Agenda

Health and Social Care Information Centre Board

Agenda: Part 1 (Public Session)

27 January 2016 – 12:30 to 14:30

Venue: (Nightingale Suite) 110 Rochester Row, Victoria, London, SW1P 1JP

Ref No	Agenda Item	Time	Presented By
HSCIC 16 06 01	**Chair's Introduction and Apologies (oral)**	12:30 – 12:35	Chair
HSCIC 16 06 02	**Declaration of Interests and minutes**	12:34 – 12:45	
	(a) Register of Interests (paper) – **for information**		Chair
	(b) Minutes of Board Meeting on 25 November 2015 (paper) – **to ratify**		
	(c) Matters Arising (oral) – **for comment**		
	(d) Progress on Action Points (paper) – **for information**		
HSCIC 16 06 03	**Business and Performance Reporting**	12:45 – 13:30	
	(a) Board Performance Pack (paper) – **for information**		CEO
	(b) Business Plan and Budget 2015-16 Report (paper) – **for information**		Director of Finance and Corporate Services 2 items b, c
	(c) Comprehensive Spending Review (CSR) and Corporate Business Plan 2016-17 Progress Update (paper) – **for information**		
	(d) Data Release Review: Audit Status Update (paper) – **for information**		Lead Clinician and Interim Director of Information and Analytics (Caldicott Guardian)
	(e) Staff Survey Results (paper) – **for information**		Director of Human Resources and Transformation 2 items e, f
	(f) Staff Personal Development Review (PDR) Report (paper) – **for information**		
HSCIC 16 06 04	**Supporting the Health and Social Care System**	13:30 – 14:00	
	(a) Breast Implant Registry Direction (paper) – **for acceptance**		Lead Clinician and Interim Director of Information and Analytics (Caldicott Guardian) 3 items a, b, c
	(b) Pulmonary Hypertension Direction (paper) – **for acceptance**		
	(c) Patient Objection Management System Direction (oral) – **for information**		
	(d) Cancer Waiting Times Direction (paper) – **for acceptance**		Director Of Operations and Assurance Services

HSCIC 16 06 05	**Transparency and Governance**	14:00 – 14:25	
	(a) Committee Reports: i. Assurance and Risk Committee: 13 January 2016 (oral)		Committee Chair
	ii. Information Assurance and Cyber Security Committee: 13 January 2016 (oral)		Committee Chair
	(b) Arrangements for the Annual Review of Board Effectiveness (oral) – **for information**		Sir Ian Andrews, Non-Executive Director (Senior Independent Director)
	(c) Board Forward Business Schedule 2015-16 (paper) – **for information**		Chair
	(d) Board Forward Business Schedule 2016-17 (paper) – **for information**		
HSCIC 16 06 06	**Any other Business** (subject to prior agreement with Chair)	14:25 – 14:30	Chair
HSCIC 16 06 07	**Background Paper(s)** (for information)		
	(a) Forthcoming Statistical Publications (paper) – **for information**		
	(b) Programme Definitions (paper) – **for reference**		

Date of next meeting 30 March 2016 – Southport (to include morning seminar/presentations)

Health & Social Care Information Centre

Board meeting – Public session

Title of paper:	**HSCIC Board Members Register of Interests**
Board meeting date:	27 January 2016
Agenda item no:	HSCIC 16 06 02 a
Paper presented by:	Chair
Paper prepared by:	Annabelle McGuire, Secretary to the Board
Paper approved by: (Sponsor Director)	N/A
Purpose of the paper:	The HSCIC is required by its Standing Orders to maintain a publically available Register of Members' Interests. The Register contains, as they become available, the Declarations of Interest made by Board members.
Key risks and issues:	N/A
Patient/public interest:	Corporate Governance Transparency and Openness
Actions required by the board:	For information

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HSCIC Board Register of Interests 2015-16

Name	Declared Interest
Non-Executive Directors	
Kingsley Manning: Chair	• Director – Newchurch Limited (non-trading since 01 June 2013) • Director – Hennig UK Limited • Trustee and Board member - Royal Philharmonic Society • Director of Spectrum (General Partner) Limited, the investment advisory board for the Rainbow Seed Fund, which is an investment fund, funded by a number of the research councils.
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 • Independent member of the Management Board, RICS[4] • Non-Executive Partner, The Green Practice, Bristol **Employment (other than with the HSCIC):** The Wayside Network Limited **Other Offices:** • Audit Committee member, RAC Pension Fund Trustee **Contracts held in last 2 years:** The Wayside Network Limited has: • a contract to supply GP and primary care nursing services to Avon and Wiltshire NHS Partnership • a zero hours contract with the Chartered Institute of Internal Auditors

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

Name	Declared Interest
	Shareholdings: • 50% of The Wayside Network Limited
Sir John Chisholm: Non-Executive Director	• Executive Chair – Genomics England Ltd. • Chair – Nesta (the charity) • 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: Executive Director of Human Resources and Transformation	• None
Rob Shaw: Executive Director of Operations and Assurance Services	• None
Carl Vincent: Executive Director of Finance and Corporate Services	• None
Directors	
Peter Counter: Chief Technology Officer (CTO)	• Director at Canary Wharf College Limited

Name	Declared Interest
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 Programme Delivery	• Parent Governor at St Peters Church of England Primary School, Harrogate
Isabel Hunt: Director of Customer Relations	• Trustee, Thackray Medical Museum (Leeds) • Council Member, Leeds Minster • Director - Barry Wades Estates Ltd
Professor Martin Severs: Lead Clinician and Interim Director of Information and Analytics (Caldicott Guardian)	• Trustee of Dunhill Medical Trust, a research charity • Consultant Geriatrician with Portsmouth Hospitals NHS Trust • Professor of Health Care for Older People with University of Portsmouth **Other Offices:** • Member of SoS[5] Independent Information Governance Oversight Panel **Other relevant interests:** • Medical consultant and member of the Royal College of Physicians, British Geriatrics Society and the Faculty of Public Health Medicine
Linda Whalley: Director of Policy and Strategy	• None
Director of Information and Analytics	• Vacancy

[5] Secretary of State

Health and Social Care Information Centre

Minutes of Board Meeting – Wednesday 25 November 2015

Part 1 - Public Session

Present:

Vice-Chair	Sir Nick Partridge
Non-Executive Director	Sir Ian Andrews
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 Operations and Assurance Services	Rob Shaw
Director of Human Resources and Transformation	Rachael Allsop
Director of Finance and Corporate Services	Carl Vincent

In attendance:

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

1. **Chair's Introduction and Apologies** (HSCIC 15 05 01)

1.1 The Vice Chair convened a meeting of the HSCIC Board.

1.2 HSCIC Chair, Kingsley Manning, HSCIC Chair and Linda Whalley, Assistant Director for Strategy and Policy had registered their apologies. Sir Nick Partridge, Non-Executive Director and Vice Chair of the HSCIC chaired the Board meeting.

2. **Declaration of Interests and Minutes** (HSCIC 15 05 02)

2.1 (a) Register of Interests (paper): HSCIC 15 05 02 (a)

The Board agreed the Register of Interests was correct.

2.2 (b) Minutes of Board meeting on 23 September 2015 (paper): HSCIC 15 05 02 (b)

The Board ratified the minutes of the meeting on 23 September 2015 as correct.

2.3 (c) Progress on action points (paper): HSCIC 15 05 02 (c)

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

2.4 (d) Matters Arising: HSCIC 15 05 02 (d):

There were no matters arising discussed.

3. **Business and Performance Reporting** (HSCIC 15 05 03)

3.1 (a) Board Performance Pack (paper): HSCIC 15 05 03 (a)
The CEO presented this item, he highlighted by exception items to be brought to the Boards attention. The purpose was to provide the Board with a summary of performance in October. The status of the electronic referral service (e-RS) was improving overall. The Director of Operations and Assurance Services stated that the Calculating Quality Reporting Service (CQRS) has had a number of High Severity Incidents over a number of months. Mitigating action was underway including service improvement plans and commercial discussions to ensure close monitoring of the situation. Sir Ian Andrews suggested engagement with the Crown commercial representative might be helpful. The CEO highlighted the successful exit of the BT Local Service provider (LSP) contracts. The schedule for the completion of the final Trust was the end of November.

The Director of Human Resources and Transformation provided an update on organisational health update, status now green. She highlighted a number of initiatives that were underway. The Board requested sight of the results of the recent staff survey when finalised.

Action: Director of Human Resources and Transformation

The CEO said that the status of the data quality indicator is green though he did not consider that reflected the position accurately. This indicator is subject to progressive development. The CEO stated that the addressing of the time delay in reporting to the Board was developing and this meant going forward that the Board would see a more timely set of indicators. The Board noted and received the update.

3.2 (b) Mid-Year review of Corporate Business Plan 2015-16 (paper): HSCIC 15 05 03 (b)
The Director of Finance and Corporate Services presented this item. The purpose was to provide the Board with an update of the latest financial position against budget for 2015-16, an update on progress against the Business Plan for 2015-16, an overview of resourcing and the impact on delivery and a forward look at the landscape for future funding expectations, and the HSCIC's response to expected financial pressures in coming years. He highlighted the budget setting and business planning timetable, and noted the currently uncertain environment in which this process would take place.

He conveyed that the process would take into account the organisations transformation programme, which would lead to a different organisational structure. He said that dialogue was underway with the Department of Health and NHS England to ensure that work prioritisation is correct and aligned.

The Board discussed the form of the organisation and if it was prepared for the future, and observed that the delivery of efficiencies was critically important. The Director of Finance and Corporate Services said that the work would be demanding to deliver, however the executive team were aware of this and were focussing on the challenges. The Board noted and received the update.

4. **Supporting the Health and Social Care System** (HSCIC 15 05 04)

4.1 (a) Streamlining the Independent Information governance Advice to HSCIC (paper): HSCIC 15 05 04 (a)
The interim Director of Information and Analytics and Lead Clinician presented this item. The purpose was to update the Board on progress to establish the Independent Group Advising on the Release of Data (IGARD).

The Board observed that the appointment of the IGARD chair was crucial. The Board agreed they would take a proactive role and propose names for the National Data Guardian to consider for the position.

Action: Board Members

The Board agreed the implementation of a 'class action' approach meaning that following the establishment of a precedent by IGARD future decisions should then go through officials. The Board observed that it was important that the staff are supported, as this was a cultural change for the team. The Board approved the HSCIC response to the IGARD consultation, the IGARD terms of reference and the first stages of the IGARD implementation.

4.2 (b) Directions for Patient Objection Management System – Update and proposed mechanism for formal consultation with the (paper): HSCIC 15 05 04 (b)
The interim Director of Information and Analytics and Lead Clinician presented this item. The purpose was to provide the Board with an update on the patient objections programme and the development of the draft Directions.

The proposal was that the management of the acceptance of the Directions would be progressed by Chair's action. This was because the draft was not ready for the November Board and the January Board was scheduled too late to enable the programme delivery timescales (which have been agreed with the Secretary of State for Health) to be met. The Vice Chair informed the Board the Chair supported this approach.

The interim Director of Information and Analytics and Lead Clinician confirmed that work is ongoing to draft the Directions within the Department of Health, and that it would be ready for implementation in January. The Board discussed the method by which other organisations would apply the objections. The Board approved the management of the Directions via a Chairs action.

4.3 (c) Update on HSCIC (Immigration Health Charge) Directions (paper): HSCIC 15 05 04 (c)
The Director of Operations and Assurance Services presented this item. The purpose was to provide the Board with an update on the Department of Health Visitor and Migrant cost recovery programme, a request from the Board at its April meeting.

He confirmed that the migrant programme would fund the associated costs. He said this had been positive work in conjunction with the Department of Health. He stated that no NHS patient data goes to the Home Office, and the work did not directly support the collection of payments. The Board noted and received the update.

4.4 (d) 100,000 Genomes Project: Proposal for a Secretary of State direction to cover HSCIC Provision of informatics support (paper): HSCIC 15 05 04 (d)
Non-Executive Director Sir John Chisholm registered his interest and took no part in the discussion or decision on this item.

The Chief Technology Officer presented this item. The HSCIC requires legal cover in the form of a Direction to commence operational management of a selection of services to provide informatics support to Genomics England's 100,000 Genomes (research) project. The purpose was to obtain the Board's acceptance of the Direction. The Board were supportive and accepted the Direction.

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

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

(a) i Assurance and Risk Committee (ARC) (oral): HSCIC 15 05 05 (a) i
The Chair of the Assurance and Risk Committee Dr Sarah Blackburn, reported that the Committee had met on 10 November 2015. Gerry Murphy (Chair of the Department of Heath Audit and Risk Committee) and Karen Wheeler (NHS England's National Director for Transformation and Corporate Operations) had joined the Committee.

The Committee had considered a risk deep dive on cyber security and the cyber security internal audit report, rated as moderate. There had been a progress report on risk management, assurance mapping and the internal audit plan's progress, alongside three other internal audit reports.

The Committee had reviewed follow-ups on recommendations and actions in respect to internal audits reports and Gateway reviews, where there was still work to be undertaken. There was a first look at the yearend planning, and an update on financial controls.

The National Audit Office (NAO) presented their initial thoughts in respect to their external audit plan. The consensus of the Committee was that the HSCIC was doing the right things but could be doing them faster. The next meeting of the Committee would be on 13 January 2016.

(a) ii Information Assurance and Cyber Security Committee (oral): HSCIC 15 05 05 (a) ii
The Committee Chair, Sir Ian Andrews, reported that the Committee had met on 12 November 2015. There had been good support from other government departments and agencies but, disappointingly, no representation from the Department of Health.

The Committee had received an update on the National Data Guardian's work with the Care Quality Commission (CQC) on the review of security standards across the health and social care system. Significant support was being provided by the HSCIC and other government departments. The Committee had also received an update from the Department of Health chaired Information Security and Risk Board (ISRB) held on 14 October which had included a briefing on the threat landscape.

The Committee had discussed progress on the HSCIC's cyber security programme, and the implementation of CareCERT. The Security Incident and Compliance Manager provided a useful report, which led to a wide-ranging discussion and an invitation to the executive directors to consider the recommendations, particularly on the formation of a protective working group which should include clinical and technical expertise.

This had been the most successful meeting so far with open discussion and constructive challenge. The next meeting of the Committee would be on 13 January 2016.

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

6. **Any Other Business**

6.1 The Vice Chair informed the Board of the following items of any other business:

a. A set of draft minutes from the public session of the Board will be agreed by Kingsley Manning (Chair), Andy Williams (CEO), and Annabelle McGuire (Secretary to the Board) and will be published as provisional/unconfirmed minutes on the HSCIC's web site within ten working days of the meeting taking place. Approval of the minutes will take place the subsequent public Board meeting and republished as ratified minutes. The Board approved

the proposal.

b. Approval of the minutes from the Board Business meetings would take place at the following part 2 session of the public Board. Publication would be of an abridged set of minutes, agreed by Kingsley Manning (Chair) and Andy Williams (CEO), on the HSCIC's web site. The Board noted the update.

7. **Background Papers** (HSCIC 15 05 07)

7.1 (a) Forthcoming Statistical Publications (paper): HSCIC 15 05 07 (a)
The Board noted this paper for information.

7.2 (b) Programme Definitions (paper): HSCIC 15 05 07 (b)
The Board noted this paper for information.

7.3 (c) Correspondence from the Information Commissioner's Office to the Chair of the HSCIC (paper): HSCIC 15 05 07 (c)
The Board noted this paper for information.

The arranged date of the next public Board meeting was for 27 January 2016.

8 **Date of Next Meeting**

8.1 The next statutory Board meeting was scheduled for 27 January 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
The Director of Human Resources and Transformation provided an update on organisational health update, status now green. She highlighted a number of initiatives that were underway. The Board requested sight of the results of the recent staff survey when finalised.	**Director of Human Resources and Transformation**
The Board observed that the appointment of the IGARD chair was crucial. The Board agreed they would take a proactive role and propose names for the National Data Guardian to consider for the position.	**Board Members**

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

Board meeting – Public session

Title of paper:	**Update on action points from the previous meeting**
Board meeting date:	27 January 2016
Agenda item no:	HSCIC 16 06 02 d
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
✓	**Organisational Health**: The Director of Human Resources and Transformation provided an update on organisational health update, status now green. She highlighted a number of initiatives that were underway. The Board requested sight of the results of the recent staff survey when finalised.	On the agenda	**Director of Human Resources and Transformation**	Yes
c/f	**Independent Group Advising on the Release of Data (IGARD):** The Board observed that the appointment of the IGARD chair was crucial. The Board agreed they would take a proactive role and propose names for the National Data Guardian to consider for the position.	Correspondence has been sent to the Board advising the following: A proposal for the appointment of an interim IGARD Chair has been made, subject to the Board sending its list of nominees to Dame Fiona Caldicott for her review. Martin Severs has informed the Board that this appointment would also be his nominee to become the first independent Chair of IGARD, subject to ongoing discussions and other potential nominations. A proposed process for the appointment of new independent members	**Board members**	Yes

Board meeting – Public session

Title of paper:	**HSCIC Board Performance Pack (public)**
Board meeting date:	27 January 2016
Agenda item no:	HSCIC 16 06 03 a
Paper presented by:	Carl Vincent, Director of Finance and Corporate Services
Paper prepared by:	John Willshere, Portfolio Director
Paper approved by:	Carl Vincent, Director of Finance and Corporate Services
Purpose of the paper:	To provide the Board with a summary of performance in December 2015.
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

December 2015 Data

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

Contents

HSCIC Performance Summary

Programme Achievement is reported as AMBER/GREEN for the tenth consecutive month. Across all programmes overall delivery confidence improved from 65.3% to 67.8%. No programmes are rated as RED for overall delivery confidence.

IT Service Performance is reported as GREEN. 98.3% of services (57 out of 58) achieved their availability target. 95% of High Severity Service Incidents (19 out of 20) were resolved within the target fix time. 88% of services (14 out of 16) achieved their response time target. Recent performance issues with some services (Lorenzo, NHS Mail, N3) mean that the rating for January is likely to be AMBER.

The **Electronic Referral Service** (e-RS) experienced one period of unplanned unavailability during December, achieving 99.18% availability. There were 26 periods of planned downtime (16 hours and 20 minutes). e-RS is currently in the Deployment Verification Period (DVP) and so is not treated as a fully-fledged service. The performance of e-RS will not be included in the Service Performance RAG status until it exits DVP. At 12 January e-RS had been in DVP for 168 days against a planned 45 days.

Organisational Health is reported as AMBER. Whilst the KPI figures are generally very good, the main driver of the AMBER rating is that the reporting now includes a wider range of activities, one of which is mandatory training with which there is a low rate of recorded compliance. The positive results of the 2015 staff survey will need to be followed up by active and consistent development and implementation of action plans across the organisation. Reporting of time to recruit is now based on the period from advert to starting in post, and this continues to be within target. Work on 'growing our own' staff is progressing well and we are continually expanding networks to engage with other employers and industry groups.

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

HSCIC Financial Management is reported as AMBER: the year-to-date position at Month 9 shows an underspend of £14m (11.5%) against the budgeted spend of £121.7m. The full-year position is forecasting an underspend of £7.1m (4.4%) by year-end (a forecast spend of £153.5m against a budget of £160.6m).

Performance This Period

Performance Tracker: Rolling 12 months

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

KPI	Programme Achievement
KPI Owner	James Hawkins

Previous RAG	65.8%	A/G
Current RAG	67.8%	A/G
1 Month Future Forecast RAG	66.9%	A/G
2 Month Future Forecast RAG	69.0%	A/G
3 Month Future Forecast RAG	73.7%	A/G

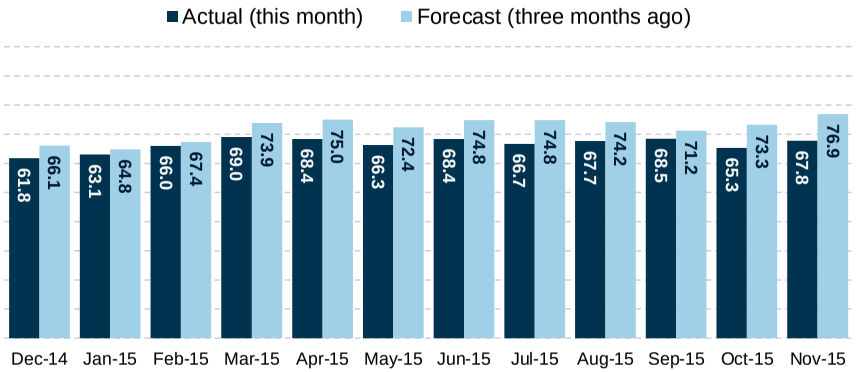
Based on November 2015 Highlight Reports

Overall delivery confidence :

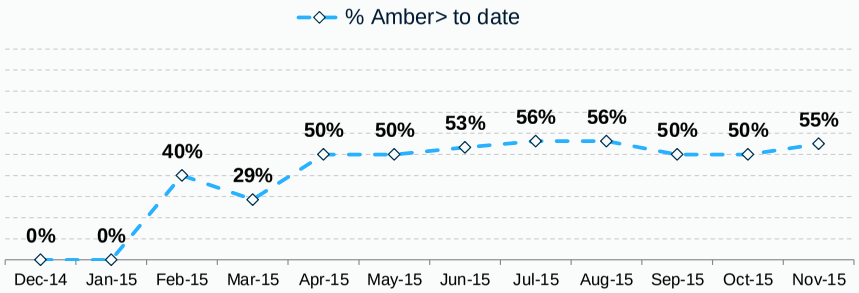
- was 67.8%, which gives a rating of AMBER-GREEN.
- has been AMBER-GREEN since March 2015, ten consecutive months.

For the fourth consecutive month no projects or programmes reported a delivery confidence of RED.

Programme Achievement: Overall Delivery Confidence (%)



Gateway Reviews: % Amber or better



Gateway Reviews

20 Gateway Reviews took place between December 2014 and November 2015. 11 of these (55%) received an outcome of AMBER or better.

2 Gateway Reviews were carried out in November 2015: National Data Service Development and CSC LSP.

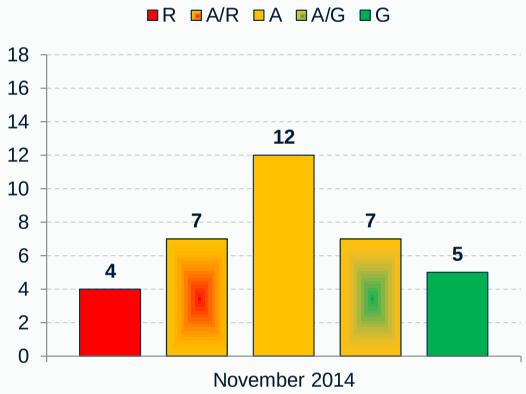
Distribution of Delivery Confidence RAGs during the last 12 months (see charts opposite)

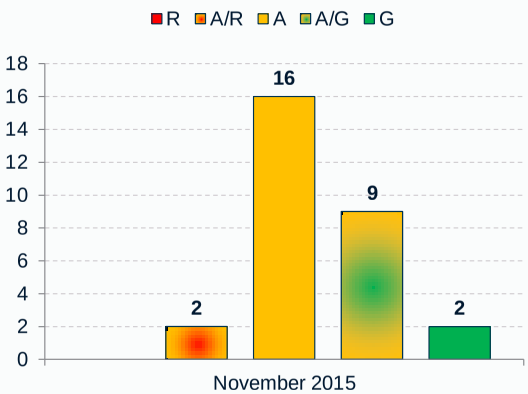
The number of projects and programmes reporting a delivery confidence of RED and AMBER-RED has fallen.

However, the number of projects and programmes reporting a delivery confidence of GREEN has also fallen.

The number of projects and programmes reporting a delivery confidence of AMBER has increased . Currently, 55% of the projects and programmes are AMBER

(the difference in the number of programmes shown in the two charts reflects the transition of some programmes to service since November 2014 and a refinement what is included in the programmes delivery dashboard).





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

Previous RAG	G
Current RAG	G
Forecast RAG	A

Availability: 57 out of 58 services achieved their availability target in December 2015.

CSC NME's Lorenzo service breached its availability target at a non-critical level due to a single outage on 01/12/15 which impacted one NHS Hospital Trust. The cause of this availability breach is still under investigation. However, we are agreeing a position with CSC on other Lorenzo performance issues on 17 and 18 December.

The NHS e-Referral Service achieved 99.18% availability in December 2015. There was only one unplanned outage: on 03/12/15 for a duration of 6 hrs and 11 minutes when e-RS was unavailable to all users nationally. The root cause of this outage was a database issue, resolved via a restart of the e-RS application. There were also 26 planned e-RS changes implemented during December 2015, which resulted in 16 hours and 20 minutes of planned downtime. These 26 planned changes included the successful deployment of a major release (R4.6) on 11/12/15.

It should be noted that e-RS is currently in the Deployment Verification Period (DVP) which means that performance will not be included in the Service Performance RAG status until DVP exit. e-RS has currently been in DVP for 168 working days against a planned 45 days at the time of report production (12 January 2016).

Since the in-housing of Spine Services, availability has been consistently high, including these achievements:

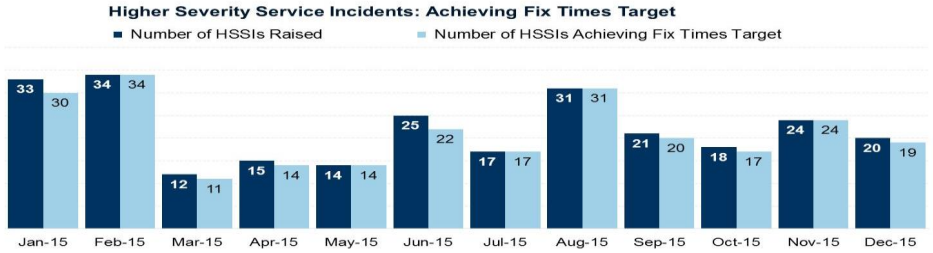
- All 4 Spine Core Services have achieved 100% availability every month, since DVP exit in November 2014.
- SUS has achieved 100% availability every month except November 2015, since DVP exit in June 2015.
- All 7 CIS Services have achieved 100% availability every month except July 2015, since DVP exit in June 2015.

Fix Times: High Severity Service Incidents (HSSIs): 20 HSSIs were reported in December 2015, fewer than the previous month and lower than the 12 month average of 22.

Only one HSSI failed its fix time target in the month: GDIT Severity 2, relating to an issue with duplicate payments being inadvertently processed following the deployment of Build 58 on 08/12/15. Scripts were run on a daily basis from 10/12/15 in order to capture and remove all duplicate values, until a permanent fix was deployed on 22/12/15. This HSSI took 98 hours and 28 minutes to resolve, against a Fix Time target of 6 hours.

3 Security Incidents and 5 Clinical Safety incidents were raised as HSSIs in the month.

e-RS experienced one Severity 1 HSSI in December 2015, relating to the unplanned outage referenced in the Availability commentary above and one further Severity 2 HSSI, which did not result in any unplanned downtime.



Response Times 14 out of 16 services reported against achieved or exceeded their target.

The Calculating Quality Reporting Service (CQRS) experienced repeat failures at a critical level on Message Types 2 and 7.

Whilst the Message Type (MT) 2 metric continues to fail service levels, it should be noted that following the remediation activities some performance improvements have been observed, but not to a degree where the OSL (Operating Service Level) has been achieved.

GDIT continue to undertake low-level analysis of these breaches, with a meeting scheduled for mid-January 2016 to discuss the latest position. Additionally, Build 58 was deployed on 08/12, which resulted in further improvements in a number of MT2 Response Time metrics.

For the repeat MT7 failure: The retry queue size is being managed actively, identifying further bottlenecks in the Customer Record Output (CRO) processing, which GDIT are investigating. However, as yet no resolution has been identified. In parallel, the MT7 Service Level measurements are being discussed with GDIT, an alternative proposal to the measurement of this service level is currently with GDIT for review and acceptance.

Significant planning for year-end activities is underway within both GDIT and HSCIC, to ensure that the year-end QOF (Quality and Outcomes Framework) calculation is delivered successfully.

Response Times for CSC NME's iPM Non-Acute service failed at a non-critical level in December 2015, against Transaction Type 8 on the iPM510 Instance (Derbyshire PCT) and against Transaction Type 7 on the iPM527 Instance (Worcester). The Root Cause of both these breaches is still under investigation, at the time of this report's production.

There were no instances of e-RS Response Time / performance degradation in December 2015. e-RS is not included in the RAG status for this Performance Indicator, due to the service currently being in the Deployment Verification Period.

Incidents of note outside the reporting period

Since the reporting period of December 2015, the following HSSIs have been reported which are worthy of note:

06/01/16 - Vodafone - Intermittent connection issues for some NHSmail users, resolved by removing and replacing the impacted CAS (Client Access Server).

08/01/16 - TPP (GPES) - Single TPP site issue prevented the return of all QRs (Query Results) for the POM (Patient Objections Management) extract from that supplier. Site was removed from the extract which allowed the extract to continue, root cause still under investigation at the time of report production (12 January 2016).

Forecast: It is forecast that an AMBER RAG status will be achieved in January 2016.

Performance Indicators	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
No. of Services achieving Availability target	66	68	66	65	67	74	62	63	64	62	58	57
No. of Services breaching Availability target, but not to a critical level	2	0	0	0	0	1	3	1	0	0	0	1
No. of Services breaching Availability target at a critical level	0	0	0	0	0	0	0	0	0	0	0	0
Total No. of Services measured for Availability Performance >>>>	68	68	66	65	67	75	65	64	64	62	58	58
No. of Services achieving Response Times target	26	25	24	23	23	24	22	22	22	19	16	14
No. of Services breaching Response Times target, but not to a critical level	0	1	1	1	1	1	1	0	0	0	1	1
No. of Services breaching Response Times target at a critical level	1	1	1	1	1	2	2	2	2	4	1	1
Total No. of Services measured for Response Times Performance >>>>	27	27	26	25	25	27	25	24	24	23	18	16
Total number of Higher Severity Service Incidents (HSSIs)	33	34	12	15	14	25	17	31	21	18	24	20
Total number of HSSIs achieving Fix Times target	30	34	11	14	14	22	17	31	20	17	24	19
% HSSIs achieving Fix Times target	91%	100%	92%	93%	100%	88%	100%	100%	95%	94%	100%	95%

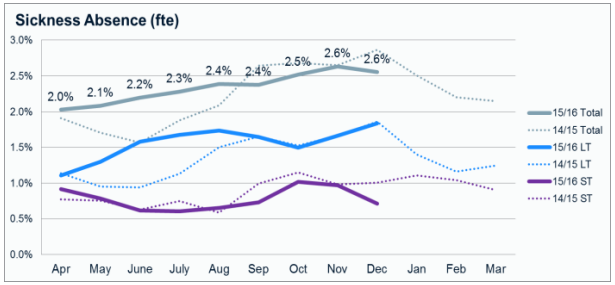
Caveats:
1. Current month's Response Time achievement for the NHSmail and ESG (Email Security Gateway) services is yet to be received at the time of report production. Data to be included in next month's KPI.
2. All data in this report is unverified and subject to change, as none of it has yet been through Service Reviews with Suppliers.
3. If any changes are needed following the completion of all Supplier Service Reviews, these will be reflected in next month's KPI.

KPI:	Organisation Health
Owner:	Rachael Allsop

Overall Position: Amber rated. Whilst the KPI figures are generally very good, the low rate of compliance with mandatory training is a significant concern. The lowest compliance rate is for Information Governance training and may be linked to an intranet announcement advising that the training has to be completed by the end of January, rather than on a 'rolling' basis. We should therefore expect better results next month. The positive results of the staff survey for 2015 will need to be followed up by active and consistent development and implementation of action plans across the organisation to maintain the current rating. We have now transitioned to reporting time to recruit based on advert to starting in post, which continues to be within target. Work on 'growing our own' staff is progressing well and we are continually expanding networks to engage with other employers and industry groups. Improvements in data quality will support the effective management of, in particular, long-term absence.

Previous	G
Current	A
Forecast	A

Summary Table	Target	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Engagement Score	>=70					73						75	
Engagement Actions Completed	>=90%	#	100%	#	#	90%	95%	96%	99%	96%	96%	N/A	N/A
Professional Group Membership	>=90%	81%	81%	80%	80%	82%	81%	81%	83%	84%	87%	91%	95%
PDR Completion	>=90%	76%	77%	78%	5%	38%	87%	89%	89%	91%	12%	87%	90%
Annual Training Spend / Head	£275/Year	£250	£295	£353	-	-	£37	£96	£161	£192	£206	£228	£325
12 Month Average Sickness Absence%	<=3%	2.5%	2.2%	2.1%	2.0%	1.9%	1.8%	1.8%	2.0%	2.3%	2.3%	2.3%	2.3%
Mandatory Training (composite)	TBC												45%
Time to Hire - In post	>=70				71	70	69	60	54	64	62	62	69
Turnover	9% - 11%	10%	10%	11%	11%	11%	9%	8%	8%	8%	8%	8%	8%
Net Monthly Movement	TBC	45	20	60	25	8	33	45	12	3	11	43	12



Engagement

- A report on the 2015 **staff survey** results was considered by EMT on 07 January. This included a determination of the future approach to action planning, i.e. within Directorates, Professional Groups or Professional Pools.
- The report includes a draft EMT response to the key messages from the survey, which is generally positive and which references a number of actions already in progress or planned.
- Reporting of progress on engagement actions is expected to commence from April 2016.

Training and Development

Training Days (*Civil Service Learning)*

- An average of 1.04 training days per person have been booked this year on CSL.

Induction

- Of people who started in the last 6 months 57% have attended Corporate Induction and 66% have accessed the online induction.
- 39% of the online induction has been **completed** by people who have started in the last 6 months.

Mandatory Training

- Fire Safety compliance score: 69%
- Information Security compliance score: 37%
- Information Governance compliance score: 35%

Learning and Development Leads Satisfaction Score

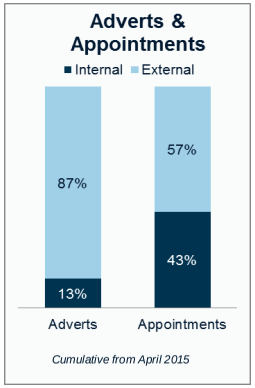
- L&D Leads are 93% satisfied with the service they receive from OD.

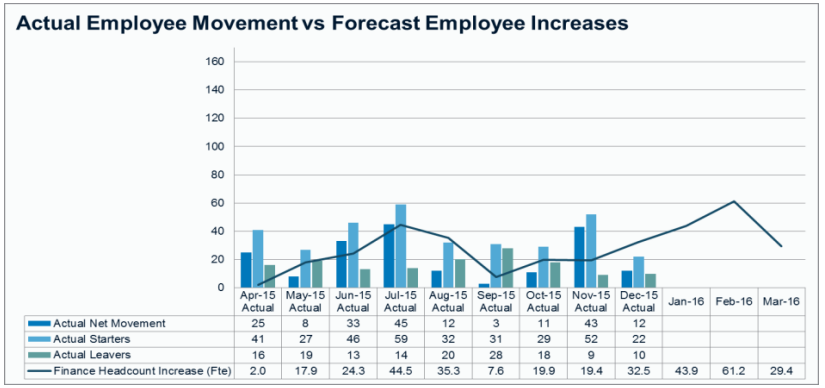
Sickness Absence

- The 12-month rolling average absence rate remains stable.
- The introduction of ABR will provide an opportunity to test whether rates are genuinely low or reflect under-reporting of sickness absence.
- A further 11 absences rolled into longer term (28 days+), which is a net increase of 5 over the previous month. We are improving the quality of the data and continue to review case management at regular case conference sessions.
- Almost 20% of long-term absence case are linked to anxiety, stress, depression or psychiatric illness. We are developing a range of health and well being initiatives, including mindfulness sessions for staff.

Growing Talent Summary	Placed 14/15	Current position, cumulative 15/16	Projected placements for 15/16
Work Experience Unpaid work shadowing up to 2 weeks	25	5	8
Apprenticeship Paid static training role up to 2 years with qualification	4	7	15
Internship Paid 8 week placement	0	18	18
Undergraduate placement year Paid 9-12 month sandwich placement	1	1	1
Graduate fixed training posts Paid post up to 3 years within a profession	0	5	5
Graduate rotational training scheme Paid 2 year scheme within professional group	10	9	9

Recruitment Summary		
Live Campaigns	% Total Time	Working Days
Advertising	approval to advert	
12	2.9%	1.75
Selection	advert to outcome	
68	62.6%	37.68
Appointment	outcome to checks	
54	18.7%	11.24
	checks to agreed start date	
	15.9%	9.56





Attracting and Growing Talent

- As part of our involvement in the Leeds Digital Skills Group we are a main partner in the Leeds Digital Story - a campaign produced by Hebe Works in partnership with Leeds City Council . Filming and production of a short film to showcase the Leeds digital scene is being carried out in January - a member of HSCIC staff will be interviewed. A digital and national print campaign will then run from February and the HSCIC will feature in all of the campaign's paid for advertising and will also have the opportunity to list a number of our key vacancies.
- We are working with the corporate and digital communications teams to develop materials for graduate advertising starting in January. We will advertise across a range of media and to universities directly to maximise our audience.
- Feedback on our entry level programmes continues to be positive from the trainees and their managers. Graduates, trainees and interns were the highest scoring group for engagement within the staff survey.
- Government targets indicate that we will need to recruit to 60 apprenticeships next year, which will be challenging.

Transactional Recruitment

- The average time to hire across the organisation in December rose slightly but remains within the KPI target . We are working with directorates to build on previous improvements.
- A thorough review of active recruitment has found that a significant number at selection stage had been unsuccessful but had not previously been reported as such. This will be followed up to improve reporting .
- As a result of the review, and a seasonal decline in recruitment activity generally, there are now 52% fewer vacancies in selection stage than when we reported last month and a reduced number out to advert.
- 39 external new starters are currently expected in January but the volume of active recruitment is not sufficient to meet the finance forecasted headcount increase for the remainder of the year. The number of external new starters in February and March is expected to be lower than in November and December because of the reduced recruitment activity.

Net Movement

- Current headcount is 2755.
- Within this financial year, our average monthly net movement is 21. If this continues we would increase by a further 63fte by the end of March which would bring our total increase to 255 across 2015/16.

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

Previous RAG	G
Current RAG	G
Forecast RAG	G

Overall Position

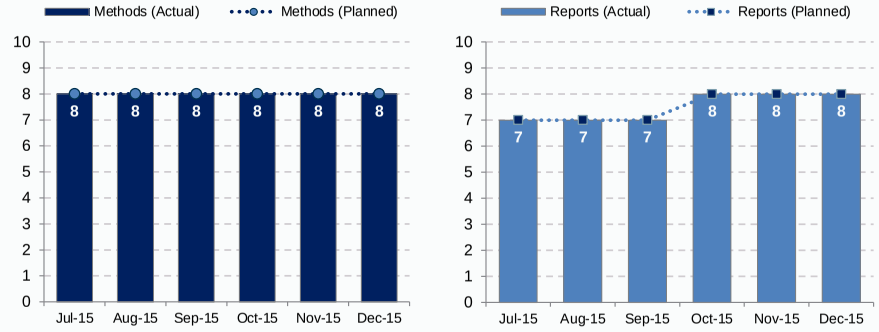
The overall RAG rating this month is GREEN
Note the target profile has been rebased for FY2015/16

Forecast
The forecast RAG is GREEN

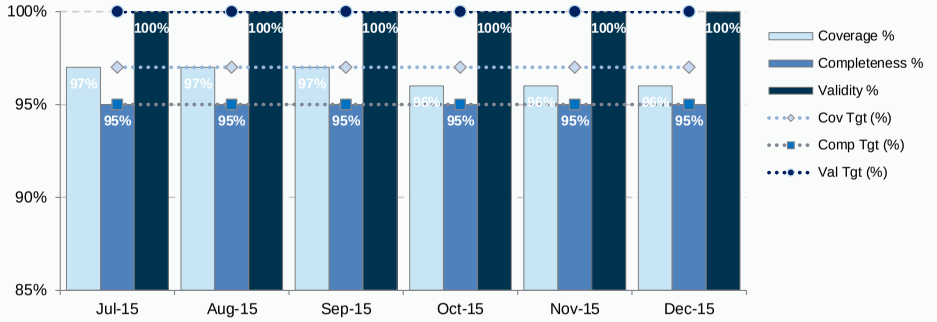
Notes

- Although the level of completeness of IAPT data remains relatively low, there has been a gradual improvement over the past year. Further details are available if required.
- The data for this report is sourced from the HSCIC teams responsible for landing, assessing and reporting on the quality of the individual datasets in line with the current version of the applicable Standardisation Committee for Care Information (SCCI) approved information standard

Key data asset key performance indicator (KPI)



Key data asset management information (MI)



Key Performance Indicator (KPI) Commentary

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

Management Information (MI) Commentary

- The validity figures for July, August, September, October, November and December 2015 are actually 99.58%, 99.53%, 99.51%, 99.52%, 99.58% and 99.56% respectively but are displayed as 100% due to rounding
- MI measures the quality of data submitted by those data providers expected to submit data to the HSCIC in accordance with the current version of the applicable Standardisation Committee for Care Information (SCCI) approved information standard
- Data providers are responsible for the quality of data submitted. The HSCIC reports results of data quality assessments back to data providers to influence improvements
- Six datasets are in scope for these indicators: Admitted Patient Care, Outpatients, Accident & Emergency, Improving Access to Psychological Therapies, Mental Health & Learning Disabilities and Diagnostic Imaging

NHS Number completeness and validity by dataset - cumulative available data (November 2014 - December 2015)

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

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

Dataset level information by data quality measure - cumulative available data (November 2014 - December 2015)

Dataset coverage (%)	Completeness of reported data items (%)	Validity of completed data items (%)
98%	100%	100%
96%	100%	100%
91%	98%	100%
98%	85%	98%
98%	95%	98%
100%	92%	100%

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

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

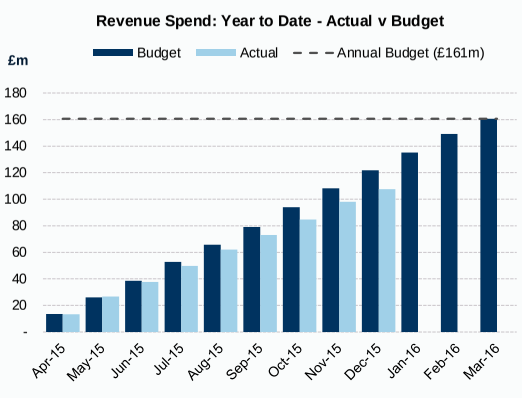
Previous RAG	A
Current RAG	A
Forecast RAG	R

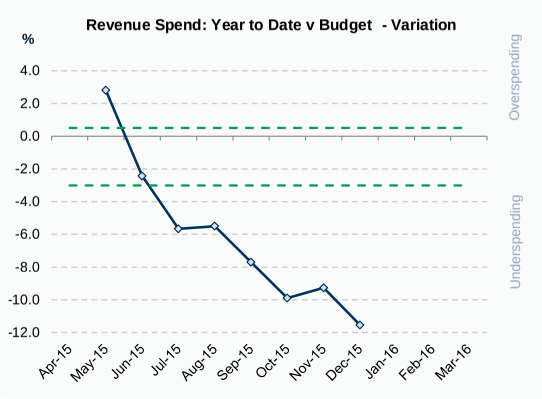
Revenue Spend - Core & Ring-Fenced	Bud (£m)	Act (£m)	Var (£m)	Var (%)
Year to Date: Actual v Budget	121.7	107.7	14.0	**11.5%**
Full Year Forecast v Budget	160.6	153.5	7.1	**4.4%**

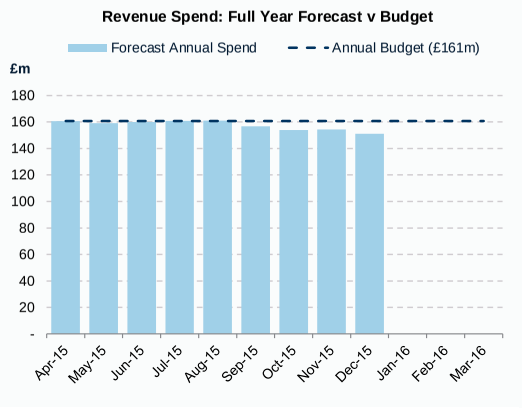
Core GiA	Bud (£m)	Act (£m)	Var (£m)	Var (%)
Year to Date: Actual v Budget	112.2	98.4	13.8	**12.3%**
Full Year Forecast v Budget	148.0	141.2	6.8	**4.6%**

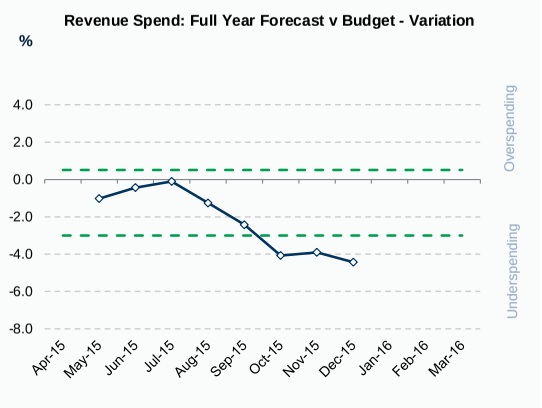
Forecast Accuracy	Act (£m)	F'cast (£m)	Var (£m)	Var (%)
In-month: Forecast v Actual	9.5	13.4	3.9	**28.9%**

Ring-fenced GiA	Bud (£m)	Act (£m)	Var (£m)	Var (%)
Year to Date: Actual v Budget	9.5	9.3	0.2	**2.6%**
Full Year Forecast v Budget	12.6	12.3	0.3	**2.3%**









HSCIC Operating costs

The year-to-date outturn for the first nine months of the year is £14.0m/ 11.5% below budget. The variance of £14.0m comprises £13.8m under budget on core GIA and £0.2m under on ring-fenced GiA. The £13.8m underspend on core GiA is largely due to delays to recruitment to vacant roles, partially offset by resultant decreases to income The £0.2m underspend on ring-fenced GiA is also due to vacancies not being filled as early as predicted.

The forecast outturn for the full year is £7.1m/ 4.4% under budget; this comprises £6.8m under budget for core GiA (reduced forecast for staff costs and an increase in income, partially offset by release of central contingency and increase in non-staff and £0.3m under budget for ring-fenced GiA (reducing staff costs as recruitment dates for vacancies move to later in the year than budgeted). A top-down estimate for the end of year, adjusting for expected recruitment , procurement and income assumptions, indicates a potential forecast out-turn for core GiA of £10.9m.

Non-GiA income is close to budget for the year-to-date and the full year forecast. However, this comprises a number of areas that are both under and over budget - there is additional income from DSfC, GPES, SSD, Spine 2 and Cross-Government Programmes, but lower income on Choices (including DAS), care.data, Standards, Solution Assurance, Information Analysis, Pathways and Technical Architecture.

Staff Costs are £10.0m under budget for the year-to-date and forecast to be £11.4m under budget for the full year. This mainly reflects recruitment running behind budgeted vacancies - most of the vacancies have now been reprofiled in the forecast to later in the year. The budget included an increase of 465 FTE over M1-9; however, permanent headcount only increased by a net 203 FTE over the period Vacancies have been moving to the right over the course of the year so far, with the peak of recruitment now being seen in February. The forecast now includes 134 permanent employees to join during the remainder of the year.

Non-Staff Costs are forecast to be £1.0m above budget for the full year. This includes £3.6m on Spine 2 for additional workpackages (RF), £1.3m in central ICT and £0.5m for GS1 licences in ASI, partially offset by underspends in other areas. An additional forecast of £2.5m has been added in March for costs of the MAR scheme.

The £(1.1)m full year variance on Unallocated Costs is due to specific savings having been recognised/ identified in all directorates that included this in their budget, offset by the reduction in the central contingency to nil at M5.

Management action

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

Appendix 1 - Management Accounts

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

Summary Position

£'m	Year-to-Date			Full Year		
	Budget	Actual	Var	Budget	F'cast	Var
Core GiA	(112.2)	(112.2)	(0.0)	(148.0)	(148.0)	(0.0)
Ring-Fenced GiA	(9.5)	(9.3)	(0.2)	(12.6)	(12.3)	(0.3)
External Income	(46.6)	(46.4)	(0.2)	(63.3)	(63.7)	0.3
Staff Costs	121.2	111.2	10.0	162.2	150.8	11.4
Non-staff Costs	48.0	42.8	5.2	62.5	66.0	(3.5)
Unallocated Costs	(0.9)	0.0	(0.9)	(0.8)	0.4	(1.1)
Surplus/ (Deficit)	**0.0**	**(13.8)**	**13.8**	**0.0**	**(6.8)**	**6.8**
Depreciation GiA	(11.9)	(11.9)	0.0	(16.3)	(16.3)	0.0
Depreciation Cost	11.9	11.2	0.7	16.3	15.6	0.7
Surplus/ (Deficit)	**0.0**	**(0.7)**	**0.7**	**0.0**	**(0.7)**	**0.7**

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

The year-to-date outturn for the first nine months of the year is £14.0m/ 11.5% below budget. The variance of £14.0m comprises £13.8m under budget on core GIA and £0.2m under on ring-fenced GiA. The £13.8m underspend on core GiA is largely due to delays to recruitment to vacant roles, partially offset by resultant decreases to income The £0.2m underspend on ring-fenced GiA is also due to vacancies not being filled as early as predicted.

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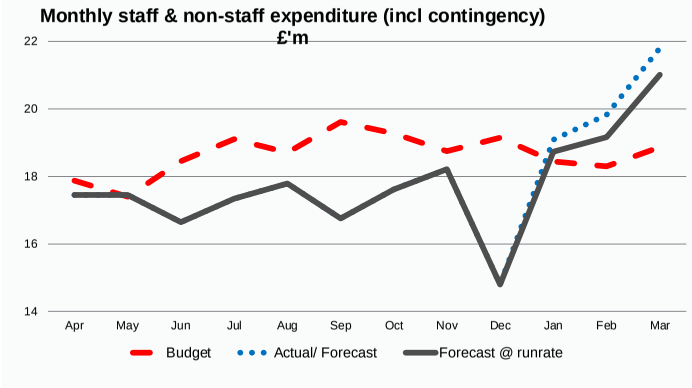
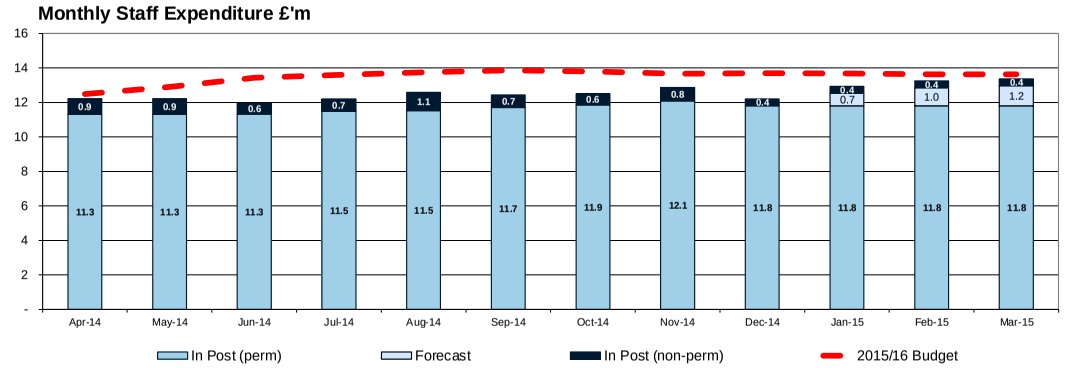


Monthly trend of gross expenditure for the organisation for the original budget, the latest forecast (9 months of actual costs and 3 months of expected costs) and an extrapolation (runrate) of the position if the current staff position remained at December levels for the remainder of the year.



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

Appendix 1 - Management Accounts

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

Detail by Income/ Expenditure Type

£'m	Year-to-Date			Full Year		
	Budget	Actual	Var	Budget	F'cast	Var
Income						
Grant in Aid	(112.2)	(112.2)	(0.0)	(148.0)	(148.0)	(0.0)
Grant in Aid (ring-fenced)	(9.5)	(9.3)	(0.2)	(12.6)	(12.3)	(0.3)
Income	(46.6)	(46.4)	(0.2)	(63.3)	(63.7)	0.3
Total Income	**(168.3)**	**(167.9)**	**(0.5)**	**(223.9)**	**(224.0)**	**0.0**
Staff Costs						
Permanent Staff	112.7	104.4	8.2	152.0	141.4	10.6
Non Permanent Staff	8.5	6.8	1.8	10.1	9.3	0.8
Total Staff Costs	**121.2**	**111.2**	**10.0**	**162.2**	**150.8**	**11.4**
Other Costs						
Professional Fees	18.8	13.3	5.5	24.2	22.5	1.7
Information Technology	13.2	13.3	(0.1)	17.2	19.2	(2.0)
Travel & Subsistence	3.5	3.9	(0.4)	4.7	5.2	(0.5)
Accommodation	8.5	9.0	(0.5)	11.2	11.3	(0.0)
Marketing, Training & Events	1.4	1.3	0.1	1.8	2.1	(0.3)
Office Services	2.2	2.0	0.2	2.9	2.9	(0.1)
Other	0.4	0.1	0.3	0.6	2.8	(2.2)
Total Other Costs	**48.0**	**42.8**	**5.2**	**62.5**	**66.0**	**(3.5)**
Unallocated Costs						
Directorate Contingency/ Savings	(2.1)	0.0	(2.1)	(3.2)	0.4	(3.6)
Central Contingency	1.2	0.0	1.2	2.4	0.0	2.4
Depreciation						
Depreciation Grant-in-Aid	(11.9)	(11.9)	0.0	(16.3)	(16.3)	0.0
Depreciation Costs	11.9	11.2	0.7	16.3	15.6	0.7
	0.0	**(0.7)**	**0.7**	**0.0**	**(0.7)**	**0.7**

Ring-fenced GiA - £(0.2)m YTD and £(0.1)m forecast variances reflect that expected spend is now approaching budget after a slower start to the year; any overspend would have to be found from core GiA

Non-GiA income is £0.2m under budget for the year-to-date. The forecast is £0.3m above budget for the full year. This is primarily driven from additional income from DSfC, GPES, Spine 2 and Cross-Government Programmes, but lower income on Choices (including DAS), care.data, Standards, Solution Assurance and Information Analysis.

£11.4m full year variance includes:

4.0	O&AS directorate (recruitment delays plus funding transferred to workpackages)
1.3	HDS (delayed recruitment against budget)
1.5	Information & Analytics directorate (delayed recruitment against budget)
1.4	Finance & Corporate Services (reduction in Contractors)
1.4	PSI (staff redeployment and delays to HSCN recruitment)
0.7	Customer Relations directorate
1.0	Other
11.4	

Full year forecast overspend against budget includes £3.7m for Spine 2 workpackages and HSCN £0.4m, partially offset by various reductions, including £1.0m Population Health, £0.7m Cybersecurity, £0.5m CPIS and £0.5m SCIP

Full year variance includes £1.5m ICT , £0.7m Cybersecurity and £0.5m in Tech Archs (unbudgeted GS1 licences)

Most Directorates are reporting/ forecasting T&S costs above budget.

£0.3m over budget for training/ external course fees

Forecast includes £2.5m in March for MARS

£(5.5)m of budgeted "Savings to be found" have all been released in the forecast across PSI, F&CS, HDS, OAS, CR and ASI. £4.0m of contingency (both central and in directorates) has been released in the forecast.

Appendix 1 - Management Accounts

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

Detail by Directorate

£'m	Year-to-Date Budget	Year-to-Date Actual	Year-to-Date Var	Full Year Budget	Full Year F'cast	Full Year Var	
Provider Support & Integration							
Income	(3.6)	(4.1)	0.4	(4.8)	(5.4)	0.6	£0.6m increased forecast for income is due to £0.2m additional income on Cross Govt projects and £0.4m additional income for secondments, Proton Beam Therapy and business case assurance review service.
Staff Costs	14.1	12.2	2.0	18.3	16.8	1.4	£1.4m forecast underspend on staff costs due to delayed recruitment and leavers not replaced.
Other Costs	2.6	2.1	0.4	3.6	3.6	0.0	
Contingency / Virements	(0.8)	0.0	(0.8)	(1.3)	0.0	(1.3)	The "Contingency/ Virements" line shows Directorate Savings to be Found to be realised throughout the year. Forecast has been released due to savings realised to date £(1.3)m
Net GiA funded	**12.3**	**10.2**	**2.1**	**15.7**	**15.0**	**0.7**	
Health Digital Services							
Income	(12.0)	(12.2)	0.2	(16.0)	(16.5)	0.4	Income - £0.4m full year forecast variance includes £2.0m reduction on Choices/ DAS, partially offset by £1.8m increased income on GPES.
Staff Costs	18.6	17.4	1.2	24.9	23.6	1.3	Staff costs - full year forecast variance of £1.3m includes£1.5m Choices, partially offset by increased costs of £0.5m on GPSoC R and £0.4m on Resource Pool
Other Costs	6.4	5.8	0.6	8.4	8.1	0.4	
Contingency / Virements	(1.6)	0.0	(1.6)	(2.1)	0.0	(2.1)	The "Contingency/ Virements" line shows Directorate Savings to be Found to be realised throughout the year. Forecast has been released due to savings realised to date £(2.1)m
Net GiA funded	**11.4**	**11.0**	**0.5**	**15.2**	**15.2**	**0.0**	
Operations & Assurance Services							
Income	(24.8)	(24.8)	0.1	(33.0)	(33.6)	0.6	£0.6m additional income includes increases to Spine 2 £2.6m (additional recharge of costs to DH to be capitalised and ring-fenced GiA) , partially offset by reductions in income for NHS Pathways £(0.3)m, Service Management £(0.5)m, Cybersecurity £(0.7)m and Solution Assurance £(1.1)m.
Staff Costs	39.3	36.1	3.2	53.0	48.9	4.0	£4.0m forecast reduction in Staff Costs is due to expected recruitment being delayed until later in the year, some of which relates to income reductions as above, with some savings being used to fund workpackages (see below)
Other Costs	14.6	15.4	(0.8)	18.3	22.9	(4.6)	£(4.6)m increase in non-staff costs is primarily due to £3.7m increase on Professional Fees for Spine 2 workpackages (related to the increased income from DH and reduced staff costs above) and £1.5m additional forecast for central ICT.
Contingency / Virements	0.8	0.0	0.8	1.2	0.0	1.2	
Net GiA funded	**29.9**	**26.7**	**3.3**	**39.4**	**38.2**	**1.2**	
Information & Analytics							
Income	(10.2)	(8.4)	(1.7)	(14.7)	(11.7)	(3.0)	The full year income variance of £(3.0)m is primarily due to reduction in expected income on Information Analysis £(1.5)m, care.data £(0.9)m, MCDS £(0.4)m and Data Dissemination £(0.3)m. £(0.9)m of the IA variance is from Population Health (Children and Younger People Mental Health Survey) - costs have also reduced accordingly.
Staff Costs	18.7	17.4	1.3	25.0	23.5	1.5	£1.5m forecast underspend on staff costs includes £0.5m reduction on care.data/ MCDS (related to income variances above), £0.4m Data Dissemination services and £0.5m Information Analysis
Other Costs	7.5	6.6	1.0	10.5	9.7	0.8	£0.8m underspend on non-staff costs is due to additional IT costs on care.data/ MCDS and Patient Preferences offset by reduction in professional fees/ surveys on Population Health (Children and Younger People Mental Health Survey)
Contingency / Virements	0.4	0.0	0.4	0.6	0.0	0.6	
Net GiA funded	**16.5**	**15.5**	**1.0**	**21.5**	**21.5**	**(0.0)**	
Architecture, Standards & Innovation							
Income	(3.7)	(4.6)	0.9	(4.9)	(6.8)	1.8	£1.9m forecast variance on Income is due to increased income £2.3m on DSfC , offset by £(0.5)m reduction in expected external funding to cover IHTSDO membership.
Staff Costs	13.4	13.0	0.4	18.3	17.5	0.8	£0.8m full year variance on staff costs includes forecast underspend of £1.3m on Standards, partially offset by increased costs of £(0.4)m on DSfC & NTS.
Other Costs	3.3	1.6	1.7	4.3	3.7	0.6	£0.6m full year variance on non-staff costs includes £1.1m reduction in costs in Standards, partially offset by increased costs in DSfC and Tech Architecture.
Contingency / Virements	0.2	0.0	0.2	(0.0)	0.4	(0.4)	
Net GiA funded	**13.1**	**10.0**	**3.1**	**17.7**	**14.9**	**2.8**	
Finance & Corporate Services	**(excl Estates)**						
Income	(0.8)	(0.6)	(0.2)	(1.1)	(0.8)	(0.3)	£1.4m underspend on staff costs is primarily due to reduction in contractor costs in Commercial.
Staff Costs	11.1	10.1	1.0	14.7	13.3	1.4	£1.2m underspend on non-staff costs is due the reduction in forecast legal fees
Other Costs	3.7	2.3	1.4	4.6	3.4	1.2	
Contingency / Virements	(0.8)	0.0	(0.8)	(1.2)	0.0	(1.2)	The "Contingency/ Virements" line shows Directorate Savings to be Found to be realised throughout the year. Forecast has been released due to savings found on reduced contractor costs and legal fees.
Net GiA funded	**13.2**	**11.8**	**1.4**	**17.0**	**16.0**	**1.1**	
Estates	7.4	7.7	(0.3)	9.8	9.9	(0.1)	
HR & Transformation	**2.6**	**2.1**	**0.5**	**3.4**	**3.2**	**0.2**	
Customer Relations	**3.8**	**3.1**	**0.6**	**5.0**	**4.5**	**0.5**	Primarily due to lower than budgeted staff costs
Clinical Professional Leadership	**0.7**	**0.6**	**0.1**	**0.9**	**0.9**	**0.1**	
HSCIC Corporate	(111.0)	(112.6)	1.6	(145.6)	(145.9)	0.4	Budget for contingency funding has been reduced to nil, given the current level of forecast spend and pressures for the organisation. £(0.4)m of central accruals released from prior years. Forecast includes £2.5m in March for MARS

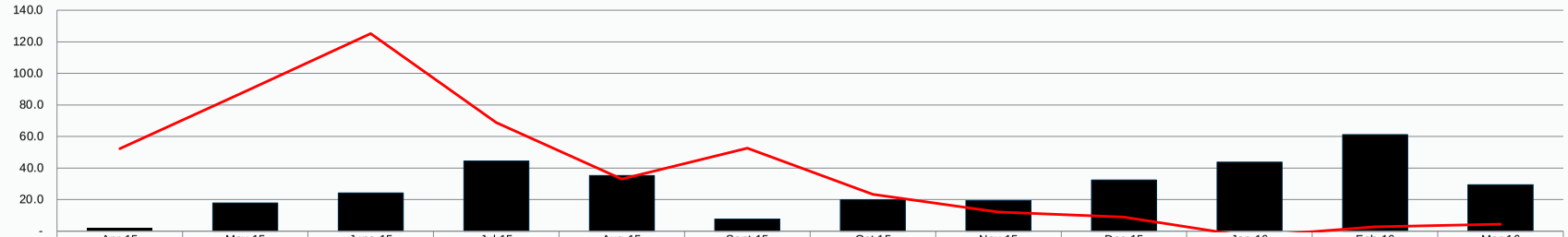
NOTE: Below includes transfer of budgets @ M6 from HDS to PSI for Cross-Government programmes and from O&AS to I&A for Demographics and @ M7, from HDS to PSI for HSCN

Appendix 1 - Management Accounts

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

Headcount

Permanent Staff - Forecast Increase vs Budgeted Increase [FTE]



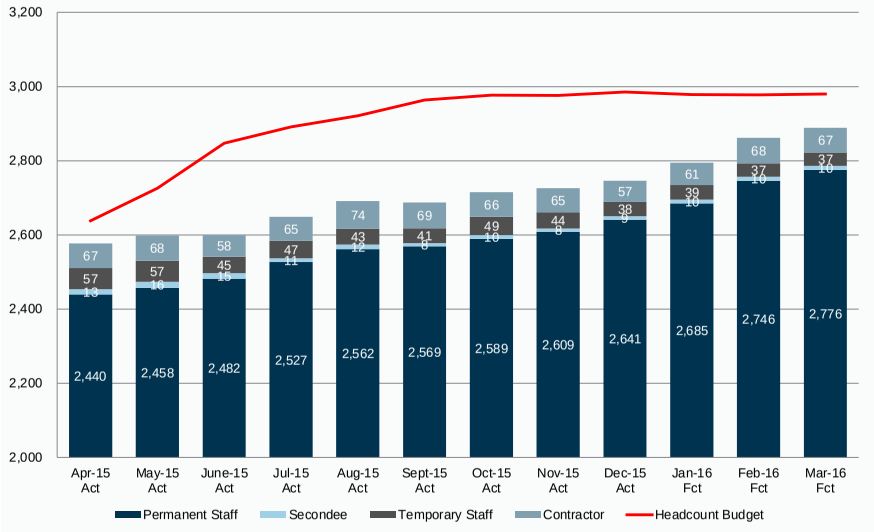
	Apr-15 Act	May-15 Act	June-15 Act	Jul-15 Act	Aug-15 Act	Sept-15 Act	Oct-15 Act	Nov-15 Act	Dec-15 Act	Jan-16 Fct	Feb-16 Fct	Mar-16 Fct
Forecast Increase (FTE)	2.0	17.9	24.3	44.5	35.3	7.6	19.9	19.4	32.5	43.9	61.2	29.4
Budgeted Increase (FTE)	52.2	88.6	125.2	68.8	33.0	52.5	23.4	12.1	9.0	(3.5)	2.8	4.4

The budget included an increase of 465 FTE over M1-9; however, permanent headcount only increased by a net 203 FTE over the period Vacancies have been moving to the right over the course of the year so far, with the peak of recruitment now being seen in February. The forecast now includes 134 permanent employees to join during the remainder of the year.

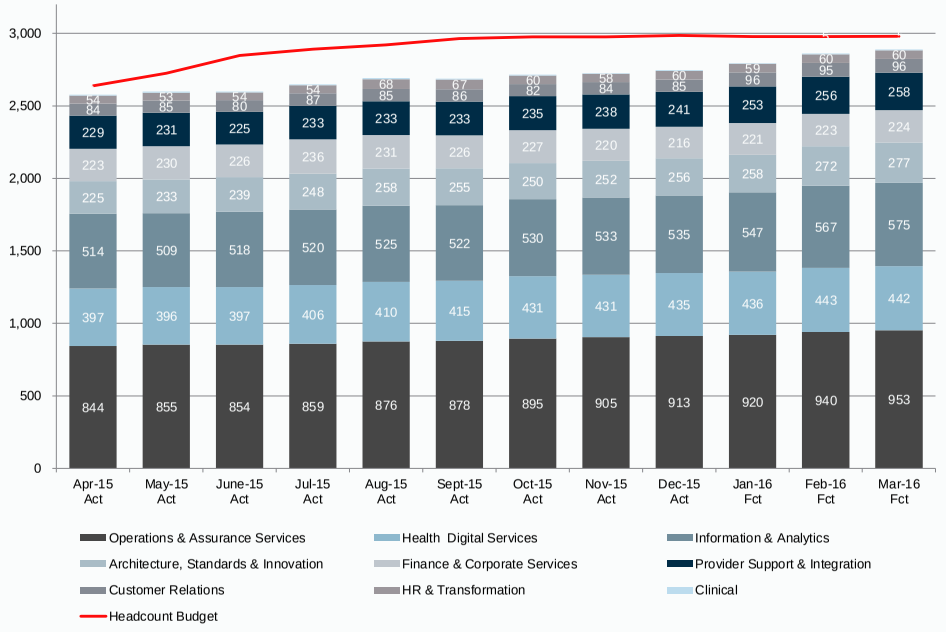
Note: FTE increase figure is as at payroll date therefore may differ from HR figures for the whole of the month.

Workforce: Budget vs Forecast [FTE]

(note: axis starts from 2,000)



Workforce: Budget vs Forecast by Directorate [FTE]



KPI	Programme Achievement
KPI Owner	James Hawkins

Appendix 2 - Programme Delivery Dashboard

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

Programme Delivery Director View	
Current RAG	South
Forecast RAG	TBC

Health Digital Services Dashboard - November 2015

	Reporting Month:		SRO?	Overall Delivery Confidence RAG						Assurance Delivery Confidence / Status							Key Delivery Milestones			Current year financial forecast against budget			Investment justification (BC, MoU etc) forecast spend status		
				Sep	Oct	Nov	Dec	Jan	Feb	RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Sep	Oct	Nov	Sep	Oct	Nov	Sep	Oct	Nov
Primary Care IT	P0281	General Practice Extraction Service	Yes	A/G	A/G	A	A	A/G	A/G	TBC	4	Dec-2012	A/G	TBC	TBC	TBC	A	A	A	R-O	R-O	R-O	G	G	G
	P0208	GP Systems of Choice Replacement	Yes	A/G	A/G	A/G	A/G	G	G	High	5	Apr-2015	A/G	TBC	TBC	Not booked	A	A	A	G	R-O	R-O	G	G	G
	P0014	GP2GP	Yes	A/G	A/G	A/G	A/G	A/G	A/G	Low	4	Feb-2014	A/G	5	Sep-2015	Not Booked	A	A	A	R-U	R-U	R-U	G	G	G
	P0026	NHS Choices	Yes	A	A	A	A	A	G	High	1	Apr-2015	A/R	TBC	TBC	Not Booked	G	G	G	R-U	R-U	R-U	A	A	A
	P0196	NHSmail 2	Yes	A/R	A/R	A	A	A	A/G	High	4	Sep-2015	A/R	4	Jan-2016	Not Booked	A	R	A	R-U	R-U	R-U	G	G	G
	P0238	NHS e-Referrals	No	A	A	A	A	A	A	High	4	Apr-2015	A/G	TBC	TBC	Not booked	G	G	G	R-O	R-O	R-O	G	G	G
	P0051	Summary Care Record	Yes	A/G	A/G	A/G	A/G	A/G	A/G	Med	5	Apr-2015	A/G	TBC	TBC	Not booked	G	G	G	R-O	R-O	R-O	G	G	G
	P0012	Electronic Transfer of Prescriptions	Yes	A	A	A	A	A	A	High	0 + 5	Apr-2015	A	5	Oct-2015	Booked	G	G	G	R-O	R-O	R-O	G	G	G

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

Delivery Confidence - Health Digital Services:	
November-2015	A/G 67.50%
February-2016	A/G 80.00%

HDS View	
November-2015	South
February-2016	N/A

Novembers calculated delivery confidence is at 67.5%. The Calculated delivery confidence RAG remains at Amber/Green. The 3-month calculated forecast Delivery Confidence (to February 2016) is also Amber/Green at 80%.

Architecture Standards and Innovation - November 2015

	Reporting Month		SRO Appr?	Overall Delivery Confidence RAG						Assurance Delivery Confidence / Status							Key Delivery Milestones			Current year financial forecast against budget			Investment justification (BC, MoU etc) forecast spend status			
				Sep	Oct	Nov	Dec	Jan	Feb	RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Sep	Oct	Nov	Sep	Oct	Nov	Sep	Oct	Nov	
	P0294	National Tariff System (NTS)	Yes	A	A	A	A	A	A	High	0	Nov-15	A	TBC	TBC	TBC	A	A	A	R-O	R-O	A	G	G	N/A	-
	P0406	Data Services for Commissioners	Yes	A	A	A	A	A	A	Med	0	Nov-15	A	TBC	TBC	TBC	A	A	A	A	A	A	N/A	N/A	N/A	-

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

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

Overall Delivery Confidence for ASI:	
November-2015	A 60.00%
February-2016	A 60.00%

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

Sourced from Highlight Reports (Key RAGs) November-15
Sourced from Highlight Reports Nov-2015

KEY

Trend

- RAG improvement from previous month
- RAG same as previous month
- RAG decrease from previous month

Non Completion

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

KPI	Programme Achievement
KPI Owner	James Hawkins

Appendix 2 - Programme Delivery Dashboard

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

Health Digital Services Director View	
Current RAG	South
Forecast RAG	TBC

Health Digital Services Dashboard - November 2015

	Reporting Month:	Benefits realisation confidence			Quality Management against plan			Programme / Project end date			Current Investment Justification approval status			Digital & Technology Spend Controls Status			Resourcing Against Plan			Progress against planned mitigation for risk		
		Sep	Oct	Nov	Sep	Oct	Nov	Sep	Oct	Nov	Sep	Oct	Nov	Sep	Oct	Nov	Sep	Oct	Nov	Sep	Oct	Nov
Primary Care IT	P0281 General Practice Extraction Service	N/A	N/A	N/A	A	A	A	A	A	A	N/A	N/A	N/A	G	G	G	A	A	A	A	A	A
	P0208 GP Systems of Choice Replacement	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	A	A	A	A	A	A
	P0014 GP2GP	A	A	A	G	G	G	A	A	A	G	G	G	N/A	N/A	N/A	G	G	G	G	G	G
	P0026 NHS Choices	N/A	N/A	N/A	A	A	A	A	A	A	A	A	A	A	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	G	G	G	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):	
November-2015	A/G 67.50%
February-2016	A/G 80.00%

HDS View	
November-2015	South
February-2016	N/A

Novembers calculated delivery confidence is at 67.5%. The Calculated delivery confidence RAG remains at Amber/Green. The 3-month calculated forecast Delivery Confidence (to February 2016) is also Amber/Green at 80%.

Architecture Standards and Innovation - November 2015

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

Overall Delivery Confidence for ASI:	
November-2015	A 60.00%
February-2016	A 60.00%

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

Sourced from Highlight Reports (Key RAGs) November-15

Sourced from Highlight Reports (Key RAGs) Nov-2015

KEY

Trend

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

Non Completion

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

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

Appendix 2 - Programme Delivery Dashboard

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

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

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

ASI RAG Summary	
Previous RAG	
Current RAG	A
Forecast RAG	A

Provider Support & Integration Dashboard - November 2015

Reporting Month		SRO Appr?	Overall Delivery Confidence RAG						Assurance Delivery Confidence / Status							Key Delivery Milestones			Current year financial forecast against budget			Investment justification (BC, MoU etc) forecast spend status			
			Sep	Oct	Nov	Dec	Jan	Feb	RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Sep	Oct	Nov	Sep	Oct	Nov	Sep	Oct	Nov	
P0033	PACS	Yes	A	A	A	A	A	A/G	TBC	0	Nov-11	A	TBC	TBC	TBC	G	G	G	G	G	G	N/A	N/A	N/A	-
P0183	South Community Programme	Yes	A/G	A/G	A/G	A/G	A/G	A/G	Med	3	Dec-12	A/G	5	TBC	TBC	G	G	G	G	G	G	A	A	A	
P0182	South Ambulance Programme	Yes	A/G	A	A	A	A	A	Med	4	Nov-14	A/G	5	TBC	TBC	A	G	G	G	G	G	G	G	G	
P0181	South Acute Programme	Yes	G	G	G	G	G	G	High	4	Apr-15	G	TBC	TBC	TBC	A	A	A	R-U	R-U	R-U	G	G	G	
P0047	BT LSP	Yes	A	A	G	G	G	G	High	PAR	Mar-15	A/R	N/A	N/A	N/A	A	G	G	G	R	R	G	G	G	
P0031	CSC LSP	Yes	A/R	A/R	A	A	A	A	High	PAR	Apr-15	A/R	PAR	TBC	TBC	A	A	G	G	R-U	R-U	G	G	G	
P0190	Health and Social Care Network	Yes	A/R	A/R	A	A	A	A	High	2	Sep-15	A/R	TBC	TBC	TBC	A	A	A	R-O	G	G	A	A	A	
P0004	Child Protection – Information Sharing	No	A/R	A/R	A/R	A/R	A/R	A/R	Med	4	Jul-14	A/G	5	Apr-16	Not Booked	R	R	R	R-U	R-U	R-U	A	A	A	
P0037	Offender Health IT	No	A/G	A/G	A/G	A/G	A/G	A/G	N/A	N/A	N/A	G	N/A	N/A	N/A	G	G	G	R-O	R-O	R-O	G	G	G	
P0207	Health & Justice Information Services	No	A	A	A	A	A	A	Med	2	Aug-14	A/R	3	Jan-16	Not booked	A	A	A	R-U	R-U	R-U	G	G	G	
P0301	FGMP	No	A/G	A	A	A	A	A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	R	R	A	R-O	R-O	R-U	G	G	G	
P0341	SCIP	Yes	G	A	A	A	A/G	G	N/A	N/A	N/A	N/A	TBC	TBC	TBC	A	A	A	R-U	R-U	R-U	A	A	A	
P0372	ISP	Yes	A/G	A/G	A/G	A	A	TBC	TBC	N/A	N/A	N/A	TBC	TBC	TBC	A	A	A	R-U	R-U	R-U	G	G	G	

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

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

Overall Delivery Confidence for Prov Sup:	
November-2015	A/G 69.23%
February-2016	A/G 73.33%

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

Informatics and Analytics - November 2015

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

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

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

Overall Delivery Confidence for I&A:	
November-2015	A 53.33%
February-2016	A 46.67%

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

Operations and Assurance Services Dashboard - November 2015

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

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

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

Overall Delivery Confidence for O+AS:	
November-2015	A/G 80.00%
February-2016	G 86.67%

Overall Delivery Confidence is assessed as A/G based on the Highlight Reports covering the November 2015 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 2 - Programme Delivery Dashboard

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

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

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

ASI RAG Summary	
Previous RAG	
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			
		Sep	Oct	Nov		Sep	Oct	Nov		Sep	Oct	Nov		Sep	Oct	Nov		Sep	Oct	Nov		Sep	Oct	Nov		Sep	Oct	Nov	
P0033	PACS	G	G	G	→	N/A	N/A	N/A	-	G	G	G	→	N/A	N/A	N/A	-	N/A	N/A	N/A	-	G	G	G	→	G	G	G	→
P0183	South Community Programme	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	A	A	A	→
P0182	South Ambulance Programme	A	A	A	→	A	A	A	→	G	G	G	→	G	G	G	→	G	G	G	→	A	A	A	→	G	G	G	→
P0181	South Acute Programme	A	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→
P0047	BT LSP	R	R	R	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	A	G	G	→
P0031	CSC LSP	A	A	A	→	G	G	G	→	R	R	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	→	R	A	A	→	A	A	A	→	A	A	R	⇩	R	R	A	⇧	A	A	A	→
P0004	Child Protection – Information Sharing	A	A	A	→	G	G	G	→	A	A	A	→	G	G	G	→	G	G	G	→	A	A	A	→	A	A	A	→
P0037	Offender Health IT	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	R	⇩	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	G	→	G	G	G	→
P0341	SCIP	N/A	N/A	N/A	-	G	G	G	→	A	A	A	→	G	G	G	→	G	G	G	→	A	A	A	→	G	G	G	→
P0372	ISP	N/A	N/A	N/A	-	A	A	A	→	G	G	G	→	G	G	G	→	N/A	N/A	N/A	-	G	G	G	→	A	A	A	→

Overall Delivery Confidence for Prov Sup:	
November-2015	A/G 69.23%
February-2016	A/G 73.33%

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

Informatics and Analytics - November 2015

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

Overall Delivery Confidence for I&A:	
November-2015	A 53.33%
February-2016	A 46.67%

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

Operations and Assurance Services Dashboard - November 2015

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

Overall Delivery Confidence for O+AS:	
November-2015	A/G 80.00%
February-2016	G 86.67%

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

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Board Meeting – Public Session

Title of paper:	Update on progress against Budget & Business Plan/ 2015/16
Board meeting date:	27 January 2016
Agenda item no:	HSCIC 16 06 03 b
Paper presented by:	Carl Vincent, Director of Finance & Corporate Services
Paper prepared by:	Carl Vincent, Director of Finance & Corporate Services/ Rebecca Giles, Head of Strategic Finance, Reporting & Change/ David O'Brien, Head of Business Intelligence
Paper approved by: (Sponsor Director)	Carl Vincent, Director of Finance & Corporate Services
Purpose of the paper:	To provide an update to the Board of the latest financial position against budget for the 2015/16 financial year and an update on progress against the 2015/16 Business Plan.
Key risks and issues:	Financial position and delivery of business plan commitments for 2015/16
Patient/public interest:	Indirect
Actions required by the Board:	The Board are requested to: • note the reported performance on delivering business plan commitments and mitigating actions • note the current financial forecast outturn for 2015/16

hscic Health & Social Care Information Centre

Update on progress against Budget & Business Plan/ 2015/16

Author Carl Vincent

Date 27 January 2016

Contents

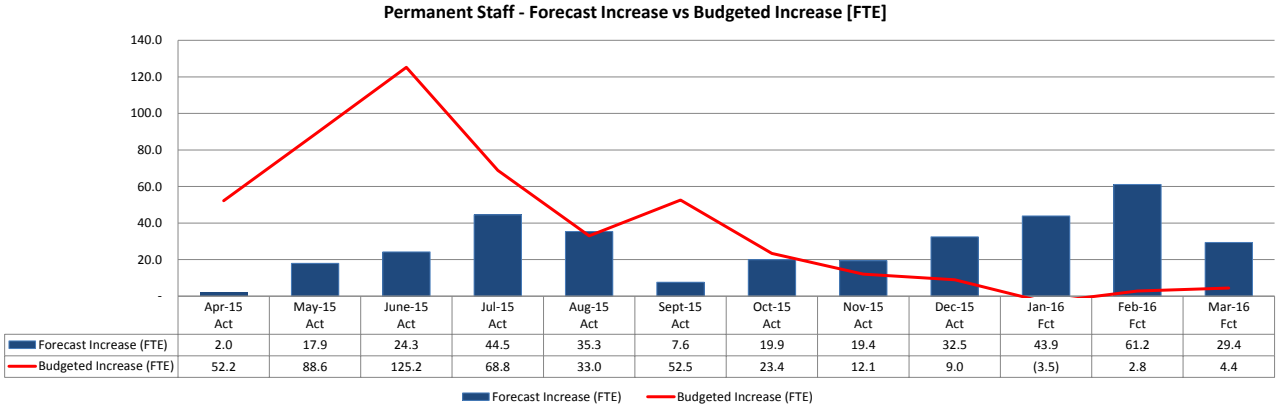
Executive Summary

This paper provides an update to the Board of the latest financial position against budget for the 2015/16 financial year and an update on progress against the 2015/16 Business Plan.

Update on 2015/16 Budget

As at December month-end, the HSCIC reported an underspend against budget for the first nine months of the year of £14.0m and forecast an underspend against budget for the full year of £7.1m, comprising £6.8m for core GiA and £0.2m for ring-fenced GiA.

The full year forecast, however, still includes optimistic projections of recruitment for the remainder of the year. Net recruitment of permanent staff for the first nine months of the year was 203 FTE (22.5 FTE monthly average) with forecast projections of a net increase of 134 FTE in the remaining three months, peaking in February, as per the following graph:



	Apr-15 Act	May-15 Act	June-15 Act	Jul-15 Act	Aug-15 Act	Sept-15 Act	Oct-15 Act	Nov-15 Act	Dec-15 Act	Jan-16 Fct	Feb-16 Fct	Mar-16 Fct
Forecast Increase (FTE)	2.0	17.9	24.3	44.5	35.3	7.6	19.9	19.4	32.5	43.9	61.2	29.4
Budgeted Increase (FTE)	52.2	88.6	125.2	68.8	33.0	52.5	23.4	12.1	9.0	(3.5)	2.8	4.4

The net staff increase for the remainder of the year has decreased significantly from previous months but 134 FTE in 3 months is still unlikely to be achievable. If we assume a net increase of 20 FTE per month for the last quester, forecast costs will decrease by a further £0.6m.

Additionally, the more staff that are recruited in the remainder of this year, the higher the cost pressure that is carried forward into 16/17. As Directorates are currently finalising 16/17 to 18/19 budget plans that reflect the expected GiA decrease of 30% over the next 4 years, the future years' pressures are contributing the reducing forecast recruitment for this year and this may reduce further still next month. Partially offsetting this pressure, the current Mutually Agreed Resignation Scheme (MARS) is expected to reduce headcount, although some of these staff are expected to be replaced.

The forecast for non-staff costs continues to predict expenditure over budget, however, the previously predicted forecast overspends earlier in the year on Professional Fees and ICT have reduced significantly or reversed. An additional forecast has been included this month for the expected cost of the MAR Scheme.

External income is currently forecast to end the year slightly above budget, but within this are fluctuations in both directions across a number of programmes, particularly for programmes that were in the process of being developed/ established or reorganised when the budgets

were set, so this remains an area of risk for the organisation. Over-arching Provision of Services Agreements (POSAs) have been signed with DH and NHSE and the underlying work packages for 2015/16 are in most instances either agreed or in an advanced stage of development.

The Capital budget for the year is expected to be £14.0m (final confirmation not yet received from DH); to December, we had spent £7.5m. Capital requirements for the remainder of the year are heavily reliant on the likely requirements of the Data Services Programme. £1.3m has been returned to DH to fund capital development of the Spine asset for CHRIS replacement.

Although the “bottom-up” forecast outturn position is an underspend of £7.1m, a “top down view, adjusting for likely recruitment (as above) and expected spend on professional fees and ICT, gives a more likely out-turn of £11.1m (£10.9m core, £0.2m ring-fenced). This is still subject to any required accounting adjustments at year-end.

Update on 2015/16 Business Plan

The corporate business plan contains 65 commitments to be delivered during 2015/16. Overall the reported delivery progress as at the close of quarter three is good for most deliverables, with few reported as being at significant risk of non-delivery.

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

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

RAG Status	RAG Definition	Number of Commitments
Green	On target for successful in-year delivery	25
Amber/Green	Successful in-year delivery is probable	15
Amber	Successful in-year delivery is feasible, issues need resolving	9
Amber/Red	Successful in-year delivery in doubt, urgent action is required	2
Red	Successful in-year delivery appears unachievable	3
Blue	Delivery has been completed	8
Grey	Not reported this quarter	3
Total		**65**

Note that the RAG ratings in this report refer to the status of work originally planned to be completed within 2015/16. This might be different from the overall status of a multi-year programme. For example, in the case of a large programme with a life cycle of many years, the RAG rating reported here applies to the elements of the programme originally planned

for delivery during 2015/16 rather than the overall delivery confidence for the entire programme.

Three commitments had a RED delivery status at the close of quarter three, indicating that successful delivery as originally planned will not be achieved in 2015/16:

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

3.12: Put NHS Mail2 into live service

3.18: Support NHS England to achieve 80% take-up of the Child Protection Information Service (CP-IS)

Two commitments had an AMBER-RED delivery status at the close of quarter three, indicating that successful delivery in 2015/16 is in doubt and that urgent action is required. These are:

3.3: Introduce new assurance processes to enable the HSCIC to open up access and reduce timescales for connectivity to national systems

5.6: Work with DH and the Cabinet Office to design a Centre of Excellence for Big Data and Data Science

More information about these commitments, including the cause of delivery issues and the mitigating actions, is presented in Appendix B.

Actions Required of the Board

The Board are requested to:

- note the reported performance on delivering business plan commitments and mitigating actions
- note the current financial forecast outturn for 2015/16

Appendix A: 2015/16 Corporate Business Plan monitoring – Q3 summary

HSCIC Business Plan Monitoring - Quarter 3 Summary

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

HSCIC Business Plan Monitoring - Quarter 3 Summary

Ref	Commitments	Directorate	Status	Comment (for commitments rated AMBER or worse)
3. IMPLEMENT NATIONAL SERVICES THAT MEET NATIONAL AND LOCAL NEEDS				
3.1	Make access to the Summary Care Record available to more clinical and social care settings (consistent with the NIB framework) in order to improve patient outcomes, avoid onward referrals and enhance patient experience of care	HDS	A	Implementation re-profiled to take place over a longer timescale than originally planned.
3.2	Develop the Spine service as a national hub supporting the exchange of information across health, social care, local authorities and other organisations involved in the new models of integrated care.	OAS	G	
3.3	Introduce new assurance processes to enable the HSCIC to open up access and reduce timescales for connectivity to national systems	OAS	A/R	Delayed by resource constraints: staff assigned to test and assurance work on high priority critical national systems
3.4	Redesign NHS Choices to deliver a growing range of personal transactions, to support the delivery of the NIB objectives	HDS	A	HSCIC instructed by NHS England to cease work on Choices transformation. HSCIC now delivering a live service only, but this includes delivery of a roadmap of ongoing enhancements.
3.5	Develop identity verification solutions to support health and social care workers and patient/citizen identity in support of the National Information Board's Framework for Action.	OAS	G	
3.6	Allow "virtual smart card authentication" to manage access to national systems such as the Summary Care Record (SCR) through mobile devices	OAS	G	
3.7	Launch the e-Referrals service and its new vision for improving access to services	HDS	C	
3.8	Manage the transition of the Care Identity Service to meet the requirements of the Spine Extension business case	OAS	C	
3.9	Support nationally rolled out mobile applications in line with the National Information Board's Framework for Action.	OAS	A/G	
3.10	Progress the migration of the Secondary Uses Service into the HSCIC, ensuring continuity of service and delivering the annual Payment by Results requirements	OAS	G	
3.11	Migrate, build and operate a new National Pandemic Flu service	OAS	A/G	
3.12	Put NHSMail2 into live service	HDS	R	Delivery date has been put back. Pilot planned for April, exit from NHS Mail1 planned for September 2016
3.13	Improve the effectiveness of the Electronic Prescription Service for patients, prescribers, dispensers and the prescription reimbursement agency by ensuring at least one third of all prescription items are prescribed, dispensed and claimed using the service	HDS	C	
3.14	Review options for the future direction of the GPES service with a view to reducing costs, increasing capacity and turnaround of extract delivery	HDS	C	
3.15	Continue the transfer of services into the Service Integration and Management environment, to strengthen our service management and so build confidence in our ability to deliver high quality resilient services with high levels of availability.	OAS	G	
3.16	Transfer the Central Health Registry Inquiry System (CHRIS) into the Spine service	OAS	G	
3.17	Commence the process of decommissioning the National Health Application and Infrastructure Services(NHAIS) and build new functionality into the Spine service to support national primary care registration	OAS	G	
3.18	Support NHS England to achieve 80% take-up of the Child Protection Information Service	PSI	R	Deployment issues concern suppliers, procurement, technology and local authority resources. Delivery timescale reprofiled to 2017.

HSCIC Business Plan Monitoring - Quarter 3 Summary

Ref	Commitments	Directorate	Status	Comment (for commitments rated AMBER or worse)
4. SUPPORT HEALTH AND CARE ORGANISATIONS TO GET THE BEST FROM TECHNOLOGY, DATA AND INFORMATION				
4.1	Ensure that all parts of the HSCIC are providing effective support to local health and care integration programmes	PSI	G	
4.2	Publish the first stage of our report to provide the Secretary of State with the findings from our three-year rolling review of national and local data collections to manage the administrative burden on front line services associated with national data collections	OAS	G	
4.3	Pilot the "Oxygen" app to provide clinicians and care professionals with controlled and auditable access to the Summary Care Record	PSI	C	
4.4	Deliver the NIB priorities concerning development of the health informatics profession and skills	HR	A/G	
4.5	Provide the capability for secure messaging and paperless processes across care settings and into care homes	HDS	C	
4.6	Ensure that the exit and transition arrangements for the BT and CSC LSP Contracts are managed successfully	HDS	G	
4.7	Launch a toolset to help health and care organisations develop and implement a benefits realisation strategy	PSI	A	Milestone target dates have moved back. Assessments of team capacity and urgency of the work have led to this deliverable being de-prioritised.
4.8	Ensure that the implementations of the South Community and Child Health Programme are completed in all trusts	PSI	G	
4.9	Support the completion of the implementations in both NHS Trusts for the South Ambulance Programme	PSI	A/G	
4.10	Obtain business case approvals for the South Acute Programme, supported by agreements between DH and the providers	PSI	G	
4.11	Complete the NME and London PACS contract exits and close the programmes	PSI	G	
5. MAKE BETTER USE OF HEALTH AND CARE INFORMATION				
5.1	Consolidate and better assure the reporting and publication of, and improve public access to, indicators, including the National Information Board commitment to deliver a national quality library	IA	A/G	
5.2	Work with NHS England to develop a new national Data Services for Commissioners service	ASI	A	Q3 report not received by deadline. Amber status derived from programme highlights report RAG ratings for delivery confidence and key milestone delivery
5.3	Implement a "single front door" to make it easier for research organisations to access health and care data that is held in different organisations (the HSCIC, Public Health England and the Clinical Practice Research datalink, for example)	IA	G	
5.4	Work with our partners on the development of the new payment and tariff strategies that will shape the future requirements of the National Tariff Service	IA	G	
5.5	Design and deliver the first phase of the Data Services Programme, starting with the national repository for data services	ASI	A/G	
5.6	Work with the DH and the Cabinet Office to design a Centre of Excellence for Big Data and Data Science	IA	A/R	Dependency on recruitment to a Director of Data Science role

HSCIC Business Plan Monitoring - Quarter 3 Summary

Ref	Commitments	Directorate	Status	Comment (for commitments rated AMBER or worse)
5.7	Complete the evaluation of the pathfinder stage of the Care.data programme and, subject to that evaluation, agree with NHS England the plans for a phased roll out for the care.data primary linked dataset.	IA	A	Dependency on test communications in the Pathfinder stage and the work on wording of opt-out / consent (Dame Fiona Caldicott)
5.8	Design and deliver a new genomics support service with Genomics England	ASI	G	
5.9	Deliver the key national clinical audits, including the Female Genital Mutilation enhanced dataset and the development of the Breast Implant Audit registry	IA	G	
5.10	Deliver the Mental Health, Maternity and Children's Datasets so that providers are submitting data on a regular basis	IA	A/G	
5.11	Publish over 250 national reports on health and care statistics	IA	G	
6. TRANSFORMING THE WAY WE ENGAGE AND WORK				
6.1	Implement the HSCIC's plans for securing an appropriate and effective workforce	HR	A/G	
6.2	Develop and implement a pay and reward strategy and implement the reward programme of work	HR	NR	No longer required in 2015/16 as originally planned. To be taken forward in 2016/17 as part of the HSCIC transformation programme
6.3	Deliver new approaches to development of leadership and management for the HSCIC	HR	NR	No longer required in 2015/16 as originally planned. To be taken forward in 2016/17 as part of the HSCIC transformation programme
6.4	Manage and deliver the internal Bureaucracy Busting programme	HR	A/G	
6.5	Establish a new account management structure, for the HSCIC, informed by a new stakeholder relationship strategy and incorporating feedback measures for the products/services delivered	CR	G	
6.6	Develop and implement a new communications and engagement plan for the HSCIC, supported by effective material, products and tools, including a new website designed around our customers' requirements	CR	A/G	
6.7	Establish a market intelligence function to provide insight to inform the HSCIC's strategy and product/service development	CR	G	
6.8	Embed the HSCIC estates strategy and seek further efficiencies across the HSCIC estate	FCS	G	
6.9	Deliver a Commercial Operating Model to support HSCIC programmes, services and other functions	FCS	A/G	
6.10	Introduce Activity-Based Recording as the first stage in our Capacity and Productivity Challenge	FCS	A	Implementation reprofiled as part of the wider HSCIC Transformation. Testing scheduled for January, pilot for February, roll-out from March. Minimum viable product to be in place for April.
6.11	Establish an interim Informatics Portfolio Office to support the Department of Health's responsibilities for informatics governance and assurance	FCS	G	

Key

R	Successful delivery appears unachievable. There are major issues which are not manageable. Re-baselining necessary.
A/R	Successful delivery is in doubt. Urgent action needed to ensure significant risks and issues are managed.
A	Successful delivery appears feasible. Significant issues exist but appear resolvable.
A/G	Successful delivery appears probable, although constant attention needed to ensure risks do not materialise into major issues threatening delivery.
G	Successful delivery to time, cost and quality appears highly likely and there are no major outstanding issues that threaten delivery success.
C	Completed: Item has been delivered.
NR	No progress report received

Appendix B: Business Plan deliverables rated Red or Amber/Red

1. BUSINESS PLAN DELIVERABLES RATED AS 'RED':

Commitment		Root Cause and Impact	Actions Taken	Action Due Date (where applicable)
2.6	Develop and obtain approval for standards necessary to integrate information flows within social care and between health and social care **(Provider Support and Integration)**	The delivery has a dependency on the completion of an SCCI standards review, which is experiencing delays. As a result of the SCCI standards review delays, the delivery timescale for this work has been extended to August 2016. This means it is not feasible to complete the work during the lifetime of the 2015/16 Corporate Business Plan as originally planned	A Tolerance Exception Report for the project was approved by the HSCIC Corporate Approvals Board on 11 January. This sets out a revised method for the development of information standards which reflects on lessons learnt through the development of the information standard for Assessment, Discharge and Withdrawal from Hospital to Social Care. The new methodology will deliver the remaining standards in a more agile and timely manner, with less staffing resource than originally anticipated	The delivery timeframe has been extended to August 2016.
3.12	Put NHS Mail2 into live service **(Health Digital Services)**	Delivery timescales have extended beyond those originally planned due to delays in the signing of contracts and issues preventing network connection between data centres.	A Tolerance Exception Report (time and cost) was approved by the HSCIC Corporate Approvals Board in November. The project has agreed its financial and project plans with the DH and continues to operate within business case tolerances. The commercial amendment with the incumbent supplier has been agreed and signed by all parties. The updated financial baseline has also been agreed and approved. Achievement of these milestones has seen the project	Pilot scheduled to start in April Data migration due to complete be end of June NHS Mail1 exit planned for September.

			return to an AMBER status for overall delivery confidence (this status refers to the overall lifetime of the programme rather than the delivery milestones originally planned as part of the 2015/16 HSCIC corporate business plan) The first release of NHS Mail2 – the Active Directory – went live in December.	
3.18	Support NHS England to achieve 80% take-up of the Child Protection Information Sharing (CP-IS) system. **(Provider Support and Integration)**	As of 31st December 2015, 13% of local authorities were live with CP-IS. The original target of 80% of local authorities by end of December 2015 was not achieved, for multiple reasons, including: - Slower than initially expected progress of local authority suppliers to achieve roll-out approvals - Delays in N3 connections, and the development of thin-client solutions to mitigate the need for N3 connectivity -delay to functionality required for CP-IS through Spine 2 (now delivered) - Local authority funding and resource constraints - Resource constraints in the CP-IS team	A Tolerance Exception Report is being developed to make visible a cost increase of approximately 10% as a result of the CP-IS local authority implementation taking longer than initially envisaged. Implementation is being re-profiled to address local authority needs and full rollout is now expected to be complete by 31 March 2018. Benefits are expected to be protected, as NHS trusts are generally still going live using the SCR application ahead of fully integrated local authority systems being available. Early feedback from local authorities and NHS trusts about the benefits of CP-IS based on their use of the system remains positive.	The SRO has extended the timeline for the roll-out of CP-IS to 31 March 2018.

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

Commitment		Root Cause and Impact	Actions Taken	Action Due Date (where applicable)
3.3	Introduce new assurance processes to enable the HSCIC to open up access and reduce timescales for connectivity to national systems **(Operations and Assurance)**	Skilled resources required to complete this work are also assigned to the test and assurance of critical national systems. These resource constraints remain a risk as the services tries to balance planned demand with unscheduled 'high priority' and 'must do' support in line with allocated budgets and resource availability. The delivery timescale has also been impacted by the inability to recruit to permanent positions.		
5.6	Work with DH and the Cabinet Office to design a Centre of Excellence for Big Data and Data Science **(Information and Analytics)**	Work on the Centre of Excellence is dependent on the appointment of a Director of Data Science to lead this work	A Director of Data Science role was approved and the recruitment process started, interviews were held December 2015. As at 8 January 2015 a successful candidate had yet to be appointed. Work on the Centre of Excellence is dependent on the appointment of a Director of Data Science to lead this work	

Board Meeting – Public Session

Title of paper:	Update on Budget and Business Planning/ Future years
Board meeting date:	27 January 2016
Agenda item no:	HSCIC 16 06 03 c
Paper presented by:	Carl Vincent, Director of Finance & Corporate Services
Paper prepared by:	Carl Vincent, Director of Finance & Corporate Services. Rebecca Giles, Head of Strategic Finance, Reporting & Change David O'Brien, Head of Business Intelligence
Paper approved by: (Sponsor Director)	Carl Vincent, Director of Finance & Corporate Services
Purpose of the paper:	To provide an update to the Board on progress on the Business Planning and Budget process for 2016/17 to 2018/19 and future financial position of the HSCIC.
Key risks and issues:	Financial position and delivery of business plan commitments for 2016/17 to 2018/19
Patient/public interest:	Indirect
Actions required by the Board:	The Board are requested to: • note the current process for Budget and Business Planning for 2016/17 to 2018/19, including the impact of Transformation. • note the level of uncertainty about future years' funding and the way we are currently managing that risk

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Update on Budget and Business Planning/ Future years

Author Carl Vincent

Date 27 January 2016

Contents

Executive Summary

This paper provides an update to the Board on progress on the Business Planning and Budget process for 2016/17 to 2018/19 and future financial position of the HSCIC. The Board are specifically requested to note the level of uncertainty about future years' funding, and the way we are currently managing that risk.

Business Planning process for 2016/17 – 2018/19

The Department of Health issued 2016/17 business planning guidance to its Arms-Length Bodies in mid-December. This guidance sets out the planning process and timeline, and provides advice about the required content of business plan documents.

Appendix A presents the main points of the guidance and key milestones. HSCIC is required to submit a draft corporate business plan to DH by the end of January. DH intends to conduct a peer review of business plans across its family of Arms-Length Bodies during February. HSCIC is expected to submit a finalised and approved business plan to DH towards the end of March.

Note that the DH deadline for receipt of a finalised business plan precedes the meeting date on which the HSCIC Board will sign-off its business plan. This scenario has occurred in previous years and it is expected that an arrangement will be found to suit all parties.

It is proposed that the HSCIC Board participates in the corporate business planning process as follows:

- 24 February: HSCIC Board business meeting (private) - consideration of advanced draft of corporate business plan, Board member input and comments.
- 30 March: HSCIC Board public meeting: approval and sign-off of finalised plan.

The HSCIC corporate business plan is directly informed by business plans produced at directorate level across the organisation. Initial drafts of these directorate level business plans have been developed as part of an integrated business planning and budget-setting process. This has included consideration of existing work that could be stopped or de-scoped in order to meet financial constraints during the period 2016/17 to 2018/19, and new work for which funding has yet to be identified. These business plans will be refined during the next few weeks, following an internal review and challenge process and in line with the finalisation of budgets.

Budget process for 2016/17 – 2018/19

Directorates are currently working to set detailed budgets for 2016/17 to 2018/19 using targets agreed by EMT, based on an assumption of an SR settlement of 30% reduction over 4 years, taking into account certain known adjustments such as programmes coming to an end and changes in income expectations.

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

- Mid November - set provisional directorate targets for 16/17 to 18/19 (complete)
- Mid January - EMT review and challenge of draft budgets (complete)
- End January - detailed directorate budgets set
- Feb/ Mar - identify work that cannot be delivered once efficiency taken into account and agree priorities for stopping work with DH, NHS E and other ALBs
- Feb/ Mar - adjust budgets if required if there are changes to funding assumptions from commissioners
- Feb/ Mar - recut budget to new post-Transformation structure

There are on-going discussions between the HSCIC and DH/ ALBs and we are in the process of establishing senior sign-off arrangements.

Future years' financial risks

The working assumption of a 30% reduction in core GiA over four years has not yet been formally confirmed by DH but is in line with their current expectations.

There remains uncertainty as to our external funding from our commissioners for future years; as an allocation between organisations, these funding streams were not specifically addressed by the outcome of the Spending Review. There will continue to be considerable uncertainty in this area until all of our commissioner organisations have completed their budget and business planning processes for the coming year (predominantly DH, NHS E, PHE).

There is further uncertainty as to how much of the funding for the programmes proposed in the Spending Review in response to the publication of Personalised Health and Care 2020 will come to the HSCIC.

Dialogue is continuing between the HSCIC and our commissioners to gain more certainty on expected funding for future years and to ensure that all external funding, both for new and on-going work, covers the full costs incurred by the HSCIC.

Actions Required of the Board

The Board are requested to:

- note the current process for Budget and Business Planning for 2016/17 to 2018/19, including the impact of Transformation.
- note the level of uncertainty about future years' funding and the way we are currently managing that risk

Appendix A: DH Guidance - Headlines

Overview

ALB business plans should:

- Set out clear and achievable plans for delivery in 2016-17.
- Indicate the direction of travel needed to live within funding trajectories over the Spending Review period, and any help the ALB might need from DH to achieve this.

General Requirements

ALB business plans should:

- Include SMART objectives for 2016-17, including key deliverables and milestones. This should include how the ALB will fulfil any statutory duties.
- Show how the ALB contributes to the DH Shared Delivery Plan workstreams.
- Demonstrate alignment with and / or dependencies on other ALBs' plans.
- Show that the ALB has the right skills and capabilities in place to deliver its objectives.
- Show that the ALB can deliver its objectives within the 2016-17 financial allocation.
- Set out (at a high level) how the ALB will respond to the Spending Review challenge over the longer term, including expected impact on finances, workforce, and delivery.

Specific Finance Requirements

ALB plans should satisfy the following financial requirements:

- Show credible plans for delivering agreed cost reductions to operate within allocations.
- Indicate the likely cost of transition during the year and a statement on how this will be funded.
- Identify new work the ALB is being commissioned to undertake and how this is funded.
- Include capital plans with a breakdown of component costs.

Headline Timetable

Date	Milestone	Comment
w/e 29 Jan	Draft plan to DH sponsor team	HSCIC will submit an 'early' draft
Feb (tbc)	Peer review of ALB business plans	More info to come from DH on this
w/c 22 Feb	Final draft to DH sponsor team	Unlikely to be 'final' draft for HSCIC
Early March	Sign-off by ALB Board	HSCIC Board sign-off is 30 March
25 March	Finalised plan to DH for approval	Submit plan as issued to HSCIC Board
31 March	DH approval of plan	(Subject to changes post-HSCIC Board)
End March	Publish plan on ALB website	Need to engage with Comms team

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Board Meeting – Public Session

Title of paper:	Audits of recipients of confidential information Six monthly report on audits of recipients of confidential information under data sharing framework contracts and agreements
Board meeting date:	27 January 2016
Agenda item no:	HSCIC 16 06 03 d
Paper presented by:	Martin Severs Caldicott Guardian and Lead Clinician
Paper prepared by:	Nicholas Oughtibridge Head of Information Standards
Paper approved by: (Sponsor Director)	Martin Severs Caldicott Guardian and Lead Clinician
Purpose of the paper:	For information
Key risks and issues:	Mitigation for "we fail to protect data and/or succumb to IT/cyber security threats"
Patient/public interest:	Failure to demonstrate trustworthiness will reduce public trust; this report demonstrates HSCIC is taking its responsibilities seriously
Actions required by the Board:	To note for information

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Audits of recipients of confidential information

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

Nicholas Oughtibridge

27 January 2016

Contents

Background

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

The HSCIC has provision through the Data Sharing Framework Contract to audit the recipients of these data to ensure that confidential information is handled appropriately. The audits contribute to our mitigation of the risk that we fail to protect our data. This report is a status update on those audits. It provides the numbers of completed audit visits and the number of reports published on the HSCIC web site.

Selection of organisations to audit

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

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

Planned audits

Nineteen organisations have been audited to date. The reports of audits are published on the HSCIC website[4]. Once we have achieved a critical mass of audits, we will undertake a lessons learned exercise to ensure we can feed the results in to HSCIC processes and procedures to support continuous improvement. Findings from this will be fed back to the board in the next biannual report in July.

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

Building capacity

The team is now fully staffed with two qualified auditors. Plans are in place for our policy and process for undertaking internal and external audits to be shared with the recipients of thess data and wider stakeholders. The high level process adopted is illustrated in figure 1. The SIRO may commission additional audits as follow-up.

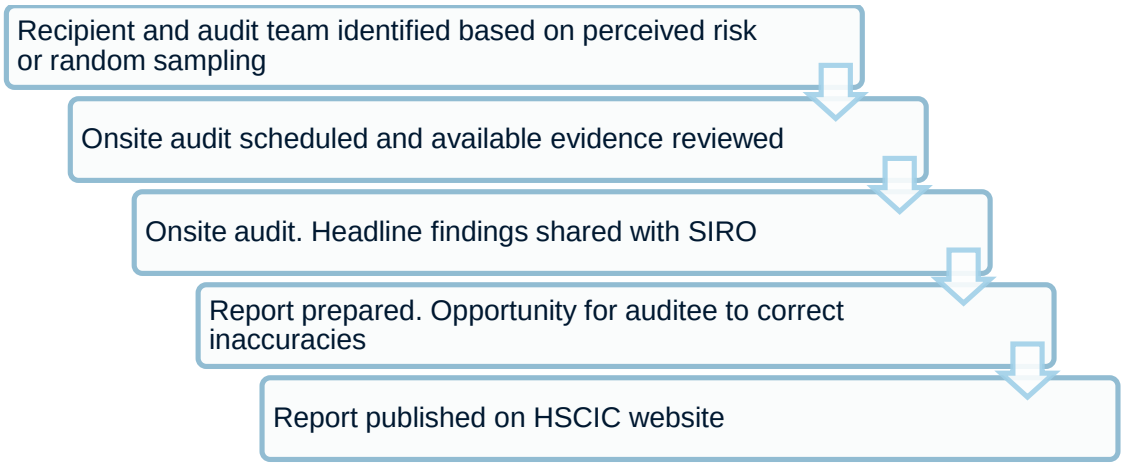

Figure 1 Steps to deliver an audit

Auditees have found the experience constructive and have taken steps to improve their handling of HSCIC data. One organisation has chosen to no longer use HSCIC data.

Summary

By the end of December we have completed 19 audits. We are on track to complete a total of 25 audits during the current financial year. For the year ending March 2017, we are planning to deliver 30 audits.

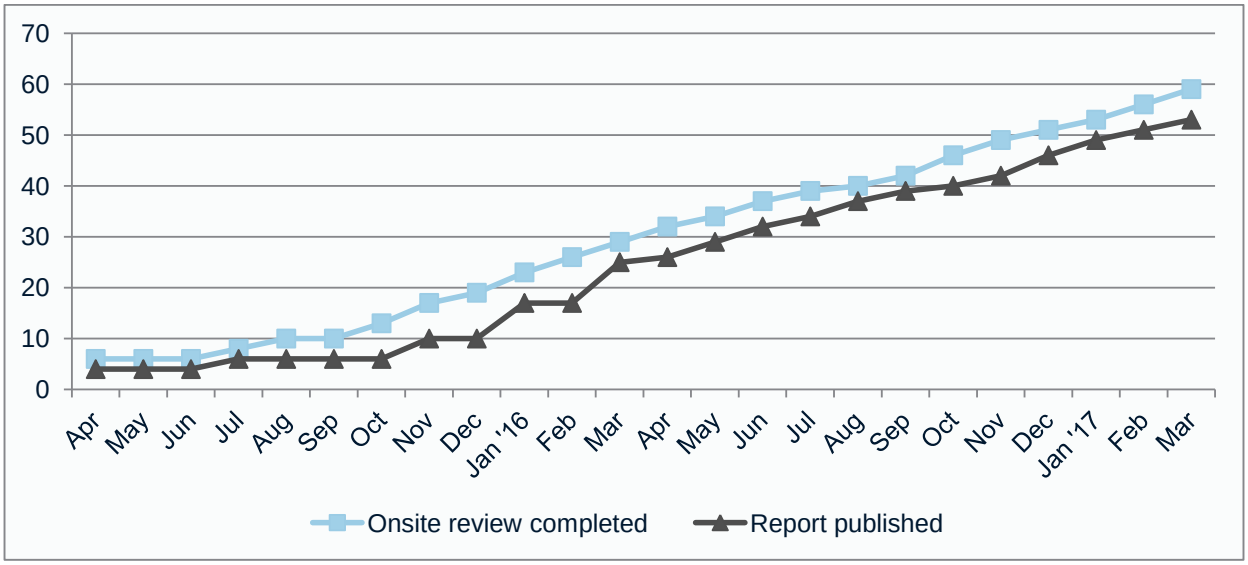

Figure 2 Cumulative on-site reviews completed and reports published by month

Actions Required of the Board

The Board is asked to note progress for information.

Board Meeting – Public Session

Title of paper:	2015 HSCIC Staff Survey Results
Board meeting date:	27 January 2016
Agenda item no:	HSCIC 16 06 03 e
Paper presented by:	Rachael Allsop, Executive Director of HR and Transformation
Paper prepared by:	Ken Baker, Head of Employment Policy and Practice
Paper approved by: (Sponsor Director)	Rachael Allsop, Executive Director of HR and Transformation
Purpose of the paper:	To inform the Board of the results of the 2015 staff survey
Key risks and issues:	The main risk relating to the survey is a failure to produce and implement action plans to address issues identified in the survey. This would undermine the credibility of the survey and risk wasting opportunities to improve our reputation as an employer. The production of plans and ongoing progress will be reported as part of the organisational health KPIs.
Patient/public interest:	Indirect: Addressing issues identified in the staff survey will help to improve staff engagement and make the HSCIC a better place to work. Evidence demonstrates that an engaged workforce is a more productive workforce.
Actions required by the Board:	To note the results of the staff survey

2015 HSCIC Staff Survey Results

Author: Ken Baker
Head of Employment Policy and Practice

Date: 27 January 2016

Contents

1 Executive Summary

This paper accompanies the draft report from the employee survey that was conducted during November 2015, for consideration by the HSCIC Board. The report offers a summary of the key issues and an initial corporate response to what is generally an improved outcome overall. This will be followed by detailed action plans within each Professional Pool, to ensure that plans are aligned with our future structure. The report and a summary of staff comments will be published on the intranet. Progress against action plans will be reported as part of our organisational health KPIs.

2 Background

The HSCIC is committed to seeking regular, structured feedback from staff through employee surveys to gauge the degree of staff engagement and our organisational health. This is the fourth survey since the establishment of the HSCIC and has the best response rate to date (70%), with improved results in almost all areas.

3 Recommendation

It is recommended that the Board note the content of the report.

4 Implications

4.1 Strategy Implications

The survey informs our approach to securing an appropriate workforce and transforming the HSCIC to become a high-performing organisation. The overall staff engagement scores have all improved and are now all 'green-rated' at 70% or over. Ten of the overall organisational health scores have improved but there is generally more work to do in this area, particularly in terms of performance management.

Business areas will undertake further analysis of the free text comments but, once again, they reflect key themes around the commitment, hard work and enthusiasm of staff within teams. There is still a tendency, however, to level criticism at others outside of the immediate team or department, which we will need to address.

4.2 Financial Implications

The financial implications are expected to be minimal as a number of actions are already in progress (e.g. the Transformation Programme, movement to Resource Pools, Talent Management, etc.) or can be implemented without incurring additional costs (e.g. continuing improvements to communication and more effective performance management). Action plans will identify any significant financial implications that may arise from their implementation.

4.3 Stakeholder Implications

The key stakeholders in relation to the survey are our staff. Demonstrating that we are listening to, and taking action on, the issues that they raise will contribute to developing the HSCIC as an employer of choice for existing staff and future job applicants. There is also ample evidence that an engaged workforce is a more productive workforce and this will have benefits for our customers and end-users.

4.4 Handling

The full report will be published on the Intranet and Weekly Review. There will be ongoing communication reporting on the development, implementation and progress of action plans.

5 Risks and Issues

The main risk relating to the survey is a failure to produce action plans, designed to address issues identified in the survey, and to manage progress against those plans. This would undermine the credibility of the survey and risk wasting opportunities to improve our reputation as an employer. The production of plans and ongoing progress will be reported as part of the organisational health KPIs.

6 Corporate Governance and Compliance

The production and delivery of action plans will be reported as part of the organisational health KPIs.

7 Management Responsibility

Rachael Allsop has Executive Director responsibility for the staff survey. Ken Baker, Head of Employment Policy and Practice, is responsible for the day to day management of the survey.

8 Actions Required of the Board

The Board is asked to note the results of the 2016 HSCIC staff survey.

hscic Health & Social Care Information Centre

EMPLOYEE SURVEY

November 2015

RESULTS

Chief Executive's Foreword

Firstly, thank you to all colleagues who responded to the employee survey. We had a 70 per cent response rate with 500 more staff taking part than last year.

This in itself is a strong indication that employees want to participate and are actively engaged in the organisation.

I am delighted colleagues have returned the highest scores across the board since the HSCIC was created. This suggests we are moving in the right direction. The actions we take in response to the survey will need to focus on sustaining and, wherever possible, building on this momentum.

Over the past year, I have consistently emphasised the need for a stronger customer focus and the survey shows that there is increased awareness of who the customer is. However, there was no change from the previous year on understanding customer needs and a number of you do not feel that we are making customer care our top priority. This has to improve during 2016 if we are to be trusted across the system to deliver data, information and technology services that our customers need to meet national and local priorities.

I was encouraged to see the largest improvement in responses concerned our strategic direction. Having a 'clearly articulated strategy' increased by 9 points to 67. I recognise this still only returns an 'amber' status overall, but I hope for further improvements as staff are increasingly engaged in Transformation. We must push forward and ensure that our vision and our goals are clear, which will be assisted by a greater understanding of our customers. Our priorities during 2016/17 will reflect this, particularly with the move to a new operating model in April that will ensure we concentrate our skills and resources on delivery priorities.

The area of most concern to staff appears to be around the management of performance. While the scores are higher than in previous years, it is still one of the lowest scoring indicators in every directorate. During the past year, we have introduced talent management for grades 8b and above and we will roll this out to other bands in the coming months. The impact and visibility of this may take more time to emerge and I accept that we need to demonstrate how the organisational changes we are making will ensure that performance is being managed appropriately.

Overall, the survey has many positives. There are continuing improvements we can make and there are some clear areas requiring attention. The Executive Management Team and I will be developing action plans in response. So, if you have ideas and thoughts on how we can address some of the core issues, please discuss these in your teams and with your managers and directors so that we can ensure the right steps are taken.

Thank you

Andy Williams

Introduction

The staff survey seeks to measure staff engagement and organisational health in the HSCIC.

The engagement questions follow the same format as last year, except that two questions have been amended in response to feedback. "There are frequent opportunities for me to show initiative in my role" has become "I have an appropriate level of control over my work" and "Time passes quickly when I am working" has been replaced by "I feel supported by my line manager".

The HSCIC has changed since the survey was first designed and over the next few months we will review options to ensure that it is relevant to the transformed organisation.

The survey results are calculated by giving a score to each response – from five points for 'strongly agree' to one point for 'strongly disagree'. The sum of those scores for each question is divided by the number of responses and multiplied by 20 to give an overall score out of a maximum possible 100.

Benchmarks indicate that higher performing organisations tend to have an engagement score of 70 or over and we have applied the same target to the organisational health scores.

All of the questions have, therefore, been given a RAG status based on:

- scores below 65 and applies to issues requiring significant improvement
- scores between 65-69 and applies to issues requiring monitoring and slight improvement
- scores of 70 and above and indicates overall satisfaction

Scores have been rounded to whole numbers for the RAG rating.

Supplementary questions

To capture ideas, thoughts and themes we asked colleagues to comment on two supplementary questions:

- What works really well within your directorate?
- Within your directorate: what are the top 3 things that could be done to make this a great place to work?

The second question is designed to identify what is most important to most people, to help prioritise action.

All comments, grouped by directorate, are published in a separate appendix available here [add link] and these will be addressed as part of the survey action plans.

Confidentiality

The staff survey results are received from the independent Picker Institute and are aggregated by directorate, location, band, professional group and various equality strands; they do not identify individuals.

To protect against people being identified by cross-referencing different breakdowns, results for groups with small employee numbers or low numbers of respondents are not provided by Picker.

Where possible, Picker have amalgamated results for small numbers within other team reports.

Response rates by Directorate

There were 1,852 responses to the survey – almost 500 more than last year and representing 70% of all staff.

This included:

- 158 (79%) responses from Finance and Corporate Services
- 45 (82%) responses from HR and Transformation combined with Clinical and Public Assurance
- 104 (72%) responses from Provider Support
- 388 (73%) responses from Information and Analytics
- 536 (61%) responses from Operations and Assurance Services
- 368 (72%) responses from Health Digital Services
- 55 (74%) responses from Customer Relations
- 185 (74%) responses from Architecture, Standards and Innovation
- 13 (100%) responses from Academy (graduates, interns and trainees)

Note: As a result of the small size of the Clinical and Public Assurance Directorate their directorate-level responses have been combined with the HR and Transformation Directorate for the purposes of this survey.

Work areas with small employee numbers have been grouped together wherever possible to ensure that we receive as much detail in the results as possible to enable meaningful action whilst protecting the anonymity of respondents. The following work areas have been grouped together:

- HR and Transformation – other comprises Organisational Development, Employment Policy & Practice, DISC and Clinical
- Provider Support – other comprises Interoperability/Digital Technology Fund, PACS, and PS Directorate Central Services
- Information and Analytics – other comprises Care.data and MCDS, Benefits Management and Utilisation and Statistical Governance
- Operations and Assurance Services – other comprises Central Services, Operations and Technical Services Central Services and NTS and SUS Programmes
- Architecture, Standards and Innovation – other comprises Business Architecture, Data Services Programme and Commissioning and Finance Data Services

Organisation-wide results – staff engagement

Directorate		HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	Architecture, Standards and Innovation	Customer Relations	Finance and Corporate Services	Graduates, interns and trainees	HR and Transformation (includes Clinical dir)	Provider Support and Integration	Information and Analytics	Operations and Assurance Services	Health Digital Services
Staff Engagement Score		**72**	**72**	**73**	**75**	**74**	**73**	**73**	**83**	**79**	**75**	**75**	**76**	**74**
Care of customers/end-users is the HSCIC's top priority.	**Advocacy**	71	70	69	**72**	70	64	71	82	74	69	69	76	71
I would recommend the HSCIC as a place to work.		70	69	71	**73**	72	68	68	89	80	70	73	75	72
I would recommend the products and services provided by the HSCIC confident in the standard of service that we provide.		74	73	73	**75**	73	69	73	85	77	74	75	77	74
I am able to make suggestions to improve the work of my team / department.	**Involvement**	77	77	79	**80**	78	82	77	71	86	80	81	81	78
I have an appropriate level of control over my work		-	-	-	**74**	74	72	72	85	78	77	75	75	72
I am able to make improvements happen in my area of work.		72	72	74	**75**	72	76	74	78	83	76	77	76	73
I am enthusiastic about my job.	**Motivation**	72	71	73	**74**	74	74	73	80	79	75	72	75	74
I feel supported by my line manager		-	-	-	**79**	78	80	79	92	82	80	80	79	79
Overall, I feel that my contribution is valued.		65	65	69	**72**	71	72	70	86	77	72	74	72	71

- *No historical data is currently available for this question*

Organisation-wide results – organisational health

Directorate	HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	Architecture, Standards and Innovation	Customer Relations	Finance and Corporate Services	Graduates, interns and trainees	HR and Transformation (including Clinical)	Provider Support and Integration	Information and Analytics	Operations and Assurance Services	Health Digital Services
Organisation Health Score	**66**	**67**	**69**	**71**	**71**	**74**	**70**	**75**	**78**	**74**	**69**	**71**	**71**
Generally, I know who the customers of the HSCIC are.	73	73	74	**76**	75	83	73	72	75	77	75	77	76
I have a clear understanding of the needs of my customers.	77	76	78	**78**	75	82	76	65	84	79	77	78	78
The HSCIC has clear and relevant organisational values.	-	-	67	**71**	70	71	70	80	80	76	69	71	70
The HSCIC has a clearly articulated strategy for its future.	55	59	58	**67**	68	72	69	75	73	69	63	68	66
I can see how my work objectives contribute to the HSCIC achieving its stated purpose.	64	65	65	**69**	70	77	70	82	77	72	67	69	67
I have the right knowledge and skills to perform well in my role.	79	78	78	**79**	80	81	77	82	83	80	78	78	79
I am clear about the knowledge and skills that I need to progress within the organisation.	65	64	66	**67**	67	70	66	77	73	69	67	66	66
**I have the opportunity to be engaged and involved in organisational change initiatives.	60	63	67	**68**	67	68	69	80	82	76	67	67	67
I have challenging work objectives.	72	73	74	**76**	74	81	74	78	77	76	74	77	76
My work area differentiates between good and average performance.	61	60	61	**63**	61	59	62	77	72	66	60	63	63
My work area monitors its performance using KPIs or metrics.	60	64	65	**65**	66	65	66	66	86	69	63	65	64
My work area performs well against its KPIs/targets.	60	64	72	**73**	73	74	71	63	78	75	73	74	74

- *No historical data is currently available for this question*

Organisation-wide results – EMT response

The Executive Management Team is delighted that almost 500 more staff took the time to respond to the 2015 survey, bringing the total to 1,852 (70% of all staff). Your feedback is important and will inform work to build on actions taken in response to the last survey. EMT is aware that actions across all directorates have not always been consistent or had high visibility but there has been good progress and this will be measured formally as part of our KPIs.

It is encouraging to see an increase in the overall engagement score, particularly during a period of change. There has been steady progress in all areas and the fact that Graduates, Trainees and Interns have reported such positive results, on a 100% response rate, is testament to the success of the initiative to 'grow our own staff'.

The two highest scoring engagement questions relate to the ability to make suggestions to improve the work of the area and feeling supported by the line manager, which is also encouraging.

Our Organisational Health Scores have also improved, with increased scores for all but two questions, which remain unchanged from last year. The results suggest a better understanding of our strategy and values but there is still work to be done. Distinguishing between good and poor performance remains a significant concern for many of you, despite a slight improvement in the score.

There are several good news stories in these results, which we will build upon, and we will use the opportunity presented by Transformation to address those areas that you have told us most require development:

My work area differentiates between good and average performance

The score has improved from 61 to 63 but this remains the lowest scoring question in the entire survey, despite the implementation of regular PDRs, Talent Management and a range of KPIs. It is clear that many people feel that they are performing well but poor performance in others is not challenged or managed effectively. We need to do more to ensure that people know their contribution is valued. Recognition Schemes are currently being piloted at a local level, with a view to developing an organisation-wide scheme in the year ahead.

Performance management, led by career managers and supported by professional groups, is a fundamental part of our Transformation Programme. There will be a more visible focus on managing performance at an individual, professional group and organisational level, measured by KPIs and underpinned by ISO 9001.

The HSCIC has a clearly articulated strategy for its future

Since the last survey we have had a series of workshops to engage staff in developing our strategy for the future. It has been covered in the 'all hands conference' and in a number of blogs and articles on the Intranet. The strategy has informed and inspired the Transformation Programme, which is now entering the detailed design and engagement stage.

Organisation-wide results – EMT response

People from a number of disciplines, and grades, have been involved in developing our future structure and new ways of working; there is an active programme of communication and engagement, which was discussed at JNCC on 22 December and will continue as we move to the first phase of implementation in April this year.

Care of customers/end-users is the HSCIC's top priority

The survey suggests that we know the needs of our customers but that meeting them is not our top priority. The review of our approach to Customer Relations and the appointment of Strategic Account Managers has already had some positive results. There will be a continuing focus on good customer service – internally and externally – to ensure that it is embedded across the organisation.

I would recommend the HSCIC as a place to work

The overall score has improved to 73 but ranges from 68 in two areas to a very solid 89 for Graduates, Interns and Trainees. A lot of work has gone into making sure that the experience of trainees is positive and it seems to be paying off. A number of staff benefits and health and well-being initiatives have been developed over the last year and this will continue into the future. Effective career management will be a key feature of the transformed organisation, supported by professional development.

I have the right knowledge and skills to perform well in my role

This is one of the highest scoring questions overall (79) but would appear to be somewhat at odds with a score of 67 in response to the statement "I am clear about the knowledge and skills that I need to progress within the organisation". This might suggest that we need to be clearer about the requirements and expectations of more senior roles.

There is a significant piece of work already underway to develop career ladders within professional groups, based around new generic job roles that are subject to a rigorous consistency checking process. This will deliver greater clarity around how responsibilities and the requisite knowledge, skills and experience change for different roles within – and across – the career ladders.

Whilst EMT will set the priorities for action in response to the survey, it is critical that the various business units identify the extent to which each of the issues affects their particular area. Action plans will need to be tailored to fit local circumstances and, most importantly, need to be managed effectively to ensure that they are delivered.

Response by Executive Management Team, January 2016

Architecture, Standards and Innovation – staff engagement

Department		HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	Information Standards Delivery	Architecture, Standards and Innovation - Other	Technical Architecture
Staff Engagement Score		**72**	**72**	**73**	**75**	**75**	**74**	**71**
Care of customers/end-users is the HSCIC's top priority.	**Advocacy**	71	70	69	**72**	71	69	69
I would recommend the HSCIC as a place to work.		70	69	71	**73**	73	72	68
I would recommend the products and services provided by the HSCIC confident in the standard of service that we provide.		74	73	73	**75**	74	72	71
I am able to make suggestions to improve the work of my team / department.	**Involvement**	77	77	79	**80**	80	79	71
I have an appropriate level of control over my work		-	-	-	**74**	75	74	71
I am able to make improvements happen in my area of work.		72	72	74	**75**	73	76	67
I am enthusiastic about my job.	**Motivation**	72	71	73	**74**	73	75	75
I feel supported by my line manager		-	-	-	**79**	81	76	74
Overall, I feel that my contribution is valued.		65	65	69	**72**	72	70	70

- *No historical data is currently available for this question*

Architecture, Standards and Innovation – organisational health

Department	HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	Information Standards Delivery	Architecture, Standards and Innovation - Other	Technical Architecture
Organisation Health Score	**66**	**67**	**69**	**71**	**72**	**70**	**68**
Generally, I know who the customers of the HSCIC are.	73	73	74	**76**	76	78	70
I have a clear understanding of the needs of my customers.	77	76	78	**78**	77	78	69
The HSCIC has clear and relevant organisational values.	-	-	67	**71**	70	71	70
The HSCIC has a clearly articulated strategy for its future.	55	59	58	**67**	69	71	65
I can see how my work objectives contribute to the HSCIC achieving its stated purpose.	64	65	65	**69**	70	72	69
I have the right knowledge and skills to perform well in my role.	79	78	78	**79**	81	79	79
I am clear about the knowledge and skills that I need to progress within the organisation.	65	64	66	**67**	67	68	67
**I have the opportunity to be engaged and involved in organisational change initiatives.	60	63	67	**68**	66	64	71
I have challenging work objectives.	72	73	74	**76**	74	73	76
My work area differentiates between good and average performance.	61	60	61	**63**	64	59	56
My work area monitors its performance using KPIs or metrics.	60	64	65	**65**	72	57	59
My work area performs well against its KPIs/targets.	60	64	72	**73**	75	71	68

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Customer Relations – staff engagement

Department		HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	Communications	Contact centre
Staff Engagement Score		**72**	**72**	**73**	**75**	**71**	**77**
Care of customers/end-users is the HSCIC's top priority.	**Advocacy**	71	70	69	**72**	61	69
I would recommend the HSCIC as a place to work.		70	69	71	**73**	63	78
I would recommend the products and services provided by the HSCIC confident in the standard of service that we provide.		74	73	73	**75**	70	67
I am able to make suggestions to improve the work of my team / department.	**Involvement**	77	77	79	**80**	82	82
I have an appropriate level of control over my work		-	-	-	**74**	68	80
I am able to make improvements happen in my area of work.		72	72	74	**75**	73	80
I am enthusiastic about my job.	**Motivation**	72	71	73	**74**	71	81
I feel supported by my line manager		-	-	-	**79**	80	79
Overall, I feel that my contribution is valued.		65	65	69	**72**	68	81

- *No historical data is currently available for this question*

Customer Relations – organisational health

Department	HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	Communications	Contact centre
Organisation Health Score	**66**	**67**	**69**	**71**	**72**	**77**
Generally, I know who the customers of the HSCIC are.	73	73	74	**76**	82	86
I have a clear understanding of the needs of my customers.	77	76	78	**78**	80	85
The HSCIC has clear and relevant organisational values.	-	-	67	**71**	67	80
The HSCIC has a clearly articulated strategy for its future.	55	59	58	**67**	72	72
I can see how my work objectives contribute to the HSCIC achieving its stated purpose.	64	65	65	**69**	76	79
I have the right knowledge and skills to perform well in my role.	79	78	78	**79**	82	80
I am clear about the knowledge and skills that I need to progress within the organisation.	65	64	66	**67**	69	73
**I have the opportunity to be engaged and involved in organisational change initiatives.	60	63	67	**68**	68	67
I have challenging work objectives.	72	73	74	**76**	82	78
My work area differentiates between good and average performance.	61	60	61	**63**	56	65
My work area monitors its performance using KPIs or metrics.	60	64	65	**65**	59	76
My work area performs well against its KPIs/targets.	60	64	72	**73**	68	81

- *No historical data is currently available for this question*

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Finance and Corporate Services – staff engagement

Department		HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	Portfolio	Business Services	Finance	Procurement & Contracts
Staff Engagement Score		**72**	**72**	**73**	**75**	**75**	**74**	**75**	**69**
Care of customers/end-users is the HSCIC's top priority.	Advocacy	71	70	69	**72**	66	75	73	70
I would recommend the HSCIC as a place to work.		70	69	71	**73**	71	72	71	60
I would recommend the products and services provided by the HSCIC confident in the standard of service that we provide.		74	73	73	**75**	72	71	74	71
I am able to make suggestions to improve the work of my team / department.	Involvement	77	77	79	**80**	82	72	78	75
I have an appropriate level of control over my work		-	-	-	**74**	74	69	74	70
I am able to make improvements happen in my area of work.		72	72	74	**75**	80	71	75	70
I am enthusiastic about my job.	Motivation	72	71	73	**74**	72	76	76	69
I feel supported by my line manager		-	-	-	**79**	85	81	78	72
Overall, I feel that my contribution is valued.		65	65	69	**72**	70	75	74	64

- *No historical data is currently available for this question*

* Not enough data to display

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Finance and Corporate Services – organisational health

Department	HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	Portfolio	Business Services	Finance	Procurement & Contracts
Organisation Health Score	**66**	**67**	**69**	**71**	**70**	**72**	**73**	**67**
Generally, I know who the customers of the HSCIC are.	73	73	74	**76**	71	73	79	68
I have a clear understanding of the needs of my customers.	77	76	78	**78**	76	79	80	71
The HSCIC has clear and relevant organisational values.	-	-	67	**71**	71	79	70	64
The HSCIC has a clearly articulated strategy for its future.	55	59	58	**67**	64	78	71	67
I can see how my work objectives contribute to the HSCIC achieving its stated purpose.	64	65	65	**69**	65	75	75	68
I have the right knowledge and skills to perform well in my role.	79	78	78	**79**	76	78	81	74
I am clear about the knowledge and skills that I need to progress within the organisation.	65	64	66	**67**	65	62	70	66
**I have the opportunity to be engaged and involved in organisational change initiatives.	60	63	67	**68**	75	55	72	65
I have challenging work objectives.	72	73	74	**76**	70	73	79	75
My work area differentiates between good and average performance.	61	60	61	**63**	64	70	60	59
My work area monitors its performance using KPIs or metrics.	60	64	65	**65**	68	70	65	63
My work area performs well against its KPIs/targets.	60	64	72	**73**	72	72	70	71

- *No historical data is currently available for this question*

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

HR and Transformation – staff engagement

Department		HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	HR Operations	HR & Transformation - Other
Staff Engagement Score		**72**	**72**	**73**	**75**	**80**	**80**
Care of customers/end-users is the HSCIC's top priority.	**Advocacy**	71	70	69	**72**	77	72
I would recommend the HSCIC as a place to work.		70	69	71	**73**	82	84
I would recommend the products and services provided by the HSCIC confident in the standard of service that we provide.		74	73	73	**75**	77	82
I am able to make suggestions to improve the work of my team / department.	**Involvement**	77	77	79	**80**	81	86
I have an appropriate level of control over my work		-	-	-	**74**	81	77
I am able to make improvements happen in my area of work.		72	72	74	**75**	83	81
I am enthusiastic about my job.	**Motivation**	72	71	73	**74**	77	82
I feel supported by my line manager		-	-	-	**79**	86	80
Overall, I feel that my contribution is valued.		65	65	69	**72**	81	76

- *No historical data is currently available for this question*

HR and Transformation – organisational health

Department	HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	HR Operations	HR & Transformation- Other
Organisation Health Score	**66**	**67**	**69**	**71**	**77**	**79**
Generally, I know who the customers of the HSCIC are.	73	73	74	**76**	72	81
I have a clear understanding of the needs of my customers.	77	76	78	**78**	75	89
The HSCIC has clear and relevant organisational values.	-	-	67	**71**	79	83
The HSCIC has a clearly articulated strategy for its future.	55	59	58	**67**	75	71
I can see how my work objectives contribute to the HSCIC achieving its stated purpose.	64	65	65	**69**	76	82
I have the right knowledge and skills to perform well in my role.	79	78	78	**79**	81	86
I am clear about the knowledge and skills that I need to progress within the organisation.	65	64	66	**67**	76	69
**I have the opportunity to be engaged and involved in organisational change initiatives.	60	63	67	**68**	80	86
I have challenging work objectives.	72	73	74	**76**	78	76
My work area differentiates between good and average performance.	61	60	61	**63**	76	67
My work area monitors its performance using KPIs or metrics.	60	64	65	**65**	81	83
My work area performs well against its KPIs/targets.	60	64	72	**73**	72	79

- *No historical data is currently available for this question*

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Provider Support and Integration – staff engagement

Department		HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	CSC PS	BT PS/South Local Clinical Systems	Provider Support Other
Staff Engagement Score		**72**	**72**	**73**	**75**	**75**	**75**	**73**
Care of customers/end-users is the HSCIC's top priority.	**Advocacy**	71	70	69	**72**	71	70	64
I would recommend the HSCIC as a place to work.		70	69	71	**73**	70	71	67
I would recommend the products and services provided by the HSCIC confident in the standard of service that we provide.		74	73	73	**75**	76	72	74
I am able to make suggestions to improve the work of my team / department.	**Involvement**	77	77	79	**80**	79	81	84
I have an appropriate level of control over my work		-	-	-	**74**	76	77	76
I am able to make improvements happen in my area of work.		72	72	74	**75**	75	77	77
I am enthusiastic about my job.	**Motivation**	72	71	73	**74**	77	75	72
I feel supported by my line manager		-	-	-	**79**	82	81	74
Overall, I feel that my contribution is valued.		65	65	69	**72**	73	72	70

- *No historical data is currently available for this question*

Provider Support and Integration – organisational health

Department	HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	CSC PS	BT PS/South Local Clinical Systems	Provider Support Other
Organisation Health Score	**66**	**67**	**69**	**71**	**73**	**72**	**77**
Generally, I know who the customers of the HSCIC are.	73	73	74	**76**	76	79	76
I have a clear understanding of the needs of my customers.	77	76	78	**78**	76	80	83
The HSCIC has clear and relevant organisational values.	-	-	67	**71**	76	76	76
The HSCIC has a clearly articulated strategy for its future.	55	59	58	**67**	68	70	70
I can see how my work objectives contribute to the HSCIC achieving its stated purpose.	64	65	65	**69**	73	69	74
I have the right knowledge and skills to perform well in my role.	79	78	78	**79**	78	81	83
I am clear about the knowledge and skills that I need to progress within the organisation.	65	64	66	**67**	68	68	71
**I have the opportunity to be engaged and involved in organisational change initiatives.	60	63	67	**68**	75	73	81
I have challenging work objectives.	72	73	74	**76**	78	73	75
My work area differentiates between good and average performance.	61	60	61	**63**	65	63	74
My work area monitors its performance using KPIs or metrics.	60	64	65	**65**	69	61	81
My work area performs well against its KPIs/targets.	60	64	72	**73**	73	76	78

- *No historical data is currently available for this question*

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Information and analytics – staff engagement

Department		HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	Data Dissemination	Information Analysis	Casemix	Information and Analytics - Other	Portfolio Resourcing/ Central Resources
Staff Engagement Score		**72**	**72**	**73**	**75**	**72**	**77**	**71**	**75**	**74**
Care of customers/end-users is the HSCIC's top priority.	**Advocacy**	71	70	69	**72**	72	67	68	72	68
I would recommend the HSCIC as a place to work.		70	69	71	**73**	69	76	63	74	69
I would recommend the products and services provided by the HSCIC confident in the standard of service that we provide.		74	73	73	**75**	72	77	67	76	73
I am able to make suggestions to improve the work of my team / department.	**Involvement**	77	77	79	**80**	79	84	72	78	82
I have an appropriate level of control over my work		-	-	-	**74**	71	78	72	72	72
I am able to make improvements happen in my area of work.		72	72	74	**75**	72	80	77	75	75
I am enthusiastic about my job.	**Motivation**	72	71	73	**74**	70	73	68	75	74
I feel supported by my line manager		-	-	-	**79**	72	83	82	83	83
Overall, I feel that my contribution is valued.		65	65	69	**72**	68	77	68	75	72

- No historical data is currently available for this question

Information and analytics – organisational health

Department	HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	Data Dissemination	Information Analysis	Casemix	Information and Analytics-Other	Portfolio Resourcing/ Central Resources
Organisation Health Score	**66**	**67**	**69**	**71**	**69**	**69**	**67**	**71**	**71**
Generally, I know who the customers of the HSCIC are.	73	73	74	**76**	74	75	69	73	78
I have a clear understanding of the needs of my customers.	77	76	78	**78**	79	76	79	75	75
The HSCIC has clear and relevant organisational values.	-	-	67	**71**	69	66	65	73	75
The HSCIC has a clearly articulated strategy for its future.	55	59	58	**67**	67	61	58	65	67
I can see how my work objectives contribute to the HSCIC achieving its stated purpose.	64	65	65	**69**	67	66	57	75	69
I have the right knowledge and skills to perform well in my role.	79	78	78	**79**	77	79	79	70	79
I am clear about the knowledge and skills that I need to progress within the organisation.	65	64	66	**67**	66	66	62	68	76
**I have the opportunity to be engaged and involved in organisational change initiatives.	60	63	67	**68**	62	68	59	71	75
I have challenging work objectives.	72	73	74	**76**	68	76	73	78	75
My work area differentiates between good and average performance.	61	60	61	**63**	60	60	68	64	60
My work area monitors its performance using KPIs or metrics.	60	64	65	**65**	69	60	63	62	60
My work area performs well against its KPIs/targets.	60	64	72	**73**	71	74	78	73	69

- *No historical data is currently available for this question*

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Operations and Assurance Services – staff engagement

Department		HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	IG and information Standards	IT infrastructure Services	Service Management (National)	Solution Assurance	Spine Services	Systems and Service Delivery	Operations and Assurance Services- Other
Staff Engagement Score		**72**	**72**	**73**	**75**	**71**	**78**	**77**	**77**	**75**	**76**	**81**
Care of customers/end-users is the HSCIC's top priority.	**Advocacy**	71	70	69	**72**	68	77	73	79	80	77	69
I would recommend the HSCIC as a place to work.		70	69	71	**73**	71	75	77	75	73	76	82
I would recommend the products and services provided by the HSCIC confident in the standard of service that we provide.		74	73	73	**75**	71	76	75	81	80	79	80
I am able to make suggestions to improve the work of my team / department.	**Involvement**	77	77	79	**80**	76	80	83	82	77	82	85
I have an appropriate level of control over my work		-	-	-	**74**	68	79	77	75	74	75	80
I am able to make improvements happen in my area of work.		72	72	74	**75**	70	77	78	77	76	75	87
I am enthusiastic about my job.	**Motivation**	72	71	73	**74**	71	77	77	76	74	74	76
I feel supported by my line manager		-	-	-	**79**	77	83	82	78	75	78	89
Overall, I feel that my contribution is valued.		65	65	69	**72**	70	76	74	74	68	72	76

- No historical data is currently available for this question

Operations and Assurance Services – organisational health

Department	HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	IG and Information Standards	IT infrastructure Services	Service Management (National)	Solution Assurance	Spine Services	Systems and Service Delivery	Operations and Assurance Services- Other
Organisation Health Score	**66**	**67**	**69**	**71**	**70**	**71**	**73**	**72**	**71**	**70**	*
Generally, I know who the customers of the HSCIC are.	73	73	74	**76**	76	71	82	82	80	74	78
I have a clear understanding of the needs of my customers.	77	76	78	**78**	75	74	76	81	75	80	82
The HSCIC has clear and relevant organisational values.	-	-	67	**71**	73	71	72	71	73	70	73
The HSCIC has a clearly articulated strategy for its future.	55	59	58	**67**	66	65	69	69	69	67	60
I can see how my work objectives contribute to the HSCIC achieving its stated purpose.	64	65	65	**69**	69	64	72	69	69	67	80
I have the right knowledge and skills to perform well in my role.	79	78	78	**79**	75	76	77	77	77	81	80
I am clear about the knowledge and skills that I need to progress within the organisation.	65	64	66	**67**	66	69	69	66	66	63	71
**I have the opportunity to be engaged and involved in organisational change initiatives.	60	63	67	**68**	64	67	72	67	68	66	78
I have challenging work objectives.	72	73	74	**76**	76	80	77	76	76	77	80
My work area differentiates between good and average performance.	61	60	61	**63**	63	65	66	63	64	60	71
My work area monitors its performance using KPIs or metrics.	60	64	65	**65**	63	70	68	65	62	62	80
My work area performs well against its KPIs/targets.	60	64	72	**73**	70	74	77	74	70	75	*

- *No historical data is currently available for this question*
* Not enough data to display
**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Health Digital Services – staff engagement

Department		HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	Cross Government IT	e-Referral Service	NHS Mail	Primary Care IT	Summary Care Record	Programme Delivery Central and NIB	ETP	HSCN	Choices
Staff Engagement Score		**72**	**72**	**73**	**75**	**79**	**74**	**78**	**74**	**76**	**74**	**82**	**72**	**69**
Care of customers/end-users is the HSCIC's top priority.	**Advocacy**	71	70	69	**72**	73	70	80	72	71	68	74	80	67
I would recommend the HSCIC as a place to work.		70	69	71	**73**	80	70	77	75	77	79	82	69	61
I would recommend the products and services provided by the HSCIC confident in the standard of service that we provide.		74	73	73	**75**	76	77	80	76	73	73	83	75	70
I am able to make suggestions to improve the work of my team / department.	**Involvement**	77	77	79	**80**	85	76	77	81	80	76	88	72	74
I have an appropriate level of control over my work		-	-	-	**74**	78	70	78	71	74	72	81	67	67
I am able to make improvements happen in my area of work.		72	72	74	**75**	77	75	75	76	74	72	80	67	69
I am enthusiastic about my job.	**Motivation**	72	71	73	**74**	78	73	82	72	75	78	84	76	70
I feel supported by my line manager		-	-	-	**79**	83	78	78	76	79	79	84	74	78
Overall, I feel that my contribution is valued.		65	65	69	**72**	78	75	73	68	76	69	78	64	68

- *No historical data is currently available for this question*

* Not enough data to display

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Health Digital Services – organisational health

Department	HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	Cross Government IT	e-Referral Service	NHS Mail	Primary Care IT	Summary Care Record	Programme Delivery Central and NIB	ETP	HSCN	Choices
Organisation Health Score	**66**	**67**	**69**	**71**	**74**	**69**	*	**71**	**76**	**72**	**79**	*	**66**
Generally, I know who the customers of the HSCIC are.	73	73	74	**76**	82	82	85	79	79	76	86	81	65
I have a clear understanding of the needs of my customers.	77	76	78	**78**	79	80	88	77	85	70	89	81	74
The HSCIC has clear and relevant organisational values.	-	-	67	**71**	72	68	82	74	73	80	77	77	61
The HSCIC has a clearly articulated strategy for its future.	55	59	58	**67**	68	64	73	72	69	72	75	73	57
I can see how my work objectives contribute to the HSCIC achieving its stated purpose.	64	65	65	**69**	74	66	75	70	73	72	81	65	59
I have the right knowledge and skills to perform well in my role.	79	78	78	**79**	82	78	80	77	77	80	80	78	79
I am clear about the knowledge and skills that I need to progress within the organisation.	65	64	66	**67**	71	58	67	68	66	68	76	65	62
**I have the opportunity to be engaged and involved in organisational change initiatives.	60	63	67	**68**	74	61	68	73	76	72	75	66	60
I have challenging work objectives.	72	73	74	**76**	82	80	73	76	87	72	85	64	72
My work area differentiates between good and average performance.	61	60	61	**63**	66	61	58	62	68	58	69	60	62
My work area monitors its performance using KPIs or metrics.	60	64	65	**65**	60	64	58	61	77	67	74	48	65
My work area performs well against its KPIs/targets.	60	64	72	**73**	77	67	*	67	79	74	86	*	73

- *No historical data is currently available for this question*

* Not enough data to display

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Academy (graduates, interns and trainees) - staff engagement

Department		HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	Graduates, interns and trainees
Staff Engagement Score		**72**	**72**	**73**	**75**	**83**
Care of customers/end-users is the HSCIC's top priority.	**Advocacy**	71	70	69	**72**	82
I would recommend the HSCIC as a place to work.		70	69	71	**73**	89
I would recommend the products and services provided by the HSCIC confident in the standard of service that we provide.		74	73	73	**75**	85
I am able to make suggestions to improve the work of my team / department.	**Involvement**	77	77	79	**80**	71
I have an appropriate level of control over my work		-	-	-	**74**	85
I am able to make improvements happen in my area of work.		72	72	74	**75**	78
I am enthusiastic about my job.	**Motivation**	72	71	73	**74**	80
I feel supported by my line manager		-	-	-	**79**	92
Overall, I feel that my contribution is valued.		65	65	69	**72**	86

- *No historical data is currently available for this question*

* Not enough data to display

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Academy (graduates, interns and trainees) – organisational health

Department	HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	Graduates, interns and trainees
Organisation Health Score	**66**	**67**	**69**	**71**	**75**
Generally, I know who the customers of the HSCIC are.	73	73	74	**76**	72
I have a clear understanding of the needs of my customers.	77	76	78	**78**	65
The HSCIC has clear and relevant organisational values.	-	-	67	**71**	80
The HSCIC has a clearly articulated strategy for its future.	55	59	58	**67**	75
I can see how my work objectives contribute to the HSCIC achieving its stated purpose.	64	65	65	**69**	82
I have the right knowledge and skills to perform well in my role.	79	78	78	**79**	82
I am clear about the knowledge and skills that I need to progress within the organisation.	65	64	66	**67**	77
**I have the opportunity to be engaged and involved in organisational change initiatives.	60	63	67	**68**	80
I have challenging work objectives.	72	73	74	**76**	78
My work area differentiates between good and average performance.	61	60	61	**63**	77
My work area monitors its performance using KPIs or metrics.	60	64	65	**65**	66
My work area performs well against its KPIs/targets.	60	64	72	**73**	63

- *No historical data is currently available for this question*

* Not enough data to display

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Results by ethnicity – staff engagement

Ethnicity		HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	A White - British	C White - Any other White background	H Asian or Asian British - Indian	J Asian or Asian British - Pakistani	N Black or Black British - African	Undefined	Z Not Stated
Staff Engagement Score		**72**	**72**	**73**	**75**	**75**	**73**	**76**	**76**	**78**	**73**	**73**
Care of customers/end-users is the HSCIC's top priority.	**Advocacy**	71	70	69	**72**	71	68	75	72	79	72	71
I would recommend the HSCIC as a place to work.		70	69	71	**73**	73	70	78	79	76	70	69
I would recommend the products and services provided by the HSCIC confident in the standard of service that we provide.		74	73	73	**75**	75	74	76	77	81	73	73
I am able to make suggestions to improve the work of my team / department.	**Involvement**	77	77	79	**80**	81	78	75	72	78	78	77
I have an appropriate level of control over my work		-	-	-	**74**	75	73	71	72	74	71	74
I am able to make improvements happen in my area of work.		72	72	74	**75**	76	76	72	71	74	72	74
I am enthusiastic about my job.	**Motivation**	72	71	73	**74**	74	71	78	85	78	74	73
I feel supported by my line manager		-	-	-	**79**	79	80	81	87	83	80	75
Overall, I feel that my contribution is valued.		65	65	69	**72**	73	69	74	71	80	72	69

Results by ethnicity – organisational health

Ethnicity	HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	A White - British	C White - Any other White background	H Asian or Asian British - Indian	J Asian or Asian British - Pakistani	N Black or Black British - African	Undefined	Z Not Stated
Organisation Health Score	**66**	**67**	**69**	**71**	**71**	**70**	**71**	**74**	**74**	**69**	**69**
Generally, I know who the customers of the HSCIC are.	73	73	74	76	76	76	76	79	76	70	78
I have a clear understanding of the needs of my customers.	77	76	78	78	78	77	75	73	78	76	76
The HSCIC has clear and relevant organisational values.	-	-	67	71	71	69	76	79	75	69	67
The HSCIC has a clearly articulated strategy for its future.	55	59	58	67	67	65	68	71	66	65	67
I can see how my work objectives contribute to the HSCIC achieving its stated purpose.	64	65	65	69	69	66	72	75	74	66	70
I have the right knowledge and skills to perform well in my role.	79	78	78	79	79	77	77	80	85	79	79
I am clear about the knowledge and skills that I need to progress within the organisation.	65	64	66	67	67	67	68	75	76	68	62
**I have the opportunity to be engaged and involved in organisational change initiatives.	60	63	67	68	69	67	68	67	64	64	65
I have challenging work objectives.	72	73	74	76	77	71	72	76	77	73	75
My work area differentiates between good and average performance.	61	60	61	63	62	66	67	69	69	63	62
My work area monitors its performance using KPIs or metrics.	60	64	65	65	66	66	65	68	73	65	61
My work area performs well against its KPIs/targets.	60	64	72	73	74	73	74	74	74	72	69

- *No historical data is currently available for this question*

*Not enough data to display
**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Results by Gender – staff engagement

Gender		HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct 14	HSCIC Average Nov 2015	Female	Male
Staff Engagement Score		**72**	**72**	**73**	**75**	**75**	**75**
Care of customers/end-users is the HSCIC's top priority.	**Advocacy**	71	70	69	**72**	71	72
I would recommend the HSCIC as a place to work.		70	69	71	**73**	73	72
I would recommend the products and services provided by the HSCIC confident in the standard of service that we provide.		74	73	73	**75**	75	75
I am able to make suggestions to improve the work of my team / department.	**Involvement**	77	77	79	**80**	80	80
I have an appropriate level of control over my work		-	-	-	**74**	74	74
I am able to make improvements happen in my area of work.		72	72	74	**75**	76	75
I am enthusiastic about my job.	**Motivation**	72	71	73	**74**	74	75
I feel supported by my line manager		-	-	-	**79**	79	80
Overall, I feel that my contribution is valued.		65	65	69	**72**	72	73

- *No historical data is currently available for this question*

* Not enough data to display

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Results by Gender – organisational health

Gender	HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	Female	Male
Organisation Health Score	**66**	**67**	**69**	**71**	**71**	**71**
Generally, I know who the customers of the HSCIC are.	73	73	74	**76**	75	76
I have a clear understanding of the needs of my customers.	77	76	78	**78**	76	79
The HSCIC has clear and relevant organisational values.	-	-	67	**71**	69	73
The HSCIC has a clearly articulated strategy for its future.	55	59	58	**67**	66	68
I can see how my work objectives contribute to the HSCIC achieving its stated purpose.	64	65	65	**69**	69	70
I have the right knowledge and skills to perform well in my role.	79	78	78	**79**	79	79
I am clear about the knowledge and skills that I need to progress within the organisation.	65	64	66	**67**	66	68
**I have the opportunity to be engaged and involved in organisational change initiatives.	60	63	67	**68**	69	68
I have challenging work objectives.	72	73	74	**76**	78	73
My work area differentiates between good and average performance.	61	60	61	**63**	62	63
My work area monitors its performance using KPIs or metrics.	60	64	65	**65**	64	66
My work area performs well against its KPIs/targets.	60	64	72	**73**	74	73

- *No historical data is currently available for this question*

* Not enough data to display

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Results by Working Pattern – staff engagement

Full-Part Time status		HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	Full Time	Part Time
Staff Engagement Score		**72**	**72**	**73**	**75**	**75**	**74**
Care of customers/end-users is the HSCIC's top priority.	**Advocacy**	71	70	69	**72**	72	70
I would recommend the HSCIC as a place to work.		70	69	71	**73**	73	71
I would recommend the products and services provided by the HSCIC confident in the standard of service that we provide.		74	73	73	**75**	75	74
I am able to make suggestions to improve the work of my team / department.	**Involvement**	77	77	79	**80**	80	79
I have an appropriate level of control over my work		-	-	-	**74**	74	75
I am able to make improvements happen in my area of work.		72	72	74	**75**	75	75
I am enthusiastic about my job.	**Motivation**	72	71	73	**74**	74	74
I feel supported by my line manager		-	-	-	**79**	79	80
Overall, I feel that my contribution is valued.		65	65	69	**72**	72	73

- *No historical data is currently available for this question*

* Not enough data to display

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Results by Working Pattern – organisational health

Full-Part Time status	HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	Full Time	Part Time
Organisation Health Score	**66**	**67**	**69**	**71**	**71**	**71**
Generally, I know who the customers of the HSCIC are.	73	73	74	**76**	76	77
I have a clear understanding of the needs of my customers.	77	76	78	**78**	78	78
The HSCIC has clear and relevant organisational values.	-	-	67	**71**	71	71
The HSCIC has a clearly articulated strategy for its future.	55	59	58	**67**	67	68
I can see how my work objectives contribute to the HSCIC achieving its stated purpose.	64	65	65	**69**	69	70
I have the right knowledge and skills to perform well in my role.	79	78	78	**79**	79	79
I am clear about the knowledge and skills that I need to progress within the organisation.	65	64	66	**67**	67	69
**I have the opportunity to be engaged and involved in organisational change initiatives.	60	63	67	**68**	68	68
I have challenging work objectives.	72	73	74	**76**	76	73
My work area differentiates between good and average performance.	61	60	61	**63**	62	63
My work area monitors its performance using KPIs or metrics.	60	64	65	**65**	65	66
My work area performs well against its KPIs/targets.	60	64	72	**73**	74	72

- *No historical data is currently available for this question*

* Not enough data to display
**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Results by Age – staff engagement

Age Group		HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	16-30	31-40	41-50	51+
Staff Engagement Score		**72**	**72**	**73**	**75**	**76**	**76**	**74**	**74**
Care of customers/end-users is the HSCIC's top priority.	**Advocacy**	71	70	69	**72**	73	70	71	74
I would recommend the HSCIC as a place to work.		70	69	71	**73**	77	75	71	70
I would recommend the products and services provided by the HSCIC confident in the standard of service that we provide.		74	73	73	**75**	75	75	75	75
I am able to make suggestions to improve the work of my team / department.	**Involvement**	77	77	79	**80**	80	81	80	79
I have an appropriate level of control over my work		-	-	-	**74**	75	74	74	73
I am able to make improvements happen in my area of work.		72	72	74	**75**	75	76	75	73
I am enthusiastic about my job.	**Motivation**	72	71	73	**74**	74	74	73	75
I feel supported by my line manager		-	-	-	**79**	83	81	78	77
Overall, I feel that my contribution is valued.		65	65	69	**72**	75	74	71	70

- *No historical data is currently available for this question*

* Not enough data to display

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Results by Age – organisational health

Age Group	HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	16-30	31-40	41-50	51+
Organisation Health Score	**66**	**67**	**69**	**71**	**71**	**71**	**71**	**71**
Generally, I know who the customers of the HSCIC are.	73	73	74	**76**	75	75	77	75
I have a clear understanding of the needs of my customers.	77	76	78	**78**	75	77	79	79
The HSCIC has clear and relevant organisational values.	-	-	67	**71**	75	70	70	71
The HSCIC has a clearly articulated strategy for its future.	55	59	58	**67**	67	66	67	68
I can see how my work objectives contribute to the HSCIC achieving its stated purpose.	64	65	65	**69**	69	70	69	69
I have the right knowledge and skills to perform well in my role.	79	78	78	**79**	79	78	79	79
I am clear about the knowledge and skills that I need to progress within the organisation.	65	64	66	**67**	69	68	66	66
**I have the opportunity to be engaged and involved in organisational change initiatives.	60	63	67	**68**	69	69	69	67
I have challenging work objectives.	72	73	74	**76**	73	76	77	75
My work area differentiates between good and average performance.	61	60	61	**63**	64	62	62	63
My work area monitors its performance using KPIs or metrics.	60	64	65	**65**	68	64	64	67
My work area performs well against its KPIs/targets.	60	64	72	**73**	74	73	73	75

- *No historical data is currently available for this question*

* Not enough data to display

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Results by Disability – staff engagement

Disability		HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	No	Not Declared	Undefined	Yes
Staff Engagement Score		**72**	**72**	**73**	**75**	**75**	**74**	**75**	**77**
Care of customers/end-users is the HSCIC's top priority.	**Advocacy**	71	70	69	72	72	73	71	77
I would recommend the HSCIC as a place to work.		70	69	71	73	71	72	74	75
I would recommend the products and services provided by the HSCIC confident in the standard of service that we provide.		74	73	73	75	75	75	74	79
I am able to make suggestions to improve the work of my team / department.	**Involvement**	77	77	79	80	80	80	80	83
I have an appropriate level of control over my work		-	-	-	74	75	73	73	73
I am able to make improvements happen in my area of work.		72	72	74	75	75	75	75	79
I am enthusiastic about my job.	**Motivation**	72	71	73	74	73	74	75	77
I feel supported by my line manager		-	-	-	79	78	78	81	81
Overall, I feel that my contribution is valued.		65	65	69	72	71	70	73	74

- *No historical data is currently available for this question*

* Not enough data to display

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Results by Disability – organisational health

Disability	HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct 14	HSCIC Average Nov-15	No	Not Declared	Undefined	Yes
Organisation Health Score	**66**	**67**	**69**	**71**	**71**	**71**	**71**	**73**
Generally, I know who the customers of the HSCIC are.	73	73	74	**76**	76	79	75	81
I have a clear understanding of the needs of my customers.	77	76	78	**78**	78	78	77	83
The HSCIC has clear and relevant organisational values.	-	-	67	**71**	70	68	72	72
The HSCIC has a clearly articulated strategy for its future.	55	59	58	**67**	66	67	67	70
I can see how my work objectives contribute to the HSCIC achieving its stated purpose.	64	65	65	**69**	69	70	69	70
I have the right knowledge and skills to perform well in my role.	79	78	78	**79**	79	79	79	73
I am clear about the knowledge and skills that I need to progress within the organisation.	65	64	66	**67**	65	63	69	68
**I have the opportunity to be engaged and involved in organisational change initiatives.	60	63	67	**68**	69	68	67	70
I have challenging work objectives.	72	73	74	**76**	77	76	75	78
My work area differentiates between good and average performance.	61	60	61	**63**	61	61	63	61
My work area monitors its performance using KPIs or metrics.	60	64	65	**65**	66	65	65	72
My work area performs well against its KPIs/targets.	60	64	72	**73**	74	74	73	75

- *No historical data is currently available for this question*

* Not enough data to display

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Results by Base – staff engagement

Base		HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	Bridgewater Place - Leeds	Durham House	Exeter	Geographic	Hedge End - Southampton	Leeds	Princes Exchange – Leeds	Prospect House - Redditch	Skipton House - London	Southport	Trevelyan Square - Leeds	Vantage - Leeds	Whitehall - Leeds
Staff Engagement Score		**72**	**72**	**73**	**75**	**75**	**74**	**77**	**80**	**68**	**76**	**73**	**72**	**69**	**70**	**74**	**74**	**76**
Care of customers/end-users is the HSCIC's top priority.	**Advocacy**	71	70	69	**72**	71	75	78	74	56	72	68	73	66	72	68	72	75
I would recommend the HSCIC as a place to work.		70	69	71	**73**	74	71	77	76	65	75	67	73	62	65	72	71	74
I would recommend the products and services provided by the HSCIC confident in the standard of service that we provide.		74	73	73	**75**	75	77	79	77	68	75	71	76	70	73	74	75	77
I am able to make suggestions to improve the work of my team / department.	**Involvement**	77	77	79	**80**	82	79	82	83	72	81	81	75	76	76	80	78	81
I have an appropriate level of control over my work		-	-	-	**74**	71	76	75	81	62	75	76	73	67	70	75	73	76
I am able to make improvements happen in my area of work.		72	72	74	**75**	74	74	77	81	70	77	78	68	68	68	76	74	77
I am enthusiastic about my job.	**Motivation**	72	71	73	**74**	77	72	75	79	68	75	71	67	70	70	75	73	77
I feel supported by my line manager		-	-	-	**79**	82	70	79	85	84	81	76	74	78	72	78	79	79
Overall, I feel that my contribution is valued.		65	65	69	**72**	71	70	72	79	64	75	68	69	68	66	72	71	72

- No historical data is currently available for this question
* There was not enough data to display results from other locations

Results by Base – organisational health

Base	HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	Bridgewater Place - Leeds	Durham House - Washington	Exeter	Geographic	Hedge End - Southampton	Leeds	Princes Exchange - Leeds	Prospect House - Redditch	Skipton House - London	Southport	Trevelyan Square - Leeds	Vantage - Leeds	Whitehall - Leeds
Organisation Health Score	**66**	**67**	**69**	**71**	**72**	**72**	**70**	**77**	*	**71**	**70**	**71**	**67**	**71**	**72**	**70**	**70**
Generally, I know who the customers of the HSCIC are.	73	73	74	**76**	78	74	77	79	60	76	77	80	70	75	77	74	79
I have a clear understanding of the needs of my customers.	77	76	78	**78**	76	82	79	87	69	77	78	77	78	82	80	77	76
The HSCIC has clear and relevant organisational values.	-	-	67	**71**	73	74	70	77	58	72	69	70	64	72	71	69	69
The HSCIC has a clearly articulated strategy for its future.	55	59	58	**67**	67	74	66	72	52	68	65	71	56	70	67	68	67
I can see how my work objectives contribute to the HSCIC achieving its stated purpose.	64	65	65	**69**	70	73	67	75	48	70	70	73	62	68	70	69	67
I have the right knowledge and skills to perform well in my role.	79	78	78	**79**	78	78	79	81	80	78	83	78	78	78	80	78	77
I am clear about the knowledge and skills that I need to progress within the organisation.	65	64	66	**67**	73	66	62	70	58	69	63	61	61	68	69	65	65
**I have the opportunity to be engaged and involved in organisational change initiatives.	60	63	67	**68**	73	72	65	74	56	69	70	70	62	63	70	67	70
I have challenging work objectives.	72	73	74	**76**	76	73	76	83	76	76	77	73	72	69	78	76	77
My work area differentiates between good and average performance.	61	60	61	**63**	68	61	59	68	70	63	57	64	60	61	62	63	61
My work area monitors its performance using KPIs or metrics.	60	64	65	**65**	64	64	63	72	70	65	63	66	65	73	65	68	63
My work area performs well against its KPIs/targets.	60	64	72	**73**	73	76	75	79	*	73	75	74	75	75	71	73	73

*- No historical data is currently available for this question - Not enough data to display *Previous years this was I have the opportunity to engage in organisational change initiatives .* **There was not enough data to display results from other locations

Results by Band – staff engagement

Band		HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	Band 3/AO	Band 4	Band 5	Band 6	Band 7	Band 8 - A	Band 8 - B	Band 8 - C	Band 8 - D	Band 9	Personal Salary
Staff Engagement Score		**72**	**72**	**73**	**75**	**66**	**74**	**76**	**77**	**75**	**74**	**74**	**73**	**77**	**79**	**81**
Care of customers/end-users is the HSCIC's top priority.	**Advocacy**	71	70	69	**72**	73	73	75	75	72	72	70	65	68	71	79
I would recommend the HSCIC as a place to work.		70	69	71	**73**	60	78	76	76	76	72	69	67	69	68	79
I would recommend the products and services provided by the HSCIC confident in the standard of service that we provide.		74	73	73	**75**	71	69	76	78	76	74	73	72	78	81	81
I am able to make suggestions to improve the work of my team / department.	**Involvement**	77	77	79	**80**	72	76	78	80	80	79	81	81	88	89	85
I have an appropriate level of control over my work		-	-	-	**74**	70	69	74	75	73	73	76	74	78	85	78
I am able to make improvements happen in my area of work.		72	72	74	**75**	63	72	75	75	73	74	77	76	84	88	80
I am enthusiastic about my job.	**Motivation**	72	71	73	**74**	60	75	73	75	74	74	74	75	78	79	80
I feel supported by my line manager		-	-	-	**79**	65	78	82	81	81	80	78	76	79	74	87
Overall, I feel that my contribution is valued.		65	65	69	**72**	58	73	74	75	73	73	70	71	72	76	80

- *No historical data is currently available for this question*

* Not enough data to display

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Results by Band – organisational health

Base	HSCIC Average Aug-13	HSCIC Average Mar-14	HSCIC Average Oct-14	HSCIC Average Nov-15	Band 3/AO	Band 4	Band 5	Band 6	Band 7	Band 8 - A	Band 8 - B	Band 8 - C	Band 8 - D	Band 9	Personal Salary
Organisation Health Score	**66**	**67**	**69**	**71**	**69**	**72**	**71**	**71**	**70**	**69**	**71**	**72**	**76**	**79**	**74**
Generally, I know who the customers of the HSCIC are.	73	73	74	**76**	71	76	77	75	73	75	78	76	82	87	80
I have a clear understanding of the needs of my customers.	77	76	78	**78**	81	81	77	77	76	75	79	80	83	83	80
The HSCIC has clear and relevant organisational values.	-	-	67	**71**	69	78	74	72	70	70	69	69	73	72	72
The HSCIC has a clearly articulated strategy for its future.	55	59	58	**67**	66	72	68	68	67	66	66	65	66	70	73
I can see how my work objectives contribute to the HSCIC achieving its stated purpose.	64	65	65	**69**	63	73	72	69	68	67	68	69	76	83	74
I have the right knowledge and skills to perform well in my role.	79	78	78	**79**	82	78	77	76	77	78	79	81	84	88	79
I am clear about the knowledge and skills that I need to progress within the organisation.	65	64	66	**67**	69	66	68	69	68	65	65	65	68	73	71
**I have the opportunity to be engaged and involved in organisational change initiatives.	60	63	67	**68**	61	63	65	66	68	68	69	71	79	87	69
I have challenging work objectives.	72	73	74	**76**	62	66	70	73	73	76	79	82	86	91	78
My work area differentiates between good and average performance.	61	60	61	**63**	58	68	64	65	60	60	62	65	65	64	70
My work area monitors its performance using KPIs or metrics.	60	64	65	**65**	74	74	67	67	63	61	64	66	76	75	69
My work area performs well against its KPIs/targets.	60	64	72	**73**	76	74	74	74	72	72	73	75	75	77	74

- *No historical data is currently available for this question*

* Not enough data to display

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Results by Professional Group – staff engagement

**Professional Group		HSCIC Average Nov 2015	Business Administration	Clinical Informatics	Communications & Stakeholder Relations	Information Management	Information Technology	Project & Programme Delivery	N/A
Staff Engagement Score		**75**	**75**	**75**	**73**	**76**	**76**	**75**	**74**
Care of customers/end-users is the HSCIC's top priority.	Advocacy	**72**	75	73	68	68	75	70	73
I would recommend the HSCIC as a place to work.		**73**	72	69	70	73	73	72	74
I would recommend the products and services provided by the HSCIC confident in the standard of service that we provide.		**75**	74	76	73	75	76	75	73
I am able to make suggestions to improve the work of my team / department.	Involvement	**80**	79	76	83	82	80	81	77
I have an appropriate level of control over my work		**74**	75	75	71	76	75	74	72
I am able to make improvements happen in my area of work.		**75**	75	75	74	78	75	75	73
I am enthusiastic about my job.	Motivation	**74**	73	76	72	72	76	74	75
I feel supported by my line manager		**79**	78	82	78	81	79	79	79
Overall, I feel that my contribution is valued.		**72**	72	74	68	75	72	72	73

- *No historical data is currently available for this question*

* Not enough data to display

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Results by Professional Group – organisational health

**Professional Group	HSCIC Average Nov 2015	Business Administration	Clinical Informatics	Communications & Stakeholder Relations	Information Management	Information Technology	Project & Programme Delivery	N/A
Organisation Health Score	**71**	**72**	**73**	**72**	**69**	**70**	**72**	**71**
Generally, I know who the customers of the HSCIC are.	**76**	76	73	78	74	75	77	75
I have a clear understanding of the needs of my customers.	**78**	80	82	81	77	76	78	77
The HSCIC has clear and relevant organisational values.	**71**	73	69	72	66	70	73	71
The HSCIC has a clearly articulated strategy for its future.	**67**	69	69	67	62	66	69	68
I can see how my work objectives contribute to the HSCIC achieving its stated purpose.	**69**	72	69	71	66	67	69	72
I have the right knowledge and skills to perform well in my role.	**79**	80	85	79	79	78	78	78
I am clear about the knowledge and skills that I need to progress within the organisation.	**67**	68	70	66	64	66	67	68
**I have the opportunity to be engaged and involved in organisational change initiatives.	**68**	68	69	66	66	68	72	65
I have challenging work objectives.	**76**	72	79	78	76	77	76	75
My work area differentiates between good and average performance.	**63**	63	69	63	60	62	63	63
My work area monitors its performance using KPIs or metrics.	**65**	71	66	65	63	65	64	66
My work area performs well against its KPIs/targets.	**73**	74	78	74	74	74	73	72

- *No historical data is currently available for this question*

* Not enough data to display

**Previous years this was *I have the opportunity to engage in organisational change initiatives.*

Board Meeting – Public Session

Title of paper:	Performance and Development Review Activity: *A Summary of Employee Appraisal*
Board meeting date:	27 January 2016
Agenda item no:	HSCIC 16 06 03 f
Paper presented by:	Rachael Allsop, Executive Director of HR and Transformation
Paper prepared by:	Tim Roebuck, Head of Organisational Development
Paper approved by: (Sponsor Director)	Rachael Allsop, Executive Director of HR and Transformation
Purpose of the paper:	To inform the Board of Employee Appraisal Activity
Key risks and issues:	The paper is presented for information in recognition of the importance of regular Performance and Development Reviews (PDRs) for employees.
Patient/public interest:	Indirect: There is a wider expectation that publically funded organisations manage performance.
Actions required by the Board:	To note the levels of PDR activity

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Performance and Development Review Activity

A Summary of Employee Appraisals

Author: Tim Roebuck

Date: 8 January 2016

Contents

Background

The Board requested information in relation to our commitment that each employee has a PDR. In our last report to the Board we reported that by the end of the last financial year 85% of employees had undergone a PDR.

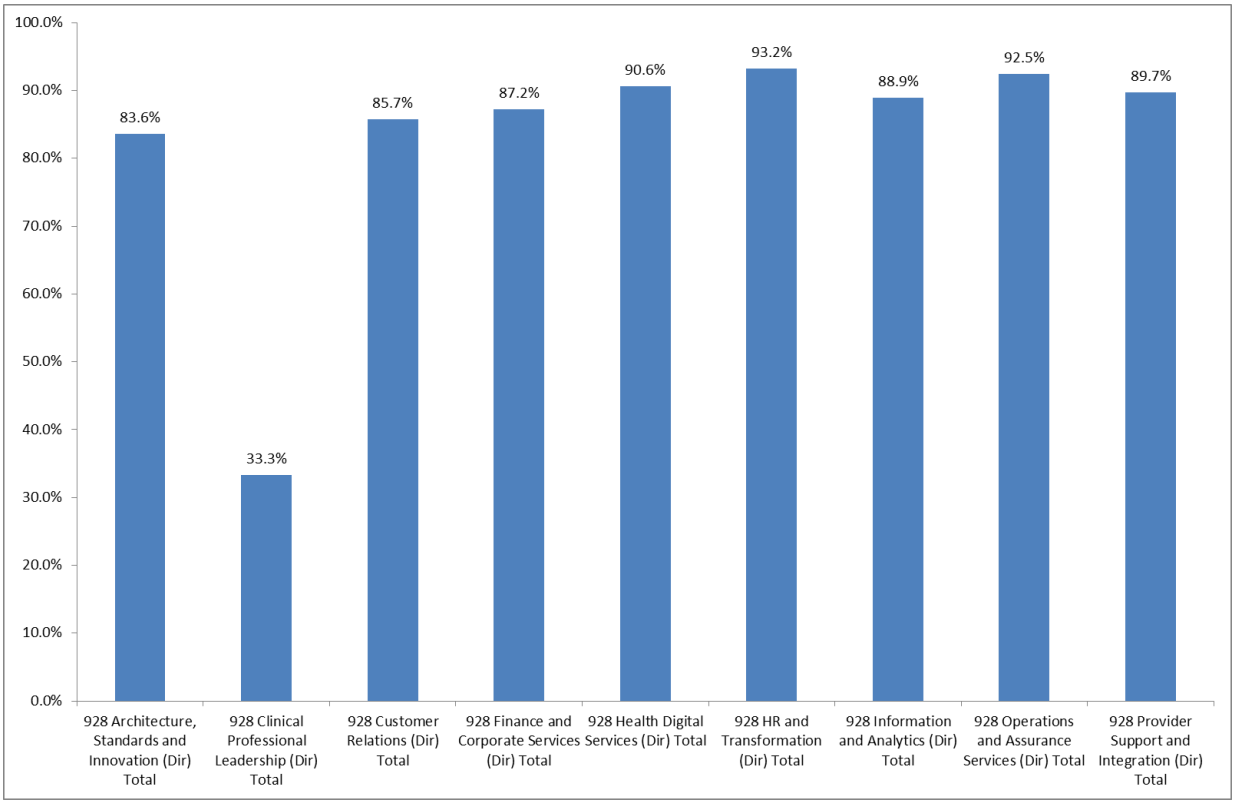
While we would not anticipate reaching 100% compliance due to the numbers of people who are out of the business at any one time* the levels of activity are greater now compared to the same point of the previous year:

> 90% of employees have uploaded a PDR since 1st September 2015 as compared to 74% in the previous year.

We are also able to comfirm that this higher rate of compliance has been consistently maintained throughout the year as 87% of employees also received their start of year performance meeting with their manager.

Current PDR Activity by Directorate

2,460 PDRs were uploaded across the organisation out of a possible 2,743.



**Approximately 4% of the workforce are away from the workplace at any one time due to a number of factors such as maternity leave, secondment or health related absence etc.*

Table view of mid-year PDRs

Directorate	Uploaded	Headcount	Percentage
928 Architecture, Standards and Innovation (Dir) Total	214	256	83.6%
928 Clinical Professional Leadership (Dir) Total	2	6	33.3%
928 Customer Relations (Dir) Total	72	84	85.7%
928 Finance and Corporate Services (Dir) Total	170	195	87.2%
928 Health Digital Services (Dir) Total	404	446	90.6%
928 HR and Transformation (Dir) Total	55	59	93.2%
928 Information and Analytics (Dir) Total	489	550	88.9%
928 Operations and Assurance Services (Dir) Total	845	914	92.5%
928 Provider Support and Integration (Dir) Total	209	233	89.7%
TOTAL	**2,460**	**2,743**	**89.7%**

**Approximately 4% of the workforce are away from the workplace at any one time due to a number of factors such as maternity leave, secondment or health related absence etc.*

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Board meeting – Public session

Title of paper:	**Direction from Department of Health for a Breast Implant Registry – Formal Consultation**
Board meeting date:	27 January 2016
Agenda item no:	HSCIC 16 06 04 a
Paper presented by:	Martin Severs, Interim Director of Information and Analytics, Caldicott Guardian and Lead Clinician
Paper prepared by:	Alyson Whitmarsh, Clinical Audit & Registries Programme Manager, Information & Analytics Directorate John Varlow, Information Analysis Director, Information & Analytics Directorate
Paper approved by: (Sponsor Director)	Professor Martin Severs, Interim Director of Information and Analytics, Caldicott Guardian and Lead Clinician
Purpose of the paper:	To enable the views of the Board to be considered as part of the formal consultation on the Direction prior to it being signed by the Department of Health. This consultation is in line with our agreed process.
Key risks and issues:	• Obtaining patient consent. Patient consent is obtained to support some existing audits and opportunities do exist to obtain consent. • Potential delays within the SCII process. The registry is being assessed for burden and considered as a collection. • The Registry will need to be self-funding from March '17. Internationally, manufacturers or providers support on a per implant basis. • The Direction provides a legal basis for HSCIC to collect the data and must be in place before data can flow. If the Direction is not approved then there will be reputational risks for the HSCIC in not delivering to the agreed timeframe as the data cannot flow without Directions in place.
Patient/public interest:	Indirect
Actions required by the board:	Consider the draft Direction and to identify any issues or concerns as part of the formal consultation process.

hscic Health & Social Care Information Centre

Direction from the Department of Health to establish and operate a Breast Implant Registry

Formal consultation with the HSCIC Board

Alyson Whitmarsh

7th January 2016

Contents

1 Executive Summary

The Health and Social Care Information Centre (HSCIC) has been commissioned to develop a Breast Implant Registry on behalf of the Department of Health (DH). The registry is designed to capture all breast implant surgery carried out, both privately and by the NHS, and is being produced in response to the requirements from the Keogh Review of Regulation of Cosmetic Interventions. The registry will allow patients to be traced in the event of a product recall. Information captured by the registry will also be analysed and published by the HSCIC.

A Direction from the DH is needed to provide the legal basis for the data to flow. The draft Direction which has been reviewed by Information Governance is available on request.

2 Background

The registry will support the implementation of Recommendation 21 of the Keogh Review of the Regulation of Cosmetic Interventions:

"A National Breast and Cosmetic Implant Registry should be established and operational within 12 months. All cosmetic surgery providers need to keep a minimum data set that should be defined by the RCS Inter-specialty Group. This should include details of the implant, the surgeon, the hospital and appropriate outcomes. These data should be easily accessible in the case of a product recall".

The priority is to develop and maintain a breast implant registry. The long term vision is to expand the registry to other types of implant. The registry has the support of the relevant ministers and a detailed work package between DH and the HSCIC has been agreed.

The registry will be established for England. The HSCIC is asked to work with the devolved administrations to enable them to request that the HSCIC to collect data on their behalf.

3 Recommendation

The Board is asked to consider this draft Direction and to identify any issues or concerns as part of the formal consultation process. This will provide the legal basis for collection of data to support the registry.

4 Implications

4.1 Strategy Implications

The development and operation of this registry supports the following parts of the **HSCIC strategy**:
Make better use of health and care information

• Make available more information, data and insight.
• Citizens will make informed choices about their own care.
• Care professionals will make better and safer decisions.
• Policy makers will better commission health and care,

In addition, the 2015-16 **HSCIC business plan** describes the intention to deliver the registry:
'Deliver the key national clinical audits, including the Female Genital Mutilation enhanced dataset and the development of the Breast Implant Audit registry '.

4.2 Financial Implications

This service is directly funded by the DH (value £395,557 over two years). A POSA work package is in place for the current year. Funding is agreed until the end of March 2017 after which the registry is to be become self-funding. The funding is largely for the staff resources needed to develop, operate and maintain the registry. In the event that a sustainable funding model is not achieved; the HSCIC retain the option to close the service if it becomes financially unviable.

4.3 Stakeholder Implications

The DH is the commissioner however there are several other key stakeholders. The registry is being developed with the guidance of an advisory group which includes representation from the relevant professional bodies (The British Association of Aesthetic Plastic Surgeons (BAAPS) and the British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS)), the Medicines and Healthcare Products Regulatory Authority (MHRA), patient representatives and bodies representing private and NHS providers.

Stakeholders are agreed for the need to be able to trace individuals in the event of a product recall. The monitoring of outcomes by brand, hospital and surgeon, highlighting where these fall below an expected performance in order to allow investigation is under discussion. The MHRA regulates medicines, medical devices and blood components for transfusion in the UK. They are responsible for ensuring their safety, quality and effectiveness and will issue safety alerts, if required, for breast implants. Providers will be responsible for patient recall in the event of a patient safety (implant) alert. The HSCIC will conduct track and trace for patients' latest registered address and for mortality status and disseminate to providers to enable them to conduct recalls.

No further disseminations are planned. Any requests for dissemination will be subject appropriate legal gateways and will be charged on a cost recovery basis.

Some stakeholders have expressed concern over the need for patient consent however the registry's commissioners and our own IG advice confirms this is necessary. Other audits have been successful in securing patient consent for data submission. As with other consented collections managed by the audit and registry team, the input and support of HSCIC IG will be required for the development and approval of the consent model and associated fair processing information provided to patients.

Stakeholders are keen to see the registry progress due to the Keogh review recommendations, and because other countries are now operating similar registries, on which this one is based.

Separate working groups have also been established to advise on the detailed content of the registry, analysis and governance.

4.4 Handling

A communications plan has been developed. Communications are being developed in conjunction with the professional bodies and the organisation representing providers to ensure that the responsibilities of providers and clinicians within the scope of the registry are clear, understood and widely communicated to the relevant stakeholders.

Patients are being consulted during the registry development. Information and guidance which will support clinicians and patients to have an informed discussion about how the information collected about them will be used will be provided.

It is anticipated that publication of a Data Provision Notice will form part of the communications.

Communication will take various forms and include direct communication with providers; website development; stakeholder updates and promotion through professional bodies.

5 Risks and Issues

- Obtaining patient consent. Patient consent is already obtained to support some audits and opportunities do exist to obtain consent during pre-operation discussions.
- Potential delays within the SCCI process. The registry is currently being assessed for burden. SCCI have been asked to consider the registry as a collection nonetheless timescales are challenging.
- Most activity takes place within private providers. The organisation representing these providers is a member of the advisory group.
- Funding from DH ends March ‘17. Registry will need to be self-funding. Internationally, manufacturers or providers support on a per implant basis. Consensus from the advisory group is that this should be workable in UK.

6 Corporate Governance and Compliance

The Breast Implant Registry has a signed POSA work package approved by the Corporate Approvals Board (CAB) and has a current entry on the Portfolio database. Information Governance has reviewed the draft Direction.

Key progress indicators are outlined in the work package between the HSCIC and the DH and are reported to the advisory board and monitored by the commissioner. These can also be reported to the HSCIC Board.

7 Management Responsibility

Alyson Whitmarsh, Clinical Audit & Registries Programme Manager, Information & Analytics Directorate.
Martin Severs, Interim Director of Information and Analytics, Caldicott Guardian and Lead Clinician.

8 Actions Required of the Board

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

Department of Health

Carolyn Heaney
Room 2N16
Quarry House,
LS2 7UB
Leeds

XX January 2016

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

Dear Andy

I am writing to direct the Health and Social Care Information Centre to establish and operate the Breast and Cosmetic Implant Registry. This service will support the implementation of Recommendation 21 of the Keogh Review of the Regulation of Cosmetic Interventions

> *"A National Breast and Cosmetic Implant Registry should be established and operational within 12 months. All cosmetic surgery providers need to keep a minimum data set that should be defined by the RCS Inter-specialty Group. This should include details of the implant, the surgeon, the hospital and appropriate outcomes, and these data need to be held in electronic format until the registry is operational. These data should be easily accessible in the case of a product recall".*

The priority is to develop and maintain a breast implant registry. However, the long term vision is to expand the registry to other types of implant, for example, buttock and calf implants.

The Health and Social Care Act 2012 makes provisions for Secretary of State to direct the Health and Social Care Information Centre to exercise functions on the basis that Secretary of State considers it to be in the interests of the health service in England.

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

- host a Breast and Cosmetic Implant Registry to support the collection and storage of appropriately consented participant information;

- trace NHS numbers, where not available, and where possible to trace for those patients whose NHS number was not initially supplied to allow unique identification within the registry;
- track latest known patient address in the event of a product failure;
- monitor the outcomes achieved by ‘brand’ of prosthesis, hospital and surgeon, and highlight where these fall below an expected performance in order to allow prompt investigation and to support follow-up action.

Please accept this letter as a direction given under subsection (1) of section 254 of the 2012 Act to the Health and Social Care Information Centre to establish and manage the Breast and Cosmetic Implant Registry, details of which are set out in the attached schedule.

The Health and Social Care Information Centre is directed to publish and disseminate data in line with its responsibilities under relevant legislation and guidance following consultation with DH.

The Breast and Cosmetic Implant Registry shall be established for England. The Health and Social Care Information Centre should work with the devolved administrations to enable those administrations to request that the Health and Social Care Information Centre to collect data on their behalf.

Implementation
Data can be submitted to the Breast and Cosmetic Implant Registry from April 2016 onwards and will follow a schema agreed between the Health and Social Care Information Centre and the Department of Health. The initial dataset schema is attached in the schedule below.

Yours sincerely

Director name
Director title
..Ends

Schedule to Direction
Breast and Cosmetic Implant Registry

System Scope

1. The Service will enable the Health and Social Care Information Centre (HSCIC) to collect patient identifiable data with the appropriate patient consent on implant devices e.g. breast implants which have been inserted into the body for cosmetic or reconstructive surgery.

2. The data shall be securely stored and managed by the HSCIC acting as an agent for the Department of Health. No one outside HSCIC will have access to the registry. The Breast and Cosmetic Implant Registry will track and trace patients where the Medicines and Healthcare Products Regulatory Agency considers the risk to be high and referral back to a surgeon advisable.

3. The priority is to develop and maintain a breast implant registry. However, the long term vision is to expand the registry to other types of implant, for example, buttock and calf implants.

4. The HSCIC will become the Data Controller for data that is submitted to the registry. The key HSCIC deliverables are as follows;

    - Develop an appropriate dataset for the Breast Implant Registry. This will include mapping to existing clinical terminologies and classifications as appropriate.
    - Data will be collected from:
        - Private cosmetic surgery clinics, providing breast augmentation services.
        - NHS Providers of reconstructive and plastic surgery.
    - Trace NHS numbers, where not available, and where possible to trace for those patients whose NHS number was not initially supplied to allow unique identification within the registry.
    - Track latest known patient address in the event of a product failure.
    - Monitor the outcomes achieved by ‘brand’ of prosthesis, hospital and surgeon, and highlight where these fall below an expected performance in order to allow prompt investigation and to support follow-up action.
    - Publish data in line with its responsibilities under the Statistics and Registration Services Act 2007 (SRSA) and relevant professional guidance including the UK Statistics Authority Code of Practice for Official Statistics. HSCIC may also publish in other forms, manner and times that it considers appropriate following consultation with DH
    - Disseminate data in line with its responsibilities under relevant legislation and guidance following consultation with DH.

The initial database schema for a breast implant registry is below. Add in database schema

hscic Health & Social Care Information Centre

Board meeting – Public session

Title of paper:	**Direction from NHS England for the National Clinical Audit of Pulmonary Hypertension (NAPH) – Formal Consultation**
Board meeting date:	27 January 2016
Agenda item no:	HSCIC 16 06 04 b
Paper presented by:	Martin Severs, Interim Director of Information and Analytics, Caldicott Guardian and Lead Clinician
Paper prepared by:	Dominic Povey, Clinical Audit & Registries Operations Manager, Information & Analytics Directorate John Varlow, Information Analysis Director, Information & Analytics Directorate
Paper approved by: (Sponsor Director)	Professor Martin Severs, Interim Director of Information and Analytics, Caldicott Guardian and Lead Clinician
Purpose of the paper:	To enable the views of the Board to be considered as part of the formal consultation on the Direction prior to it being signed by NHS England. This consultation is in line with our agreed process.
Key risks and issues:	• The HSCIC relies on Section 251 (NHS Act 2006) to set aside the common law duty of confidence and deliver the National Audit of Pulmonary Hypertension (NAPH). • The office of the Secretary of State, through the Confidentiality Advisory Group (CAG) has questioned the continued use of Section 251 (S251) support and highlighted the statutory powers open to NHS England to 'Direct' the HSCIC to complete this work. The continuation of the current route risks the refusal of CAG to renew the S251 support which without Directions would force the HSCIC close the data collection resulting in considerable reputational harm. • Obtaining patient consent. Patient consent is obtained to support some existing audits and opportunities do exist to obtain consent although it has been agreed that this is impractical for this clinical audit.
Patient/public interest:	Indirect
Actions required by the board:	Consider the draft Direction and to identify any issues or concerns as part of the formal consultation process.

hscic Health & Social Care Information Centre

Direction from NHS England for the collection of data to support the National Audit of Pulmonary Hypertension (NAPH)

Formal consultation with the HSCIC Board

Dominic Povey / Alyson Whitmarsh

7th January 2016

Contents

1 Executive Summary

The HSCIC provides informatics and project management to the National Audit of Pulmonary Hypertension (NAPH) with a report being published on an annual basis covering a range of process and clinical outcome measures.

The clinical audit has Section 251 (of the NHS Act 2006) support in place from the Confidentiality Advisory Group (CAG) to allow it to set aside the common law duty of confidence to collect and process the patient information. However, a Direction from NHS England is needed to provide a more appropriate legal basis for the data to flow. The draft 'Direction' drafted by NHS England (NHSE) is available on request.

2 Background

The NAPH is a nationwide clinical audit of specialised pulmonary hypertension centres in the UK. The purpose is to, describe clinical practice, measure practice against professionally agreed standards, provide epidemiological information for future service planning, measure clinical outcomes and facilitate quality improvement. The Audit informs PH services which are nationally commissioned by the National Commissioning Group (NCG), which oversees the national commissioning of highly specialised and often high cost healthcare services within NHSE. NHSE has commissioned the clinical audit since 2013 which is supported by a Provision of Services Agreement (POSA).

The identifiable flow of data utilises Section 251 of the NHS Act 2006 to set aside the common law of confidence in order to flow the data without patient consent. Advice from CAG to the HSCIC on related clinical audits states this temporary measure needs to cease and be replaced by the more appropriate statutory powers of NHSE to 'Direct' the HSCIC to flow. The current CAG approval expires in the middle of April 2016.

3 Recommendation

The Board is asked to consider this draft Direction and to identify any issues or concerns as part of the formal consultation process. This will provide the legal basis for collection of data to support the clinical audit.

4 Implications

4.1 Strategy Implications

The development and operation of this Audit supports the following parts of the **HSCIC strategy**:

Make better use of health and care information

- Make available more information, data and insight.
- Citizens will make informed choices about their own care.
- Care professionals will make better and safer decisions.
- Policy makers will better commission health and care,

In addition, the 2015-16 **HSCIC business plan** describes the intention to deliver the clinical audit:

'Deliver the key **national clinical audits**, including the Female Genital Mutilation enhanced dataset and the development of the Breast Implant Audit registry '.

4.2 Financial Implications

This service is directly funded by NHSE (current value £83k) and has a Provision of Service Agreement (POSA) work package in place for the current financial year. The commissioner has confirmed that 'NHSE has currently no intention of discontinuing the contract'. However further details can only be provided after NHSE have finalised the internal funding arrangements for the 2016/17 financial year, expected by the end of January 2016.The funding is largely for the staff resources needed to develop, operate and maintain the clinical audit.

4.3 Stakeholder Implications

The NHSE Commissioner, the NAPH Lead Clinician, the patient representative group and others on the NAPH Project Board have been consulted on the proposal to move the legal basis from S251 support from CAG to 'Directions'. Without exception all have been extremely supportive in understanding how this will negate the need to seek S251 support from CAG in future years by removing the need for an annual review and placing the audit under the statutory footing of a 'Direction'. In addition to the implications for this clinical audit the ability to utilise 'Directions' for NAPH, it is of considerable interest at a strategic level by colleagues in the NHS England Medical Directorate who manage the National Clinical Audit Programme.

This clinical audit has an international standing as the most comprehensive in this area providing vital information to clinicians, patients and commissioners for an extremely complex condition with an expensive treatment pathway.

4.4 Handling

The move from Section 251 support to 'Directions' will be communicated to the NAPH Programme Board as well as contacts in all specialised clinical centres. In addition the patient leaflet will be updated and in consultation with the PH Patient Association, patients will be notified of this change via their newsletter and communication routes. Assurances will need to be provided to patients that the move to 'Directions' will continue to maintain the stringent safeguards already in place and confirm the move as positive.

5 Risks and Issues

The HSCIC relies on Section 251 (NHS Act 2006) to set aside the common law duty of confidence and deliver the National Audit of Pulmonary Hypertension (NAPH).

- The office of the Secretary of State, through the Confidentiality Advisory Group (CAG) has questioned the continued use of Section 251 (S251) support and highlighted the statutory powers open to NHS England to 'Direct' the HSCIC to complete this work.

- The continuation of the current route risks the refusal of CAG to renew the S251 support which without Directions would force the HSCIC close the data collection resulting in considerable reputational harm.
- Obtaining patient consent. Patient consent is obtained to support some existing audits and opportunities do exist to obtain consent although it has been agreed that this is impractical for this clinical audit.

6 Corporate Governance and Compliance

The NAPH has a signed POSA work package and has a current entry on the Portfolio database. Information Governance has reviewed the draft Direction and found it to be sound.

Key progress indicators are outlined in the work package between the HSCIC and the NHSE and are reported to the advisory board and monitored by the commissioner. These can also be reported to the HSCIC Board.

7 Management Responsibility

Alyson Whitmarsh, Clinical Audit & Registries Programme Manager, Information & Analytics Directorate.

Professor Martin Severs, Interim Director of Information and Analytics, Caldicott Guardian and Lead Clinician.

8 Actions Required of the Board

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

hscic Health & Social Care Information Centre

National Audit of Pulmonary Hypertension (NAPH) Specification

Document filename: National Audit of Pulmonary Hypertension (NAPH) Specification v1.0 05-01-16	
Programme: CASU	**Project: National Audit of Pulmonary Hypertension**
Document Reference: NAPH Spec	
Project Manager: Julie Michalowski	**Status: Final**
Owner: Dominic Povey	**Version: 1.0**
Author: Julie Michalowski	**Version issue date: 5th Jan 2016**

Document Management

Revision History

Version	Date	Summary of Changes
0.1	Sept 2015	Review of initial draft by Dominic Povey – Operations Manager
0.2	Oct 2015	Review by Richard Sewart (NHS England)

Reviewers

This document must be reviewed by the following people: author to indicate reviewers

Reviewer name	Title / Responsibility	Date	Version
Dominic Povey	Operations Manager – HSCIC Clinical Audit	Sept 2015	0.1
Richard Sewart	NHS England - Data Sharing and Privacy Specialist	Oct 2015	0.2

Document Control:

The controlled copy of this document is maintained in the HSCIC corporate network. Any copies of this document held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

1. Introduction

The National Audit of Pulmonary Hypertension (NAPH) was established in 2010. Initial funding was provided by the patient group Pulmonary Hypertension - UK (PH-UK). HSCIC provides informatics and project management to the audit with a report being published on an annual basis covering a range of process and outcome measures. NHS England and HSCIC act as Data Controllers for the Audit. Clinical leadership is provided by Dr Simon Gibbs, Consultant Cardiologist from Imperial College Healthcare NHS Trust and has been since the audit's inception. Clinical input into the audit is also provided by the National Pulmonary Hypertension Centres of the UK and Ireland Physicians Committee.

The Audit is now funded by the NHS England Specialised Services Team.

2. The Audit

The National Audit of Pulmonary Hypertension (NAPH) is a nationwide audit of specialised pulmonary hypertension centres in the UK. The purpose of the Audit is to describe clinical practice, measure practice against professionally agreed standards, provide epidemiological information for future service planning, measure clinical outcomes and facilitate quality improvement. In addition, in 2015 the Audit provided analysed data for the Pulmonary Hypertension Dashboard, part of NHS E Specialised services quality dashboards.

There are eight centres in the UK, 7 in England trusts and 1 in Scotland (although the de-identified pseudonymised data flow from Scotland is outside of this specification) that are responsible for diagnosis and treatment planning in their own services and any shared care arrangements with other organisations :

Great Ormond Street Hospital for Children NHS Foundation Trust

Imperial College Healthcare NHS Trust

Papworth Hospital NHS Foundation Trust

Royal Brompton and Harefield NHS Foundation Trust

Royal Free London NHS Foundation Trust

Sheffield Teaching Hospitals NHS Foundation Trust

The Newcastle upon Tyne Hospitals NHS Foundation Trust

3. Informatics

The Audit uses the HSCIC's Clinical Audit Platform (CAP) to collect data from the eight centres. Most centres upload data directly into the system with two manually entering data. Data collection is on a continuous basis with an annual extraction of data forming a cohort of patients who were seen in the pulmonary hypertension service within a specified 12 month period.

4. The Dataset

The dataset was reviewed and revised in 2012/13 by the HSCIC and the clinical lead. Since then minor amends have been made as clinical requirements have developed. A list of data items collected can be found in the NAPH Technical Output Specification (dataset) v1.3.

5. Audit Outputs

5.1 Five annual reports have been published; the sixth is currently in progress. The outputs for the Audit are determined by the clinical lead and approved by the National Pulmonary Hypertension Centres of the UK and Ireland Physicians Committee. PHA UK and the Specialised Commissioning Groups NHS England are consulted on the Audit's output on an annual basis.

5.2 In 2015, the Audit provided analysed data for the Specialised Services Quality Dashboard to provide assurance on the quality of care by collecting new information about outcomes from healthcare providers. The Pulmonary Hypertension element of the dashboard covers three of the four measures.

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: National Audit of Pulmonary Hypertension) 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: National Audit of Pulmonary Hypertension) Directions 2016 and shall come into force on 1 April 2016.

2. In these Directions–

"The 2012 Act"	means the Health and Social Care Act 2012[1];
"The Board"	means the National Health Service Commissioning Board[2];
"HSCIC"	means the Health and Social Care Information Centre[3];
"Relevant Organisation"	means the NHS Trusts and NHS Foundation Trusts listed in the Specification;

[1] 2012 c7
[2] The National Health Service Commissioning Board was established by section 1H of the National Health Service Act 2006 (2006 c 41.), and operates as NHS England.
[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

"Specification"	means the National Audit of Pulmonary Hypertension (NAPH) Specification version 1.0 dated 05/01/2016 and annexed to these Directions at Annex A or any subsequent amended version of the same document;
"Technical Output Specification"	means the NAPH Technical Output Specification version 1.3 dated 07/02/2014 and annexed to these Directions at Annex B or any subsequent amended version of the same document.

Establishing and Operating the National Audit of Pulmonary Hypertension 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 National Audit of Pulmonary Hypertension 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 Specification and Technical Output 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 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 National Audit of Pulmonary Hypertension Information System.

Review of these Directions

7. These Directions will be reviewed when the Board approves any amendment to the Specification or Technical Output Specification. 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 – National Audit of Pulmonary Hypertension – Specification

Annex A has been removed and can be provided on request.

Annex B – National Pulmonary Hypertension Audit – Technical Output Specification

Annex B has been removed and can be provided on request.

hscic Health & Social Care Information Centre

Board meeting – Public session

Title of paper:	**Direction from NHS England for National Cancer Waiting Times Monitoring Dataset**
Board meeting date:	27 January 2016
Agenda item no:	HSCIC 15 06 04 d
Paper presented by:	Rob Shaw, Director of Operations and Assurance Services
Paper prepared by:	Graham Ambrose, Service Delivery Manager, Operations and Assurance Services
Paper approved by: (Sponsor Director)	Rob Shaw, Director of Operations and Assurance Services
Purpose of the paper:	To bring the final draft of the Direction to enable the views of the Board to be considered as part of the formal consultation prior to these being signed by NHS England. This consultation is in line with our agreed process.
Key risks and issues:	The Direction provides a legal basis for HSCIC to collect the proposed updated data set through the existing service provided to NHS England. The main risk is that suppliers will not be ready to send the new data items for the 1st April 2016.
Patient/public interest:	Indirect
Actions required by the board:	Approval of the draft Direction

hscic Health & Social Care Information Centre

Direction from NHS England for National Cancer Waiting Times Monitoring dataset

Consultation and approval by the HSCIC Board

Rob Shaw

27 January 2016

Contents

Executive Summary

The purpose of this paper is to present an updated Direction paper for the National Cancer Waiting Times Monitoring data set to the the HSCIC Board for comment and approval.

Background

The Cancer Waiting Times service is provided by HSCIC as commissioned by NHS England.

Following the Department of Health review of Cancer Waiting Times Standards it was confirmed in *Improving Outcomes: A Strategy for Cancer* that:

"*overall, cancer waiting time standards should be retained. Shorter waiting times can help to ease patient anxiety and, at best, can lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes. The current cancer waiting times standards will therefore be retained.*"

An updated version of the National Cancer Waiting Times Monitoring Data Set (NCWTMDS) is detailed in the attached specification document. This supports the continued management and monitoring of waiting times standards.

This Directions paper supports the enhanced specification which introduces a new file format and two new data items for use from 01 April 2016. HSCIC have completed the changes required to accept the new data items and will release the changes in April 2016 once all suppliers are ready to submit data.

Recommendation

That the Board approve the draft Direction for the National Cancer Waiting Times Monitoring data set.

Implications

Strategy Implications

The National Cancer Waiting Times Monitoring service is an existing service provided by HSCIC under the agreed organisational strategy and business plans.

Financial Implications

There are no additional financial implications as a result of this proposal as the service is fully supported under the existing POSA and the Service Level Agreement. The service is fully funded by NHS England.

Stakeholder Implications

Trusts that provide data into the National Cancer Waiting Times Monitoring service will need to supply the two additional data items from April 2016 where appropriate.

NHS England has communicated details of the changes out to stakeholders and system suppliers. Systems and Service Delivery will work with suppliers to test submissions in readiness for April 2016.

Handling

NHS England has communicated the proposed changes out to stakeholders and suppliers and will continue to update them on progress.

Risks and Issues

The major risk is that suppliers will not be ready to submit the additional data items by April 2016. NHS England are responsible for ensuring that suppliers are ready to send the new data items although HSCIC will assist with testing submissions from suppliers and will work with NHS England and the Standardisation Committee for Care Information (SCCI) to determine the readiness of stakeholders before implementation of the proposed changes.

Corporate Governance and Compliance

The information standard (SCCI0147) in this updated Direction for NCWTMDS has been approved for publication by the Department of Health under section 250 of the Health and Social Care Act 2012.

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by SCCI, a sub-group of the National Information Board.

This information standard comprises the following documents:

- Requirements Specification
- Change Specification
- Implementation guidance.

An Information Standards Notice (SCCI0147 Amd 7/2015) has been issued.

Management Responsibility

Rob Shaw, Executive Director, Operations and Assurance Services

Sean Walsh, Director, Systems and Service Delivery, Operations and Assurance Services

Graham Ambrose, Service Delivery Manager, Systems and Service Delivery, Operations and Assurance Services

Actions Required of the Board

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

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: National Cancer Waiting Times Monitoring (SCCI0147)) Directions 2015

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

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

Citation, commencement and interpretation

1. These Directions may be cited as The Health and Social Care Information Centre (Establishment of Information Systems for NHS Services: National Cancer Waiting Times Monitoring (SCCI0147)) Directions 2015 and shall come into force on **[insert date]**.

2. In these Directions–

"The 2012 Act"	means the Health and Social Care Act 2012[1];
"The Board"	means the National Health Service Commissioning Board[2];
"HSCIC"	means the Health and Social Care Information Centre[3];
"Information	means a document containing standards in relation to the

[1] 2012 c7
[2] The National Health Service Commissioning Board was established by section 1H of the National Health Service Act 2006 (2006 c 41.), and operates as NHS England.
[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

Standard"	processing of information as provided for in section 250(2) of the 2012 Act. References to the number and title of an Information Standard are to the number and title given to a particular Information Standard within the Information Standards Notice;
"Information Standards Notice"	means the document published by or on behalf of the Board or the Secretary of State to confirm the making or amendment of an Information Standard, summarise its purpose and scope, reference the documentation in which the details of the Standard are set out and mandate compliance with it;
"Relevant Organisation"	means an organisation type that is listed under "applies to" in the Specification;
"SCCI0147"	is the unique reference number for the National Cancer Waiting Times Monitoring Data Set Information Standard;
"Specification"	means the National Cancer Waiting Times Monitoring Dataset V 1.2 Specification that has been published by the Board version 3.3 dated 30/10/2015 and annexed to these Directions at Annex A or any subsequent amended version of the same document published by the Board which supersedes version 3.2;
"Technical Output Specification"	means Part 2 of the Specification.

Establishing and Operating the National Cancer Waiting Times Monitoring 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 National Cancer Waiting Times Monitoring Information System (SCCI0147)".

(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 criteria in part 1 of the Specification and generally in such a way as to enable and facilitate the Concept of Operation specified in part 3 of the Specification and compliance with Information Standards Notice SCCI0147.

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 SCCI0147 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 National Cancer Waiting Times Monitoring Information System (SCCI0147).

Review of these Directions

7. These Directions will be reviewed when the Board approves any amendment to the Information Standard SCCI0147. 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 – National Cancer Waiting Times Monitoring Dataset v1.2: Specification

014772015spec.pdf

HSCIC – Draft Public Board Business Schedule 2015-16

29 April 2015 *	10 June 2015 *	15 July 2015 *	23 Sept 2015 *	25 Nov 2015 *	27 Jan 2016 *	30 Mar 2016 *
Accountability	***Accountability***	***Accountability***	***Accountability***	***Accountability***	***Accountability***	***Accountability***
Register of Interests Minutes of previous meeting (Mar) – **to ratify** Progress on Action Points Board Forward Business Schedule 2015-16 Reports from sub-committees	Register of Interests Minutes of previous meeting (Apr) – **to ratify** Progress on Action Points Board Forward Business Schedule 2015-16 Annual Report and Accounts for 2014-2015 for HSCIC – **for approval**	Register of Interests Minutes of previous meeting (June) – **to ratify** Progress on Action Points Board Forward Business Schedule 2015-16 Reports from sub-committees Information Assurance and Cyber Security Committee Terms of Reference Schema Delegation of Authorities – briefing note	Register of Interests Minutes of previous meeting (July) – **to ratify** Progress on Action Points Board Forward Business Schedule 2015-16 Reports from sub-committees	Register of Interests Minutes of previous meeting (Sep) – **to ratify** Progress on Action Points Board Forward Business Schedule 2015-16 Reports from sub-committees	Register of Interests Minutes of previous meeting (Nov) – **to ratify** Progress on Action Points Board Forward Business Schedule 2015-16 and 2016-17 Arrangements for the Annual Review of Board Effectiveness Reports from sub-committees	Register of Interests Minutes of previous meeting (Jan) – **to ratify** Progress on Action Points Board Forward Business Schedule 2015-16 and 2016-17 Scheme of Delegated of Authorities 2016-17 Corporate Governance Manual 2016-17 Annual Review of Board Effectiveness (TBC) Reports from sub-committees
Supervising Management	***Supervising Management***	***Supervising Management***	***Supervising Management***	***Supervising Management***	***Supervising Management***	***Supervising Management***
Board Performance Pack Forthcoming Statistical Publications Review of the National Back Office Tracing Service – Interim Progress Report	Board Performance Pack – **for information only** Forthcoming Statistical Publications – **for information only**	Board Performance Pack Forthcoming Statistical Publications Data Release Review: Audit Status Report Staff Personal Development Review Report Care.data note – Board approvals and budget position	Board Performance Pack (i) Data Quality Key Performance Indicator Plan (paper) – **for information** (ii) Data Quality Strategy on a Page (paper) – **for information** Forthcoming Statistical Publications Transformation Programme Mid-Year Report 2015-16	Board Performance Pack Forthcoming Statistical Publications Electronic Referral Service – Lessons Identified (***TBC***) Review of the National Back Office Tracing Service - Final Report ***(DATE TO BE CONFIRMED)***	Board Performance Pack Forthcoming Statistical Publications Data Release Review: Audit Status Update	Board Performance Pack Forthcoming Statistical Publications Information Assurance and Cyber Security Annual Report 2015-16 Transformation Programme Report 2015-16 E-med 3 Direction: Fit Note Aggregated Data: Identified Issues Data Quality Update Equality and Diversity **– for information only**
Strategy Formulation	***Strategy Formulation***	***Strategy Formulation***	***Strategy Formulation***	***Strategy Formulation***	***Strategy Formulation***	***Strategy Formulation***
The Health and Social Care Information Centre (Immigration Health Charge) Directions 2015		UK Genetic Testing Directions Data Service for Commissioners Directions Care.data revised NHS England Directions Directions: Data Extractions for the Department of Work and Pensions Fit to Work Programme HSCIC Social Care Work Update	Type 2 Objections Direction Assuring Transformation Update Direction Genomics Direction Directions: Female Genital Mutilation Prevention Project E-med 3 Direction: Fit Note Aggregated Data HSCIC Information Governance Strategy Streamlining the Independent Information Governance Advice to HSCIC	Update on the HSCIC (Immigration Health Charge) Directions Directions for Patient Objection Management System - Update Streamlining the Independent Information Governance Advice to HSCIC Genomics Direction Data Provision Notices (***TBC***)	Breast Implant Registry Direction Pulmonary Hypertension Direction Directions for Patient Objection Management System - ratification	Streamlining the Independent Information Governance Advice to HSCIC Care.data DH Direction on Objections
Planning	***Planning***	***Planning***	***Planning***	***Planning***	***Planning***	***Planning***
	Business Plan 2015-16 – **for approval**		Board Overview and Pipeline of Investment Decisions	Mid-year review of Corporate Business Plan 2015-16	Draft Corporate Business Plan 2016-17 (Update and Timeline) Comprehensive Spending Review Update	Corporate Business Plan 2016-17 (Final)
April and May 2015	**June 2015**	**July and August 2015**	**Sept and Oct 2015**	**Nov and Dec 2015**	**Jan and Feb 2016**	**Mar 2016**
Key Meetings	***Key Meetings***	***Key Meetings***	***Key Meetings***	***Key Meetings***	***Key Meetings***	***Key Meetings***
• Executive Management Team - weekly • Board Strategy Session – 25 February • Remuneration Committee – 30 March	• Executive Management Team - weekly • Board Strategy Session – 20 May • Assurance and Risk Committee – 10 June	• Executive Management Team - weekly • Information Assurance and Cyber Security Committee – 01 July • Remuneration Committee – 07 August	• Executive Management Team – weekly • Board Business Meeting – 02 September • Information Assurance and Cyber Security Committee – 15 September • Assurance and Risk Committee – 16 September	• Executive Management Team – weekly • Board Business Meeting – 28 October • Information Assurance and Cyber Security Committee – 12 November • Assurance and Risk Committee – 10 November	• Executive Management Team – weekly • Board Business Meeting – 16 December • Assurance and Risk Committee – 13 January • Information Assurance and Cyber Security Committee – 13 January	• Executive Management Team – weekly • Board Business Meeting – 24 February • Information Assurance and Cyber Security Committee – 15 March

*** Please see the final agenda for full details of the items discussed at the statutory public Board meetings**

HSCIC – Draft Public Board 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 * 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	Register of Interests Minutes of previous meeting Progress on Action Points Board Forward Business Schedule 2016-17 and 2017-18 Arrangements for the Annual Review of Board Effectiveness 2016-17 Corporate Governance Manual 2017-18 Scheme of Delegated 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	Board Performance Pack	Board Performance Pack Staff Personal Development Review Report	Board Performance Pack Transformation Programme Mid-Year Report 2016-17	Board Performance Pack Staff Survey Results 2016-17 Staff Personal Development Review Report Mid-Year 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)* Streamlining the Independent Information Governance Advice to HSCIC Update	Directions *(to be confirmed)*	Directions *(to be confirmed)* Streamlining the Independent Information Governance Advice to HSCIC Update	Directions *(to be confirmed)*	Directions *(to be confirmed)* Streamlining the Independent Information Governance Advice to HSCIC Update	Directions *(to be confirmed)*
Planning	***Planning***	***Planning***	***Planning***	***Planning***	***Planning***
[iii]Business Plan 2016-17 (* Final)			* 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***
Data Release Audit Status Report Forthcoming Statistical Publications	Forthcoming Statistical Publications	Data Release Audit Status Report Forthcoming Statistical Publications	Forthcoming Statistical Publications	Data Release Audit Status Report Forthcoming Statistical Publications	Forthcoming Statistical Publications
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 – 18 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 • Information Assurance and Cyber Security Committee – 28 September 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
[iii] Occasionally documents will not be released into the public domain alongside the Board pack until they have been approved by the Board. * The relevant documents will subsequently be published separately on the HSCIC website

Health & Social Care Information Centre

Board meeting – Public session

Title of paper:	**HSCIC Statistical Publications**
Board meeting date:	27 January 2016
Agenda item no:	HSCIC 16 06 07 a
Paper presented by:	For information only
Paper prepared by:	Claire Thompson, Statistical Governance Manager
Paper approved by: (Sponsor Director)	Chris Roebuck, Interim Director and Head of Profession for Statistics
Purpose of the paper:	This paper describes HSCIC Official (and National) Statistics publications planned for January – March 2016, and media and web coverage for publications released in October and November 2015.
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 14 January 2016

Contents

Purpose

This paper describes:

- HSCIC Official (and National) Statistics publications planned for January – March 2016;
- Media coverage for press released Official Statistics publications;
- Web activity for publications released in October and November 2015.

Background to HSCIC Official Statistics

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

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

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.

January 2016

New releases

None scheduled for January.

Biennial

None scheduled for January.

Annual

13 January 2016	General Ophthalmic Services activity statistics - Selected statistics for England, April 2015 to September 2015 [NS]
28 January 2016	Accident and Emergency Attendances in England - 2014-15

Biannual

None scheduled for January.

Quarterly

13 January 2016	Statistics on NHS Stop Smoking Services in England - April 2015 to September 2015
19 January 2016	Numbers of Patients Registered at a GP Practice - January 2016
27 January 2016	Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation, England, July 2014 - June 2015
27 January 2016	Data on written complaints in the NHS - 2015/16 Quarter 2, Experimental [NS]
29 January 2016	Seven-day Services - England, Provisional, Experimental statistics

Monthly

07 January 2016	HES-DID Data Linkage Report - Provisional Summary Statistics, April 2014 to August 2015 (Experimental Statistics)
08 January 2016	HES-MHLD Data Linkage Report - Summary Statistics, September 2015
08 January 2016	Maternity Services Monthly Statistics - Maternity Services Statistics – May & June 2015
08 January 2016	NHS Safety Thermometer Report - England December 2014 - December 2015
14 January 2016	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to March 2015 - January 2016 Release
14 January 2016	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2015 to August 2015
15 January 2016	Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - December 2015
20 January 2016	Improving Access to Psychological Therapies Report - October Final, November Primary 2015 and Quarter 2 2015/16
20 January 2016	Mental Health and Learning Disabilities Statistics - Monthly report: Final October 2015 and Provisional November 2015
21 January 2016	Learning Disability Services Monthly Statistics - Commissioner Census (Assuring Transformation), December 2015, Experimental Statistics
22 January 2016	NHS Sickness Absence Rates - September 2015 Provisional Statistics
22 January 2016	NHS Workforce Statistics - October 2015 Provisional Statistics
26 January 2016	Provisional Accident and Emergency Quality Indicators for England - October 2015, by provider
26 January 2016	Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2015 - October 2015
27 January 2016	Maternity Services Monthly Statistics - Maternity Services Statistics – July & August 2015

Other

12 January 2016	NICE Technology Appraisals in the NHS in England (Innovation Scorecard) - to June 2015
15 January 2016	Health Survey for England 2014 report - new chapters
19 January 2016	Focus on Dementia

February 2016

New releases

03 February 2016	Care Information Choices, England December 2015

Biennial

None scheduled for February.

Annual

04 February 2016	Adult Critical Care in England 2014-15
10 February 2016	Personal Social Services: Staff of Social Services Departments, England September 2015
24 February 2016	Breast Screening Programme, England Statistics for 2014-15

Biannual

None scheduled for February.

Quarterly

11 February 2016	Patient Reported Outcome Measures (PROMs) in England - Special Topic PROMs Quarterly Topic of Interest Q2 2015-16
16 February 2016	NHS Dental Statistics for England 2015-16, Second quarterly report
19 February 2016	Learning Disability Services Quarterly Statistics Commissioner Census (Assuring Transformation), Q3 2015/16, Experimental Statistics
25 February 2016	NHS Outcomes Framework indicators February 2016 release

Monthly

04 February 2016	HES-Diagnostic Imaging Dataset Data Linkage Report Provisional Summary Statistics, April to September 2015 (Experimental Statistics)
05 February 2016	HES-MHLD Data Linkage Report Summary Statistics, October 2015
10 February 2016	NHS Safety Thermometer Report England January 2015 - January 2016
11 February 2016	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England April 2014 to March 2015 - February 2016 Release
11 February 2016	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England April 2015 to September 2015

12 February 2016	Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses January 2016
19 February 2016	Learning Disability Services Monthly Statistics Commissioner census (Assuring Transformation), January 2016, Experimental Statistics
23 February 2016	Improving Access to Psychological Therapies Report November Final, December Primary 2015 and most recent quarterly data (Quarter 2 2015/16)
23 February 2016	Mental Health and Learning Disabilities Statistics Monthly report: Final November 2015 and Provisional December 2015
23 February 2016	NHS Sickness Absence Rates October 2015, Provisional statistics
23 February 2016	NHS Workforce Statistics November 2015, Provisional Statistics
24 February 2016	Provisional Accident and Emergency Quality Indicators for England November 2015, by provider
24 February 2016	Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data April 2015 - November 2015

Other

25 February 2016	NHS Vacancies Statistics England 2015, Provisional, Experimental statistics

March 2016

New releases

- Mental Health Services Monthly Statistics Provisional January 2016

Biennial

None scheduled for March.

Annual

- General Ophthalmic services workforce statistics 31 December 2015
- General and Personal Medical Services, England 2005-2015, as at 30 September

Biannual

- General Ophthalmic services workforce statistics 31 December 2015

Quarterly

- NHS Continuing Healthcare Activity England, Quarter 3, 2015-16
- Statistics on Women's Smoking Status at Time of Delivery: England Quarter 3, October 2015 to December 2015
- CCG Outcomes Indicator Set March 2016 release
- NHS Staff Earnings Estimates December 2015, Provisional statistics

- Female Genital Mutilation October-December 2015, Experimental Statistics, Enhanced Dataset
- Summary Hospital-level Mortality Indicator (SHMI) Deaths associated with hospitalisation, England, October 2014 - September 2015

Monthly

- HES-Diagnostic Imaging Dataset Data Linkage Report Provisional Summary Statistics, April to October 2015 (Experimental Statistics)
- HES-MHLD Data Linkage Report Summary Statistics, November 2015
- Improving Access to Psychological Therapies Report December 2015 Final, January Primary 2016 and most recent quarterly data (Quarter 2 2015/16)
- Learning Disability Services Monthly Statistics Commissioner census (Assuring Transformation), February 2016, Experimental Statistics
- Maternity Services Monthly Statistics September 2015 and October 2015, Experimental statistics
- NHS Safety Thermometer Report England February 2015 - February 2016
- NHS Sickness Absence Rates November 2015, Provisional statistics
- NHS Workforce Statistics September 2015
- NHS Workforce Statistics December 2015, Provisional Statistics
- Provisional Accident and Emergency Quality Indicators for England December 2015, by provider
- Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data April 2015 - December 2015
- Provisional Monthly Patient Reported Outcome Measures (PROMs) in England April 2014 to March 2015 - March 2016 Release
- Provisional Monthly Patient Reported Outcome Measures (PROMs) in England April 2015 to October 2015
- Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses February 2016

Other

None scheduled for March.

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.

January 2016

27 January 2016 — National Diabetes Audit - National Diabetes Audit Core Report 1 2014-2015

February 2016

12 February 2016 — National Pulmonary Hypertension Audit 2015

March 2016

National Diabetes Input Audit
National Diabetes Footcare Audit

User and Media Activity

The following tables show web and media coverage figures for Official (and National) Statistics released by the HSCIC during October and November 2015. 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.

October 2015

Publication	Date	Unique page views	Media units
NICE Technology Appraisals in the NHS in England, Innovation Scorecard - to March 2015, Experimental statistics	01/10/2015	672	
HES-MHLDDS Data Linkage Report, Summary Statistics - Jun 15	02/10/2015	282	
Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - August 2015	02/10/2015	308	
Community Care Statistics, Social Services Activity, England - 2014-15 [NS]	06/10/2015	956	39
Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release	06/10/2015	791	
Personal Social Services Adult Social Care Survey, England - 2014-15	06/10/2015	666	3
NHS Safety Thermometer Report - September 2014 to September 2015	07/10/2015	183	
Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to March 2015, October 2015 release	08/10/2015	214	

Note that media activity shown above for Community Care Statistics may also cite the two other Social Care reports published on the same day (Measures from the Adult Social Care Outcomes Framework and Personal Social Services Adult Social Care Survey).

HSCIC Statistical Publications

Publication	Date	Unique page views	Media units
Provisional Monthly Patient Reported Outcome Measures (PROMs) in England – April 2015 to May 2015	08/10/2015	458	
HES-DID Data Linkage Report - Provisional Summary Statistics, April 2015-May 2015 (Experimental Statistics)	09/10/2015	81	
Estates Returns Information Collection (ERIC) - England, 2014-15	14/10/2015	767	23
Sexual and Reproductive Health Services, England - 2014-15 [NS]	14/10/2015	477	
Number of Patients Registered at a GP Practice - October 2015	15/10/2015	642	
Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - September 2015	16/10/2015	432	
Improving Access to Psychological Therapies Report, July 2015 Final, August 2015 Primary and Quarter 1 2015/16	20/10/2015	515	
Mental Health and Learning Disabilities Statistics Monthly Report: Final July and Provisional August	20/10/2015	387	
Learning Disability Services Monthly Statistics - England Commissioner Census (Assuring Transformation) - September 2015, Experimental Statistics	21/10/2015	181	
NHS Sickness Absence Rates April 2015 to June 2015	22/10/2015	180	
NHS Staff Earnings Estimates to July 2015 - Provisional statistics	22/10/2015	94	
NHS Workforce Statistics - July 2015, Provisional statistics	22/10/2015	130	
Inpatients Formally Detained in Hospitals Under the Mental Health Act 1983 and Patients Subject to Supervised Community Treatment, England - 2014-2015, Annual figures	23/10/2015	1,058	19
Mental Health Bulletin, Annual Report - 2014-15	23/10/2015	859	
Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - July 2015	23/10/2015	282	

November 2015

Publication	Date	Unique page views	Media units
Data on written complaints in the NHS - 2015/16 Quarter 1, Experimental [NS]	03/11/2015	536	6
Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - June 2015	06/11/2015	302	
Cervical Screening Programme, England - 2014-2015 [NS]	10/11/2015	467	11
HES-DID Data Linkage Report - Provisional Summary Statistics, April 2015 to June 2015 (Experimental Statistics)	11/11/2015	55	
NHS Safety Thermometer Report - England October 2014 - October 2015	11/11/2015	339	
Prescribing Costs in Hospitals and the Community - England, 2014-15	12/11/2015	296	
Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to March 2015 - November 2015 Release	12/11/2015	294	
Provisional Monthly Patient Reported Outcome Measures (PROMs) in England – April 2015 to June 2015	12/11/2015	655	
Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - Special Topic: Time Series Analysis from 2009-10 to 2014-15	12/11/2015	197	
Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - October 2015	13/11/2015	295	
General Pharmaceutical Services - 2005/6 - 2014/15 [NS]	18/11/2015	273	
NHS Outcome Framework Indicators – November 2015 release	19/11/2015	290	
Learning Disability Services Monthly Statistics - England Commissioner Census (Assuring Transformation) - October 2015, Experimental Statistics	20/11/2015	145	
Learning Disability Services Quarterly Statistics - England Commissioner Census (Assuring Transformation) – Quarter 2 2015/16, Experimental Statistics	20/11/2015	67	
Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - May 2015	20/11/2015	181	

HSCIC Statistical Publications

Publication	Date	Unique page views	Media units
Improving Access to Psychological Therapies Report, August 2015 Final, September 2015 Primary and most recent Quarterly data (Quarter 1 2015/16)	24/11/2015	359	
Mental Health and Learning Disabilities Statistics Monthly Report: Final August and Provisional September	24/11/2015	346	
Psychological Therapies, Annual Report on the use of IAPT services - England, 2014-15	24/11/2015	650	9
Hospital Episode Statistics, Admitted Patient Care - England, 2014-15 [NS]	25/11/2015	211	3
Maternity Services Monthly Statistics, England – April 2015, Experimental statistics	25/11/2015	501	
NHS Maternity Statistics - England, 2014-15	25/11/2015	240	21
National Child Measurement Programme - England, 2014-15 [NS]	26/11/2015	1,475	78
NHS Dental Statistics for England - 2015/16, First Quarterly Report	26/11/2015	166	
Personal Social Services: Expenditure and Unit Costs, England - 2014-15, Final release [NS]	26/11/2015	629	
NHS Sickness Absence Rates July 2015	27/11/2015	192	
NHS Staff Earnings Estimates to August 2015 - Provisional statistics	27/11/2015	154	
NHS Workforce Statistics - August 2015, Provisional statistics	27/11/2015	148	
Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - April 2015	27/11/2015	234	

Actions Required of the Board

None - For information only.

hscic Health & Social Care Information Centre

Board meeting – Public session

Title of paper:	**Programme Definitions**
Board meeting date:	27 January 2016
Agenda item no:	HSCIC 16 06 07 b
Paper presented by:	Carl Vincent, Director of Finance and Corporate Services
Paper prepared by:	John Willshere, Portfolio Director
Paper approved by: (Sponsor Director)	Carl Vincent, Director of Finance and Corporate Services
Purpose of the paper:	To provide the Board with a summary of each programme listed on the programme dashboards.
Key risks and issues:	The programme dashboards monitor the performance of each programme. This document gives a brief overview of what each programme was set up to do.
Patient/public interest:	The public interest is in ensuring the HSCIC manages its programmes in an effective way. This document gives patients and members of the public a useful overview of each programme on the dashboard.
Actions required by the board:	**For reference only**

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

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