hscic Health & Social Care Information Centre

Health and Social Care Information Centre Board

Agenda: Part 1 (Public Session)

04 May 2016 – 10:30 to 12:00

Venue: Wellington House, 133-155 Waterloo Road, London, SE1 8UG (Rooms LG19, LG20, LG21)

Ref No	Agenda Item	Time	Presented By
HSCIC 16 01 01	**Chair's Introduction and Apologies (oral)**	10:30 – 10:35	Chair
HSCIC 16 01 02	**Declaration of Interests and minutes**	10:35 – 10:45	
	(a) Register of Interests (paper) – **for information**		Chair
	(b) Minutes of Board Meeting on 30 March 2016 (paper) – **to ratify**		
	(c) Matters Arising (oral) – **for comment**		
	(d) Progress on Action Points (paper) – **for information**		
HSCIC 16 01 03	**Business and Performance Reporting**	10:45 – 11:15	
	(a) Board Performance Pack (paper) – **for information**		CEO
	(b) Data Release Audit Annual Report 2015-16 (paper) – **for information**		Interim Director of Information and Analytics, Medical Director and Caldicott Guardian
HSCIC 16 01 04	**Supporting the Health and Social Care System**	11:15 – 11:40	
	(a) Approach to fulfilling HSCIC Statutory Duty – Burden Advice (paper) – **for approval**		Interim Director of Information and Analytics, Medical Director and Caldicott Guardian 2 – items
	(b) Department of Health Directions to the HSCIC to process Type 2 Objections and ICO Undertaking (paper) – **ratification of Chair's action**		
HSCIC 16 01 05	**Transparency and Governance**	11:40 – 11:55	
	(a) Annual Review of Board Effectiveness Report 2015-16 (paper) – **for information**		Vice-Chair
	(b) Board Forward Business Schedule 2016-17 (paper) – **for information**		Chair

HSCIC 16 01 06	**Any other Business** (subject to prior agreement with Chair)	11:55 – 12:00	Chair
HSCIC 16 01 07	**Background Paper(s)** (for information) (a) Forthcoming Statistical Publications (paper) – **for information** (b) Programme Definitions (paper) – **for reference**		
	Date of next meeting 08 June 2016 – Boardroom, Third Floor, Trevelyan Square, Leeds, LS1 6AE		

Agenda

hscic Health & Social Care Information Centre

Board meeting – Public session

Title of paper:	**HSCIC Board Members Register of Interests**
Board meeting date:	04 May 2016
Agenda item no:	HSCIC 16 01 02 a (P1)
Paper presented by:	Chair
Paper prepared by:	Annabelle McGuire, Secretary to the Board
Paper approved by: (Sponsor Director)	N/A
Purpose of the paper:	The HSCIC is required by its Standing Orders to maintain a publically available Register of Members' Interests. The Register contains, as they become available, the Declarations of Interest made by Board members.
Key risks and issues:	N/A
Patient/public interest:	Corporate Governance Transparency and Openness
Actions required by the board:	For information

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HSCIC Board Register of Interests 2016-17

Name	Declared Interest
Non-Executive Directors	
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	
Tom Denwood: National Provider Support and	• 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)

Name	Declared Interest
Integration Director	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) • 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 30 March 2016

Part 1 - Public Session

Present:

Non-Executive Director (Chair)	Kingsley Manning
Non-Executive Director	Sir Nick Partridge
Non-Executive Director	Sir John Chisholm
Non-Executive Director	Prof. Maria Goddard
Non-Executive Director	Dr Sarah Blackburn
Director of Human Resources and Transformation	Rachael Allsop
Director of Finance and Corporate Services	Carl Vincent
Director of Operations and Assurance Services	Rob Shaw

In attendance:

Chief Technology Officer	Peter Counter
Director of Customer Relations	Isabel Hunt
Director of Strategy and Policy	Linda Whalley
Secretary to the Board	Annabelle McGuire

1. **Chair's Introduction and Apologies** HSCIC 16 07 01

1.1 The Chair convened a meeting of the HSCIC Board.

1.2 Andy Williams CEO, Sir Ian Andrews Non-Executive Director, Tom Denwood, National Provider Support and Integration Director, James Hawkins Director of Programmes, and Martin Severs Clinical Lead and interim Director of Information and Analytics (Caldicott Guardian) had registered their apologies.

2. **Declaration of Interests and Minutes** HSCIC 16 07 02

2.1 (a) Board Register of Interest (paper): HSCIC 16 07 02 (a) (P1)

The Board agreed the register of interests was correct.

2.2 (b) Minutes of Board Meeting on 30 March 2016 (paper): HSCIC 16 07 02 (b) (P1)

The Board ratified the minutes of the meeting on 27 January 2016 as correct.

2.3 (c) Matters Arising (oral): HSCIC 16 07 02 (c) (P1)

There were no matters arising discussed.

2.4 (d) Progress on Action Points (paper): HSCIC 16 07 02 (d) (P1)

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

3. **Business and Performance Reporting** HSCIC 16 07 03

3.1 (a) Board Performance Pack (paper): HSCIC 16 07 03 (a) (P1)

In the absence of the CEO, the Director of Finance and Corporate Services introduced this item. The purpose was to provide the Board with a summary of performance in February 2016. He highlighted the main aspects for the Board's attention. The Director of Operations and Assurance Services provided an update on IT Service Performance, which included a Lorenzo status report.

The Director of Human Resources and Transformation spoke about Organisational Health and explained that the amber status was due to a purposeful slowdown in recruitment. The Director of Finance and Corporate Services updated the Board in respect to the Financial indicators and said that the level of underspend had increased during the year, this was predominantly explained by lower actual recruitment than that forecasted. The Board received and noted the contents of the Board Performance Pack.

3.2 (b) Data Quality Update (paper): HSCIC 16 07 03 (b) (P1)

In the absence of the Lead Clinician and interim Director of Information and Analytics (Caldicott Guardian), the Director of Policy and Strategy presented this item. The purpose was to provide the Board with an update on progress and to describe the next steps in the advancement of this indicator. She said that development remained ongoing.

The Chair said this was the second time of presentation to the Board, and there was keen Board interest in progress. The Chair would speak to the Lead Clinician and interim Director of Information and Analytics (Caldicott Guardian) as the work potentially required some adjustment to quicken progress.

Action: Lead Clinician and interim Director of Information and Analytics (Caldicott Guardian)

3.3 (c) HSCIC Business Plan 2016-17 (paper): HSCIC 16 07 03 (c) (P1)

The Director of Finance and Corporate Services presented this item. The purpose was to present to the Board the final draft of the HSCIC's corporate business plan for 2016-17. With the agreement of the Department of Health, given the financial and governance uncertainties affecting the planning process, the final version of the business plan would come to a subsequent Board meeting for full approval. The aim would be to bring it back to the Board meeting in June.

Action: Director of Finance and Corporate Services

On this basis, the Board approved the interim Business Plan 2016-17.

3.4 (d) Transformation Programme Report 2015-16 (paper): HSCIC 16 07 03 (d) (P1)

The Director of Human Resources and Transformation presented this item. The purpose was to provide the Board with an update on progress made during 2015-16, and to provide an overview of the approach for 2016-17. The Board received and noted the Transformation Programme update.

3.5 (e) Equality and Diversity Update (paper): HSCIC 16 07 03 (c) (P1)

The Director of Customer Relations presented this item. The purpose was to share the six diversity objectives that the HSCIC intends to publish in April 2016, and subsequently report against, with an explanation for why we are publishing these objectives. In addition, the aim was to provide the Board with an update on emergent staff activity in support of diversity and inclusion. She said that progress was slow however, it was moving in the right direction. The Board debated the matters and added their support to the importance of the work.

The Board requested a workforce breakdown in respect to protected characteristics, to include applicants for posts.

Action: Director of Human Resources and Transformation

The Board requested a further equality and diversity update report in September or November.

Action: Director of Customer Relations

The Board received and noted the equality and diversity update, observing that there was still a lot of work to do which required focussed effort.

4. **Supporting the Health and Social Care System** HSCIC 16 07 04

4.1 (a) eMED3 Direction Fit Note Aggregated Issues Report (paper): HSCIC 16 07 04 (a) (P1)

In the absence of the Director of Programmes, the Director of Finance and Corporate Services presented this item. The purpose was to provide the Board with an update on progress towards delivery of the eMED3 Fit Note data extract for the Department of Work and Pensions. The Board received and noted the update.

At the request of the Board, a supplier would receive correspondence from the Chair to outline areas that need addressing.

Action: Director of Programmes

4.2 (b) Streamlining the Independent Information Governance Advice Update (oral): HSCIC 16 07 04 (b) (P1)

In the absence of the Lead Clinician and interim Director of Information and Analytics (Caldicott Guardian), the Director of Operations and Assurance Services presented this item.

The purpose was to provide the Board with an update on progress in establishing the Independent Group advising on the Release of Data (IGARD).

He confirmed the appointment of an interim Chair. The Board felt that an advert for the permanent position would be advisable. The Board requested to see the short list of candidates, and that a recommendation was made to the Board in respect to the identified appointable person. The Board observed that the IGARD's Chair position should be independent, and there should be further consideration of remuneration. In line with the National Data Guardians review, consideration to be undertaken of IGARDs reporting structure and a proposal brought to the Board.

Action: Lead Clinician and interim Director of Information and Analytics (Caldicott Guardian)

The Board received and noted the update.

4.3 (c) Department of Health Directions Patient Objections Management System (paper): HSCIC 16 07 04 (c) (P1)

The Chair introduced this item. The purpose was to provide the Board with an update on recent developments. He reported on a delay to the previously agreed Chair's Action as a revised Direction was undergoing consideration by the Department of Health. The Board noted the update.

5 **Transparency and Governance** HSCIC 16 07 05

5.1 (a) Committee Reports: HSCIC 16 07 05 (a) (P1)

5.1i Assurance and Risk Committee: 15 March 2016 (oral): HSCIC 16 07 05 (i) (P1)

The Chair for the Assurance and Risk Committee Dr Sarah Blackburn presented this Item. The Committee had met on 15 March 2016.

The Committee had considered two strategic risk deep dives one in particular in respect to clinical governance, which she noted was a new area for the HSCIC. There was an update on the HSCIC's statutory and legal obligations. The Committee received risk management, assurance and internal audit updates, observing the internal audit service was much improved. Next year's internal audit plan now had a strategic focus.

The Committee had received an update from the National Audit Office (NAO) in respect to the year-end accounts. This work was proceeding well and she noted the good progress made against the fixed asset issue. The Committee had considered the updates to the Corporate Governance Manual and the Scheme of Delegated Authorities. There was a presentation on the HSCIC's whistleblowing arrangements. The Board noted the ARC update.

5.1ii ii. Remuneration Committee: 29 March 2016 (oral) HSCIC 16 07 05 (iii) (P1)

The Chair of the Remuneration Committee Kingsley Manning presented this item. The Committee met on 29 March 2016. The Committee had considered the outcome of the HSCIC's mutually agreed resignation scheme, and had requested a workforce strategy for the May Board.

The Committee had considered papers on recruitment and retention premia and additional responsibility allowances. The Committee discussed the development of a very senior manager pay framework, which was ongoing. The Board noted the Remuneration Committee update.

5.2 (b) Corporate Governance Manual 2016-17 (paper): HSCIC 16 07 05 (b) (P1)

The Director of Finance and Corporate Services presented this item. The purpose was to present the changes to the HSCIC's Corporate Governance Manual following a full review, and to seek the Board's approval of the Corporate Governance Manual 2016-17. The Assurance and Risk Committee considered the document on 15 March 2016.

The Board approved the Corporate Governance Manual 2016-17.

5.3 (c) Scheme of Delegated of Authorities (Financial) 2016-17 (paper): HSCIC 16 07 05 (C) (P1)

The Director of Finance and Corporate Services presented this item. The purpose was to provide the Board with a reviewed and updated schedule of delegated financial authorities. The Assurance and Risk Committee considered the document on 15 March 2016. The request was for the Board to approve the updated schedule of delegated financial authorities.

The Board approved the Scheme of Delegated Authorities 2016-17.

5.4 (d) Board Forward Business Schedule 2016-17 (paper): HSCIC 16 07 05 (d) (P1)

The Board noted the forward business schedule in respect to 2016-17.

6 **Any Other Business (subject to prior agreement with chair):** HSCIC 16 07 06 (P1)

- Non-Executive Director Prof Maria Goddard provided an update on the National Back Office (NBO) Tracing Service review. She noted the need to seek further legal advice on key issues, which was taking more time than originally anticipated. She thanked the NBO staff for their hard work and effort with respect to the review and for their patience in awaiting the publication of the report.
- The Chair informed the Board that Sir Nick Partridge and Sir Ian Andrews terms as Non-Executive Directors have been extended for nine months until the end of the calendar year. The Board noted that other decisions in respect to Board membership to be progressed on the appointment of the Chair's successor.
- The Board noted the Chair's resignation effective as of 31 May 2016.
- The Board noted Peter Counter Chief Technology Officer was to join Genomics England, and was leaving the HSCIC as of 30 April 2016. The Board thanked Peter for his hard work and contributions.
- The Board formally noted Rob Shaw's (Director of Operations and Assurance Services) role as Chief Operating Officer from 01 April 2016.
- The Board formally noted Rachael Allsop's (Director of Human Resources and Transformation) role as Director of Workforce from 01 April 2016.
- The Board formally noted the appointment of Martin Severs as Medical Director (Lead Clinician) and Caldicott Guardian from 11 April 2016
- The Board noted the ongoing recruitment for the Chief Data Officer.

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

7.1 (a) Forthcoming Statistical Publications (paper): HSCIC 16 07 07 (a) (P1)

The Board noted this paper for information. The paper described the HSCIC Official and National statistics publications planned for March to May 2016, and media and web coverage for publications released in December 2015 and January 2016.

7.2 (b) Programme Definitions (paper): HSCIC 16 07 07 (b) (P1)

The Board noted this paper for information. The paper described a summary of each programme listed on the programme dashboards.

7.3 (c) Information Assurance and Cyber Security Report 2015-16 (paper): HSCIC 16 07 07 (c) (P1)

The Board noted this paper for information. The paper explained the strategically significant activities undertaken by the Information Assurance and Cyber Security Committee in 2015-16, and described the planned approach for 2016-17.

8 **Date of Next Meeting** (HSCIC 16 07 08)

8.1 The next statutory Board meeting would take place on Wednesday 04 May 2016.

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

Table of Actions:

Action	Action Owner
Data Quality: The Chair said this was the second time of presentation to the Board, and there was keen Board interest in progress. The Chair would speak to the Lead Clinician and interim Director of Information and Analytics (Caldicott Guardian) as the work potentially required some adjustment to quicken progress.	**Lead Clinician and interim Director of Information and Analytics (Caldicott Guardian)**
The purpose was to present to the Board the final draft of the HSCIC's corporate business plan for 2016-17. With the agreement of the Department of Health, given the financial and governance uncertainties affecting the planning process, the final version of the business plan would come to a subsequent Board meeting for full approval. The aim would be to bring it back to the Board meeting in June.	**Director of Finance and Corporate Services**
Equality and Diversity: The Board requested a workforce breakdown in respect to protected characteristics, to include applicants for posts.	**Director of Human Resources and Transformation**
Equality and Diversity: The Board requested a further equality and diversity update report in September or November.	**Director of Customer Relations**
eMED3 Direction Fit Note Aggregated Issues Report: At the request of the Board, a supplier would receive correspondence from the Chair to outline areas that need addressing.	**Director of Programmes**
The Board felt that an advert for the permanent position would be advisable. The Board requested to see the short list of candidates, and that a recommendation was made to the Board in respect to the identified appointable person. The Board observed that the IGARD's Chair position should be independent, and there should be further consideration of remuneration. In line with the National Data Guardians review, consideration to be undertaken of IGARDs reporting structure and a proposal brought to the Board.	**Lead Clinician and interim Director of Information and Analytics (Caldicott Guardian)**

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

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Board meeting – Public session

Title of paper:	**Update on action points from the previous meeting**
Board meeting date:	04 May 2016
Agenda item no:	HSCIC 16 01 02 d (P1)
Paper presented by:	Chair
Paper prepared by:	Annabelle McGuire, Secretary to the Board
Paper approved by: (Sponsor Director)	Action Updates as submitted by the relevant Executive Management Team director.
Purpose of the paper:	To share an update on action points from the previous meeting for information.
Key risks and issues:	As stated in the action and commentary
Patient/public interest:	Corporate Governance
Actions required by the board:	To note for information

Summary of progress against Board meeting actions

✓ = completed
c/f = on-going

Status	Summary of Action	Commentary	Responsible Director	For Information Only
c/f	Data Quality: The Chair said this was the second time of presentation to the Board, and there was keen Board interest in progress. The Chair would speak to the Lead Clinician and interim Director of Information and Analytics (Caldicott Guardian) as the work potentially required some adjustment to quicken progress.	Data Quality was discussed at the Board Business meeting on 13 April 2016 in the context of the Data Strategy. Following feedback from that meeting, the priorities that were discussed are being progressed, including the production of a Data Quality Maturity Index. Progress will be provided as part of the Data Strategy that is due to return to the Board Business meeting on 27 July.	**Interim Director of Information and Analytics, Medical Director and Caldicott Guardian**	Yes
c/f	The purpose was to present to the Board the final draft of the HSCIC's corporate business plan for 2016-17. With the agreement of the Department of Health, given the financial and governance uncertainties affecting the planning process, the final version of the business plan would come to a subsequent Board meeting for full approval. The aim would be to bring it back to the Board meeting in June.	Planning for the National Information Board (NIB) programmes is progressing, and expectation is that revised plan will be ready for June. It will be scheduled on the (June) Board agenda when the timing is confirmed.	**Director of Finance and Corporate Services**	Yes
c/f	Equality and Diversity: The Board requested a workforce breakdown in respect to protected characteristics, to include applicants for posts.	Scheduled for the September Public Board	**Director of Workforce**	Yes
c/f	Equality and Diversity: The Board requested a further equality and diversity update report in September or November.	Scheduled for the November Public Board, with an initial discussion at the July Board Business meeting	**Director of Customer Relations**	Yes

Status	Summary of Action	Commentary	Responsible Director	For Information Only
c/f	eMED3 Direction Fit Note Aggregated Issues Report: At the request of the Board, a supplier would receive correspondence from the Chair to outline areas that need addressing.		**Director of Programmes**	
c/f	The Board felt that an advert for the permanent position would be advisable. The Board requested to see the short list of candidates, and that a recommendation was made to the Board in respect to the identified appointable person. The Board observed that the IGARD's Chair position should be independent, and there should be further consideration of remuneration. In line with the National Data Guardians review, consideration to be undertaken of IGARDs reporting structure and a proposal brought to the Board.		**Interim Director of Information and Analytics, Medical Director and Caldicott Guardian**	

Health & Social Care Information Centre

Board meeting – Public session

Title of paper:	**HSCIC Board Performance Pack (public)**
Board meeting date:	04 May 2016
Agenda item no:	HSCIC 16 01 03 a (P1)
Paper presented by:	Carl Vincent, Director of Finance and Corporate Services
Paper prepared by:	John Willshere, Portfolio Director
Paper approved by:	Carl Vincent, Director of Finance and Corporate Services
Purpose of the paper:	To provide the Board with a summary of performance in February 2016.
Key risks and issues:	The corporate performance framework monitors HSCIC performance including information governance and security.
Patient/public interest:	The public interest is in ensuring the HSCIC manages its business in an effective way.
Actions required by the board:	To note

hscic Health & Social Care Information Centre

Board Performance Pack

March 2016 Data

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HSCIC Performance Summary

Programme Achievement is reported as AMBER/GREEN. Across all reported programmes overall delivery confidence improved from 66.4% to 69.1%. No programmes are rated as RED for overall delivery confidence. A new set of benefits data is reported on the Programmes Achievement page, showing cost and benefits variance from the baselines set out in approved business cases for a series of programmes. This information is currently reported to the IPMB.

IT Service Performance is reported as GREEN. 98% of services (57 out of 58) achieved their availability target. 83% (34 out of 41) of High Severity Service Incidents (HSSIs) were resolved within the target fix time. 75% of services (12 out of 16) achieved their response time target. Lorenzo continues to have performance issues, with 14 HSSIs logged against this system during March. eRS achieved 99.6% availability in March, and on 13 April exited its Deployment Verification Period after 231 working days.

Organisational Health is reported as AMBER. There has been further improvement in compliance with mandatory training, which is now above the target, but work is required to engage more new starters in the induction training programme. Sickness absence continues to drop month on month and is now below last year's trend. Work on 'growing our own' staff continues to be a success story and plans are in place to ensure that this continues into the year ahead. Headcount net movement has dropped into a negative figure as a result of MARS exits and the gap will increase with a further 68 exits in April; this is expected and is not a cause for concern. Work to map current vacancies, staff in post and new work requirements is currently underway to inform the future workforce strategy and recruitment requirements.

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. 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 RED: the draft year-end position shows an underspend of £15.4m (9.4%) against the budgeted spend of £163.5m.

Performance This Period					Performance Tracker: Rolling 12 months											
Performance Indicator	Owner	Current Period	Current Forecast	Previous Forecast	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Programme Achievement	James Hawkins	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G
IT Service Performance	Rob Shaw	G	G	G	G	G	G	G	A	G	G	G	G	G	G	G
Organisational Health	Rachael Allsop	A	G	A	A	A	A	A	A	A	G	G	A	A	A	A
Data Quality	Martin Severs	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
Financial Management: HSCIC	Carl Vincent	R	R	R		G	G	G	G	G	A	A	A	R	R	R

KPI	Programme Achievement
KPI Owner	James Hawkins

Previous RAG	66.4%	A/G
Current RAG	69.1%	A/G
1 Month Future Forecast RAG	68.0%	A/G
2 Month Future Forecast RAG	70.4%	A/G
3 Month Future Forecast RAG	75.5%	A/G

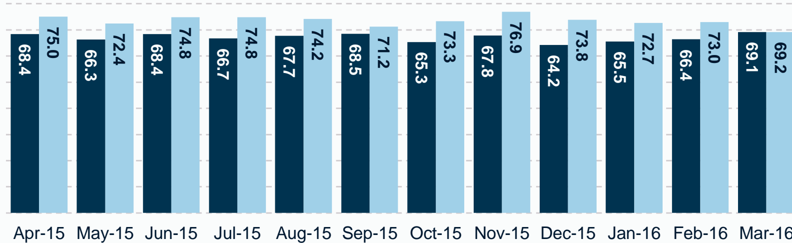
Based on **March 2016** Highlight Reports

Overall delivery confidence for March is 69.1% (AMBER GREEN).

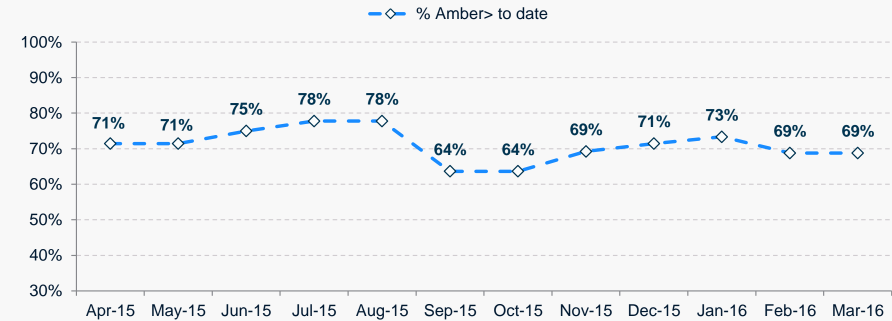
RAG Distribution:
No projects and programmes have been reported as RED since July 2015.
4 projects and programmes are GREEN: BT LSP, Spine 2, Cyber Security, ISP.
4 projects and programmes are AMBER-RED: HSCN, CP-IS, FGMP, and care.data.

GPES (P0281/00) was closed in February and is no longer included in the Programme Achievement KPI.

Programme Achievement: Delivery Confidence (%)



Gateway Reviews: % Achieving Amber or Better



Gateway Reviews

16 Gateway Reviews were carried out between April 2015 and March 2016. 11 of these (69%) achieved an outcome of amber or higher.

No Gateway Reviews were carried out in March 2016.

NEW Benefits Reporting

In March:

Average forecast cost as a % of baselined Business Case Whole Life Cost = **90.8%**;

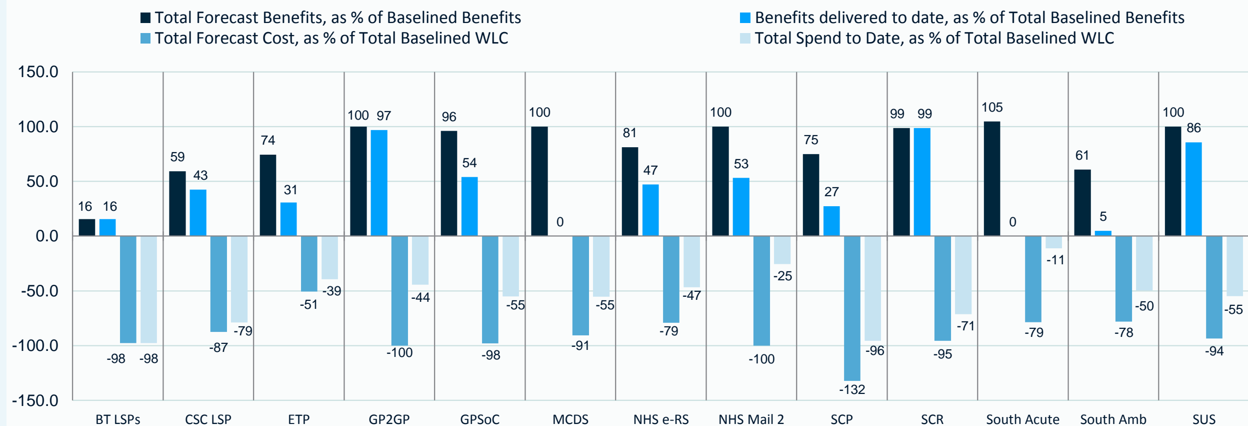
Average forecast benefits as a % of baselined Business Case Benefits = **75%**

Average spend to date as a % of baselined Business Case Whole Life Cost = **55.7%**;

Average actual benefits realised to date as % of baselined Business Case Benefits = **42.8%**.

The reporting and presentation of this data is work in progress and will be refined in future months.

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



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KPI	IT Service Performance
KPI Owner	Rob Shaw

Previous RAG	G
Current RAG	G
Forecast RAG	G

Availability:

57 out of 58 services achieved their availability targets in March. CQRS failed its availability target at a non-critical level. Users received unavailability errors on 08 March caused by server issues experienced during the migration of GDIT's unified Security Management platform. The migration was backed out in order to restore the service.

The NHS e-Referral Service (e-RS) achieved 99.60% availability in March. 100% availability was not achieved because Release 5.0 took longer than the permitted 8 hours downtime for each release. 22 planned e-RS changes were implemented during the reporting period, resulting in 15 hours and 58 minutes of planned downtime. This planned downtime included the successful (but over-running) deployment of Release 5.0.

e-RS exited its Deployment Verification Period on 13 April after 231 working days against a planned 45 days.

Fix Times: High Severity Service Incidents (HSSIs):

There were 41 HSSIs, 13 more than February and higher than the 12 month average of 24. Three Security Incidents and two Clinical Safety incidents were reported as HSSIs.

14 HSSIs (2 x Severity 1 and 12 x Severity 2) were logged against CSC NME Lorenzo due to a number of performance issues. Following the Red Team technical review in February a number of changes were implemented, including the deployment of SQL Service Pack 3 on 06 March. A number of tactical changes were also implemented on the recommendation from Microsoft. CSC continue to closely monitor performance, taking remedial action as necessary.

7 of the 41 HSSIs in March failed their fix time target:

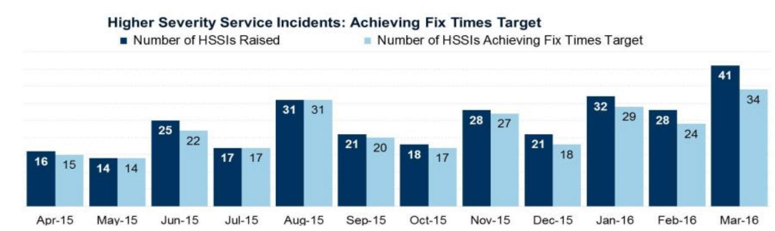
- For CSC NME, one Severity 1 and two Severity 2 Lorenzo related HSSIs, along with a single Severity 2 HSW Child Health related HSSI, all failed their fix time target. Improvements have since been implemented.

- One Severity 2 HSCIC SUS related HSSI failed its Fix Time target. This issue was with a 3rd party supplier beyond HSCIC's control. This required production of a code fix, so the fix time target of 4 hours was never going to be achieved.

- One CQRS related Severity 1 HSSI failed its Fix Time target. The root cause was identified as a table field being inadvertently set to read-only, following deployment of Build 59. A script was run to resolve this issue. This HSSI took 7 hours and 2 minutes to resolve against a target of 2 hours.

- One Atos GPET-Q Severity 1 HSSI failed its Fix Time target. This related to messaging failures caused by the expiry of the Security Endpoint Certificate. This incident took 19 hours to resolve against a Fix Time target of 2 hours.

- Two HSSIs were logged against the e-RS live service environment. The first related to a corrupted snap shot causing a concern that the Disaster Recovery environment could be corrupted, this was later found not to be the case. The second HSSI related to a gap in the e-RS system auditing.



Response Times:

12 out of 16 services reported against in March achieved or exceeded their Response Times target.

The Calculating Quality Reporting Service (CQRS) service experienced repeat failures at a critical level on Message Types 2 and 7, a further critical failure against Type 6, and a repeat non-critical failure against Message Type 4.

Whilst the Message Type (MT) 2 metric continues to fail against the old target, GDIT will be measuring against new thresholds from 01 April which should result in improved performance against this target.

The repeat MT4 breach was caused by a long running report, the root cause of which is currently being investigated by GDIT. For the repeat MT7 failure: the retry queue size is being managed actively, identifying further bottlenecks in the Customer Record Output (CRO) processing. GDIT have several changes in the pipeline to address the ongoing performance issues against this Message Type (the first change is due for deployment in early May).

In parallel, the proposal to revise the MT7 Service Level measurements has now been agreed and signed off. The new measurements commenced on 01 April.

The MT6 failure was due to the Active Message Queue service losing database connectivity, the result of a memory spike. Memory consumption is being actively managed.

Response Times for CSC NME's iPM Non-Acute service failed at a critical level in March 2016 against the Derbyshire instance and at a non-critical level against the Worcester instance.

Response Times for CSC NME's Lorenzo service failed at a critical level against the North West instance and the University Hospital of South Manchester NHS Trust instance. Root Cause Analysis for all of these CSC NME failures was ongoing at the time of report production (14 April).

There were no instances of e-RS performance degradation in March 2016

Incidents of note outside the reporting period:

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

01 April - N3 - Users across multiple sites would have been unable to access services reliant on an N3 connection

06 April - N3 - Proactive monitoring detected that multiple sites in the Midlands and South West had lost N3 connection

06 April - TPP - SystemOne outage impacting all users

Forecast

It is forecast that a GREEN RAG status will be achieved in April 2016.

Performance Indicators	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
No. of Services achieving Availability target	66	68	75	63	64	65	63	59	57	56	56	57
No. of Services breaching Availability target, but not to a critical level	0	0	1	3	1	0	0	0	1	0	1	1
No. of Services breaching Availability target at a critical level	0	0	0	0	0	0	0	0	1	0	0	0
Total No. of Services measured for Availability Performance >>>>	66	68	76	66	65	65	63	59	59	56	57	58
No. of Services achieving Response Times target	23	23	24	22	22	22	19	16	16	15	14	12
No. of Services breaching Response Times target, but not to a critical level	1	1	1	1	0	0	0	1	1	2	0	0
No. of Services breaching Response Times target at a critical level	1	1	2	2	2	2	4	1	1	1	4	4
Total No. of Services measured for Response Times Performance >>>>	25	25	27	25	24	24	23	18	18	18	18	16
Total number of Higher Severity Service Incidents (HSSIs)	16	14	25	17	31	21	18	28	21	32	28	41
Total number of HSSIs achieving Fix Times target	15	14	22	17	31	20	17	27	18	29	24	34
% HSSIs achieving Fix Times target	94%	100%	88%	100%	100%	95%	94%	96%	86%	91%	86%	83%

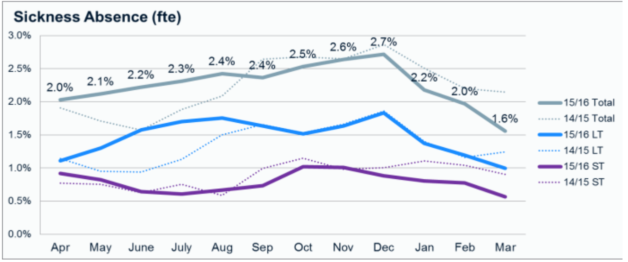
Caveats:
1. Current month's Response Time achievement for the NHSmail and ESG (Email Security Gateway) services is yet to be received at the time of report production. Data to be included in next month's KPI.
2. All data in this report is unverified and subject to change, as none of it has yet been through 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: Improving but still amber rated. There has been a further improvement in the overall rate of compliance with mandatory training for all staff, which is now above the target, but more work is required to engage more new starters in the induction training programme. There has been a greater focus on sickness absence over recent months, which continues to drop month on month and is now below the trend last year. Work on 'growing our own' staff continues to be a success story and plans are in place to ensure that this continues into the year ahead. Net movement has dropped into a negative figure as a result of MARS exits and the gap will increase with a further 68 exits in April; this is expected and is not a cause for concern. Work to map current vacancies, staff in post and new work requirements is currently underway to inform the future workforce strategy and recruitment requirements.

Previous	A
Current	A
Forecast	G

Summary Table	Target	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Engagement Score	>=70				73						75			
Engagement Actions Completed	>=90%	#	#	90%	95%	96%	99%	96%	96%	N/A	N/A	N/A	N/A	N/A
PDR Completion	>=90%	78%	5%	38%	87%	89%	89%	91%	12%	87%	90%	90%	90%	90%
Annual Training Spend / Head	£275/Year	£353	-	-	£37	£96	£161	£192	£206	£228	£325	£352	£395	£518
12 Month Average Sickness Absence%	<=3%	2.1%	2.0%	1.9%	1.8%	1.8%	2.0%	2.3%	2.3%	2.3%	2.3%	2.3%	2.3%	2.3%
Mandatory Training - All Staff (composite)	>=90%	#	#	#	#	#	#	#	#	#	45%	76%	89%	93%
Mandatory Training - New Starters (composite)	>=90%	#	#	#	#	#	#	#	#	#	#	#	52%	50%
Time to Hire - In post	>=70	#	71	70	69	60	54	64	62	62	69	69	72	78
Turnover	9% - 11%	11%	11%	11%	9%	8%	8%	8%	8%	8%	8%	8%	8%	8%
Net Monthly Movement	TBC	60	25	8	33	45	12	3	11	43	12	28	-2	-13



Engagement

- The full report on the 2015 **staff survey** results has now been published on the Intranet, together with a series of actions that have been or will be taken in response, primarily linked to the ongoing Transformation
- Local groups, e.g. in HR, are beginning to meet within teams to consider the survey results and to identify priorities for action.
- We are developing a plan to track progress on the Corporate Response and to secure broader engagement in identifying and implementing actions within professional groups. It is intended that this will be rolled out early in May.

Training and Development

Training Days *(Civil Service Learning)* An average of 1.4 training days per person was reported to have been booked this year on CSL at the end of February. A technical issue is currently preventing CSL from issuing March MI across all government departments.

Mandatory Training *(For staff who have joined the HSCIC in last six months)*
Corporate Induction event 58% / Online Induction access 52%.
From April new functionality will enable us to issue compliance reminders to new starters

Mandatory Training *(For All Staff)*

- Fire Safety compliance score: 84%
- Information Security compliance score: 97%
- Information Governance compliance score: 96%

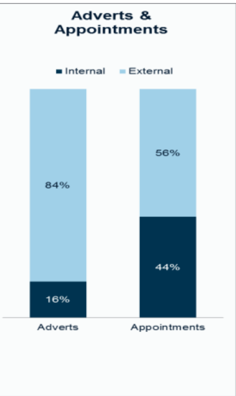
Sickness Absence

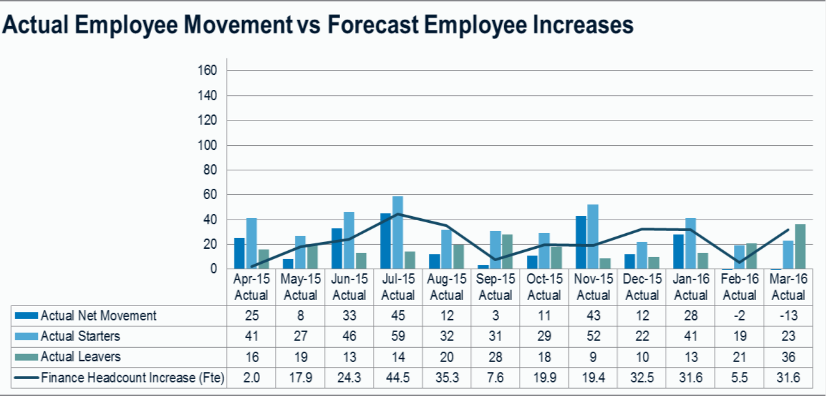
- The graph above shows the actual absence in month, which has continued to reduce. Long term absence has also reduced following a peak in December.
- The 12-month rolling average absence rate remains stable.
- 40% of long term absence cases (28+ days) were linked to anxiety, stress, depression or psychiatric illness; we are developing initiatives around Mindful Employers, Mental Health First Aiders and other well being activities. A proposal will be submitted to EMT in June.

Growing Talent Summary	Placed 14/15	Final position, cumulative 15/16	Projected placements for 16/17
Work Experience Unpaid work shadowing up to 2 weeks	25	6	8
Apprenticeship Paid static training role up to 2 years with qualification	4	7	63
Internship Paid 8 week placement	0	18	10
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	0
Graduate rotational training scheme Paid 2 year scheme within professional group	10	9	15

Recruitment Summary

Live Campaigns	% Total Time	Working Days
Advertising	approval to advert	
12	2.8%	1.62
Selection	advert to outcome	
46	62.9%	36.72
Appointment	outcome to checks	
40	18.2%	10.61
	checks to agreed start date	
	16.2%	9.46





	Apr-15 Actual	May-15 Actual	Jun-15 Actual	Jul-15 Actual	Aug-15 Actual	Sep-15 Actual	Oct-15 Actual	Nov-15 Actual	Dec-15 Actual	Jan-16 Actual	Feb-16 Actual	Mar-16 Actual
Actual Net Movement	25	8	33	45	12	3	11	43	12	28	-2	-13
Actual Starters	41	27	46	59	32	31	29	52	22	41	19	23
Actual Leavers	16	19	13	14	20	28	18	9	10	13	21	36
Finance Headcount Increase (Fte)	2.0	17.9	24.3	44.5	35.3	7.6	19.9	19.4	32.5	31.6	5.5	31.6

Attracting and Growing Talent

- Trainee **placements for 2016/17** have now been projected.
- Following approval of the **Future of Apprenticeships** paper by EMT, a plan is being formulated for how we will meet the 2.3% target set by the Secretary of State.
- The selection process for **the 2016 HSCIC graduate scheme** is progressing well. Sixty-nine applicants have been invited to undertake an online video interview via a pilot of Powermeeter's video interviewing platform.
- An **internship scheme** will run this summer, focusing on our hard to fill professions. Advertising will begin in April, with successful applicants joining the organisation in July for 8 weeks.

Recruitment

- Recruitment is continuing at reduced levels.
- Time to hire in March averaged 78 days to start date. This was partly due to an increased period of time this month between candidates agreeing a start date and then commencing in post.
- Heads of Profession will be approached to discuss recruitment requirements for 16/17 and develop profession specific proposals for sourcing good quality candidates.

Headount: Net Movement

- Current headcount is **2781**, which includes staff seconded into the organisation.
- Half of the 36 leavers in March left under MARS. We anticipate a further 68 leavers under MARS in the period to 30 April 2016.
- Across the financial year, the headcount of the organisation increased by **251**.
- There is a closer correlation between forecast and actual increase figures budgets have been scrutinised and adjusted toward year-end.

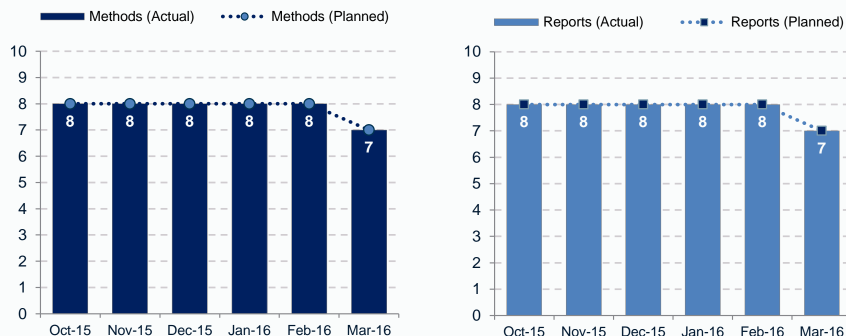
KPI	Data Quality
KPI Owner	Martin Severs

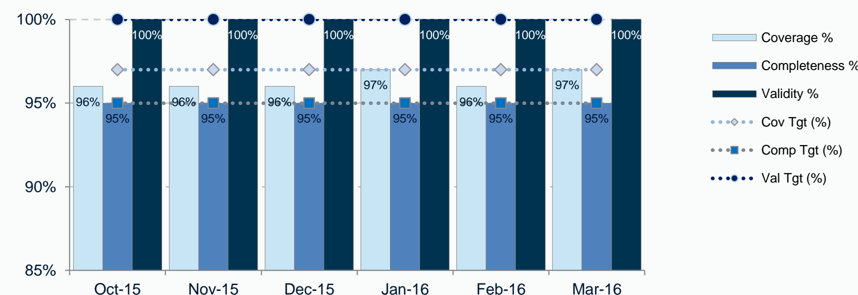
Previous RAG	G
Current RAG	G
Forecast RAG	G

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:
- The relatively low coverage figure for the Accident & Emergency dataset remains under investigation
- 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 Performance Indicator (KPI) Commentary
- The KPI measures HSCIC performance in terms of access to data quality assessment methods and the reports based on the results of their application
- The current scope is eight key datasets: Admitted Patient Care; Outpatients; Accident & Emergency; Improving Access to Psychological Therapies; Mental Health Services; Diagnostic Imaging; Sexual and Reproductive Health Activity; and the National Child Measurement Programme
- The plan for the reports is reduced to 7 from March 2016 until the transition from the Mental Health & Learning Disabilities Dataset to the Mental Health Services Dataset (MHSDS) v1.0 is complete

Management Information (MI) Commentary
- Actual validity figures for October, November, December, January and February are 99.52%, 99.58%, 99.56%, 99.59%, 99.58% and 99.73% 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 key datasets are in scope for these indicators: Admitted Patient Care, Outpatients, Accident & Emergency, Improving Access to Psychological Therapies, Mental Health Services and Diagnostic Imaging
- Mental health data is not included in the March 2016 report due to the transition from the Mental Health & Learning Disabilities Dataset to the Mental Health Services Dataset (MHSDS) v1.0

NHS Number completeness and validity by dataset - cumulative available data* (November 2014 - March 2016) / **Dataset level information by data quality measure - cumulative available data* (November 2014 - March 2016)**

Dataset	Completeness of NHS Number (%)	Validity of completed NHS Number (%)	Dataset coverage (%)	Completeness of reported data items (%)	Validity of completed data items (%)
Admitted Patient Care (APC)	99%	100%	98%	100%	100%
Outpatients (OP)	99%	100%	96%	100%	100%
Accident & Emergency (A&E)	95%	100%	91%	98%	100%
Improving Access to Psychological Therapies (IAPT)	95%	100%	98%	86%	98%
Mental Health & Learning Disabilities Dataset (MHLDDS)	100%	100%	98%	95%	98%
Diagnostic Imaging Dataset (DID)	97%	100%	100%	92%	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.

***MHLDDS data is only available up to February 2016. MHSDS data will be included after the transition from MHLDDS to the new Mental Health Services DataSet (MHSDS)**

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.
***MHLDDS data is only available up to February 2016. MHSDS data will be included after the transition from MHLDDS to the new Mental Health and Services DataSet (MHSDS)**

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

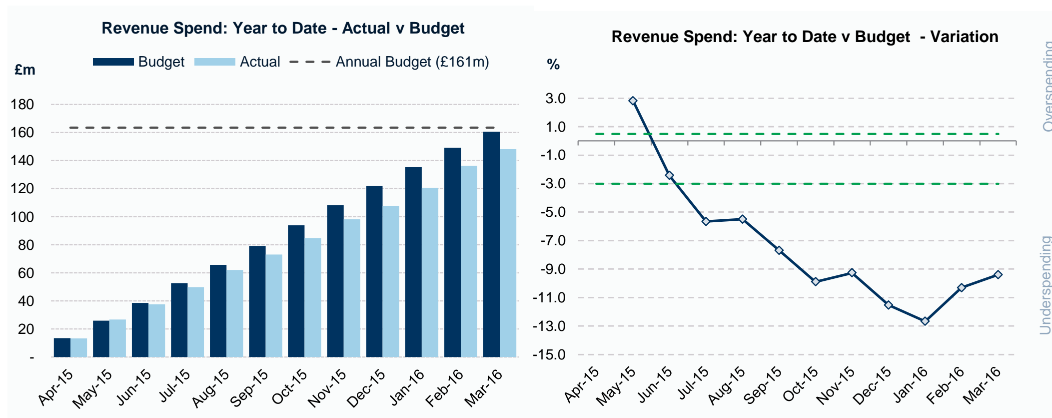
Previous RAG	R
Current RAG	R
Forecast RAG	R

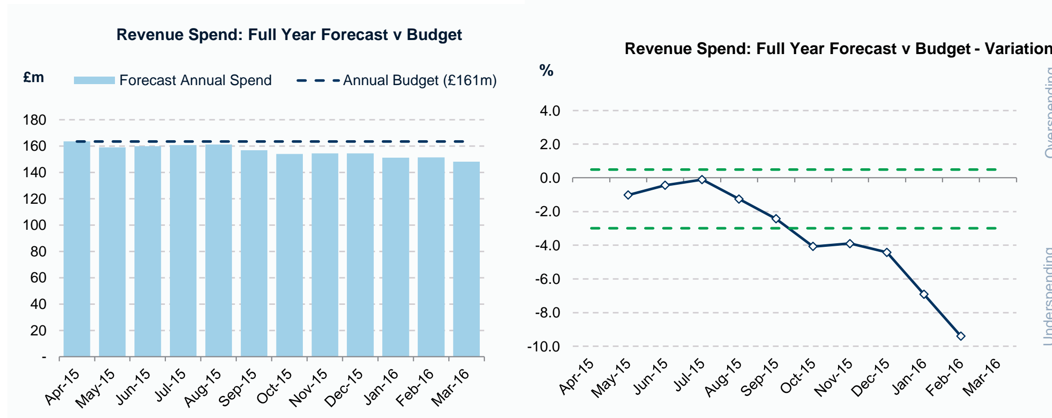
Revenue Spend - Core & Ring-Fenced	Bud (£m)	Act (£m)	Var (£m)	Var (%)
Year to Date: Actual v Budget	163.5	148.1	15.4	9.4%
Full Year Forecast v Budget	163.5	148.1	15.4	9.4%

	Act (£m)	F'cast (£m)	Var (£m)	Var (%)
In-month: Forecast v Actual	11.8	15.1	3.3	21.9%

Core GiA	Bud (£m)	Act (£m)	Var (£m)	Var (%)
Year to Date: Actual v Budget	150.9	136.6	14.3	9.5%
Full Year Forecast v Budget	150.9	136.6	14.3	9.5%

Ring-fenced GiA	Bud (£m)	Act (£m)	Var (£m)	Var (%)
Year to Date: Actual v Budget	12.6	11.5	1.1	8.8%
Full Year Forecast v Budget	12.6	11.5	1.1	8.8%





HSCIC Operating costs

The draft outturn for the year is £15.4m (9.4%) below budget. The variance of £15.4m comprises £14.3m under budget on core GIA and £1.1m under on ring-fenced GiA. The £14.3m underspend on core GiA is largely due to delays to recruitment to vacant roles, partially offset by resultant decreases to income. The £1.1m underspend on ring-fenced GiA is also due to vacancies not being filled as early as predicted.

External income is £1.3m over budget for the year (this includes a reclassification of £2.9m income for Cybersecurity into the GiA line to reflect actual flow of funds from DH). The variance comprises a number of areas that are both under and over budget - there is additional income from DSfC, GPES, SSD, Spine 2, Panflu and SCR, but lower income on Choices (including DAS), care.data, Standards, Solution Assurance, Information Analysis, Pathways and Cross-Govt Programmes.

Staff Costs are £12.6m under budget for the 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 469 FTE over the year; however, permanent headcount only increased by a net 248 FTE over the period.

Non-Staff Costs are £2.2m under budget for the full year. This includes £4.0m on Spine 2 for additional workpackages (RF), £2.8m in central ICT and £0.5m for GS1 licences in ASI, partially offset by underspends in other areas. There is expenditure of £2.5m for the MAR scheme and unbudgeted VAT rebates from 13/14 and 14/15 of £2.5m.

The £(0.8)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 Month 5.

Appendix 1 - Management Accounts

2015/16 HSCIC Management Accounts as at 31st March 2015 (Draft year-end position) **Summary Position**

£'m	Year-to-Date			Full Year		
	Budget	Actual	Var	Budget	F'cast	Var
Core GiA	(150.9)	(150.9)	0.0	(150.9)	(150.9)	0.0
Ring-Fenced GiA	(12.6)	(11.5)	(1.1)	(12.6)	(11.5)	(1.1)
External Income	(60.5)	(61.8)	1.3	(60.5)	(61.8)	1.3
Staff Costs	162.2	149.5	12.6	162.2	149.5	12.6
Non-staff Costs	62.5	60.4	2.2	62.5	60.4	2.2
Unallocated Costs	(0.8)	0.0	(0.8)	(0.8)	0.0	(0.8)
Surplus/ (Deficit)	**0.0**	**(14.3)**	**14.3**	**0.0**	**(14.3)**	**14.3**
Depreciation GiA	(16.3)	(16.3)	0.0	(16.3)	(16.3)	0.0
Depreciation Cost	16.3	15.4	0.9	16.3	15.4	0.9
Surplus/ (Deficit)	**0.0**	**(0.9)**	**0.9**	**0.0**	**(0.9)**	**0.9**

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

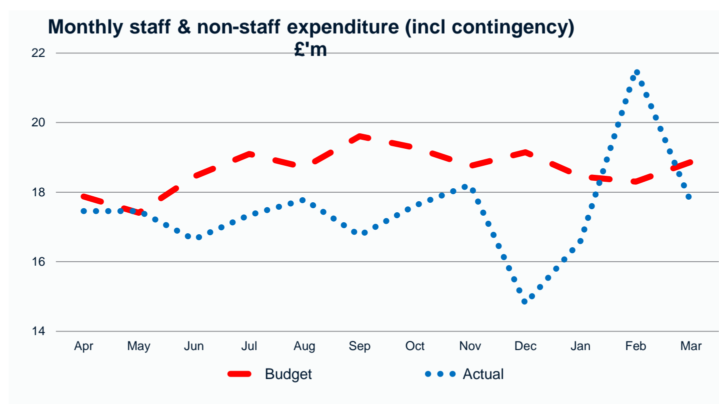
The draft outturn for the year is £15.4m/ 9.4% below budget. The variance of £15.4m comprises £14.3m under budget on core GIA and £1.1m under on ring-fenced GiA. The £14.3m underspend on core GiA is largely due to delays to recruitment to vacant roles, partially offset by resultant decreases to income The £1.1m underspend on ring-fenced GiA is also due to vacancies not being filled as early as predicted.

External income is £1.3m over budget for the year (this includes a reclassification of £2.9m income for Cybersecurity into the GiA line to reflect actual flow of funds from DH). The variance comprises a number of areas that are both under and over budget - there is additional income from DSfC, GPES, SSD, Spine 2, Panflu and SCR, but lower income on Choices (including DAS), care.data, Standards, Solution Assurance, Information Analysis, Pathways and Cross-Govt Programmes.

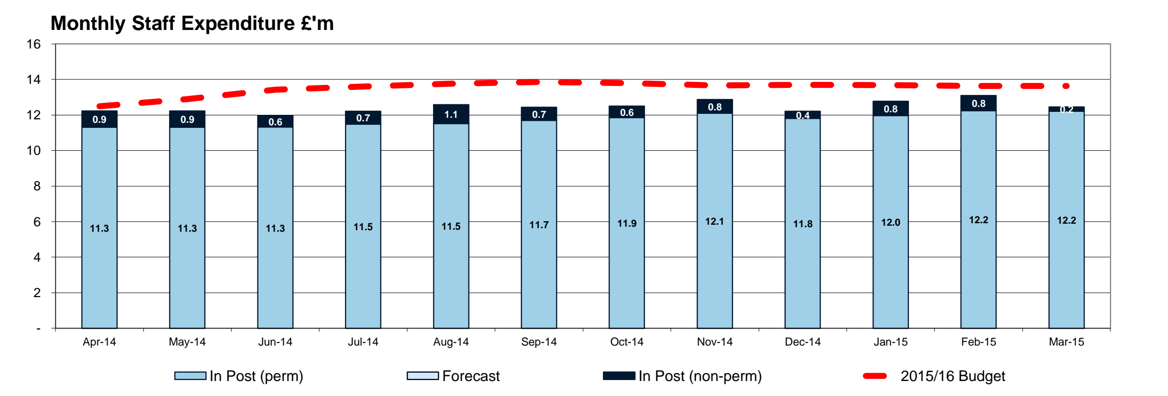
Staff Costs are £12.6m under budget for the year. This mainly reflects recruitment running behind budgeted vacancies - most of the vacancies have now been reprofiled in the forecast to later in the year. The budget included an increase of 469 FTE over the year; however, permanent headcount only increased by a net 248 FTE over the period.

Non-Staff Costs are £2.2m under budget for the full year. This includes £4.0m on Spine 2 for additional workpackages (RF), £2.8m in central ICT and £0.5m for GS1 licences in ASI, partially offset by underspends in other areas. There is expenditure of £2.5m for the MAR scheme and unbudgeted VAT rebates from 13/14 and 14/15 of £2.5m.

The £(0.8)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.



Monthly trend of gross expenditure for the organisation for the original budget



Actual 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 March 2015 (Draft year-end position)

Detail by Income/ Expenditure Type

£'m	Year-to-Date			Full Year			Commentary
	Budget	Actual	Var	Budget	F'cast	Var	
Income							
Grant in Aid	(150.9)	(150.9)	0.0	(150.9)	(150.9)	0.0	GiA - from M10, this includes £2.9m of funding for Cybersecurity, previously budgeted as External Income
Grant in Aid (ring-fenced)	(12.6)	(11.5)	(1.1)	(12.6)	(11.5)	(1.1)	Ring-fenced GiA - £(1.1)m variance reflects reviews of costs being classified as Ring-fenced, with some costs now being covered by other income streams
Income	(60.5)	(61.8)	1.3	(60.5)	(61.8)	1.3	External income is £1.3m over budget for the year. This comprises a number of areas that are both under and over budget - there is additional income from DSfC, GPES, SSD, Spine 2, Panflu and SCR, but lower income on Choices (including DAS), care.data, Standards, Solution Assurance, Information Analysis, Pathways and Cross-Govt Programmes.
Total Income	**(223.9)**	**(224.2)**	**0.2**	**(223.9)**	**(224.2)**	**0.2**	
Staff Costs							**£12.6m full year variance includes:**
Permanent Staff	152.0	140.9	11.1	152.0	140.9	11.1	5.0 O&AS directorate (recruitment delays plus funding transferred to workpackages)
Non Permanent Staff	10.1	8.7	1.5	10.1	8.7	1.5	1.4 HDS (delayed recruitment against budget)
Total Staff Costs	**162.2**	**149.5**	**12.6**	**162.2**	**149.5**	**12.6**	2.0 Information & Analytics directorate (delayed recruitment against budget)
							1.4 Finance & Corporate Services (reduction in Contractors)
							1.7 PSI (staff redeployment and delays to HSCN recruitment)
							0.7 Customer Relations directorate
							0.4 Other
							12.6
Other Costs							
Professional Fees	24.2	19.0	5.2	24.2	19.0	5.2	Underspend against budget includes underspends on £2.5m Cybersecurity (some being spent as ICT, below), £1.4m Cross-Govt, £1.2m Standards, £1.0m Commercial, £0.5m Population Health and £0.5m Choices, partially offset by increases including £3.8m for Spine 2 workpackages and HSCN £0.4m
Information Technology	17.2	18.8	(1.6)	17.2	18.8	(1.6)	Full year variance includes £(2.6)m ICT , £(1.4)m Cybersecurity (reclassification from Professional Fees) and £0.5m in Tech Archs (unbudgeted GS1 licences)
Travel & Subsistence	4.7	5.4	(0.7)	4.7	5.4	(0.7)	Most Directorates are reporting/ forecasting T&S costs above budget.
Accommodation	11.2	11.8	(0.6)	11.2	11.8	(0.6)	Over budget primarily due to costs for external meeting rooms. Includes £(0.3)m increase in provision for dilapidations
Marketing, Training & Events	1.8	2.4	(0.7)	1.8	2.4	(0.7)	£0.8m over budget for training/ external course fees
Office Services	2.9	2.7	0.2	2.9	2.7	0.2	
Other	0.6	0.3	0.3	0.6	0.3	0.3	Year-to-date includes £2.5m cost for MARS and £(2.5)m VAT rebate from 13/14 and 14/15. Also includes VAT adjustment for 1516 yet to be apportioned to individual lines of £1.4m.
Total Other Costs	**62.5**	**60.4**	**2.2**	**62.5**	**60.4**	**2.2**	
Unallocated Costs							
Directorate Contingency/ Savings	(3.2)	0.0	(3.2)	(3.2)	0.0	(3.2)	£(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.
Central Contingency	2.4	0.0	2.4	2.4	0.0	2.4	£4.0m of contingency (both central and in directorates) has been released in the forecast.
Depreciation							
Depreciation Grant-in-Aid	(16.3)	(16.3)	0.0	(16.3)	(16.3)	0.0	Depreciation still being finalised for year-end. Actual expenditure shown currently equal to prior month's forecast
Depreciation Costs	16.3	15.4	0.9	16.3	15.4	0.9	
	0.0	**(0.9)**	**0.9**	**0.0**	**(0.9)**	**0.9**	

Appendix 1 - Management Accounts

2015/16 HSCIC Management Accounts as at 31st March 2015 (Draft year-end position)

Detail by Directorate

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

£'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	(4.8)	(5.3)	0.5	(4.8)	(5.3)	0.5
Staff Costs	18.3	16.6	1.7	18.3	16.6	1.7
Other Costs	3.6	3.1	0.4	3.6	3.1	0.4
Contingency / Virements	(1.3)	0.0	(1.3)	(1.3)	0.0	(1.3)
Net GiA funded	**15.7**	**14.4**	**1.3**	**15.7**	**14.4**	**1.3**
Health Digital Services						
Income	(16.0)	(16.6)	0.6	(16.0)	(16.6)	0.6
Staff Costs	24.9	23.4	1.4	24.9	23.4	1.4
Other Costs	8.4	7.9	0.5	8.4	7.9	0.5
Contingency / Virements	(2.1)	0.0	(2.1)	(2.1)	0.0	(2.1)
Net GiA funded	**15.2**	**14.7**	**0.4**	**15.2**	**14.7**	**0.4**
Operations & Assurance Services						
Income	(33.0)	(33.4)	0.4	(33.0)	(33.4)	0.4
Staff Costs	53.0	48.0	5.0	53.0	48.0	5.0
Other Costs	18.3	22.1	(3.9)	18.3	22.1	(3.9)
Contingency / Virements	1.2	0.0	1.2	1.2	0.0	1.2
Net GiA funded	**39.4**	**36.7**	**2.7**	**39.4**	**36.7**	**2.7**
Information & Analytics						
Income	(14.7)	(11.3)	(3.4)	(14.7)	(11.3)	(3.4)
Staff Costs	25.0	23.1	2.0	25.0	23.1	2.0
Other Costs	10.5	9.4	1.1	10.5	9.4	1.1
Contingency / Virements	0.6	0.0	0.6	0.6	0.0	0.6
Net GiA funded	**21.5**	**21.2**	**0.2**	**21.5**	**21.2**	**0.2**
Architecture, Standards & Innovation						
Income	(4.9)	(7.5)	2.6	(4.9)	(7.5)	2.6
Staff Costs	18.3	17.3	0.9	18.3	17.3	0.9
Other Costs	4.3	3.0	1.3	4.3	3.0	1.3
Contingency / Virements	(0.0)	0.0	(0.0)	(0.0)	0.0	(0.0)
Net GiA funded	**17.7**	**12.9**	**4.8**	**17.7**	**12.9**	**4.8**
Finance & Corporate Services (excl Estates)						
Income	(1.1)	(0.9)	(0.2)	(1.1)	(0.9)	(0.2)
Staff Costs	14.7	13.3	1.4	14.7	13.3	1.4
Other Costs	4.6	2.9	1.6	4.6	2.9	1.6
Contingency / Virements	(1.2)	0.0	(1.2)	(1.2)	0.0	(1.2)
Net GiA funded	**17.0**	**15.4**	**1.6**	**17.0**	**15.4**	**1.6**
Estates	9.8	9.9	(0.1)	9.8	9.9	(0.1)
HR & Transformation	**3.4**	**3.0**	**0.5**	**3.4**	**3.0**	**0.5**
Customer Relations	**5.0**	**4.5**	**0.5**	**5.0**	**4.5**	**0.5**
Clinical Professional Leadership	**0.9**	**0.9**	**0.1**	**0.9**	**0.9**	**0.1**
HSCIC Corporate	(145.6)	(147.8)	2.3	(145.6)	(147.8)	2.3

Provider Support & Integration

£1.7m forecast underspend on staff costs due to delayed recruitment and leavers not replaced.

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

Health Digital Services

Income - £0.6m full year forecast variance includes £1.9m reduction on Choices/ DAS, partially offset by £2.0m increased income on GPES, £0.5m SCR and £0.5m ETP.

Staff costs - full year forecast variance of £1.4m includes£1.5m Choices, partially offset by increased costs of £0.4m on GPSoC R and £0.5m on Resource Pool

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

Operations & Assurance Services

£0.4m additional income includes increases to Spine 2 £2.9m (additional recharge of costs to DH to be capitalised and ring-fenced GiA, additional Panflu income) , partially offset by reductions in income for NHS Pathways £(0.3)m, Service Management £(0.7)m, Cybersecurity £(1.0)m and Solution Assurance £(1.2)m.

£5.0m 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)

£(3.9)m increase in non-staff costs is primarily due to £3.8m increase on Professional Fees for Spine 2 workpackages (related to the increased income from DH and reduced staff costs above) and £2.5m additional forecast for central ICT.

Information & Analytics

The full year income variance of £(3.4)m is primarily due to reduction in expected income on Information Analysis £(1.8)m, care.data £(1.0)m and MCDS £(0.4)m. £(0.9)m of the IA variance is from Population Health (Children and Younger People Mental Health Survey) - costs have also reduced accordingly.

£2.0m forecast underspend on staff costs includes £0.6m reduction on care.data/ (related to income variances above), £0.5m Data Dissemination services and £0.4m Information Analysis

£1.1m 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)

Architecture, Standards & Innovation

£2.6m forecast variance on Income is due to increased income £2.9m on DSfC/ NTS , offset by £(0.5)m reduction in expected external funding to cover IHTSDO membership.

£0.9m full year variance on staff costs includes forecast underspend of £1.4m on Standards, partially offset by increased costs of £(0.2)m on DSfC & NTS.

£1.3m full year variance on non-staff costs includes £1.6m reduction in costs in Standards, partially offset by increased costs in DSfC and Tech Architecture.

Finance & Corporate Services

£1.4m underspend on staff costs is primarily due to reduction in contractor costs in Commercial.

£1.6m underspend on non-staff costs is primarily due the reduction in forecast legal fees

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.

HR & Transformation

Primarily due to release of redundancy forecast; costs of MARS have been booked to Corporate (below)

Customer Relations

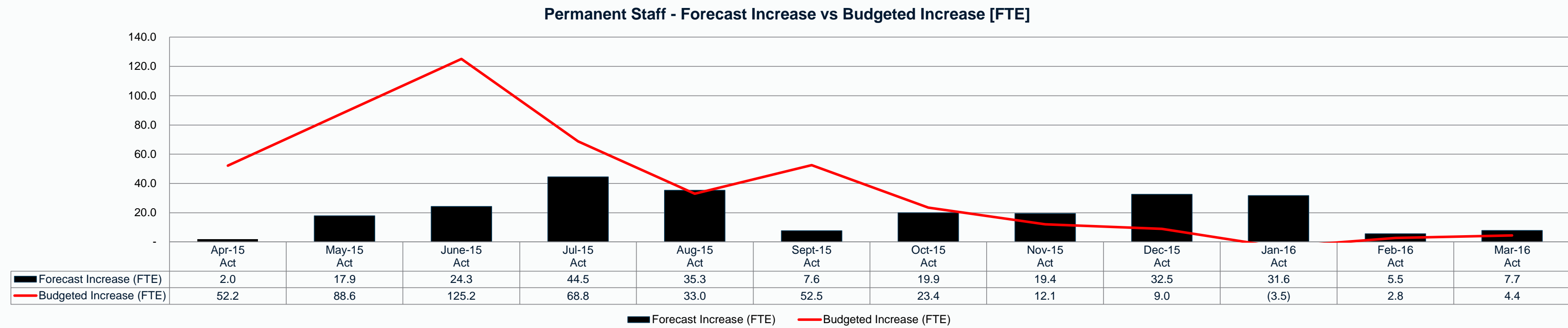
Primarily due to lower than budgeted staff costs

HSCIC Corporate

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. Year-to-date includes £2.5m cost for MARS and £(2.5)m VAT rebate from 13/14 and 14/15.

Appendix 1 - Management Accounts

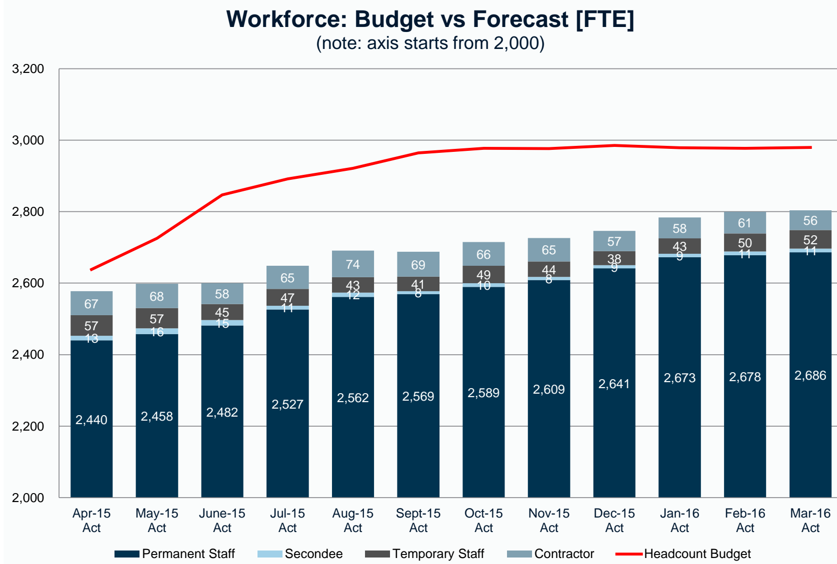
2015/16 HSCIC Management Accounts as at 31st March 2015 (Draft year-end position) — **Headcount**

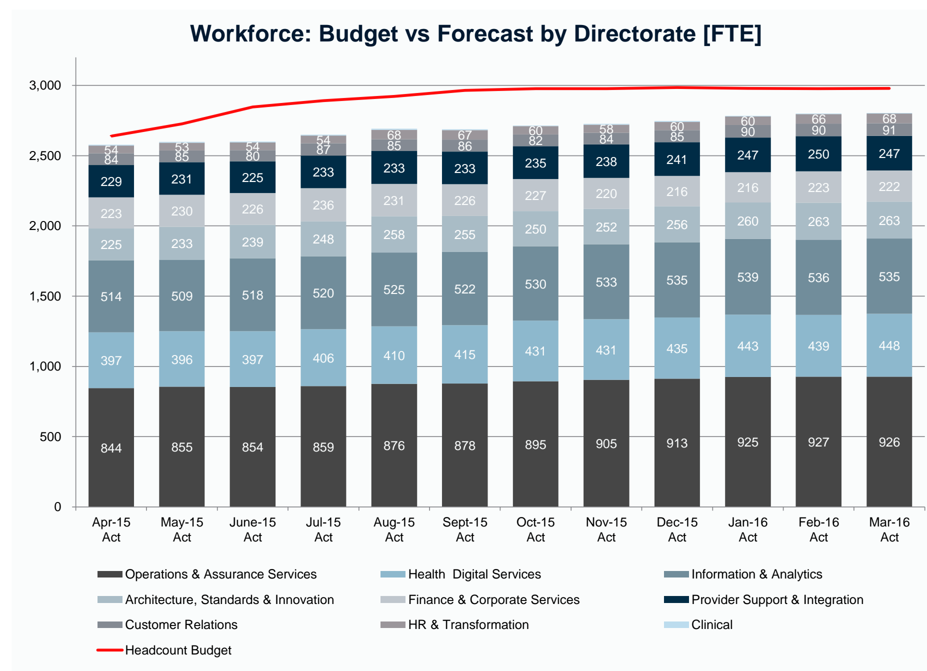


	Apr-15 Act	May-15 Act	June-15 Act	Jul-15 Act	Aug-15 Act	Sept-15 Act	Oct-15 Act	Nov-15 Act	Dec-15 Act	Jan-16 Act	Feb-16 Act	Mar-16 Act
Forecast Increase (FTE)	2.0	17.9	24.3	44.5	35.3	7.6	19.9	19.4	32.5	31.6	5.5	7.7
Budgeted Increase (FTE)	52.2	88.6	125.2	68.8	33.0	52.5	23.4	12.1	9.0	(3.5)	2.8	4.4

The budget included an increase of 469 FTE over the year; however, permanent headcount only increased by a net 248 FTE over the period.

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





KPI	Programme Achievement
KPI Owner	James Hawkins

Appendix 2 - Programme Delivery Dashboard

HDS RAG Summary		Programme Delivery Director View	
Previous RAG	A/G		
Current RAG	A/G	Current RAG	0
Forecast RAG	A/G	Forecast RAG	TBC

Health Digital Services Dashboard - March 2016

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

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

Delivery Confidence - Health Digital Services:	
March-2016	A/G 62.86%
June-2016	A/G 77.14%

March's calculated delivery confidence is at 62.9%. The Calculated delivery confidence RAG remains at Amber/Green. The 3-month calculated forecast Delivery Confidence (to June 2016) is also Amber/Green at 77.1%.

Architecture Standards and Innovation - March 2016

Reporting Month		SRO Appr?	Overall Delivery Confidence RAG: Jan	Feb	Mar	Apr	May	Jun	Assurance Delivery Confidence / Status: RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Key Delivery Milestones: Jan	Feb	Mar	Current year financial forecast against budget: Dec	Jan	Feb	Investment justification (BC, MoU etc) forecast spend status: Jan	Feb	Mar
P0453	National Data Services Development	No	A	A	A	A	A	A	Med	0	Nov-15	A	TBC	TBC	TBC	A	A	A	A	A	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:	
March-2016	A 60.00%
June-2016	A 60.00%

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

Sourced from Highlight Reports (Key RAGs) March-16

Sourced from Highlight Reports Mar-2016

KEY

Trend

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

Non Completion

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

KPI	Programme Achievement
KPI Owner	James Hawkins

Appendix 2 - Programme Delivery Dashboard

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

Health Digital Services Director View	
Current RAG	
Forecast RAG	TBC

Health Digital Services Dashboard - March 2016

		Benefits realisation confidence				Quality Management against plan				Programme / Project end date				Current Investment Justification approval status			
Reporting Month:		Jan	Feb	Mar		Jan	Feb	Mar		Jan	Feb	Mar		Jan	Feb	Mar	
P0208	GP Systems of Choice Replacement	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→
P0014	GP2GP	A	A	A	→	G	G	G	→	A	A	A	→	G	G	G	→
P0026	NHS Choices	N/A	N/A	N/A	-	A	A	A	→	A	A	A	→	A	A	A	→
P0196	NHSmail 2	G	G	G	→	G	G	G	→	A	A	A	→	G	G	G	→
P0238	NHS e-Referrals	A	A	A	→	G	G	G	→	G	G	G	→	G	G	G	→
P0051	Summary Care Record	A	A	A	→	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	→

		Digital & Technology Spend Controls Status				Resourcing Against Plan				Progress against planned mitigation for risk			
Reporting Month:		Jan	Feb	Mar		Jan	Feb	Mar		Jan	Feb	Mar	
P0208	GP Systems of Choice Replacement	G	G	G	→	A	A	G	→	A	A	A	→
P0014	GP2GP	N/A	N/A	N/A	-	A	A	A	→	G	G	G	→
P0026	NHS Choices	G	G	G	→	G	G	G	→	G	G	G	→
P0196	NHSmail 2	G	G	G	→	A	A	A	→	A	A	A	→
P0238	NHS e-Referrals	G	G	G	→	A	A	A	→	G	G	G	→
P0051	Summary Care Record	G	G	G	→	G	G	G	→	G	G	G	→
P0012	Electronic Transfer of Prescriptions	G	G	G	→	A	A	A	→	A	A	A	→

Overall Delivery Confidence for Health Digital Services (Calculated):	
March-2016	A/G 62.86%
June-2016	A/G 77.14%

HDS View	
March-2016	
January-1900	

March's calculated delivery confidence is at 62.9%. The Calculated delivery confidence RAG remains at Amber/Green. The 3-month calculated forecast Delivery Confidence (to June 2016) is also Amber/Green at 77.1%.

Architecture Standards and Innovation - March 2016

		Benefits realisation confidence				Quality Management against plan				Programme / Project end date				Current Investment Justification approval status			
		Jan	Feb	Mar		Jan	Feb	Mar		Jan	Feb	Mar		Jan	Feb	Mar	
P0453	National Data Services Development	N/A	A	A	→	TBC	A	A	→	G	G	G	→	A	A	A	→

		Digital & Technology Spend Controls Status				Resourcing Against Plan				Progress against planned mitigation for risk			
		Jan	Feb	Mar		Jan	Feb	Mar		Jan	Feb	Mar	
P0453	National Data Services Development	A	A	A	→	G	A	A	→	G	G	G	→

Overall Delivery Confidence for ASI:	
March-2016	A 60.00%
June-2016	A 60.00%

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

Sourced from Highlight Reports (Key RAGs) March-16

Sourced from Highlight Reports (Key RAGs) Mar-2016

KEY

Trend

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

Non Completion

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

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

Appendix 2 - Programme Delivery Dashboard

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

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

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

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

Provider Support & Integration Dashboard - March 2016

Reporting Month		SRO Appr?	Overall Delivery Confidence RAG							Assurance Delivery Confidence / Status							Key Delivery Milestones				Current year financial forecast against budget				Investment justification (BC, MoU etc) forecast spend status			
			Jan	Feb	Mar		Apr	May	Jun	RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Jan	Feb	Mar		Dec	Jan	Feb		Jan	Feb	Mar	
P0033	PACS	No	A	A	A	→	A	A	A	TBC	0	Nov-11	G	TBC	TBC	TBC	A	R	A	↑	R-U	R-U	R-U	→	G	G	G	→
P0183	South Community Programme	Yes	A/G	A/G	A/G	→	A/G	A/G	A/G	Med	3	Dec-12	A/G	5	TBC	TBC	G	G	G	→	G	G	G	→	A	A	A	→
P0182	South Ambulance Programme	Yes	A	A	A	→	A	A	A	Med	4	Nov-14	A/G	5	TBC	TBC	A	A	A	→	G	G	G	→	G	G	G	→
P0181	South Acute Programme	No	A	A	A	→	A	A	A	High	4	Apr-15	G	TBC	TBC	TBC	A	A	A	→	R-U	R-U	R-U	→	G	G	G	→
P0047	BT LSP	Yes	G	G	G	→	G	G	G	High	PAR	Mar-15	A/R	N/A	N/A	N/A	G	G	G	→	R-O	R-O	R-O	→	G	G	G	→
P0031	CSC LSP	Yes	A	A	A	→	A	A	A	High	AAP	Nov-15	A	TBC	TBC	TBC	G	G	G	→	R-U	R-U	R-U	→	G	G	G	→
P0190	Health and Social Care Network	No	A/R	A/R	A/R	→	A/R	A/R	A/R	High	2	Sep-15	A/R	TBC	TBC	TBC	R	R	R	→	G	G	R-U	↓	G	G	G	→
P0004	Child Protection – Information Sharing	No	A/R	A/R	A/R	→	A	A	A/G	Med	4	Jul-14	A/G	5	Apr-16	Not Booked	R	R	R	→	R-U	R-U	R-U	→	A	A	A	→
P0037	HJIS Current Service	No	A/G	A/G	A/G	→	A/G	A/G	A/G	N/A	3	Jan-16	NR	N/A	N/A	N/A	G	G	G	→	R-O	R-O	R-O	→	G	G	G	→
P0207	Health & Justice Information Services	No	A	A	A	→	A	A	A	Med	3	Jan-16	A/G	TBC	TBC	TBC	A	A	A	→	R-U	R-U	R-U	→	G	G	G	→
P0301	FGMP	No	A/R	A/R	A/R	→	A/R	A/R	A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	→	R-U	R-U	R-U	→	G	G	G	→
P0341	SCIP	No	A	A/G	A/G	→	A/G	G	G	N/A	N/A	N/A	N/A	TBC	TBC	TBC	A	A	G	↑	R-U	R-U	R-U	→	A	A	A	→
P0372	ISP	No	A	A	G	↑	N/A	N/A	N/A	TBC	N/A	N/A	N/A	TBC	TBC	TBC	A	A	G	↑	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:	
March-2016	A/G 66.15%
June-2016	A/G 70.00%

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

Informatics and Analytics - March 2016

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

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

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

Overall Delivery Confidence for I&A:	
March-2016	A 60.00%
June-2016	A 60.00%

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

Operations and Assurance Services Dashboard - March 2016

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

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

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

Overall Delivery Confidence for O+AS:	
March-2016	G 93.33%
June-2016	G 93.33%

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

KEY

Trend

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

Non Completion

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

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

Appendix 2 - Programme Delivery Dashboard

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

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

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

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

		Benefits realisation confidence			Quality Management against plan			Programme / Project end date			Current Investment Justification approval status			Digital & Technology Spend Controls Status			Resourcing Against Plan			Progress against planned mitigation for risk		
		Jan	Feb	Mar	Jan	Feb	Mar	Jan	Feb	Mar	Jan	Feb	Mar	Jan	Feb	Mar	Jan	Feb	Mar	Jan	Feb	Mar
P0033	PACS	G	G	G	N/A	N/A	N/A	G	G	G	G	G	G	N/A	G	N/A	G	G	G	G	G	G
P0183	South Community Programme	A	A	A	G	G	G	G	G	G	G	G	G	G	G	G	G	G	A	A	A	A
P0182	South Ambulance Programme	A	A	A	G	G	G	G	G	G	G	G	G	G	G	G	G	G	A	G	G	G
P0181	South Acute Programme	A	A	A	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
P0047	BT LSP	R	R	R	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
P0031	CSC LSP	A	A	A	G	G	G	A	A	A	G	G	G	G	G	G	G	G	G	G	G	G
P0190	Health and Social Care Network	A	A	A	G	G	G	A	A	A	G	G	G	A	A	A	A	A	A	A	A	A
P0004	Child Protection – Information Sharing	A	A	A	G	G	G	A	R	R	G	G	G	G	G	G	A	A	A	A	A	A
P0037	HJIS Current Service	N/A	N/A	N/A	G	G	G	G	G	G	G	G	G	N/A	N/A	N/A	G	G	G	G	G	G
P0207	Health & Justice Information Services	N/A	N/A	N/A	G	G	G	A	A	A	A	A	A	G	G	G	A	A	A	A	A	A
P0301	FGMP	N/A	N/A	N/A	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
P0341	SCIP	N/A	N/A	N/A	G	G	G	A	A	G	G	G	G	G	G	G	R	R	A	G	G	G
P0372	ISP	N/A	N/A	G	A	A	G	G	G	G	G	G	G	N/A	N/A	G	G	G	G	A	A	G

Overall Delivery Confidence for Prov Sup:	
March-2016	A/G 66.15%
June-2016	A/G 70.00%

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

Informatics and Analytics - March 2016

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

Overall Delivery Confidence for I&A:	
March-2016	A 60.00%
June-2016	A 60.00%

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

Operations and Assurance Services Dashboard - March 2016

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

Overall Delivery Confidence for O+AS:	
March-2016	G 93.33%
June-2016	G 93.33%

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

KEY

Trend

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

Non Completion

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

Health & Social Care Information Centre

Board Meeting – Public Session

Title of paper:	**Data Sharing Audit Capacity with Addendum (Data Sharing Annual Report)**
Board meeting date:	04 May 2016
Agenda item no:	HSCIC 16 01 03 b (P1)
Paper presented by:	Martin Servers Interim Director of Information and Analytics, Medical Director and Caldicott Guardian
Paper prepared by:	Sonia Walters, Service Owner, Information Governance & Standards Assurance
Paper approved by:	Martin Servers Interim Director of Information and Analytics, Medical Director and Caldicott Guardian
Purpose of the paper:	Audit capacity options appraisal and annual report attached as an addendum
Key risks and issues:	Protect our citizens data Safely, collect, analyse and disseminate high quality and timely data and information which meets customers expectation.
Patient/public interest:	Indirect
Actions required by the Board:	The Board is asked to decide how many data recipients it would like to be audited each year and note the annual report for information

Health & Social Care Information Centre

Data Sharing Audit Capacity

Options Appraisal

Sonia Walters

17 April 2016

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1 Executive Summary

Data Sharing Audits are a means of ensuring recipients of confidential information supplied by the HSCIC handle those data appropriately.

At the January board meeting, the Board requested an options appraisal on the correct number of data sharing audits per annum. This paper provides four options for the audit capacity. The Board are asked to determine the most appropriate taking into account the Board's risk appetite for data sharing breaches.

2 Background

The HSCIC provides confidential information to a wide variety of organisations to support specific health or adult social care purposes. Each dissemination of data is controlled through a Data Sharing Framework Contract[1] and Data Sharing Agreement[2]. Recipients of data are also 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 HSCIC data to ensure that confidential information is handled appropriately. Further information is available in the annual report at Appendix 1. The audits contribute to our mitigation of the risk that we fail to protect our data. This paper is an options appraisal on the optimum amount of audits to be undertaken by the HSCIC each year.

Based on the current FTE of two employees and slight additional resource within the department, it is predicted that 30 audits per annum can be achieved. There are just over 400 organisations receiving HSCIC disseminated data.

Four options have been considered, detailed in the following table:

Option	Comment
1. Maintain status quo	Use existing staff to complete 30 data sharing audits per year
2. Cover all organisations each year	This would involve increasing the team to 28 to cover 400 data recipients each year
3. Cover all organisations in a 3 year period	This would involve increasing the team to 10 to cover 145 data recipients each year
4. Cover all organisations in a 5 year period	Increase to 6 staff to cover 87 data recipients each year

[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

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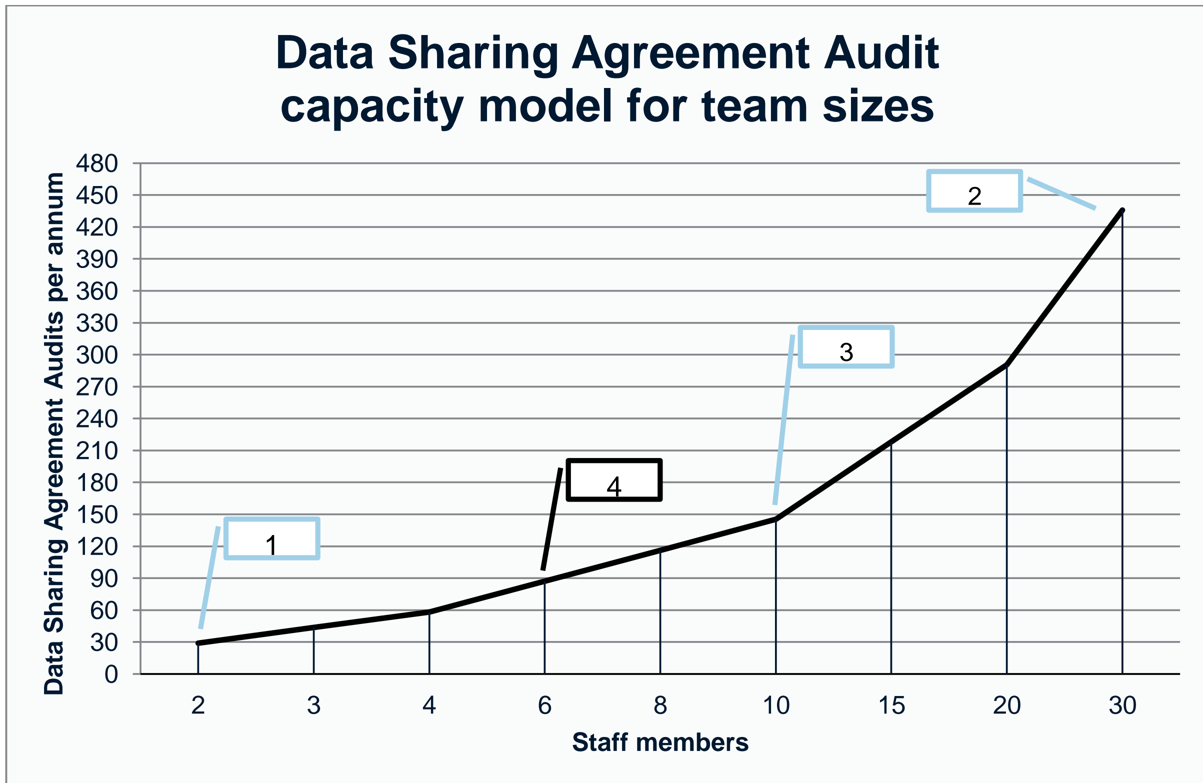

Figure 1 - Data Sharing Agreement audit capacity model

3 Recommendation

Increase the data sharing team to six staff delivering 87 audits each year, balancing the value of each audit and the overall cost of the audit programme.

4 Implications

4.1 Strategy Implications

The proposal supports the HSCIC Strategy and Business Plan. The audit team was established following an accepted recommendation in the Partridge report of 7th June 2014, which stated:

- HSCIC to implement a robust audit function, which will enable ongoing scrutiny of how data is being used, stored and deleted by those receiving it.

The audit team function also contributes to the HSCIC business plan 2015-2016 of:

- Building public trust and confidence in the processing and sharing of information, including responding to people's preferences for when their personal data can be shared.

and to the HSCIC strategy 2015- 2020 of:

- Ensuring every citizen's data is protected.

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4.2 Financial Implications

Any additional expenditure required as a result of the proposed options appraisal is unbudgeted. It is proposed that subject to agreement by the Board and ensuing financial sign-off. Recruitment takes place within this financial year

The cost per person is £68k, including wages, NI & superannuation, IT, desk charge and central recovery costs.

The options and costs are detailed below:

Option	Cost Implication
Maintain status quo	No increase in staff costs
Cover all organisations each year	Increase required of 24 staff at an additional annual cost of £1.8m
Cover all organisations over a 3 year period	Increase required of 8 staff at an additional annual cost of £544k
Cover all organisations in a 5 year period	Increase required of 4 staff at an additional annual cost of £273k.

4.3 Stakeholder Implications

To date the feedback from stakeholders and customers has been very positive. The majority of data recipients have welcomed the audits and commented that they have had a positive impact in helping them to improve their processes.

More frequent audits will enable the HSCIC to continue to review and improve upon internal processes / procedures. Improvements have already been highlighted as a result of the audits undertaken during the last financial year.

4.4 Handling

The increase in audits will increase HSCIC confidence in the recipients of our data and enable stakeholders to share that increased confidence.

There will be a small impact upon the internal communications team following:

- an increase in reports to be published
- any sensitive or adverse findings that may be identified and which may require careful handling.

5 Risks and Issues

Data sharing audits are identifying risks and issues within data sharing recipients' practices and enabling better understanding of the risk of sharing data with recipients and applicants.

Data sharing audits is a specialist area and obtaining suitably qualified staff may prove difficult. This will have a knock-on effect in not achieving the proposed number of audits

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6 Corporate Governance and Compliance

Quarterly reporting on data sharing audits to the board is currently in place and this will continue. Assurance and compliance of organisations using our data appropriately is a key ingredient of the data sharing audits.

A performance indicator will be analysis of customer satisfaction from a sample of not less than 25% of recipients audited.

7 Management Responsibility

The Executive Director who has accountability for the proposal is Martin Severs. The senior manager who will have overall responsibility and will deal with the matter on a day-to-day basis is Nicholas Oughtibridge.

8 Actions Required of the Board

The Board is asked to decide how many data recipients it would like to be audited each year.

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9 Appendix 1 – Annual report

9.1 Summary

The HSCIC has established a function to audit the recipients of its data. This function has found that the majority of organisations audited are handling our data satisfactorily. However, the audits of a few organisations have identified major non-conformances. These organisations are working to improve their position.

In the last financial year, we audited 25 organisations; during the current financial year, we plan to undertake 30 audits.

9.2 Organisations audited and types of data received

During the financial year 2015/16 the HSCIC audited 25 data recipients. The majority of data supplied by the HSCIC requires the controls described in chapter 7 of the ICO Anonymisation code of practice[4]

9.2.1 Patient level pseudonymised data

- **Advancing Quality Alliance (AQUA) at Salford Royal NHS Foundation Trust*
- *BUPA*
- *Cegedim*
- *Derby Teaching Hospitals NHS Foundation Trust*
- *Kings College London*
- *Leeds City Council*
- *Leicester Royal Infirmary*
- *Lightfoot Solutions*
- *MedeAnalytics*
- *Methods Consulting*
- **Nuffield Trust*
- **University of Birmingham Clinical Trials Unit*
- *University of Leeds*
- *University of Manchester*
- **University of Nottingham*
- *University of Sheffield*

* Purpose statements all state linkage to other data sets.

Kings College London also receives sensitive mortality data. AQUA and University Hospital Birmingham also receive ONS data.

[4] Anonymisation: Managing data protection risk code of practice - https://ico.org.uk/for-organisations/guide-to-data-protection/anonymisation/

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9.2.2 Patient level identifiable data

- *Aintree University Hospitals NHS, Foundation Trust*
- *Bart's Health NHS Trust*
- *CHKS*
- *Liverpool and Broadgreen University Hospitals NHS Trust*
- *West Herts Hospitals NHS Trust*

Bart's Health NHS Trust also receives ONS mortality data

9.2.3 Weakly psuedonymised data

- *Bedfordshire CCG*
- *Clarity Informatics*
- *East & North Hertfordshire CCG*
- *North Yorkshire and Humber CSU*

9.3 Publication of audit reports

The reports of audits completed are published on the HSCIC website[5]. Through the lessons learnt exercise a more efficient process for reviewing reports is being implemented and a formal feedback process has been applied.

The published reports of the following audit of data recipients, identified major non-conformities:

- Aintree University Hospitals NHS Foundation Trust
- Bart's Health NHS Trust
- University of Nottingham

9.4 Stakeholder engagement

A presentation was made to Data Access Advisory Group (DAAG), in March 2016 to identify audits that have taken place, present the types of findings being recorded and to indicate future plans. The presentation was warmly received.

DAAG requested that the audit team provide support ahead of their consideration of new data releases.

The HSCIC has supported the Office of the Chief Health Officer & Centre for Epidemiology and Evidence, New South Wales, to help them understand our approach to data sharing audits as they establish a similar function.

9.5 Planned audits

Thirty organisations are planned to be audited within financial year April 2016 – March 2017. The organisations that will be audited will be defined over the coming months based on a risk evaluation.

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

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9.6 Lessons learnt

The opportunity has been taken in April to undertake an exercise to reflect on our processes and the overall approach to data sharing audits.

This has included:

- The creation of a feedback questionnaire to be sent to an auditee, following the publication of the report, to elicit their views on the process
- A retrospective workshop session with the HSCIC knowledge management team to identify areas of good and not so good performance
- A review of the process and the material that is available to an auditee to support an audit
- Establishment of meetings to co-ordinate the audit programme and to consider reports prior to publication
- Available reports are now published monthly on the third Thursday of each month
- A recognition of the need to improve the follow up of the initial audit report

9.7 Building capacity

During the year, two dedicated staff were recruited. Both are qualified auditors with expertise in information governance and information security.

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Board Meeting – Public Session

Title of paper:	**Burden advice to Secretary of State for Health**
Board meeting date:	04 May 2016
Agenda item no:	HSCIC 16 01 04 a (P1)
Paper presented by:	Professor Martin Severs Interim Director of Information and Analytics, Medical Director and Caldicott Guardian
Paper prepared by:	Vanessa Kaliapermall Head of Burden Advice and Assessment Service
Paper approved by: (Sponsor Director)	Professor Martin Severs Interim Director of Information and Analytics, Medical Director and Caldicott Guardian
Purpose of the paper:	Present the approach to handle the statutory request from Secretary of State for advice on minimising the burden of data collections on health and social care
Key risks and issues:	There is a timetabling risk in that the advice needs to be submitted on current plans in September but that recess and summer break means there are only certain slots for agreement at board.
Patient/public interest:	Realisable
Actions required by the Board:	Note the time scales and decide between the options

Health & Social Care Information Centre

Burden advice to Secretary of State for Health

Approach to fulfilling HSCIC Statutory Duty

Author: Vanessa Kaliapermall

Head of Burden Advice and Assessment Service

Date: 04 May 2016

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1 Executive Summary

This paper is to inform the Board on the HSCIC statutory duties for seeking to minimise administrative burden imposed on the health and social care system in England. The paper lays out the timeline for our response to the statutory request from Secretary of State for formal advice under section 265 of the Health and Social Care Act (the three yearly report) and seeks approval of this approach.

2 Background

HSCIC is granted with important duties and powers under the Health and Social Care Act 2012 around burden which allows us to drive efficiencies and support decisions which may have an invaluable impact of minimising burden on health and social care staff, freeing up more time for care and making a saving on the public purse. These are, in summary (see the Act for detail);

1. to minimise the burden we (HSCIC) impose on others (section 253 (2) (a)),
2. to give advice and guidance to the system on matters relating to collection, analysis, publication and dissemination of information (section 265 (1) (a)(b)) and;
3. to advise the Secretary of State (SoS), when requested at least once in any 3 year review period, about ways in which the burdens relating to the collection of information imposed on health or social care bodies and other persons may be minimised (section 265 (3), (4) (a) and (b)).

As required under section 265 of the Health and Social Care Act 2012 the HSCIC received a formal request from the Secretary of State (SoS) last month asking HSCIC to provide written advice on minimising the burden of data collections on the health and social care system, for submission this autumn. The HSCIC Chief Executive has acknowledged receipt of the request and confirmed commitment to respond.

The HSCIC has an established Burden Advice and Assessment Service to support the statutory duties around burden and plays a key role in reviewing and assessing the burden of data collections imposed across the health and social care system.

The HSCIC has gathered a range of evidence over the past three years to form the basis of our advice to the SoS. Some of this has been sourced from:

- the burden assessments we have carried out on national data collections coming through the Standardisation Committee for Care Information (SCCI) assurance process;
- engagement with data providers to understand the cost incurred in responding to requests for information;
- engagement with collection owners establishing collections at both a national and local level;
- work with Arm's Length Bodies to develop Burden Reduction Plans and gage an understanding of their approach to increasing efficiency and contributions to minimising burden on the health and social care system;
- exploring technologies and initiatives developed by the HSCIC in support of the National Information Board framework.

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3 Recommendation

The Burden Assessment and Advice Service (BAAS) will co-ordinate the HSCIC response.

The HSCIC Executive Management Team will support further development of initial thinking and explore potential advice. Planning is underway to engage with a wide range of health and care bodies, including providers and people who use their services, to confirm key messages and support the feasibility of suggestions which we will provide for Secretary of State's consideration. We will work closely with the Department of Health to ensure expectations from the SoS request are met and that advice is strategically sound.

Key Milestones 2016: (see Timeline Annex 1 for further information)

- Research and evidence gathering – pre March
- Development of advice – April to May
- Consultation and engagement with internal and external stakeholders including the Department of Health – June to August
- Approval – August to September
- Submission to Secretary of State – September
- Confirmation of submission to HSCIC Board – November

Options for handling approval of the advice to Secretary of State:

a) EMT sign-off and Board ratification OR
b) Formal Board approval a week before the deadline
c) Either (a) or (b) with the activity being overseen by 1 or 2 Non-Executive Director(s)

Subsequent to the delivery of the advice to the SoS we will then work with the Department and others to consider more specific recommendations.

4 Implications

4.1 Strategy Implications

This is a statutory function of the HSCIC. It enables HSCIC, working with our partners across the health and social care system, to provide leadership in all aspects of the collection, analysis, publication and dissemination of data.

The HSCIC Burden Advice and Assessment Service and the DH Sponsor Team are leading work on a programme of national burden minimisation activity through effective collaborative working.

This work also links strategically to the recent reviews conducted by Lord Carter and Lord Rose which highlighted that maximising opportunities for efficiency, making best use of available systems and technology, whilst at all times being clear of the broader impact of our actions can make a positive contribution to burden minimisation, system savings and efficiency.

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Burden advice to Secretary of State for Health

The work of the HSCIC demonstrates commitment to minimising burden, strives to increase efficiency particularly within the framework of the National Information Board (NIB) work streams, and aims to support the following HSCIC Strategy objectives:

- Establishing shared architecture and standards so everyone benefits;
- Implementing services that meet national and local needs;
- Supporting health and care organisations to get the best from technology, data and information;
- Making better use of health and care information.

4.2 Financial Implications

As this is a statutory function we are resourced through business planning process to deliver via grant in aid funds.

4.3 Stakeholder Implications

Over the last three years the Burden Advice and Assessment Service has undertaken extensive consultation with organisations providing information across the health and social care system and those requesting or requiring information. This includes a regular programme of site visits as part of routine business assessing the burden of data collections.

The advice provided by HSCIC should have a positive impact on the health and social care system in England if and when applied. Promoting efficiency, burden minimisation and driving cost savings.

4.4 Handling

Any decisions regarding publication of the advice to the Secretary of State may be taken after the advice have been considered and communicated. Seek advice from HSCIC Executive Management Team and DH Sponsor Team in the autumn of 2016 with regards to publication.

5 Risks and Issues

There is a timetabling risk in that the advice needs to be submitted on current plans in September but that recess and summer break means there are only certain slots for agreement at board.

6 Corporate Governance and Compliance

This project will be governed and assured through the HSCIC Burden Advice and Assessment Service Board, HSCIC Executive Management Team and the HSCIC Board.

7 Management Responsibility

The accountable Executive Director is Professor Martin Severs, Clinical Director and Caldicott Guardian. The responsible manager is Nicholas Oughtibridge, Content Manager Management Systems. Day to day management will be undertaken by Vanessa Kaliapermall, Head of Burden Advice and Assessment Service.

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8 Actions Required of the Board

1. Note the time scales
2. Note the challenge with Board approvals in the context of (1) above and decide:
    a. Keep with the proposed plan of EMT sign-off and Board ratification OR
    b. Formal Board approval a week before the deadline
    c. Either (a) or (b) with the activity being overseen by 1 or 2 Non Executive Director(s)

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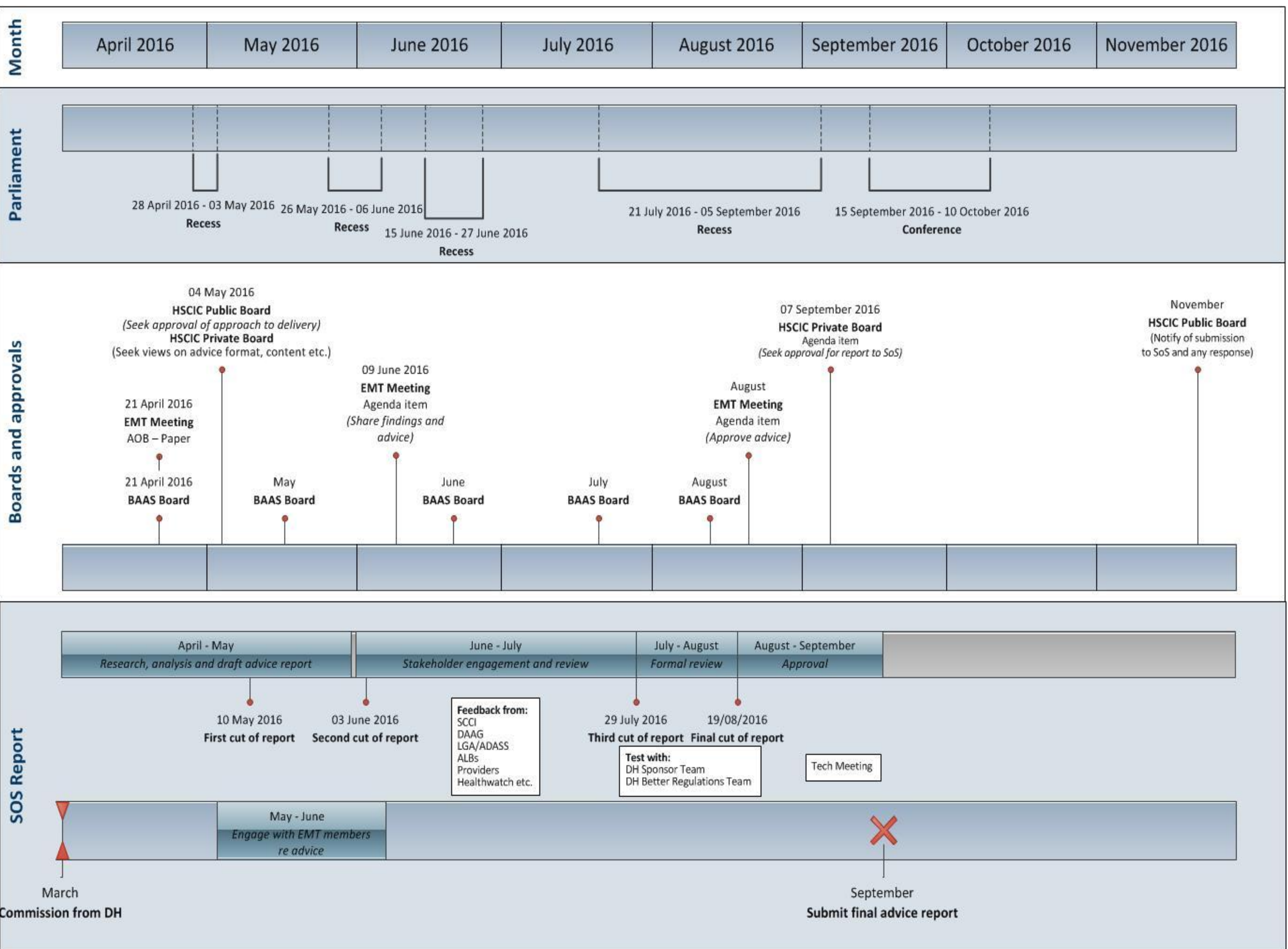
Annex 1 Timeline



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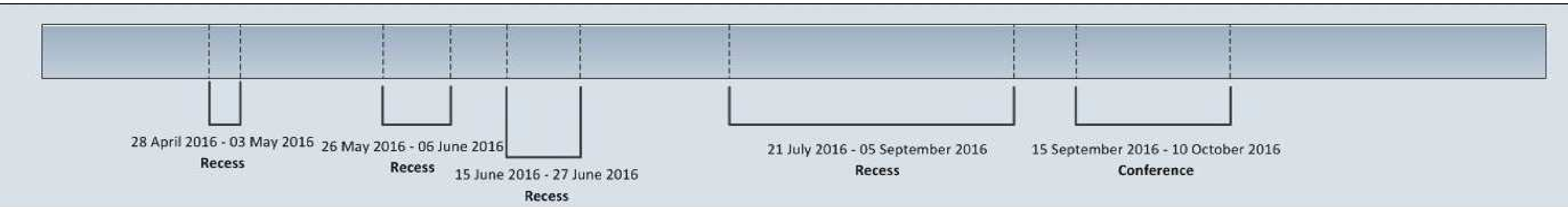
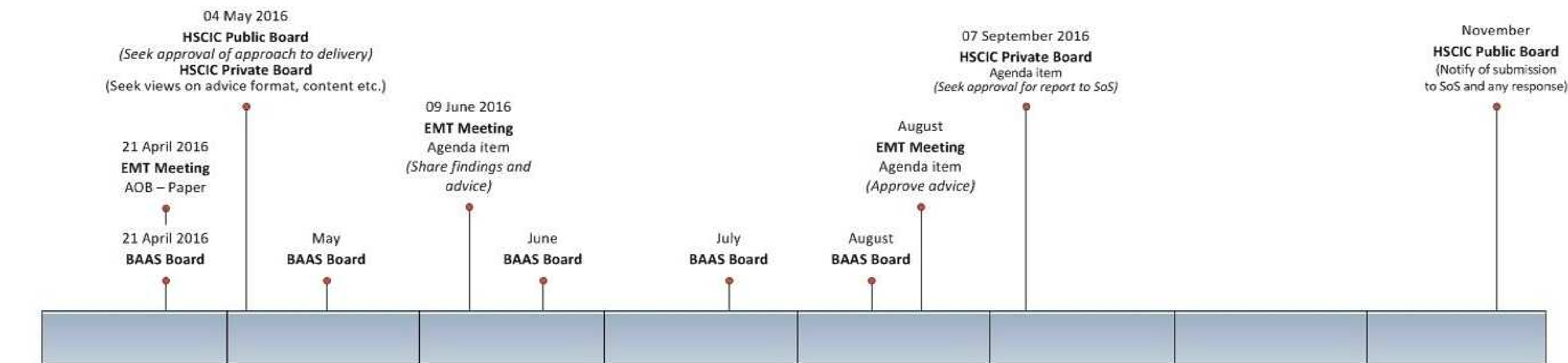
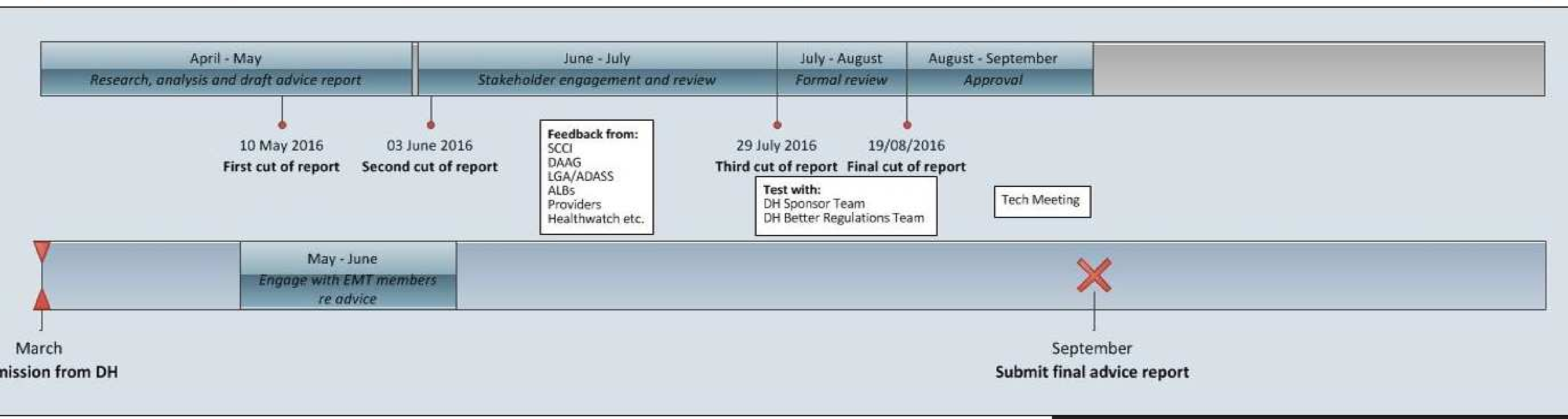

April 2016
May 2016
June 2016
July 2016
August 2016
September 2016
October 2016
November 2016
28 April 2016 - 03 May 2016
Recess
26 May 2016 - 06 June 2016
Recess
15 June 2016 - 27 June 2016
Recess
21 July 2016 - 05 September 2016
Recess
15 September 2016 - 10 October 2016
Conference


04 May 2016
HSCIC Public Board
(Seek approval of approach to delivery)
HSCIC Private Board
(Seek views on advice format, content etc.)
21 April 2016
EMT Meeting
AOB – Paper
21 April 2016
BAAS Board
May
BAAS Board
09 June 2016
EMT Meeting
Agenda item
(Share findings and advice)
June
BAAS Board
July
BAAS Board
August
BAAS Board
August
EMT Meeting
Agenda item
(Approve advice)
07 September 2016
HSCIC Private Board
Agenda item
(Seek approval for report to SoS)
November
HSCIC Public Board
(Notify of submission to SoS and any response)


April - May
Research, analysis and draft advice report
June - July
Stakeholder engagement and review
July - August
Formal review
August - September
Approval
10 May 2016
First cut of report
03 June 2016
Second cut of report
Feedback from:
SCCI
DAAG
LGA/ADASS
ALBs
Providers
Healthwatch etc.
29 July 2016
Third cut of report
19/08/2016
Final cut of report
Test with:
DH Sponsor Team
DH Better Regulations Team
Tech Meeting
May - June
Engage with EMT members re advice
March
nission from DH
September
Submit final advice report

hscic Health & Social Care Information Centre

Board Meeting – Public Session

Title of paper:	Patient Objection Management System
Board meeting date:	04 May 2016
Agenda item no:	HSCIC 16 01 04 b (P1)
Paper presented by:	Prof. Martin Severs, Interim Executive Director of Information and Analytics, Medical Director and Caldicott Guardian
Paper prepared by:	Heather Pinches, Programme Manager
Paper approved by: (Sponsor Director)	Prof. Martin Severs, Interim Executive Director of Information and Analytics, Medical Director and Caldicott Guardian
Purpose of the paper:	Ratification of Chair's actions on the Direction from DH and ICO undertaking. The implementation of the policy within the Direction enables HSCIC to meet patients' legal rights to opt out of sharing of their information. The signing of a formal undertaking with the ICO commits the HSCIC to compliance within a six months window.
Key risks and issues:	Whilst the direction is aimed at HSCIC certain aspects of it require involvement and commitment by other organisations most notably PHE and NHS England. This in turn creates risk to the HSCIC as actions to meet the direction and undertaking are not all wholly within our control. Any breach of a signed undertaking would bring a greater likelihood of enforcement action.
Patient/public interest:	Direct – the system being implemented upholds the patient's right to object to their information being shared for purposes beyond their direct care as set out in the NHS constitution and in line with legal frameworks.
Actions required by the Board:	The Board ratifies the Chair's actions to: • provide feedback to DH as part of the formal consultation on the draft Directions and to accept the Direction. • sign the ICO undertaking on behalf of the Board.

hscic Health & Social Care Information Centre

Patient Objection Management System

Ratification of Chair's actions on the Direction from DH and ICO Undertaking

Martin Severs, Interim Executive Director of Information and Analytics, Medical Director and Caldicott Guardian

4 May 2016

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1 Executive Summary

The HSCIC has been directed by the Secretary of State to develop a system to enable type 2 objections to be implemented across all HSCIC data disseminations in line with the policy set by Department of Health (DH). This paper brings the Direction to the Board in annex 1. Related to this the HSCIC has also agreed an Undertaking with the Information Commissioner's Office (ICO) which sets out actions to improve the way we manage patient objections. The final Undertaking is also presented to the Board in annex 2.

2 Background

Since late 2013 patients have been able to register an objection to the HSCIC sharing their patient confidential data for purposes beyond their direct care, referred to as type 2 objections[1]. The HSCIC has been tasked by the Secretary of State (SoS) to develop a system to enable type 2 objections to be implemented across all HSCIC data disseminations. The time lag in implementing objections has been investigated by the ICO who have issued a formal Undertaking to include the actions they want to see progressed to ensure that the patients' rights to opt out of sharing of their information is upheld.

An initial Direction was issued, as discussed at the Board in September 2015, to provide the legal basis for HSCIC to collect the patient objection data from GP's. A second Direction was then needed to enable HSCIC to implement type 2 objections and this sets out when objections should and should not be upheld. Finalisation and signing of the ICO Undertaking was dependent upon receipt of this Direction from DH as this provides the legal and policy framework that HSCIC is obliged to follow.

The agreed plan for delivery requires the Direction to be in place to enable the processing of data for distribution of data to customers with objections upheld commencing from 29th April 2016.

Whilst all draft Directions should come to the public Board for formal consultation the policy position was not ready for the March 2016 Board and the May 2016 Board was too late to enable programme delivery timescales to be met. Therefore, the formal consultation process has had to be undertaken through a Chair's action outside of the Board meeting schedule. Once the Direction was issued then the ICO Undertaking was signed immediately and again this was completed through a Chair's action.

3 Recommendation

It is recommended the Board ratify the Chair's action for the formal consultation on the Patient Objections Management System and to accept the Direction. It is further recommended that the Board ratify the Chair's action to sign the ICO Undertaking on behalf of the organisation. The Direction and ICO Undertaking were both published on 20th April 2016.

[1] A Type 2 objection prevents any information that identifies the patient from leaving the Health and Social Care Information Centre for purposes beyond their direct care. This objection does not stop data leaving the care provider.

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4 Implications

4.1 Strategy Implications

This work enables the HSCIC to uphold the patient's right to object to their information being shared for purposes beyond their direct care as set out in the NHS constitution and in line with legal frameworks. The implementation of the policy in this Direction supports the priority in the HSCIC strategy to ensure that every citizen's data is protected. Ensuring the HSCIC acts in accordance with patient wishes helps to build public trust in the organisation which will encourage the majority of the public to have the confidence to allow their data to be collected and used. The DH policy has been developed in line with the National Data Guardian review of consent/opt-out and is, as far as possible, aligned to what we expect the model to look like in the future.

4.2 Financial Implications

The Patient Objections Management Project, as part of the HSCIC Preferences for Data Sharing Programme, is established on the portfolio. A resource budget for the project team has been established and funding is through GIA. However, there are likely to be some on-going impacts for other services as we work through implementation e.g. working with some customers to move them from identifiable to anonymised data flows, auditing compliance with the controls we are relying on for sharing data anonymised in line with the ICO code etc.

The implementation of a comprehensive mechanism to manage type 2 patient objections is also required to avoid further action from the ICO which would likely include a financial penalty as well as damage to our reputation

4.3 Stakeholder Implications

There are a number of wider stakeholders with an interest in this including NHS England, Public Health England, Care Quality Commission, Office for National Statistics, other Arm's Length Bodies and customers of HSCIC data disseminations such as the research community. In part the delay in drafting the Directions has enabled more time to work through the implications of the policy and agree approaches. It should be noted that there are many widely differing views in this area and it is likely that there will be some stakeholders who will remain unhappy with the approach being taken.

4.4 Handling

There are a number of communications issues that arise from the policy that is set out in these Directions. A communications plan was put in place commencing when the Directions and other material were published on 20th April 2016 and we are continuing to develop and roll out communications both proactively and reactively. Fair processing materials were agreed with the ICO and published on the HSCIC website from 20th April 2016 as part of our obligations under the Data Protection Act. There has been on-going planning and discussion with ALB partners and customers. This is highly likely to generate media interest. Lines to take and media handling protocols have been agreed between HSCIC and DH.

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5 Risks and Issues

There are a number of risks associated with the delivery of this piece of work:

- The direction is aimed at HSCIC but certain aspects of it require a degree of involvement and commitment by other organisations most notably PHE and NHS England. This challenge was raised the formal consultation on the Direction - most significantly as a failure to progress, even if due to others, could result in HSCIC failing in the enactment of the Undertaking. The DH sponsor team would use their system stewardship roles to expedite progress if needed and have provided a letter of assurance of their commitment to supporting delivery across the wider health system. This is provided at annex 3.
- The signing of a formal Undertaking with the ICO commits the HSCIC to compliance within a six months window. Any breach of a signed Undertaking would bring a greater likelihood of further action.
- At the current time data is collected via GPES[2] and of these a small number of GP practices have declined (26 as at 21/4/16) or not yet agreed to participate (159 as at 21/4/16) in the collection of NHS numbers for their patients who have registered a Type 2 objection. In addition there are a small number of GP Practices (38 as at 21/4/16) which are currently unable to provide data via GPES (eg because they are a shared practice) and a manual solution is being developed. In these cases HSCIC is not able to uphold these objections in line with patient wishes. We are continuing to work with these GP practices to secure commitment and it is anticipated that the publication of objections rates at GP practice level which commences on 17th May 2016 will ensure transparency of this position for patients. It should be noted that GP's are data controllers and type 2 objections are within a patients GP record.
- HSCIC is working through the options of dealing with existing objections e.g. cancer registration instead of type 2 objections to ensure it meets ICO and NDG expectations of good practice

6 Corporate Governance and Compliance

The Health and Social Care Act requires the DH to consult with HSCIC when it is minded to issue Directions. The HSCIC procedure is for this formal consultation to be undertaken with the Board. The draft Direction was not ready to come to the public Board in March and the May Board was too late to enable the consultation prior to the Direction being signed by the SoS. Therefore the consultation had to happen outside of the Board meeting through a Chair's action – again in line with the agreed process. The finalisation of the ICO Undertaking was dependent upon the receipt of the Directions and HSCIC committed to signing the ICO Undertaking, again through a Chair's action, as soon as the Direction was received.

Both Chair's actions were supported by advice from the Director of Information and Analytics, the deputy Caldicott Guardian(s), Information Governance, legal and the relevant business areas including programme delivery team.

[2] Total number of GP practices able to provide data via GPES is 7628

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7 Management Responsibility

The responsible Executive Director is Martin Severs - Interim Executive Director of Information and Analytics, Medical Director and Caldicott Guardian.

8 Actions Required of the Board

The Board ratifies the Chair’s actions to:

- provide feedback to DH as part of the formal consultation on the draft Directions for upholding patient objections across HSCIC data disseminations and to accept the Direction.
- sign the ICO Undertaking on behalf of the Board.

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Department of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

Richmond House
79 Whitehall
London
SW1A 2NS

020 7210 4850

POC_1028968

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

15 APR 2016

Dear Andy,

Direction to the Health and Social Care Information Centre to process Type 2 objections

Further to the Health and Social Care Information Centre (Patient Objections) Directions 2015,[1] I am writing to set out the steps that the Health and Social Care Information Centre (HSCIC) is to take upon collecting information about patients who have registered Type 2 objections.

Please accept this letter as a direction given under section 254(1) and (6) of the Health and Social Care Act 2012 ("the 2012 Act"), regulation 32 of the National Institute for Health and Social Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013 and sections 274(2) and 304(9)-(12) of the 2012 Act.

1. With effect from 29 April 2016, HSCIC is directed to establish and operate a system to process and uphold Type 2 objections, where reasonably practicable and in accordance with the following principles.

    a. Type 2 objections are the requests expressed by patients and lodged with their GP Practice that indicate that personal confidential information that relates to them should not be disseminated or published by HSCIC for purposes beyond their direct care.

    b. A Type 2 objection applies only to a patient's personal confidential information. This has the same meaning as "confidential patient information"

[1] For the avoidance of doubt, the Health and Social Care Information Centre (Patient Objections) Directions 2015 continue to have effect.

defined in section 251 (11) of the National Health Service Act 2006. Accordingly, a Type 2 objection will not apply to information that is not "confidential", including:

i. aggregated information;

ii. information that is otherwise anonymised in accordance with the Information Commissioner's Office Code of Practice on Anonymisation;[2] or

iii. patient registration information disclosed to the Office for National Statistics under section 43 of the Statistics and Registration Service Act 2007.

c. A Type 2 objection will not apply to the disclosure of a patient's personal confidential information for the purpose of facilitating the patient's direct care. This includes all disclosure of a patient's personal confidential information for the purpose of allowing his or her participation in National Screening Programmes endorsed by the UK National Screening Committee.

d. Additionally, a Type 2 objection will not apply to the disclosure of a patient's personal confidential information where:

i. The disclosure is required by law;

ii. The patient has explicitly consented to that disclosure (whether before or after registering their Type 2 objection);

iii. The disclosure is authorised in accordance with section 261(4) of the 2012 Act where the HSCIC is disseminating personal confidential information to the person from whom the HSCIC collected the personal confidential information;

iv. The disclosure is authorised under regulation 3 (Communicable disease and other risks to public health) of the Health Service (Control of Patient Information) Regulations 2002 (SI 2002/1438) ("the 2002 Regulations");

v. The disclosure is to the Office for National Statistics for the purpose of producing official statistics;

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[2] Information Commissioner's Office *Anonymisation: Managing Data Risk Code of Practice* (November 2012), available: https://ico.org.uk/media/1061/anonymisation-code.pdf

Department of Health

vi. Where there is an overriding public interest in the disclosure.

e. A Type 2 objection will apply to the disclosure of a patient's personal confidential information approved under regulation 2 (Medical purposes related to the diagnosis or treatment of neoplasia) or regulation 5 (Approval for processing information) of the 2002 Regulations, in cases where the approval is subject to the Confidentiality Advisory Group standard condition that the wishes of patients who have withheld or withdrawn their consent are respected, except in respect of disclosures to the Office for National Statistics specified in (d)(v) above and disclosures under the approvals specified in (f) below.

f. A Type 2 objection will not apply to the disclosure of a patient's personal confidential information under the following approvals:

i. National Cancer Registration Service (PIAG 03(a)/2001);

ii. National Congenital Anomalies and Rare Diseases Registration Service (CAG 10-02(d)/2015);

iii. Assuring Transformation: Enhanced Quality Assurance Process Data flow (Disclosure by HSCIC to NHS England) (CAG 8-02 (c)/2014).

g. It will not be considered reasonably practicable for HSCIC to process and uphold Type 2 objections where HSCIC cannot do so for technical reasons, for example in the following cases:

i. Systems in which the application of Type 2 objections would require significant and system-wide IT development changes which are neither practical nor cost-effective to implement (e.g. given the pending replacement of the system and/or where there is an overriding need for the system to continue operating.) The only system presently believed to meet these criteria is the Cancer Waiting Times system.

ii. Systems which are primarily used to support direct care but where the data are also accessed for purposes to which Type 2 objections would otherwise apply, and where it would not be reasonably practicable to segregate those purposes and apply Type 2 objections (e.g. payment notification generated as part of Electronic Prescription Service).

iii. Where an NHS Number cannot be identified for a record (either because the field is blank or an invalid NHS Number has been recorded).

iv. Data Services for Commissioners Regional Offices (DSCROs), which currently use local IT systems but are in the process of migrating onto the central HSCIC IT system. In this case HSCIC is directed to apply Type 2 objections in accordance with the principles in this letter by 14 October 2016.

v. Disclosure to Public Health England for the National Drug Treatment Monitoring Service, which involves disclosures authorised by patient consent and disclosures authorised by Regulation 5 approval (ECC 5-05(e)/2012). It is not currently possible to segregate the two classes of information. In this case HSCIC is directed to apply Type 2 objections in accordance with the principles in this letter by 14 October 2016.

In such cases, HSCIC must:

a. Make every reasonable and practicable effort to overcome the technical barriers as soon as possible; and

b. Uphold objections in accordance with the above principles as soon as reasonably practicable.

2. With effect from 29 April 2016, HSCIC is further directed to analyse how Type 2 objections may affect the data it releases in order to support recipient organisations to understand how the application of Type 2 objections may affect their own analysis, research findings and performance measurement.

JEREMY HUNT

CC (by email):
Kingsley Manning, Chair, HSCIC
Tamara Finkelstein, Chief Operating Officer, Department of Health
Professor Martin Severs, Interim Executive Director of Information and Analysis and Clinical Professional Lead, HSCIC
Katie Farrington, Director, IGT, Department of Health
Cameron Robson, Deputy Director, IGT, Department of Health

ICO Ref: ENF0605979

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DATA PROTECTION ACT 1998

UNDERTAKING

Data Controller: Health and Social Care Information Centre

1 Trevelyan Square
Boar Lane
Leeds
LS1 6AE

I, Mr Kingsley Manning, Chair of Health and Social Care Information Centre (HSCIC), hereby acknowledge the details set out below and undertake to comply with the terms of the following Undertaking:

1. HSCIC is the data controller as defined in section 1(1) of the Data Protection Act 1998 (the 'Act'), in respect of the processing of personal data carried out by HSCIC and is referred to in this Undertaking as the 'data controller'. Section 4(4) of the Act provides that, subject to section 27(1) of the Act, it is the duty of a data controller to comply with the data protection principles in relation to all personal data in respect of which it is a data controller.

2. The Information Commissioner (the 'Commissioner') was made aware of an ongoing concern with the way in which HSCIC shares patient data for purposes other than direct care. The Commissioner has received a complaint about this matter and further information about this concern has been supplied through correspondence and discussions between HSCIC and the Information Commissioner's Office.

3. In January 2014 a leaflet was sent to all households in England offering patients the chance to opt out of their personal confidential information being shared by HSCIC for purposes other than direct care, known as the 'Type 2 objection'. Patients were instructed to inform their GP if they decided to apply the Type 2 objection to their own personal confidential data.

4. HSCIC has a duty to share some patient information with third parties for the purposes of direct care. For example, HSCIC may share information to aid nationally approved screening programmes, such as NHS breast screening, and so the Type 2 objection will not be applied in these cases.

5. For legal and technological reasons HSCIC was not able to collect, record or implement the Type 2 objections registered by patients with their GPs. This has resulted in Type 2 objections not being implemented for approximately 700,000 patients.

6. By not being able to collect, record and apply the Type 2 objections it appears that the HSCIC has shared patients' data with other organisations against their wishes for purposes beyond their direct care, for example for research or other secondary purposes. Whilst the Commissioner understands that the HSCIC can point to legitimate reasons for the sharing, the offer of a patient opt out was made but not implemented.

7. On 15 April 2016, the Secretary of State for Health issued a Direction to HSCIC. This resolved the legal issues that prevented HSCIC from previously implementing Type 2 objections. The Direction sets out how Type 2 objections should be applied. The full text of the Direction can be found in Annex A. On this basis, a legal solution is in place, and Type 2 objections will be implemented in accordance with the Direction and as set out in this undertaking.

8. The Commissioner has accepted that there are specific circumstances in which a Type 2 objection will not apply, for example where there are technical barriers to the objection being applied, or where there is an overriding public interest in full data sets being shared by HSCIC. The Direction sets out where the Type 2 objection will not apply. Annex B lists the expected extent of the IT services referred to in the Direction paragraph 1(g)(ii).

9. The Commissioner is concerned about the way in which HSCIC has communicated with the general public about this matter. Although a statement has been placed on the HSCIC website explaining that patient opt outs have not yet been implemented, HSCIC has not otherwise taken steps to inform affected patients of this issue.

10. The Commissioner is aware that the issue of the sharing of patient data on a national basis is currently under the review of Dame Fiona Caldicott, the National Data Guardian. Dame Fiona's review is expected to clarify the policy framework regarding patient data and opt out policy across the Health and Care System. The approach to the application of Type 2 objections as reflected in the Direction is informed by this

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review.

11. The Commissioner has considered the data controller's compliance with the provisions of the Act in the light of this matter. The relevant provision of the Act is the First Data Protection Principle. This Principle is set out in Schedule 1 Part I to the Act and provides that

Personal data shall be processed fairly and lawfully and, in particular, shall not be processed unless—

(a) at least one of the conditions in Schedule 2 is met, and
(b) in the case of sensitive personal data, at least one of the conditions in Schedule 3 is also met.

The Commissioner has also considered the fact that some of the data disclosed in this incident consisted of information as to the physical or mental health or condition of the data subjects. Personal data containing such information is defined as 'sensitive personal data' under section 2(e) of the Act.

12. The Commissioner considers that a breach of the Act has taken place as data subjects' personal data has been processed unfairly, outside of their reasonable expectations. Having been given the opportunity to opt out of their data being shared by HSCIC for purposes other than direct care, they would expect this opt out to be applied.

13. Following consideration of the remedial action that has been taken by the data controller, it is agreed that in consideration of the Commissioner not exercising his powers to serve an Enforcement Notice under section 40 of the Act, the data controller undertakes as follows:

The data controller shall, as from the date of this Undertaking and for so long as similar standards are required by the Act or other successor legislation, ensure that personal data are processed in accordance with the First Data Protection Principle in Part I of Schedule 1 to the Act, and in particular that:

(1) HSCIC should establish and operate a system to process and uphold Type 2 objections, in accordance with the Direction from the Secretary of State. This process should be completed within six months of the date of this undertaking.

(2) HSCIC should ensure measures are put in place so that any patients affected by this incident can be made aware that it is possible that their personal data has been shared with third parties against their wishes. This process should be completed within six months.

(3) HSCIC should ensure measures are put in place so that any patients who have previously registered a Type 2 objection, or patients who register a Type 2 objection in future, are provided with clear fair processing information that enables them to understand how the Type 2 objection will be applied and how their data will be used.

(4) HSCIC should contact recipients of data sets it provided in the period January 2014 – April 2016 (where Type 2 objections can be processed and upheld in accordance with the Direction) and make them aware that the datasets may include records relating to patients who have chosen to opt out. HSCIC should do this within three months.

(5) HSCIC should contact recipients of data sets it provided in the period January 2014 – April 2016 (which included patient data where Type 2 objections can be processed and upheld in accordance with the Direction) and where the agreement allowed the recipient to onwardly disseminate the data, to make them aware that this data should no longer be disseminated further. HSCIC should do this within three months.

(6) HSCIC should contact recipients of data sets it provided in the period January 2014 – April 2016 (which included patient data where Type 2 objections can be processed and upheld in accordance with the Direction) to inform them that, where possible, the data sets should be destroyed or deleted and replaced with a new data set, which reflects patient opt outs, provided by HSCIC in its place. Whether it is possible to destroy or delete the data will depend on whether or not it has already been processed and used, such as in a research study or as part of business intelligence information made available to a Trust. HSCIC will collect and retain a certificate of destruction where it is possible

for data to be destroyed or deleted.

(7) HSCIC should revisit the matter of objections following the completion of the National Data Guardian review and consider whether its systems and processes can be modified to allow the Type 2 objection to be applied in circumstances where this is not currently possible.

Signed: ………………………………………………

Kingsley Manning
Chair
Health and Social Care Information Centre

Dated: …………19th April 2016………………….

Signed: ………………………………………………

Stephen Eckersley
Head of Enforcement
For and on behalf of the Information Commissioner

Dated: ……………………………………………….

ICO Ref: ENF0605979

ico. Information Commissioner's Office

Annex A

Direction to the Health and Social Care Information Centre to process Type 2 objections

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

14 April 2016

Dear Andy

Direction to the Health and Social Care Information Centre to process Type 2 objections

Further to the Health and Social Care Information Centre (Patient Objections) Directions 2015,[1] I am writing to set out the steps that the Health and Social Care Information Centre (HSCIC) is to take upon collecting information about patients who have registered Type 2 objections.

Please accept this letter as a direction given under section 254(1) and (6) of the Health and Social Care Act 2012 ("the 2012 Act"), regulation 32 of the National Institute for Health and Social Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013 and sections 274(2) and 304(9)-(12) of the 2012 Act.

1. With effect from 29 April 2016, HSCIC is directed to establish and operate a system to process and uphold Type 2 objections, where reasonably practicable and in accordance with the following principles.

    a. Type 2 objections are the requests expressed by patients and lodged with their GP Practice that indicate that personal confidential information that relates to them should not be disseminated or published by HSCIC for purposes beyond their direct care.

    b. A Type 2 objection applies only to a patient's personal confidential information. This has the same meaning as "confidential patient information" defined in section 251 (11) of the National Health Service Act 2006.

[1] For the avoidance of doubt, the Health and Social Care Information Centre (Patient Objections) Directions 2015 continue to have effect.

Accordingly, a Type 2 objection will not apply to information that is not "confidential", including:

i. aggregated information;
ii. information that is otherwise anonymised in accordance with the Information Commissioner's Office Code of Practice on Anonymisation;[2] or
iii. patient registration information disclosed to the Office for National Statistics under section 43 of the Statistics and Registration Service Act 2007.

c. A Type 2 objection will not apply to the disclosure of a patient's personal confidential information for the purpose of facilitating the patient's direct care. This includes all disclosure of a patient's personal confidential information for the purpose of allowing his or her participation in National Screening Programmes endorsed by the UK National Screening Committee.

d. Additionally, a Type 2 objection will not apply to the disclosure of a patient's personal confidential information where:

i. The disclosure is required by law;

ii. The patient has explicitly consented to that disclosure (whether before or after registering their Type 2 objection);

iii. The disclosure is authorised in accordance with section 261(4) of the 2012 Act where the HSCIC is disseminating personal confidential information to the person from whom the HSCIC collected the personal confidential information;

iv. The disclosure is authorised under regulation 3 (Communicable disease and other risks to public health) of the Health Service (Control of Patient Information) Regulations 2002 (SI 2002/1438) ("the 2002 Regulations");

v. The disclosure is to the Office for National Statistics for the purpose of producing official statistics;

[2] Information Commissioner's Office *Anonymisation: Managing Data Risk Code of Practice* (November 2012), available: https://ico.org.uk/media/1061/anonymisation-code.pdf

vi. Where there is an overriding public interest in the disclosure.

e. A Type 2 objection will apply to the disclosure of a patient's personal confidential information approved under regulation 2 (Medical purposes related to the diagnosis or treatment of neoplasia) or regulation 5 (Approval for processing information) of the 2002 Regulations, in cases where the approval is subject to the Confidentiality Advisory Group standard condition that the wishes of patients who have withheld or withdrawn their consent are respected, except in respect of disclosures to the Office for National Statistics specified in (d)(v) above and disclosures under the approvals specified in (f) below.

f. A Type 2 objection will not apply to the disclosure of a patient's personal confidential information under the following approvals:

   i. National Cancer Registration Service (PIAG 03(a)/2001);

   ii. National Congenital Anomalies and Rare Diseases Registration Service (CAG 10-02(d)/2015);

   iii. Assuring Transformation: Enhanced Quality Assurance Process Data flow (Disclosure by HSCIC to NHS England) (CAG 8-02 (c)/2014).

g. It will not be considered reasonably practicable for HSCIC to process and uphold Type 2 objections where HSCIC cannot do so for technical reasons, for example in the following cases:

   i. Systems in which the application of Type 2 objections would require significant and system-wide IT development changes which are neither practical nor cost-effective to implement (e.g. given the pending replacement of the system and/or where there is an overriding need for the system to continue operating.) The only system presently believed to meet these criteria is the Cancer Waiting Times system.

   ii. Systems which are primarily used to support direct care but where the data are also accessed for purposes to which Type 2 objections would otherwise apply, and where it would not be reasonably practicable to segregate those purposes and apply Type 2 objections (e.g. payment notification generated as part of Electronic Prescription Service).

iii. Where an NHS Number cannot be identified for a record (either because the field is blank or an invalid NHS Number has been recorded).

iv. Data Services for Commissioners Regional Offices (DSCROs), which currently use local IT systems but are in the process of migrating onto the central HSCIC IT system. In this case HSCIC is directed to apply Type 2 objections in accordance with the principles in this letter by 14 October 2016.

v. Disclosure to Public Health England for the National Drug Treatment Monitoring Service, which involves disclosures authorised by patient consent and disclosures authorised by Regulation 5 approval (ECC 5-05(e)/2012). It is not currently possible to segregate the two classes of information. In this case HSCIC is directed to apply Type 2 objections in accordance with the principles in this letter by 14 October 2016.

In such cases, HSCIC must:

a. Make every reasonable and practicable effort to overcome the technical barriers as soon as possible; and

b. Uphold objections in accordance with the above principles as soon as reasonably practicable.

2. With effect from 29 April 2016, HSCIC is further directed to analyse how Type 2 objections may affect the data it releases in order to support recipient organisations to understand how the application of Type 2 objections may affect their own analysis, research findings and performance measurement.

JEREMY HUNT

ico. Information Commissioner's Office

Annex B

A list of the IT services referred to in direction clause 1(g)(ii) in Annex A

Alert Viewer
Bowel Cancer Screening System – query tool
Counter Fraud reports - Address Occupancy Report
Counter Fraud reports - Multiple Registrations History Report
Demographics Batch Service
Electronic Prescription Service
Open Exeter - Caldicott Guardian Report
Overseas Visitor Status
Service User Death Report (Secondary Care)

Department of Health

From the Tamara Finkelstein
Chief Operating Officer and
Director General for Group Operations

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 0207 210 4369
Tamara.Finkelstein@dh.gsi.gov.uk

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

15 April 2016

Dear Andy

On 14 April, the Secretary of State issued directions to HSCIC to implement Type 2 objections from 29 April, in accordance with the principles set out in those directions.

The Department recognises that implementation of Type 2 objections (and fulfilment of the undertaking to the Information Commissioner's Office to complete implementation within six months) requires the active cooperation of our system partners, including NHS England and Public Health England.

In support of this, I would like to assure you that the Department will continue to act in its usual role of ensuring that our system partners each act in alignment, in this case specifically to deliver the Department's Type 2 objections policy. Where necessary, we will of course convene discussions and broker agreement between HSCIC and your delivery partners under our existing sponsorship mechanisms.

Yours Sincerely,

T.M. Finkelstein

Sent by e-mail:

Copy: Kingsley Manning, Chair, HSCIC
Professor Martin Severs, Interim Executive Director of Information and Analysis and Clinical Professional Lead, HSCIC
Katie Farrington, Director, IGT, Department of Health
Cameron Robson, Deputy Director, IGT, Department of Health

Health and Social Care Information Centre

Minute of Chair's Action – Monday 18 April 2016

Department of Health Directions to the HSCIC to process Type 2 Objections

Non-Executive Director (Chair)	Kingsley Manning
Non-Executive Director	Sir Ian Andrews
Non-Executive Director	Prof. Maria Goddard

The HSCIC acknowledges receipt of the Department of Health Directions to the HSCIC to process Type 2 Objections. The HSCIC also acknowledges receipt of a letter from Tamara Finkelstein (Department of Health Chief Operating Officer and Director General for Group Operations) on 15 April 2016 in respect to the Directions, to which the HSCIC CEO responded on 18 April 2016.

The HSCIC Standing Orders permit, in exceptional circumstances, that the powers which the Board has retained to itself may in emergency be exercised by the Chair, after having consulted at least two non-executive members. The exercise of such powers by the Chair must be reported to the next formal meeting of the Board for ratification.

On Monday 18 April 2016 by Chairs Action, the HSCIC accepted the Department of Health Directions to the HSCIC to process Type 2 Objections. The Chair and Non-Executive Directors Sir Ian Andrews and Professor Maria Goddard accepted the Directions on behalf of the Board. The HSCIC therefore agrees to the implementation of the Direction on 29 April 2016.

The Board resolved at the Board meeting on 25 November 2015 to agree to a Chairs Action because the draft Directions were not ready for the November Board. The interim Director of Information and Analytics (Martin Severs) confirmed that work was ongoing to draft the Directions with the Department of Health. The Board approved the management of the Directions via a Chairs Action.

It is confirmed the Chair has signed the associated Information Commissioners Office (ICO) Undertaking.

The ratification of the Chair's Action will take place at the May Board meeting.

Department of Health

From the Tamara Finkelstein
Chief Operating Officer and
Director General for Group Operations

Richmond House
79 Whitehall
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Tel: 0207 210 4369
Tamara.Finkelstein@dh.gsi.gov.uk

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18th April 2016

Tamara Finkelstein
Chief Operating Officer
Director General - Group Operations
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

Dear Tamara

We have now received the Secretary of State's letter "Direction to the Health and Social Care Information Centre to process Type 2 objections" dated 15th April and we have already started work on commencing its implementation before the 29th April.

In addition thank you for your letter of the 15th April 2016, which helpfully captures the challenge and the role the Department of Health will play if required so that the HSCIC can deliver the Directions and the Undertaking to the Information Commissioner, by the 14th October 2016. I hope such interventions will not be required and all parts of the system play their role to ensure that data continues to flow for the benefits of patients in a way they expect.

Yours sincerely

Andy Williams
Chief Executive

hscic Health & Social Care Information Centre

Board Meeting (Public)

Title of paper:	Review of Board Effectiveness 2015-16
Board meeting date:	04 May 2016
Agenda item no:	HSCIC 16 01 05 a (P1)
Paper presented by:	Non-Executive Director and Board Senior Independent Director - Sir Ian Andrews
Paper prepared by:	Annabelle McGuire - Secretary to the Board and Head of Corporate Governance Contributions from Linda Whalley – Director of Policy and Strategy
Sponsor Director:	Carl Vincent - Director of Finance and Corporate Services
Purpose of the paper:	To present to the Board a summary of the review of Board effectiveness 2015-16 To thank the Board for its input to the review
Key risks and issues:	There is a risk that if the Board does not regularly effectively appraise it's performance the Board may not govern the organisation well or undertake its duties effectively
Patient/public interest:	Indirect – corporate governance and organisational decision making
Actions required by the Board:	• To note the review's outcome

Health & Social Care Information Centre

Recommendations arising from the review of Board Effectiveness in 2015/16

Author: Linda Whalley

Director of Policy and Strategy

Annabelle McGuire

Secretary to the Board and Head of Corporate Governance

Date: May 2016

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1. Executive Summary

At the end of 2015/16, the HSCIC undertook a structured review and evaluation of the effectiveness of our Board. This is in keeping with the HM Treasury and Cabinet Office corporate governance code of good practice.

Board members had the opportunity to reflect on the key findings during April 2016. They agreed that the responses reflected the fact that the HSCIC has been in significant transition in relation to:

- The Transformation of the HSCIC, and the launch of the new Operating Model in April 2016;
- A significant focus on the National Information Board;
- Work to implement the recommendations set out in the paper from the Department of Health's Permanent Secretary on "Digital Delivery: improving national capability to deliver".

This inevitably affected overall performance and meant that there are areas where we could have done better. In summary, the organisation and the Board are continuing to evolve and that the assessment represents only a snapshot of a dynamic process.

There will be additional transition arising from these during 2016/17, but the Board agreed that the direction of travel is now established, and there is a need for the Board to be fully aligned with the national strategy for digital delivery.

This paper sets out the recommendations for action following that review, and the appendix to this paper summarises the outcomes and key messages.

2. Background

An annual review of effectiveness is established good practice in regard to corporate governance. In 2014/15, the HSCIC Annual Review of Board Effectiveness was accomplished through an internal audit, the final action in respect to which was closed as planned on 31 March 2016. This year it has been managed internally by the Executive Office overseen by Non-Executive Director (NED) Sir Ian Andrews in his capacity as the Board's Senior Independent Director (SID).

The latest review took the form an online survey based on the National Audit Office's (NAO) recommended questionnaire, with the addition of three questions on administrative support to meetings, including the use of the Virtual Board Room (VBR) tool. Several Board members also had individual discussions with Sir Ian.

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3. Recommendations arising from the review

The recommendations are summarised below. A key consideration regarding the implementation of these recommendations is that the HSCIC is awaiting the changeover of Chairs. Some of the recommendations are therefore flagged for consideration when the new Chair has started.

Ref:	Recommendation	Lead	Timescale for action	Target completion date
1.	We should expect that a new strategy will be required for 2017/18, given the implications arising out of the Digital Delivery note and the governance work that is in progress, as well as the new NIB portfolio. We should therefore start to plan the work required to develop and agree the strategy.	Director of Policy and Strategy	Work to start immediately	31 March 2017
2.	Explore opportunities for comparing the performance of the organisation with other ALBs	Director of Strategy/Director of Finance and Corporate Services	Immediately, to produce options for consideration in September 2016	Proposals by 07 Sept 2016
3.	Ensure that the internal governance arrangements for our Operating Model are capable of providing effective assurance of the performance of partner organisations involved in delivery	Chief Operating Officer (COO)	Work to start immediately	Measures in place by 07 Sept 2016
4.	The Non-Executive Directors to increase their engagement with Non-Executives from other Arms Length Bodies (ALB)	CEO/SID	CEO and SID to discuss and agree an approach with the new Chair	Board Business meeting - 27 July 2016
5.	Review Board membership, in respect of the vacant Executive Director and Non-Executive Director positions	CEO/SID	CEO and SID to discuss and agree proposals with the new Chair	Board Business meeting - 27 July 2016 (earlier if required)

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Ref:	Recommendation	Lead	Timescale for action	Target completion date
6.	Review the size of the Board, in particular the requirement for all Executive Management Team Directors to attend Board meetings	CEO/SID	Immediately	Board Business Meeting - 27 July 2016
7.	Prepare for the additional attendance at Board meetings of the NHS England Chief Information and Technology Officer (CITO) and a senior representative from the Department of Health (position to be confirmed)	CEO/SID	CEO and SID to discuss and agree proposals with the new Chair	Board Business Meeting - 27 July 2016 (earlier if required)
8.	Review and amend the HSCIC's Corporate Governance Manual to ensure changes to Board attendance are incorporated	Director of Finance and Corporate Services/Secretary to the Board	When required	To be determined
9.	Ensure that future reviews of Board effectiveness include reviewing all the Board's subcommittees	Chairs of the Board's subcommittees/Secretary to the Board	Incorporate in the 2017/18 review	31 March 2017
10.	Schedule time in our Board Business meetings for in-year reviews of Board effectiveness. These could be quarterly or 6-monthly	Chair/Secretary to the Board	Immediately (to be scheduled on the forward business plan)	Completed
11.	Produce regular update reports summarising key meetings that have taken place. These will be for information, and will cover the Chair and CEO, but could include key meetings that the Executive Directors and Non-Executives have had.	CEO/Secretary to the Board	Implemented	Completed – report to be evaluated
12.	Ensure that the Board gets the right information, in the right format, in the right amount, at the right time, on all occasions	Director of Policy and Strategy/Secretary to the Board	Immediately	Measures in place by 07 September 2016

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4. Risks and Issues

It is imperative that the Board reflects on its effectiveness to ensure that it operates and governs the organisation to a high standard. Otherwise there is a risk that the business the Board conducts will not be undertaken in a timely manner and will not achieve the intended results.

5. Corporate Governance and Compliance

The Board sets the standard, upholds and sustains the corporate standards for the organisation.

6. Management Responsibility

Annabelle McGuire, Secretary to the Board and head of Corporate Governance, will deal with these matters on a day to day basis.

7. Actions Required of the Board

The Board is asked to discuss and agree these recommendations as for action

.

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Appendix: Key messages from the review of Board effectiveness 2015/16

Objectives, Strategy and Remit

In this section the responses were broadly positive. Some concerns were expressed, however, with the main one concerning the extent to which the Board assessed its own performance against its objectives at regular intervals and at year-end.

The Board's objectives have been discussed and agreed as being strategic oversight as opposed to being involved in the detail of delivery, and governing as opposed to running the organisation.

Performance Management

In this section the responses were broadly positive with a general sense of improvement. The main area for concern related to the extent of the Board's understanding of the performance of the organisation relative to other bodies. A number of comments were made about comparisons with other Arms Length Bodies (ALBs); however, it is not clear whether these comments would have been offered if the question had been framed differently.

It is recognised that comparison with, for example, other ALBs may not be productive unless there are common features in the areas of business being compared. Horizon scanning however could be an area for additional consideration.

Relationships with Key Stakeholders

This was highlighted as a key concern in the internal audit of Board effectiveness in 2014/15, and although there has been some progress it remains the main area of concern. Particular reference was made to the need to implement and embed the new Stakeholder and Engagement Strategy, which was an action agreed against last year's internal audit recommendations. The first draft of this was discussed at the Executive Management Team meeting at the end of March this year.

Propriety Fraud and Leakage

The responses were broadly positive with only one or two negative scores across the four questions. The main issue raised was about how relevant issues were reported to the Board. This is essentially a matter for the Assurance and Risk Committee (ARC) which raises issues to the Board when appropriate. The recent appointment of an internal Counter Fraud Specialist provides additional assurance in-house.

Delivery Chain and Project Management

In this section the responses were broadly inclined to be positive, with the exception of one question. A number of Non-Executives, in particular, were concerned about the level of assurance on the performance and governance arrangements of partner organisations when they are involved in delivery. The comments generally suggested that more needed to be done in this area. A key priority is working in closer collaboration with partner organisations. The new internal operational model including a Delivery Board and a Corporate Approvals Board will help to start addressing this issue.

Risk Management

In this section the responses were broadly positive. Some Non-Executives, in particular, expressed concern over the reliability of future funding projections and the balance between evolving customer requirements and future funding streams. While the monitoring of risk is undertaken by the ARC, supported by the Information Assurance and Cyber Security Committee (IACSC), the fact that both Committees routinely report to the Board and that the robustness of future funding is regularly debated at that level is evidence that the arrangements are operating effectively. Again, this is a consequence of the evolution of new operating and governance arrangements across health and social care over the last year. The work has started to address this in the preparation and publication of the latest governance document.

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The Audit Committee, Internal Audit and Corporate Reporting

In this section the responses were broadly positive. A lot has been done in this area, with many improvements made and others in the pipeline. It is recognised that there remains work to do to ensure the work continues to progress in the right direction.

The Boardroom

The responses were broadly positive in this section. The main areas commented on were succession planning for the Board (addressed as an action arising from the internal audit 2014-15), drawing up of action plans and the Board regularly reviewing progress against its own performance plans (such as the recommendations from this review).

It is acknowledged that there are the implications of the recommendations of the governance paper on Digital Delivery for the size of the Board going forward. This includes clarification on the roles of those in attendance at Board meetings. Including taking this opportunity to reflect on who will be the fifth Executive Director (with a voting right) on the Board, what potential gaps there are in the Board at this level.

There is also work to be done in respect to equality and diversity priorities for Board representation - regarding protected characteristics and/or areas of business (for example NED with a social care/local authority background, or at executive level).

The format of the Board meetings including the benefits of the non-statutory Board Business meetings and the advantages of the peripatetic Board meetings at the HSCIC hub locations was supported. The Board considered it was of great benefit to meet as many staff as possible to understand what they do on a day to day basis, including the challenges they face.

Meetings and Administration

In this section the responses were broadly positive with some NEDs, in particular, expressing frustration with aspects of the Virtual Board Room. This was mainly in respect of the length of papers and the issuing of late papers without indication of where changes had been made.

There are strong views about the need to improve the quality and timeliness of Board packs. This was a recommendation from the internal audit 2014-15, which requires strong enforcement and rigour.

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Recommendations arising from the review of Board Effectiveness in 2015/16

Author: Linda Whalley

Director of Policy and Strategy

Annabelle McGuire

Secretary to the Board and Head of Corporate Governance

Date: May 2016

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This inevitably affected overall performance and meant that there were areas where we could have done better. In summary, the organisation and the Board are continuing to evolve and the assessment represents only a snapshot of a dynamic process.

Additional challenges will flow from these and other changes during 2016/17, but the Board agreed that the direction of travel is now established, and there is a need for the Board to focus on fully aligning what will become NHS Digital with the new national strategy for digital delivery.

This paper sets out the recommendations for action following that review, and the appendix to this paper summarises the outcomes and key messages.

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Ref:	Recommendation	Lead	Timescale for action	Target completion date
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Appendix: Key messages from the review of Board effectiveness 2015/16

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In this section, the responses were broadly positive. Some concerns were expressed, however, particularly about the extent to which the Board's objectives could be different from those of the organisation and how the Board assessed its own performance against its objectives during the year.

The Board's objectives have been discussed and it is agreed that they should be expressed in terms of strategic oversight, direction and governance as opposed to focusing on the detail of management and delivery of the organisation which are properly the preserve of the Executive Management Team.

Performance Management

In this section, the responses were broadly positive with a general sense of improvement. The main area for concern related to the extent of the Board's understanding of the performance of the organisation relative to other bodies. A number of comments were made about comparisons with other Arms Length Bodies (ALBs); however, it is not clear whether these comments would have been offered if the question had been framed differently.

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It is acknowledged that there are implications of the recommendations of the governance paper on Digital Delivery for the size and functions of the Board going forward. These include clarification of the roles of those in attendance at Board meetings, which of the Executive Directors should be the fifth (with a voting right) on the Board, how to accommodate the representatives of the Department and NHSE, and what potential gaps there are in the Board at this level.

There is also work to be done in respect to equality and diversity priorities for Board representation - regarding protected characteristics and/or areas of business (for example NED with a social care/local authority background, or at executive level).

The format of the Board meetings including the benefits of the non-statutory Board Business meetings and the advantages of the peripatetic Board meetings at HSCIC hub locations was supported. The Board considered it was of great benefit to meet as many staff as possible to understand what they do on a day to day basis, including the challenges they face.

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Board meeting – Public session

Title of paper:	**HSCIC Board Forward Business Schedule**
Board meeting date:	04 May 2016
Agenda item no:	HSCIC 16 01 05 b (P1)
Paper presented by:	Chair
Paper prepared by:	Annabelle McGuire, Secretary to the Board
Paper approved by: (Sponsor Director)	None
Purpose of the paper:	This paper details the HSCIC Board forward business schedule for the financial year 2016-17. Please note this schedule is subject to change.
Key risks and issues:	N/A
Patient/public interest:	Corporate Governance – decision making
Actions required by the board:	To note for information

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

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

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

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Board meeting – Public session

Title of paper:	**HSCIC Statistical Publications**
Board meeting date:	04 May 2016
Agenda item no:	HSCIC 16 01 07 a (P1)
Paper presented by:	For information
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 March – May 2016, and media and web coverage for publications released in February 2016 and March 2016.
Key risks and issues:	N/A
Patient/public interest:	Overview of HSCIC Statistical Publications
Actions required by the board:	For information

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HSCIC Statistical Publications

Author Chris Roebuck

Date 19 April 2016

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Purpose

This paper describes:

- HSCIC Official (and National) Statistics publications planned for March – May 2016;
- Media coverage for press released Official Statistics publications during February and March 2016;
- Web activity for publications released during February and March 2016.

Background to HSCIC Official Statistics

As at 19 April 2015, the HSCIC is responsible for 97 active (currently published or planned for future release) series of Official Statistics of which 25 are designated as National Statistics, which means that the UK Statistics Authority (UKSA) recognises them as being compliant with the Code of Practice for Official Statistics.

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

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

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

National Statistics are identified below with [NS].

Consultation on HSCIC statistics

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

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

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

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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.

April 2016

New releases

Care Information Choices, England

Biennial

None scheduled for April.

Annual

07 April 2016	Prescription Cost Analysis, England - 2015 [NS]
27 April 2016	General and Personal Medical Services, England - 2005-2015, as at 30 September
28 April 2016	Statistics on Obesity, Physical Activity and Diet, England - 2016 [NS]

Biannual

None scheduled for April.

Quarterly

13 April 2016	Data on written complaints in the NHS - 2015/16 Quarter 3, Experimental [NS]
14 April 2016	Numbers of Patients Registered at a GP Practice - April 2016
21 April 2016	CCG Prescribing Data - October to December 2015
21 April 2016	Statistics on NHS Stop Smoking Services in England - April 2015 to December 2015

Monthly

06 April 2016	Maternity Services Monthly Statistics - November 2015, Experimental statistics
08 April 2016	HES-DID Data Linkage Report - Provisional Summary Statistics, April to November 2015 (Experimental Statistics)
08 April 2016	NHS Safety Thermometer Report - England March 2015 - March 2016
14 April 2016	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to March 2015 - April 2016 release

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14 April 2016	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2015 to November 2015
19 April 2016	Learning Disability Services Monthly Statistics - Commissioner Census (Assuring Transformation), March 2016, Experimental Statistics
19 April 2016	Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - March 2016
20 April 2016	Improving Access to Psychological Therapies Report - January Final, February Primary 2016 and Quarter 3 2015/16
20 April 2016	Mental Health Services Monthly Statistics - Final January, Provisional February 2016
26 April 2016	Provisional Accident and Emergency Quality Indicators for England - January 2016, by provider
26 April 2016	Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2015 - February 2016
27 April 2016	NHS Sickness Absence Rates - October 2015 to December 2015
27 April 2016	NHS Workforce Statistics - January 2016, Provisional Statistics

May 2016

New releases

Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - 2015/16

Biennial

None scheduled for May.

Annual

27 May 2016	Statistics on Smoking, England - 2016 [NS]

Biannual

None scheduled for May.

Quarterly

06 May 2016	NHS Dental Statistics for England - 2015-16, Third quarterly report
12 May 2016	NHS Outcomes Framework indicators - May 2016 release
12 May 2016	Patient Reported Outcome Measures (PROMs) in England - Special Topic - PROMs Quarterly Topic of Interest Q2 2015-16
19 May 2016	NHS Dental Statistics for England - 2015-16, Third quarterly report
19 May 2016	NHS Outcomes Framework indicators - May 2016 release

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Monthly

04 May 2016	Maternity Services Monthly Statistics - December 2015, Experimental statistics05 May 2016 HES-DID Data Linkage Report - Provisional Summary Statistics, April to December 2015 (Experimental Statistics)
11 May 2016	NHS Safety Thermometer Report - England April 2015 - April 2016
12 May 2016	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to March 2015 - May 2016 release
12 May 2016	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2015 to December 2015
20 May 2016	Learning Disability Services Monthly Statistics - Commissioner census (Assuring Transformation), April 2016, Experimental Statistics
20 May 2016	Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - April 2016
24 May 2016	Improving Access to Psychological Therapies Report - February Final, March Primary 2016 and most recent quarterly data (Quarter 3 2015/16)
24 May 2-16	Mental Health Services Monthly Statistics - February Final, March Provisional 2016
25 May 2016	NHS Sickness Absence Rates - January 2016, Provisional Statistics
25 May 2016	NHS Workforce Statistics - February 2016, Provisional statistics
26 May 2016	Provisional Accident and Emergency Quality Indicators for England - February 2016, by provider
26 May 2016	Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2015 - March 2016 (M12)

Other

17 May 2016	NICE Technology Appraisals in the NHS in England (Innovation Scorecard) - to September 2015

June 2016

New releases

- Learning Disability Statistics - Annual Overview - England 2015-2016

Biennial

None scheduled for June.

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Annual

- Hospital Episode Statistics: Deaths within 30 days of a hospital procedure or of an emergency admission to hospital - Financial year 2014/15
- NHS Surplus Land - 2015/16 England
- Statistics on Alcohol, England - 2016 [NS]

Biannual

None scheduled for June.

Quarterly

- CCG Outcomes Indicator Set - June 2016 release
- CCG Prescribing Data - January to March 2016
- NHS Continuing Healthcare Activity - England, Quarter 4, 2015-16
- NHS Staff Earnings Estimates - to March 2016, Provisional statistics
- Statistics on Women's Smoking Status at Time of Delivery: England - April 2015 to March 2016
- Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation, England, January 2015 - December 2015

Monthly

- Female Genital Mutilation - January-March 2016, Experimental Statistics, Enhanced Dataset
- HES-DID Data Linkage Report - Provisional Summary Statistics, April 2015 to January 2016 (Experimental Statistics)
- Improving Access to Psychological Therapies Report - March Final, April Primary 2016 and most recent quarterly data (Quarter 3 2015/16)
- Learning Disability Services Monthly Statistics - Commissioner Census (Assuring Transformation), May 2016, Experimental Statistics
- Mental Health Services Monthly Statistics - Final March 2016 and Provisional April 2016
- NHS Safety Thermometer Report - England May 2015 - May 2016
- NHS Sickness Absence Rates - February 2016, Provisional Statistics
- NHS Workforce Statistics - March 2016, Provisional statistics
- Provisional Accident and Emergency Quality Indicators for England - March 2016, by provider
- Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to March 2015 - June 2016 release
- Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2015 - March 2016 (M13)

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- Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2015 to January 2016
- Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - May 2016

Other

None scheduled for June.

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.

April 2016

01 April 2016 National Diabetes Audit - Report 1: Insulin Pumps

June 2016

- National Diabetes Inpatient Audit - National Diabetes Inpatient Audit Report 2015

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User and Media Activity

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

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

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

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

February 2016

Publication	Date	Unique page views	Media units
Adult Critical Care in England - 2014-15	04/02/2016	153	
HES-DID Data Linkage Report - Provisional Summary Statistics, April to September 2015 (Experimental Statistics)	04/02/2016	71	
HES-MHLD Data Linkage Report - Summary Statistics, October 2015	05/02/2016	96	
NHS Safety Thermometer Report - England January 2015 - January 2016	10/02/2016	204	
Personal Social Services: Staff of Social Services Departments, England - September 2015 [NS]	10/02/2016	713	18
Patient Reported Outcome Measures (PROMs) in England - Special Topic - PROMs Quarterly Topic of Interest Q2 2015-16	11/02/2016	103	
Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to March 2015 - February 2016 Release	11/02/2016	350	
Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2015 to September 2015	11/02/2016	678	
Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - January 2016	12/02/2016	432	
NHS Dental Statistics for England - 2015-16, Second quarterly report	16/02/2016	160	

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February 2016 – continued

Publication	Date	Unique page views	Media units
Learning Disability Services Monthly Statistics - Commissioner Census (Assuring Transformation), January 2016, Experimental Statistics	19/02/2016	299	
Learning Disability Services Quarterly Statistics - Commissioner Census (Assuring Transformation), Q3 2015/16, Experimental Statistics	19/02/2016	113	
Improving Access to Psychological Therapies Report - November Final, December Primary 2015 and most recent quarterly data (Quarter 2 2015/16)	23/02/2016	606	
Mental Health and Learning Disabilities Statistics - Monthly report: Final November 2015 and Provisional December 2015	23/02/2016	564	
NHS Sickness Absence Rates - October 2015, Provisional statistics	23/02/2016	149	
NHS Workforce Statistics - November 2015, Provisional Statistics	23/02/2016	171	
Breast Screening Programme, England - Statistics for 2014-15 [NS]	24/02/2016	544	27
Provisional Accident and Emergency Quality Indicators for England - November 2015, by provider	24/02/2016	203	
Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2015 - November 2015	24/02/2016	211	
NHS Outcomes Framework indicators - February 2016 release	25/02/2016	708	
NHS Vacancies Statistics England - 2015, Provisional, Experimental statistics	25/02/2016	197	

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March 2016

Publication	Date	Unique page views	Media units
Maternity Services Monthly Statistics - September 2015 and October 2015, Experimental statistics	02/03/2016	435	
HES-DID Data Linkage Report - Provisional Summary Statistics, April to October 2015 (Experimental Statistics)	04/03/2016	70	
HES-MHLD Data Linkage Report - Summary Statistics, November 2015	04/03/2016	146	
Female Genital Mutilation - October-December 2015, Experimental Statistics, Enhanced Dataset	08/03/2016	524	
General Ophthalmic services workforce statistics - 31 December 2015 [NS]	09/03/2016	122	
NHS Safety Thermometer Report - England February 2015 - February 2016	09/03/2016	138	
Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to March 2015 - March 2016 Release	10/03/2016	187	
Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2015 to October 2015	10/03/2016	407	
Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - February 2016	11/03/2016	343	
NHS Continuing Healthcare Activity - England, Quarter 3, 2015-16	17/03/2016	116	
Statistics on Women's Smoking Status at Time of Delivery: England - Quarter 3, October 2015 to December 2015	17/03/2016	260	
Learning Disabilities Census Report - Further Analysis: England, 30th of September 2015	18/03/2016	41	
Learning Disability Services Monthly Statistics - Commissioner census (Assuring Transformation), February 2016, Experimental Statistics	18/03/2016	273	
Improving Access to Psychological Therapies Report - December 2015 Final, January Primary 2016 and most recent quarterly data (Quarter 2 2015/16)	22/03/2016	352	

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March 2016 - Continued

		Unique page views	Media units
CCG Outcomes Indicator Set - March 2016 release	23/03/2016	508	
Provisional Accident and Emergency Quality Indicators for England - December 2015, by provider	23/03/2016	56	
Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2015 - January 2016; Special topic - Eating Disorders	23/03/2016	312	8
Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation, England, October 2014 - September 2015	23/03/2016	249	6
Healthcare Workforce Statistics - September 2015, Experimental	30/03/2016	109	68
NHS Sickness Absence Rates - November 2015, Provisional statistics	30/03/2016	70	
NHS Staff Earnings Estimates - December 2015, Provisional statistics	30/03/2016	98	
NHS Workforce Statistics - December 2015, Provisional Statistics	30/03/2016	198	
NHS Workforce Statistics - September 2015, England, Experimental	30/03/2016	109	
Mental Health Services Monthly Statistics - Provisional January 2016	30/03/2016	552	

Note that the SHMI and Monthly HES publications on the 23th March shared a press release, so 6 units of media activity are attributable to both releases.

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Actions Required of the Board

None - For information only.

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Board meeting – Public session

Title of paper:	**Programme Definitions**
Board meeting date:	04 May 2016
Agenda item no:	HSCIC 16 01 07 b (P1)
Paper presented by:	Carl Vincent, Director of Finance and Corporate Services
Paper prepared by:	John Willshere, Portfolio Director
Paper approved by: (Sponsor Director)	Carl Vincent, Director of Finance and Corporate Services
Purpose of the paper:	To provide the Board with a summary of each programme listed on the programme dashboards.
Key risks and issues:	The programme dashboards monitor the performance of each programme. This document gives a brief overview of what each programme was set up to do.
Patient/public interest:	The public interest is in ensuring the HSCIC manages its programmes in an effective way. This document gives patients and members of the public a useful overview of each programme on the dashboard.
Actions required by the board:	**For Reference Only**

Portfolio Code	Portfolio item name	Portfolio Item Desc
P0050/00	Spine 2	The provision of the existing Spine Services to be re-procured using the new Government ICT strategy framework, using internal and 3rd party resources.
P0238/00	NHS e-Referral Service Programme (eRS)	The NHS e-Referral Service Programme will deliver an open, modern, electronic referral service, improving patient outcomes and delivering paperless referrals.
P0335/00	SUS Transition	Responsible for the delivery of interim tactical solutions to ensure business continuity from the end of the BT SUS contract. This will include system data and user transition.
P0208/00	GP systems of Choice Replacement (GPSoC)	To provide a contractual vehicle for the supply and development of GP clinical IT systems for all Practices in England, following expiry of the extended GPSoC call off agreements in March 2014.
P0325/00	Cyber Security Programme (CSP)	An Interim Cyber Security Review (ICSR) has established the readiness and capability of the HSCIC to proactively manage and respond to Cyber Security threats as part of a wider Information Assurance programme. A significant number of high impacting risks need to be addressed as a matter of urgency. This programme will address these risks.
P0190/00	Health & Social Care Network (HSCN)	Develop and deliver options appraisals with supporting impact assessments, leading to an appropriate business case for the procurement of a wide area network to meet the information needs of health, public health and social care through utilising in full or in part the Public Sector Network (PSN) framework, models and approaches. The HSCN project will deliver a Public Services Network for Health, which will be aligned and accredited to PSN standards.
P0196/00	NHSmail 2	The NHSmail 2 Project is to replace the existing NHSmail service. The project is tasked with procuring a new service and transitioning the users and services onto this service from the current Vodafone platform.
P0047/00	BT LSP (London & South)	BT LSP 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.
P0031/00	CSC LSP Delivery Programme	LSP Delivery Programme: Increased patient safety and quality of healthcare and also greater clinical effectiveness and administration efficiency.
P0026/00	NHS Choices	NHS Choices (www.nhs.uk) acts as the digital gateway and public front door to the NHS, transforming the delivery of health and social care to one that is patient-centred, personalised and accessible to all.
P0306/00	care.data	The care.data programme is an initiative that will ensure that there is more rounded information available to citizens, patients, clinicians, researchers and the people that plan health and care services. Our aim is to ensure that the best possible evidence is available to improve the quality of care for all.
P0004/00	Child Protection - Information Sharing (CP-IS)	The Child Protection - Information Sharing project will provide child protection information to unscheduled (emergency and urgent care) services in the NHS on the statutory position of children subject to a Child Protection Plan or Looked After Children on a Statutory Order. It is intended that the information will be fed from Children's Social Care systems and a solution will be developed that will enable unscheduled care setting systems within the NHS to view this information.
P0012/00	Electronic Transmission of Prescriptions (ETP)	The Electronic Transmission of Prescriptions (ETP) programme is delivering the Electronic Prescription Service (EPS) to GP practices, community pharmacies and dispensing appliance contractors across England. EPS enables prescribers (such as a GP or practice nurse) to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice, and then onward transmission to the NHS Prescription Services to support reimbursement. This makes the prescribing and dispensing process more efficient and convenient for patients and staff. EPS is being delivered in two phases: • EPS Release 1 introduced the technical infrastructure to enable prescribers and dispensers to operate the EPS. EPS Release 1 was completed in 2008. • EPS Release 2 delivers enhanced functionality (such as electronic signatures and patient nomination of a preferred pharmacy) for users to gain tangible benefit from EPS. EPS Release 2 is currently being rolled out.
P0051/00	Summary Care Record (SCR)	Delivery of the SCR which supports urgent and emergency care settings, providing information to authorised health care professionals to support care where no information is currently held about a patient, for example in out-of-hours settings, emergency departments, treating temporary residents and emergency admissions to secondary care.
P0341/00	Social Care Informatics Project (SCIP)	The purpose of this project is to determine the feasibility, identify and prioritise candidate opportunities and develop an outline roadmap for the development of standards in Adult Social Care (ASC) for the increased collection and sharing of client level data.
P0453/00	National Data Service Development (NDSD)	HSCIC is working in collaboration with NHS England on a number of data related programmes. The National Data Service Development programme brings together the current Data Services for Commissioners (DSfC) and National Tariff System (NTS) Programmes and will include the development of the Data Services Platform (DSP).
P0181/00	South Acute Programme (SAcP)	18 NHS organisations are participating in the South Acute Programme working as six collaborative groups. Trusts within each collaborative are procuring common Commercial off the Shelf (COTS) clinical systems. These clinical systems are being selected to meet each groups local requirements and include full integrated Electronic Health Records, Clinical Portal, Electronic Document Management (EDM) and ePrescribing solutions.
P0182/00	South Ambulance Programme (SAmP)	To procure clinical solutions for the Southern Ambulance Trusts who do not currently have these solutions under the BT LSP solution.
P0183/00	South Community and Child Health Programme (SCP)	To procure clinical solutions for the Southern Community and Child Health Trusts who do not currently have these solutions under the BT LSP solution.
P0033/00	Picture Archiving and Communications (PACS) Exit Programme	Development and deployment of the PACS (Picture Archiving And Communication System). Overarching programme to manage the PACS sub-programmes.
P0014/00	GP2GP	To deliver the national implementation and roll-out of a computerised system to manage the transfer of patient records between GP practices when patients change their GP, covering electronic records transfers between GP practices.
P0207/00	Health & Justice Information Services (HJIS)	Health and Justice Information Services (HJIS) focuses on the future information services required to support the statutory responsibilities of NHS England (Health & Justice) in the direct provision and commissioning of healthcare for all places of detention, and Sexual Assault Referral Centres, in England.
P0037/00	Health and Justice Current Service (HJIS Current Service)	To deploy a clinical system to all prisons in the South and London so that they can link up with existing deployment plans in NME to form a national network. The system chosen TPP SystmOne, provides a single patient record which is allowing patients information to be transferred when they are moved around the prison estate. Thus providing continuity of care and improving health care for prisoners as well as working environment for staff.
P0301/00	Female Genital Mutilation Prevention (FGMP)	A work package to produce a feasibility study on information collection and sharing by the NHS on Female Genital Mutilation (FGM). To deliver an assessment of the feasibility of achieving the following objectives: - How can the NHS support the multi-agency objective of protecting and caring for those currently affected by, or at imminent risk of, FGM; - How can the NHS support the long term health education and health promotion components of a multi-agency strategy on the eradication of FGM
P0055/00	Maternity and Childrens Datasets (MCDS)	To collect and report on data for maternity, child health and adolescent mental health services.
P0372/00	Information Service for Parents at Point of Care (ISP)	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 a direct ministerial requirement (Dan Poulter) to provide direct access to a coherent service at point of care for this patient group.