	N/A	N/A	N/A	A	A	A	G	G	G
P0026	NHS Choices	N/A	N/A	N/A	A	A	A	A	A	A	A	A	A	G	G	G	G	G	G	G	G	G
P0196	NHSmail 2	G	G	G	G	G	G	A	A	A	G	G	G	G	G	G	A	A	A	A	A	A
P0238	NHS e-Referrals	A	A	A	G	G	G	G	G	G	G	G	G	G	G	G	A	A	A	G	G	G
P0051	Summary Care Record	A	A	A	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
P0012	Electronic Transfer of Prescriptions	A	A	A	G	G	G	G	G	G	A	A	A	G	G	G	A	A	A	A	A	A

Overall Delivery Confidence for Health Digital Services (Calculated):	
April-2016	A/G 68.57%
July-2016	A/G 77.14%

April's calculated delivery confidence is at 68.6%. The Calculated delivery confidence RAG remains at Amber/Green. The 3-month calculated forecast Delivery Confidence (to July 2016) is also Amber/Green at 77.1%.

Architecture Standards and Innovation - April 2016

		Benefits realisation confidence			Quality Management against plan			Programme / Project end date			Current Investment Justification approval status			Digital & Technology Spend Controls Status			Resourcing Against Plan			Progress against planned mitigation for risk		
		Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr
P0453	National Data Services Development	A	A	A	A	A	A	G	G	G	A	A	A	A	A	A	A	A	A	G	G	G

Overall Delivery Confidence for ASI:	
April-2016	A 60.00%
July-2016	A 60.00%

Overall Delivery Confidence is assessed as A based on the Highlight Reports covering the April 2016 period. The high level commentary provides further detail.

Sourced from Highlight Reports (Key RAGs) April-16

Sourced from Highlight Reports (Key RAGs) Apr-2016

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), Martin Severs (I&A), Rob Shaw (O+AS), Peter Counter (ASI)

Appendix 1

PS&I RAG Summary	
Previous RAG	A/G
Current RAG	A
Forecast RAG	A/G

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

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

ASI RAG Summary	
Previous RAG	A
Current RAG	A
Forecast RAG	A

Provider Support & Integration Dashboard - April 2016

Reporting Month		SRO Appr?	Overall Delivery Confidence RAG						Assurance Delivery Confidence / Status							Key Delivery Milestones			Current year financial forecast against budget			Investment justification (BC, MoU etc) forecast spend status		
			Feb	Mar	Apr	May	Jun	Jul	RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Feb	Mar	Apr	Jan	Feb	Mar	Feb	Mar	Apr
P0033	PACS	No	A	A	A/R	A/R	A	G	TBC	0	Nov-11	G	TBC	TBC	TBC	R	A	A	R-U	R-U	R-U	G	G	G
P0183	South Community Programme	Yes	A/G	A/G	A/G	A/G	A/G	A/G	Med	3	Dec-12	A/G	5	TBC	TBC	G	G	G	G	G	G	A	A	A
P0182	South Ambulance Programme	Yes	A	A	A	A	A	A	Med	4	Nov-14	A/G	5	TBC	TBC	A	A	A	G	G	G	G	G	G
P0181	South Acute Programme	No	A	A	A	A	A	A	High	4	Apr-15	G	TBC	TBC	TBC	A	A	A	R-U	R-U	R-U	G	G	G
P0031	CSC LSP	Yes	A	A	A	A	A	A	High	AAP	Nov-15	A	TBC	TBC	TBC	G	G	G	R-U	R-U	R-U	G	G	G
P0190	Health and Social Care Network	No	A/R	A/R	A/R	A/R	A/R	A/R	High	2	Sep-15	A/R	TBC	TBC	TBC	R	R	R	G	R-U	R-U	G	G	G
P0004	Child Protection – Information Sharing	No	A/R	R	R	A/R	A	A	Med	4	Jul-14	A/G	5	Apr-16	Not Booked	R	R	R	R-U	R-U	R-U	A	A	A
P0037	HJIS Current Service	No	A/G	A/G	A/G	A/G	A/G	A/G	N/A	3	Jan-16	A/G	N/A	N/A	N/A	G	G	G	R-O	R-O	R-O	G	G	G
P0207	Health & Justice Information Services	No	A	A	A	A	A	A	Med	3	Jan-16	A/G	TBC	TBC	TBC	A	A	A	R-U	R-U	R-U	G	G	G
P0301	FGMP	No	A/R	A/R	A	A	A	G	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	R-U	R-U	G	G	G	G
P0341	SCIP	No	A/G	A/G	A	A/G	G	G	N/A	N/A	N/A	N/A	TBC	TBC	TBC	A	G	G	R-U	R-U	R-U	A	A	A
																			1st letter = RAG, 2nd letter = Under / overspend			1st letter = RAG, 2nd letter = Under / overspend		

Overall Delivery Confidence for Prov Sup:	
April-2016	A 56.36%
July-2016	A/G 72.73%

Overall Delivery Confidence is assessed as A based on the Highlight Reports covering the April 2016 period. The high level commentary provides further detail.
Please note, a draft Highlight Report has not been submitted for Child Protection - Information Sharing. Delivery confidence RAG and forecasts are based on the forecasts made in December 2015.

Informatics and Analytics - April 2016

Reporting Month		SRO Appr?	Overall Delivery Confidence RAG						Assurance Delivery Confidence / Status							Key Delivery Milestones			Current year financial forecast against budget			Investment justification (BC, MoU etc) forecast spend status		
			Feb	Mar	Apr	May	Jun	Jul	RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Feb	Mar	Apr	Jan	Feb	Mar	Feb	Mar	Apr
P0055	Maternity and Childrens Dataset	Yes	A/G	A/G	A/G	A/G	A/G	A/G	High	3	Jan-13	A	N/A	N/A	N/A	A	A	A	G	G	G	G	G	G
P0306	care.data	No	A/R	A/R	A/R	A/R	A/R	A/R	High	PAR	Feb-15	A/R	y Healthch	Nov	TBC	A	A	A	N/A	N/A	N/A	R	R	R
																			1st letter = RAG, 2nd letter = Under / overspend			1st letter = RAG, 2nd letter = Under / overspend		

Overall Delivery Confidence for I&A:	
April-2016	A 60.00%
July-2016	A 60.00%

Overall Delivery Confidence is assessed as A based on the Highlight Reports covering the April 2016 period. The high level commentary provides further detail.

Operations and Assurance Services Dashboard - April 2016

Reporting Month		SRO Appr?	Overall Delivery Confidence RAG						Assurance Delivery Confidence / Status							Key Delivery Milestones			Current year financial forecast against budget			Investment justification (BC, MoU etc) forecast spend status		
			Feb	Mar	Apr	May	Jun	Jul	RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Feb	Mar	Apr	Jan	Feb	Mar	Feb	Mar	Apr
P0050	Spine 2	No	G	G	G	G	G	G	High	5	Feb-15	G	5	TBC	TBC	G	G	-	R-U	R-U	-	G	G	-
P0325	Cyber Security Programme	No	A/G	G	A/G	G	G	G	High	N/A	N/A	N/A	0	TBC	TBC	A	G	G	G	G	G	G	G	G
P0335	SUS Transition	No	A/G	A/G	A/G	A/G	A/G	A/G	High	5	Jul-15	G	5	TBC	TBC	G	G	G	A	A	A	G	G	G
																			1st letter = RAG, 2nd letter = Under / overspend			1st letter = RAG, 2nd letter = Under / overspend		

Overall Delivery Confidence for O+AS:	
April-2016	G 86.67%
July-2016	G 93.33%

Overall Delivery Confidence is assessed as G based on the Highlight Reports covering the April 2016 period. The high level commentary provides further detail.

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), Martin Severs (I&A), Rob Shaw (O+AS), Peter Counter (ASI)

Appendix 1

PS&I RAG Summary	
Previous RAG	A/G
Current RAG	A
Forecast RAG	A/G

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

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

ASI RAG Summary	
Previous RAG	A
Current RAG	A
Forecast RAG	A

		Benefits realisation confidence			Quality Management against plan			Programme / Project end date			Current Investment Justification approval status			Digital & Technology Spend Controls Status			Resourcing Against Plan			Progress against planned mitigation for risk		
		Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr
P0033	PACS	G	G	G	N/A	N/A	N/A	G	G	G	G	G	G	G	N/A	N/A	G	G	G	G	G	G
P0183	South Community Programme	A	A	A	G	G	G	G	G	G	G	G	G	G	G	G	G	A	A	A	A	A
P0182	South Ambulance Programme	A	A	A	G	G	G	G	G	G	G	G	G	G	G	G	G	A	A	G	G	G
P0181	South Acute Programme	A	A	A	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
P0031	CSC LSP	A	A	A	G	G	G	A	A	A	G	G	G	G	G	G	G	G	G	G	G	G
P0190	Health and Social Care Network	A	A	A	G	G	G	A	A	A	G	G	G	A	A	A	A	A	A	A	R	R
P0004	Child Protection – Information Sharing	A	A	A	G	G	G	R	R	R	G	G	G	G	G	G	A	A	A	A	R	R
P0037	HJIS Current Service	N/A	N/A	N/A	G	G	G	G	G	G	G	G	G	N/A	N/A	N/A	G	G	G	G	G	G
P0207	Health & Justice Information Services	N/A	N/A	N/A	G	G	G	A	A	A	A	A	A	G	G	G	A	A	A	A	A	A
P0301	FGMP	N/A	N/A	N/A	G	G	G	G	G	G	G	G	G	G	G	G	G	G	A	G	G	G
P0341	SCIP	N/A	N/A	N/A	G	G	G	A	G	G	G	G	G	G	G	G	R	A	A	G	G	G

Overall Delivery Confidence for Prov Sup:	
April-2016	A 56.36%
July-2016	A/G 72.73%

Overall Delivery Confidence is assessed as A based on the Highlight Reports covering the April 2016 period. The high level commentary provides further detail. Please note, a draft Highlight Report has not been submitted for Child Protection - Information Sharing. Delivery confidence RAG and forecasts are based on the forecasts made in December 2015.

Informatics and Analytics - April 2016

		Benefits realisation confidence			Quality Management against plan			Programme / Project end date			Current Investment Justification approval status			Digital & Technology Spend Controls Status			Resourcing Against Plan			Progress against planned mitigation for risk		
		Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr	Feb	Mar	Apr
P0294	Maternity and Childrens Dataset	A	A	A	G	A	A	A	A	A	A	A	A	G	G	G	G	G	G	A	A	A
P0321	Pathfinder on DME	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Overall Delivery Confidence for I&A:	
April-2016	A 60.00%
July-2016	A 60.00%

Overall Delivery Confidence is assessed as A based on the Highlight Reports covering the April 2016 period. The high level commentary provides further detail.

Operations and Assurance Services Dashboard - April 2016

		Benefits realisation confidence			Quality Management against plan			Programme / Project end date			Current Investment Justification approval status			Digital & Technology Spend Controls Status			Resourcing Against Plan			Progress against planned mitigation for risk		
		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	G	G	G	G	G	G	G	G	G	A	A	A	A	A	A
P0325	Cyber Security Programme	N/A	N/A	G	G	G	G	G	G	G	G	G	G	N/A	N/A	N/A	G	G	G	G	G	G
P0335	SUS Transition	G	G	G	G	G	G	G	G	G	G	G	G	A	A	G	G	G	G	G	G	G

Overall Delivery Confidence for O+AS:	
April-2016	G 86.67%
July-2016	G 93.33%

Overall Delivery Confidence is assessed as G based on the Highlight Reports covering the April 2016 period. The high level commentary provides further detail.

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)

hscic Health & Social Care Information Centre

Board Meeting – Public Session

Title of paper:	**ARC Annual Report 2015/16**
Board meeting date:	08 June 2016
Agenda item no:	HSCIC 16 02 04 a (i)
Paper presented by:	ARC Committee Chair
Paper prepared by:	Steve Treece, Corporate Risk Manager
Paper approved by: (Sponsor Director)	ARC Committee Chair
Purpose of the paper:	The purpose of this paper is to provide a summary of risk management, control, assurance and governance review activity undertaken by the Assurance and Risk Committee during financial year 2015-16.
Key risks and issues:	The Committee reviewed the aspects of risk management, control and assurance described in the report and the Committee considers HSCIC overall has a reasonably sound system to ensure we remain within the risk appetite approved by the Board although there is still scope for some improvements as noted.
Patient/public interest:	Public interest is in ensuring that HSCIC manages its business and the associated risks, issues and controls in an effective way. HSCIC Risk Registers are subject to Freedom of Information Act enquiries and there is a clear trend across Government for departments and agencies to be more open about their risks.
Actions required by the Board:	Note the opinion provided, the summary of activity and progress made during 2015-16.

Health & Social Care Information Centre

Assurance and Risk Committee Report 2015-16

Author: Steve Treece

Date: 27th May 2016

Contents

Purpose

The purpose of this paper is to update the Board on risk management, control, assurance and governance review activity undertaken by the Assurance and Risk Committee during financial year 2015-16.

The Committee reviewed the aspects of risk management, control and assurance described below and the Committee considers HSCIC overall has a reasonably sound system to ensure we remain within the risk appetite approved by the Board although there is still scope for some improvements as noted. The Board is asked to note the progress made during 2015-16.

Background

The Assurance and Risk Committee is a sub-committee of the Board; the Chair of the Committee and its members are appointed by the Board from amongst the independent non-executive Directors of the HSCIC and comprises four members.

The chief duties of the Assurance and Risk Committee are to:

- Review and monitor the effectiveness of the system of integrated governance, risk management and internal control including information governance, security and data quality risks.
- Ensure that there is an effective Internal Audit function established by management that meets mandatory internal audit standards and provides appropriate independent assurance to the Chief Executive and Board.
- Review the work and findings of the external Auditor and take account of the implications and management responses to their work.
- 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.
- Request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
- Review the Annual Financial Statements and make recommendations to the Board.

The Assurance and Risk 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 Assurance and Risk Committee
- To obtain outside legal or independent professional advice, at the HSCIC's expense, and to secure the attendance of external specialists with relevant experience and expertise if it considers this necessary.

This remainder of this paper summarises how the Assurance and Risk Committee has fulfilled these duties during 2015/16 under a number of key themes.

Theme 1: Risk Management

Throughout 2015-16, a number of key risks were discussed by the Committee, from which actions were directed to relevant parties across HSCIC. These discussions included:

Review of Strategic Risks

The Committee received regular reports on the management of the HSCIC “Big 8” strategic risk themes, the underlying corporate risks and significant specific risks reviewed by the Executive Management Team.

The latter included risks associated with the Comprehensive Spending review; resource and funding misalignment; changes to the HSCIC financial and governance model; implementation of the HSCIC Transformation programme and new operating model; effectiveness of transition to live services; and implementation of a solution to uphold patient objections to the sharing of data.

Risk Deep Dives

The Committee received a number of deep dive presentations on the management of the "Big 8" strategic risk themes, which were delivered by the responsible Executive Directors. Deep dive reviews during the year covered the following.

Safely collect, analyse and disseminate high quality and timely data and information, which meets customer expectations. (Director of Information and Analytics)

The Committee noted good progress in improving risk management practice for this strategic risk. The Committee also discussed risks regarding data quality and the complexities involved in improving data quality both locally and nationally.

Secure a positive, responsive and trustworthy reputation and maintain effective relationships with stakeholders. (Director of Customer Relations)

In an initial review two underlying risks were highlighted: protecting the organisations reputation and building relationships with stakeholders. The Committee advised that consideration should also be given to potential risks in relation to the media, which were not included in the update provided and requested a follow up review.

The follow up review included an update on the Executive Management Team's agreement to a new approach to building a positive reputation. The Committee considered the drivers and measures of reputation both internally and externally to the organisation. The timescales for mitigation activity were presented and considered by the Committee. Crisis planning simulations were discussed, the Committee were advised that two previous rounds of crisis simulations had taken place and that reflection on the simulations is being undertaken.

The Committee noted progress had been made in the management of this risk between the two reviews and looked forward to this risk theme returning to provide assurance that the agreed approach for building a positive reputation was working well.

Design and deliver systems that work or deliver as anticipated. (Chief Technology Officer).

Categories of risk highlighted as requiring attention included requirements management; programme management capability and methodology; approvals and procurement processes; technical design standards and governance; development methodology; and effective implementation. The Committee discussed the risks, controls and assurance mechanisms reported and noted that action on risk mitigation is needed from a number of the HSCIC Directorates and that new work items may emerge to extend the scope of the current HSCIC Portfolio.

Deliver on our Statutory, Legal and Financial Obligations. (Director of Finance and Corporate Services)

This risk theme concerns compliance with HSCIC statutory obligations under the Health and Social Care Act, its general legal requirements and parliamentary accountability expectations. In an initial review the Committee was informed that workshops were being held with risk owners to refine and update the underlying risks and their mitigation. The Committee stressed the importance of getting evidence of assurances given on the management of these risks and requested a further update.

In the follow up review the Committee were advised that areas previously rated red were now either compliant or have action plans in place to ensure future compliance. This is being monitored by the Executive Management Team. Action has also been taken to clarify roles and responsibilities.

Protect data and guard against IT/Cyber security threats. (SIRO/Director of Operations and Assurance Services)

The Committee were advised that the current risk rating is red, the overall risk rating post mitigation is amber/red. The risk rating is unlikely to be improved from amber/red as the threats to health and other public sector organisations have increased within the last year and the risk is expected to continue to rise. Appropriate control processes are vital. The Committee considered a number of factors which contribute to the risk and debated the mitigation actions in some detail. The Committee also reflected on the increased cost of reducing the risk. It was agreed that it is important to work collaboratively to develop a cross system approach and to implement this as soon as possible.

Demonstrate Delivery of Benefits from the programmes and services we provide. (Director of Programmes)

The Committee considered the controls and assurance mechanisms that are in place and discussed the role of the benefits manager. It was noted that further resources were being trained as benefit experts within the organisation.

Risks will continue to be managed through business as usual activities and by aligning these with the Transformation programme and developing professional groups.

Secure, Deploy and Develop our Workforce and/or transform our organisation to deliver our future vision. (Director of HR and Transformation)

The Committee were advised that overall the Transformation programme is making good progress. Staff are being engaged with in connection events and there is a good understanding of the changes that will be implemented. The Committee were keen to establish the success criteria and metrics used to measure the success of the programme. The Committee were advised that these were still in the final stages of development and would be achieved by maintaining continuity and operational delivery. Transformation objectives include the right capability, flexibility, agility, and transparency; the success criteria will be based on these objectives.

Contingency plans and the uncertainty of continued funding, in particular for systems and management information structures, were also discussed as areas of risk.

The Committee noted progress to date and future plans in relation to this risk noting that the Transformation programme was a high risk programme which was being mitigated as well as possible.

Clinical Governance (Caldicott Guardian and Lead Clinician)

The Interim Director of Information and Informatics and lead Clinician presented two reports to the Committee during the year. The purpose of the first report was to highlight the potential risks relating to duty of care arising from services or systems provided by the HSCIC and to recommend strengthened clinical governance controls to mitigate risk. Although HSCIC do not provide direct care, the organisation supports direct care and as such individuals could be found vicariously liable if these duties are not undertaken with due care. The Committee were advised that in some cases staff may need additional personal professional indemnity insurance. Legal advice has been sought and discussed with clinical governance. A letter has been issued to the relevant staff so that everyone is aware of this.

The purpose of the second report was to update the Committee on the organisation's approach to clinical governance, to ensure that HSCIC has identified the duty of care risks to which it is exposed, and seek endorsement of the proposed recommendations. The Committee were advised that a risk assessment had been undertaken to assess the clinical risk exposure of each item in the overall HSCIC Portfolio. The review had led to a series of recommendations for the management and governance of clinical risk. It was suggested that Clinical Risk be further considered for inclusion in the Big 8 Strategic Risks framework.

Risk Management Updates

The Committee received regular updates on progress made in delivery of the risk management improvement plan. During the year this improvement plan was extended to provide a combined Risk and Assurance work programme.

Specific issues discussed included:

- The setting of organisational risk appetite. Varying risk appetites have been set for each of the Big 8 strategic risk themes.
- Introduction of a new organisational risk system, integrated with the platform being introduced for other corporate activities, including planning, resource and time management. This is being progressed initially as a Proof of Concept initiative. The Committee enquired about contingency plans should this initiative not prove successful: these will initially focus on changes to the existing corporate tool.
- Development of an integrated Risk Control Assurance Framework, to include assurance activity falling within the ambit of the Assurance Map and Statement on Internal Control processes. The Committee has requested regular progress reports to ensure that this initiative is implemented in a timely manner.

A further development for 2016/17 will be the introduction of Executive Director presentations to the Committee of their Statement on Internal Control assurance reports.

Theme 2: Assurance

A number of key issues were discussed at the Committee during 2015/16 arising from assurance activities undertaken, from which actions were directed to relevant parties across HSCIC. These discussions included:

Internal Audit Reviews

Internal audit services to HSCIC are provided by the Department of Health Group Internal Audit Service, which also supplies the HSCIC Head of Internal Audit. Although a significant proportion of the internal audit reviews is outsourced to PricewaterhouseCoopers at 45% this is below the average for DH (78%).

The Committee reviewed a number of reports from internal audit during the year, summarised below.

- Business Continuity Planning and Disaster Recovery (Rating: Limited)
- Progress on NAO audit recommendations and operation of associated Key Financial Controls (Rating: Limited)
- Review of National Back Office Data Releases (Rating: Moderate)
- Review of Contract Management (Rating: Moderate)
- Review of Systems Development (Rating: Moderate)
- Review to assess Incident Management arrangements (Rating: Moderate)
- Financial Sustainability (Rating: Moderate)
- Data Dissemination / Post Partridge Review – Progress Implementation (Rating: Moderate)
- Data Dissemination / Post partridge Review – Systems and Service Delivery (Rating: Limited)
- Risk Management: Phase II – Risk Embedding (Rating: Limited)
- Controls in the GP Payment System (Rating: Limited)
- Payroll (Rating: Limited)

- Compliance with Statutory Obligations (Rating: Limited)
- Cyber Security (Rating: Moderate)
- Assurance Mapping (Rating: Limited)
- Non Grant in Aid Income (Rating: Substantial)
- IG and HSCICs role in the wider health system (Rating: Moderate)
- Sustainability Reporting (Rating Limited).
- NAO Audit Outcomes – HSCIC Planning and Preparation (Advisory).
- Asset Capture (Rating: Limited).
- Business Planning (Rating: Moderate)
- Risk Management 3 (Rating: Substantial).
- Stakeholder Engagement (Advisory Review).

The Committee received regular progress reports from the Head of Internal Audit on the delivery of the 2015/16 audit plan, to ensure that this remained on track to deliver to plan and within budget. The Committee will discuss the Head of Internal Audit's Annual Opinion for 2015/16 and the annual review of internal audit effectiveness at its meeting on June 8th 2016.

The Committee also reviewed and provided input to the 2016/17 audit plan. Suggestions included that further consideration be given to including additional cross cutting reviews, across the Health and Social Care system, and the possibility of internal audit undertaking additional advisory audits at an early stage in the development of processes.

Progress in Audit Actions

The Committee received regular reports on the completion of actions arising from internal audit reviews undertaken during 2015/16 and previous years, as well as from Gateway Reviews of major programmes delivered by HSCIC.

The Committee noted an increased management focus on the implementation of these actions, with more vigorous monitoring and tracking of progress at the Executive Management Team, and the holding of staff accountable where actions have not been implemented. A subsequent improvement in progress in the completion of actions was noted over the financial year. Internal Audit followed up on the response to recommendations made during 2014/15 and 2015/16, which had been graded as "high" or "medium", and noted that 80% had been fully implemented.

It was suggested that the actions be revisited to ensure they are still relevant and that future recommendations should be fully considered prior to agreement, in terms of achievability and appropriateness. There was also a need for action owners to advise internal audit in the event of changes in action due dates.

The Committee received updates on the response to specific internal audit reviews, including:

- The proposed SeeYou Product, a reservation-less meet now video conferencing service. The product did not progress beyond the developmental stage. The Committee received and noted the update; it was observed that lessons could be learned around supplier management and engagement.
- The GP Extraction Service Programme, in particular regarding asset value and expected asset life.
- It was note, in respect of the internal audit review of Business Continuity Management that actions had been reviewed and that those being implemented would go beyond the original recommendations.

Other Assurance Activity

The Committee received progress reports on the HSCIC Assurance Map and Statement on Internal Control. These will become integral components of an overarching Risk Control and Assurance Framework which will be implemented during 2016/17. The framework is designed to provide a more robust and integrated risk, evidence and challenge focused basis for sound governance and control. The objective is to give assurance that risks are being managed effectively and transparently, encouraging the reporting of any identified areas for improvement.

Theme 3: Annual Report and Accounts

Annual Report and Accounts

At the start of the financial year the Committee undertook a series of reviews of the 2014/15 Annual Report and Accounts, including the governance statement and made recommendations to the Board.

Later in the financial year the Committee carried out reviews of plans for the delivery of the 2015/16 Annual Report and Accounts.

The Committee considered whether the assessment of potential risks of material misstatement to the financial statements was complete; the risk that the financial statements could be materially misstated due to fraud; the adequacy of management responses to these risks and the proposed audit plan addressed the risks.

Financial Reporting Update

Financial reporting and accounting issues considered during the year included:

- Improvements in monthly budgeting and reporting processes and systems.
- Improvements in fixed asset management, although it was recognised that there were still issues in getting the process right. The Committee considered whether there was anything further that could be done to educate the organisation. The Committee were advised that processes are now in place and training and education is ongoing.

National Audit Office (NAO) reports

The NAO provided update reports at each meeting. Issues discussed included:

- Identification of a trend across government for increased use of consultant and temporary staff to recover reduced headcount capacity. It was noted that HSCIC has a downward trend in the use of consultants and temporary members of staff.
- NAO Interim Management Letter. Fixed Assets risks were discussed, the Committee were advised that significant progress to reduce risk in this area had been made.

Theme 4: Governance and Accountability

The Committee considered the following governance and accountability issues during 2015/16.

Counter fraud

The Committee undertook regular reviews of progress in delivery of the HSCIC counter fraud action plan. The Committee were advised that a number of training sessions and presentations have taken across place across the organisation to raise awareness with staff of fraud and to embed an anti-fraud culture within the organisation.

Specific issues discussed included:

- Measurement of the impacts of the action plan.
- Controls and reporting arrangements for contractors that are potentially working on other contracts.
- Processes for the referral of potential fraud cases, to ensure that there is a complete process with the right authority.
- HSCIC Whistleblowing policy. The Committee were supportive of the appointment of a NED to review whistleblowing investigations in the event of dissatisfaction with the original review.

Senior Information Risk Owner (SIRO)

The SIRO updated the Committee on the status of organisational Information Asset Owners (IAO), which was now deemed to be a core aspect of the roles of relevant staff. Training plans have been developed and some individuals may require accredited training approved by Cabinet Office.

Review of Scheme of Delegated Financial Authorities

The Committee discussed the revised delegations framework which is being implemented to support the new organisational structure, operating model and associated roles and responsibilities from April 1st 2016.

The Committee considered the proposed delegation structure noting that they were content that this should progress with the caveat that the delegation schemes are shared with the NAO, who agreed that they would review the delegated levels of authority and provide feedback. Delegation Schemes will be the subject of an Internal Audit review in Q1 2016/17.

Corporate Governance

The Committee also undertook a review of the draft HSCIC Corporate Governance Manual and of its own Terms of Reference. The annual review of ARC effectiveness will be undertaken at the meeting on June 8th 2016.

Head of Internal Audit Opinion 2015/16

“In accordance with the requirements of the UK Public Sector Internal Audit Standards, I am required to provide the Accounting Officer with my annual opinion of the overall adequacy and effectiveness of the organisation’s risk management, control and governance processes.

My opinion is based on the outcomes of the work that Internal Audit has conducted throughout the course of the reporting year and on the follow up action from audits conducted in the previous reporting year. There have been no undue limitations on the scope of Internal Audit work and the appropriate level of resource has been in place to enable the function to satisfactorily complete the work planned.

For the three areas on which I must report, I have concluded the following:

- In the case of **risk management:** good progress has been made in implementing the new risk management strategy and framework. Our work also provides assurance that practical risk management was in evidence. However, we also found that risk articulation, risk mitigation and risk documentation still needs improvement to

demonstrate that there is an effective and value-adding risk management framework and culture across the whole organisation.

- In the case of **governance:** our audit work on compliance with statutory obligations found that the governance structures and processes in this area were not yet complete or fully embedded. However, over the year, the HSCIC has developed its governance arrangements to address the issues found. HSCIC uses assurance mapping, but this is another area where processes need to be improved and better embedded within the organisation. Progress in this area will continue to be assessed and assured as part of future audit plans. More generally, our involvement with the organisation indicates that there is a strong and continuing senior management and Board commitment to risk management and sound governance.
- In the case of **control:** HSCIC is continually developing and improving its control mechanisms. This continued improvement can be evidenced in progress made in implementing internal audit recommendations to improve the control environment and in the positive overall assurance in the areas of information governance, cyber security, business planning, delivery and income management. However, our work shows that there remains scope for improvement of the control framework, particularly in the areas of payroll, sustainability, asset capture and GP Payments.

Overall, improvements are being made as the Health and Social Care Information Centre develops its governance, risk and control frameworks. Sound progress is apparent, but there is more to be done. My overall opinion is that I can give **reasonable assurance** to the Accounting Officer that the Health and Social Care Information Centre has had adequate and effective systems of control, governance and risk management in place for the reporting year 2015/16."

Health & Social Care Information Centre

Board meeting – Public session

Title of paper:	**HSCIC Board Forward Business Schedule**
Board meeting date:	08 June 2016
Agenda item no:	HSCIC 16 02 04 b (P1)
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 2016-17. 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

HSCIC – Draft Public Board Meeting Foreward Business Schedule 2016-17 [i]

04 May 2016 [ii]	08 June 2016	07 Sept 2016	30 Nov 2016	01 Feb 2017	29 Mar 2017
Governance and Accountability	***Governance and Accountability***	***Governance and Accountability***	***Governance and Accountability***	***Governance and Accountability***	***Governance and Accountability***
Register of Interests Minutes of previous meeting Progress on Action Points Board Forward Business Schedule 2016-17 Reports from Sub-Committees Annual Review of Board Effectiveness Report 2015-16	Register of Interests Minutes of previous meeting Progress on Action Points Board Forward Business Schedule 2016-17 Reports from Sub-Committees Information Governance Strategy * HSCIC Annual Report and Accounts for 2015-16	Register of Interests Minutes of previous meeting Progress on Action Points Board Forward Business Schedule 2016-17 Reports from Sub-Committees Schema Delegation of Authorities Updates	Register of Interests Minutes of previous meeting Progress on Action Points Board Forward Business Schedule 2016-17 Reports from Sub-Committees	Register of Interests Minutes of previous meeting Progress on Action Points Board Forward Business Schedule 2016-17 Reports from Sub-Committees Arrangements for the Annual Review of Board Effectiveness 2016-17	Register of Interests Minutes of previous meeting Progress on Action Points Board Forward Business Schedule 2016-17 and 2017-18 Corporate Governance Manual 2017-18 Scheme of Delegated Fincanial Authorities 2017-18 Reports from Sub-Committees
Supervising Management	***Supervising Management***	***Supervising Management***	***Supervising Management***	***Supervising Management***	***Supervising Management***
Board Performance Pack Transformation Programme Plan 2016-17 Data Release Audit Annual Report 2015-16	Board Performance Pack	Board Performance Pack Staff Personal Development Review Final Report 2016-17 Data Release Audit Status Report	Board Performance Pack Transformation Programme Mid-Year Report 2016-17 Equality and Diversity update	Board Performance Pack Staff Survey Results 2016-17 Staff Personal Development Review Report Mid-Year Report 2017-18 Data Release Audit Status Report	Board Performance Pack Transformation Programme Final Report 2016-17 Information Assurance and Cyber Security Annual Report 2016-17
Strategy Formulation	***Strategy Formulation***	***Strategy Formulation***	***Strategy Formulation***	***Strategy Formulation***	***Strategy Formulation***
Directions *(to be confirmed)* HSCIC Statutory Duty – Burden	Directions *(to be confirmed)* Care.Data – Lessons identified, benefits and options for a single GP dataset Diagnostic Imaging Dataset Directions	Directions *(to be confirmed)* Streamlining the Independent Information Governance Advice to HSCIC Update Diabetes Prevention Programme - non-diabetic hyperglycaemia Directions Clinical Governance and Safety Information Governance Strategy (external) Paperless 2020 Update Report	Directions *(to be confirmed)* HSCIC advice to SoS on burden of data collection	Directions *(to be confirmed)*	Directions *(to be confirmed)* Streamlining the Independent Information Governance Advice to HSCIC Update
Planning	***Planning***	***Planning***	***Planning***	***Planning***	***Planning***
	*Corporate Business Plan 2016-17 (deferred until September 2016)	Care.Data Programme: lessons identified, benefits and options for a single GP dataset *Corporate Business Plan 2016-17	* Mid-year review of Corporate Business Plan 2016-17	* Corporate Business Plan 2017-18 (Draft)	* Corporate Business Plan 2017-18 (Final)
Papers for Information Only	***Papers for Information Only***	***Papers for Information Only***	***Papers for Information Only***	***Papers for Information Only***	***Papers for Information Only***
Forthcoming Statistical Publications Programme Definitions	Forthcoming Statistical Publications Programme Definitions	Forthcoming Statistical Publications Programme Definitions	Forthcoming Statistical Publications Programme Definitions	Forthcoming Statistical Publications Programme Definitions	Forthcoming Statistical Publications Programme Definitions
April and May 2016	**June and July 2016**	**August and September 2016**	**October and November 2016**	**December 2016 and January 2017**	**February and March 2017**
Key Meetings	***Key Meetings***	***Key Meetings***	***Key Meetings***	***Key Meetings***	***Key Meetings***
• Executive Management Team – weekly • Board Business Meeting – 13 April 2016 • Assurance and Risk Committee – 24 May 2016 • Information Assurance and Cyber Security Committee – 3 May 2016 • Public Board Meeting – 4 May 2016	• Executive Management Team – weekly • Public Board (Accounts) - 08 June 2016 • Board Business Meeting – 27 July 2016 • Assurance and Risk Committee – 08 June 2016 • Information Assurance and Cyber Security Committee – 20 July 2016 • Remuneration Committee – 12 July 2016	• Executive Management Team - weekly • Public Board Meeting – 7 September 2016 • Assurance and Risk Committee – 31 August 2016	• Executive Management Team – weekly • Board Business Meeting 26 October 2016 • Public Board Seminar – 30 November 2016 • Assurance and Risk Committee - 16 November 2016 • Information Assurance and Cyber Security Committee -16 November 2016 • Remuneration Committee – 22 November 2016	• Executive Management Team – weekly • Board Business Meeting – 14 December 2016 • Assurance and Risk Committee – 18 January 2017 • Information Assurance and Cyber Security Committee -18 January 2017	• Executive Management Team – weekly • Public Board Meeting – 1 February 2017 • Board Business Meeting 01 March 2017 • Assurance and Risk Committee –15 March 2017 • Information Assurance and Cyber Security Committee -15 March 2017 • Remuneration Committee – 14 March 2017

[i] This is a living document and is subject to regular updates
[ii] Please see the final agenda for the full details of the items discussed at the statutory public HSCIC Board meetings

Health & Social Care Information Centre

Board Meeting – Public Session

Title of paper:	External Information Management Strategy - Development Process and Timeline : For Information
Board meeting date:	08 June 2016
Agenda item no:	HSCIC 16 02 06 a (P1)
Paper presented by:	Martin Severs Interim Director of Information and Analytics, Medical Director and Caldicott Guardian
Paper prepared by:	Christina Munns Programme Manager, Information Governance and Standards Assurance
Paper approved by: (Sponsor Director)	Martin Severs Interim Director of Information and Analytics, Medical Director and Caldicott Guardian
Purpose of the paper:	For information. To inform the Board about the proposed development process and timeline for the HSCIC's external Information Management ('IM' - an overarching term used to include information governance and security) Strategy.
Key risks and issues:	The main risk is that the HSCIC acts too slowly and does not provide external IM offerings that are fit for purpose for all customers. This must be balanced against the risk of acting too quickly and wrongly pre-empting the results of the National Data Guardian public consultation, which will inform appropriate offerings.
Patient/public interest:	Direct, part of a service offering that will be used by patients or the public.
Actions required by the Board:	To note, for information only.

Health & Social Care Information Centre

External Information Management Strategy

Development Process and Timeline : For Information

Christina Munns

24 May 2016

Contents

1 Executive Summary

This paper aims to inform the Board about the proposed development process and timeline for the HSCIC's external Information Management (an overarching term used to include information governance and security) Strategy. The paper is being submitted for information. A paper on the draft external IM strategic principles and priorities will be submitted to the next Information Assurance and Cyber Security Committee (IACSC) and developed into a draft External IM Strategy to be submitted to the September Board for approval.

2 Background

The forthcoming National Data Guardian (NDG) Review Report provides an important opportunity to reflect on the organisation of the HSCIC's external Information Management offering. The HSCIC's current Information Management offering has grown organically (see Appendix A for an overview of the HSCIC's current external IM offering). The HSCIC could build this into a coherent whole if it considers present and future drivers and priorities in the development process. Its development timescales would need to be mindful of the timescales of the NDG consultation outcome.

3 Recommendation

It is recommended that the following timeline is applied to the development of the HSCIC's coherent External Information Management Strategy:

May - June 2016 – An outline draft of the external IM strategic principles and priorities is developed, working closely with EMT members.

July 2016 - The outline proposal for the external IM strategic principles and priorities is submitted to the IACSC for endorsement.

August 2016 – The outcome of the NDG Review consultation shapes the commitments within the External IM Strategy and underpinning plan, working collaboratively with the National Data Guardian.

September 2016 – The proposed draft External IM Strategy is submitted to the HSCIC Board for approval.

November 2016 – Proposed publication date for the HSCIC's External IM Strategy.

4 Implications

4.1 Strategy Implications

The priority is to support the HSCIC's first strategic aim of ensuring that every citizen's data is protected.

4.2 Financial Implications

Expenditure implications of the proposal should be raised throughout the development of the Strategy but cannot be pre-empted at this early stage.

4.3 Stakeholder Implications

A key stakeholder view is the National Data Guardian. The HSCIC must ensure that it is ready to support the outcome of the consultation, whilst not pre-empting the outcome.

The overarching approach also needs to align with the National Information Board (NIB), NHS England and DH policy and strategy direction.

4.4 Handling

Eventually a Communications Campaign will be required for all stakeholders.

5 Risks and Issues

The major risk is that we act too slowly and do not provide external IM offerings that are fit for purpose for all customers. This must be balanced against the risk of acting too quickly and wrongly pre-empting the results of the NDG public consultation.

6 Corporate Governance and Compliance

The adoption of appropriate assurance and compliance processes for the health and social care system is the objective of this piece of work. Measures of success will be reported to the Board, once the principles and work items are agreed.

7 Management Responsibility

Professor Martin Severs and Rob Shaw will be the executive directors who will have accountability for the proposal. Peter Hall will have overall responsibility and will deal with the matter on a day to day basis.

8 Actions Required of the Board

The Board are asked to note the proposed development process and timeline for the HSCIC's external Information Management.

9 Appendix 1: HSCIC’s Current IM Offering

Activity	Summary of purpose
1. IG Toolkit (IGT)	Delivers a compliance mechanism for standards on Information Management for the health and social care system, provides an assurance tool, a training tool, central reporting capability and incident reporting function.
2. CareCERT (Computer Emergency Response Team)	Provides an intelligence function to support improvements in security and cyber security issues. Provides an intelligence gathering and broadcast facility to health and social care organisations to warn of emerging cyber security threats; liaises with GovCERT and other national agencies to ensure flows of joined up intelligence.
3. Training Provision	National training provision on IG delivered via the IG Toolkit. All NHS staff have access to the training tool. It is the baseline training standard in the subject area. It is now out of date and in need of replacement.
4. Cyber Security Support	Provides support and advice to external organisations to address and remediate critical incidents experienced and on-site assessments of health and care organisations giving situational awareness of cyber security preparedness.
5. HSCIC Code of Practice on Confidential Information	Describes good practice for organisations handling confidential information, to which they must legally have regard.
6. Information Governance Alliance (IGA) (host)	The IGA aims to be the single authoritative voice on ‘information governance’ for health and care. It is a ‘co-operative venture’ to encourage a collaborative way of working across Health and Social Care and a consistent approach to delivery.
7. Assurance of IGT Results	With approximately 38,000 registered users and 38,000 annual returns, the HSCIC provide a very limited assurance of IGT submissions. Desk top evidence reviews are carried out for specific purposes e.g. Confidentiality Advisory Group (CAG) s251 support. The numbers vary year on year but usually amount to several hundred a year.
8. Audit of data dissemination customers	Independent audits of customers of the HSCIC’s data disseminations. Audits will be based around key topics or may be focused on specific elements such as data destruction. They may also be invoked in response to data breeches and undertaken before data is made available again, or carried out as part of the application process to be certain that data will be handled appropriately by the requestor before being released.

hscic Health & Social Care Information Centre

Board Meeting – Public Session

Title of paper:	Direction from NHS England for Diagnostic Imaging Data set (DID)
Board meeting date:	08 June 2016
Agenda item no:	HSCIC 16 02 06 b (P1)
Paper presented by:	Martin Severs Interim Director of Information and Analytics, Medical Director and Caldicott Guardian
Paper prepared by:	Tia Cheang Head of Secondary Care
Paper approved by: (Sponsor Director)	Martin Severs Interim Director of Information and Analytics, Medical Director and Caldicott Guardian
Purpose of the paper:	To gain acceptance of the NHS England DID Direction
Key risks and issues:	Failure to approve the Direction will result in delays to the issue of a new Information Standards Notice (ISN) for DID. The Privacy Impact Assessment (PIA) for DID is not yet complete and may identify previously unforeseen privacy risks.
Patient/public interest:	Indirect The DID is used to support the National Cancer Strategy by NHS England and is used for statistical purposes.
Actions required by the Board:	The consideration and acceptance of the NHS England Direction for the Diagnostic Imaging Data set (DID)

hscic Health & Social Care Information Centre

Direction from NHS England for Diagnostic Imaging Data set (DID)

Tia Cheang

25 May 2016

Contents

1 Executive Summary

The Diagnostic Imaging Data set (DID) is currently collected under the Commencement Order of the Health and Social Care Act[1]. The DID collection and data standard is undergoing a Standardisation Committee for Care Information (SCCI) review and as part of this work NHS England have issued a draft Direction to HSCIC for the collection in order to provide a firm legal basis for its continuation. This paper provides the Board with the information necessary to consider this draft Direction and agree its acceptance.

2 Background

The Diagnostic Imaging Data set (DID) is a mandated central collection of detailed information about diagnostic imaging tests carried out on NHS patients which is currently flowing to the HSCIC.

The DID is extracted from Radiology Information Systems (RIS) and submitted monthly.

The submitted data is at patient level and covers 4 areas:

- Information about the patient (e.g. NHS no., date of birth, postcode, etc.)
- Information about the referrer (e.g. referrer code, referring organisation code)
- Information about the provider (e.g. imaging provider site code)
- Information about the imaging examination or test (e.g. imaging code, test dates, etc.)

The DID system then derives further information using HSCIC corporate reference data. This includes the following:

- Geographical information (e.g. Lower Super Output Area patient resides in)
- Patient age band
- Type of referrer (e.g. GP, consultant, nurse, physio)
- Commissioning group (CCGs)
- Days between key dates in the imaging process (from request through to reporting)
- Additional examination information (e.g. type of imaging, body site, body system, etc.)
- GP practice population data

The data flow commenced in April 2012 with Section 251 support and continues to flow under the Commencement Order of the Health and Social Care Act.

3 Recommendation

It is proposed that the Board consider the draft Direction in Appendix 2.

[1] The Health and Social Care Act 2012 (Commencement No.4, Transitional, Savings and Transitory Provisions) Order 2013

4 Implications

4.1 Strategy Implications

This proposal is in line with the National Information Board (NIB) Strategy to expand the number of diagnostics collections as the DID will become part of the Diagnostics Data Service.

The DID is required to support the NHS England 5 Year cancer strategy and its statutory obligation to measure Population Dosimetry and the data is used to create the NHS England DID publication which is an Official Statistic.

4.2 Financial Implications

The DID collection has two funding streams as follows:

- £150k direct contract with NHS England paid on a Quarterly basis
- £100k contribution from HSCIC drawn from the NIB

From 2017/18 the entirety of the DID will be funded via the NIB allocation for the Diagnostics Data Service and this will run until the end of the current agreed NIB programme in 2020 at which point a decision will be made as to whether this should remain a Direct Commission or be funded via Grant in Aid.

4.3 Stakeholder Implications

Key stakeholders include NHS England and Public Health England in addition to HSCIC.

If the Direction is delayed then there may be an impact on the ability to issue a new SCCI standard.

4.4 Handling

Key stakeholders include NHS England and Public Health England in addition to HSCIC.

If the Direction is delayed then there may be an impact on the ability to issue a new SCCI standard.

4.5 Workforce implications

There are no anticipated workforce implications arising from this proposal. The teams required to collect, warehouse and disseminate DID are already established.

5 Risks and Issues

- If the Direction is not accepted SCCI cannot issue new Information Standard Notice (ISN) for DID and collection will continue under the Commencement Order
- No previous Privacy Impact Assessment: A PIA is currently being undertaken as part of the SCCI review. This may identify previously unforeseen privacy risks; however,

as the collection contains PCD it already adheres to Information Governance standards and protocols

6 Corporate Governance and Compliance

The DID is an existing live service and corporate governance and compliance arrangements are in place both within Secondary Care and with NHS England.

The DID is managed with NHS England via the DID Governance Group which will be superseded upon the implementation for the Diagnostic Data Service, the governance for which is illustrated in Appendix 1.

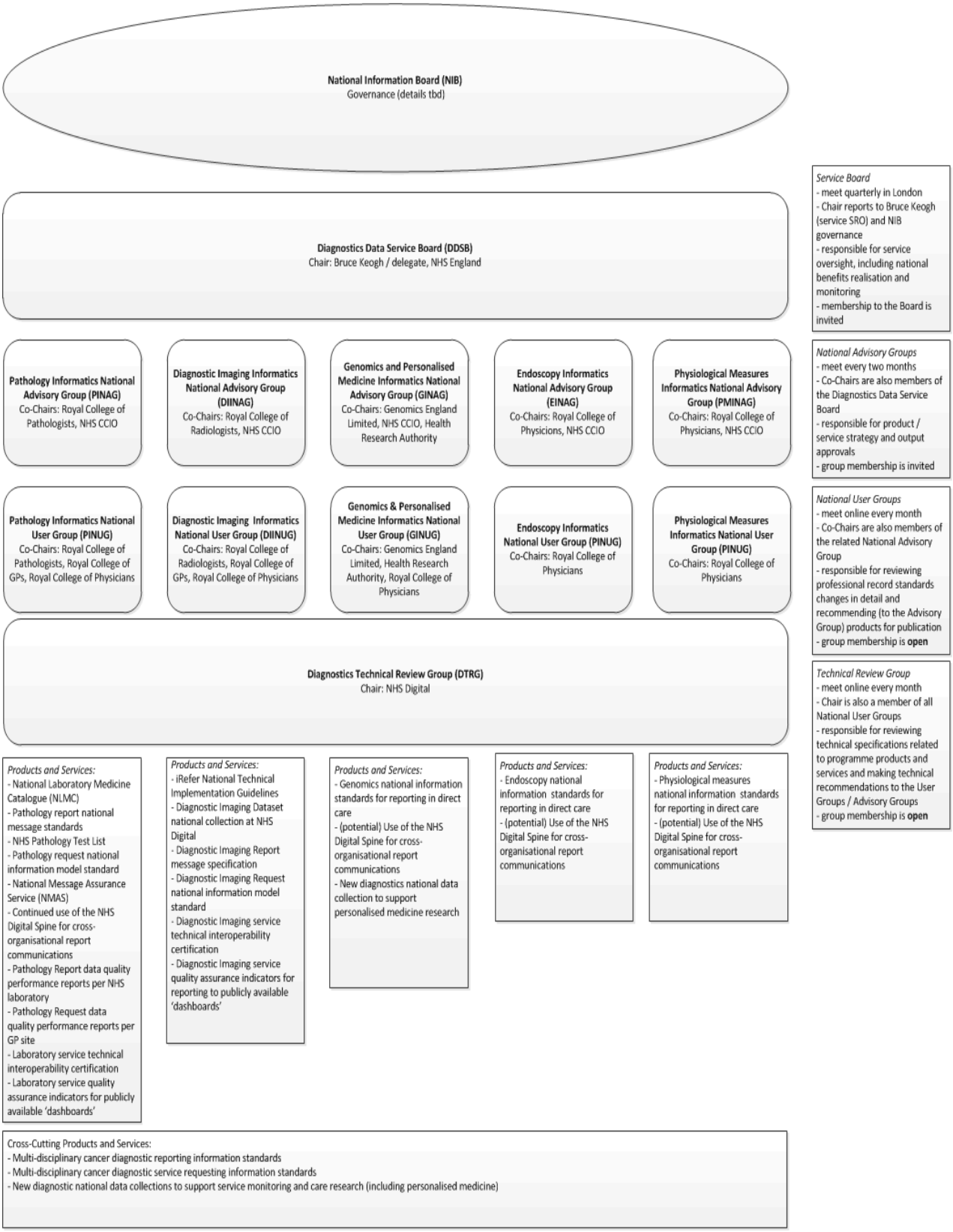
7 Management Responsibility

Tia Cheang, Head of Secondary Care has responsibility for the day to day operations of DID.
Laura Sato, Head of Diagnostic Data Services is the Portfolio Item Manager for DID.
Martin Severs is the Executive Director responsible for DID.

8 Actions Required of the Board

The Board is asked to consider and approve the draft Directions for the Diagnostic Imaging Data set attached as Appendix 2.

Appendix 1: Draft Digital Diagnostics Governance structure



Appendix 2: Draft Direction

DRAFT v0.4

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: Diagnostic Imaging Data Set Service) Directions 2016

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: Diagnostic Imaging Data Set Service) Directions 2016 and shall come into force on **[enter date]**.

2. In these Directions–

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

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

	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", "Organisation and Service Types" in the Specification;
"SCCI1577"	is the unique reference number for the Diagnostic Imaging Data Set Information Standard;
"Specification"	means the Diagnostic Imaging Data Set (DIDS) Requirements Specification, Document ID SCCI 1577 (Amd 10/2011 initial standard) version **N.N** dated **DD/MM/YYYY** that has been published by the Board and annexed to these Directions at Annex A or any subsequent amended version of the same document published by the Board;
"Technical Output Specification"	means Part 3 of the Specification.

Establishing and Operating the Diagnostic Imaging Data Set Service 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 Diagnostic Imaging Data Set Service Information System".

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

(3) The Board directs HSCIC to carry out the activities described in sub-paragraph (1) in accordance with the HSCIC Requirements defined in Part 2.5 of the Specification, the HSCIC Conformance Criteria defined in section 2.6 of the Specification, and generally in such a way as to enable and facilitate the requirements set out in the Specification.

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 SCCI1577 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 Diagnostic Imaging Data Set Service Information System.

Review of these Directions

7. These Directions will be reviewed when the Board approves any amendment to the Information Standard SCCI1577. 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

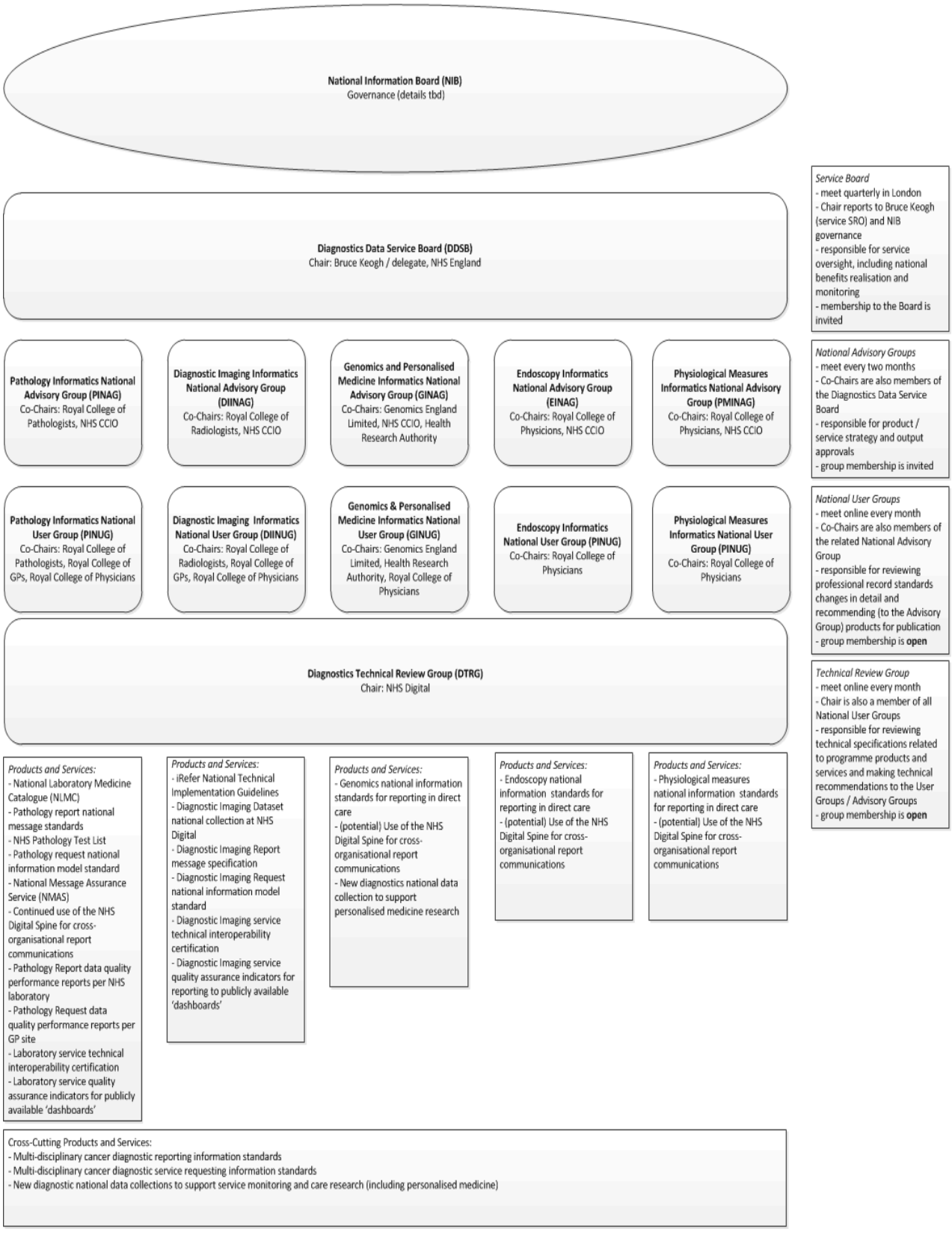
Sir Bruce Keogh
Caldicott Guardian

[INSERT DATE]

Annex A – Diagnostic Imaging Data Set (DIDS) Specification SCCI 1577 (Amd 10/2011 initial standard) Version N.N

[The embedded document Annex A has been removed and is available in Shared Documents]

Appendix 1: Draft Digital Diagnostics Governance structure



Appendix 2: Draft Direction

DRAFT v0.4

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: Diagnostic Imaging Data Set Service) Directions 2016

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.

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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: Diagnostic Imaging Data Set Service) Directions 2016 and shall come into force on **[enter date]**.

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[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

	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", "Organisation and Service Types" in the Specification;
"SCCI1577"	is the unique reference number for the Diagnostic Imaging Data Set Information Standard;
"Specification"	means the Diagnostic Imaging Data Set (DIDS) Requirements Specification, Document ID SCCI 1577 (Amd 10/2011 initial standard) version **N.N** dated **DD/MM/YYYY** that has been published by the Board and annexed to these Directions at Annex A or any subsequent amended version of the same document published by the Board;
"Technical Output Specification"	means Part 3 of the Specification.

Establishing and Operating the Diagnostic Imaging Data Set Service 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 Diagnostic Imaging Data Set Service Information System".

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

(3) The Board directs HSCIC to carry out the activities described in sub-paragraph (1) in accordance with the HSCIC Requirements defined in Part 2.5 of the Specification, the HSCIC Conformance Criteria defined in section 2.6 of the Specification, and generally in such a way as to enable and facilitate the requirements set out in the Specification.

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 SCCI1577 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 Diagnostic Imaging Data Set Service Information System.

Review of these Directions

7. These Directions will be reviewed when the Board approves any amendment to the Information Standard SCCI1577. 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 – Diagnostic Imaging Data Set (DIDS) Specification SCCI 1577 (Amd 10/2011 initial standard) Version N.N

[The embedded document Annex A has been removed and is available in Shared Documents]

Title	Diagnostic Imaging Data Set Requirements Specification		
Document ID	SCCI 1577 (Amd 10/2011 initial standard)		
Sponsor	Bruce Keogh	**Status**	Draft
Developer	Nicola Dawes	**Version**	0.5
Author	Nicola Dawes	**Version Date**	23/02/2016

Diagnostic Imaging Data Set (DIDS) Requirements Specification

Amendment History:

Version	Date	Amendment History
0.1	30/12/2015	First draft for comment.
0.2	07/02/2016	Amended following SD comments
0.3	12/01/2016	Minor amendments following ED comments
0.4	09/02/2016	Minor amendment to Ethnic category in Data Specification following feedback from initial pre-SCCI review
0.5	23/02/2016	Minor amendment to clarifiy mandatory status of clinical imaging code following feedback from intial ISAS consideration

Reviewers:

Name	Organisation	Version	Date
Sheila Dixon	NHS England	0.1	04/01/2016
Erika Denton	NHS England	0.1	08/01/2016

Approvals:

Name	Organisation	Version	Date
Tia Cheang	HSCIC		

Glossary of Terms:

Term	Acronym	Definition
Burden Assessment and Advice Service	BAAS	The Burden Assessment and Advice Service (BAAS) process makes sure that information demands on the NHS are minimised, fit with current national health policies and are carried out in the most efficient way without duplication. It covers the Department of Health and its Arm's Length Bodies (ALBs).
Data Controller		A person who (either alone or jointly or in common with other persons) determines the purposes for which and the manner in which any personal data are, or are to be, processed. A data controller must be a “person” recognised in law, that is to say: • individuals; • organisations; and • other corporate and unincorporated bodies of persons. Data controllers will usually be organisations, but can be individuals, for example self-employed consultants. Even if an individual is given responsibility for data protection in an organisation, they will be acting on behalf of the organisation, which will be the data controller.

Term	Acronym	Definition
Data Item		A single component of a data group that holds one piece of information relating to an event or episode.
Data Set		The full collection of data groups. See 'Technical Output Specification'
Diagnostic Imaging Data Set	DID	Data collection that is extracted from Radiology Information Systems for all imaging events for diagnostic, intervention and treatment purposes on NHS patients
DID Governance Group		Group of representatives from NHS England, HSCIC, Clinicians, Royal Societies, National Clinical Director for Diagnostics, policy leads and senior suppliers to oversee the collection and use of the DID.
DID Service Group		Group of representatives from HSCIC DID Service Team, HSCIC Data Collection Team and NHS England
Information Standard		An information standard is a formal document approved and issued by the Standardisation Committee for Care Information (SCCI). It defines technical criteria, content, methods, processes and practices for implementation across health and social care in England.
Information Standards Notice	ISN	A notice of an Information Standard approved by the Standardisation Committee for Care Information (SCCI). When a health and social care organisation in England receives an ISN, they will ensure that they and their contractors comply with the standard in a reasonable time (such time defined within the ISN). ISNs were previously published by the Information Standards Board (ISB).
Modality		The mode through which the image is captured such as x-ray, MRI or CAT scan.
National Interim Clinical Imaging Procedure Codes	NICIP	NICIP is a comprehensive national standard set of codes and descriptions for imaging procedures and is maintained by the UK Terminology Centre. It is intended for use in all Imaging Department information systems
Patient Level		Relating to a single data subject, as opposed to an aggregate data set.
Radiology Information System	RIS	The clinical information systems used by radiology departments to hold information regarding patient radiology appointments. The information required under this standard is extracted from the RIS.
Standardisation Committee for Care Information	SCCI	The SCCI replaces the Information Standards Board for Health and Social Care (ISB) and is a sub-group of the National Information Board (NIB). Empowered by the Health and Social Care Act 2012 the SCCI has delegated responsibility for approving information standards for the health and social care system in England. The SCCI membership is drawn from a range of organisations operating within health and social care.
Secondary Uses		Re-using clinical and operational information for purposes other than direct patient care. For example, national reporting.
SNOMED CT		SNOMED CT stands for the 'Systematized Nomenclature of Medicine Clinical Terms', and consists of comprehensive scientifically validated content. SNOMED CT is an international clinical terminology that provides machine readable codes for clinical concepts; the clinical concepts being also represented in a consistent and human readable form through descriptions. SNOMED CT has been selected and approved as the terminology to be adopted by the NHS in England.
Technical Reference data Update Distribution	TRUD	A service which provides the NHS with clinical reference data that is updated every six months. This includes SNOMED CT, READ, NICIP and other clinical coding frames used by NHS systems.

Term	Acronym	Definition
Validation		Process by which the format or the format and value of a data item is checked against a standard rule and/or reference data

Contents

1 Overview

This product precisely defines the patient level Diagnostic Imaging Data set (DID) standard, 'what it is' and 'how it should be implemented'.

It is the formal definition of the standard.

1.1 Background

Standard	
Standard Number	SCCI1577
Standard Title	Diagnostic Imaging Data set

Description	The Diagnostic Imaging Dataset (DID) is a central collection of detailed information about diagnostic (and other) imaging tests carried out on NHS patients, to be extracted and submitted monthly.
	The data set captures information about referral source and patient type, details of the test (imaging code which can be mapped to useful information such as type of test and body site post collection), demographic information such as GP registered practice, patient postcode, ethnicity, gender and date of birth, plus key dates for events in the imaging process to allow derivation of information about waiting times for each diagnostic imaging event, from time of test request through to time of reporting.
	The data set is collected at patient level and includes patient identifiers to enable linkage to other data sets, most notably cancer registration data and Hospital Episode Statistics. Access to patient-identifiable data will be tightly controlled within HSCIC and granted only to those individuals with the necessary security approvals. Combined with other data sets, these data items give powerful information about access of NHS patients to diagnostic imaging tests across England.
	Appendix A shows how data flows through the system.
	
	In Scope
	All imaging activity relating to people who receive NHS funded imaging services for the purpose of diagnosis, intervention and/or treatment are within scope of the DID (with the exception of breast screening services, or any other diagnostic imaging tests not typically recorded on central RIS).
	
	The scope of the data set requires record level data submission from radiology departments' Radiology Information Systems (RISs) for all activity funded by the NHS.
	
	Out of Scope
	The following areas are currently out of scope and should consequently not be included within DID:
	• Imaging activity recorded in a providers system that is separate to the RIS such as:
	  ○ Breast screening
	  ○ Mobile cardiac ultrasound activity

	• Imaging activity performed on the deceased, such as that carried out for post mortem purposes. • Primary care dental x-rays
Benefits	The benefits of compiling the data include: • To provide detailed national data on trends and patterns in NHS imaging to demonstrate how expensive equipment and trained workforce are deployed and support capacity planning. • To provide more detailed national data than is otherwise available on test type (modality), body site of test and patient demographics, which can reveal the impact of initiatives to improve outcomes for patients by influencing the type, timing and number of tests. • To allow benchmarking in the rate of provision of diagnostic tests overall and in GPs' direct access to tests, to encourage increased use of tests leading to earlier diagnosis and hence improved outcomes. • To understand and influence issues around delays in access and turnaround times for tests. • To inform accreditation processes for imaging departments through the UK Imaging Services Accreditation Scheme and the assessment of imaging services by the Care Quality Commission. • To allow the Health Protection Agency (HPA) to calculate more accurate estimates of the distribution of individual radiation dose estimates from medical exposures. • To replace the annual KH12 dataset, which may then be discontinued. • To inform work on development of accurate tariffs for all diagnostic imaging tests • To enable better analysis of cancer pathways by indicating where, what and when imaging takes place in the pathway, especially after linkage to Cancer Registry data for cancer patients to demonstrate what supports earlier diagnosis and better outcomes. A benefits map is included in Appendix B
Applies to	**Patients** Any patient (adult, adolescent or child) who receive imaging as part of diagnosis, intervention (such as surgery) or treatment (such as radiotherapy). **Organisation and Service Types** The standard will be used across the range of Service Providers and organisations that provide imaging services including: • NHS Acute Trusts • NHS Care Trusts • NHS Foundation Trusts • NHS Mental Health Trusts • Independent sector / social enterprise providers offering a

	service model that includes NHS funded patients • Community-based providers of NHS funded imaging services* * This excludes imaging carried out in a primary care setting such as dental x-rays due the additional burden this would place on NHS and the DID system. There would be thousands of primary care providers as opposed to the ~180 Secondary Care providers required to submit to DID. Since such examinations are unlikely to be used to diagnose cancer and contribute little to an individual's overall lifetime exposure to radiation there would be very little benefit of including them in the scope of the DID collection. **Departments** The standard must be read and used by all radiology departments and other clinical and support services, including community services, that have an active involvement in delivering imaging services. **Professionals** The standard applies to all professions working in or supporting imaging services for diagnosis, intervention or treatment including community services. **IT Systems** The standard predominantly, but not exclusively, relates to Radiological Information Systems (RIS). It may also relate to Patient Administration Systems (PAS) where the RIS and PAS are linked and share data.
Impact on Existing Information Standards	In terms of the progression through the SCCI process, this is technically a change to the existing DID standard (ref: ISB 1577). There are no proposed changes to the existing standard. This application is to uplift the existing standard from ISB 1577 to SCCI 1577 under the Health and Social Care Act 2012. Once successfully uplifted, this standard will allow the cessation of central return KH12 and therefore the retirement of DSCN47/96/P40. The retirement of this collection requires no extra data items to be collected as part of, or changes to, DID. Other related standards are: • DSCN 27/2009 National Interim Clinical Imaging Procedure Codes • ISB 0034 SNOMED CT However as there are no proposed changes to DID there will be no impact on these standards
Release	
Release Number	2
Release Title	Diagnostic Imaging Data set (DID) Version 2.0

Description	Uplift of the existing standard (ISB 1577) to SCCI 1577 under the Health and Social Care Act without any changes to the existing data set
Implementation Completion Date	**System Suppliers** There will be no changes for system suppliers to implement **Care Providers** From 1st April 2016 providers of imaging services as defined in this Information Standard ***MUST*** be able to collect the information as defined in this specification for local use. From 1st May 2016, providers of NHS-funded imaging services ***MUST*** submit DID submissions in accordance with this standard.
Full Conformance Date	30th June 2016 (due to three month submission window)

1.2 Supporting Documents

Ref #	Reference	Title
1	Pg45 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123371	DH: Improving Outcomes: A Strategy for Cancer
2	Pg14 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486674/nhse-mandate16-17.pdf	The Government's mandate to NHS England for 2016-17
3	https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2014/06/Annex-5-Diagnostic-Imaging-Activity-Comparisons-2013-14.pdf	NHS England : Diagnostic Imaging Activity Comparisons 2013/14 - Comparing DID with KH12 and DM01
4	Recommendations c and d, pg10 https://www.nao.org.uk/wp-content/uploads/2015/01/Progress-improving-cancer-services-and-outcomes-in-England.pdf	NAO: Progress in improving cancer services and outcomes in England
5	Page 9 'must do' area 6 https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf	HS Planning guidance 2016/17 to 2010/12 - around diagnostic capacity
6	Recommendation 20	Achieving World-Class Cancer Outcomes – A

	http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf	strategy for England 2015-2020

1.3 Related Standards

Ref #	Reference	Title
1	DSCN47/96/P40	Central Return KH12
2	DSCN 27/2009	National Interim Clinical Imaging Procedure Codes
3	ISB 0149-02	NHS Number for Secondary Care
4	ISB 0149-01	NHS Number for General Practice
5	ISB 0034	SNOMED CT
6	ISB 0092	Commissioning Data Sets (CDS) version 6.2
7	ISB 0090	Organisation Data Service (ODS)

2 Requirements

2.1 Health and Care organisations Requirements

#	Requirement [1]
	Timeframe
1	From 1st April 2016 providers of Imaging Services as defined in this Information Standard ***MUST*** be able to collect the information as defined in this specification for local use.
2	From 1st May 2016 providers of Imaging Services as defined in this Information Standard ***MUST*** begin the submitting monthly MHSDS submissions centrally as per the instructions in the DID Guidance.
3	The providers ***MUST*** allow time to review and implement corrections to their submission files within the designated window.
	Scoping
4	Providers ***SHOULD*** review all related documentation to fully understand the background, objectives and scope to this information standard.
5	HSCIC will continue to provide a local codes mapping service for Imaging Service Providers where within system mapping would be burdensome. Imaging Services Providers and Data Submitters ***MUST*** make sure that local mapping files are uploaded to the DID Submission Portal as per the instructions in the DID Guidance and ***MUST*** ensure mapping files are kept up to date.
	Feasibility Assessment
6	As the DID Guidance is intended to only define "what should be extracted" from local IT systems, not "what should be captured", A clinical data set will need data items beyond what the DID specifies; consequently, providers of Imaging Services ***SHOULD NOT*** use this data set to define their clinical and operational data capture. The DID is collected to only re-use clinical data and not specify standards for capturing clinical data.
7	Providers of Imaging Services ***MUST*** make submissions only for those data items defined in the DID Guidance and no additional data items should be included.
	Information Governance
8	The DID Implementation Guidance explains the Information Governance issues surrounding the data set. Caldicott Guardians and the Heads of Information Services ***MUST*** review the Information Governance Guidelines within the DID Implementation Guidance to ensure their understanding is correct: - How data submission, storage and reporting processes handle identifiable and sensitive data items. - How consent issues should be best managed. This new standard does not change what is being collected in DID or the Information Governance issues surrounding the data set.
9	Providers of Imaging Services ***MUST*** make available information and guidance to patients stating that their clinical care data ***MAY*** be re-used for the purpose of data analysis and reporting.

[1] The key words MUST, SHOULD and MAY are defined in RFC-2119.(http://www.ietf.org/rfc/rfc2119.txt)

	It ***MUST*** be the sole responsibility of the care provider's Caldicott Guardian to ensure the subject information is withheld where appropriate. Any immediate concerns ***SHOULD*** be addressed to the DID Service Team at the HSCIC or the Health Research Authority (HRA) Confidentiality Advisory Group (CAG).
10	With immediate effect, providers of Imaging Services ***SHOULD*** read the 'NHS Confidentiality Code of Practice', 'Caldicott Report' and subsequent 'Information: To share or not to share?' Information Governance Review (second Caldicott review) for guidance and technical support related to data and information sharing at both operational and secondary use levels.
11	Providers of Imaging Services ***SHOULD*** also consult and adhere to the good practice advice and guidance set out in the HSCIC's 'A Guide to Confidentiality in Health and Social Care'. To prevent breaches of confidentiality,
12	It ***MUST*** be the sole responsibility of the care provider's Caldicott Guardian to ensure the subject information is withheld where appropriate
13	Any immediate concerns regarding Information Governance ***SHOULD*** be addressed to the DID Service Team at the HSCIC or the Health Research Authority (HRA) Confidentiality Advisory Group (CAG).
	Clinical Governance
14	Clinical governance is defined by Department of Health as 'the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish'. As an Information Standard that approves a national patient-level data set: - Governing and audit bodies ***MAY*** use the data set to monitor whether providers of Imaging Services are making year on year improvements. - Providers of Imaging Services ***MAY*** use the data set to compare and contrast performance to drive service improvements. - The NCIN ***MAY*** use the data set benchmark GPs. - The PHE Cancer Registry ***MAY*** use the data set to extend the cancer pathway information. It is therefore clear that the data set can be used for clinical governance purposes.
	Clinical Risks
15	Providers of Imaging Services ***SHOULD*** always seek to understand the context of published national reports and be aware that the information presented depends greatly upon the quality of information submitted. Ongoing efforts ***SHOULD*** be made to ensure that data quality is of the highest standard before forming judgements about reports and introducing changes. As an Information Standard that approves a national patient-level data set: - The HPA ***MAY*** use the data set to estimate exposure to radiation through use of imaging tests for diagnosis, intervention or treatment.
	Central Data Submission
16	Providers of Imaging Services* ***MUST*** create a monthly data submission as set out in the DID Guidance.

	-
17	Providers of Imaging Services ***MUST*** be able to: - Collate and extract data from local IT (RIS) systems as per the DID Guidance. - Structure the data and create a data submission file as per the DID Guidance. - Apply the basic validation rules and ensure that the submission file conforms to these. - Submit the data submission file on the secure DID submission portal using a personal login by authorised personnel only.
18	Providers of Imaging Services* ***MUST*** continue to submit data monthly to the DID, based on a schedule that is available on the HSCIC DID Portal website[2].
19	Providers of Imaging Services* ***MUST*** check for error reports, correct errors and make re-submissions at the earliest opportunity. Further details on error correction and re-submissions are explained within the DID Guidance.
20	*In some circumstances one organisation may submit data to DID on behalf of other providers of Imaging Services. In these cases: - The imaging providers **MUST** agree who will be responsible for submitting to the DID and avoid submitting duplicate records. - The submitting organisation **MUST** use the correct ODS Site Code for the imaging activity so that the activity can be mapped to the correct provider.
	Constructing a Data Submission File
21	Data Submitters ***MUST*** familiarise themselves with the DID Guidance document which provides information on how to create a monthly submission file. However, noted below are key requirements of the technical submission architecture.
22	A submission ***MUST***: - Meet the conditions and validation rules explained in the DID Guidance.
23	Each Data Submission File - ***SHOULD*** be in XML format - ***MAY*** be in CSV format if submission in XML is not possible
24	Each Data Submission File **MUST NOT** contain duplicate records with the same Radiological Accession Number
25	Each XML submission: - ***MUST*** conform to the published XML schema. - ***MUST*** contain all Mandatory data items and at least one item from each Mandatory Group for every record as described in the DID Guidance.
26	Each CSV submission will be converted to XML by the system before being validated therefore each CSV file: - ***MUST NOT*** contain a header row. - ***MUST*** be in the correct column order as described in the DID Guidance. - ***MUST NOT*** contain any blank rows after the last record. - ***MUST*** contain all Mandatory data items and at least one item from each Mandatory Group for every record as described in the DID Guidance. - ***MUST*** have all data items formatted correctly to allow necessary leading zeros and correct date formats as described in the DID Guidance.
27	Providers of Imaging Services ***MUST*** include in their submission all eligible completed imaging activity recorded in their RIS.

[2] https://did.hscic.gov.uk/Main/Timetable

28	Providers of Imaging Services ***SHOULD*** include in their submission all Required data items where these are available for extraction from their RIS.
	Validation Rules
29	Existing data validation rules will not be affected by this standard. However, providers of Imaging Services ***MUST*** review the DID Guidance on the HSCIC DIS Submission Portal website[3] to understand the data validation rules that will be applied upon submission to all incoming Data Submission Files. Any hard validation rules not adhered to will result in entire submission being rejected.
30	Where error reports are generated due to non-conformance against validation rules, DID submitters ***MUST*** take immediate action and resubmit the corrected file within the submission window.
	Data Quality Feedback
31	Data quality issues will be reported back data submitters on an ad-hoc basis as they arise by the HSCIC Data Collections team. Providers of Imaging Services and submitters of DID data ***SHOULD*** make every effort to resolve inherent systemic errors and address recurring data quality issues.
32	Coverage, Completeness and Quality measures are published monthly on the NHS England[4] Website for DID. Providers of Imaging Services and submitters of DID data ***SHOULD*** review these reports regularly and consider how the completeness and quality of their data can be improved.
	Monthly Submission
33	A submission ***MUST*** be loaded onto the portal on a monthly basis and as per instructions laid out in the DID Guidance.
	Requirements of Key Personnel Involved in the Delivery of this Data Set
34	**Heads of Imaging Services** are responsible for capturing the information as part of the on-going care of patients. They ***MUST***: - Familiarise themselves with the DID Guidance to understand what data items are mandated by this Information Standard. - Ensure they understand and implement the Information Governance approach adopted for this data set, which can be found in the Information Governance section of the Implementation Guidance. - Explain to operational and clinical staff the importance of capturing data for the DID.
35	**Clinical staff *MUST***: - Capture the DID data items in an accurate and timely manner. - Understand the deployed IG approach, especially in relation to the handling of sensitive data.
36	**Informatics staff** are responsible for producing extracts that conform to the DID Guidance. They ***MUST***:

[3] https://did.hscic.gov.uk/Main/Guidance
[4] https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostic-imaging-dataset/diagnostic-imaging-dataset-2015-16-data/

	- Familiarise themselves with the DID Guidance to understand what data items are mandated by this Information Standard. - Configure Radiology Information Systems and/or associated data extracts to allow compliance with the standard. - Submit the data to the DID Submission Portal within the prescribed reporting periods and deadlines. - Review and work with clinicians to resolve data quality issues identified in the output reports. - Ensure they understand and implement the Information Governance approach adopted for this data set, which can be found in the Information Governance section of the Implementation Guidance.

2.2 Health and Care organisations Conformance Criteria

#	**Conformance Criteria** This section describes the tests that can be measured to indicate that the information standard is being used correctly by a provider organisation (conformance criteria).
1	From 1st April 2016, all providers of Imaging Services ***MUST*** be able to collect the information, as defined in the DID Guidance, for local use.
2	From 1st May 2016, all providers of Imaging Services ***MUST*** begin submitting the monthly DID submissions under the new standard as per the instructions in the DID Guidance. The first submission under this new standard ***MAY*** contain updates to previously submitted data within the permitted update window
3	The first submission under the new standard ***MUST*** include ALL data relating to imaging activity carried out in the month following the previous submission. For submitters that are up to date with their submissions this will be activity carried out in April 2016.
4	The first submission under this new standard ***MAY*** contain updates to previously submitted data within the permitted update window
5	From 1st May 2016, providers of Imaging Services ***MUST*** review and act on the validation and data quality reports provided by the HSCIC after each submission. All providers are expected to have reviewed and acted on the reports within two months of issue and made a further submission to address the issues if appropriate and the submission window allows.
6	From 1st May 2016, when the DID Submission Portal rejects a complete submission, providers of Imaging Services ***MUST*** rapidly introduce corrections and re-submit rectified data within the submission window.
7	The providers ***MUST*** allow time to review and implement corrections to their submission files within the designated window.
8	Providers ***SHOULD*** document lessons learned from validation errors to avoid repetitive mistakes.

2.3 IT Systems Suppliers Requirements

#	**Requirement** [5]

[5] The key words MUST, SHOULD and MAY are defined in RFC-2119. (http://www.ietf.org/rfc/rfc2119.txt)

	Timeframe
1	From 1st April 2016, Radiology Information Systems ***MUST*** be able to capture and/or derive the data items defined within this standard. This includes mapping of local codes to national codes, and the ability to extract this information as envisaged within this standard,
2	Suppliers ***MUST*** ensure that the increase in burden for providers for capturing and extracting the information defined in the DID Guidance is proportionate.
3	When considering potential developments, minimising the burden on providers and supporting good data quality ***MUST*** be prioritised.
	Scoping
4	IT Systems Suppliers ***SHOULD*** review all related documentation to fully understand the background, objectives and scope of this information standard.
	Feasibility Assessment
5	With immediate effect, IT Systems Suppliers ***MUST*** review the DID Guidance to understand the scope and definition of each data item.
6	As an Output Data Set, the DID is intended to only define "what should be extracted" from local IT systems, not "what should be captured". A clinical data set will need data items beyond what the DID specifies. While IT Systems Suppliers ***SHOULD*** use this data set to support their system development, they ***SHOULD NOT*** use the data set exclusively and ***SHOULD*** also consider the full requirements of the care setting where it is used. The whole ethos around the DID is to only re-use clinical data, not specify standards for capturing clinical data.
7	IT Systems Suppliers ***SHOULD*** provide the ability to extract the required data items from Radiology Information Systems in XML format without the need for further manipulation of the extracted data.
8	IT Systems Suppliers ***SHOULD*** familiarise themselves with the XML Schema to understand how data items are grouped and formatted for the Data Submission File.
9	IT Systems Suppliers ***SHOULD*** provide tools to enable a 'data mapping exercise' to be carried out and where possible complete the mappings to the national codes on behalf of the providers of Imaging Services.
	Information Governance
10	The DID Implementation Guidance explains the Information Governance issues surrounding the data set. IT Systems Suppliers ***MUST*** provide a mechanism to allow providers to identify records where patients have objected to the use of their data for secondary purposes or where there is a legal requirement to restrict the flow of identifiable information for a patient.
	Clinical Risks
11	IT System suppliers ***SHOULD*** always ensure that any changes resulting from the implementation of the DID are compliant with the safety standards ISB 0129[6] and ISB 0160[7].
	Validation rules
12	IT Systems Suppliers ***SHOULD*** review the DID Guidance on the HSCIC website[8] to

[6] http://webarchive.nationalarchives.gov.uk/+/http://www.isb.nhs.uk/library/standard/163
[7] http://webarchive.nationalarchives.gov.uk/+/http://www.isb.nhs.uk/documents/isb-0160

	understand the data validation rules that will be applied upon submission to all incoming Data Submission Files. Any hard validation rules not adhered to will result in the entire Data Submission File being rejected. Soft validation rules not adhered to will generate warnings in the Validation Error Report available on the DID submission portal.

2.4 IT Systems Suppliers Conformance Criteria

	Conformance Criteria This section describes the tests that can be measured to indicate that the information standard is being used correctly by an IT system supplier.
1	From 1st April 2016, all Radiology Information Systems ***MUST*** be able to capture and/or derive the data items defined within this standard, which includes functionality to map local codes/values to national codes/values.
2	From 1st May 2016, all Radiology Imaging Systems ***MUST*** be able to extract data for the DID with minimal additional burden to providers in a format which is compatible with DID system, avoiding interim workarounds.

2.5 HSCIC Requirements

#	**Requirement** [9]
	Timeframe
1	From 1st April 2016 HSCIC ***MUST*** continue to provide a secure DID submission portal for the safe upload and validation of the Data Submission Files
2	From 1st April 2016 HSCIC ***SHOULD*** continue to provide an CSV to XML conversion service to allow submitters who are not able to extract or convert their files to XML to continue to submit to DID
3	From 1st April 2016 HSCIC ***MAY*** continue to provide a local codes mapping service, allowing submitters to upload a local codes mapping file which the system will use during submission to map local codes in the provider's Data Submission File to appropriate national codes as specified in the mapping file by the submitter
	From 1st July 2016 HSCIC ***MUST*** continue to provide NHS England with a monthly extract of data for analysis and publication
	Information Governance
4	HSCIC ***MUST*** include a facility for HSCIC administrators of the DID system to respect a

[8] https://did.hscic.gov.uk/Main/Guidance
[9] The key words MUST, SHOULD and MAY are defined in RFC-2119. (http://www.ietf.org/rfc/rfc2119.txt)

	member of the public's wishes regarding the prevention of use of their personal data.
5	HSCIC ***MUST*** provide a facility to uphold any patient preferences regarding the dissemination and release of their personal data
	Clinical Risks
6	HSCIC ***MUST*** keep reference data used by the DID system for validation of incoming data and derivations up to date so that published data is as accurate as possible
	Validation Rules
7	HSCIC ***MUST*** continue to validate Submission Data Files upon submission
8	HSCIC ***MUST*** inform providers of imaging Services and Submitters of any changes to validation rules
9	HSCIC ***MAY*** carry out additional post submission validations
10	HSCIC ***MAY*** publish Data Quality Key Performance Indicators relating to DID
	Data Quality Feedback
11	HSCIC ***MUST*** continue to provide timely feedback of any on-submission validation errors or warnings via the DID submission portal
12	HSCIC ***SHOULD*** feedback any post submission validation issues to providers of Imaging Services or Submitters to DID on an ad-hoc basis or via tailored reports

2.6 HSCIC Conformance Criteria

	Conformance Criteria This section describes the tests that can be measured to indicate that the information standard is being used correctly by an IT system supplier.
1	From 1st April 2016, the secure DID submission portal ***MUST*** continue to be operational

3 Data Set Specification

Column No/ Order	M/ R	Schema Matching Name (Expected Element Name)	Format
1	**M***	**NHS NUMBER**	n10
2	**R**	**NHS NUMBER STATUS INDICATOR CODE**	an2
3	**M***	**PERSON BIRTH DATE**	an10 CCYY-MM-DD
4	**M***	**ETHNIC CATEGORY**	an2
5	**M***	**PERSON GENDER CODE CURRENT**	an1
6	**M***	**POSTCODE OF USUAL ADDRESS**	max an8
7	**M***	**GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)**	an6
8	**M**	**PATIENT SOURCE SETTING TYPE (DIAGNOSTIC IMAGING)**	an2
9	**R**	**REFERRER CODE**	an8
10	**R**	**REFERRING ORGANISATION CODE**	max an6
11	**R**	**DIAGNOSTIC TEST REQUEST DATE**	an10 CCYY-MM-DD
12	**R**	**DIAGNOSTIC TEST REQUEST RECEIVED DATE**	an10 CCYY-MM-DD
13	**M**	**DIAGNOSTIC TEST DATE**	an10 CCYY-MM-DD
14	**M**	**IMAGING CODE (NICIP)**	max an6
15	**M**	**IMAGING CODE (SNOMED-CT)**	max n18
16	**R**	**SERVICE REPORT ISSUE DATE**	an10 CCYY-MM-DD
17	**M**	**SITE CODE (OF IMAGING)**	an5
18	**M**	**ACCESSION NUMBER**	max an20

M = mandatory (***MUST*** be submitted for every record), However, only one of the fields 'Imaging code (NICIP)' or 'Imaging code (SNOMED-CT)' is necessary

R = Required (***SHOULD*** be submitted for every record)

M* = Mandatory group, at least ONE data item in the group ***MUST*** be submitted, all M* data items are Required and therefore ***SHOULD*** be submitted for every record if they are available.

n=Number

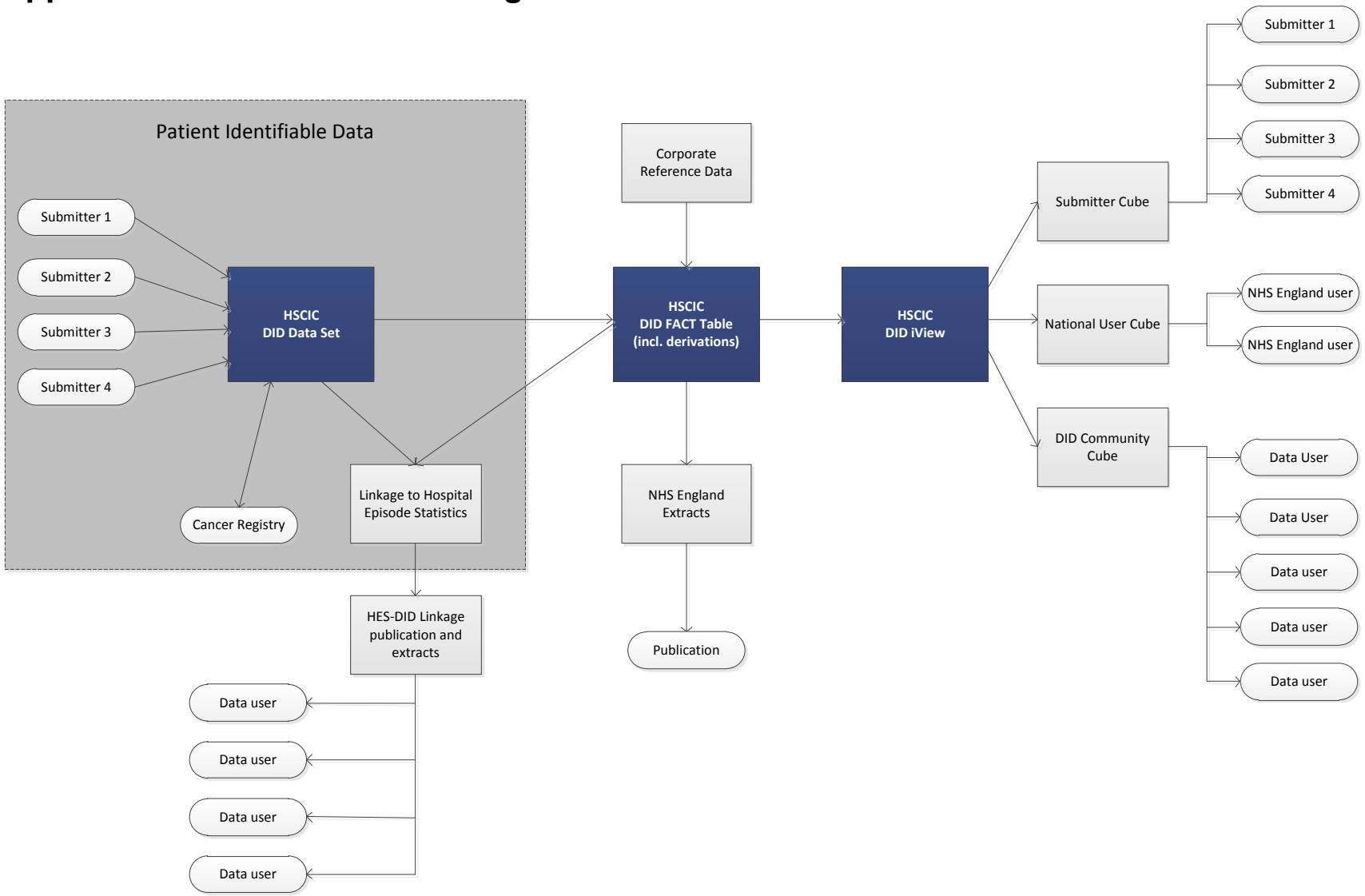
an=Alphanumeric

Numbers = scale i.e. n10 states that a 10 digit number is required

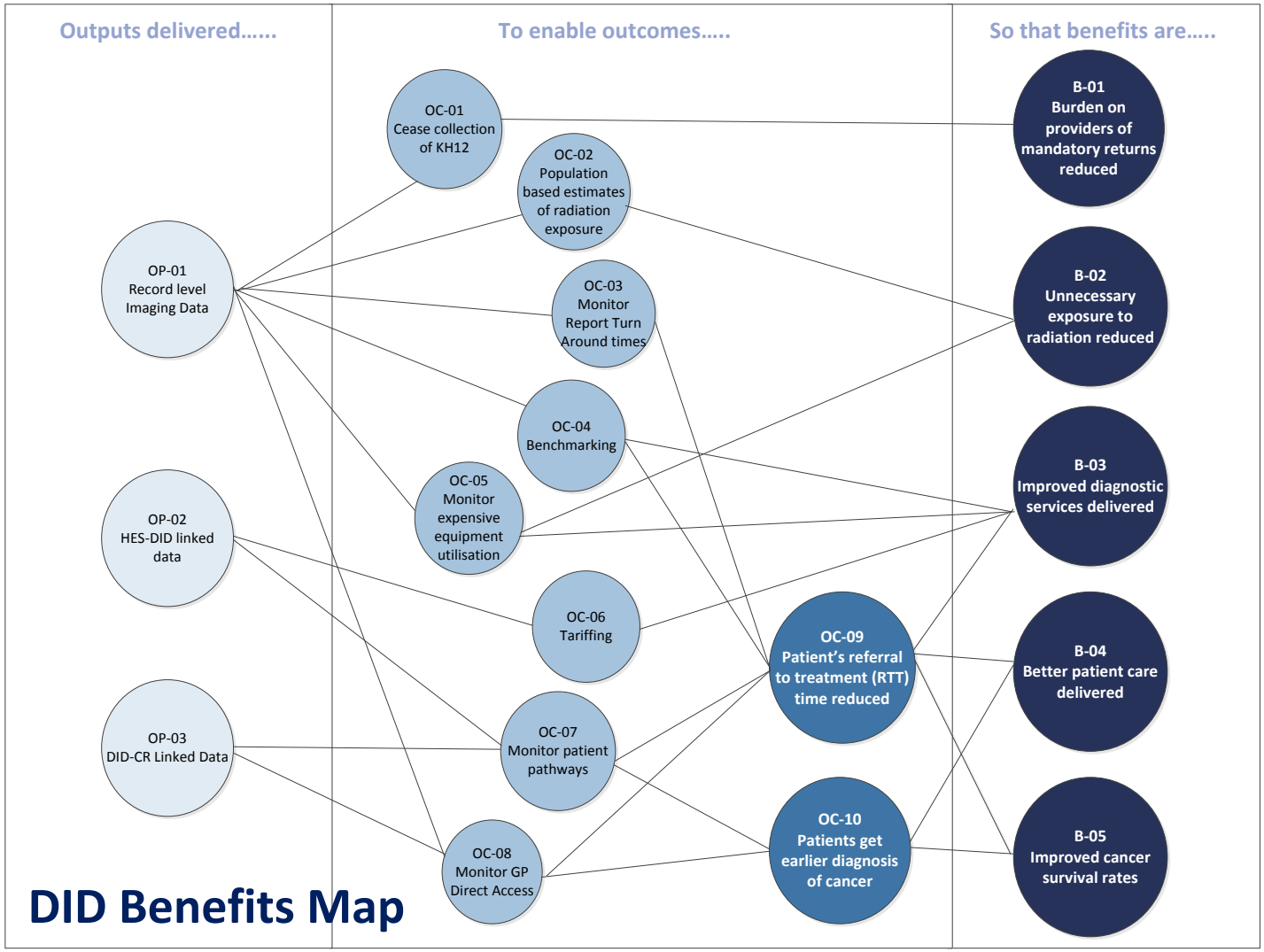
Date formatting = CCYY-MM-DD i.e. Century/Century/Year/Year-Month/Month-Day/Day. For example the 31st of January 2012 would be 2012-01-31

max indicates a maximum length limit for the data item.

Appendix A – DID Data Flow Diagram



Appendix B – DID Benefits Map



Health & Social Care Information Centre

Board Meeting – Public Session

Title of paper:	Data Access Sharing Requests
Board meeting date:	08 June 2016
Agenda item no:	HSCIC 16 02 06 c (P1)
Paper presented by:	Martin Severs Interim Director of Information and Analytics, Medical Director and Caldicott Guardian
Paper prepared by:	Alex Bell Business Manager, Data Dissemination
Paper approved by: (Sponsor Director)	Martin Severs Interim Director of Information and Analytics, Medical Director and Caldicott Guardian
Purpose of the paper:	This paper is provided for information to complete an action from the May HSCIC Board meeting
Key risks and issues:	None
Patient/public interest: •	Indirect
Actions required by the Board:	For information

Health & Social Care Information Centre

Data Access Sharing Requests

Alex Bell

22/04/2016

Contents

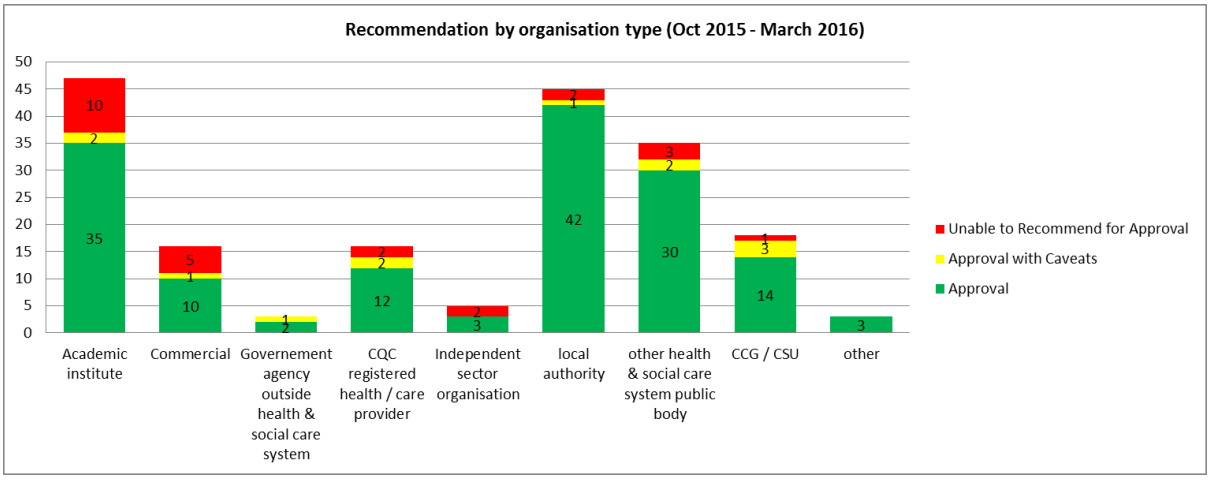
1 Background

This paper provides analysis of applications unable to be recommended for approval for sessions of the Data Access Advisory Group (DAAG) and pre – DAAG, particularly for rejections based on Section 122 of the Care Act (see section 3)

2 Analysis of DAAG recommendations

Between October 2015 and March 2016, DAAG received 226 applications for review. 76% of these applications were recommended for approval, with 11% recommended for approval with caveats and 11% unable to recommend for approval.

Ten of the applications not recommended were from academic institutes and five were from commercial companies. A further breakdown of recommendation by organisation type is below.



Applications to DAAG can be rejected for more than one reason. Between October 2015 and March 2016 the most common reason for rejection (~50%) was due to data concerns (e.g. queries / concerns around where the data was going, further clarity being needed around the type of data and whether or not their outputs are anonymised in line with the ICO code of practice).

Prior to a DAAG meeting an application goes through an Information Asset Owner (IAO) review and then a Pre – DAAG review to ensure that applications are ready to proceed through to a DAAG meeting.

Pre-DAAG acts as a gateway approval meeting whose purpose is to ensure that data applications are ready to proceed through to the DAAG meeting. It does not therefore reject applications, but may ask for further work on applications if they did not have all of the necessary content.

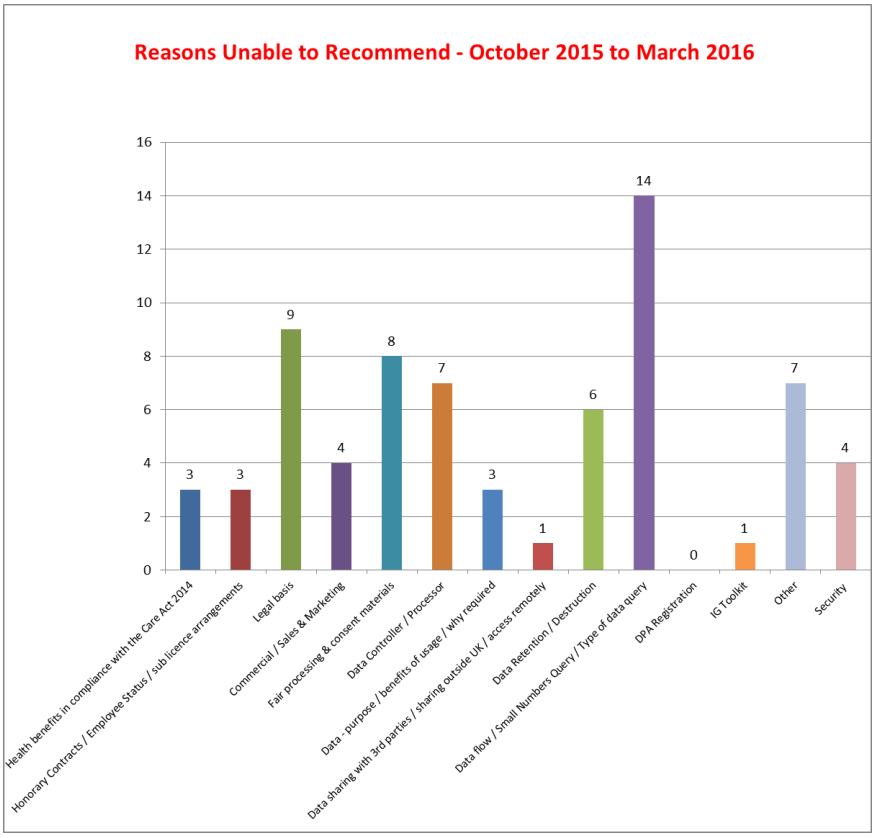
Individual IAOs do however reject applications before they reach DAAG. The most common reasons for rejection and/or further work are that :-

- The application does not sufficiently demonstrate the benefit to the health and social care system

- The purpose (including objective/processing/outcomes) are not sufficiently transparent as to how the data will be used and for what purpose
- The legal basis is not clear (typically this relates to complex queries around s251 or consent material)

The DAAG meeting provides the members with the ability to pass an outcome on a particular application. Those outcomes are generally either a recommendation to the HSCIC Senior Information Risk Owner (SIRO) to approve, recommendation to approve with caveats or a recommendation not to approve.

Further breakdown of reasons unable to recommend can be seen in the dashboard below.



3 Section 122 of the Care Act 2014

Section 122 of the Care Act 2014 amends, amongst other sections, section 261(1) of the Health and Social Care Act 2012, in that the HSCIC may only disseminate information under s261(1) where the purpose of that dissemination is either for the purposes of the provision of health care or adult social care or where the dissemination is for the promotion of health.

Between October 2015 and March 2016, 2 applications were rejected by DAAG under section 122. These were both requests for full datasets from commercial companies wanting to see if there were areas where products/services could be developed and then sold. If a request relates to a specific specialty/treatment or the request is triggered by a healthcare provider/commissioner wanting the information, this may be seen as beneficial to health.

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Board meeting – Public session

Title of paper:	**HSCIC Statistical Publications**
Board meeting date:	08 June 2016
Agenda item no:	HSCIC 16 02 06 d (P1)
Paper presented by:	For information
Paper prepared by:	Claire Thompson Statistical Governance Manager
Paper approved by: (Sponsor Director)	Chris Roebuck Director of Publications and Head of Profession for Statistics
Purpose of the paper:	This paper describes HSCIC Official (and National) Statistics publications planned for June - July 2016, and media and web coverage for publications released in April 2016.
Key risks and issues:	N/A
Patient/public interest:	Overview of HSCIC Statistical Publications
Actions required by the board:	For information

Health & Social Care Information Centre

HSCIC Statistical Publications

Author Chris Roebuck

Date 25th May 2016

Contents

Purpose

This paper describes:

- HSCIC Official (and National) Statistics publications planned for June – July 2016;
- Media coverage for press released Official Statistics publications during April 2016;
- Web activity for publications released during April 2016.

Background to HSCIC Official Statistics

As at 25 May 2015, the HSCIC is responsible for 95 active (currently published or planned for future release) series of Official Statistics of which 25 are designated as National Statistics, which means that the UK Statistics Authority (UKSA) recognises them as being compliant with the Code of Practice for Official Statistics.

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

“Experimental statistics” are new Official Statistics that are undergoing evaluation. A key part of this evaluation is user engagement whereby 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].

Consultation on HSCIC statistics

In order to modernise our suite of statistical publications in line with user needs and to realise budgetary savings the HSCIC has committed to over the next few years, we have launched a consultation on changes to them:

http://www.hscic.gov.uk/article/7041

It is a public consultation lasting 12 weeks, and covers HSCIC statistical publications over the next three years so any subsequent changes are expected to be implemented between 2016/17 and 2018/19.

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.

June 2016

New releases

Biennial

None scheduled for June.

Annual

02 June 2016	Learning Disability Statistics - Annual Overview - England 2015-2016
15 June 2016	NHS Surplus Land - 2015/16 England
16 June 2016	Statistics on Women's Smoking Status at Time of Delivery: England - April 2015 to March 2016
23 June 2016	Hospital Episode Statistics: Deaths within 30 days of a hospital procedure or of an emergency admission to hospital - Financial year 2014/15
30 June 2016	Statistics on Alcohol, England - 2016 [NS]

Biannual

None scheduled for June.

Quarterly

02 June 2016	CCG Prescribing Data - January to March 2016
09 June 2016	NHS Dental Statistics for England - 2015-16, Third quarterly report
22 June 2016	NHS Staff Earnings Estimates - to March 2016, Provisional statistics
23 June 2016	CCG Outcomes Indicator Set - June 2016 release
23 June 2016	Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation, England, January 2015 - December 2015

Monthly

03 June 2016	Maternity Services Monthly Statistics - January 2016, Experimental statistics
07 June 2016	Female Genital Mutilation - January-March 2016, Experimental Statistics, Enhanced Dataset
08 June 2016	HES-DID Data Linkage Report - Provisional Summary Statistics, April 2015 to January 2016 (Experimental Statistics)

09 June 2016	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2015 to January 2016
09 June 2016	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to March 2015 - June 2016 release
10 June 2016	Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - May 2016
10 June 2016	NHS Safety Thermometer Report - England May 2015 - May 2016
17 June 2016	Care Information Choices, England - June, 2016
21 June 2016	Mental Health Services Monthly Statistics - Final March 2016 and Provisional April 2016
21 June 2016	Learning Disability Services Monthly Statistics - Commissioner Census (Assuring Transformation), May 2016, Experimental Statistics
21 June 2016	Improving Access to Psychological Therapies Report - March Final, April Primary 2016 and most recent quarterly data (Quarter 3 2015/16)
22 June 2016	NHS Workforce Statistics - March 2016, Provisional statistics
22 June 2016	NHS Sickness Absence Rates - February 2016, Provisional Statistics
30 June 2016	Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2015 - March 2016
30 June 2016	Provisional Accident and Emergency Quality Indicators for England - March 2016, by provider

July 2016

New releases

None scheduled for July.

Biennial

None scheduled for July.

Annual

05 July 2016	Prescriptions Dispensed in the Community, England - 2005-2015 [NS]
19 July 2016	General Ophthalmic Services activity statistics - England, April 2015 - March 2016 [NS]
27 July 2016	Statistics on Drug Misuse, England - 2016 [NS]

Biannual

None scheduled for July.

Quarterly

07 July 2016	Data on written complaints in the NHS - 2015/16 Quarter 4, Experimental
19 July 2016	Numbers of Patients Registered at a GP Practice - July 2016

Monthly

06 July 2016	Maternity Services Monthly Statistics - February 2016, Experimental statistics
06 July 2016	NHS Safety Thermometer Report - England June 2015 - June 2016
07 July 2016	HES-DID Data Linkage Report - Provisional Summary Statistics, April 2015 to February 2016 (Experimental Statistics)
14 July 2016	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to March 2015 - July 2016 release
14 July 2016	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2015 to February 2016
15 July 2016	Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2016
15 July 2016	Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - June 2016
20 July 2016	Care Information Choices, England - July, 2016
21 July 2016	Mental Health Services Monthly Statistics - Final April, Provisional May 2016
21 July 2016	Female Genital Mutilation - April 2015-March 2016, Experimental Statistics, Enhanced Dataset
21 July 2016	Learning Disability Services Monthly Statistics - Commissioner Census (Assuring Transformation), June 2016, Experimental Statistics
26 July 2016	Improving Access to Psychological Therapies Report - April 2016 Final, May 2016 Primary and Quarter 4 2015/16
26 July 2016	NHS Workforce Statistics - April 2016, Provisional statistics
26 July 2016	NHS Sickness Absence Rates - January 2016 to March 2016 and Annual Summary 2010-11 to 2015-16
27 July 2016	Provisional Accident and Emergency Quality Indicators for England - April 2016, by provider
27 July 2016	Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2016 - May 2016

Other

12 July 2016	NICE Technology Appraisals in the NHS in England (Innovation Scorecard) - to December 2015

Clinical Audits

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

June 2016

23 June 2016	National Diabetes Inpatient Audit - National Diabetes Inpatient Audit Report 2015

User and Media Activity

The following tables show web and media coverage figures for Official (and National) Statistics released by the HSCIC in April 2016. Audits are not included.

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

Media Units are the total articles or other media coverage for example print, online articles or broadcasts for the publication (each is counted separately i.e. an article appearing in both a newspaper's print and online instances will count as two citations) . The totals in the table include all media units for the month of publication plus the following month.

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

April 2016

Publication	Date	Unique page views	Media units
Maternity Services Monthly Statistics - November 2015, Experimental statistics	06 April 2016	238	0
Prescription Cost Analysis, England - 2015 [NS]	07 April 2016	783	0
HES-DID Data Linkage Report - Provisional Summary Statistics, April to November 2015 (Experimental Statistics)	08 April 2016	87	0
NHS Safety Thermometer Report - England March 2015 - March 2016	08 April 2016	208	0
Data on written complaints in the NHS - 2015/16 Quarter 3, Experimental [NS]	13 April 2016	399	0
Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to March 2015 - April 2016 release	14 April 2016	142	0
Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2015 to November 2015	14 April 2016	512	0
Numbers of Patients Registered at a GP Practice - April 2016	14 April 2016	620	0
Learning Disability Services Monthly Statistics - Commissioner census (Assuring Transformation), March 2016, Experimental Statistics	19 April 2016	333	0
Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - March 2016	19 April 2016	492	0

April 2016 – continued

		Unique page views	Media units
Care Information Choices, England - April 2016	20 April 2016	963	4
Mental Health Services Monthly Statistics - Final January, Provisional February 2016	20 April 2016	466	0
Improving Access to Psychological Therapies Report - January Final, February Primary 2016 and Quarter 3 2015/16	20 April 2016	556	0
Statistics on NHS Stop Smoking Services in England - April 2015 to December 2015	21 April 2016	332	0
CCG Prescribing Data - October to December 2015	21 April 2016	267	0
Provisional Accident and Emergency Quality Indicators for England - January 2016, by provider	26 April 2016	61	0
Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2015 - February 2016	26 April 2016	85	0
General and Personal Medical Services, England - 2005-2015, as at 30 September, Provisional Experimental statistics	27 April 2016	991	0
NHS Sickness Absence Rates - October 2015 to December 2015	27 April 2016	165	0
NHS Workforce Statistics - January 2016, Provisional Statistics	27 April 2016	181	40
Statistics on Obesity, Physical Activity and Diet, England - 2016 [NS]	28 April 2016	2267	128

Actions Required of the Board

None - For information only.

Health & Social Care Information Centre

Board meeting – Public session

Title of paper:	**Programme Definitions**
Board meeting date:	08 June 2016
Agenda item no:	HSCIC 16 02 06 e (P1)
Paper presented by:	Carl Vincent Director of Finance and Corporate Services
Paper prepared by:	John Willshere Portfolio Director
Paper approved by: (Sponsor Director)	Carl Vincent Director of Finance and Corporate Services
Purpose of the paper:	To provide the Board with a summary of each programme listed on the programme dashboards.
Key risks and issues:	The programme dashboards monitor the performance of each programme. This document gives a brief overview of what each programme was set up to do.
Patient/public interest:	The public interest is in ensuring the HSCIC manages its programmes in an effective way. This document gives patients and members of the public a useful overview of each programme on the dashboard.
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 (eRS)	The NHS e-Referral Service Programme will deliver an open, modern, electronic referral service, improving patient outcomes and delivering paperless referrals.
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	GP systems of Choice Replacement (GPSoC)	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)	An Interim Cyber Security Review (ICSR) has established the readiness and capability of the HSCIC to proactively manage and respond to Cyber Security threats as part of a wider Information Assurance programme. A significant number of high impacting risks need to be addressed as a matter of urgency. This programme will address these risks.
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 HSCN project will deliver a Public Services Network for Health, which will be aligned and accredited to PSN standards.
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.
P0031/00	CSC LSP Delivery Programme	LSP Delivery Programme: Increased patient safety and quality of healthcare and also greater clinical effectiveness and administration efficiency.
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 is an initiative that 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 (CP-IS)	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.
P0012/00	Electronic Transmission of Prescriptions (ETP)	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 (SCR)	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 Adult Social Care (ASC) for the increased collection and sharing of client level data.
P0453/00	National Data Service Development (NDSD)	HSCIC is working in collaboration with NHS England on a number of data related programmes. The National Data Service Development programme brings together the current Data Services for Commissioners (DSfC) and National Tariff System (NTS) Programmes and will include the development of the Data Services Platform (DSP).
P0181/00	South Acute Programme (SAcP)	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.
P0182/00	South Ambulance Programme (SAmP)	To procure clinical solutions for the Southern Ambulance Trusts who do not currently have these solutions under the BT LSP solution.
P0183/00	South Community and Child Health Programme (SCP)	To procure clinical solutions for the Southern Community and Child Health Trusts who do not currently have these solutions under the BT LSP solution.
P0033/00	Picture Archiving and Communications (PACS) Exit Programme	Development and deployment of the PACS (Picture Archiving And Communication System). Overarching programme to manage the PACS sub-programmes.
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.
P0207/00	Health & Justice Information Services (HJIS)	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	Health and Justice Current Service (HJIS Current Service)	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 (FGMP)	A work package to produce a feasibility study on information collection and sharing by the NHS on Female Genital Mutilation (FGM). To deliver an assessment of the feasibility of achieving the following objectives: - How can the NHS support the multi-agency objective of protecting and caring for those currently affected by, or at imminent risk of, FGM; - How can the NHS support the long term health education and health promotion components of a multi-agency strategy on the eradication of FGM
P0055/00	Maternity and Childrens Datasets (MCDS)	To collect and report on data for maternity, child health and adolescent mental health services.