hscic Health & Social Care Information Centre

Health and Social Care Information Centre Board

Agenda: Part 1 (Public Session)

30 March – 12:30 to 14:30

Venue: The Ball Room, Smedley Hydro, Southport, PR8 2HH

Ref No	Agenda Item	Time	Presented By
HSCIC 16 07 01	**Chair's Introduction and Apologies (oral)**	12:30 – 12:35	Chair
HSCIC 16 07 02	**Declaration of Interests and minutes**	12:35 – 12:40	
	(a) Register of Interests (paper) – **for information**		Chair
	(b) Minutes of Board Meeting on 27 January 2016 (paper) – **to ratify**		
	(c) Matters Arising (oral) – **for comment**		
	(d) Progress on Action Points (paper) – **for information**		
HSCIC 16 07 03	**Business and Performance Reporting**	12:40 – 13:30	
	(a) Board Performance Pack (paper) – **for information**		CEO
	(b) Data Quality Update (paper) – **for information**		Lead Clinician and interim Director of Information and Analytics (Caldicott Guardian)
	(c) HSCIC Business Plan 2016-17 (paper) – **for approval**		Director of Finance and Corporate Services
	(d) Transformation Programme Report 2015-16 (paper) – **for information**		Director of Human Resources and Transformation
	(e) Equality and Diversity Update (paper) – **for information**		Director of Customer Relations
HSCIC 16 07 04	**Supporting the Health and Social Care System**	13:30 – 13:50	
	(a) E-med 3 Direction Fit Note Aggregated Issues Report (paper) – **for information**		Director of Programmes
	(b) Streamlining the Independent Information Governance Advice Update (paper) - **for information**		Lead Clinician and interim Director of Information and Analytics (Caldicott Guardian)
	(c) Department of Health Directions Patient Objections Management System Update (oral) – **for information**		Chair

HSCIC 16 07 05	**Transparency and Governance**	13:50 – 14:25	
	(a) Committee Reports: i. Assurance and Risk Committee: 15 March 2016 (oral) ii. Remuneration Committee: 29 March 2016 (oral)		Committee Chair Chair
	(b) Corporate Governance Manual 2016-17 (paper) – **for approval** (c) Scheme of Delegated of Authorities (Financial) 2016-17 (paper) – **for approval**		Director of Finance and Corporate Services (2 items b and c)
	(d) Board Forward Business Schedule 2016-17 (paper) – **for information**		Chair
HSCIC 16 07 06	**Any other Business** (subject to prior agreement with Chair)	14:25 – 14:30	Chair
HSCIC 16 07 07	**Background Paper(s)** (for information)		
	(a) Forthcoming Statistical Publications (paper) – **for information only**		Lead Clinician and interim Director of Information and Analytics (Caldicott Guardian)
	(b) Programme Definitions (paper) – **for reference**		Director of Finance and Corporate Services
	(c) Information Assurance and Cyber Security Report 2015-16 (paper) – **for information only**		Director of Operations and Assurance Services
	Date of next meeting 04 May 2016 – Wellington House, 133-155 Waterloo Road, London, SE1 8UG		

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Board meeting – Public session

Title of paper:	**HSCIC Board Members Register of Interests**
Board meeting date:	30 March 2016
Agenda item no:	HSCIC 16 07 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 2015-16

Name	Declared Interest
Non-Executive Directors	
Kingsley Manning: Chair	• Director – Newchurch Limited (non-trading since 01 June 2013) • Director – Hennig UK Limited • Trustee and Board member - Royal Philharmonic Society • Director of Spectrum (General Partner) Limited, the investment advisory board for the Rainbow Seed Fund, which is an investment fund, funded by a number of the research councils.
Sir Ian Andrews: Non-Executive Director Senior Independent Director	• Director of IMA Partners Ltd (formerly known as Abis Partnership Ltd) provision of legal and management consultancy services to government, academia (KCL[1]) and Transparency International UK • Consultancy advice to DH on aspects of governance of NHS Transformation, renegotiation of Connecting for Health contracts with CSC[2], and oversight of Fujitsu Arbitration process **Other Offices:** • Conservator of Wimbledon and Putney Commons • Trustee Chatham Historic Dockyard • Member of UK Defence Academy Academic Advisory Board
Dr Sarah Blackburn: Non-Executive Director	• Director - The Wayside Network Limited • Director - IIA[3] Inc • Independent member of the Management Board, RICS[4] • Non-Executive Partner, The Green Practice, Bristol **Employment (other than with the HSCIC):** The Wayside Network Limited **Other Offices:** • Audit Committee member, RAC Pension Fund Trustee **Contracts held in last 2 years:** The Wayside Network Limited has: • a contract to supply GP and primary care nursing services to Avon and Wiltshire NHS Partnership • a zero hours contract with the Chartered Institute of Internal Auditors

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

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Name	Declared Interest
	Shareholdings: • 50% of The Wayside Network Limited
Sir John Chisholm: Non-Executive Director	• Executive Chair – Genomics England Ltd. • Chair – Nesta (the charity) • Director – Historic Grand Prix Cars Association Ltd.
Professor Maria Goddard: Non-Executive Director	• Member of Board of Directors for the York Health Economics Consortium at the University of York. • Professor of Health Economics at the University of York and head of department/director of the Centre for Health Economics at the University of York
Sir Nick Partridge: Non-Executive Director Vice-Chair	**Other Offices:** • Chair - Clinical Priorities Advisory Group, NHS England • Deputy Chair - UK Clinical Research Collaboration • Deputy Chair, Sexual Health Forum, DH
Executive Directors	
Andy Williams: Chief Executive Officer (CEO)	• None
Rachael Allsop: Executive Director of Human Resources and Transformation	• None
Rob Shaw: Executive Director of Operations and Assurance Services	• None
Carl Vincent: Executive Director of Finance and Corporate Services	• None
Directors	
Peter Counter: Chief Technology Officer (CTO)	• Director at Canary Wharf College Limited

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Name	Declared Interest
Tom Denwood: National Provider Support and Integration Director	• British Computer Society (BCS) Health, Vice Chair Policy and Strategy (a voluntary role at this registered charity) • Senior Responsible Owner (SRO) for Local Service Provider (LSP) Programmes on behalf of Department of Health
James Hawkins: Director of Programme Delivery	• Parent Governor at St Peters Church of England Primary School, Harrogate
Isabel Hunt: Director of Customer Relations	• Trustee, Thackray Medical Museum (Leeds) • Council Member, Leeds Minster • Director - Barry Wades Estates Ltd
Professor Martin Severs: Lead Clinician and Interim Director of Information and Analytics (Caldicott Guardian)	• Trustee of Dunhill Medical Trust, a research charity • Consultant Geriatrician with Portsmouth Hospitals NHS Trust • Professor of Health Care for Older People with University of Portsmouth **Other Offices:** • Member of SoS[5] Independent Information Governance Oversight Panel **Other relevant interests:** • Medical consultant and member of the Royal College of Physicians, British Geriatrics Society and the Faculty of Public Health Medicine
Linda Whalley: Director of Policy and Strategy	• None
Director of Information and Analytics	• Vacancy

[5] Secretary of State

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Minutes of Board Meeting – Wednesday 27 January 2016

Part 1 - Public Session

Present:

Chair	Kingsley Manning
Non-Executive Director (vice Chair)	Sir Nick Partridge
Non-Executive Director (Senior Independent Director)	Sir Ian Andrews
Non-Executive Director	Sir John Chisholm
Non-Executive Director	Prof. Maria Goddard
Non-Executive Director	Dr Sarah Blackburn
Chief Executive Officer	Andy Williams
Director of Human Resources and Transformation	Rachael Allsop
Director of Finance and Corporate Services	Carl Vincent

In attendance:

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

1. **Chair's Introduction and Apologies** HSCIC 16 06 01

1.1 The Chair convened a meeting of the HSCIC Board.

1.2 Rob Shaw Director of Operations and Assurance Services had registered his apologies, and Linda Whalley Director of Strategy and Policy had registered her apologies.

The Board formally noted the appointment of Linda Whalley as the HSCIC's Director of Strategy and Policy.

2. **Declaration of Interests and Minutes** HSCIC 16 06 02

2.1 (a) Register of Interest (paper): HSCIC 16 06 02 (a) (P1)

The Board agreed the Register of Interests was correct.

The National Provider Support and Integration Director noted that a potential conflict might arise between his voluntary British Computer Society (BCS) role and his new responsibility of jointly leading the National Information Board "professionalism and leadership" work-stream. However, the he assured the Board that a documented and agreed approach to avoid conflict was in place.

2.2 (b) Minutes of Board Meeting on 25 November 2015 (paper): HSCIC 16 06 02 (b) (P1)

The Board ratified the minutes of the meeting on 25 November 2015 as correct.

2.3 (c) Matters Arising (oral): HSCIC 16 06 02 (c) (P1)

The Secretary to the Board had received notification of a correction to a paper submitted to the HSCIC Board in November 2015 that incorrectly implied that the delays to the delivery of NHSmail 2 were solely attributable to Vodafone. This was not the case.

The record should show that the delays to the NHSmail 2 plan, set in the Full Business Case, were down to a number of issues including delays in contract signature.

The Board acknowledged the correction, regretting any misunderstanding caused.

2.4 (d) Progress on Action Points (paper): HSCIC 16 06 02 (d) (P1)

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

3. **Business and Performance Reporting** HSCIC 16 06 03

3.1 (a) Board Performance Pack (paper): HSCIC 16 06 03 (a) (P1)
The CEO presented this item. The purpose was to provide the Board with a summary of performance in December 2015. The CEO highlighted that more timely data was now included and highlighted the following for the Board's attention.

- Programme Achievement: there are now no red rated programmes.
- I.T. Service Performance overall was good however the forecast was amber. The Board requested an electronic-Referral Service (e-RS) update, including an update on progress against the lessons learned, at a future Board meeting.

Action: Director of Programmes

- The Board discussed the recent flooding of one the HSCIC buildings in Leeds, the National Provider Support and Integration Director provided an update in respect to the associated business continuity.

- Organisational Health was now amber. The CEO highlighted that spending had increased on staff training in this financial year, which he considered a good thing.
- The Data Quality indicator was improving as a measure. The CEO reported that the finalisation of the HSCIC Data Strategy was imminent.
- Discussion on Financial Management took place in the subsequent agenda item.

3.2 (b) Business Plan and Budget 2015-16 Report (paper): HSCIC 16 06 03 (b) (P1)
The Director of Finance and Corporate Services presented this item. The purpose was to provide the Board with an update of the latest financial position against budget for 2015-16 and an update on progress against the Business Plan 2015-16.

He reported on the recruitment and turnover position. The net staff increase for the remainder of the year has decreased significantly from previous months. He clarified the position on the organisation's underspend. As at the December month end the HSCIC reported a forecasted underspend against the budget for the full year of £7.1m, comprising and 6.8m for core grant in aid and £0.2m for ring-fenced grant in aid. He reported that the corporate business plan contains 65 commitments and overall the reported delivery progress as at the close of quarter three is good for most deliverables. The Board received and noted the update.

3.3 (c) Comprehensive Spending Review (CSR) and Corporate Business Plan 2016-17 Progress Update (paper): HSCIC 16 06 03 (c) (P1)
The Director of Finance and Corporate Services presented this item. The purpose was to provide the Board with an update on progress on the Business Planning and Budget process for 2016-17 to 2018-19 and the future financial position of the HSCIC. He said the organisation was making good progress in agreeing three-year budgets and business plans, and was well ahead of the progress achieved previous years. In terms of the timetable, the Board would have a chance to review outside of a formal Board meeting on the 24 February, and would be asked for formally approve the Business Plan at the 30 March Board.

We expect a reduction of the HSCIC Grant-in-Aid (GIA) by 30% in real terms over the next four years, which will inevitably require some difficult prioritisation decisions, which would need agreeing with the Department of Health and other key stakeholders.

The Director of Finance also observed that, in addition to the tightening financial environment, there was an increased level of uncertainty about future non-GIA income, which accounts for around one-third of current income. The Executive team are in active discussion with key funding organisations to clarify the position, and will need to take a prudent approach to planning if the future income levels are not confirmed over the next few weeks.

The Chair stated that there needed to be an affordable delivery plan in place by March. The CEO observed that the organisation was aiming for the highest possible efficiency savings to maximise the potential deliverables from the funding available. The Board received and noted the update.

3.4 (d) Data Release Review: Audit Status Update (paper): HSCIC 16 06 03 (d) (P1)
The Lead Clinician and Interim Director of Information and Analytics (Caldicott Guardian) presented this item. The purpose was to provide the Board with an update on the status of audits undertaken of recipients of confidential information under data sharing framework contracts and agreements.

He spoke about the legal basis for undertaking the audits. To be confirmed, the plan was to move publication from quarterly to monthly in April 2016. Feedback from the auditors was informing the ongoing work, and overall the comments were positive. He noted the publication of the results of the audits on the HSCIC's web site.

The Board requested that the quarterly updates to the Board in the future include a report on the audited organisations, comprising the outcomes of each audit highlighting identified issues, without infringing commercial sensitives.

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

The Board requested for the annual report an option appraisal on the correct number of audits per annum, and recommended the sharing of the report with the Internal Auditors and the Care Quality Commission (CQC).

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

The Board were complimentary about the individual reports and suggested the inclusion of the types and amounts of data those audited had received from the HSCIC in the preceding 12 months. The Board received and noted the update.

3.5 (c) Staff Survey Results (paper): HSCIC 16 06 03 (c) (P1)
The Director of Human Resources and Transformation presented this item. The purpose was to inform the Board of the results of the 2015 staff survey. She considered the output largely conveyed a positive outcome overall.

She highlighted three main aspects for the Board's attention:

- There was evidence of increased awareness of who the HSCIC's customers are
- There was evidence that an increased number of staff knew of the existence of the HSCIC's strategy
- There were ongoing concerns about the differentiation between good and poor performance. She said work was underway to resolve this issue.

The Board noted the year on year incremental improvement, and that there was no discernible difference in responses in terms of the diversity of staff. The Board received and noted the update.

3.6 (d) Staff Personal Development Review (PDR) Report (paper): HSCIC 16 06 03 (d) (P1)
The Director of Human Resources and Transformation presented this item. The purpose was to provide the Board with information in respect to employee appraisal activity. The Board received and noted the update, observing the improvement from the previous year.

4. **Supporting the Health and Social Care System** HSCIC 16 06 04

4.1 (a) Breast Implant Registry Direction (paper): HSCIC 16 06 04 (a) (P1)
The Lead Clinician and Interim Director of Information and Analytics (Caldicott Guardian) presented this item. The purpose was to enable the consideration of the views of the Board as part of the formal consultation on the Direction prior to signing the Department of Health. He highlighted this was a new work that needed to be self-funding within two years, and he reported that consent was the basis of the register. The Board discussed and accepted the Direction.

4.2 (b) Pulmonary Hypertension Direction (paper): HSCIC 16 06 04 (b) (P1)
The Lead Clinician and Interim Director of Information and Analytics (Caldicott Guardian) presented this item. The purpose was to enable the consideration of the views of the Board as part of the formal consultation on the Direction prior to signing by NHS England. He highlighted this was an update to existing work. The Board discussed and accepted the Direction.

4.2i The Board discussed the funding and legal position in relation to Directions overall. The Board observed that there was a reasonable expectation of a Direction being accompanied with the appropriate level of resourcing to undertake the associated work.

4.3 (c) Patient Objection Management System Direction (oral): HSCIC 16 06 04 (c) (P1)
The Lead Clinician and Interim Director of Information and Analytics (Caldicott Guardian) presented this item. The purpose was to provide the Board with an update on the development of the Patient Objection Management System Direction. At a previous Board meeting, he had sought approval for formal acceptance for the Department of Health's Direction outside of the Board cycle. This was agreed and the Board were therefore expecting to see the documentation at this meeting.

In working through the detail of the implementation of NHS England's type 2 objections it became increasing clear to the Department of Health that there were a number of complexities and challenges still to be resolved.

In reviewing the situation the Secretary of State for Health decided that:

- In putting citizens first, there was a potential for confusion by having two potentially misaligned messages.
- In putting patients first, it was essential the implementation of the type 2 objections was as aligned as possible with the Dame Fiona Caldicott National Data Guardian consultation conclusions.

The Secretary of State had therefore delayed the implementation of NHS England's type 2 objections for at least one month. In practical terms, this means the implementation of type 2 objections from February 2016, subject to receiving the Direction by 15 February. Both the Department of Health and the HSCIC will be working to ensure the fulfilling of Secretary of State's requirements.

4.4 (d) Cancer Waiting Times Direction (paper): HSCIC 16 06 04 (d) (P1)
In the absence of the Director Of Operations and Assurance Services the Director of Finance and Corporate Services presented this item. The purpose was to enable the consideration of the views of the Board as part of the formal consultation on the Direction prior to signing by NHS England. The Board discussed and accepted the Direction.

5 **Transparency and Governance** HSCIC 16 06 05

5.1 (a) Committee Reports: HSCIC 16 06 05 (a) (P1)

5.1i Assurance and Risk Committee: 13 January 2016 (oral): HSCIC 16 06 05 (i) (P1)
The Chair of the Assurance and Risk Committee Dr Sarah Blackburn presented this item. The Committee had met on 13 January 2016.

The Committee had received two risk deep dives, on benefits delivery and reputation. The Committee had been pleased to note the execution of two crisis management exercises, and had received comprehensive updates on organisational risk management.

She was happy to report that the internal audit plan for the current financial year was likely to be completed. The Committee had received a report on the implementation of recommendations and actions from audits and reviews.

She considered that there was improvement in both the timeline and process for managing the Annual Report and Accounts from previous years. The Committee had discussed what might be key areas of risk in relation to the Annual Report and Accounts and had received related reports from the Finance and Internal Audit teams. Though the work still required monitoring, she felt it was moving in the right direction.

The Committee had received a Counter Fraud work plan update, and had requested an update on 'Whistleblowing' at a future meeting. The next meeting would take place on 15 March. The Board noted the update.

5.1ii Information Assurance and Cyber Security Committee: 13 January 2016 (oral) HSCIC 16 06 05 (ii) (P1)
The Chair of the Information and Cyber Security Committee, Sir Ian Andrews presented this item. The Committee had met on 13 January 2016.

The Committee had received reports on the progress of the Care Quality Commission and National Data Guardian's reviews of information and cyber security standards across the health and social care system. It was likely that both reports would be finalised in early February; thereafter, decisions on publication and or wider consultation would be for the Department of Health.

The Board requested that the Lead Clinician and Interim Director of Information and Analytics (Caldicott Guardian) ascertain the publication and circulation intentions for both reports.

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

The Committee received a progress report on the implementation of CareCERT, and an account of the most recent meeting of the Department of Health Information Security and Risk Board (ISRB). Discussion had taken place on the Information Governance Tool Kit proposals, noting these were a work in progress. The Committee received a report on the emerging thinking on the NHS Citizen Identity Project and on progress towards the development of the 'National Cyber Centre', which had been announced in a speech by the Chancellor of the Exchequer in November 2015.

This had once again been a useful and constructive meeting. The next meeting would take place on 15 March.

The Board noted the update.

5.2 (b) Arrangements for the Annual Review of Board Effectiveness (oral): HSCIC 16 06 05 (b) (P1)
Sir Ian Andrews, Non- Executive Director (Senior Independent Director) presented this item. The purpose was to update on the arrangements for the annual review of Board effectiveness.

The plan was to issue a survey based on the National Audit Office's best practice in early February. The proposed timeline was to discuss at the Board business meeting on 13 April, with a final report to the Board on 04 May.

He said he was happy to make himself available to meet with Board Members and Directors on an individual basis as part of the review as required.

5.3 (c) Board Forward Business Schedule 2015-16 (paper): HSCIC 16 06 05 (C) (P1)

The Board noted the 2015-16 forward business schedule.

5.4 (d) Board Forward Business Schedule 2016-17 (paper): HSCIC 16 06 05 (d) (P1)

The Board noted the 2016-17 forward business schedule.

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

There were no items of any other business discussed.

7 **Background Papers (for information)** HSCIC 16 06 07

7.1 (a) Forthcoming Statistical Publications (paper): HSCIC 16 06 07 (a) (P1)
The paper described the HSCIC Official and National statistics publications planned for January, February and March 2016, including media and web coverage for publications released in October and November 2015. The Board noted this paper for information.

7.2 (b) Programme Definitions (paper): HSCIC 16 06 07 (b) (P1)
The paper described a summary of each programme listed on the programme dashboards. The Board noted this paper for information.

8 **Date of Next Meeting** (HSCIC 16 06 08)

8.1 The next statutory Board meeting would take place on 30 March 2016.

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

Table of Actions:

Action	Action Owner
The Board requested an electronic-Referral Service (e-RS) update, including an update on progress against the lessons learned, at a future Board meeting.	**Director of Programmes**
The Board requested that the quarterly updates to the Board in the future include a report on the audited organisations, comprising the outcomes of each audit highlighting identified issues, without infringing commercial sensitives.	**Lead Clinician and Interim Director of Information and Analytics (Caldicott Guardian)**
Data Release Review: Audit Status Update: The Board requested for the annual report an option appraisal on the correct number of audits per annum, and recommended the sharing of the report with the Internal Auditors and the Care Quality Commission (CQC).	**Lead Clinician and Interim Director of Information and Analytics (Caldicott Guardian)**
The Committee had received reports on the progress of the Care Quality Commission and National Data Guardian's reviews of information and cyber security standards across the health and social care system. It was likely that both reports would be finalised in early February; thereafter, decisions on publication and or wider consultation would be for the Department of Health. The Board requested that the Lead Clinician and Interim Director of Information and Analytics (Caldicott Guardian) ascertain the publication and circulation intentions for both reports.	**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:	30 March 2016
Agenda item no:	HSCIC 16 07 02d (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
✓	The Board requested an electronic-Referral Service (e-RS) update, including an update on progress against the lessons learned, at a future Board meeting.	Discussed in the part 2 session of the 25 November 2015 Board meeting.	**Director of Programmes**	Yes
c/f	The Board requested that the quarterly updates to the Board in the future include a report on the audited organisations, comprising the outcomes of each audit highlighting identified issues, without infringing commercial sensitives.	To be incorporated in the next update.	**Lead Clinician and Interim Director of Information and Analytics (Caldicott Guardian)**	Yes
c/f	Data Release Review: Audit Status Update: The Board requested for the annual report an option appraisal on the correct number of audits per annum, and recommended the sharing of the report with the Internal Auditors and the Care Quality Commission (CQC).	The Data Release Audit Annual Report 2015-16 to be presented to the Board on 04 May 2016.	**Lead Clinician and Interim Director of Information and Analytics (Caldicott Guardian)**	Yes
✓	The Committee had received reports on the progress of the Care Quality Commission and National Data Guardian's reviews of information and cyber security standards across the health and social care system. It was likely that both reports would be finalised in early February; thereafter, decisions on publication and or wider consultation would be for the Department of Health. The Board requested that the Lead Clinician and Interim Director of Information and Analytics (Caldicott Guardian) ascertain the publication and circulation intentions for both reports.	Discussed at the Board business meeting on 24 February 2016.	**Lead Clinician and Interim Director of Information and Analytics (Caldicott Guardian)**	Yes

Health & Social Care Information Centre

Board meeting – Public session

Title of paper:	**HSCIC Board Performance Pack (public)**
Board meeting date:	30th March 2016
Agenda item no:	HSCIC 16 07 03(a)
Paper presented by:	Carl Vincent, Director of Finance and Corporate Services
Paper prepared by:	John Willshere, Portfolio Director
Paper approved by:	Carl Vincent, Director of Finance and Corporate Services
Purpose of the paper:	To provide the Board with a summary of performance in 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

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Board Performance Pack

February 2016 Data

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HSCIC Performance Summary

Programme Achievement is reported as AMBER/GREEN for the twelfth consecutive month. Across all programmes overall delivery confidence improved from 66.5% to 67%. No programmes are rated as RED for overall delivery confidence.

IT Service Performance is reported as GREEN. 97.7% of services (42 out of 43) achieved their availability target. 94% of High Severity Service Incidents (15 out of 16) were resolved within the target fix time. 86% of services (6 out of 7) achieved their response time target.

The Electronic Referral Service (eRS) performance has stabilised. At the time of report production (10 March) eRS had been in the Deployment Verification Period for 210 working days against a planned 45 days. DVP Exit is on track to be achieved on 31 March.

CSC Lorenzo Electronic Patient Record started having intermittent performance degradation issues in November 2015, these increased in severity during January and February 2016. These were resolved through a number of fixes during February and early March 2016. The DH LSP SRO wrote to affected Trust CEOs twice outlining action being taken, to complement CSC communications. The precise duration of these issues are being determined due to issues in CSCs performance management reporting.

Organisational Health is reported as AMBER. There has been a further improvement in the overall rate of compliance with mandatory training but it remains just below target. Mandatory training in Information Security and Information Governance are now at 94% and 93% respectively and plans are in place to chase up individual staff who have yet to complete their training. Sickness absence continues to drop month on month and, whilst it is in line with the trend last year, it is encouraging to note a reduction in long term absence. There is some work to be done to finalise funding for trainees but work on 'growing our own' staff continues to be a success story.

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 year-to-date position at Month 11 shows an underspend of £15.7m (10.3%) against the budgeted spend of £152m. The full-year position is forecasting an underspend of £12.7m (7.7%) by year-end (a forecast spend of £150.8m against a budget of £163.5m).

Performance This Period

Performance Tracker: Rolling 12 months

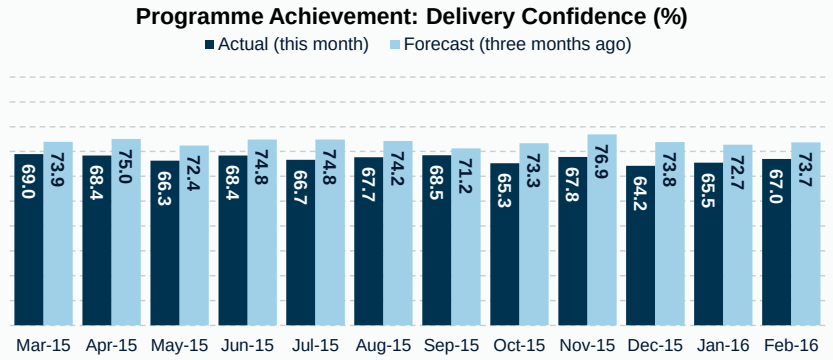
Performance Indicator	Owner	Current Period	Current Forecast	Previous Forecast	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Programme Achievement	James Hawkins	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G	A/G
IT Service Performance	Rob Shaw	G	G	G	G	G	G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

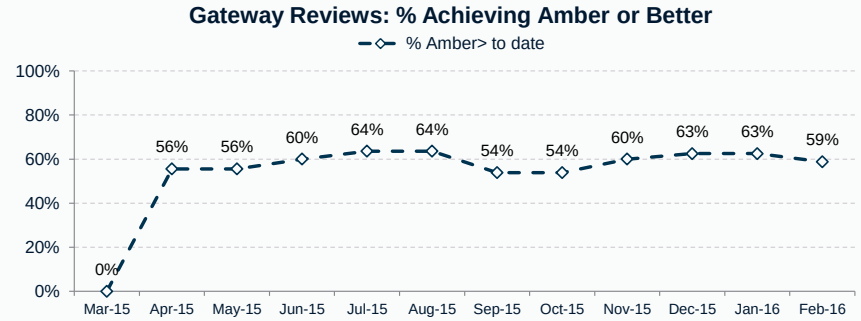
KPI	Programme Achievement
KPI Owner	James Hawkins

Previous RAG	65.5%	A/G
Current RAG	67.0%	A/G
1 Month Future Forecast RAG	67.4%	A/G
2 Month Future Forecast RAG	71.1%	A/G
3 Month Future Forecast RAG	73.5%	A/G

Based on February 2016 Highlight Reports

Overall delivery confidence for February is 67% (AMBER-GREEN).



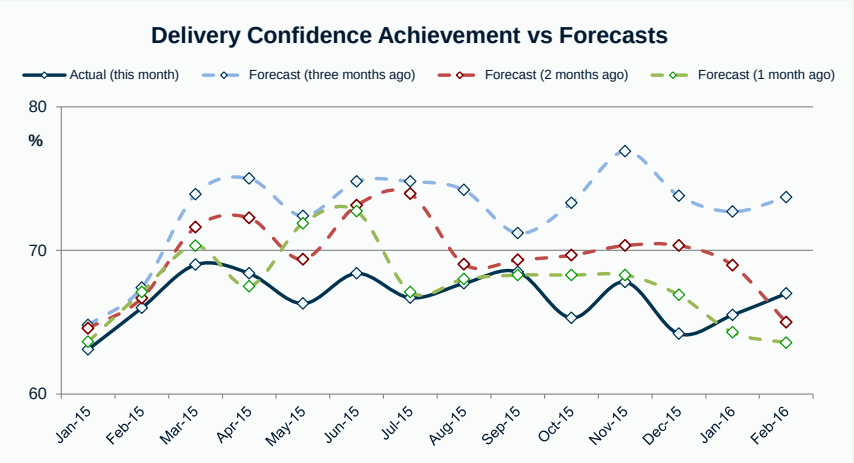


Gateway Reviews

The chart above shows that 59% (10 out of 17) of Gateway Reviews performed to date during 2015/16 have achieved a score of AMBER or better.

Delivery Confidence: Forecasting Accuracy

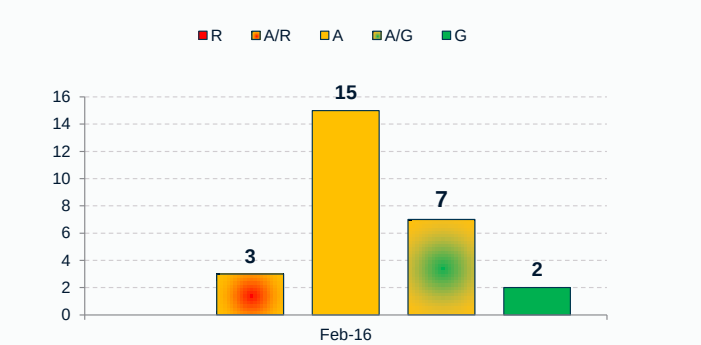
The graph below shows the accuracy of one, two and three month portfolio delivery confidence forecasts during the last 13 months. The one month forecast is most accurate with an average variance of only 1%.



Distribution of delivery confidence RAGs

No projects or programmes have reported a delivery confidence of RED since July 2015. Nearly half of the projects and programmes reporting to EMT are reporting a delivery confidence of amber.

Two projects and programmes are reporting a delivery confidence of GREEN: Spine 2 and BT LSP.



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

Previous RAG	G
Current RAG	G
Forecast RAG	G

Availability: 42 out of 43 services (97.7%) achieved their availability target in February

Please note **Caveat #1** below re. Availability data for CSC NME Core Services not being available at the time of report production hence the reduction in the number of services measured this month.

e-RS failed its availability target at a non-critical level in February, due to network issues on the e-RS Live environment caused by a supplier unsuccessfully updating a firewall.

There were 12 planned e-RS changes during the reporting period, resulting in 7 hours and 10 minutes of planned permitted downtime. This planned downtime included the successful deployment of Release 4.7.

e-RS remains in the Deployment Verification Period (DVP) which means that performance will not be included in the Service Performance RAG status until DVP exit. e-RS has currently been in DVP for 210 working days against a planned 45 days at the time of report production (10 March). DV Exit is on track to be achieved on 31 March.

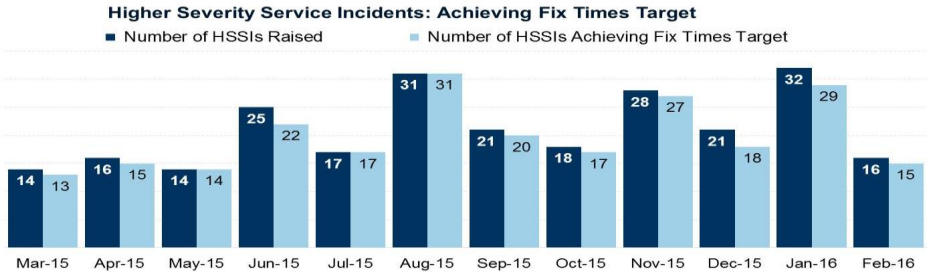
Fix Times: High Severity Service Incidents (HSSIs): There were 16 HSSIs in February, half the previous month's total and lower than the 12 month average of 21.

Please note **Caveat #1** below re. HSSI Fix Time data for CSC NME Core Services not being available at the time of report production

Of the 16 HSSIs logged in February, one failed its fix time target. This related to HSCIC Spine - on 23 March the National Monitoring Service (NMS) received alerts advising that no traffic was being received to NMS from Live A Load Balancer 1 (there are 2 at each live site). The National Service Desk subsequently began receiving regarding Personal Demographics Service (PDS) issues. A hardware issue was identified on Live A Load Balancer 2 and service failed over at 08:45 to Live B, which cleared the issue. Initial investigations indicate that the issue was a disc controller failure and that this had impacted demographic update messaging intermittently throughout the period.

In February, a single Security Incident was logged to the Service Bridge as an HSSI, along with eight Clinical Safety incidents and one further incident with both Security and Clinical Safety implications.

There was 1 HSSI logged against the e-RS live service environment in the February. This was for the network issue referenced above in the Availability commentary.



Response Times

6 out of 7 services (85.7%) reported against either achieved or exceeded their Response Times target.

Please note **Caveat #1** below re. Response Times data for CSC NME Core Services not being available at the time of report production hence the reduction in the number of services measured this month.

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

Whilst the Message Type (MT) 2 metric continues to fail service levels, it should be noted that following the remediation activities some performance improvements have been observed, but not to a degree where the operating service level has been achieved. Furthermore, the improvements in February were more significant than those realised in January and the changes that were made through February should lead to a further improvement in performance for March. Early indications suggest that no measured periods have failed at a critical level in March.

The MT4 breach was caused by a long running report, the root cause of which is currently being investigated by GDIT (believed to be a report configuration issue).

For the repeat MT7 failure: The retry queue size is being managed actively, identifying further bottlenecks in the Customer Record Output (CRO) processing, which GDIT are investigating. However, as yet no resolution has been identified.

In parallel, the proposal to revise the MT7 Service Level measurements are being discussed with GDIT and are now very close to being agreed upon and signed off.

There were no instances of e-RS performance degradation in January 2016. e-RS is not included in the RAG status for this Performance Indicator, due to the service currently being in the Deployment Verification Period.

Incidents of note outside the reporting period

Since the February reporting period the following HSSIs have been reported which are worthy of note:

01/03/2016 - HSCIC - Users were unable to access the "Services Near You" area of the NHS Choices website. Incident resolved via a database restart.

03/03/2016 - GDIT - All Area Teams were unable to access the main data submission tab on CQRS. Incident resolved by GDIT deploying a script, to update payment periods and set and set the linked database table to a Read Only state.

07/03/2016 - EMIS - 20 sites were unable to access Patient documents within EMIS Web. Incident resolved via a SQL database failover.

Forecast

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

Performance Indicators	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
No. of Services achieving Availability target	67	66	68	75	63	64	65	63	59	57	56	42
No. of Services breaching Availability target, but not to a critical level	0	0	0	1	3	1	0	0	0	1	0	1
No. of Services breaching Availability target at a critical level	0	0	0	0	0	0	0	0	0	1	0	0
Total No. of Services measured for Availability Performance >>>>	67	66	68	76	66	65	65	63	59	59	56	43
No. of Services achieving Response Times target	24	23	23	24	22	22	22	19	16	16	15	6
No. of Services breaching Response Times target, but not to a critical level	1	1	1	1	1	0	0	0	1	1	2	0
No. of Services breaching Response Times target at a critical level	1	1	1	2	2	2	2	4	1	1	1	1
Total No. of Services measured for Response Times Performance >>>>	26	25	25	27	25	24	24	23	18	18	16	7
Total number of Higher Severity Service Incidents (HSSIs)	14	16	14	25	17	31	21	18	28	21	32	16
Total number of HSSIs achieving Fix Times target	13	15	14	22	17	31	20	17	27	18	29	15
% HSSIs achieving Fix Times target	93%	94%	100%	88%	100%	100%	95%	94%	96%	86%	91%	94%

Caveats

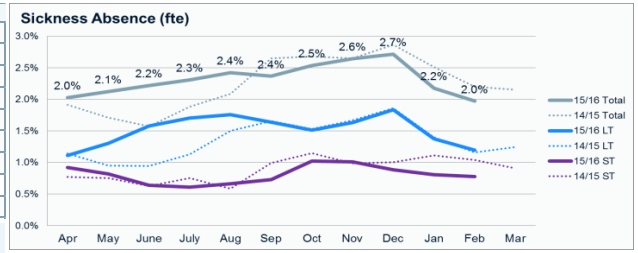
1. Current month's Availability, Response Times and HSSI Fix Times achievement for CSC NME Core Services is yet to be received a t the time of report production. CSC are with holding the Performance Report. Data to be included in next month's KPI.
2. Current month's Response Time achievement for the 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.
3. All data in this report is unverified and subject to change, as none of it has yet been through Service Reviews with Supplier s.

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

Overall Position: Amber rated. There has been a further improvement in the overall rate of compliance with mandatory training but it remains just below target; Information Security and Information Governance are now at 94% and 93% respectively and plans are in place to chase up individual staff who have yet to complete their training. Sickness absence continues to drop month on month and, whilst it is in line with the trend last year, it is encouraging to note a reduction in long term absence. There is some work to be done to finalise funding for trainees but work on 'growing our own' staff continues to be a success story, although compliance with targets for apprenticeships will be challenging in the year ahead. Net movement has dropped into a negative figure, in part as the first MARS exits take place and in part as a result of a general slow-down in recruitment linked to uncertainty over NIB funding for new work.

Previous	G
Current	A
Forecast	G

Summary Table	Target	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Engagement Score	>=70				73						75			
Engagement Actions Completed	>=90%	100%	#	#	90%	95%	96%	99%	96%	96%	N/A	N/A	N/A	N/A
PDR Completion	>=90%	77%	78%	5%	38%	87%	89%	89%	91%	12%	87%	90%	90%	90%
Annual Training Spend / Head	£275/Year	£295	£353	-	-	£37	£96	£161	£192	£206	£228	£325	£352	£395
12 Month Average Sickness Absence%	<=3%	2.2%	2.1%	2.0%	1.9%	1.8%	1.8%	2.0%	2.3%	2.3%	2.3%	2.3%	2.3%	2.3%
Mandatory Training (composite)	>=90%	#	#	#	#	#	#	#	#	#	#	45%	76%	89%
Time to Hire - In post	>=70	#	#	71	70	69	60	54	64	62	62	69	69	72
Turnover	9% - 11%	10%	11%	11%	11%	9%	8%	8%	8%	8%	8%	8%	8%	8%
Net Monthly Movement	TBC	20	60	25	8	33	45	12	3	11	43	12	28	-2



Engagement

- The full report on the 2015 **staff survey** results has now been published on the Intranet
- Local groups are beginning to meet within teams to consider the survey results in more detail and to identify priorities for action.

Training and Development

Training Days *(Civil Service Learning)*
- An average of 1.4 training days per person have been booked this year on CSL.

Induction
- Of people who started in the last 6 months 59% have attended Corporate Induction and 59% have **accessed** the online induction.
- 39% of the online induction has been **completed** by people who have started in the last 6 months.

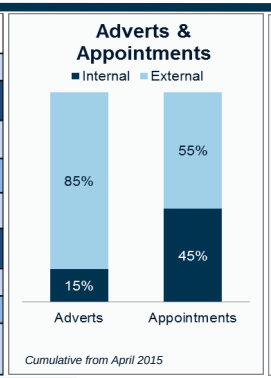
Mandatory Training
- Fire Safety compliance score: 82%
- Information Security compliance score: 94%

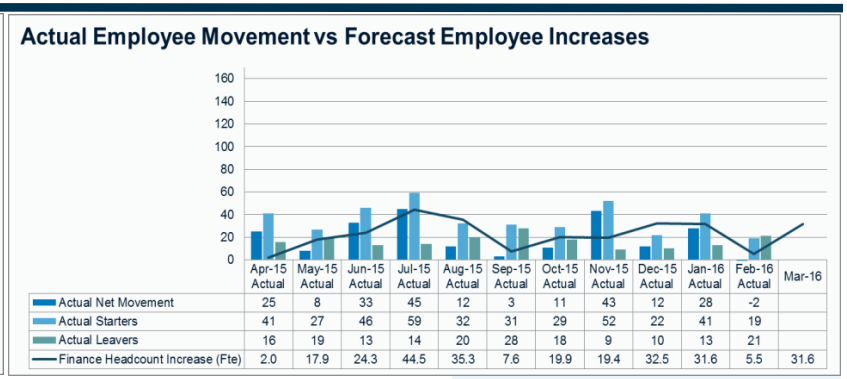
Sickness Absence

- The graph above shows the actual absence in month, which continues to reduce broadly in line with the seasonal trend. Long term absence has reduced following a peak in December; again, this closely follows the seasonal trend.
- The 12-month rolling average absence rate is reported in the summary table and remains stable. There has been a very small reducing trend however as figures are rounded to one decimal place this is unshown.

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

Recruitment Summary		
Live Campaigns	% Total Time	Working Days
Advertising	approval to advert	
12	2.8%	1.62
Selection	advert to outcome	
36	62.8%	36.70
Appointment	outcome to checks	
36	18.2%	10.62
	checks to agreed start date	
	16.2%	9.46





Attracting and Growing Talent

- We received 274 applications for **the 2016 HSCIC graduate scheme** which closed in February. These will now be longlisted and successful applicants invited to take an online assessment test.
- A confirmed budget for the **HSCIC Academy** is pending and it is not yet possible to confirm projected trainee numbers for 2016/17.
- The EMT paper on the **apprenticeship target for 2016/17** will now be considered in March.
- We attended the first **Leeds Digital Jobs Fair** in February at the First Direct Arena. We were one of 40 local employers to have a stand at the event which attracted over 1500 visitors. We had 112 sign ups on the day from attendees interested in finding out more about HSCIC opportunities.

Recruitment

- Recruitment is continuing at reduced levels.
- There are 14 external new starters currently scheduled to start in March.
- Time to hire in February averaged 72 days to start date. This is the first time the KPI has not been met since April 2015. Time to hire has been affected by seasonal delays over December and a number of new starters from the Commercial campaign, which, as explained last month, had a longer advertising and selection period. Uncertainty over future funding has also had a significant impact on recruitment activity.

Net Movement

- Current headcount is 2790, which includes staff seconded into the organisation who have recently been added to ESR.
- 7 of the 21 leavers in February left under MARS. This, along with a reduced number of starters has contributed to a net headcount reduction of 2. We anticipate a further 86 leavers under MARS in the period to 30 April 2016.

KPI	Data Quality
KPI Owner	Martin Severs

Previous RAG	G
Current RAG	G
Forecast RAG	G

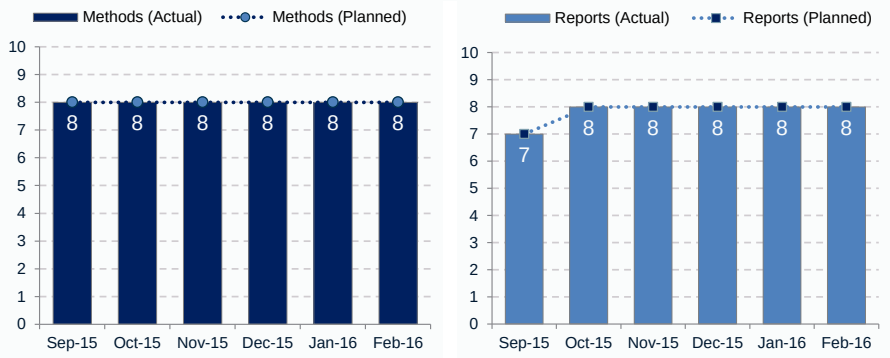
Overall Position
The overall RAG rating this month is GREEN. (Note the target profile has been rebased for FY2015/16).

Forecast
The forecast RAG is GREEN

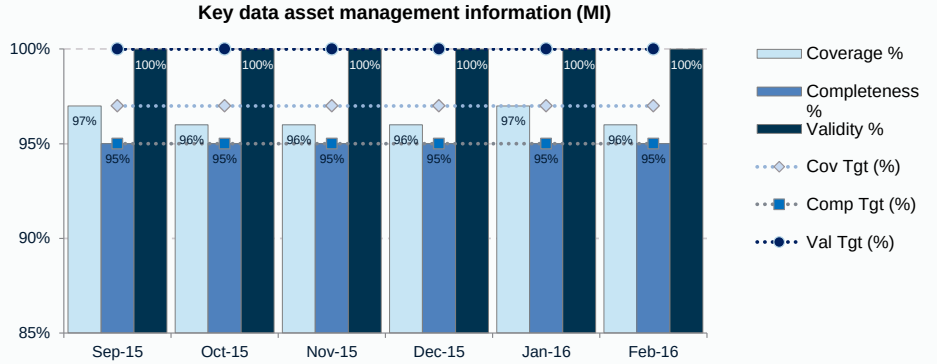
Notes:

- The relatively low coverage figure for the Accident & Emergency dataset is 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 data asset key performance indicator (KPI)



Key data asset management information (MI)



Key Performance Indicator (KPI) Commentary

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

Management Information (MI) Commentary

- The validity figures for July, August, September, October, November, December 2015, January and February 2016 are actually 99.58%, 99.53%, 99.51%, 99.52%, 99.58%, 99.56%, 99.59% and 99.58% 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
- The six key datasets currently in scope are: Admitted Patient Care, Outpatients, Accident & Emergency, Improving Access to Psychological Therapies, Mental Health & Learning Disabilities and Diagnostic Imaging

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

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

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

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

Dataset coverage (%)	Completeness of reported data items (%)	Validity of completed data items (%)
98%	100%	100%
96%	100%	100%
91%	98%	100%
98%	86%	98%
98%	95%	98%
100%	92%	100%

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

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

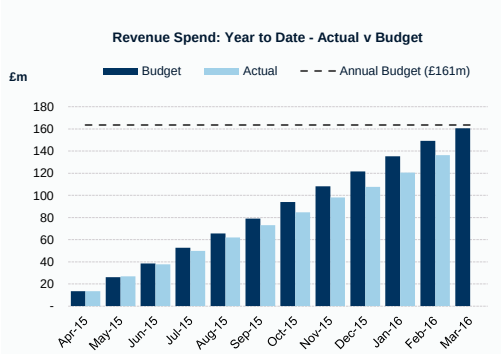
Previous RAG	R
Current RAG	R
Forecast RAG	R

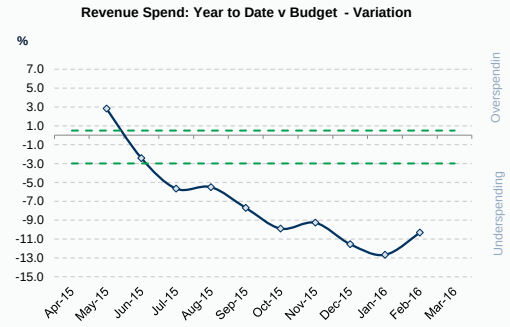
Revenue Spend - Core & Ring-Fenced	Bud (£m)	Act (£m)	Var (£m)	Var (%)
Year to Date: Actual v Budget	152.0	136.3	15.7	**10.3%**
Full Year Forecast v Budget	163.5	150.8	12.7	**7.7%**

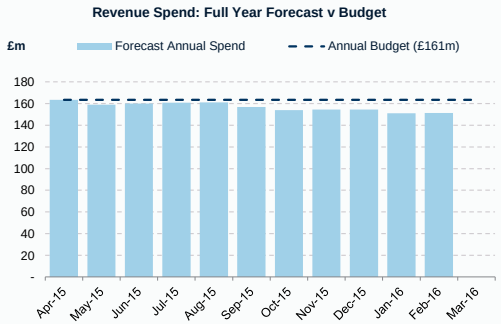
Core GiA	Bud (£m)	Act (£m)	Var (£m)	Var (%)
Year to Date: Actual v Budget	140.4	125.5	14.8	**10.6%**
Full Year Forecast v Budget	150.9	139.3	11.5	**7.6%**

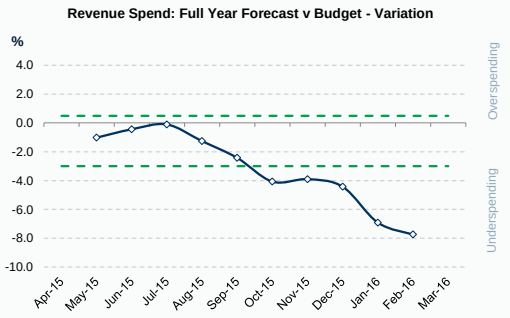
Forecast Accuracy	Act (£m)	F'cast (£m)	Var (£m)	Var (%)
In-month: Forecast v Actual	15.7	14.7	(1.0)	**6.8%**

Ring-fenced GiA	Bud (£m)	Act (£m)	Var (£m)	Var (%)
Year to Date: Actual v Budget	11.6	10.8	0.8	**7.3%**
Full Year Forecast v Budget	12.6	11.5	1.1	**9.0%**









HSCIC Operating costs

The year-to-date outturn for the first eleven months of the year is £15.7m/ 10.3% below budget. The variance of £15.7m comprises £14.8m under budget on core GIA and £0.8m under on ring-fenced GiA. The £14.8m underspend on core GiA is largely due to delays to recruitment to vacant roles, partially offset by resultant decreases to income The £0.8m underspend on ring-fenced GiA is also due to vacancies not being filled as early as predicted.

The forecast outturn for the full year is £12.7m/ 7.7% under budget; this comprises £11.5m under budget for core GiA (reduced forecast for staff costs and an increase in income, partially offset by release of central contingency and increase in non-staff and £1.1m under budget for ring-fenced GiA (reducing staff costs as recruitment dates for vacancies move to later in the year than budgeted). A top-down estimate for the end of year, adjusting for expected recruitment , procurement and income assumptions, indicates a potential forecast out-turn of £13.0m (core GiA)/ £14.2m (total GiA). The forecast for M12 includes £1.8m central accrual for tax and NI liabilities on contractors under the IR35 regulations.

External income is £2.8m over budget for the year-to-date and £1.6m over budget for the full year (this includes a reclassification of £2.9m income for Cybersecurity into the GiA line to reflect actual flow of funds from DH). The full year variance of £1.6m over budget 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 £11.4m under budget for the year-to-date and forecast to be £12.0m under budget for the full year. This mainly reflects recruitment running behind budgeted vacancies - most of the vacancies have now been reprofiled in the forecast to later in the year. The budget included an increase of 464 FTE over M1-11; however, permanent headcount only increased by a net 241 FTE over the period Vacancies have been moving to the right over the course of the year; the forecast now includes 32 permanent employees to join in the last month of the year.

Non-Staff Costs are forecast to be £1.8m under budget for the full year. This includes £3.8m on Spine 2 for additional workpackages (RF), £2.1m in central ICT and £0.5m for GS1 licences in ASI, partially offset by underspends in other areas. An additional forecast of £2.5m has been added in March for costs of the MAR scheme. M10 includes an unbudgeted VAT rebate from 14/15 of £(1.2)m and the forecast includes further expected rebates of circa £(1.5)m for 13/14 and 15/16.

The £(0.9)m full year variance on Unallocated Costs is due to specific savings having been recognised/ identified in all directorates that included this in their budget, offset by the reduction in the central contingency to nil at M5.

Management action

Although tighter budgets were set for Directorates for 15/16, the detailed budgets contained a significant amount of recruitment during the year, much of which has not materialised. Some of this underspend on staff has been used to fund work through workpackages in place of recruitment, or has resulted in reduced income where the staff were to support externally-funded work. With the removal of the corporate contingency forecast, pressures are being funded by Directorates releasing underspends from their respective forecasts.

Appendix 1 - Management Accounts

2015/16 HSCIC Management Accounts as at 29th February 2016

Summary Position

£'m	Year-to-Date			Full Year		
	Budget	Actual	Var	Budget	F'cast	Var
Core GiA	(140.4)	(140.4)	(0.0)	(150.9)	(150.9)	(0.0)
Ring-Fenced GiA	(11.6)	(10.8)	(0.8)	(12.6)	(11.5)	(1.1)
External Income	(53.1)	(55.9)	2.8	(60.5)	(62.0)	1.6
Staff Costs	148.5	137.1	11.4	162.2	151.9	10.2
Non-staff Costs	57.4	55.1	2.3	62.5	60.8	1.8
Unallocated Costs	(0.8)	0.0	(0.8)	(0.8)	0.1	(0.9)
Surplus/ (Deficit)	**0.0**	**(14.8)**	**14.8**	**0.0**	**(11.5)**	**11.5**
Depreciation GiA	(14.8)	(14.8)	0.0	(16.3)	(16.3)	0.0
Depreciation Cost	14.8	14.0	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 year-to-date outturn for the first eleven months of the year is £15.7m/ 10.3% below budget. The variance of £15.7m comprises £14.8m under budget on core GIA and £0.8m under on ring-fenced GiA. The £14.8m underspend on core GiA is largely due to delays to recruitment to vacant roles, partially offset by resultant decreases to income The £0.8m underspend on ring-fenced GiA is also due to vacancies not being filled as early as predicted.

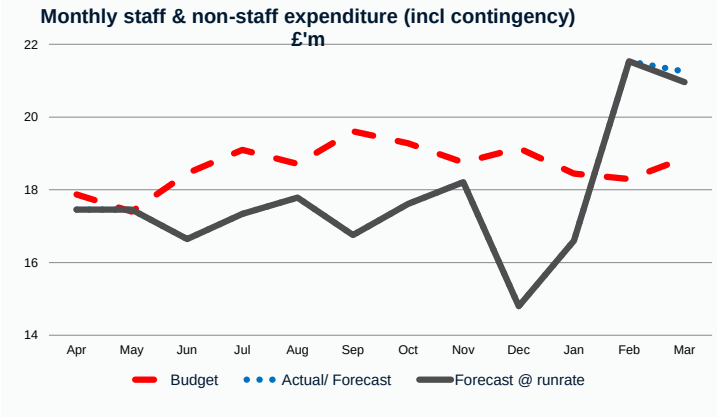
The forecast outturn for the full year is £12.7m/ 7.7% under budget; this comprises £11.5m under budget for core GiA (reduced forecast for staff costs and an increase in income, partially offset by release of central contingency and increase in non-staff and £1.1m under budget for ring-fenced GiA (reducing staff costs as recruitment dates for vacancies move to later in the year than budgeted). A top-down estimate for the end of year, adjusting for expected recruitment , procurement and income assumptions, indicates a potential forecast out-turn of £13.0m (core GiA)/ £14.2m (total GiA). The forecast for M12 includes £1.8m central accrual for tax and NI liabilities on contractors under the IR35 regulations.

External income is £2.8m over budget for the year-to-date and £1.6m over budget for the full year (this includes a reclassification of £2.9m income for Cybersecurity into the GiA line to reflect actual flow of funds from DH). The full year variance of £1.6m over budget 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.

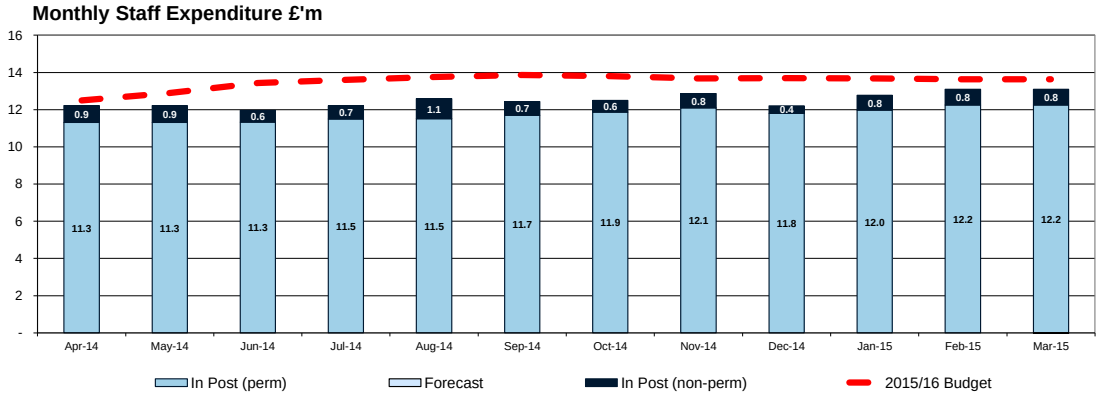
Staff Costs are £11.4m under budget for the year-to-date and forecast to be £12.0m under budget for the full year. This mainly reflects recruitment running behind budgeted vacancies - most of the vacancies have now been reprofiled in the forecast to later in the year. The budget included an increase of 464 FTE over M1-11; however, permanent headcount only increased by a net 241 FTE over the period Vacancies have been moving to the right over the course of the year; the forecast now includes 32 permanent employees to join in the last month of the year.

Non-Staff Costs are forecast to be £1.8m under budget for the full year. This includes £3.8m on Spine 2 for additional workpackages (RF), £2.1m in central ICT and £0.5m for GS1 licences in ASI, partially offset by underspends in other areas. An additional forecast of £2.5m has been added in March for costs of the MAR scheme. M10 incldues an unbudgeted VAT rebate from 14/15 of £(1.2)m and the forecast includes further expected rebates of circa £(1.5)m for 13/14 and 15/16.

The £(0.9)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, the latest forecast (11 months of actual costs and 1 month of expected costs) and an extrapolation (runrate) of the position if the current staff position remained at February levels for the remainder of the year.



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

Appendix 1 - Management Accounts

2015/16 HSCIC Management Accounts as at 29th February 2016

Detail by Income/ Expenditure Type

£'m	Year-to-Date			Full Year			
	Budget	Actual	Var	Budget	F'cast	Var	
Income							
Grant in Aid	(140.4)	(140.4)	(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)	(11.6)	(10.8)	(0.8)	(12.6)	(11.5)	(1.1)	Ring-fenced GiA - £(0.8)m YTD and £(1.1)m forecast variances reflects reviews of costs being classified as Ring-fenced, with some costs now being covered by other income streams
Income	(53.1)	(55.9)	2.8	(60.5)	(62.0)	1.6	External income is £2.8m over budget for the year-to-date and £1.6m over budget for the full year. The full year variance of £1.6m over budget 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	**(205.1)**	**(207.0)**	**1.9**	**(223.9)**	**(224.4)**	**0.4**	
Staff Costs							**£12.0m full year variance includes:**
Permanent Staff	138.9	128.7	10.2	152.0	141.0	11.0	4.2 O&AS directorate (recruitment delays plus funding transferred to workpackages)
Non Permanent Staff	9.6	8.4	1.2	10.1	11.0	(0.8)	1.4 HDS (delayed recruitment against budget)
Total Staff Costs	**148.5**	**137.1**	**11.4**	**162.2**	**151.9**	**10.2**	1.7 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
							(0.8) Other
							10.2
Other Costs							
Professional Fees	22.2	16.8	5.3	24.2	20.0	4.2	Full year forecast underspend against budget includes underspends on £2.2m Cybersecurity (some being spent as ICT, below), £1.4m Cross-Govt, £1.0m Standards, £1.1m Commercial, £0.5m Population Health and £0.4m Choices, partially offset by increases including £3.8m for Spine 2 workpackages and HSCN £0.3m
Information Technology	15.8	16.7	(0.9)	17.2	19.3	(2.1)	Full year variance includes £(2.1)m ICT , £(1.3)m Cybersecurity (reclassification from Professional Fees) and £0.5m in Tech Archs (unbudgeted GS1 licences)
Travel & Subsistence	4.3	4.8	(0.5)	4.7	5.3	(0.6)	Most Directorates are reporting/ forecasting T&S costs above budget.
Accommodation	10.3	10.9	(0.6)	11.2	12.0	(0.8)	Includes £(0.3)m increase in provision for dilapidations
Marketing, Training & Events	1.6	1.9	(0.3)	1.8	2.2	(0.4)	£0.5m over budget for training/ external course fees
Office Services	2.7	2.4	0.2	2.9	2.8	0.0	
Other	0.5	1.5	(1.0)	0.6	(0.9)	1.4	Year-to-date includes £2.5m cost for MARS and £(1.2)m VAT rebate from 14/15. Full year also includes forecast of £(2.4)m rebate for 13/14 and 15/16.
Total Other Costs	**57.4**	**55.1**	**2.3**	**62.5**	**60.8**	**1.8**	
Unallocated Costs							
Directorate Contingency/ Savings	(2.8)	0.0	(2.8)	0.0 (3.2)	0.1	(3.3)	£(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	2.0	0.0	2.0	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	(14.8)	(14.8)	0.0	(16.3)	(16.3)	0.0	
Depreciation Costs	14.8	14.0	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 29th February 2016

Detail by Directorate

£'m	Year-to-Date			Full Year			
	Budget	Actual	Var	Budget	F'cast	Var	
Provider Support & Integration							
Income	(4.4)	(4.7)	0.3	(4.8)	(5.0)	0.2	£1.7m forecast underspend on staff costs due to delayed recruitment and leavers not replaced.
Staff Costs	16.9	15.1	1.8	18.3	16.6	1.7	
Other Costs	3.2	2.5	0.7	3.6	3.0	0.6	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
Contingency / Virements	(1.1)	0.0	(1.1)	(1.3)	0.0	(1.3)	
Net GiA funded	**14.6**	**13.0**	**1.6**	**15.7**	**14.5**	**1.2**	
Health Digital Services							
Income	(14.6)	(14.9)	0.3	(16.0)	(16.8)	0.8	Income - £0.8m full year forecast variance includes £1.8m reduction on Choices/ DAS, partially offset by £1.8m increased income on GPES, £0.5m SCR and £0.4m ETP.
Staff Costs	22.8	21.4	1.3	24.9	23.5	1.4	
Other Costs	7.7	7.0	0.7	8.4	8.1	0.3	Staff costs - full year forecast variance of £1.4m includes£1.5m Choices, partially offset by increased costs of £0.5m on GPSoC R and £0.5m on Resource Pool
Contingency / Virements	(1.9)	0.0	(1.9)	(2.1)	0.0	(2.1)	
Net GiA funded	**13.9**	**13.5**	**0.5**	**15.2**	**14.8**	**0.3**	The "Contingency/ Virements" line shows Directorate Savings to be Found to be realised throughout the year. Forecast has been released due to savings realised to date £(2.1)m
Operations & Assurance Services							
Income	(29.9)	(30.4)	0.5	(33.0)	(33.5)	0.5	£0.5m 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.
Staff Costs	48.4	44.5	3.9	53.0	48.7	4.2	
Other Costs	17.4	19.6	(2.3)	18.3	22.4	(4.2)	£4.2m 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)
Contingency / Virements	1.1	0.0	1.1	1.2	0.0	1.2	
Net GiA funded	**36.9**	**33.7**	**3.2**	**39.4**	**37.6**	**1.8**	£(4.2)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 £2.1m additional forecast for central ICT.
Information & Analytics							
Income	(11.8)	(10.4)	(1.3)	(14.7)	(11.5)	(3.2)	The full year income variance of £(3.2)m is primarily due to reduction in expected income on Information Analysis £(1.6)m, care.data £(1.0)m, MCDS £(0.3)m and Data Dissemination £(0.3)m. £(0.9)m of the IA variance is from Population Health (Children and Younger People Mental Health Survey) - costs have also reduced accordingly.
Staff Costs	22.9	21.4	1.6	25.0	23.4	1.7	
Other Costs	9.0	8.4	0.6	10.5	9.6	0.9	£1.7m forecast underspend on staff costs includes £0.6m reduction on care.data/ (related to income variances above), £0.4m Data Dissemination services and £0.4m Information Analysis
Contingency / Virements	0.5	0.0	0.5	0.6	0.0	0.6	
Net GiA funded	**20.7**	**19.3**	**1.3**	**21.5**	**21.5**	**(0.0)**	£0.9m 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							
Income	(4.6)	(7.1)	2.5	(4.9)	(7.5)	2.5	£2.5m forecast variance on Income is due to increased income £2.9m on DSfC , offset by £(0.5)m reduction in expected external funding to cover IHTSDO membership.
Staff Costs	16.7	15.9	0.8	18.3	17.3	0.9	
Other Costs	4.0	2.4	1.5	4.3	3.3	1.0	£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.
Contingency / Virements	0.0	0.0	0.0	(0.0)	0.1	(0.1)	
Net GiA funded	**16.1**	**11.3**	**4.9**	**17.7**	**13.3**	**4.4**	£1.0m full year variance on non-staff costs includes £1.4m reduction in costs in Standards, partially offset by increased costs in DSfC and Tech Architecture.
Finance & Corporate Services	**(excl Estates)**						
Income	(1.0)	(0.8)	(0.2)	(1.1)	(0.9)	(0.2)	£1.3m underspend on staff costs is primarily due to reduction in contractor costs in Commercial.
Staff Costs	13.5	12.2	1.3	14.7	13.4	1.4	
Other Costs	4.3	2.6	1.6	4.6	3.0	1.6	£1.4m underspend on non-staff costs is due the reduction in forecast legal fees
Contingency / Virements	(1.1)	0.0	(1.1)	(1.2)	0.0	(1.2)	
Net GiA funded	**15.7**	**14.1**	**1.6**	**17.0**	**15.5**	**1.5**	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.
Estates	9.0	9.0	(0.0)	9.8	9.9	(0.2)	
HR & Transformation	**3.1**	**2.6**	**0.5**	**3.4**	**3.0**	**0.5**	Primarily due to release of redundancy forecast; costs of MARS have been booked to Corporate (below)
Customer Relations	**4.6**	**4.0**	**0.5**	**5.0**	**4.6**	**0.4**	Primarily due to lower than budgeted staff costs
Clinical Professional Leadership	**0.9**	**0.8**	**0.1**	**0.9**	**0.9**	**0.1**	
HSCIC Corporate	(135.5)	(136.1)	0.6	(145.6)	(147.2)	1.6	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 £(1.2)m VAT rebate from 14/15. Full year also incldues forecast of £(2.4)m rebate for 13/14 and 15/16.

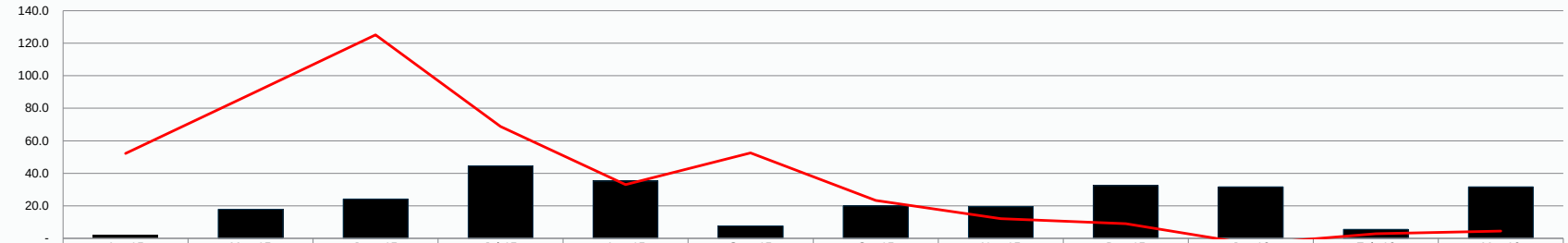
NOTE: Below includes transfer of budgets @ M6 from HDS to PSI for Cross-Government programmes and from O&AS to I&A for Demographics and @ M7, from HDS to PSI for HSCN

Appendix 1 - Management Accounts

2015/16 HSCIC Management Accounts as at 29th February 2016

Headcount

Permanent Staff - Forecast Increase vs Budgeted Increase [FTE]



	Apr-15 Act	May-15 Act	June-15 Act	Jul-15 Act	Aug-15 Act	Sept-15 Act	Oct-15 Act	Nov-15 Act	Dec-15 Act	Jan-16 Act	Feb-16 Act	Mar-16 Fct
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	31.6
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

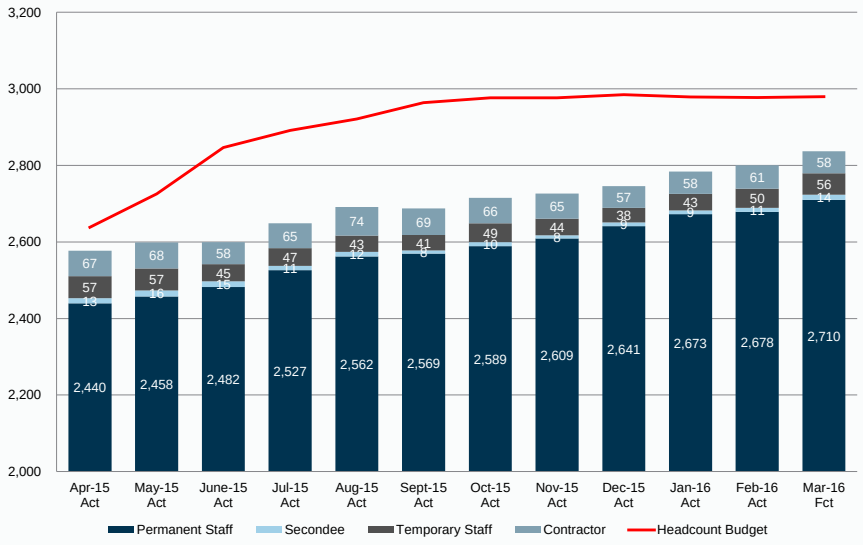
Forecast Increase (FTE) — Budgeted Increase (FTE)

The budget included an increase of 464 FTE over M1-11; however, permanent headcount only increased by a net 241 FTE over the period Vacancies have been moving to the right over the course of the year; the forecast now includes 32 permanent employees to join in the last month of the year.

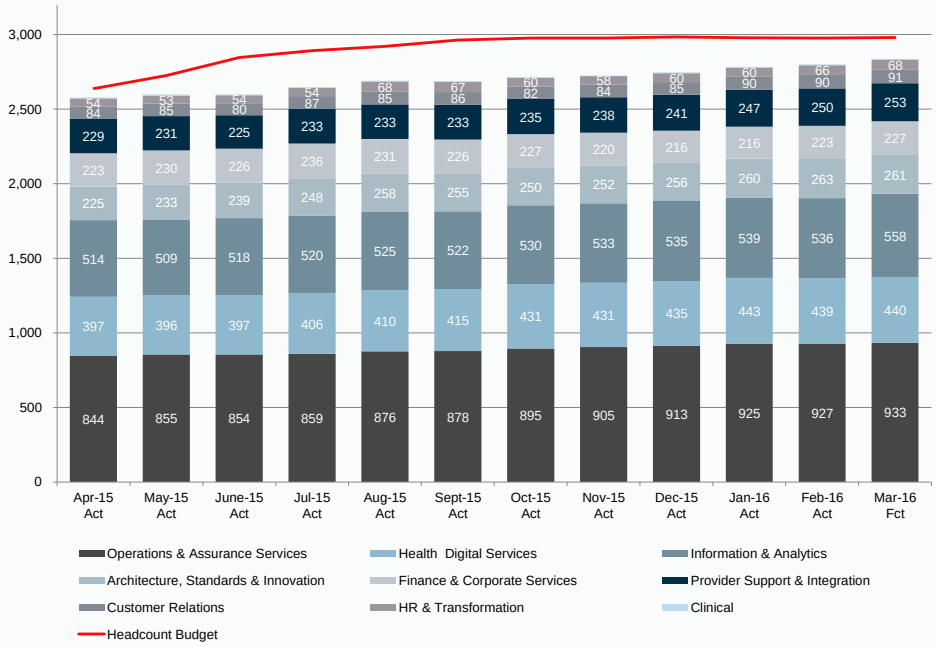
Note: FTE increase figure is as at payroll date therefore may differ from HR figures for the whole of the month.

Workforce: Budget vs Forecast [FTE]

(note: axis starts from 2,000)



Workforce: Budget vs Forecast by Directorate [FTE]



KPI	Programme Achievement
KPI Owner	James Hawkins

Appendix 2 - Programme Delivery Dashboard

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

Programme Delivery Director View	
Current RAG	South
Forecast RAG	TBC

Health Digital Services Dashboard - February 2016

	Reporting Month:		SRO?	Overall Delivery Confidence RAG						Assurance Delivery Confidence / Status							Key Delivery Milestones			Current year financial forecast against budget			Investment justification (BC, MoU etc) forecast spend status		
				Dec	Jan	Feb	Mar	Apr	May		Last Gate	Date	RAG	Next Gate	Date	Status	Dec	Jan	Feb	Nov	Dec	Jan	Dec	Jan	Feb
Primary Care IT	P0281	General Practice Extraction Service	No	A	A	A	G	G	A	TBC	4	Dec-2012	A/G	TBC	TBC	TBC	A	A	A	R-O	R-O	R-O	G	G	G
	P0208	GP Systems of Choice Replacement	No	A/G	A/G	A	A	A	A	N/A	5	Apr-2015	A/G	TBC	TBC	Not booked	A	A	A	R-O	R-U	R-U	G	G	G
	P0014	GP2GP	Yes	A/G	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	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	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	A/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-O	G	G	G

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

Delivery Confidence - Health Digital Services:	
February-2016	A/G 62.50%
May-2016	A/G 72.50%

HDS View	
February-2016	South
May-2016	N/A

February's calculated delivery confidence is at 65%. The Calculated delivery confidence RAG remains at Amber/Green. The 3-month calculated forecast Delivery Confidence (to May 2016) is also Amber/Green at 67.5%.

Architecture Standards and Innovation - February 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			
				Dec	Jan	Feb	Mar	Apr	May	RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Dec	Jan	Feb	Nov	Dec	Jan	Dec	Jan	Feb	
	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:	
February-2016	A 60.00%
May-2016	A 60.00%

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

Sourced from Highlight Reports (Key RAGs) February-16
Sourced from Highlight Reports Feb-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	South
Forecast RAG	TBC

Health Digital Services Dashboard - February 2016

			Benefits realisation confidence				Quality Management against plan				Programme / Project end date				Current Investment Justification approval status				Digital & Technology Spend Controls Status				Resourcing Against Plan				Progress against planned mitigation for risk			
	Reporting Month:		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb	
Primary Care IT	P0281	General Practice Extraction Service	N/A	N/A	N/A	-	A	A	A	⇨	A	A	A	⇨	N/A	N/A	N/A	-	G	G	G	⇨	A	A	A	⇨	A	A	A	⇨
	P0208	GP Systems of Choice Replacement	G	G	G	⇨	G	G	G	⇨	G	G	G	⇨	G	G	G	⇨	G	G	G	⇨	A	A	A	⇨	A	A	A	⇨
	P0014	GP2GP	A	A	A	⇨	G	G	G	⇨	A	A	A	⇨	G	G	G	⇨	N/A	N/A	N/A	-	A	A	A	⇨	G	G	G	⇨
	P0026	NHS Choices	N/A	N/A	N/A	-	A	A	A	⇨	A	A	A	⇨	A	A	A	⇨	G	G	G	⇨	G	G	G	⇨	G	G	G	⇨
	P0196	NHSmail 2	G	G	G	⇨	G	G	G	⇨	A	A	A	⇨	G	G	G	⇨	G	G	G	⇨	G	A	A	⇨	A	A	A	⇨
	P0238	NHS e-Referrals	A	A	A	⇨	G	G	G	⇨	G	G	G	⇨	G	G	G	⇨	G	G	G	⇨	A	A	A	⇨	G	G	G	⇨
	P0051	Summary Care Record	A	A	A	⇨	G	G	G	⇨	G	G	G	⇨	G	G	G	⇨	G	G	G	⇨	G	G	G	⇨	G	G	G	⇨
	P0012	Electronic Transfer of Prescriptions	A	A	A	⇨	G	G	G	⇨	G	G	G	⇨	A	A	A	⇨	G	G	G	⇨	A	A	A	⇨	A	A	A	⇨

Overall Delivery Confidence for Health Digital Services (Calculated):	
February-2016	A/G 62.50%
May-2016	A/G 72.50%

HDS View	
February-2016	South
May-2016	N/A

February's calculated delivery confidence is at 65%. The Calculated delivery confidence RAG remains at Amber/Green. The 3-month calculated forecast Delivery Confidence (to May 2016) is also Amber/Green at 67.5%.

Architecture Standards and Innovation - February 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			
			Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb	
	P0453	National Data Services Development	N/A	N/A	A	-	TBC	TBC	A	-	G	G	G	⇨	A	A	A	⇨	A	A	A	⇨	G	G	A	⇩	G	G	G	⇨

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

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

Sourced from Highlight Reports (Key RAGs) February-16

Sourced from Highlight Reports (Key RAGs) Feb-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	
Current RAG	A/G
Forecast RAG	A/G

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

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

ASI RAG Summary	
Previous RAG	
Current RAG	A
Forecast RAG	A

Provider Support & Integration Dashboard - February 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		
			Dec	Jan	Feb	Mar	Apr	May	RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Dec	Jan	Feb	Nov	Dec	Jan	Dec	Jan	Feb
P0033	PACS	No	A	A	A	A	A	A/G	TBC	0	Nov-11	G	TBC	TBC	TBC	A	A	R	G	R-U	R-U	N/A	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	G	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	G	G	G	G
P0004	Child Protection – Information Sharing	No	A/R	A/R	A	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/R	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/R	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	A/G	A/G	G	G	N/A	N/A	N/A	N/A	TBC	TBC	TBC	R	A	A	R-U	R-U	R-U	A	A	A
P0372	ISP	No	A/G	A	A	A	A	A	TBC	N/A	N/A	N/A	TBC	TBC	TBC	A	A	A	R-U	R-U	R-U	G	G	G
																			1st letter = RAG, 2nd letter = Under / overspend			1st letter = RAG, 2nd letter = Under / overspend		

Overall Delivery Confidence for Prov Sup:	
February-2016	A/G 64.62%
May-2016	A/G 59.23%

Overall Delivery Confidence is assessed as A/G based on the Highlight Reports covering the February 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 - February 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		
			Dec	Jan	Feb	Mar	Apr	May	RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Dec	Jan	Feb	Nov	Dec	Jan	Dec	Jan	Feb
P0055	Maternity and Childrens Dataset	Yes	A	A/G	A/G	A/G	A/G	A/G	High	3	Jan-13	A	N/A	N/A	N/A	A	A	A	G	G	G	G	G	G
P0306	care.data	No	A/R	A/R	A/R	A/R	A/R	A/R	High	PAR	Feb-15	A/R	y Healthch	Nov	TBC	A	A	A	N/A	N/A	N/A	R	R	R
																			1st letter = RAG, 2nd letter = Under / overspend			1st letter = RAG, 2nd letter = Under / overspend		

Overall Delivery Confidence for I&A:	
February-2016	A 60.00%
May-2016	A 60.00%

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

Operations and Assurance Services Dashboard - February 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		
			Dec	Jan	Feb	Mar	Apr	May	RPA	Last Gate	Date	RAG	Next Gate	Date	Status	Dec	Jan	Feb	Nov	Dec	Jan	Dec	Jan	Feb
P0050	Spine 2	No	A/G	G	G	G	G	G	High	5	Feb-15	G	5	TBC	TBC	A	G	G	R-O	A	A	G	G	G
P0325	Cyber Security Programme	No	A	A/G	A/G	A/G	G	G	High	N/A	N/A	N/A	0	TBC	TBC	A	A	A	G	A	G	G	G	G
P0335	SUS Transition	No	A/G	A/G	A/G	A/G	A/G	A/G	High	5	Jul-15	G	5	TBC	TBC	A	A	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:	
February-2016	G 86.67%
May-2016	G 93.33%

Overall Delivery Confidence is assessed as G based on the Highlight Reports covering the February 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	
Current RAG	A/G
Forecast RAG	A/G

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

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

ASI RAG Summary	
Previous RAG	
Current RAG	A
Forecast RAG	A

		Benefits realisation confidence			Quality Management against plan			Programme / Project end date			Current Investment Justification approval status			Digital & Technology Spend Controls Status			Resourcing Against Plan			Progress against planned mitigation for risk		
		Dec	Jan	Feb	Dec	Jan	Feb	Dec	Jan	Feb	Dec	Jan	Feb	Dec	Jan	Feb	Dec	Jan	Feb	Dec	Jan	Feb
P0033	PACS	G	G	G	N/A	N/A	N/A	G	G	G	N/A	G	G	N/A	N/A	G	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	G	A	A	A
P0182	South Ambulance Programme	A	A	A	A	G	G	G	G	G	G	G	G	G	G	G	A	G	G	G	G	G
P0181	South Acute Programme	G	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	R	A	A	A	A	A	A	A	A
P0004	Child Protection – Information Sharing	A	A	A	G	G	G	A	A	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	R	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	A	G	G	G	G	G	G	R	R	R	G	G	G
P0372	ISP	N/A	N/A	N/A	A	A	A	G	G	G	G	G	G	N/A	N/A	N/A	G	G	G	A	A	A

Overall Delivery Confidence for Prov Sup:	
February-2016	A/G 64.62%
May-2016	A/G 69.23%

Overall Delivery Confidence is assessed as A/G based on the Highlight Reports covering the February 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 - February 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		
		Dec	Jan	Feb	Dec	Jan	Feb	Dec	Jan	Feb	Dec	Jan	Feb	Dec	Jan	Feb	Dec	Jan	Feb	Dec	Jan	Feb
P0294	Maternity and Childrens Dataset	A	A	A	G	G	G	G	G	A	G	A	A	G	G	G	A	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:	
February-2016	A 60.00%
May-2016	A 60.00%

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

Operations and Assurance Services Dashboard - February 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		
		Dec	Jan	Feb	Dec	Jan	Feb	Dec	Jan	Feb	Dec	Jan	Feb	Dec	Jan	Feb	Dec	Jan	Feb	Dec	Jan	Feb
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:	
February-2016	G 86.67%
May-2016	G 93.33%

Overall Delivery Confidence is assessed as G based on the Highlight Reports covering the February 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)

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Board meeting – Public session

Title of paper:	**Corporate Data Quality Assurance**
Board meeting date:	30 March 2016
Agenda item no:	HSCIC 16 07 03b (P1)
Paper presented by:	Linda Whalley, Director of Strategy and Policy
Paper prepared by:	John Sharp, Head of Data Quality
Paper approved by: (Sponsor Director)	Chris Roebuck on behalf of Martin Severs, Director of Information and Analytics
Purpose of the paper:	To update the Board on progress to date and describe proposed next steps.
Key risks and issues:	Maintaining and improving stakeholder engagement. Delays in delivery of supporting systems.
Patient/public interest:	Realisable only in the medium or longer term as the strategies, policies and supporting processes, products and tools are embedded.
Actions required by the board:	To provide feedback on next steps and note progress to date.

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Corporate Data Quality Assurance

Board Update

Author: John Sharp

Date: 18 March 2016

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Contents

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1 Executive summary

The approval of the Data Quality Assurance Strategy 2015-2020 and the publication of the Data Quality Assurance Policy for Secondary Uses Data have been the starting point in shaping the way we manage data quality assurance. Transformation is underway to ensure that our customers are confident that we understand their requirements, can support them in their work and, ultimately, are trusted to lead the improvement of data quality nationally.

Our strategy cannot be delivered by a single organisation. Engaging with data providers; data users; commissioners; regulators; and other stakeholders, together with HSCIC colleagues, is a prerequisite to the successful delivery of our statutory obligations and strategic objectives.

As data underpins the entirety of our business, developing and improving data quality assurance is not only a key objective for the Corporate Data Quality Assurance team, but is a vital step in transforming the work of HSCIC and the wider health and social care system as a whole.

Examples of recently reported data quality issues can be seen in Annex 1.

1.1 Vision

By 2020, HSCIC will be seen as the lead organisation and ‘go to’ place for data quality data, information, knowledge and capability for the whole health and social care system.

1.2 Delivery of vision

Engagement - requirements gathering, collaborative delivery
Policy/processes - to drive forward best practice
Tools - to deliver requirements and support policy

Now
- DQA info produced for individual HSCIC data sets, presented in different ways using non-standard tools
- Patchy and inconsistent consideration of DQA in HSCIC data flows
- Engagement with ALBs on problem DQA areas (eg SUS/HES)
- Data quality leads identified for each HSCIC secondary uses dataset

Future
- DQA info available in standard format for all (through DSP)
- DQA embedded in all relevant HSCIC systems and processes, including SCCI
- Ad hoc analysis addressing specific DQ issues
- ALBs using DQA information to influence improvements in quality of data flowing through system

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1.3 Consultation and approval

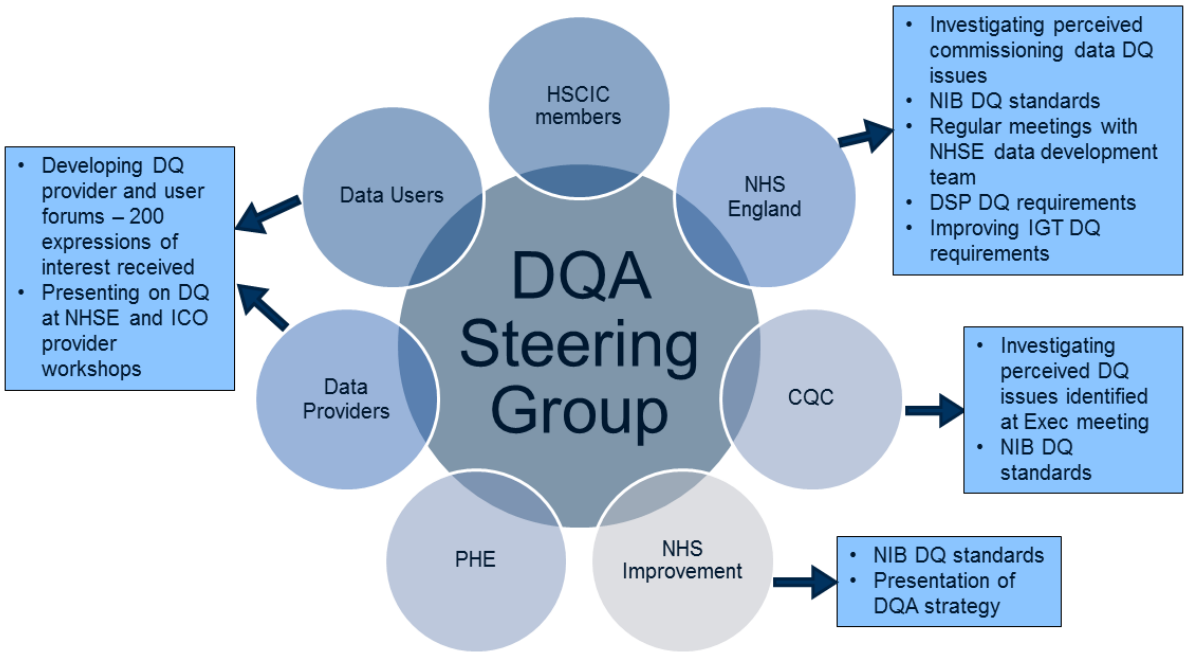
Once the future improvement activities have been planned and developed, the health and care system will be consulted for their feedback prior to taking to NIB for agreement. It is envisaged that whilst HSCIC will author and own the strategy, the NIB will be the enforcing power behind it to help deliver it across the whole health and social care landscape.

2 Progress to date

The recent development of data quality assurance strategy and policy, and allocation of more resource, has seen a step change in the delivery of corporate data quality assurance

2.1 Engagement

2.1.1 Key engagement group



2.1.2 Online forum

- The CDQA team will launch an online forum for over 200 representatives from data quality providers. The forum will allow users to share best practice and work collaboratively to overcome challenges. The forum will allow HSCIC to gather key data quality information to baseline the current level of assurance in provider organisations in order to measure how far transformed engagement can support data quality improvement

2.1.3 Additional engagement activities

- Throughout April and May, the CDQA team will embark on a series of site visits to further our knowledge and understanding about data quality assurance in other organisations. The first site visit will take place at St James's University Hospital, Leeds

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- Quarterly E-bulletins to provide transparency on the data quality assurance work that is being undertaken centrally. The bulletins will be distributed internally and externally. The first bulletin was published in January 2016
- Supporting a 3 year University of Leeds project investigating advanced DQ issue identification and visualisation

2.2 Standardisation

Standardisation and consistency can change the way HSCIC manages data quality assurance:

- The Data Services Platform (DSP) will be the corporate solution for regulating and streamlining data quality practices. The CDQA team have fed 28 corporate data quality requirements into the DSP Programme and are working closely with the National Data Services Delivery (NDSD) programme to develop the requirements into suitable functionality. This is the first step towards delivering Data Quality as a Service.
- Assessment of dataset data quality assurance maturity has started. The results will be used to develop data quality assurance improvement plans
- A standard set of data quality metadata for datasets is being collected. It will be published on the data quality website page, making the information easily accessible to all
- A corporate escalation process has been developed for use by teams when their own escalation processes, for what they consider to be significant data quality issues, have not worked

2.3 Reporting

A prototype reporting tool has been developed and is due to be published on our website for user acceptance testing. The prototype holds provider level data quality results from key datasets and data items, and will allow users to build ad hoc reports. The development is supported by feedback from providers who have asked for a tool that is available electronically, can be accessed by all at any time, and supports benchmarking. Screen shots from the prototype can be seen in Annex 2.

3 Next steps

3.1 Data Quality Improvement Strategy

A Data Quality Improvement Strategy will be developed. The strategy will be for the system as a whole, with specific objectives to be achieved by 2020. HSCIC will ensure that:

- All data quality assessment undertaken by national bodies is known, described, synchronised, non-duplicative, harmonised and, where necessary, extended
- Assessment results will be freely available at all required levels of granularity
- We collaborate with our partners to develop and implement a range of positive and negative levers that encourage improvements in data quality

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3.1.1 Justification

The justification for HSCIC leading on a system-wide data quality improvement strategy is based on patient safety[1]; efficiency[2]; cost and burden reduction; transparency and our statutory responsibilities.

3.1.2 Outcomes

In 2020 data quality should be in such a position that:

- Decision support can be deployed on a national scale and give safe and effective support for doctors and nurses
- Management decisions can be taken within days of the data being collected
- Planning and policy decisions can be taken within weeks of the data being collected
- Patients will be explicitly part of, and fully engaged with, the data quality improvement process

3.1.3 Delivery and buy-in

HSCIC will use its influence to encourage external organisations to meet the strategic objectives. However, other organisations, for example NHS England, NHS Improvement and CQC could mandate them if they chose to do so. HSCIC could incentivise organisations to meet the objectives through the development of a data quality accreditation system, Section 267 of the Act[3] empowers HSCIC to do this, or the application of sanctions, for example:

- Publishing details of providers who, despite support from the centre, have failed to improve the quality of their data in line with expectations
- Declining to include a providers data in our data sets on the basis that it is unsafe

3.2 Policy development

The secondary uses data quality assurance policy will continue to be developed. A further policy for primary uses data is being drafted, with an expected publication date in mid-2016.

4 Management responsibility

Martin Severs, Interim Director of Information and Analytics and Lead Clinician (Caldicott Guardian), is the executive director accountable for Corporate Data Quality Assurance. Julie Stroud, Interim Head of Corporate Data Quality Assurance and Statistical Services, is the senior manager with overall responsibility.

5 Actions required of the Board

The Board are asked to provide feedback on next steps and note progress to date.

[1] http://www.midstaffspublicinquiry.com/report
[2] https://www.gov.uk/government/publications/productivity-in-nhs-hospitals

[3] http://www.legislation.gov.uk/Health & Social Care Act 2012 Chapter 7, Part 9, Chapter 2, paragraphs 267

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6 Annex 1 – Examples of data quality issues

The following examples indicate the type of data quality issues currently being reported by the system and which current work and the proposed 'Next steps' need to investigate and address:

6.1 Example 1

Rotator cuff repairs:
- No. of HES episodes with the relevant clinical code – 2,000
- No. of implants used from national audit data – 14,000

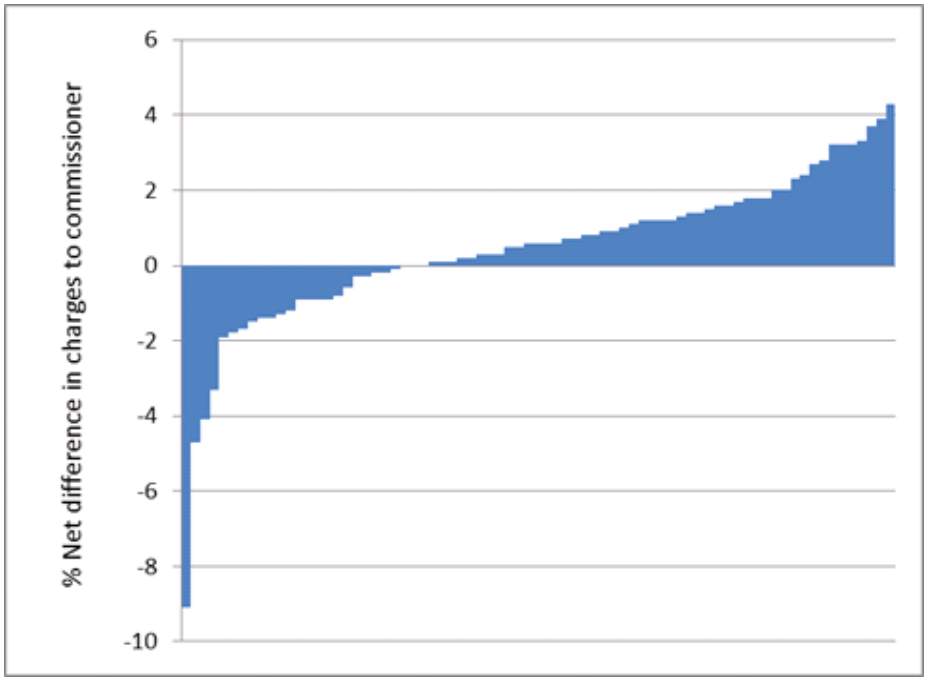
Total hip replacement procedures reported in:
- A & E
- Urology
- Anaesthetics

and as day cases!

Source: Consultant surgeon with interest in data quality

6.2 Example 2

Net difference in charges to commissioners due to poor clinical coding:



Source: Monitor's reference cost assurance programme: Findings from the 2014/15 audit[4]

[4] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/466112/Reference_cost_audit_report_final_v2.pdf

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6.3 Example 3

Local maintenance of national reference data tables consumes a large amount of local resource and still results in data inconsistency issues. HSCIC maintained national reference data tables, accessible to all, would resolve this issue.

Source: Data provider data quality workshops, Birmingham and London, February 2016, and Leeds University Teaching Hospitals site visit, March 2016

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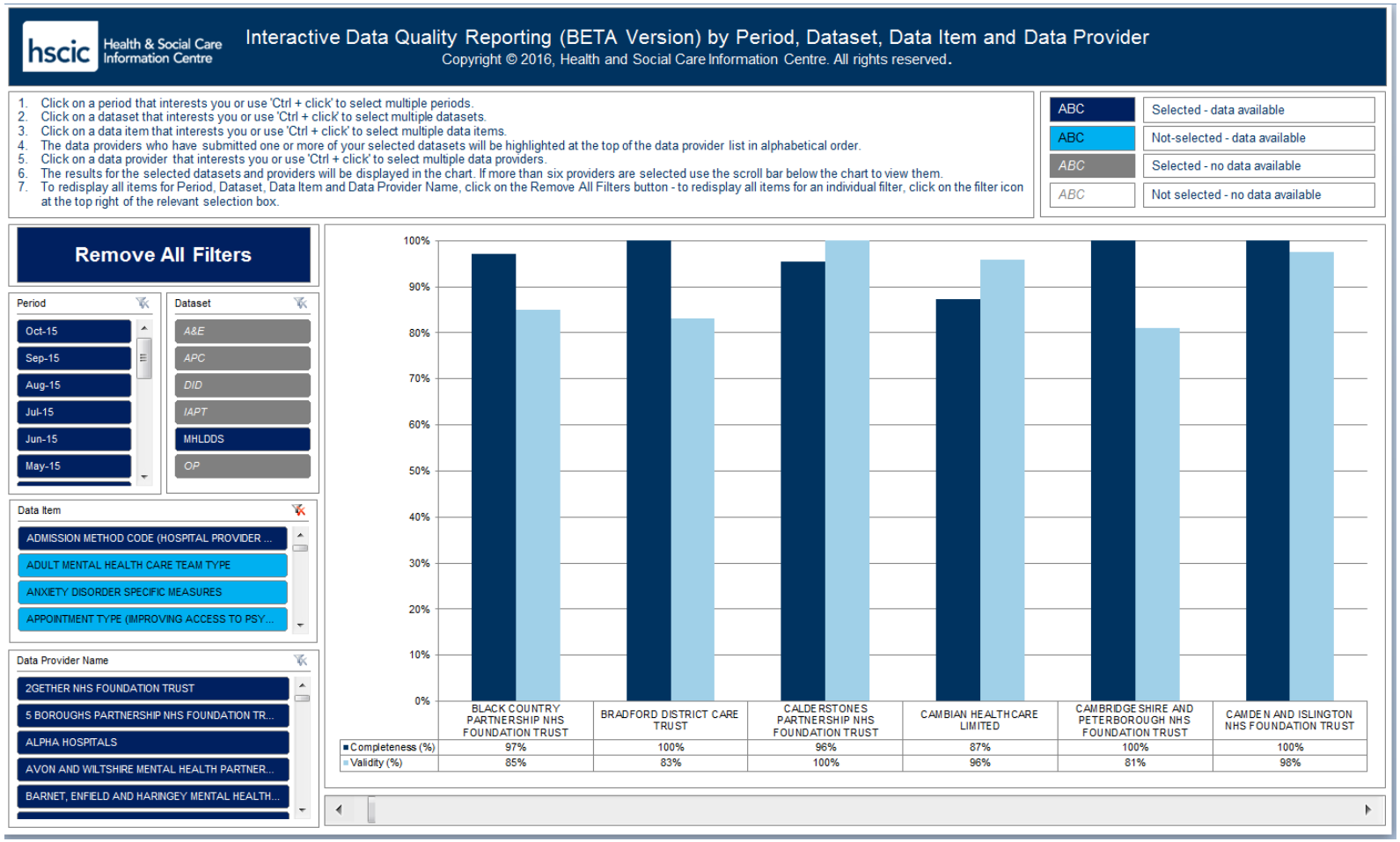
7 Annex 2 – Reporting tool prototype screenshots



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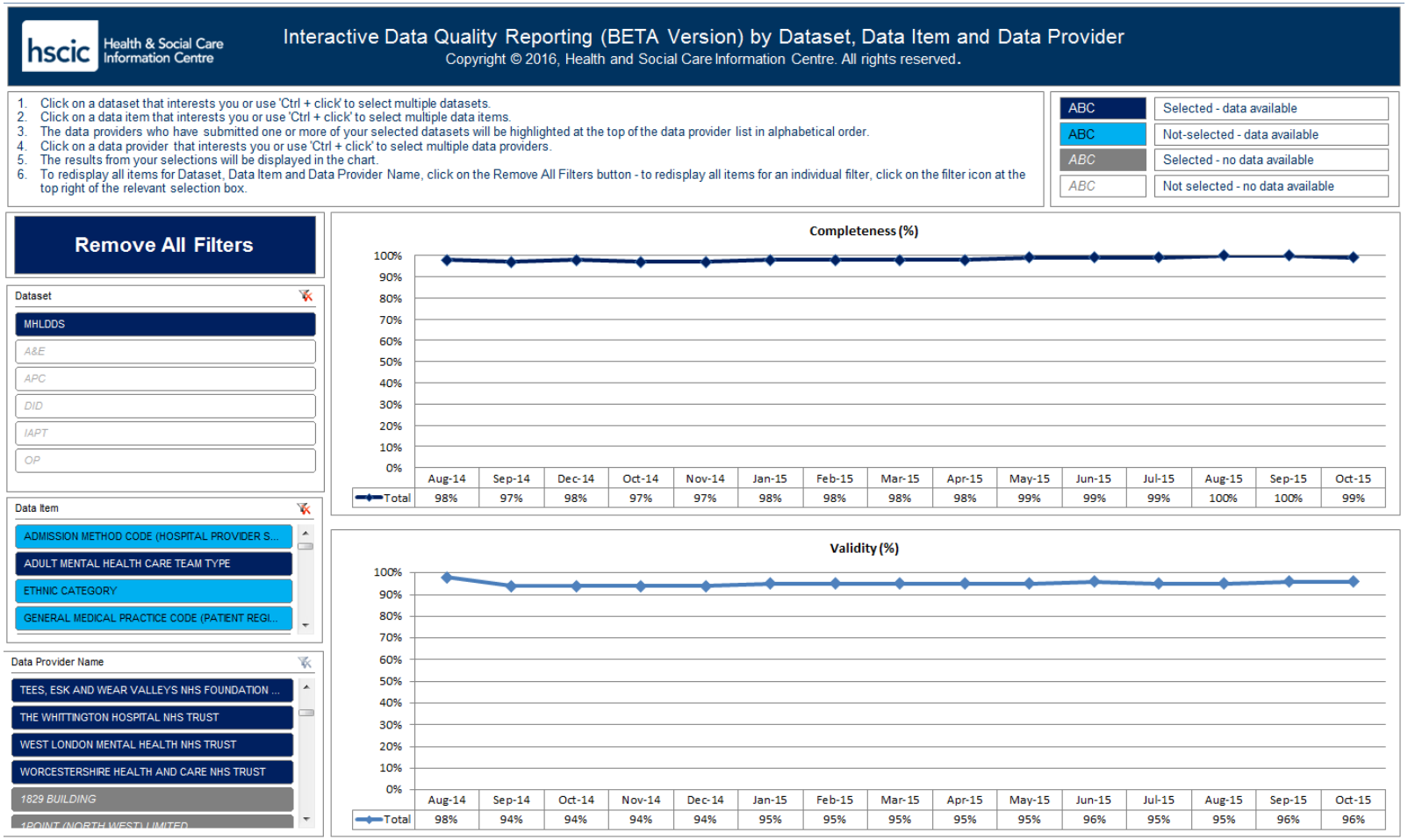

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Board Meeting – Public Session

Title of paper:	Update on Budget and Business Planning/ Future years
Board meeting date:	30 March 2016
Agenda item no:	HSCIC 16 07 03c (P1)
Paper presented by:	Carl Vincent, Director of Finance & Corporate Services
Paper prepared by:	Carl Vincent, Director of Finance & Corporate Services/ Rebecca Giles, Head of Strategic Finance, Reporting & Change/ David O'Brien, Head of Business Intelligence
Paper approved by: (Sponsor Director)	Carl Vincent, Director of Finance & Corporate Services
Purpose of the paper:	To present the final draft of an 'interim' HSCIC corporate business plan for2016/17
Key risks and issues:	The main risks related to ongoing financial and governance uncertainties affecting the planning process for 2016/17.
Patient/public interest:	Indirect: it is in the public interest that the HSCIC plans its work and budgets well
Actions required by the Board:	The Board are requested to: • Approve the HSCIC's interim business plan for 2016/17 • Note that an updated corporate business plan will be brought to a subsequent Board meeting for further approval

Health & Social Care Information Centre

Business Planning 2016/17

HSCIC Corporate Business Plan 2016/17

Author: Carl Vincent

Date: 30 March 2016

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Contents

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1 Executive Summary

This paper presents for HSCIC corporate business plan for 2016/17.

Given the financial and governance uncertainties affecting the planning process this year, DH has agreed that at this stage HSCIC can issue an 'interim' corporate business plan for 2016/17. Detailed planning work will continue during the early months of 2016/17, and an updated business plan will be brought to a subsequent Board meeting for further approval.

2 Background

The Board received updates on the business planning and budget-setting process for 2016/17 at its meetings in January and February. As a result, the Board will be aware that planning for 2016/17 has taken place in a context of very high levels of uncertainty about funding sources and governance arrangements across the health and care informatics system. The major uncertainties include:

- How HSCIC will be overseen by the DH (and others), the role of SROs, the role and functioning of the Digital Delivery Board, etc.
- The scope of responsibilities HSCIC will be asked to take on relative to other national organisations.
- The levels and sources of HSCIC funding for 2016/17 and future years.
- The planning for the NIB funded programmes is still in relatively early stages, so HSCIC cannot yet populate its 2016/17 business plan with specific deliverables for most of these programmes.

The likely timeline to resolve these issues means that at this stage the corporate business plan can only set out high level and provisional themes.

Given the planning context described above, DH has agreed that at this stage HSCIC can issue an 'interim' corporate business plan for 2016/17. This arrangement satisfies the requirement of Arms-Length Bodies to publish a business plan. It also allows more time for HSCIC to understand the financial and delivery implications associated with the NIB portfolio development and other governance issues, and to plan and budget accordingly. Detailed planning work will continue during the early months of 2016/17, and an updated corporate business plan will be published during the year.

3 Recommendation

Appendix A presents the interim version of the HSCIC Corporate Business Plan for 2016/17. It is recommended that:

1. The Board approves the HSCIC's interim corporate business plan for 2016/17.
2. The Board notes that an updated corporate business plan will be brought to a subsequent Board meeting for further approval

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4 Implications

4.1 Strategy Implications

The corporate business plan directly supports implementation of the HSCIC's strategy 2015-2020, *Information and Technology for Better Care*. The business plan sets out the key delivery commitments that take forward this strategy during 2016/17. Note that the 2016/17 delivery commitments in the corporate business plan are organised around the HSCIC's five strategic priorities plus the sixth priority of transforming the organisation and its engagement with stakeholders:

- Ensure that every citizen's data is protected
- Establish shared architecture and standards so everyone benefits
- Implement national services that meet national and local needs
- Support health and care organisations to get the best from technology, data and information
- Make better use of health and care information
- Transform the way we engage and work

The corporate business plan also represents HSCIC's contribution to other strategies within the health and care system, including:

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

4.2 Financial Implications

The activities described in the business plan will be delivered during a period of financial restraint across the public sector. HSCIC's Grant-in-Aid budget is expected to be reduced by 30% in real terms over the next four years, in line with government policy set out in the Comprehensive Spending Review.

Against this background, HSCIC is awaiting the decisions of the NIB regarding its specific requirements for 2016/17. We expect that these decisions will result in significant investment in services and programmes currently delivered by the HSCIC. Details of the BIB work and its funding implications will be set out in the revised business plan developed during quarter one of 2016/17.

The interim corporate business plan sets out an operating budget for 2016/17 of £221m. Of this, £154m is Grant-in-Aid income received from the government. The remainder is made up of income received from other sources, and includes an estimate of the revenue funding expected to be received for NIB programmes.

For 2016/17 HSCIC expects to have a capital investment budget of £15m. This does not include additional funding that could be received to support NIB programmes.

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4.3 Stakeholder Implications

DH has been involved throughout the budget-setting and business-planning process. This has included regular meetings and conference calls with key players, feedback on earlier drafts of the business plan document, discussion at formal Accountability Meetings, and attendance of senior DH officials at a HSCIC EMT business planning session.

NHS England has also been engaged in HSCIC's planning process, including a bilateral meeting with the NHS England National Director with the most interest and relevant responsibility to discuss the key aspects of the business plan.

In addition, there has been business-to-business engagement between HSCIC and other commissioning bodies, and wide-scale engagement across NIB partners regarding the planning, budgeting and delivery arrangements to support the NIB portfolio.

4.4 Handling

Arms-Length Bodies are required to publish their annual business plans. When publishing this document, the key messages to staff, stakeholders and the wider public are that:

1. This version of the corporate business plan represents an interim or holding position,
2. Detailed planning work will continue during the early months of 2016/17 with a view to publishing an updated corporate business plan during the year.

5 Risks and Issues

Two significant areas of risk associated with the business plan are as follows:

1. The uncertainties relating to (a) levels and sources of funding and (b) governance arrangements across the health and care informatics system. These uncertainties have made it very difficult to plan activity and budgets for 2016/17. The risks associated with this have been mitigated through ongoing engagement with key bodies across the system, and by agreeing with DH an extended period in which to develop this interim business plan into a more refined plan.

2. The requirement, in keeping with other public bodies, that HSCIC must manage with a reduced budget for 2016/17 and subsequent years. The business plan itself sets out the organisation's general approach to mitigating the risks associated with this scenario, including the following:

- Managing staff costs
- Managing building costs
- Technical and allocative efficiency
- General productivity and efficiency across HSCIC

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6 Corporate Governance and Compliance

HSCIC, like all DH ALBs, is required to publish an annual business plan. This requirement is set out in the Framework Agreement between HSCIC and DH.

DH has agreed that HSCIC should publish an interim business now, and follow this with a second version – updated principally to capture the NIB requirements - around the end of 2016/17 quarter one. By following this approach HSCIC complies with its requirement to publish a business plan.

Note that DH issues planning guidance that sets out certain expectations regarding the content of ALB business plans. Expected content includes the following:

- Inclusion of specific objectives for 2016-17, including key deliverables.
- Show how the ALB contributes to the DH Shared Delivery Plan workstreams.
- Demonstrate alignment with other ALBs' plans (in the case of HSCIC this is covered by alignment with NIB priorities).
- Show what the ALB is doing to ensure it has the right skills and capabilities in place to deliver its objectives.
- Show that the ALB can deliver its objectives within the 2016-17 financial allocation.
- Set out (at a high level) how the ALB will respond to the Spending Review challenge over the longer term, including expected impact on finances, workforce, and delivery.

As a public sector organisation there is also a general expectation that the business plan should make a positive statement about commitment to equalities and diversity.

7 Management Responsibility

The Executive Director responsible for HSCIC business planning and budget setting is Carl Vincent, Director of Finance and Corporate Services. Other senior managers include:

- Linda Whalley, Director of Strategy, whose primary involvement is aligning HSCIC planning with system-wide strategic priorities and drafting the narrative sections of the document.
- Rebecca Giles, Head of Strategic Finance, Reporting and Change, whose primary involvement is to lead the budget-setting process across all directorates.
- David O'Brien, Head of Business Intelligence, whose primary involvement is to lead the business planning process across all directorates.

8 Actions Required of the Board

The Board is asked to:

1. Approve the HSCIC's interim corporate business plan for 2016/17.
2. Note that an updated corporate business plan will be brought to a subsequent Board meeting for further approval.

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Business Plan 2016/17

PRESENTED TO
HSCIC BOARD MEETING
30TH MARCH 2016

Our Business Plan is based on the current position as at 17/03/2016. When they become known, the investment decisions and approvals relating to the National Information Board will have significant implications for this Plan, including new commitments and funding. In the light of these current uncertainties, we have agreed with our sponsor in DH that we will update the plan at the end of Q1 2016/17.

Contents

1. Introduction to our Business Plan for 2016/17

1.1 Who we are and what we do

As the provider of national information, data and IT systems that support health and care services, the Health and Social Care Information Centre[1] (the HSCIC) has a key role to play across the health and care system. Our role is to improve health and social care in England by putting technology, data and information to work in the interests of patients, clinicians, commissioners, analysts and researchers in health and social care.

We provide a range of technology and information services that are used by patients, service users, the public at large, health and care professionals, and by research, industry and commercial organisations. These services support the commissioning, design and delivery of health and social care services in England and provide information and statistics that are used to inform decision-making and choice.

We have statutory duties which we discharge on behalf of the health and care system. We:

- Manage the collection, storage, processing and publication of national health and care information, as directed by the Secretary of State and NHS England;
- Deliver the national technology and infrastructure services that underpin the provision of health and care services;
- Manage the development and delivery of information standards products and services needed to support health and care provision, and the commitments of the National Information Board (the NIB);
- Fulfil our data quality assurance responsibilities by expanding the services we provide to support improvements in data quality, and publishing our annual data quality report;
- Act as the national source of indicators by:
    - Producing and publishing the NHS Outcomes Framework, the Commissioning Outcomes Framework, and the Adult Social Care Outcomes Framework;
    - Managing the national library of assured indicators and their methodology;
    - Co-ordinating the assurance processes necessary to support the design and use of robust and meaningful indicators.
- Provide advice and support to health and care organisations on information and cyber security, burden management, standards and information governance;
- Develop the Information Governance Toolkit to support greater self-assessment for integrated services;
- Strengthen our efforts on the system-wide management of administrative burden and provide the Secretary of State with our assessment of opportunities for reducing its impact on the front line.

[1] Established in 2013, we are an independent public service which operates as an executive non-departmental arm's length public body of the Department of Health.

Our values form the foundation for everything that we do. They shape how we work as individuals and teams across the organisation to deliver our strategy and plans. Our values are:

People Focused	Trustworthy	Professional	Innovative
We value and promote positive relationships with colleagues, customers and the public and are responsive to their needs	We act with integrity, impartiality and openness and in the best interests of the public	We deliver on our commitments by applying the highest levels of expertise, conduct and personal responsibility	We actively embrace change and bring new ideas to deliver excellent services for our customers and better outcomes for the public

Detailed information about our services can be found on our website.[2]

1.2 The context for our Plan

This will be a critical year for the health and care system as we strive collectively to redesign care models that are capable of responding to increases and changes in demand for health and care services, and manage with significant reductions in budgets across the system. So the context for our business plan is marked by the priorities set out in NHS England's *Five Year Forward View*[3] and the Department of Health's *Shared Delivery Plan*[4], both of which reflect a consensus view across the national organisations involved in the health and care system regarding the need to:

- Reconcile the growing demand for health and care services with reducing resources;
- Focus on prevention, self-management and well-being in addition to treating ill-health;
- Increase the personalisation of care and support services to empower the citizen;
- Accelerate and extend the integration and devolution of services.

These strategic priorities are also reflected in the *Planning Guidance*[5] for Clinical Commissioning Groups (CCGs) and providers of health and care services.

Fundamentally, we believe that technology can make a much bigger contribution towards this strategic vision, and especially by delivering efficiencies across the system. The HSCIC is working closely with partners to address the strategic objectives for technology-enabled health and care services, with particular emphasis on:

[2] See http://www.hscic.gov.uk/article/6776/One-pager-summaries-of-our-work

[3] http://www.england.nhs.uk/ourwork/futurenhs/

[4] https://www.gov.uk/government/publications/department-of-health-shared-delivery-plan-2015-to-2020

[5] https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/

Sustainability of the health and care system: significant efficiencies must be found by 2020. The challenge for health and social care is to deliver better quality of service provision, in different ways, whilst improving the patient experience and greatly improving efficiency.

Integration of Health and Social Care: we are extending the scope of our work with local authorities, specifically with regard to adult social care. Many of our national services and products have something to offer beyond the NHS. By opening up access to our national services we will be able to create a common architecture for supporting closer integration between health and care providers: smarter use of technology and information to drive joined-up care for citizens and unlock efficiency savings for providers and commissioners.

Public Expectations and Technological Advancement: more people want to access services and information through mobile devices and the internet. They expect service providers to use and share information securely and safely, to improve the quality and timeliness of care and enhance the patient experience. The health and care system has been slow to embrace the opportunities brought by technology. We need to focus on ways of using technology to support and encourage people to use communications channels that are cheaper and more efficient for clinicians as well as the citizens themselves.

These challenges are long term: they cannot be resolved in a one-year timeframe, or by just one or two organisations. They require consolidated planning and delivery across all health and care organisations – national and local, commissioners and providers, policy and regulatory – all pulling in the same direction. The National Information Board (NIB) is the vehicle for doing this. Its strategy, *Personalised Care 2020: A Framework for Action*[6], sets out a shared vision for enabling and supporting the whole health and care system to use technology, data and information to design and deliver truly personalised care.

In Appendices 1 and 2 of this business plan we set out how our work contributes to the delivery of the Department of Health's strategic objectives and to the NIB's strategy.

2. Our strategy for 2015-2020 and our priorities for 2016/17

This business plan sets out our ambitions and commitments for 2016/17. These are shaped around the key themes set out in our strategy*, Information and Technology for Better Care*[7], which are to:

- Ensure that every citizen's data is protected;
- Establish shared architecture and standards so everyone benefits;
- Implement national services that meet national and local needs;
- Support health and social care organisations to get the best from technology, data and information;
- Make better use of health and care information.

[6] https://www.gov.uk/government/news/introducing-personalised-health-and-care-2020-a-framework-for-action

[7] http://www.hscic.gov.uk/media/16232/HSCIC-Draft-Strategy-2015-2020-Information-and-technology-for-better-care/pdf/80435_HSCIC_Strategy_2015-2020-v1g_%281%29.pdf

We published our strategy in 2015 and we will continue to focus our work around its five themes as these remain relevant for 2016/17. They reflect both the needs of the health and care system and our own areas of ambition for the HSCIC.

Appendix 3 of this business plan lists our commitments and deliverables for 2016/17.

2.1 Ensuring that every citizen's data is protected

The importance of public trust and confidence is at the heart of our strategy. We have an important role on behalf of the health and care system to improve and build **public trust** in the way data is used by health and care services, and this is a critical dependency for improving the personalisation of care services. We:

- Publish and maintain the Code of Practice[8] for sharing personal confidential data;
- Are responsible for designing and implementing the national service for managing people's preferences and objections regarding the way their health and care data is used.

Our priorities for 2016/17 will be shaped by the report of the National Data Guardian's review of the way people's data is shared across the system, and the need for a clearer model for managing their preferences for sharing their data. Reflecting its importance, the HSCIC Directors and Non-Executive Directors have provided extensive support to the National Data Guardian in her work.

Our work on cyber security is a key priority for the health and care system. On behalf of the Department of Health we lead the system-wide response to the growing cyber security risks that the NHS faces. National data and national systems are secure, and no data has ever been lost to a cyber-attack, but we must continue to improve our ability to protect our systems, our networks and our information. Our cyber security programme (CareCERT) aims to spread this capability across a health and care sector which uses disparate local systems, many of which are running on suboptimal software and often without the use of the latest protection packages.

We are:

- Providing an incident response capability for the management of system wide security incidents and issues;
- Enhancing the capability of the N3 network to monitor for malicious activity and automatically block access to malicious sites;
- Providing a threat analysis and reporting capability which will work with other key government agencies to publish relevant information to the Health and Care system as a trusted provider;
- Providing good practice guidance and tools to give all staff within health and care a base capability in security and their personal responsibilities.

[8] http://systems.hscic.gov.uk/infogov/codes/cop/code.pdf

2.2 Establishing shared architecture and standards so everyone benefits

We have an important role in the development and use of standards and our strategy commits us to doing more to support their adoption. The NIB has made a number of commitments regarding this work and we have made progress on the main ones, notably the adoption of the Academy of Medical and Royal Colleges' guidance on the transfer of care, and the adoption of SNOMED. We:

- Publish technical and information standards and guidelines, including the adoption of SNOMED CT across all healthcare services. These will be even more important in terms of interoperability across new services and care models which are being developed under the auspices of the *Five Year Forward View*;
- Provide support and tools for use by local organisations, including Pioneers and Vanguards, to support effective information governance, through the Information Governance Alliance.

We expect further decisions on requirements to be made by the NIB.

2.3 Implementing national services to meet national and local needs

We deliver a suite of **technology and infrastructure services** which are critical to the routine operation of the NHS:

- The Spine connects over 28,000 healthcare IT systems in 21,000 different organisations. Around 70% of the total NHS workforce are registered users of the Spine, and it carries around 6 billion messages every year. Key national programmes and services also use the Spine – these include the Summary Care Record (currently at 55 million records), the Electronic Prescribing Service (which issues 1.7million prescriptions every day), the Personal Demographics Service (which holds 800 million records), and others;
- NHSMail provides a secure email and messaging service for the NHS and is increasingly used by non-NHS organisations involved in the delivery of care services. In one month alone - March 2015 - it delivered 169 million messages, and as such is now a key support service for the NHS and its partners;
- NHS Pathways, which is used extensively by the NHS111 service, to the extent that loss of this service would have serious implications for demand on hospital A&E and GP services. Since its introduction this serviec has halved the cost of handling an urgent call, to £12 per call;
- The N3 network is the core communications infrastructure for the NHS, carrying most of the data traffic used by the NHS and its partners. It has 46,000 connections over 15,000 sites and carries 600 terabytes of data through the internet gateway every month;
- Over 54 million people in England have a Summary Care Record. A record is accessed every 15 seconds - over 2.3 million views every year. Clinicians save an average of 29 minutes each time they view an SCR, instead of searching for paper records;
- The GP Registration service manages over 62 million patient records every year;

- The Cancer Screening Service sends out over 7 million invitations for people to receive breast or cervical cancer screening;
- Over 40,000 patients a day are being referred for treatment through the e-Referrals service;
- NHS Choices is the UK's most popular website, with 48 million visits every month. It provides important information about services and health news, as well as health and lifestyle information. It is now being updated to provide the digital platform for transactional services for people, as signalled in the NIB's *Personalised Health and Care 2020*.

Our strategy commits us to making better use of the portfolio of national services to support social care and local government better, and to open up access and connectivity to providers, developers and service users. To drive this forward we have repositioned the Programmes Directorate to focus on Health Digital Services.

2.4 Supporting health and care organisations to get the best out of technology, data and information

To be effective, we must get close to local health and care strategies and partnerships, alongside our plan to work with "digital champions", and to support the development of a vibrant supplier market.

We have done a lot to build links and relationships with local projects to help enable interoperability. We have opened up good links with local Clinical Information Officers, clinicians and with industry, through the Digital Leaders' Programme. In February 2016 we held a successful open day attended by nearly 200 CIOs and CCIOs.

Our team of Strategic Account Managers have already made significant improvements in our work with the other national health agencies, the social care sector, research organisations, and with industry and the supplier market.

We will continue to support local transformation programmes, especially as the local Vanguards gather momentum, and devolution partnerships create new, local models for integrating health and care services.

2.5 Making better use of health and care information:

We collect, analyse and present **national health and social care data** for widespread use, the importance of which is recognised in the *Five Year Forward View.* As national bodies we can do more by measuring what matters, requiring comprehensive transparency of performance data and ensuring this data increasingly informs payment mechanisms and commissioning decisions. Our services include:

- National datasets for hospital, mental health, community and maternity activity;
- Clinical audit programmes commissioned by the Health and Quality Improvement Partnership. One of these, the National Diabetes Audit is the largest clinical audit in the world, combining data from primary and secondary care sources;

- Health and public health surveys, which we run on behalf of DH and NHS England;
- Indicators routinely used across England, including the Summary-Level Hospital Mortality Index, the Outcomes Frameworks for health, public health and social care, Patient-Recorded Outcome Measures, and the NHS Safety Thermometer;
- Services which support payments across the NHS – the National Tariff Service, Casemix and HRGs, the Quality Outcomes Framework for GP services;
- Statistical publications which cover the full range of NHS and social care activities;
- Data supporting improved performance management and transparency published through different channels including data.gov.uk and My NHS.

The commitments and the direction of travel set out in this section remain broadly valid but we recognise that this is the strategic theme where we have made least progress so far. Our priority has been to continue to implement the recommendations from the review of data access that Sir Nick Partridge carried out for us in 2013/14[9].

We have worked hard to improve our Data Access Release Service. The turnaround time for dealing with requests has improved and we are engaging more directly with our customers. As a result, we are getting more favourable comments from our customers, particularly in research and academic organisations. We have introduced a new online request and triage service which will deliver even more efficiencies. There is more to do, however, as the regulatory framework under which we must operate is complex and still seen as restrictive.

We are also reviewing this work in the context of the NIB requirements, and in the context of the wider issues that are emerging regarding data, including:

- Gaps in information available to us, and a growing interest in new data and new datasets;
- Managing new sources of data and new data flows (from different care settings, or from citizens themselves – insight and experience or health data from apps);
- Helping people and organisations use information to understand variations in health and care and inspire learning from the best;
- The growing importance of Big Data;
- The opportunity to strengthen relationships to support research.

[9] http://www.hscic.gov.uk/media/14244/Sir-Nick-Partridges-summary-of-the-review/pdf/Sir_Nick_Partridge's_summary_of_the_review.pdf

3 Transforming the HSCIC

3.1 Our transformation programme

Last year we set out our ambition for transforming our organisation in order to become and be recognised as:

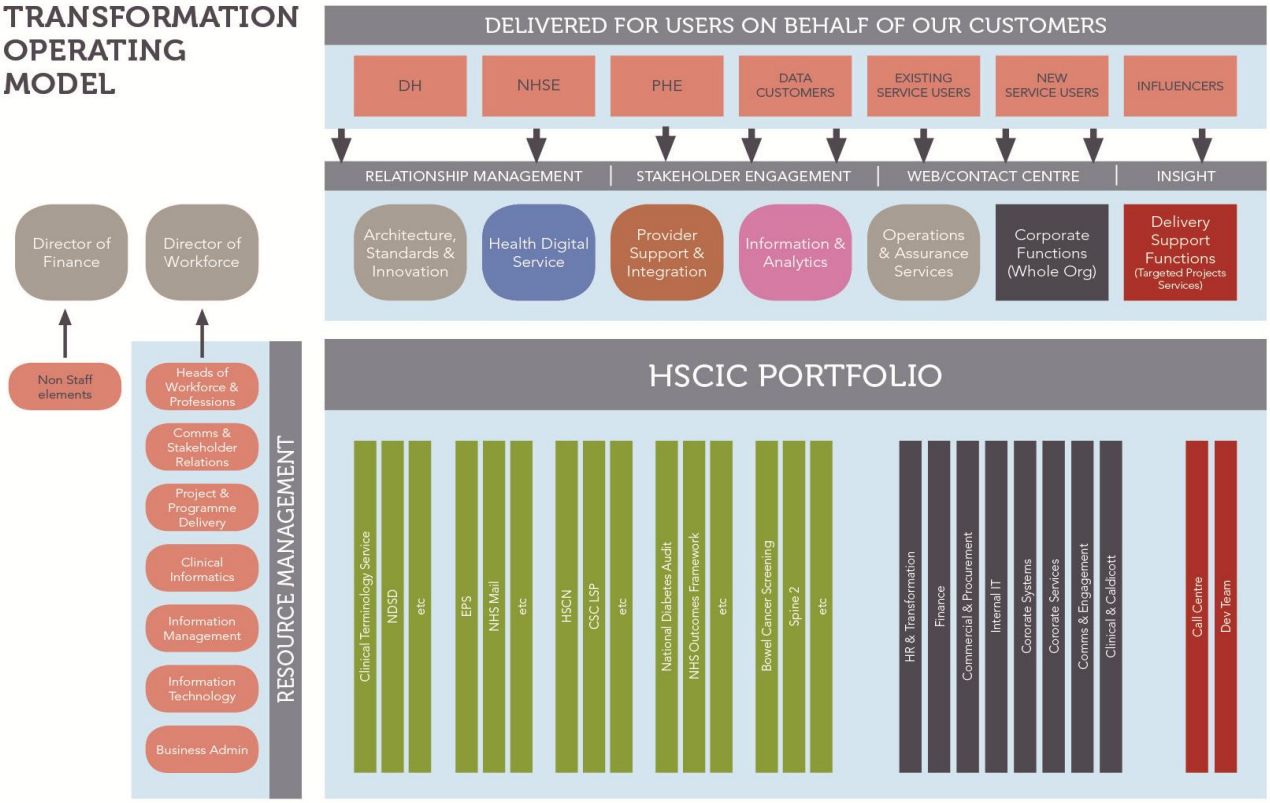
> "A high performing organisation with a reputation as an outstanding place to work".

Our stakeholders and customers tell us that we have made progress but still have a way to go to achieve this objective. We are making major changes to the way we are organised and the way we work to:

- Have an enriched workforce of the right size and with the right capabilities to deliver against our customers' requirements and ensure longevity for the organisation.
- Be an agile and flexible organisation which delivers against our customers' future requirements.
- Be a more efficient organisation with a better grip on costs and staff utilisation.

3.2 How we are organised

We have redesigned our organisational structure to be more appropriate for a customer-facing, demand-and-supply operating model. From 1st April 2016 our staff are aligned to resource pools, based on the professional groups we established in 2015/16, as shown on the left hand side of this chart:



Our programmes and services will be grouped together into **portfolio functional units** delivering:

- **Health Digital Services**: patient- and citizen-facing services;
- **Provider Support and Integration**: services supporting health and care organisations and their staff;
- **Information and Analytics**: the collection, quality assurance, storage, analysis and dissemination of health and care data;
- **Operations and Assurance**: the live operations of all national services;
- **Architecture, Standards and Innovation**: the business and technical architecture for the system, development of standards and supporting innovation.

Each portfolio function is managed by an executive director, responsible to the Chief Executive and the Board. They will manage the opportunities, programmes, projects and services in their portfolio areas to fulfil customer requirements and to ensure user needs are met. They will ensure that they operate safely, securely and to agreed budgets and service levels.

Through the Transformation process, we intend that our customers will:

- Have more robust management information about the cost and effort required to deliver their requirements;
- Be able to track the work they commission through a clearer process from investigation and scoping to delivery and right through to the closure of portfolio items;
- Be engaged in more effective relationships that reflect a clearer separation of “client” and “delivery” roles.

Two new Director posts will be critical to the effectiveness of this new operating model from 1st April 2016. Our Director of Operations and Assurance will become our Chief Operating Officer, with strategic and operational oversight of the full portfolio. Our Director of HR and Transformation will become our Director of Workforce, responsible for professional pools and resource management.

Our **corporate functions** support the operation of the whole organisation. They are:

- Portfolio Office
- Corporate Performance Management
- Business Planning
- Corporate Risk and Assurance
- Finance, Commercial and Procurement
- Human Resources
- Information Governance
- Internal IT and corporate systems
- Communications and engagement
- Strategy and policy
- Clinical and Caldicott Guardian
- Resource Management

3.3 Implementing the transformation

Change on this scale will inevitably involve separate phases of implementation, starting on 1st April 2016.

April 2016	• All staff will be working to a generic job description within an agreed professional pool; • All staff will be completing timesheets in our activity-based recording system; • Resource managers will be in post, and will have adopted a single method for resource management to manage demand against supply; • Heads of the professional pools will also be in post; • Staff will continue to have a line manager, who directs and performance manages assigned staff resources; • A new "front door" will be in place to manage all new work opportunities and all opportunities, projects, programmes and services will be visible on the HSCIC Portfolio**.**
April -June 2016	• All staff will have a career manager; • Promotion standards will be introduced; • Rollout of talent management to all grades within the organisation; • All the activities developed and implemented in Phase 1 will be refined and improved as required.
June-September 2016	• A learning and development strategy will be in place; • The activity-based recording system will be generating management information to support our resource management and reporting to our customers.

Crucially, throughout the transformation process we must ensure that delivery of all of our core programmes and services is not compromised in any way.

4. Financial Information

4.1 How we are funded

The HSCIC receives funding through a number of different routes. Our primary source of funding is in the form of Grant-in-Aid. This is an annually-agreed budget received from the government. We are accountable to the DH for the use of this funding.

The DH and NHS England agree that the way we are funded is unnecessarily complex and undermines efficiency and productivity. We are therefore reviewing these arrangements and expect to introduce a more streamlined model during 2016/17.

4.2 The financial context

The activities described in this business plan will be delivered during a period of financial restraint across the public sector. We expect that our Grant-in-Aid budget will be reduced by 30% in real terms over the next four years, in line with government policy set out in the 2015 Comprehensive Spending Review. We will work closely with our partners to manage reductions in funding for programmes and services so that sustainable plans are agreed.

As noted earlier, we are awaiting the decisions of the NIB regarding its requirements for 2016/17. We expect that these decisions will result in significant investment in services and programmes currently delivered by the HSCIC. But it does mean that this business plan currently reflects some uncertainties we have to manage. These include:

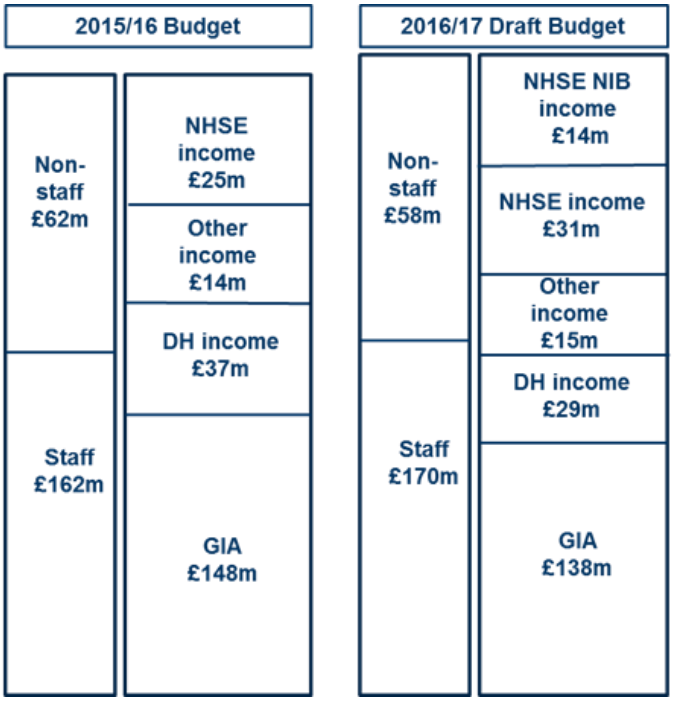
- The timing of the NIB decisions, and the expectation that the funding will cover the full financial year. Our plans are based on funding covering the costs for the full year. Any reduction will need to be managed aggressively;
- The extent to which our current workforce will have the right skills and expertise to deliver the requirements to implement the NIB commitments. We expect that there will be skills gaps that will need to be addressed;
- Implications for our estate. Whilst we are likely to have broadly the right amount of office space, its location may not be the best fit for our recruitment plans for delivering the NIB commitments.

In view of the scale of these uncertainties we have taken a prudent approach so that we are able to identify the risks across all of our services and derive the implications for our workforce. We have had to include a contingency for redundancies in our plans, subject to the investment decisions relating to the NIB.

4.3 Our budget for 2016/17

We have set an overall operating budget of £227 million for 2016/17. Of this, £149 million is Grant-in-Aid received from the government, and the remainder is made up of income from other sources, including an estimate of revenue funding expected to be received for NIB programmes. For 2016/17 we also expect to have a capital investment budget of £15 million; this figure does not include any additional capital funding for NIB programmes but is expected that additional capital will be allocated to the HSCIC for these as plans develop. We will also set a budget for non-cash GiA (depreciation).

The diagram below shows a breakdown of our revenue budget for 2016/17 compared to 2015/16:



Further detail on the 2016/17 expenditure is as follows:

Expenditure	2016/17 £'m
Staff Costs	
Permanent Staff	164.3
Temporary Staff	5.5
Non-Staff costs	
Professional Fees/ Legal/ Survey Costs	17.5
IT maintenance and support	19.1
Premises & Establishment	10.5
Travel	5.1
General office supplies & services	5.4
TOTAL EXPENDITURE	**227.4**

4.4 Managing with a reduced budget

Given the likely scale of the reduction in our budget over the coming years, our plans are effective on a number of fronts as set out below:

- **Staff costs**: our workforce strategy aims to create a more flexible and dynamic organisation that is more effective and more efficient. At the end of 2015/16 we ran a Mutually Agreed Resignation Scheme (MARS), as a result of which we have reached agreement with 100 staff that they can leave the HSCIC thereby creating opportunities for reducing costs, either by reducing headcount, or reconfiguring the work requirements and reprofiling the workforce skill mix as a result.

We have also managed to reduce our expenditure on contingent workforce during 2015/16, and will continue this trend during 2016/17, particularly in regard to the Spine and the Digital Delivery Centres which will create opportunities for realigning key service functions.

- **Buildings costs**: we have numerous locations across the country, and we operate from four separate sites in Leeds, with a variety of leases and varible quality of office space. We will undertake some rationalisation in the short term (for example, Tavistock House in London closed in March 2016). We are developing a locations strategy to ensure that our estate represents good value and is used in the most efficient way. As part of that, we would be keen to explore any opportunity for removing the constraints that tie us into a future Leeds estate, so that we can develop an approach that fits better with our strategic requirements and uses new freedoms to source estates that provide the quality, flexibility and co-location that will improve our overall performance. Better office accommodation would lend itself to more agile delivery approaches. The flooding in Leeds during the 2016 New Year reinforced the need for us to have complete confidence in our estate where it is critical for the management of the infrastructure and services that are critical for the NHS.
- **Technical and allocative efficiency**: our new operating model, combined with the new funding model, will help us deploy resources more flexibly across our programmes and services. This will in turn improve our efficiency for our customers. We are also looking at further opportunities for insourcing some services, which will build on the substantial savings that have been released through the insourcing of the Spine.
- **Improving productivity and efficiency across the HSCIC:** we are working on a number of areas where we expect there are opportunities for rationalisation, cost reduction or improved productivity. Where possible we have factored into our plans the potential cost savings, but for a number of these it is not yet possible to make any estimates. Examples include:
    - The Data Services Platform will create opportunities for rationalising current collection, processing and dissemination activities, but the full impact of this programme will not be known until 2017/18;
    - We are looking to rationalise first and second line support for technical and development operations;
    - Whether there are opportunities for channel shift, such as use of web and self service options compared to contact centre and other telephone contact lines. At this stage we do not expect they will release significant savings in the short term;
    - Our continued work to improve the DARS processes will help improve productivity, but this may be offset by increases in requests for data;
    - We are looking to rationalise external engagement activities by streamlining fuctions currently deployed across a number of services and making better internal use of shared intelligence and insight;
    - Similarly, we are reviewing the spread of portfolio management functions across the HSCIC;
    - We expect there will be some opportunity for reducing travel and subsistence costs, but these are unlikely to have a significant impact given the geographic dispersal of our staff, and the nature of our work requiring external engagement and liaison.

5. How the HSCIC operates

5.1 Our governance

The HSCIC is an executive non departmental public body. Our Board is our senior decision-making body. It meets in public at least six times per year, and is accountable to the public, Parliament and the Secretary of State for Health. It is led by the HSCIC Chair and comprises five non-executive directors as well as the CEO. All members of our Executive Management Team attend the Board meetings, and three have voting rights.

The Board is supported by three main committees, each chaired by a Non-Executive Director:

- The **Assurance and Risk Committee** ensures appropriate arrangements are in place to identify, evaluate and report on the effectiveness of risk management, other internal audit and assurance controls, and the efficient use of resources.
- The **Information Assurance and Cyber Security Committee** ensures that arrangements are in place to manage information assurance and cyber security risks and threats across the organisation. This committee also works in support of the wider health and social care sector.
- The **Remuneration Committee** reviews, approves and advises on matters relating to pay, including remuneration packages, performance related pay awards and redundancy.

More details of our governance arrangements, including our Board and its members, can be found on our website[10].

5.2 How we are held to account

Our Chief Executive is accountable to the Secretary of State for Health for discharging our functions, duties and powers effectively, efficiently and economically. The DH is our sponsoring body and oversees the governance processes which hold the HSCIC to account. The main formal vehicle for this is the quarterly Accountability Meeting.

We are also held to account through the Informatics Programme Management Board that is chaired by the DH. The Board has oversight across the main programmes and services. Each of our programmes has its own Senior Responsible Owner and associated governance boards. In addition, we have agreed with our main customers how we manage our business with them, through Provision of Services Agreements.

Our main Board meetings are held in public, and during 2015/16 we held some of our meetings in different locations so that they provided a structured opportunity to engage with other parts of the health and care system. We are considering options for continuing to hold open meetings during 2016/17, but are mindful that we need to balance the benefits of doing so against the costs.

[10] https://www.gov.uk/government/ organisations/health-and-social-care-information-centre/about/our-governance

We publish details of our Board meetings, as well as additional information to meet the general standards of openness and transparency, such as directors' expenses.

We publish important documents, such as the register of data releases[11] that we make available to our customers under data sharing agreements, details of the directions[12] we receive from our customers – the DH or NHS England – that set out their requirements for data or technology services, our strategy, plans and accounts, and others such as key policies or procedures that may be of interest to the public.

Occasionally we may get asked to attend Government committees, such as the Health Select Committee or the Public Accounts Committee to report on particular areas of our business. These are important parts of parliamentary scrutiny, key to ensuring that the HSCIC is held to account like other public bodies.

5.3 Performance management and reporting

Our corporate performance management framework is used across the HSCIC to manage and report on our performance. It supports open and transparent governance and constitutes an important channel of accountability to the public. It contains a mix of financial and non-financial performance information, key risks and issues and delivery against our strategic commitments, which are reviewed regularly by our Executive Team and our Board. The Key Performance Indicators are listed in Appendix 4.

5.4 Risk management

Risk management practice within the HSCIC is supported by a comprehensive governance framework, including policy, strategy and guidance.

Our strategic risk management model is organised around a set of eight risk areas, each owned by an Executive Director and supported by a more granular set of risks managed at corporate, directorate, service and programme levels. Details are included in Appendix 5.

The eight risk areas remain unchanged from 2015/16, though we are currently reviewing our strategic risks and expect to make some modest changes for 2016/17.

5.5 Equalities and diversity

The HSCIC is committed to a culture where all individuals receive fair and equal treatment in all aspects of employment and the benefits of working within a diverse workforce. Whilst we have a relatively balance proportion of male and female employees, it is clear that females occupy more of the lower grade posts, whilst more males are employed in higher grade posts. We are also aware that, with 72% of our workforce describing themselves as White British, our workforce is not fully reflective of the local diversity in West Yorkshire.

[11] http://www.hscic.gov.uk/dataregister

[12] https://www.gov.uk/government/organisations/health-and-social-care-information-centre/about/our-governance includes a list of the directions issued

Our Equality and Diversity policy sets out how we comply with the Equality Act 2010. It confirms that:

- We recognise that a diverse workforce and an environment in which individual differences and the contributions of staff are recognised and valued are important to the performance and success of the organisation;
- Every worker is entitled to a working environment that promotes dignity and respect to all and the HSCIC is committed to eliminating discrimination and encouraging diversity amongst our workforce;
- We expect all of our staff to maintain a culture where individuals receive fair and equal treatment and a positive work environment - free of harassment and victimisation. Working together and respecting each other's contribution is at the heart of what we do;
- We are committed to developing a workforce whose diversity reflects the communities in which it operates.

Appendix 1: Our contribution to the Department of Health's Shared Delivery Plan Commitments

Theme	DH commitment	HSCIC contributions referenced in the SDP
1. Improving out of hospital care	1.1 Ensuring GPs are resourced and contracted to take personal responsibility for the health of their named patients in a meaningful way	• GP-level metrics to support accountability
	1.2 Transforming general practice by 2020 – 24/7 access, evening and weekend access and prevention	• GP-level metrics to support accountability • Practice-level metrics • Roll out new digital technologies • Data to support the risk-based approach to CQC inspections • Appointments and repeat prescriptions available online • Link 111 and out of hours services • Reduce bureaucracy and increase time for direct care
	1.3 Joining up home services, care services, surgeries and hospitals through integration of services including New Care Models of care on the basis that prevention is better than cure.	• Contribute to numerous metrics and scorecards (integration scorecard, Electronic Health Record scorecard, New Care Models metrics and evaluations) • Maximise the potential of the devolution deals • Community Pharmacy Integration Fund to be launched October 2016
	1.4 Building a sustainable social care system that supports people to maintain their wellbeing and remain out of hospital	No specific reference, but we have a significant contribution to support this: • Support local authorities make efficiencies and spread best practice • Support the transformation driven by the Care Act • Support the care market (sustainability) • Support to social care workforce
	1.5 Reducing the health gap between people with mental health problems, learning disabilities and autism and the population as a whole	• Data and metrics relating to access to services, CCG level metrics • Link to transformation plans that will be developed, e.g. children and young people, whole system approach to mental health (with Ministry of Justice and the Home Office)

Theme	DH commitment	HSCIC contributions referenced in the SDP
2. Creating the safest, highest quality health and care service	2.1 Making our hospitals the safest in the world (NHS as a learning organisation)	None listed
	2.2 Seven day services in hospitals	None listed (though we are producing the metrics)
	2.3 Improving cancer outcomes	None listed
	2.4 Improving the quality of care in providers	None listed
	2.5 Improving the patient's experience of all NHS services, in all settings, for all ages, focussing on maternity and end of life care	• Data supply for indicators and metrics • Maximise opportunity for real time free text feedback (initially Friends and Family Test but to be aware) • Develop and implement new technologies and practices that reduce errors in clinical practice (proposals being developed, so to be aware)
3. Maintaining and improving performance against core standards while achieving financial balance	3.1 Minimum standards for A&E waiting times, ambulance response times, cancer and diagnostic services, referral to treatment waiting times	Not listed, but we provide data for indicators and metrics
	3.2 Operating within the budget the DH is given	None listed – though we do have a role on efficiency and productivity across the health and care system – including duty on burden management (and this is a general duty as an arms length body)
	3.3 Being ready to play our part in any local or national emergency, should it arise	None listed (though services such as National Pandemic Flu Service are relevant)
	3.4 Transforming the way patients access services, including the introduction of mental health access standards and improvements to the urgent and emergency care system	• Data supply for indicators and metrics
4. Improvement in efficiency and productivity	4.1 Reducing demand for NHS care by improving public health, reducing unjustified variation in care, and developing out of hospital care	None listed (but our services have a significant contribution)
	4.2 Better use of provider resource	• Data supply for indicators and metrics (workforce, estates, reference costs, SUS) • Contribution to strategic developments re changes to tariff and payment

Theme	DH commitment	HSCIC contributions referenced in the SDP
	4.3 Reducing NHS costs	None listed
	4.4 Increase income through cost recovery and commercial opportunities	None listed (though we are involved, e.g. the Visitor and Migrant Cost recovery)
	4.5 Reduce system overheads	None listed
5. Preventing ill health and supporting people and communities to lead healthier lives	5.1 Significant reduction in rates of childhood obesity	• To be outlined following production of Childhood Obesity Strategy • Data supply for indicators and metrics • The National Child Measurement Programme (not referenced but relevant)
	5.2 Improve the treatment of diabetes	• Data supply for indicators and metrics • National Diabetes Audit
	5.3 Reduce NHS service demand through public health interventions to prevent ill health	None listed
	5.4 Improve global health security – leading the response to outbreaks before they become emergencies, developing smarter, swifter systems to prevent, detect and respond to international threats	None listed
	5.5 PM Challenge on dementia 2020	None listed (though we do provide data and metrics)
	5.6 UK as key influencer of global health and research priorities	None listed
6 Supporting research, innovation and growth	6.1 Wider growth agenda	None listed
	6.2 Increase uptake of effective innovations	Support the Accelerated Access Review
	6.3 Optimise the business environment for life science and health, and promote sector strengths	• Support new initiatives (Health North etc.) • Support research to improve effectiveness - link to “single front door” for research

Theme	DH commitment	HSCIC contributions referenced in the SDP
	6.4 Win the global race on health and life sciences trade and investment	None listed
	6.5 Create world-leading digital health industry	Still being scoped
	6.6 World leading genomics industry	None listed
	6.7 Increase health and wealth of the nation through health research	• Contribute where appropriate to research evidence • Collaborate and support, where appropriate, to research infrastructure
	6.8 Contribute to reducing the disability employment gap and increase the number of disabled people in work	None listed
7. Enabling people and communities to make decisions about their health and care	7.1 Empower patients with better and more equitable choice, access, information, digital support and overall experience of the NHS	• Data and metrics, including feedback • Information for choice • Intelligent transparency • Digital support • Patient experience and voice
	7.2 Empowering citizens with prevention programmes, greater support for carers and overall reduced health inequalities	None listed
	7.3 Empowering communities with greater devolution, local leadership and closer working relationships with local communities, voluntary sector, focussing on reducing health inequalities and improving health	None listed
8. Building and developing the workforce	8.1 Ensuring we have the right number of staff – primary care	None listed
	8.2 Ensuring we have the right number of staff – secondary care	None listed
	8.3 Changing the ways we work to be more productive by changing our skill mix and capability	None listed
	8.4 Ensuring we have an affordable workforce enabling us to live within our means	None listed

Theme	DH commitment	HSCIC contributions referenced in the SDP
9 Improving services through the use of digital technology, information and transparency (The HSCIC is joint lead with DH, NHS E and NIB.)	9.1 Enable me to make the right health and care choices – supporting digital channel shift for patients and citizens	• Digital primary care • Digital skills • Digitisation of GP registration • Remote digital monitoring and consultation • Health apps and assessments – increase usage, framework to support GPs in recommending apps • Trusted route into personalised digital care – nhs.uk • Digital training and education for citizens
	9.2 Transforming general practice	• GP2GP • Electronic receipt of discharge summaries • CQC to incorporate digital maturity in assessments
	9.3 Out of hospital care and integration with social care	• Transfer of care documentation • Carers to have shared access to digital tools (this under social care digitisation) • Digital 111 pathway through nhs.uk • Mental health crisis records (in NIB out of hospital care programme)
	5.4 Acute and hospital services	• Uptake EHR functionality as defined by digital maturity index • Design and deploy other technologies to bring additional non-clinical efficiencies (in NIB EHR programme) • Standardised data from diagnostic tests (In NIB Digital Diagnostics Programme) • Falsified medicines directive (in eMedicines supply chain programme) • 100% uptake of eReferrals • Improvements to elective care management • Increase uptake of workflow and resource management tools
	9.5 Paper free healthcare systems ad transactions	• Extend definition and roll out of SCR (integration and interoperability across care settings) • Patients understand and manage their medications (online medicines management – click and collect) • E-Prescribing system from GP to pharmacy to BSA • Embed data standards for interoperability • Enhancements to Spine to support interoperability

Theme	DH commitment	HSCIC contributions referenced in the SDP
	9.6 Data and outcomes for research	• Data Services Platform • Transparency to support population and health management, payment innovation and new models of care (innovative uses of data) • Genomics
	9.7 Leadership and capability	This has not yet been scoped. The work we are doing for the NIB is relevant here.
	9.8 Infrastructure	All of our infrastructure services are relevant. The following are referenced specifically: • NHSMail2/3 • Spine • HSCN
	9.9 Public trust and security	• Citizen identity • Digital consent model • CareCERT and cyber

Appendix 2: How our strategy maps across the National Information Board's objectives

NIB domains		HSCIC Strategic Objectives					
Candidate programmes listed in bullets (subject to final decisions being made)		Ensure that every citizen's data is protected	Establish shared architecture and standards so everyone benefits	Implement national services that meet national and local needs	Support organisations to get the best from technology data and information	Make better use of health and care information	Transforming the way we engage and work
1	Enable citizens to make the right health and care choices • Remote digital monitoring and consultation (7) • Digital interoperability platform (14) • Patient relationship management (23a) • Widening digital participation - public focus (22)	✓		✓	✓	✓	
2	Transforming general practice • Digital primary care (6)	✓	✓	✓	✓	✓	✓
3	Out of hospital care and integration with social care • Out of hospital care (18) • Online medicines management (4) • Access to services information (21) • Social care digitisation (9)	✓	✓	✓	✓	✓	✓
4	Acute and hospital services • Digital elective care and NHS eReferrals (15, 16)	✓	✓	✓	✓	✓	✓

5	Paper-free healthcare and system transactions • Electronic health records (1) • Integration and interoperability across settings (8) • e-Medicines supply chain (5) • Digital diagnostics (2)		✓	✓	✓		
6	Data for outcomes and research • Data Services Platform (3) • Genomics (25) • Innovative uses of data (17)	✓	✓			✓	
7	Leadership capability (9)				✓	✓	✓
8	Infrastructure • Spine (10) • HSCN (11)	✓	✓	✓		✓	✓
9	Trust and security • Citizen identity (12) • Digital consent model (23b) • Cybersecurity (24)	✓	✓	✓	✓	✓	✓

Appendix 3: Deliverables and commitments for 2016/17

We are working with our national partners to agree the National Information Board portfolio, which will then determine the investment decisions and approvals to commission specific projects. As noted in the Business Plan, work is still ongoing to finalise the requirements of the National Information Board. These commitments will be updated when the NIB portfolio decisions are agreed.

1. ENSURE THAT EVERY CITIZEN'S DATA IS PROTECTED

Deliverables and Commitments		Lead	Target Date
1.1	We implement a delivery plan to meet the Secretary of State priority regarding safe, legal, and effective approaches to data sharing	I&A	March 2017
1.2	We will develop identity verification solutions to support health and social care workers and to progress patient/citizen identity policy objectives	OAS	March 2017
1.3	We will develop an operating model for a centrally-provided cyber-security remediation support service, made available to health and social care organisations for on-the-ground support in the event of a cyber-security incident.	OAS	March 2017
1.4	We will provide expert information governance advice for the health and social care system through the IG Expert Advisory Team	OAS	March 2017
1.5	We will implement a strategic review of the IG toolkit and development of a replacement	OAS	March 2017

2. ESTABLISH SHARED ARCHITECTURE AND STANDARDS SO EVERYONE BENEFITS

	Deliverables and Commitments	Lead	Target Date
2.1	We will provide releases relating to Clinical Classifications and Clinical Terminologies core products in support of NHS and NHS England, and other HSCIC delivery services;	ASI	March 2017
2.2	We will provide releases relating to the NHS Data Dictionary core products in support of NHS and NHS England, and other HSCIC delivery services	ASI	March 2017
2.3	We will maintain an interoperability messaging development service	ASI	March 2017
2.4	On behalf of the National Information Board, we will maintain independent assurance and acceptance of Information Standards, Collections and Extractions as undertaken by the Standardisation Committee for Care Information.	ASI	March 2017

3. IMPLEMENT NATIONAL SERVICES THAT MEET NATIONAL AND LOCAL NEEDS

	Deliverables and Commitments	Lead	Target Date
3.1	NHS Mail2: we will deliver 4GB mailboxes, instant messenger and an improved portal to NHS Mail users, and exit the current NHS Mail operational service	HDS	July 2016
3.2	We will deliver national open standard API's for appointments booking and for GP record access and Spine services for supporting interoperability (GP Connect), so that patients and clinicians across all care settings can access GP services and information to provide better care to patients	HDS	December 2016
3.3	Electronic Referrals System (e-RS): we will aim to ensure that 60% of citizens' first outpatient referrals and bookings are completed using e-RS, rather than paper/fax/manual means	HDS	September 2016
3.4	Electronic Prescription Service (EPS): we will realise the benefits of EPS for citizens, prescribers and the prescription reimbursement agency by ensuring at least 60% of all prescription items in England are prescribed, dispensed and claimed using the service	HDS	March 2017
3.5	Summary Care Record (SCR): we will alleviate the pressure on unplanned and emergency care services by providing the SCR to 100% of community pharmacists that want access	HDS	March 2017
3.6	We will deliver the electronic patient record transfer capability at an increased number of GP Practices in order to make more time available to busy GP practices and improve the patient experience of primary care	HDS	March 2017
3.7	NHS Choices: we will maintain usage levels of the NHS Choices service at around 48–50 million visits per month, continuing to deliver potential benefit/s of the service e.g. Prevent ill health and promote good health	HDS	March 2017
3.8	We will optimise the benefits to citizens and heath care professionals through the delivery of all existing services in accordance with agreed customer requirements e.g. NHS Choices, CQRS, GPES	HDS	March 2017
3.9	We will provide Spine development services in support of HSCIC delivery programmes and to increase the number of external organisations able to connect and develop services on behalf of health and social care providers.	OAS	March 2017
3.10	We will implement an ISO22301 compliant business continuity management system across the HSCIC	OAS	March 2017

4. SUPPORT HEALTH AND CARE ORGANISATIONS TO GET THE BEST FROM TECHNOLOGY, DATA AND INFORMATION

	Deliverables and Commitments	Lead	Target Date
4.1	We will develop and start deployment of a digital consent solution to record a person's preference in accordance with the requirements of the National Data Guardian's review.	PSI	March 2017
4.2	We will ensure that all organisations required to exit the CSC LSP contract in 2016/17 have done so	PSI	March 2017
4.3	We will support NHS England to achieve 65% deployment of the Child Protection Information Sharing system in local authorities	PSI	March 2017
4.4	We will commence the transition from N3 to the Health and Social Care Network, with the Internet Service Provider and Security Operations Centre capabilities live	PSI	March 2017
4.5	In conjunction with partner organisations (including NHS England and the Ministry of Justice), we will launch the new Health and Justice Information Service for prisons, immigration removal centres, youth institutes and secure children's homes.	PSI	July 2016
4.6	We will provide subject matter expertise input and consultancy for the Ministry of Defence NHS integrated electronic health record and connectivity programmes.	PSI	March 2017
4.7	We will deliver the HSCIC statutory duty to provide advice and guidance on burden minimisation to the health and care system and report to the Secretary of State	OAS	September 2016

5. MAKE BETTER USE OF HEALTH AND CARE INFORMATION

	Deliverables and Commitments	Lead	Target
5.1	We will publish the Local Payment Grouper suite to support development and implementation of national reimbursement policy for 2017/18	I&A	March 2017
5.2	We will develop and publish the Costing Grouper and accompanying enhanced classification to support evolution and implementation of national costing policy for 2016/17	I&A	January 2017
5.3	We will roll out the Data Access Request Service to include all identifiable HSCIC data disseminations	I&A	March 2017
5.4	We will provide assurance of health and care indicators, including development of the Indicator Methodology Assurance Service and delivery of a new national library and repository of quality assured indicators	I&A	March 2017
5.5	We will deliver the key national clinical audits and key population health surveys	I&A	March 2017
5.6	We will deliver the key national datasets, where required developing new datasets or enhancing existing datasets	I&A	March 2017
5.7	We will deliver the key national data flows, analysis and statistical services, where required developing new services or enhancing existing services	I&A	March 2017

6. TRANSFORMING THE WAY WE ENGAGE AND WORK

	Deliverables and Commitments	Lead	Target Date
6.1	We will transform the HSCIC by implementing the organisation's new operating model	HR&T	March 2017
6.2	We will establish an HSCIC Academy and further implement the 'Grow Our Own' strategy	HR&T	March 2017
6.3	We will implement an improved recruitment system, including a revised candidate sourcing model and rollout of values-based recruitment	HR&T	March 2017
6.4	We will further roll out the talent management approach	HR&T	March 2017
6.5	We will implement and embed a cost improvement programme to ensure efficiency and value for money across HSCIC services and obligations	FCS	March 2017
6.6	We will provide cost effective office accommodation and efficient corporate services that meet HSCIC business needs and which support the transformation aims of the organisation for agile and flexible working arrangements	FCS	March 2017
6.7	We will implement a new commercial operating model across all commercial and procurement activity by July 2016 and	FCS	March 2017
6.8	We will establish a transformation vision across commercial and procurement activity including updated policy, procedures, career framework and standardised systems, tools, and processes through a structured programme during 16/17 and 17/18.	FCS	March 2017
6.9	We will implement new and updated systems, revised and improved governance arrangements, and new policies and processes to embed and support the new operating model for HSCIC	FCS	March 2017
6.9	We will review the HSCIC's communication strategy and plans in support of new organisational priorities, working with system partners to deliver key NIB campaigns on patient data-sharing and digital services	CR	March 2017
6.10	We will develop and deliver a proactive staff communication approach that supports the HSCIC transformation programme, using creative and innovative approaches to improve engagement and advocacy, including a new staff intranet site	CR	March 2017
6.11	We will build the HSCIC's reputation with key stakeholders supported through professional relationship management function working with key intermediaries and supported by an integrated contact centre, website and new CRM system	CR	March 2017

Deliverables and Commitments		Lead	Target Date
6.12	We will improve the HSCIC's corporate digital presence, launching the first phase of the new website, integrating social media activity within the HSCIC's corporate communication plans and producing better analytics and evaluation	CR	March 2017
6.13	We will develop and embed the HSCIC's insight function and approach, improving the product and service development through engagement with key groups such as the CCIO/CIO network and Research Advisory Group.	CR	March 2017
6.14	We will lead the transformation of the HSCIC's customer contact approach, including improved complaints and feedback handling and driving channel shift to lower cost channels and integration of stakeholder communications.	CR	March 2017
6.15	We will publish agreed diversity and inclusion objectives for HSCIC, and develop and deliver plans and activities across the year to support their delivery; lead an overall improvement in organisational diversity and inclusion awareness and support.	CR	March 2017

Appendix 4: Our key performance indicators (KPIs)

Performance indicator		Description	Owner
1	Programme Achievement	This indicator provides a consolidated view of the status of the HSCIC's portfolio, focussing on the overall delivery confidence for major projects and programmes, and including aggregated findings from Gateway Reviews.	Director of Health Digital Services
2	IT Service Performance	This indicator reports on the performance of information technology services for health and care providers, looking at service availability against targets, incident response times, and the prevalence of high severity service incidents.	Director of Operations and Assurance Services
3	Organisational Health	This indicator covers a number of individual measures, including workforce planning and recruitment, staff turnover, staff engagement, training and development, personal development reviews, and sickness absence rates.	Director of Workforce
4	Data Quality	This indicator looks at the quality of data received by HSCIC from health and care providers and the effectiveness of HSCIC's data quality processes.	Director of Information and Analytics
5	Reputation	This indicator combines a number of individual measures to give a composite view of reputation, including outcomes of stakeholder and staff surveys, media coverage, social media sentiment, and complaints handling.	Director of Customer Relations
6	Financial Management (three indicators)	These three indicators cover the management of HSCIC finances, Department of Health revenue streams, and Department of Health capital streams. The indicator reports on in-year spend against budgets and forecast year-end outturn.	Director of Finance and Corporate Services
7	Risk Management	This indicator covers management of the HSCIC's 'Big 8' strategic risk areas, providing for each an assessment of the current risk exposure and the status of mitigation actions.	Director of Finance and Corporate Services
8	Information Governance Incidents	This indictor gives a composite view of information governance incidents reported to HSCIC. It covers incidents internal to HSCIC, incidents arising from supplier compliance issues, and incidents within the health and care system but which are external to the HSCIC.	Director of Operations and Assurance Services

Appendix 5: Our strategic risk framework

	Strategic Risk Theme	Owner
1	Deliver on our statutory, legal and financial obligations.	Director Finance and Corporate Services
2	Protect data and/or succumb to IT/Cyber security threats.	Caldicott Guardian and Lead Clinician
3	Safely collect, analyse and disseminate high quality and timely data and information, which meets customer expectations.	Director of Information and Analytics
4	Demonstrate delivery of benefits from the programmes and services we offer.	Director of Health Digital Services
5	Secure, deploy, and develop our workforce and transform the organisation to deliver our future vision	Director of Human Resources and Transformation
6	Maintain operational continuity of systems and infrastructure we are charged to deliver, to protect patient safety and critical services.	Director of Operational Services and Assurance
7	Secure a positive, responsive and trustworthy reputation and maintain effective relationships with stakeholders.	Director of Customer Relations
8	Design and deliver systems that work or deliver as anticipated.	Chief Technology Officer

Health & Social Care Information Centre

Board meeting – Public session

Title of paper:	**Transformation Programme Report 2015-16**
Board meeting date:	30 March 2016
Agenda item no:	HSCIC 16 07 03 d (P1)
Paper presented by:	Rachael Allsop
Paper prepared by:	Beth Gildersleve
Paper approved by: (Sponsor Director)	Rachael Allsop
Purpose of the paper:	To provide Board members with an update on the progress made on the HSCIC Transformation during FY 2015-16
Key risks and issues:	Scale of the transformational change proposed and potential impact across the organisation.
Patient/public interest:	Indirect – increased productivity, efficiency and effectiveness within the organisation of benefit to the wider health and social care system.
Actions required by the board:	The Board are asked to note the contents of the report.

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Health & Social Care Information Centre

Transformation Programme Report 2015-16

Summary of progress 2015/16

Beth Gildersleve

March 2016

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1. Introduction

The purpose of this paper is to provide an update to the HSCIC Board on the progress made on the HSCIC Transformation during financial year 2015-16. An overview of the approach for 2016-17 is also included.

2. Background

The HSCIC Strategy 2015-20 states a number of commitments which aim to 'transform the way we engage' and 'transform the way we work'. The HSCIC requires the people who make up the organisation to change the way in which they work in order that the HSCIC becomes:-

> "A high performing organisation with a reputation as an outstanding place to work".

The transformation vision is to 'to empower our people and our organisation to be more flexible and agile in order to deliver the right things for our customers with greater efficiency and provide better value for money in line with the urgent needs of the health and care system.'

3. Transformation Journey

At the start of the financial year 2015/16 the transformation programme, led by the Director of HR and Transformation, continued to deliver against the four key pillars:

1. People/ Organisational Development
2. Productivity Challenge
3. Quality
4. Relationship Management

The success of the organisational transformation was heavily reliant on the transformation leads within each directorate, with performance and accountability through EMT members and the HSCIC Key Performance Indicator's.

In July 2015 the EMT reviewed the progress made on the HSCIC transformation and concluded that transformation was too low a priority for the organisation with insufficient resource and time devolved to it and a slow rate of change..

Following discussion and support from the HSCIC Board on 2 September, it was accepted that in order to meet our vision of becoming a high-performing organisation with a reputation as an outstanding place to work then a significant amount of disruptive change was needed.

Late September a transformation taskforce consisting of senior representatives from each directorate was established. The purpose of this taskforce was to take the proposed operating model presented by the EMT at an 'all staff hands conference' and to suggest how this could be implemented. The outputs of which were presented back to the HSCIC Board on 28 October. Five transformation work streams were initiated, with leads identified, to drive through the required change. From this point the transformation team were required to update the HSCIC Executive Management Team (EMT) (acting as Programme Board) on a fortnightly basis on progress made.

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During November, with the support of EMT, the Transformation Programme defined the enabling architecture (termed the minimum viable product) which needed to be in place for the 1 April 2016. This enabling architecture would then allow the HSCIC over the next 1 to 2 years to meet the transformation objectives and realise the transformation vision.

The transformation programme team was supplemented by existing directorate transformation leads, the taskforce and interested members of staff. The aim of this team was to deliver the minimum viable product by 1 April 2016 to allow the organisational to meet the transformation vision and objectives over the next one to two years.

4. Progress in 2015/16

During Q1 and Q2 of the financial year the transformation programme delivered the following:

- Further progression of the Professional Group work established during 2014/15, including the development of career ladders, competency frameworks and professional standard job descriptions
- Implementation of the Dynamic Resource Pools for the Project and Programmes Delivery profession, supporting c700 members of staff
- Progression of talent management across grades 8Cs and 8Bs (the process will be undertaken for 8A grades during the PDR round at the end of the financial year)
- The Activity Based Recording (ABR) project continued with delivery to the original implementation date of October 2015 (this date was later revised to bring the delivery in line with repurposed transformation ambitions)

Following the shift in emphasis on transformation and the agreed need for disruptive change, the Transformation Programme since November 2015 has focussed on the delivery of the minimum viable product (MVP), structuring the organisation into a supply and demand model. The MVP will be delivered by 1 April 2016 and although this date has not yet arrived the EMT and Transformation Programme are confident the stated commitments will be met. The current positon on progress is detailed below.

Customers

Communication with our customers on our transformation has been deliberately limited as our transformation is an internal process. However, key stakeholders are aware of the organisational transformation and our Strategic Account Managers have been briefed so they can answer any questions on why we are transforming. Further work is planned to align with any consequent changes relevant to each customer.

Staff

2000 members of staff (as at 18 March 2016) are mapped and assimilated to standard professional job descriptions. With regard to the remaining staff, a cohort of 180 staff were immediately deemed as out of scope, there are 250 who require further work (e.g. there may not be a suitable job description) and it is envisaged the remaining 250 members of staff will be on standard professional job descriptions by 31 March 2016.

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All staff have been allocated to a professional pool where they will be part of a thriving professional community which drives up professional standards and builds an environment for collaboration and innovation.

All staff have been provided with the opportunity to attend an interactive connection event designed to provide staff with the HSCIC Position Statement and Transformation Narrative as well as offering more detail on the new operating model. **2050** staff have attended a connection event (series of 50 face to face events and 2 webex session).

Organisation

A validated list of all Portfolio items (projects, programmes, services, corporate functions and delivery support functions) along with the Portfolio Owner of each has been agreed by EMT.

A new structure to manage the 'supply' side (support our delivery capability) of the organisation is in place, with the following appointments made:

- 2 out of 3 Heads of Workforce appointed
- 20 out of 32 Heads of Profession appointed (the remaining are in train and will be post by 1 April)
- Recruitment is underway for a Head of Resource Management, along with a number of Resource Managers and Resource Administrators who will manage the central Resource Management function from 1 April

Systems

A new cost centre structure has been designed and will be in place for 1 April. The line management and delegation framework supporting current financial controls, the Corporate Governance Manual and Levels of Delegation schedule will all be updated and aligned to this.

The rollout of Activity Based Recording (ABR) has commenced and will be complete by 1 April. As part of the Office 365 package implementation a new resource forecasting and planning tool will be available to all Portfolio Owners and their delegate(s).

Resource plans have been submitted to highlight which staff are working on each portfolio item. ABR will enable staff to book their time against the portfolio items they are working on and will allow the HSCIC to better understand in future the true costs of delivery.

5. Overview of the approach for 2016/17

The priority for the Transformation Programme during 2016/17 will be on evolving the MVP, maintaining financial control, continued communications and engagement with our people and customers as well as embedding the new structure.

A transformation map has been developed outlining the activities needed in the next 3, 6 and 12 months. Some of the key deliverables for 2016/17 are:

- Embedding the new operating model and structure
- Introducing and embedding career management
- Development of learning and development strategies within each Profession

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- Management and leadership development for the new roles in the structure (inc financial responsibilities)
- Production and review of management information in the new operating environment
- ABR enhancements to meet emerging requirements
- Corporate systems IT strategy
- Managing budgets and reporting through the transitional year
- Developing budgeting and reporting processes for future years
- Commencement of transformation benefits realisation

6. Actions Required of the Board

The board are asked to note the progress made on transformation between April 2015 and March 2016 and to acknowledge the ongoing programme of work required in the next two years.

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Board Meeting – Public Session

Title of paper:	Diversity and Inclusion Update and Objective Setting for 2016/17 – 2019/20
Board meeting date:	30 March 2016
Agenda item no:	HSCIC 16 07 03e (P1)
Paper presented by:	Isabel Hunt, Director of Customer Relations
Paper prepared by:	Layla Heyes, Business and Operational Delivery Manager
Paper approved by: (Sponsor Director)	Isabel Hunt Director of Customer Relations
Purpose of the paper:	1. To share the six diversity and inclusion objectives that HSCIC intends to publish in April 2016 (and report against annually for the next four years). 2. To explain why we are publishing these objectives. 3. To provide a short update on emergent staff activity in support of diversity and inclusion.
Key risks and issues:	There is a risk that if the course of action outlined in this paper is not followed, HSCIC will remain non-compliant with its statutory duty under the Equality Act 2010 to publish equality and diversity objectives and report against them annually.
Patient/public interest:	1) The approval of the objectives detailed in Appendix A of this paper will ensure HSCIC compliance with the Equality Act 2010 (and our Public Sector Equality Duty requirement to publish the objectives). 2) By implementing these objectives, our staff will refocus the way in which we think about, communicate with, and provide services for, our diverse public.
Actions required by the Board:	1) To endorse and support the proposals contained within this paper. 2) To support the formation of a Diversity and Inclusion Steering Group. 3) To provide comments or input as the Board sees fit.

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Diversity and Inclusion Update and Objective Setting for 2016/17 – 2020/21

Isabel Hunt

30 March 2016

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1 Executive Summary

This paper is shared with the Board **for information**, but comments are welcomed.

Its purpose is to:

1. Share the six diversity and inclusion objectives that HSCIC intends to publish in April 2016, and report against annually for the next four years.
2. Explain why we are publishing these objectives.
3. Provide a short update on emerging staff activity in support of diversity and inclusion.

The Director of Customer Relations shared these objectives with the Executive Management Team in a paper on 10 March 2016.

2 Background

2.1 Why we are publishing these objectives

2.1.1 To become compliant

The Equality Act 2010 brought the Public Sector Equality Duty into force on 5 April 2011. Its purpose is to ensure that all public bodies play their part in making society fairer by tackling discrimination and providing equality of opportunity for all.

The Equality Duty describes the specific, statutory objective setting and reporting requirements that all public bodies must comply with. Although these requirements have been in place since 2011/12, the HSCIC has yet to comply.

We are required to set objectives for, and report upon, two categories:

1. **Workforce** – relating to our employees who share protected characteristics[1], and
2. **Services** – relating to people who are affected by our policies and practices who share protected characteristics, such as service users and people we communicate with.

We have proposed six objectives (three workforce objectives and three service objectives) and these are set out in **Appendix A** alongside some suggested activities. The objectives have a lifespan of four years, after which they will be revisited and updated.

[1] The nine protected characteristics outlined in the Equality Duty are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex; sexual orientation.

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2.1.2 For the benefit of our workforce

Publishing diversity and inclusion objectives is necessary in order to allow us to fulfil the statutory obligations set out above, but there is a broader and important social and business rationale for doing this.

Research has proven that high performing organisations are underpinned by a diverse and inclusive workforce. As the HSCIC progresses through the organisational transformation process, we have an opportunity to make an explicit commitment to equality, and to demonstrate a respect for diversity, by ensuring that this is a considered part of everything that we do.

Staff with an interest in diversity and inclusion are eager to see our organisation progress and become more forward-thinking in this area. There are emerging pockets of support for diversity and inclusion across the organisation, with small but enthusiastic groups of staff taking the initiative to make changes.

Examples of this include the recent staff-led participation in a World Food Day at Skipton House; the informal network of staff who have contributed to this report; and the activities that happened in support of International Women's Day. **Appendix B** summarises these and other recent activities in more detail.

3 Recommendation

In order to comply with regulatory requirements, it is recommended that HSCIC publishes these objectives in April 2016, and commits to report upon them annually as part of the HSCIC Annual Report.

4 Implications

4.1 Strategy Implications

4.1.1 Strategy commitments

There is no specific reference to diversity and inclusion in the 2020 vision strategy. We must ensure that future versions of the strategy include our objectives, and make explicit our commitment to diversity and inclusion.

4.1.2 Business plan 2015/16 commitments

Publication of these objectives helps HSCIC to fulfil the commitments described at point 5.6 of the 2015/16 Business Plan. This is provided as an extract in **Appendix C**.

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4.2 Financial Implications

4.2.1 Staff costs

There are no staff members working exclusively on diversity and inclusion. However, it is anticipated that staff will be allocated time out of their existing roles to support activities such as project management, reporting, setting up networks, and developing training. We have requested a way of recording diversity and inclusion related activity in the new ABR system, which will allow us to report the time commitment that HSCIC is giving to this work.

4.2.2 Non-staff costs

We intend to follow the good practice of other sectors and allocate a modest budget to help staff diversity networks get off the ground. Funding will be granted wherever the group meets stated guidelines and quality criteria. What the diversity networks can spend the money on will fall within the rules of our normal organisational governance.

4.3 Stakeholder Implications

4.3.1 Our staff

Staff will feel more valued if we succeed at making HSCIC a place that demonstrates equality and actively celebrates diversity.

4.3.2 Our customers and service users

If we aspire to be a world class organisation, we must ensure that our products, services and behaviours are all developed on an understanding of equality and inclusion.

In everything that we do, whether it's developing marketing campaigns or creating new products and services, we should be systematically considering the requirements and perspective of those with protected characteristics.

4.3.3 Prospective employees

If we prove ourselves to be an inclusive, forward-thinking employer who values diversity in its workforce, we will be better able to attract new talent.

4.3.4 Our sponsor

We will be able to provide assurance to our sponsor, the Department of Health, of both our compliance with the statutory requirements, and our progress towards meeting the equality and diversity objectives outlined in the HSCIC Business Plan.

4.4 Handling

The publication of these objectives is not expected to raise media interest.

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5 Risks and Issues

5.1.1 Risk

The work required to achieve the objectives will represent additional tasks for staff in HR, communications and marketing, and staff across the HSCIC. At a time when HSCIC is trying to deliver more with less, there is a risk that diversity and inclusion work will be deprioritised.

If our organisation does not properly resource or put enough visible emphasis on these activities, it will not meet its objectives in this area and will fail to effect meaningful change.

5.1.2 Impact of risk

- Lack of compliance with our statutory duty as a public body under the Equality Act 2010 (and any reputational damage that would follow)
- A less engaged and enthusiastic workforce
- Loss of talent
- Failure to attract new talent from specific groups
- Failure to show that we are a modern, forward-thinking organisation that values equality
- Alienation of some customers and stakeholders owing to a lack of consideration for the needs and perspectives of those with protected characteristics.

5.1.3 Mitigating actions

- Board and EMT to actively and visibly support diversity and inclusion
- EMT to allocate appropriate resource and funding
- Executive Directors to appoint a diversity and inclusion representative from each of their areas, who will be responsible for supporting reporting and change initiatives
- Include diversity and inclusion as a standing agenda item at Board and EMT meetings
- Set diversity and inclusion KPIs.

6 Corporate Governance and Compliance

- The Business Intelligence team has advised that we should use the corporate business planning process to describe what we are going to do, and the corporate risk process to describe and manage the risk of not complying with legal requirements. This activity will then become business as usual, driven by the HSCIC Business Plan.
- The annual HSCIC Diversity and Inclusion Report will become a component of the overall HSCIC Annual Report.

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- We recommend that diversity and inclusion activity in support of our objectives should be governed by a Diversity and Inclusion Steering Group, chaired by the Director of Customer Relations, which would report in to EMT and the Board as required.

7 Management Responsibility

Isabel Hunt, Director of Customer Relations, is accountable for this work.

8 Actions Required of the Board

- To endorse and support the proposals contained within this paper
- To support the formation of a Diversity and Inclusion Steering Group
- To provide any comments or input as the Board sees fit.

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9 Appendix A - HSCIC Objectives 2016/17 – 2020/21

9.1 Introduction

Our high-level objectives are split out into the two, aforementioned categories:

1. **Workforce objectives** are developed and managed by HR. They describe the initial commitments we intend to make to ensure that employees with protected characteristics are not disadvantaged or excluded by our actions, and describe the reporting that we will do in support of this.

2. **Service objectives** make a commitment that we, as a public body, will ensure that our products, policies and practices do not disadvantage or negatively impact members of the public and users of our services.

9.2 Supporting activities

Each objective will have an associated set of tasks and activities, but as this work is still in its nascent stages, many of these are yet to be determined. The activities will be agreed by the recommended Diversity and Inclusion Steering Group, and documented through locally held, tactical plans. These activities will be updated annually and develop over the four-year lifespan of the objectives. They will not be published alongside the overarching objectives.

9.3 Workforce objectives

9.3.1 Workforce objective 1

We will deliver appropriate learning and development to ensure that all HSCIC staff develop a good level of equality and diversity awareness.

Suggested activities:

- All HSCIC staff will receive diversity and inclusion training as part of their mandatory training requirement by March 2017.
- Additional equality training will be developed and delivered for identified groups of staff to support HSCIC transformation (e.g. resource managers, career managers and assignment managers).
- The delivery of equality training to recruiting managers will include a focus on unconscious bias.

9.3.2 Workforce objective 2

We will work towards having no difference in the employment outcomes for HSCIC staff or potential recruits because of protected characteristics.

Suggested activities:

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- Publish a comprehensive workforce equality and diversity report providing analysis by protected characteristics and use this to help identify the equality issues affecting the HSCIC workforce.

  This should cover the period 1 April 2015 to 31 March 2016 and be produced annually thereafter, to at least include the following HR areas:

  - Staff profile
  - Employee Relations activity
  - Recruitment activity
  - Training activity
  - Gender pay report

- Review the approach to equality analysis for HR policies and procedures: undertake regular analysis of the impact of HR policies on protected characteristics, setting goals to narrow any gaps in equality where required.
- Identify any equality gaps that exist from the annual HSCIC Staff Survey results and agree actions to address these.

9.3.3 Workforce objective 3

We will develop best practice in workforce equality and diversity by creating internal and external networks and supporting positive action initiatives.

Suggested activities:

- Establish external working relationships to improve our understanding of equality issues and best practice (including NHS Employers and leading public and private sector organisations).
- Promote national positive action initiatives amongst HSCIC staff. One example of this is the 'Ready Now' programme run by the NHS Leadership Academy, designed for leaders from under-represented groups that want to become senior leaders in the health and social care system.
- Implement the NHS Employers Equality Delivery System 2 (EDS2) to help the HSCIC to review and improve its performance for people with characteristics protected by the Equality Act 2010.
- Become an NHS Employers Diversity Partner to progress and develop the HSCIC equality performance by accessing advice, guidance and demonstrations of good practice in equality and diversity management in the wider NHS.

9.4 Service objectives

9.4.1 Service objective 1

Guided by industry best practice, when we communicate with the public and service users, we will seek to deliver clearer, more representative, and more accessible information and guidance.

Suggested activities:

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- The communications and marketing team will designate a staff member with specific diversity and inclusion responsibilities. It will be their job to draft a communications action plan (covering the points below and any other tactical activities) and oversee its delivery.
- Investigate how our different programmes and projects (e.g. NHS Choices, the Summary Care Record) ensure diversity and inclusion in their communications, and baseline/make use of good practice already taking place within the organisation.
- Develop and deliver training and guidance on diversity, inclusion and accessibility best practice to staff responsible for communicating with the public.
- Continue to advocate for the use of plain English; materials supporting key public communications campaigns will be submitted for the Crystal Mark.
- Ensure that our communications planning templates, and other internal guidance documents, specify a consideration of the protected characteristics.
- The imagery, case studies and examples we use will represent the diversity of the population we serve.

9.4.2 Service objective 2

We will establish a network of staff who will investigate the ways in which we can ensure that our products, policies and behaviours reflect the communities we serve and do not disadvantage or otherwise negatively impact the public and users of our services.

Suggested activities:

This is a very high-level, catch-all objective. It is intended to sit above a set of tactical actions. These actions will be developed once the infrastructure for delivering diversity and inclusion activity is strengthened (e.g. when the steering group has been established), and the staff driving this work have had the chance to convene and better consider the objective.

9.4.3 Service objective 3

As the trusted national provider of high-quality information and data about health and social care, we will improve our focus on protected characteristics in the information that we collect and share. By doing so, we will improve knowledge about the health of, and care experienced by, those with protected characteristics.

Suggested activities:

- In the data that we hold, we will assess the data quality of the information we collect around protected characteristics. We will report on the data quality/coverage in the data quality statement that accompanies each publication.
- Within our statistical reports, wherever information about protected characteristics exists, and it makes sense to do so, we will provide strengthened analysis.

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10 Appendix B - HSCIC diversity and inclusion activity

10.1 NHS Equality and Diversity Council membership

The Director of Customer Relations is a member of the NHS Equality and Diversity Council, whose purpose it is to see that a vision for a personal, fair and diverse health and care system, where everyone counts, is brought to life. This membership provides visibility of national NHS events (e.g. World Mental Health Day) that that our staff can participate in.

10.2 Establishment of a diversity and inclusion network

HSCIC staff have formed a small but committed diversity and inclusion network guided by the Director of Customer Relations. This is an enthusiastic forum made up of people who are interested in prompting the organisation to think and behave differently; they will shape progress in this area. They will look at what we could and should be doing, and help to define the plans that will enable us to deliver our objectives.

Internal Communications plan to open a diversity and inclusion discussion thread/area on the intranet to promote discussion and enable colleagues to share ideas.

10.3 Disability network

We are currently researching best practice with regards to establishing, and recruiting members to, workplace disability network groups. This initiative is being led by a staff member with a disability, who proactively approached HR about doing this. He has received guidance and practical advice from the NHS Disability and Wellness Network and the Civil Service Disability Network, and is eager to create a supportive community within HSCIC.

10.4 Tackling unconscious bias

One of our programme directors has expressed an interest in launching an informal event aimed at supporting women and tackling unconscious bias. She has suggested bringing together a group of interested people (men and women) to consider the issue, and is proposing to bring in external speakers and experts in the field to generate some thought.

10.5 Skipton House World Food Day

In February, a group of staff at Skipton House held a World Food Day. They invited people to share food from around the world, cooked by volunteers who represent a number of nations, cultures and religions. It was an opportunity for sharing and learning about the symbolism of the food, and the types and times of festivals with which it is normally associated.

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10.6 HSCIC involvement in International Women's Day

For International Women's Day on Tuesday 8 March, the organisation supported an external social media campaign on Twitter by profiling some of our colleagues, to celebrate and recognise the importance of women working in informatics and technology.

We developed and shared profiles of women who work in roles that are perhaps traditionally seen as male roles and/or who have progressed in their careers but are working flexibly, or have family/carer commitments. Internal Communications ran a campaign on the day, using the profiles, and will be publishing a related feature in the April edition of Insight magazine. It is hoped that the profiles will partly support efforts to attract more diversity into the organisation, and will be used by the recruitment team in future.

10.7 Attracting a more diverse workforce

Following the latest round of graduate advertising, HR indicated that 57% of the applications were from females. More broadly on recruitment activity, a report from NHS Jobs showed a split of applications by gender over the past 12 months, and 42% were from females.

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11 Appendix C – Extract from HSCIC 2015/16 Business Plan (Objective 5.6)

5.6 Equalities and Diversity

The HSCIC is committed to a culture where all individuals receive fair and equal treatment in all aspects of employment and the benefits of working within a diverse workforce. Whilst we have a relatively balanced proportion of male and female employees, it is clear that females occupy more of the lower grade posts, whilst more males are employed in higher grade posts. We are also aware that, with 72% of our workforce describing themselves as White British, our workforce is not fully reflective of the local diversity in West Yorkshire.

Our Equality and Diversity policy sets out how we comply with the Equality Act 2010.

It confirms that:

- A diverse workforce and an environment in which individual differences and contributions of staff are recognised and valued. These are important to the performance and success of the organisation;
- Every worker is entitled to a working environment that promotes dignity and respect to all and the HSCIC is committed to eliminating discrimination and encouraging diversity amongst our workforce;
- We expect all of our staff to maintain a culture where individuals receive fair and equal treatment and a positive work environment - free of harassment and victimisation. Working together and respecting each other's contribution is at the heart of what we do;
- We are committed to developing a workforce whose diversity reflects the communities in which it operates.

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Board Meeting – Public Session

Title of paper:	eMED3 Fit Notes Data Extract: Update for HSCIC Board
Board meeting date:	30 March 2016
Agenda item no:	HSCIC 16 07 04a (P1)
Paper presented by:	James Hawkins, Director of Programmes
Paper prepared by:	Michael Howley and Toto Gronlund
Paper approved by: (Sponsor Director)	James Hawkins, Director of Programmes
Purpose of the paper:	Update to the board on progress towards delivery of the eMED3 Fit Note data extract for Dept. of Work and Pensions
Key risks and issues:	Delays in delivery of the extract and report where GP system suppliers are unable to implement the system changes by April 2016.
Patient/public interest:	Public access to an aggregated form of the data will be made available once the initial reports have been provided to the DWP. The data will be used to inform policy and tailor regional services to reduce work related absence recognising that employment is an important factor for individuals' health, social and financial wellbeing.
Actions required by the Board:	Please note the content of this paper

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eMED3 Fit Notes Data Extract

Update for HSCIC Board

Michael Howley, Toto Gronlund

17 March 2016

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1 Executive Summary

This paper provides a progress update, and details on associated issues, relating to the delivery of the eMED3 Fit Note anonymised data collection.

Current expectations are that the data collection will commence in early April 2016.

A draft Direction was received from the Department of Health (DoH), on behalf of Department for Work and Pensions (DWP), and accepted by the HSCIC Board on 23 September 2016. The direction is for the HSCIC to deliver a data collection mechanism for the collection, storage and publication of de-identified GP practice level fit note data.

The Data Provision Notice (DPN) to general practice was issued on 16 December 2015, along with the Information Standards Notice, and Fair processing information, the latter circulated by HSCIC. A minimum of 6 weeks is required post the release of these notices before any data collection can be commenced.

18 queries where received in response to the DPN and related communications, one of which was managed as a complaint. HSCIC responded to all queries and resolved the complaint.

The extract process will be managed through the four main GP system suppliers on a weekly basis, anonymised at source, and landed securely in the HSCIC.

The main risk to the project has been the timely delivery of the system developments by the suppliers. However three suppliers are on track to achieve the required deadlines with extract assurance being achieved over February and March. Work continues with a further supplier to reduce their current anticipated delivery timeframes. Overall, the development effort was delayed by two key factors: an additional requirement of Type 1 Patient Objections, and suppliers receiving a number of other requirements for primary care system development resulting in competing priorities.

The development work required by HSCIC to collate, process and publish iView reports has been completed, including full system testing, to ensure information can be published for the DWP as soon as it begins to flow from the suppliers.

2 Background

A draft Direction from the DoH, on behalf of DWP, was received and accepted by the HSCIC Board on 23 September 2015, for the HSCIC to deliver a mechanism for the collection, storage and publication of de-identified GP practice level Fit Note data.

The Direction was approved by Ministers in October and published in November 2015, providing the legal basis for HSCIC to extract from GP systems the anonymised information relating to the prescribing of fit notes.

On 16 December 2015 the HSCIC issued a Data Provision Notice to GP practices, the data controllers, advising them of the collection. At the same point an Information Standards Notice was published and the DWP issued guidance on Fair Processing to GPs, the latter provided publicly on the DWP website for patients. A minimum of six weeks is required, following the issuing of the Data Provision Notice and Fair Processing guidance, before any data can be extracted.

The extracts are to be performed by the four main GP system suppliers. Extracts will be made on a weekly basis, anonymised at source, before being delivered securely to the HSCIC. The initial data extract will be backdated to 1 December 2014.

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The data will be processed and quality checked by the HSCIC on receipt. Additional privacy enhancements will be made through small numbers suppression, rounding of numbers and aggregation of diagnostic codes so as to avoid any rare conditions being displayed.

DWP will access the data from the HSCIC iView reporting tool. A publication schedule of quarterly updates is planned to commence from July 2016 to enable a public view of this data.

3 Progress

3.1 Communications

The co-ordination of communications associated with the launch of this data with the DoH, DWP, and NHS England.

The distribution of the DPN and Fair Processing guidance was achieved through a number of mechanisms including:

- Direct email to all GP practices
- HSCIC GP Collections Bulletin
- Information on www.gov.uk/hscic and DWP website.

Briefings were issued to:

- HSCIC Contact Centre
- NHS England Area teams and CCGs
- DoH and DWP contact centres.

18 queries were received in response to the publishing of the DPN.

The queries included:

- Clarification of the legal basis for the collection.
- Clarification of why or how patient objections were to be upheld. There was an element of confusion in respect to patient objections despite this being an anonymous data collection.
- Concern generated from incorrect claims of media channels that the DWP would have access to patient identifiable data.

Of these 1, questioning the legal basis of the data collection, was managed as a complaint by the relevant Information Asset Owner (IAO). Following the securing of legal advice and guidance from the HSCIC Information Governance Team, a final response was provided to the complainant.

All queries, including the complaint, have received a response with no further queries being raised since mid-January 2016.

3.2 IT Development

The HSCIC IT development team have completed and tested the internal system to ensure the data flow to the HSCIC is secure, provides the data and initial analysis required for

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reporting alongside necessary controls in the iView reporting tool to affirm that the detailed data will only be accessible to authorised DWP users.

Further enhancements to the reporting functionality are in development. Once the DWP has sight of the data it will be possible finalise their specific requirements before implementation and testing.

The final phase of development will be to provide an aggregated format of the data available to the public, set at a minimum level of CCGs. DWP have indicated the requirement for this data release to be scheduled quarterly and published in the iView tool.

3.3 Data collection

Expectations are that data extraction will commence in early April and that the HSCIC processes will deliver DWP data access within 24 hours of the HSCIC receiving the data.

Suppliers were notified of the anticipated changes in May 2015 with negotiations for the Contract Change Control Notices (CCN) commencing following the release of the Direction, Data Provision and Information Standards Notices.

Initially it was not anticipated that the changes required in the supplier systems would be significant. The majority of development work had been completed in 2012 in response to an earlier specification of this data extract, following which the DWP postponed the initiation due to a need to resolve governance issues.

However, the unexpected request for the data extraction to respect Type 1[1] objections increased the suppliers' development and HSCIC assurance work scope.

Agreements on the CCNs have been achieved with 3 suppliers is progressing to agreed timescale. Both HSCIC Commercial and Senior Management teams are working with the 4th supplier, who has responded on the CCN, to determine whether it would be possible to reduce the delivery timescales.

3.4 Service Design

The data collection and reporting process will be supported by HSCIC service management. Service design is nearing completion and the work to formally review is continuing.

In anticipation of project closure the work is being transitioned to GPES as a service.

4 Governance

The data collection has been approved by the Standardisation Committee for Care Information (SCCI), the HSCIC board and the Burden Assessment and Advice Service.

---

[1] *Definition of Type 1 objection : Patients can object to information about them leaving a general practice in identifiable form for purposes other than direct care. This is referred to as a type 1 objection.*
The Direction for the fit note extract requires fit notes will not be extracted for any patient who has made a type 1 objection, even though the data is anonymous.

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The HSCIC board confirmed the safeguards suggested by National Data Guardian, who advised that with these in place the data collection should proceed.

HSCIC Statistical Governance service supports the publication of the data.

5 Financial Implications

The project is fully funded by DWP, which includes the following service aspects:

- Provision and on-going support of necessary Data Transfer Services to support data transfer from English GP practices to HSCIC
- Provision of initial and on-going services provided by HSCIC to support the delivery of current and future enhancements to, the eMED3 requirements by GPSoC suppliers as set out in the associated work package
- System Development to collect, report and publish the eMED3 data
- On-going maintenance and support of the system
- On-going operational ownership of the eMED3 data set
- Provision and support of an ongoing end to end service.

6 Risk and Issue Analysis

The greatest risk to this project is the late delivery of the data extraction by suppliers, primarily due to the competing priorities of other primary care systems development requirements the suppliers are required to meet.

An aspect of the impact from this risk can be mitigated by securing a data extraction from one supplier, allowing the DWP to conduct their initial analysis on the data from which the final reporting requirements can be defined.

DWP have committed to providing an output of the data to ministers in May 2016.

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Appendix A: Summary of Project Deliverables & Timescales

May 2015	Specification for the data collection agreed, including BMA agreement
23 September 2015	Draft Direction received by HSCIC Board
November 2015	Ministerial approval of the legal Directions and publication
16 December 2015	Communication of the Data provision notice and fair processing released to the community
April 2016	Phase 1: Land data from at least one supplier
15 April 2016	Phase 2: Provide DWP with initial extract through iView (number and duration of fit notes, by month)
29 April 2016	Phase 3: Provide DWP with partial reporting capability through iView – enhancement to phase 2 (diagnosis coding and linking ID's)
30 June 2016	Phase 4: Provide DWP with enhanced reporting capability through iView
30 July 2016	Phase 5: Public reporting capability (service go live)

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Appendix B – Complaints and queries

B1 Summary of queries:

Data governance Positive GP action, opt in/out process, legal basis – treated as a complaint – see next section
Use of electronic functionality – is it mandatory to use the eMED3 electronic functionality in the practice system, or can fit notes still be paper-written
Clarification of legal basis
How to manage Patient Objection
Why are Patient Objections included
How to manage Opt in/out process
Not included on direct mailing list
How to manage Patient Objection
Which Read codes to use
Not included on direct mailing list
Use of electronic functionality – is it mandatory to use the eMED3 electronic functionality in the practice system, or can fit notes still be paper-written
Which Patient Objection codes to use
Media alerts of DWP having access to person identifiable data
CCG request for GP pack
Media alerts of DWP having access to person identifiable data
Which Patient Objection codes to use
Practice FP material
Not included on direct mailing list

B2. Complaint:

On 17 December 2015 a letter of objection to the data collection was received from a general practitioner primarily questioning the legal basis for the collection.

HSCIC treated this letter as a complaint. The senior Information Asset Owner made direct contact with the complainant and answer some of the questions raised, as these areas were covered within the communications package sent to all GP practices. The complainant was advised that HSCIC would respond in full in writing.

The complainant was kept informed of the progress towards a full response on a regular basis.

HSCIC sourced legal advice from DLA Piper and the internal HSCIC Information Governance team reviewed the complaint and final response.

The final response advised that there is a clear legal basis for the data collection and that independent confirmation could be sought from a Local Medical Committee or the BMA.

There was a further round of communications following which there has been no further contact from the complainant.

The HSCIC adjusted the DPN communications template in response to the concerns to ensure that the relevant details are clearly included in the covering note.

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Board meeting – Public session

Title of paper:	**Streamlining the Independent IG Advice to the HSCIC**
Board meeting date:	30 March 2016
Agenda item no:	HSCIC 16 07 04b (P1)
Paper presented by:	Rob Shaw COO for M Severs, Caldicott Guardian
Paper prepared by:	A Hassey, Deputy Caldicott Guardian
Paper approved by: (Sponsor Director)	Rob Shaw COO for M Severs, Caldicott Guardian
Purpose of the paper:	Update HSCIC Board on progress to establish IGARD (see also Apendix)
Key risks and issues:	1. This paper provides an update on migration from DAAG to IGARD 2. Describes the role of the IGARD Implementation Group (IIG) 3. Identifies key priorities for HSCIC Board (see appendix)
Patient/public interest:	Direct public interest as establishes independent oversight of HSCIC data disseminations
Actions required by the board:	The Board is asked to receive this update and support the next stages of IGARD implementation.

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Streamlining the Independent IG Advice to the HSCIC

Update relating to establishment of IGARD

Author: M Severs and A Hassey

Date: 30 March 2016

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1 Draft Resolution

The Board is asked to receive this update and support the next stages of IGARD implementation.

2 Executive Summary

This paper provides an update on the transition from DAAG to IGARD; the timeline, priorities and main risks (see also appendix). The responsibility for the transition is being managed by the IGARD Implementation Group (IIG), chaired by Peter Hall and reporting to Martin Severs.

3 Background

The Board supported the IGARD Terms of Reference[1] at it's meeting on 25/11/15. Since that time Martin Severs, has appointed Dr Joanne Bailey as Interim Chair of IGARD from 1/2/16 and established the IGARD Implementation Group (IIG), led by Peter Hall, Terry Hill and Joanne Bailey. It meets fortnightly to manage the transition from DAAG to IGARD. The key tasks for IIG are to;

- Establish a firm process and timeline for the transition from DAAG to IGARD
- Identify the key priorities that need to be addressed to facilitate the process
- Identify and manage the key risks and issues

Dawn Foster, Peter Short and Alan Hassey provide advice and guidance to the DAAG Chair and members and work closely with senior members of DAT before, during and after meetings to manage issues that arise on a weekly basis.

4 Recommendation

The Board is asked to support the establishment of the IGARD Implementation Group (IIG) and its key transition priorities;

a. Agree recruitment process for IGARD Chair and members.
    i. Chair recruitment
    ii. 2 additional expert members & 2 lay members, to be recruited through expert networks and open recruitment
b. Board to nominate candidates for Independent Chair of IGARD to Dame Fiona Caldicott by 14 April 2016.
c. Agree key milestones to complete transition from DAAG to IGARD by 1st September 2016 including;
    i. Operating procedures, policies and practices
    ii. Communication plan

[1] HSCIC Minutes of Board Meeting- 25/11/15 Item 4.1(a) 15 05 04(a) – Streamlining the Independent IG Advice to HSCIC

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5 Issues

5.1 Strategy Implications

In the past, DAT, DAAG & IG tended to act separately and in a poorly coordinated fashion. Key to managing the transition from DAAG > IGARD is the work of the IGARD Implementation Group reporting to Martin Severs as Caldicott Guardian. This transition represents an important example of the essential co-working between IG, DAT & DAAG that has been perhaps the single biggest achievement of the DAAG > IGARD transition so far. It is now essential to build on this early success and manage the process to ensure the transition from DAAG to IGARD is completed by 1st September.

The priorities are to appoint a permanent IGARD Chair and four additional members.

These proposals to establish IGARD represent the completion of the HSCIC's plans to strengthen and streamline the independent IG advice and oversight we provide for data disseminations.

5.2 Financial Implications

The establishment of IGARD has been included in current financial plans and the resources to establish and run the group have been allocated to Peter Hall's IG Directorate.

6 Risk Analysis

The main risk is of failure to recruit the Chair and members necessary to establish a robust and resilient IGARD. We must ensure that we recruit and retain members of high calibre to advise on the dissemination of data to our customers while maintaining independent scrutiny of that process and appropriate due diligence on behalf of HSCIC.

7 Corporate Governance and Compliance

These proposals are an essential piece in the jigsaw of demonstrating robust, independent scrutiny of HSCIC data disseminations and providing a voice for stakeholders and members of the public in those decisions. These proposals underpin and strengthen the commitments given by HSCIC towards transparency, accountability and independence.

8 Management Responsibility

The delivery of IGARD will be the responsibility of Peter Hall, Terry Hill and Joanne Bailey, reporting to Martin Severs. Dawn Foster & Peter Short will provide advice and guidance to IGARD on a continuing basis in their senior IG and clinical roles. Alan Hassey will provide back up and support on an ad hoc basis after 1st April.

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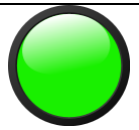
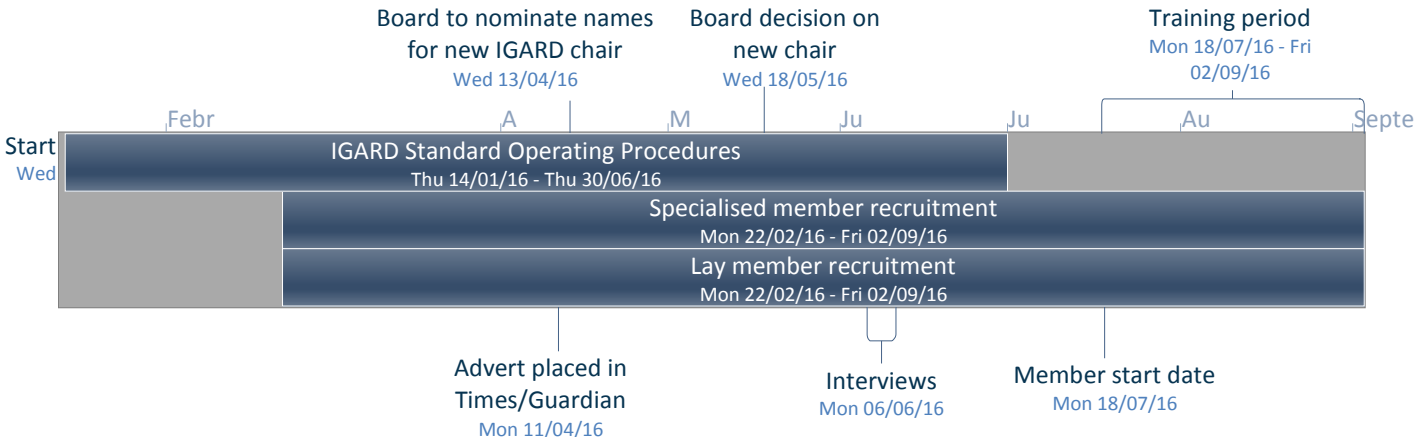
IGARD Transition Project – Highlight Report

Director / Head	Peter Hall
Project Manager	Anna Liddell
Project Lead	Victoria Williams
Period from	18th February 2016
Period to	2nd March 2016
New risks	0
Red risks	0
Amber/red risks	4
Total risks	15
Project status	



Update Highlights
The process for the recruitment of members has been defined and will be formalised in detail at the next implementation meeting on 2nd March. Following this, the paper for Martin Severs will be finalised and submitted for approval. Key messages for communications have been drafted and circulated for comment, these will be reviewed at the next meeting along with the stakeholders to enable production of a communications plan. The list of standard operating procedures has been finalised and we are on target for completion by end of June 2016.

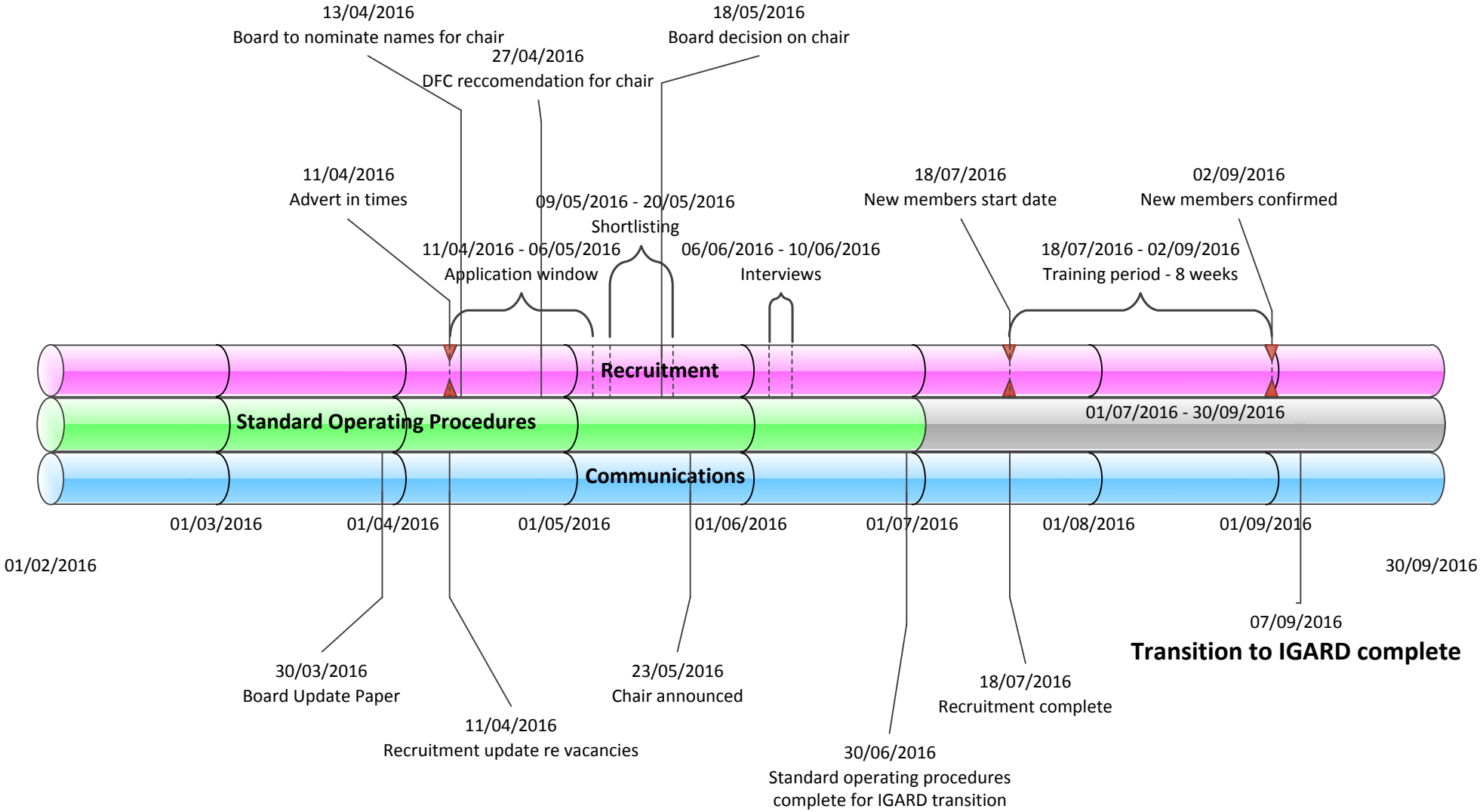
Achieved since last report	**Allocated to**	**Progress**	**RAG**
Key messages drafted for comms and shared for comments	Vanessa Bassnett	Awaiting review 02/03/2016	On track
JDs for IGARD members reviewed and approved	Victoria Williams	Discussed at Imp Grp 18/02/16	On track
Update paper for board drafted and circulated for review	Alan Hassey		On track

Tasks for next reporting period	**Allocated to**	**Target date**
Recruitment options paper to be approved finalised following Imp Grp Mtg	Peter Hall to circulate to Martin Severs	03/03/2016

02/03		
Data Dissemination Framework to be approved	Dawn Foster	17/03/2016
IGARD Business Plan to be approved	Victoria Williams	17/03/2016
Peter Hall to communicate running costs for IGARD	Peter Hall	04/03/2016
Target group list collated for specialised members	Implementation Group	02/03/2016
Advert drafted	Victoria Williams	11/03/2016
Stakeholder mapping agreed	Vanessa Bassnett	02/03/2016

Red risks

There are currently no red risks


13/04/2016
Board to nominate names for chair
27/04/2016
DFC reccomendation for chair
18/05/2016
Board decision on chair
11/04/2016
Advert in times
09/05/2016 - 20/05/2016
Shortlisting
11/04/2016 - 06/05/2016
Application window
06/06/2016 - 10/06/2016
Interviews
18/07/2016
New members start date
02/09/2016
New members confirmed
18/07/2016 - 02/09/2016
Training period - 8 weeks
Recruitment
Standard Operating Procedures
01/07/2016 - 30/09/2016
Communications
01/02/2016
01/03/2016
01/04/2016
01/05/2016
01/06/2016
01/07/2016
01/08/2016
01/09/2016
30/09/2016
07/09/2016
Transition to IGARD complete
30/03/2016
Board Update Paper
11/04/2016
Recruitment update re vacancies
23/05/2016
Chair announced
30/06/2016
Standard operating procedures complete for IGARD transition
18/07/2016
Recruitment complete

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Board Meeting – Public Session

Title of paper:	HSCIC Corporate Governance Manual 2016-17 Document Review
Board meeting date:	30 March 2016
Agenda item no:	HSCIC 16 07 05b (P1)
Paper presented by:	Carl Vincent, Director of Finance and Corporate Services
Paper prepared by:	Annabelle McGuire, Secretary to the Board and Head of Corporate Governance
Paper approved by: (Sponsor Director)	Carl Vincent, Director of Finance and Corporate Services
Purpose of the paper:	The HSCIC Corporate Governance Manual undergoes annual review. This paper describes the primary changes made in the recent review for 2016-17. Board Members can find the Corporate Governance Manual in the shared documents of the Virtual BoardRoom. The manual was considered by the Assurance and Risk Committee (ARC) at its meeting on 15 March 2016.
Key risks and issues:	There is a risk that if the HSCIC does not have an up to date Corporate Governance Manual, which is well understood by individuals in the organisation, business will not be conducted in a proper or timely manner.
Patient/public interest:	Adherence to corporate governance best practice
Actions required by the Board:	The Board is requested to approve the Corporate Governance Manual 2016-17.

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HSCIC Corporate Governance Manual 2016-17

Document Review

Annabelle McGuire, Secretary to the Board and Head of Corporate Governance

March 2016

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1 Executive Summary

The HSCIC Corporate Governance Manual sets out the HSCIC's Standing Orders (SO) and Standing Financial Instructions (SFI). It is important in a well-run organisation that the structures and processes, by which the organisation is controlled through its Board and the guiding principles to be followed in carrying out business, are properly established and well understood by individuals in the organisation and its stakeholders.

As well as being good practice there is an increasing focus on the application of sound corporate governance processes as evidence of a demonstrable commitment to delivering value and financial sustainability. The purpose of the HSCIC Corporate Governance Manual is to draw together in a single point of reference a clear statement of these structures, processes and principles.

2 Background

The HSCIC Corporate Governance Manual undergoes annual review. One of the main purposes of the review was to ensure the alignment of the contents with the current transformation programme.

This paper summarises the changes made in the recent review to support and maintain the manual's ongoing utility in 2016-17.

These are relatively minor changes and updates, however the Board should note that a further uplift maybe required in year when/if there are wider changes which affect the organisations corporate governance arrangements.

2.1 Revisions Made to the Corporate Governance Manual 2016-17

1. The manual was considered by the Assurance and Risk Committee (ARC) at its meeting on 15 March 2016. There were limited comments in the ARC meeting; however the Chair of ARC has reviewed the document in detail. As a result of her review changes have been made to section 5.4 paragraph 187, and to section 5.7 paragraphs 275 to 278.

2. The manual has been reviewed by the appropriate subject matter experts, including the Transformation Programme Head, and updates have been provided.

3. The Executive Management Team has reviewed the Delegation to Named Posts section 4.7. As a result paragraphs 4.7.1 through to 4.7.5 have been added, which describe the executive director posts (those with voting rights on the Board) and the key advisory posts to the Board and its sub-committees.

4. Minor changes to bring sections up to date, which include for example job titles, update to processes i.e. the introduction of the Virtual BoardRoom (VBR), and to incorporate recent changes in legislation.

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5. Procurement: significant updates have been made to the procurement sections (3.5, 3.6, 3.7 and 5.5). These were to remove procurement policy items, which will be included in updated commercial policy documents, and to refresh these sections.

6. Fraud and Corruption: minor changes to section 5.4 to bring the content up to date.

7. Appendices brought up to date and embedded documents replaced with the latest versions.

8. Proof reading undertaken and typographical errors corrected.

3 Recommendation

The recommendation is the Board approves the HSCIC Corporate Governance Manual 2016-17.

4 Implications

4.1 Strategy Implications

The document has been reviewed alongside and aligns with the operational governance arrangements for the HSCIC and the ongoing Transformation Programme.

The structures and processes by which the HSCIC is governed through its Board and the guiding principles to be followed in carrying out business included in the manual are in place to support the approved organisational strategy and the business plan.

4.2 Financial Implications

The document details the Standing Financial Instructions (SFI) of the HSCIC and therefore has fundamental organisational financial control implications. The revisions do not have any material expenditure consequences.

4.3 Stakeholder Implications

The revisions do not produce adverse implications for stakeholders and/or customers. The changes to the HSCIC's future operating model have been discussed and where necessary agreed with the Department of Health.

4.4 Handling

There are no handing issues anticipated.

The Corporate Governance Manual will be published on the intranet and the uplift of the document will be communicated to staff via the Weekly Review staff email.

The manual is available publically via the March 2016 Board papers.

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5 Risks and Issues

There is a risk that if the HSCIC does not have an up to date Corporate Governance Manual that is well understood by individuals in the organisation business may not be conducted in a proper or timely manner.

6 Corporate Governance and Compliance

The manual supports safeguarding that the HSCIC adheres to current legislation and complies with best practice in respect to corporate governance.

7 Management Responsibility

Carl Vincent, the Director of Finance and Corporate Services, is the executive director who has accountability for the Corporate Governance Manual.

Annabelle McGuire, Secretary to the Board and Head of Corporate Governance, is the senior manager who has overall responsibility and will deal with the Corporate Governance Manual and associated matters on a day to day basis.

8 Actions Required of the Board

The Board is requested to approve the Corporate Governance Manual 2016-17.

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Corporate Governance Manual

2016-2017

Policy Title: Corporate Governance Manual 2016-17[1]

Status		**Draft under review**	
Document Record ID Key			
Director Responsible for this policy		Carl Vincent, Director of Finance and Corporate Services	
Person to contact about this policy	A McGuire	**Version**	0.1
Author(s)	Cory Reid	**Version issue date**	22/03/2016

[1] Please note this document contains a number of links to appendices within the document, links to external documents and embedded documents.

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Document Management

Revision History

Version	Date	Summary of Changes
1.0	2015/16 review	Document reviewed and updates provided by the following internal business areas: • Andrew Griffiths (Director of Business Services and Governance) and team colleagues • Richard Lawes (Deputy Director of Finance) and team colleagues • Ben Gregory (Commercial Procurement) and team colleagues • John Wilshere (Portfolio Director) – no comments • Dawn Foster (Head of Information Governance) – no comments • Dermot Kehoe (Assistant Director of Communications and External Relations) – no comments • Michael Flintoff (Head of Corporate IT) – no comments • Dean White (Head of Operational Delivery) • Beth Gildersleve (Transformation Programme) – no comments

Reviewers

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

Reviewer name	Title / Responsibility	Date	Version
Andrew Griffiths	Director of Business Services		
Annabelle McGuire	Secretary to the Board and Head of Corporate Governance		

Approved by

This document must be approved by the following people: author to indicate approvers

Name	Signature	Title	Date	Version
Andy Williams		CEO		
Carl Vincent		Director of Finance and Corporate Services		

Glossary of Terms

Term / Abbreviation	What it stands for

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1 Introduction

The Corporate Governance Manual sets out the corporate governance rules applying to the Health and Social Care Information Centre (HSCIC). These rules are in line with its responsibilities as a public body and ensure that it operates in an open, transparent and proper manner.

1.1 The Statutory Framework

The Health and Social Care Information Centre (HSCIC) was established on 1 April 2013 as an executive non-departmental public body (ENDPB) under the Health and Social Care Act 2012.

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

The headquarters of the HSCIC is 1 Trevelyan Square, Boar Lane, Leeds, LS1 6AE.

1.2 Governance Framework

The establishment and constitution of the HSCIC is set out in Schedule 18 of the Health and Social Care Act 2012

The HSCIC is led by a Board which is the senior decision making structure in the organisation and which is accountable to Parliament and the Secretary of State for Health. The Board is led by the Chair and comprises non-executive and executive members.

The organisation is managed on a day to day basis by an executive team led by the Chief Executive who is the Accounting Officer and is accountable to the Secretary of State and to Parliament for the performance of all functions and for meeting statutory duties.

In operational terms, this accountability is to the Senior Departmental Sponsor in the Department of Health. The accountability arrangements are set out in the Accounting Officer memorandum sent to the Chief Executive of the HSCIC by the Department's Accounting Officer. These arrangements are also confirmed in the Framework Agreement (Annex C) which governs the relationship between the HSCIC and the Department of Health.

Board members have corporate responsibility for ensuring that the HSCIC complies with all statutory and / or administrative requirements for the use of public funds.

Details of the conduct of Board business and the roles and responsibilities of the Chair, Board and Chief Executive are set out in the Standing Orders (Section 2) and Code of Conduct for Board members (Section 3).

The Board meets at least 6 times a year in public. The Board may also resolve to meet in private session in order to transact commercial in confidence or other confidential business.

The Executive Management Team is responsible for the HSCIC's development and performance. It is accountable to the HSCIC Board for the delivery of the HSCIC business plan and for meeting the HSCIC's strategic objectives. This is measured against the delivery of the objectives contained in the business plan and against indicators and targets set out in the Performance Pack as agreed by the Board.

1.3 The Manual

The material in this manual fulfils the dual role of protecting the HSCIC's interests and protecting staff from any possible accusation that they have not acted properly. All executive and non-executive directors and all members of staff should be aware of the existence of this document and, where necessary, be familiar with the detailed provisions.

Failure to comply with requirements set out in this manual may potentially be a disciplinary offence which could result in dismissal in cases of gross misconduct.

A Definition of Key Terms can be found at Annex B.

Please note this document contains a number of links to appendices within the document, links to external documents and embedded documents.

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2 Standing Orders

2.1 Board Membership and Conduct of Meetings

1. All business will be conducted in the name of the HSCIC[2].

2. Appointments of the Chair and non-executive Board members, as laid out in Schedule 18 of the Health and Social Care Act 2012 are made by the Secretary of State, for periods of up to four years.

3. The powers of the HSCIC established under statute are exercised by the Board, meeting in public session, except as otherwise provided for in paragraph 16.

4. Certain decisions may only be exercised by the HSCIC in formal session. These are set out in the Scheme of Delegation (Section 4) and have effect as if incorporated into these Standing Orders.

5. In accordance with Schedule 18 of the Health and Social Care Act 2012, the Board must comprise:

   - At least six non-executive members including the Chair.
   - Not more than five other executive members who are employees of the HSCIC and are appointed by the non-executive members. One of the executive members must be appointed as the Chief Executive;
   - The first appointment to the position of CEO was made by the Secretary of State.

   Membership of the current Board and its terms of reference can be found at Annex D.

6. The Chair and non-executive members will be appointed and hold office as follows:

   - The Chair and non-executive members are appointed by the Secretary of State
   - Subject to Schedule 18 (termination of tenure of office) of the Health and Social Care Act 2012, the term of office of the Chair and non-executive members is such period, not exceeding four years, as the Secretary of State specifies on making the appointment and;
   - Subject to Schedule 18 (disqualification for appointment), the Chair and any non-executive member will, on the termination of their office, be eligible for re-appointment.

7. The Chair and members may appoint one of the non-executive members to be vice-Chair for such period, not exceeding the remainder of their term as a member, as they may specify on appointment.

8. Any member so appointed may at any time resign from the office of vice-Chair by giving notice in writing to the Chair.

9. Where the Chair is unable to perform their duties as Chair owing to illness, absence or any other cause, references to the Chair in the schedule to these regulations will, so long as there is no Chair available to perform their duties, be taken to include references to the vice-Chair.

[2] When acting on behalf of the Department of Health or other government body the HSCIC must adhere to the relevant legislation and follow procurement policy of the Department of Health or other government body.

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10. The Chair and members may appoint one of the non-executive members to be the Senior Independent Director (SID) for such period, not exceeding the remainder of their term as a member, as they may specify on appointment (Section 4.5).

11. Any member so appointed may at any time resign from the office of Senior Independent Director (SID) by giving notice in writing to the Chair.

12. The Chair or a non-executive member may resign from the office at any time during the term of office by giving notice in writing to the Secretary of State.

13. Where the Secretary of State is of the opinion that it is not in the interests of, or conducive to the good management of, the HSCIC or of the health and social care service that the Chair or a non-executive member should continue to hold office, he may terminate their tenure of office immediately by giving them notice in writing to that effect. In such circumstances, the Secretary of State may appoint a non-executive member as the interim Chair to exercise the Chair's functions.

14. The Secretary of State may remove a person from office as the Chair or other non-executive member on any of the following grounds:

    - Incapacity
    - Misbehaviour, or
    - Failure to carry out their duties as a non-executive member.

15. Where a person has been appointed to be the Chair or a non-executive member, and:

    - Becomes disqualified for appointment under schedule 18, the Secretary of State shall notify that person in writing of such disqualification; or
    - It comes to the notice of the Secretary of State that at the time of appointment the person was so disqualified; he will declare that the person in question was not duly appointed and provide notification in writing to that effect and upon receipt of any such notification, their tenure of office, if any, will be terminated.

16. If it appears to the Secretary of State that the Chair or a non-executive member has failed to comply with the requirements set out in schedule 18 he may terminate that person's tenure of office by giving notice in writing to that effect.

2.2 Meetings of the HSCIC

17. The public and representatives of the press may attend all formal meetings of the HSCIC Board but will be required to withdraw upon the Board resolving:

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

18. Nothing in these Standing Orders requires the Board to allow members of the public or representatives of the press to make a video or audio recording of proceedings as they take place without the prior agreement of the Board.

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19. Before each meeting of the HSCIC, a notice of the meeting which specifies the principal business proposed to be transacted together with accompanying papers will be issued to each member at least five working days before the day of the meeting. The proceedings of any meetings are not invalidated by a failure to deliver such notice to any member.

20. A member desiring a matter to be included on an agenda must make their request in writing to the Chair at least seven working days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than seven days before a meeting may be included on the agenda at the discretion on the Chair.

21. The Board may determine that certain matters appear on every agenda for a meeting of the HSCIC and are addressed prior to any other business being conducted.

2.2.1 Motions

22. A member desiring to move or amend a motion must send a written notification of this at least ten working days before the meeting to the Chair, who will include it in the agenda for the meeting. This Standing Order does not prevent any motion being withdrawn or moved without notice on any business mentioned on the agenda for the meeting.

23. A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

24. Notice of motion to amend or rescind any resolution (or the general substance of any resolution) that has been passed within the preceding six calendar months, must bear the signature of the member who gives it and also the signature of four other members. When any such motion has been disposed of by the HSCIC no member, other than the Chair, may propose a motion to the same effect within six months. However the Chair may do so if they consider it appropriate.

25. When a motion is under discussion or immediately prior to discussion a member may move:

- An amendment to the motion
- The adjournment of the discussion or the meeting
- That the meeting proceed to the next business
- That the question be now put
- A motion under section 1(2) of the Public bodies (Admission to Meetings) Act 1960 resolving to exclude the public (including the press)

26. No amendment to the motion can be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

27. The decision of the Chair of the meeting on question of order, relevancy and regularity (including procedure on handling motions) and the Chair's interpretation of the Standing Orders is final.

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2.2.2 Quorum

28. No business may be transacted at any meeting unless at least one-third of the membership (including at least two non-executives, one of whom must be the Chair or vice-Chair) is present.

29. The Chair, and at least two non-executive members, must be present at any meeting of the HSCIC which is convened for the purpose of appointing a person to act as the Chief Executive.

30. An officer in attendance for an officer member but without formal acting up status may not count towards the quorum.

31. If the Chair or a member has been disqualified from participating in the discussion on any matter, and/or from voting on any resolution by reason of the declaration of a conflict of interest, they shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position will be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

2.2.3 Voting

32. The Chair and non-executive directors have a minimum of 6 votes and the executive members have 5 votes. Executive votes are allocated as follows:

- CEO – 1 vote
- Director of Finance and Corporate Services – 1 vote
- Chief Operating Officer – 1 vote
- Director of Workforce – 1 vote
- Vacancy – 1 vote

33. All questions put to the vote are, at the discretion of the Chair of the meeting, determined by oral expression, or by a show of hands. A paper ballot may also be used if a majority of the members present so request.

34. If at least one-third of the members present so request, the voting (other than by paper ballot) on any question may be recorded to show how each member present voted or abstained.

35. If a member so requests, their vote will be recorded by name.

36. Under no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.

37. An officer, who has been appointed formally by the Board to act up for an officer member during a period of incapacity, or temporarily to fill an officer member vacancy, is entitled to exercise the voting rights of the officer member.

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38. An officer who attends the Board to represent an officer member during a period of incapacity or temporary absence, without formal acting up status, may not exercise the voting rights of the officer member. An officer's status when attending a meeting will be recorded in the minutes.

2.2.4 Minutes

39. The minutes of the proceedings of a meeting will be drawn up by the Secretary to the Board (or their representative) and submitted for ratification at the following Board meeting; once ratified they will be signed by the Chair.

40. Any amendment to the minutes must be agreed and recorded in the minutes of the Board meeting at which they are submitted for agreement.

41. The minutes of Board meetings, other than the minutes of the private session containing confidential information, will be available to the public.

2.2.5 Suspension of, and amendments to, Standing Orders

42. Except where this would contravene any statutory provision or any directions made by the Secretary of State, any one or more of the provisions of the Standing Orders may be suspended at any meeting, provided that:

- At least two-thirds of the Board members are present, including one executive and two non-executive members, and that a majority of those present vote in favour of suspension
- The variation proposed does not contravene a statutory provision or direction made by the Secretary of State

43. A decision to suspend Standing Orders will be recorded in the minutes of the meeting.

44. A separate record of matters discussed during the suspension of Standing Orders must be made and made available to the Chair and members of the Board.

45. No formal business may be transacted while Standing Orders are suspended.

46. The Assurance and Risk Committee will review every decision to suspend Standing Orders.

47. The names of the members present at a meeting will be recorded in the minutes.

2.2.6 Arrangements for the exercise of functions by delegation

48. Subject to such directions as may be given by the Secretary of State, the Board may make arrangements for the exercise, on behalf of the HSCIC, of any of its functions by a committee or sub-committee or by an officer of the HSCIC. In each case this will be subject to such restrictions and conditions as the Board thinks fit.

49. 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.

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50. The Board shall agree from time to time the delegation of executive powers to be exercised by committees or sub-committees which it has formally constituted. The constitution and terms of reference of these committees and sub-committees, and their specific executive powers, must be approved by the Board.

51. Those functions of the HSCIC which have not been retained as reserved by the Board or delegated to an executive committee or sub-committee will be exercised on behalf of the HSCIC by the Chief Executive. The Chief Executive determines which functions he will perform personally and nominates officers to undertake the remaining functions for which he will still retain accountability to the Board.

52. The Chief Executive must prepare a Scheme of Delegation for consideration and approval by the Board, subject to any amendment agreed during discussion. The Chief Executive may periodically propose amendments to the Scheme of Delegation for consideration and approval by the Board.

53. Nothing in the Scheme of Delegation impairs the discharge of the direct accountability to the Board of the Director of Finance and Corporate Services and other executive directors to provide information and advise the Board in accordance with any statutory requirements. Outside these statutory requirements the roles of the Director of Finance and Corporate Services and any other executive director are accountable to the Chief Executive.

54. The arrangements made by the Board, as set out in the Scheme of Delegation, have effect as if incorporated in these Standing Orders.

2.2.7 Committees and Sub-Committees

55. Subject to such directions as may be given by the Secretary of State, the HSCIC may, and, if so directed by the Secretary of State, will appoint committees of the HSCIC, consisting wholly or partly of members of the HSCIC or wholly of persons who are not members of the HSCIC.

56. A committee appointed under paragraph 55 may, subject to such directions as may be given by the Secretary of State or the HSCIC, appoint sub-committees consisting wholly or partly of members of the committee (whether or not they are members of the HSCIC) or wholly of persons who are not members of the HSCIC or the committee.

57. Paragraphs 55 and 56 apply to the appointment of members of committees and sub-committees appointed under this regulation as they apply to the appointment of members of the HSCIC.

58. The Standing Orders of the HSCIC, as far as they are applicable, apply with appropriate alteration to meetings of any committees established by the Board.

59. Each such committee has terms of reference and powers and is subject to such conditions, as the Board decides. Such terms of reference have effect as if incorporated into the Standing Orders.

60. Where committees are authorised to establish sub-committees they may not delegate their executive powers to the sub-committee unless expressly authorised by the Board.

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61. The Board approves appointments to each committee, which it has formally constituted. Where the Board determines, and regulations permit, that persons, who are neither members nor officers, are appointed to a committee, the terms of such appointment will be within the powers of the Board as defined by the Secretary of State. The Board will define the powers of such appointments and shall agree the terms of their remuneration and/or reimbursement for loss of earnings and/or expenses.

62. The Chair of the Assurance and Risk Committee will be appointed by the Chair of the Board and will be a non-executive director; the Chair of the Board will not chair the committee.

63. The Chair of the Information Assurance and Cyber Security Committee will be appointed by the Chair of the Board and will be a non-executive director; the Chair of the Board will not chair the committee.

64. The Chair of the Board will chair the Remuneration Committee.

65. A member of a committee must not disclose a matter dealt with by, or brought before, the committee without its permission until the committee has reported to the Board or otherwise has concluded on that matter except on those issues covered by the Public Interest Disclosures Act 1998.

66. A Director of the HSCIC or a member of a committee must not disclose any matter reported to the Board or otherwise dealt with by the committee, notwithstanding that the matter has been reported or action has been concluded, if the Board or committee resolves that it is confidential.

67. Further details of powers delegated to sub-committees can be found in the Scheme of Delegation (Section 4).

2.3 Personal Liability of Board Members

68. Although there are circumstances when legal proceedings initiated by a third party could be brought against the Board, in exceptional cases proceedings (civil or, in certain cases, criminal) could also be brought against the Chair or individual Board members.

69. The Government has indicated that where individual Board members have acted honestly and in good faith they will not have to meet any personal civil liability which is incurred in the execution or purported execution of their Board member functions, save where the person has been shown to have acted recklessly. The HSCIC will, within its legal powers, issue to Board members a suitable indemnity consistent with this paragraph and Board members who need further advice on this can consult the HSCIC's legal advisers.

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3 Code of Conduct for Board members

70. The Code of Business Conduct sets out the responsibilities and conduct expected from all members of staff, including Board members and any independent members who sit on Board committees and sub-committees.

3.1 Responsibilities of Individual Board Members

71. Individual Members should note their wider responsibilities to the general public and must follow the principles of public life and service listed in Annex A. In addition, in carrying out their duties Board members must act in good faith and in the best interests of the HSCIC.

3.2 Board Declarations of Interest and Register of Interests

72. The Conflicts of Interest Policy requires that all Board members must declare interests which are relevant and material to the HSCIC. Any Board member appointed must do so on appointment.

73. It is the personal responsibility of all Board members to declare any personal or business interests which may conflict with their responsibilities (see the Conflict of Interest Policy for further details).

74. If a Board member has any doubt about the relevance of an interest, this should be discussed with the Chair or the Secretary to the Board.

75. At the time Board members' interests are declared, they will be recorded in the Board minutes. Any changes in interests will be declared at the next Board meeting following the change occurring.

76. Board members' directorships of companies likely or possibly seeking to do business with the health and care sector will be published in the HSCIC's annual report. The information should be kept up to date for inclusion in succeeding annual reports.

77. During the course of a Board meeting, if a conflict of interest is established, the Board member concerned should declare their interest, and at the Chair's discretion withdraw from the meeting and play no further part in the relevant discussion or decision. The declaration of interest shall be recorded in the minutes of the meeting.

78. The Secretary to the Board will maintain a register of the Interests declared by Board members.

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3.3 Media and Public Speaking Engagements

79. Board members must ensure that they inform the Chair of the Board of any engagements to speak to the media, or in a public forum where there is a likelihood of media coverage, on any subject related to the work of the HSCIC. They must always make explicit those occasions when they are speaking as an official representative of the HSCIC and when they are expressing their own personal views.

80. The Chair of the Board is the official spokesperson for the HSCIC. Board members must not commit to media interviews solely as representatives of the HSCIC without first consulting and gaining the approval of the Chair.

3.4 Standards of Business and Personal Conduct

81. The following provisions should be read in conjunction with the Code of Business Conduct

82. Canvassing of Board members of the HSCIC, or of members of any committee directly or indirectly, for any appointment under the HSCIC will disqualify the candidate from such appointment. The contents of this paragraph must be included in application forms or otherwise brought to the attention of candidates.

83. A Board member must not solicit for any person any appointment under the HSCIC or recommend any person for such appointment: but this paragraph does not preclude a Board member from giving written testimonial of a candidate's ability, experience or character for submission to the HSCIC.

84. Informal discussions outside appointment panels or committees, whether solicited or unsolicited, should be declared to the panel or committee.

85. Candidates for any staff appointment under the HSCIC must, when making an application, disclose in writing whether they are related to, or have a relationship with, any Board member or the holder of any office under the HSCIC. Failure to disclose such a relationship will disqualify a candidate and, if appointed, render them liable to instant dismissal.

86. The Chair and every Board member and officer member of the HSCIC must disclose in writing to the HSCIC any relationship between themselves and a candidate of whose candidature that member or officer is aware. It is the duty of the Chief Executive to report to the Board any such disclosure made.

87. On appointment, Board members (and prior to acceptance of an appointment in the case of officer members) must disclose to the HSCIC whether they are related to any other member or holder of any office under the HSCIC.

88. Board members must adhere to the HSCIC's Hospitality Policy for staff in respect of the offer or acceptance or rejection of any gifts or hospitality and notify the Secretary to the Board in writing of the offer or acceptance or rejection of gifts in accordance with the Policy.

89. The HSCIC Secretary to the Board will ensure registers are established to record formally declarations of interests in contracts, employment or relationships, gifts and hospitality by Directors. The registers will be available for inspection by any Board member.

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90. Board members are required to comply with the HSCIC's Confidentiality Policy.

91. The Conflict of Interest, Hospitality and Confidentiality Policies, including the declaration forms, can be found by clicking on the link.

3.5 Entering into Contracts

92. Legislation and government policy jointly convey the principle that contract opportunities should be openly competed to ensure that Value for Money is achieved. Competitive tenders should be undertaken in line with HSCIC's Commercial Policy as this implements HSCIC's legislative and policy obligations.

93. The policies and procedures for:
    - Entering into contracts on behalf of HSCIC;
    - Entering into contract on behalf of the Department of Health or one of the department's Arm's length Bodies;
    - Making use of existing contract and frameworks wherever appropriate;
    - Managing the resulting contracts;
    - Raising purchase orders;
    - Confirming receipt of goods or services;
    - Dealing with invoices for goods and services;

    are mandatory and ensure compliance with the principles of this manual.

94. Cabinet Office policy determines that, where a central contract or framework meets a requirement, this should be utilised. Where a central contract or framework exists, any order or contract must follow the procedures and guidance set out for that contract or framework.

95. When taking part in competitive tender exercises, staff should be aware of their responsibilities under HSCIC's Commercial Policy.

3.5.1 Single Tenders

96. Competitive tendering procedures may only be waived by those with suitable delegated authority. The principles of the Public Contract Regulations 2015 (as amended) will be taken into account when considering 'single tenders', in particular;
    - Regulation 32 – 'Use of the negotiated procedure without prior publication'
      For requirements over the threshold at which the regulations apply in full, this regulation specifies the limited circumstances in which contract can be awarded without competition.
    - Chapter 8 – 'Below-Threshold Procurements'

97. Single tenders cannot be used an alternative to the robust planning of procurement activity.

3.5.2 Extending Existing Contracts

98. Contracts may only be extended, in duration or value, if the original competition and the contract itself allow for this or this is allowable under specific provisions within Regulation 32 – 'Use of the negotiated procedure without prior publication'. Advice should be sought from commercial specialists to establish the potential for this action.

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3.6 Private Finance

99. When the HSCIC proposes, or is required, to use finance provided by the private sector:

- The Chief Executive shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector;
- Where the sum exceeds limits delegated by the Department of Health, a business case must be referred to the Department of Health for approval or treated as per current guidelines;
- The proposal must be specially agreed by the Board;
- The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

3.7 Miscellaneous

Signature and Sealing of Documents

100. Where the signature of any document will be a necessary step in legal proceedings involving the HSCIC it shall be signed by the Chief Executive or in their absence, the Director of Finance and Corporate Services, unless any enactment otherwise requires or authorises a variation, or the Board has given the necessary authority to some other person for the purpose of such proceedings.

101. The Chief Executive or nominated officers will be authorised by resolution of the Board, to sign on behalf of the HSCIC any agreement or other document not requested to be executed as a deed, the subject matter of which has been approved by the Board, committee or sub-committee thereof, to which the Board has delegated their powers on its behalf.

102. The Director of Finance and Corporate Services must sign all finance and operating lease agreements for the supply of goods and/or services by the HSCIC which it is proposed that the HSCIC enters into, irrespective of their financial value.

103. The common seal of the HSCIC will be kept by the Chief Executive or their nominated manager in a secure place.

104. Where it is necessary that a document is sealed, the seal will be affixed in the presence of two senior managers duly authorised by the Chief Executive, one of which will not be from the originating department, and will be attested by them.

105. The Chief Executive will keep a register in which they, or another manager of the HSCIC they authorise, will enter a record of the sealing of every document.

106. Where any document is a necessary step in legal proceedings on behalf of the HSCIC, it will, unless any enactment otherwise requires or authorises, be signed by the Chief Executive or any executive director.

107. It is the duty of the Chief Executive to ensure that existing members and officers and all new appointees are notified of, and understand, their responsibilities set out within the Corporate Governance Manual, and specifically the Standing Orders, SFIs and Code of Conduct. Updated copies of these documents will be issued to staff designated by the Chief Executive. New designated officers shall be informed in writing and shall receive copies where appropriate of the Standing Orders.

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108. The SFIs and the Scheme of Delegation have effect as if incorporated into Standing Orders.

109. Standing Orders are reviewed annually by the HSCIC Board, on the advice of the Assurance and Risk Committee. The requirement for review extends to all documents having effect as if incorporated in Standing Orders.

110. The annual review of these documents will also reflect any updates to any financial directions issued since the last annual review.

4 Scheme of Delegation

4.1 Introduction

111. The Scheme of Delegation sets out those matters on which decisions are reserved to the Board and those which are delegated to budget holders, other directors, operational managers or employees.

112. The fundamental objective of the Scheme of Delegation is to ensure that the work of the HSCIC is managed efficiently within the policies laid down by the HSCIC. It is therefore necessary for the Accounting Officer to delegate to others certain powers, in order to incur expenditure within approved budgets, to appoint staff within financial establishments and resource ceilings, and for sundry other matters as may be decided by the Board.

113. The Chief Executive remains accountable for all the functions of the organisation - even those delegated to other directors or employees. The Chief Executive retains an over-riding right to take any decision or to call for any information in respect of any decision taken by an individual under this delegated authority.

114. The arrangements outlined herein are to be read in conjunction with, and subject to, the Standing Orders and SFIs adopted by the HSCIC and Government Accounting rules published by HM Treasury. For the avoidance of doubt, Government Accounting rules will always take precedence over the Scheme of Delegation.

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4.2 Role of the Chair

115. The responsibilities of the Chair are to:

- Ensure that the HSCIC's affairs are conducted with probity, and that the Board's policies and actions support the HSCIC in the efficient discharge of its statutory functions and duties.
- Set, by example, the standards of integrity and ethical leadership expected for the organisation.
- Chair the Board and its meetings; plan the agenda and determine the quality, quantity and timeliness of information from management; develop the organisation's priorities and create an environment for constructive debate on key issues.
- Ensure effective corporate governance arrangements are in place and processes agreed in order to discharge the HSCIC's accountability requirements to the Department of Health and Parliament.
- Conduct annual evaluation, objective setting and performance appraisal of the Chief Executive and objective setting and performance appraisal of non-executive directors.

4.3 Role of the Chief Executive

116. All powers of the HSCIC, which have not been retained as reserved by the HSCIC or delegated to an executive committee or sub-committee, will be exercised on behalf of the HSCIC by the Chief Executive. Responsibility for day-to-day management of the HSCIC is delegated to the Chief Executive, within a framework of strategic control described within this Scheme of Delegation.

117. These arrangements are based on the principle that the Chief Executive, and at the Chief Executive's discretion other designated individuals, be given, subject to certain constraints, the authority to discharge those responsibilities which the HSCIC has delegated. The arrangements also reflect the responsibilities of the Chief Executive in the role as the Accounting Officer for the HSCIC.

118. As Accounting Officer, the Chief Executive is accountable to the Principal Accounting Officer of the Department of Health for the funds entrusted to the HSCIC. The Chief Executive also has a direct line of accountability to Parliament

119. The identification of responsible officers and managers throughout this document does not, unless stated, limit their discretion to allocate the task to subordinates. The individual held accountable for performance will, however, remain as denoted in the column headed "responsible individual".

120. In the absence of an individual to whom powers have been delegated, those powers shall be exercised by that individual's superior unless:

- Alternative arrangements have been approved by the HSCIC;
- The responsible individual has formally delegated authority.

121. If the Chief Executive is absent for any length of time, delegated powers may be exercised by an Executive Director nominated by the Chief Executive, subject to the Chair's approval.

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122. Powers are delegated to individuals on the understanding that they would not exercise delegated powers in a matter which, in their judgement, was likely to be a cause for public concern.

4.4 Role of the Board

123. The powers retained by and the responsibilities of the Board include:

- Agreeing the vision and values, culture and strategy of the HSCIC within the policy and resources framework agreed with the DH sponsor
- Agreeing appropriate governance and internal assurance controls
- Approving business strategy, business plans, key financial and performance targets and the annual accounts
- Ensuring sound financial management and good value for money
- Ensuring controls are in place to manage financial and performance risks, including ensuring that the HSCIC has the capability to deliver its strategic objectives
- Using information appropriately to drive improvements
- Supporting the Executive Management Team and holding it to account
- Ensuring the Board is able to account to Parliament and the public for how it discharges its functions
- Ensuring that the HSCIC complies with any duties imposed on public bodies by statute, including without limitation obligations under health and safety legislation, the Human Rights Act 1998, the Data Protection Act 1998, the Freedom of Information Action 2000, the Equality Act 2010, the Public Bodies Health and Social Care Act 2011, the Health and Social Care Act 2012 and by secondary legislation made under relevant Acts.
- Ensuring that the HSCIC has specific responsibility for sustainable development and operates within the framework of the Department of Health's environmental policies.
- Approving recommendations of Board committees
- Approving income and expenditure as defined in the HSCIC Levels of Delegated Authority document

4.4.1 Accountability for Public Funds

124. Board members have a duty to ensure the safeguarding of public funds - which for this purpose must be taken to include all forms of receipts from fees, charges and other sources - and the proper custody of assets which have been publicly funded. They must take appropriate measures to ensure that the HSCIC at all times conducts its operations as economically, efficiently and effectively as possible, with full regard to the relevant statutory provisions and to relevant guidance in Managing Public Money.

125. Board members are responsible for ensuring that the HSCIC does not exceed its powers or functions, whether defined in statute or otherwise, or through any limitations on its authority to incur expenditure. They are normally advised on these matters by the Chief Executive and the HSCIC's legal advisers.

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4.4.2 Annual Report and Accounts

126. As part of its responsibilities for the stewardship of public funds, the Board must ensure that the HSCIC includes a full statement of the use of its resources in its Annual Report and Accounts. Such accounts must be prepared in accordance with the Accounts Direction issued by the responsible Minister and such other guidance as may be issued, from time to time, by the Department of Health and the Treasury, including *Executive Non-Departmental Public Bodies: Annual Reports and Accounts Guidance*.

127. Subject to any existing statutory requirements, the HSCIC must produce an Annual Report and Accounts as a single document.

128. The Annual Report and Accounts must provide a full description of HSCIC's activities; state the extent to which key strategic objectives and agreed financial and other performance targets have been met; list the names of the current Board members and senior staff; and provide details of remuneration of Board members and senior staff in accordance with Treasury guidance. The Annual Report must contain information on access to the Registers of Interests as set out in the Standing Orders.

4.4.3 Failure to Comply

129. Failure to observe these requirements set out in the Code of Conduct for Board members would be a breach of the Board Standing Orders and could in the event of allegations of fraud and/or corruption, leave the Board member involved open to criminal proceedings under the Prevention of Corruption Acts, as well as other civil and criminal penalties.

130. Any questions about the Code of Conduct for Board members or the Board Standing Orders should be directed to the Secretary to the Board in the first instance.

131. This Code will be reviewed periodically by the Board.

4.5 Role of the Senior Independent Director (SID)

132. The SID is a non-executive director appointed by the Chair and members of the Board and may be, but does not have to be, the vice-Chair of the Board. The vice-Chair is eligible, except while acting as Chair when the latter position is vacant. In addition to the duties described here the SID has the same duties as the other non-executive directors.

133. The responsibilities of the Senior Independent Director are to:

- Support the Chair in leading the Board and act as a sounding board and source of advice for the Chair.
- Be available where there are concerns that contact through the usual channels of Chair, Chief Executive, Finance Director and Secretary to the Board has failed to resolve an issue or where it would be inappropriate to use such channels.
- Meet with the other members of the Board as and when deemed appropriate and act as an alternative point of contact for Executive Directors, if required, in addition to the normal channels of the Chair and Chief Executive.
- Hold a meeting with the other non-executive directors in the absence of the Chair at least annually as part of the appraisal process.

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- Act on the results of any performance evaluation of the Chair.
    - There may be other circumstances where such meetings are appropriate. Examples might include informing the re-appointment process for the Chair, where there are expressions of concern regarding the Chair or where the Board is experiencing a period of stress.
- Assist in resolving issues of concern in circumstances where the Board is undergoing a period of stress.
- Intervene where there is a disagreement or dispute between the Chair and the Chief Executive and where deemed appropriate, to identify issues that have caused the rift and try to mediate and build a consensus.
- Provide a link to stakeholders where the relationship between the Chair and Chief Executive is particularly close, and they do not communicate fully with stakeholders.
- Work with the Chair, and other Directors to resolve significant issues in the circumstances outlined above.

134. The Board should have a clear understanding of when the SID might intervene.

135. Other duties can be added to the role if required provided they are in keeping with the principle of independence and review.

136. The SID will undertake that they will have sufficient time to meet the rigours of the role and the additional responsibilities. Their other significant commitments will be disclosed before appointment, with a broad indication of the time involved.

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4.6 Delegation to Board Committees

4.6.1 Assurance and Risk Committee

137. In accordance with the Standing Orders, the Board shall formally establish an Assurance and Risk Committee, with clearly defined terms of reference. The Assurance and Risk Committee shall be responsible to the Board for ensuring that there are arrangements in place to measure, evaluate and report on the effectiveness of internal control and efficient use of resources.

138. The Terms of Reference of this committee are set out in Annex E. These should be reviewed on an annual basis.

139. The Assurance and Risk Committee shall report annually to the Board on the extent of audit cover achieved, providing a summary of audit activity during the report period, and detailing the degree of achievement of the approved plan.

140. Where the Assurance and Risk Committee feels there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the committee wishes to raise, the Chair of the Assurance and Risk Committee shall raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the Department of Health.

141. The Chief Executive shall ensure that the HSCIC has a programme of risk management, which will be approved and monitored by the Board. Such responsibility shall also be enshrined in the Assurance and Risk Committee.

142. The programme of risk management shall incorporate all elements of risk to the HSCIC, not just financial, and should provide adequate assurance on the overall risk profile of the HSCIC. The programme should include:

- A process for identifying and quantifying risks and potential liabilities
- Engendering among all levels of staff a positive attitude towards the control of risk and establishing a culture to embed risk management at all levels of the organisation
- Management processes to ensure all significant risks and potential liabilities are regularly reviewed and addressed including effective systems of internal control and decisions on the acceptable level of retained risk
- Contingency plans to offset the impact of adverse events
- Audit arrangements including internal audit and a health and safety review
- Arrangements to review the risk management programme.

143. The Assurance and Risk Committee will review the adequacy of and make recommendations to the Board as appropriate on:

- The operational effectiveness of policies and procedures
- The policies and procedures for all work related to fraud, corruption and whistleblowing, including the appointment of a Local Counter Fraud Specialist and to enable the Local Counter Fraud Specialist to attend Assurance and Risk Committee meetings when required.

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144. The Assurance and Risk Committee will ensure that there is an effective internal audit function established by management that meets mandatory internal audit standards and provides appropriate independent assurance to the Chief Executive and Board.

145. The Assurance and Risk Committee will review the work and findings of the External Auditor and take account of the implications and management responses of their work.

146. The existence, integration and evaluation of the above elements will provide a basis to make a statement on the effectiveness of internal control. The statement of the effectiveness of internal control covers all controls within the HSCIC, not just financial controls.

147. The Assurance and Risk Committee will review the Annual Financial Statements and make recommendations to the Board focusing particularly on:

- The wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference to the Committee
- Changes in, and compliance with, accounting policies and practices
- Major judgemental areas
- Significant adjustments resulting from audit.

148. The effectiveness of the Assurance and Risk Committee should be formally reviewed on an annual basis, in line with best practice procedures.

4.6.2 Information Assurance and Cyber Security Committee

149. In accordance with Standing Orders, the Board shall formally establish an Information Assurance and Cyber Security Committee, with clearly defined terms of reference. The Information Assurance and Cyber Security Committee shall be responsible to the Board for ensuring that there are arrangements in place to measure, evaluate and report on the effectiveness of internal control and efficient use of resources.

150. The Terms of Reference of this committee are set out in Annex F. These should be reviewed on an annual basis.

151. The Information Assurance and Cyber Security Committee shall report annually to the Board, providing a summary of activity during the reporting period, and detailing the degree of achievement of all approved plans.

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

- To investigate any activity within the terms of reference. It is authorised to seek information that it requires from any employee and all employees are directed to cooperate with any request made by the Information Assurance and Cyber Security Committee.
- To obtain outside legal or independent professional advice, at the HSCIC's expense, and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.
- To ensure that there is an effective Information Assurance function that meets recognised industry and Government standards and provides appropriate independent assurance to the Chief Executive and Board.
- To review the work and findings of the Cyber Security Programme and take account of the implications and management responses to their work.

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- To review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation.

153. The effectiveness of the Information Assurance and Cyber Security Committee should be formally reviewed on an annual basis, in line with best practice procedures.

4.6.3 Remuneration Committee

154. In accordance with the Standing Orders, the Board shall formally establish a Remuneration Committee, with clearly defined terms of reference. The Remuneration Committee is chaired by the Chair of the Board, supported by the Director of Workforce.

155. The Board has delegated full responsibility to the Remuneration Committee to determine appropriate arrangements for senior staff pay and matters relating to redundancy and the terms and conditions of staff that are not on Very Senior Managers (VSM) or Agenda for Change terms. In discharging these responsibilities the Committee will, where necessary, make recommendations to the Department of Health (DH) Remuneration Committee for approval.

156. Terms of reference for the Remuneration Committee are attached at Annex G.

157. The effectiveness of Remuneration Committee should be formally reviewed on an annual basis, in line with best practice procedures.

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4.7 Delegation of Powers to Named Posts

158. The delegation of powers and responsibilities to named posts is shown in the following table. These need to be read in conjunction with the Standing Orders and SFIs.

Powers Delegated	Responsible Individual or Group
Governance	
Final authority on interpretation of Standing Orders	Chair
Arrangements for Board meetings	Chair / Secretary to the Board
Chair all Board meetings and associated responsibilities	Chair
Emergency powers	Chair
Arrangement for Board sub-committee meetings	Non-executive chairing sub-committee / Secretary to the Board
To adopt an organisation structure	Chief Executive
Receive and respond to official reports from statutory and regulatory bodies	Chief Executive
To review Department of Health guidance and consider responses to it	Chief Executive
Ratification of urgent decisions taken by the Chair, subject to discussion with non-executives as appropriate	Board
Undertaking of powers conferred on the Chief Executive Officer in their absence	Executive Director nominated by Chief Executive
Compliance with Department of Health instructions	Chief Executive
Strategic oversight and operational delivery of the HSCIC portfolio	Chief Operating Officer
Management and oversight of the organisations information assets	Senior Information Risk Owner (SIRO)
Signing of the Annual Accounts	Chief Executive
To receive the annual Management Letter from External Audit	Chief Executive
Signing of all documents under seal and swearing of affidavits	Chief Executive
Holding/maintaining Register(s) of Interests	Secretary to the Board
Taking and keeping of Board and sub-committee minutes	Secretary to the Board
Maintaining the Hospitality Register	Director of Business Services
Finance and Commercial	
Waiving of formal competitive tendering	Chief Executive
Approval of investment proposals (business cases)	Board/Chief Executive
Evaluation of tenders	Director of Finance and Corporate Services
Approve public private finance (PPF) deals	Director of Finance and Corporate Services
Approve and sign all documents necessary in legal proceedings	Chief Executive
Waiving of Standing Financial Instructions	Chief Executive
Final interpretation of Standing Financial Instructions	Assurance and Risk Committee
Authorisation of losses and special payments and reporting to DH / Board as appropriate	Director of Finance and Corporate Services
Provision of performance monitoring information to the DH	Director of Finance and Corporate Services
Overall responsibility for Resource Cash Limit control	Director of Finance and Corporate Services

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Powers Delegated	Responsible Individual or Group
Maintenance of a Capital Asset Register	Director of Finance and Corporate Services
Production of monthly year-end financial income and expenditure outturn forecasts	Director of Finance and Corporate Services
Provide access to ALL records, financial and otherwise, to internal and external audit and other authorised parties	Director of Finance and Corporate Services
Writing off the book value of assets	Director of Finance and Corporate Services
Management of the HSCIC's banking arrangements	Director of Finance and Corporate Services
Authorise the write off of bad debts	Director of Finance and Corporate Services
Negotiation of service level agreement and contracts	Director of Finance and Corporate Services
Ensuring that sufficient cash is drawn to ensure business continuity	Director of Finance and Corporate Services
Delegating cost centre accountability	Director of Finance and Corporate Services
Delegating expenditure authorisation	Director of Finance and Corporate Services
Human Resources	
Disciplining Chief Executive and Non-Executive Directors	Chair
Disciplining Executive Directors	Chief Executive
Appointment of all staff	Director of Workforce
Issuing of contracts of employment	Director of Workforce
Re-grading of employees	Director of Workforce
Delegation of the management of staff resources	Director of Workforce
Dismissal of an employee	Chief Executive, Director of Workforce or their authorised deputies
Reporting HR staff numbers, pay awards and any ex-gratia payments to the Remuneration Committee and/or Board as appropriate	Director of Workforce
Miscellaneous	
Approval of arrangements for dealing with complaints	Chief Executive
Ensure value for money in service delivery	Chief Executive

4.7.1 The Director of Workforce is responsible, on behalf of the Chief Executive, for:

- The Director of Workforce is an executive director who sits on the HSCIC Board, and shares corporate responsibility for strategic planning, corporate policy-making and the delivery of the HSCIC's objectives.
- The Director of Workforce ensures that the HSCIC has an appropriate, well-motivated, highly skilled and high-performing workforce.
- Is responsible for the provision of professional leadership, vision and direction for the human resources and transformation function and provides high quality, innovative and consistent operational services to meet the needs of the HSCIC.

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- Provides advice and support to the Chair, Chief Executive and other Executive Directors as required on specific senior employee relations or other workforce issues.
- Provides confidential, professional advice and support to the Remuneration Committee.

4.7.2 The Chief Operating Officer (COO) is responsible, on behalf of the Chief Executive, for:

- The COO is an executive director who sits on the HSCIC Board, and shares corporate responsibility for strategic planning, corporate policy-making and the delivery of the HSCIC's objectives.
- As an executive director the COO oversees ongoing business operations with management responsibility for the HSCIC portfolio.
- The COO is accountable for service and programme delivery, ensuring processes and systems are performance managed so as to meet delivery requirements.

4.7.3 The Senior Information Risk Owner (SIRO) is responsible for:

- The SIRO is a director who is familiar with and takes ownership of the organisation's information risk policy, and acts as the advocate for information risk and serious untoward incidents on the Board.
- The SIRO reports to the Board and provides advice and guidance in respect to information risk and incident management.
- Provides information risk advice and support to the Assurance and Risk Committee.
- Provides information security advice and support to the Information Assurance and Cyber Security Committee.

4.7.4 The Caldicott Guardian is responsible for:

- The Caldicott Guardian is a senior person within the organisation, and is responsible for ensuring that patient data is kept secure.
- Is responsible for protecting the confidentiality of patient and service-user information and for enabling appropriate information-sharing.
- Provides impartial professional advice and support to the Board and the Board sub-committees on data sharing and data security issues.

4.7.5 The Medical Director is responsible for:

- The Medical Director is a director who sits on the HSCIC Board, and shares corporate responsibility for strategic planning, corporate policy-making and the delivery of the HSCIC's objectives.
- The Medical Director is responsible for ensuring a sound system of clinical governance is in place across the organisation, which meets the standards expected by the clinical professions and their regulators.
- Provides impartial professional advice and support to the Board and the Board sub-committees on clinical issues and associated matters.

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5 Standing Financial Instructions (SFIs)

5.1 General

159. These SFIs are issued in accordance with the Financial Directions issued by the Secretary of State under the provisions of the NHS Act 2006 as amended by the Health and Social Care Act 2012 and by secondary legislation made under this Act. .

160. Within the SFIs it is acknowledged that the Chief Executive and the Director of Finance and Corporate Services will have responsibility for ensuring that the HSCIC performs its functions within the financial resources made available to it.

161. The Chief Executive has overall executive responsibility for the HSCIC's activities and is ultimately responsible as Accounting Officer for ensuring that the HSCIC stays within its available resources.

162. The SFIs may only be changed as directed by the Standing Orders. This includes an annual review which will incorporate all updates to any financial directions issued since the last annual review.

163. The Chief Executive, as Accounting Officer, shall exercise financial supervision and control by:

- Requiring the submission and approval of revenue budgets within the projected income, and of capital budgets within the approved allocation
- Defining and approving essential features of financial arrangements in respect of important procedures and financial systems, including the need to obtain value for money and
- Defining specific responsibilities placed on budget holders and/or expenditure authorisers.

164. Wherever the title Chief Executive, Director of Finance and Corporate Services, or other nominated officer is used in these instructions, it shall be deemed to include such other director or employees who have been duly authorised to represent them.

165. Wherever the term "employee" is used, and where the context permits, it shall be deemed to include employees of third parties contracted to the HSCIC when acting on behalf of the HSCIC.

5.2 Responsibilities and Delegation

166. The Board exercises financial supervision and control by:

- Formulating the financial strategy
- Requiring the submission and approval of budgets within approved allocations/overall income
- Defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money)
- Defining specific responsibilities placed on directors and employees as indicated in the Scheme of Delegation and

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- In-year monitoring of the HSCIC's income and expenditure against approved budgets.

167. The Board is responsible for ensuring that its obligation to perform its functions within the available financial resources and that its financial targets are met. The Chief Executive is responsible as Accounting Officer as set out and defined by HM Treasury.

168. The Chief Executive will delegate responsibility for the performance of its functions in accordance with the Scheme of Delegation adopted by the HSCIC.

169. The Chief Executive has overall responsibility for the HSCIC's system of internal control.

170. The Chief Executive will, as far as possible, delegate detailed responsibilities, but will remain accountable for financial control.

171. It is a duty of the Chief Executive to ensure that existing directors, employees and all new appointees, are notified of and understand their responsibilities within these instructions.

172. The Director of Finance and Corporate Services is responsible, on behalf of the Chief Executive, for:

- Implementing the HSCIC 's financial policies and for co-ordinating any corrective action necessary to further these policies
- Maintaining an effective system of internal financial control, including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions
- Ensuring that sufficient records are maintained to show and explain the HSCIC's transactions, in order to disclose, with reasonable accuracy, the financial position of the HSCIC at any time; and, without prejudice to any other functions of the HSCIC and employees of the HSCIC
- The provision of financial advice to the HSCIC and its directors and employees
- The design, implementation and supervision of systems of internal financial control and
- The preparation and maintenance of such accounts, certificates, estimates, records and reports as the HSCIC may require for the purpose of carrying out its statutory duties.

173. All directors and employees of the HSCIC are severally and collectively responsible for:

- The security of the property of the HSCIC
- Avoiding loss
- Exercising economy and efficiency in the use of resources
- Conforming to the requirements of Standing Orders, Standing Financial Instructions, and the Scheme of Delegation.

174. Any contractor or employee of a contractor who is empowered by the HSCIC to commit the HSCIC to expenditure, or who is authorised to obtain income, shall be covered by these instructions.

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5.3 Financial Systems

175. The HSCIC's principal financial ledgers and systems are managed by NHS Shared Business Services (SBS). The payroll is processed through the NHS wide Electronic Staff Record (ESR) system and managed by SBS.

176. The Director of Finance and Corporate Services shall be responsible for the accuracy and security of the computerised financial data of the HSCIC.

177. The Director of Finance and Corporate Services shall devise and implement any necessary procedures to ensure adequate reasonable protection of the HSCIC's financial data, software and systems from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard to the Data Protection Act 1998 and other HSCIC information governance policies.

178. The Director of Finance and Corporate Services shall ensure that:

- Adequate, reasonable controls exist over financial data entry processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system
- An adequate management audit trail exists through all computerised systems
- New systems and amendments to current systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by an external service provider (including SBS), assurances of adequacy shall be obtained from them prior to implementation
- Contracts for computer services for financial applications with an external service provider shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract shall also ensure rights of access for audit purposes
- Adequate controls exist to maintain the security, privacy, accuracy and completeness of financial data sent over transmission networks including the appropriate use of encryption software and passwords, especially over sensitive personal record data
- Data produced for use with financial systems is adequate, accurate, complete and timely, and that a management audit trail exists
- That all finance staff understand and follow the systems, processes and controls agreed with the external service providers except where variations have been agreed
- The annual audit report of the service provider is obtained and reviewed, with any identified weaknesses or issues highlighted discussed with the service provider
- On-going performance of the service provider is reviewed on a regular basis through meetings with the account manager

179. The Director of Finance and Corporate Services shall ensure that all financial data and files held on the HSCIC's internal systems have adequate controls over security and access

180. The Director of Finance and Corporate Services may request computer audit reviews as necessary and arrange that the agreed recommendations are actioned.

181. Advice should be sought where required for relevant information governance and security issues from the Chief Operating Officer.

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5.4 Fraud and Corruption

182. In line with their responsibilities, the Chief Executive and Director of Finance and Corporate Services shall monitor and ensure compliance with Secretary of State's directions on fraud and corruption. The HSCIC shall take all necessary steps to counter fraud and bribery affecting publically funded services in accordance with the Fraud Act 2006 and the Bribery Act 2010. The Chief Executive and Director of Finance shall monitor and ensure compliance with the relevant legislation.

183. The Board shall appoint, either internally or externally, a suitable person to carry out the duties of the Counter Fraud Specialist as specified by the NHS fraud and corruption manual and guidance.

184. The Counter Fraud Specialist shall report to the HSCIC Director of Finance and Corporate Services and work with staff in the Department of Health Directorate of Counter Fraud Services and the Counter Fraud Operational Services Anti-Fraud Unit (DHAFU) in accordance with the NHS Fraud and Corruption Manual and in accordance with Department of Health Fraud Policy Statement and Annex 4.9 of HM Treasury Managing Public Money.

185. In the event of an allegation of fraud, bribery and corruption against the CEO and/or Executive Management Team the Counter Fraud Specialist shall reserve the right to report directly to the Chair of the Assurance and Risk Committee and DHAFU without prejudice.

186. The Counter Fraud Specialist shall ensure that robust checks are in place on financial flows to guard against money laundering.

187. The Counter Fraud Specialist shall be enabled to attend the Assurance and Risk Committee and shall present relevant reports to this committee when required.

188. The HSCIC will have in place a policy and process whereby employees or other persons may provide details of a suspected fraud or other irregular event to the appointed Counter Fraud Specialist anonymously.

189. The Director of Finance and Corporate Services will issue a management statement on the HSCIC's stance against corruption and fraud.

190. The Counter Fraud Specialist will ensure that the HSCIC has in place a Fraud Policy Statement, a Fraud Risk Strategy and a Fraud Response Plan as highlighted in Annex 4.9.6 Responding to Fraud Risk of Managing Public Money.

5.5 Income and Expenditure - Budgets, Control and Reporting

191. The HSCIC has a responsibility to prepare financial budgets in accordance with resource, capital and cash limits allocated by the Department of Health. It shall perform its functions within the total of funds available. All financial approvals and control systems shall be designed to meet this obligation and shall include the requirement for regular review in the light of variations from the financial budget.

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5.5.1 Income and Expenditure

192. The Chief Executive, in conjunction with the Director of Finance and Corporate Services, shall be responsible for ensuring that, where relevant, all costs incurred are recovered through income and recharges due under service agreements, contracts for the provision of goods and services to customers and other agreements.

193. The Director of Finance and Corporate Services shall ensure that the financial details contained within service agreements or contracts entered into by the HSCIC are consistent with the requirement to balance income and expenditure; and shall ensure that adequate financial systems are in place to monitor and control all such contracts and to facilitate the compilation of estimates, forecasts and investigations as may be required from time to time.

194. The HSCIC Board has the delegated responsibility to approve expenditure as set out in the HSCIC levels of Delegated Authority (Annex H).

5.5.2 Budgets

195. The Director of Finance and Corporate Services shall submit capital and revenue budgets consistent with the policies of the HSCIC for approval by the Board prior to the commencement of each financial year. The budgets shall show clearly how proposed expenditure is to be funded from income due under contracts, service agreements and other sources of funding and shall be reconciled to the budget and savings targets notified to the HSCIC by the Department of Health. The budget shall be accompanied with a statement summarising any key issues or risks associated with its achievement. In so doing:

- The Director of Finance and Corporate Services shall review the basis and assumptions used to prepare the budget and ensure that they are sensible and realistic
- The Director of Finance and Corporate Services shall have right of access to all budget holders on budgetary related matters and ensure that all budgets submitted by budget holders are consistent with theses bases and assumptions
- Such budgets shall relate to income and expenditure in that year and shall have supporting statements in order to explain any matter material to the understanding of those budgets

196. The budgets approved by the Board could be subsequently amended due to external influences not under the control of the HSCIC. The Director of Finance and Corporate Services shall report to the Board any such amendments.

197. The Chief Executive may, within budgetary limits approved by the Board, delegate responsibility for a budget or a part of a budget to operational managers to permit the performance of defined activities. Such delegation shall be included in the Scheme of Delegation and its terms shall include a clear definition of individual and group responsibilities for control of expenditure, achievement of planned levels of service and the provision of regular reports upon the discharge of these delegated functions to the Chief Executive.

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198. In carrying out their duties:

- The Chief Executive shall not exceed the budgetary limits set by the Board
- Budget Holders and expenditure authorisers shall not exceed the budgetary limits set for them by the Chief Executive
- The Chief Executive may vary the budgetary limit of an officer within the Chief Executive's own budgetary limits.

199. Except where otherwise approved by the Chief Executive, taking account of advice of the Director of Finance and Corporate Services, budgets shall be used only for the purpose for which they were provided and any budgeted funds not required for their designated purposes shall revert to the immediate control of the Chief Executive.

200. Expenditure for which no provision has been made in an approved budget shall be incurred only after authorisation by the Chief Executive or the Director of Finance and Corporate Services as appropriate.

5.5.3 Control

201. The Director of Finance and Corporate Services shall be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the HSCIC to fulfil its statutory responsibility to meet its budget and savings targets issued by the Department of Health.

202. The Director of Finance and Corporate Services shall devise and maintain systems of budgetary control and all managers whom the Board may empower to engage staff or otherwise incur expenditure, collect or generate income, shall comply with the requirements of those systems. The systems of budgetary control shall incorporate the reporting of, and investigation into, financial, workload, or manpower variances from budget. The Director of Finance and Corporate Services shall be responsible for providing information and advice to enable the Chief Executive and other operational managers to carry out their budgetary responsibilities and for issuing to all relevant staff, rules and procedures governing the operation of budgets and control of expenditure.

203. The Chief Executive shall devise and maintain adequate systems to ensure that the HSCIC can identify, implement and monitor opportunities for cost improvements and income generation.

5.5.4 Reporting

204. The Director of Finance and Corporate Services shall prepare as required a report showing:

- The income and expenditure of the HSCIC during the previous month and for the financial year to date, in comparison with the corresponding proportions of the approved budget to date
- A forecast of the HSCIC's expected position at the following 31 March.

205. The Director of Finance and Corporate Services shall keep the Chief Executive and the Board informed of the financial consequences of changes in policy, pay awards, and other events and trends affecting budgets and shall advise on the financial and economic aspects of future plans and projects.

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5.5.5 Capital Expenditure

206. Capital expenditure and investments should be incurred and executed in line with the accounting policies set out in the annual financial accounts and those required by the Department of Health and HM Treasury.

207. The Board shall approve the proposed capital expenditure budget at the beginning of the financial year. Delegated levels of authority can be found in the Levels of Delegated Authority at Annex H.

208. The Director of Finance and Corporate Services shall report regularly to the Board the actual expenditure against authorisation of capital expenditure and budget and report on any impairments or material changes in the valuation of assets.

209. The Director of Finance and Corporate Services shall ensure that controls are in place to ensure that capital funds are used only for the purpose for which they were approved and all requests for capital expenditure are properly authorised prior to acquisition.

5.5.6 Cash and Resource Limit Control

210. For all expenditure subject to cash limits the Director of Finance and Corporate Services must ensure that before each financial year, an income and expenditure budget and a cash flow is drawn up, setting out the financial resources proposed for carrying out the HSCIC's functions for that year approved by the Board.

211. The Director of Finance and Corporate Services must ensure that money drawn from the Department of Health against the Cash Limit is within the approved limits and is drawn down with the agreement of the Department of Health.

212. The Director of Finance and Corporate Services shall take the necessary action to prevent the HSCIC's cash limit being exceeded.

5.5.7 Reporting and the Annual Accounts

213. The Director of Finance and Corporate Services shall keep sufficient records to show and explain the HSCIC's transactions, and they shall be such as to disclose with reasonable accuracy, at any time, the financial position of the HSCIC.

214. The Director of Finance and Corporate Services shall prepare and submit such financial returns as may be required by the Board, the Department of Health or any other statutory requirements.

215. The Director of Finance and Corporate Services shall

- Prepare the annual accounts and year end consolidation returns in accordance with the requirements of the Financial Reporting Manual (FReM) and other current guidelines and standards and present them to the external auditors within the agreed timescale for review
- Provide the external auditors with all explanations and assistance that they require to fulfil their statutory duties

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- Present them to the Assurance and Risk Committee for review and subsequent approval by the Board.

216. The Chief Executive (as Accounting Officer) on behalf of the HSCIC, shall submit annual accounts to the Comptroller and Auditor General to certify in respect of each financial year in such a form as the Secretary of State may, with the approval of the Treasury, direct (Schedule 18 s.14, Health and Social Care Act 2012).

5.5.8 Banking Arrangements

217. The HSCIC, being an ENDPB body of the Department of Health, is obliged to use the Government Banking Service (GBS) for its normal banking arrangements. However, commercial banks may be used for specific purposes, for instance where a credit card terminal is required.

218. The Director of Finance and Corporate Services shall advise the Board upon the provision of banking services. This advice shall take into account guidance and requirements issued, from time to time, by the Secretary of State or HM Treasury.

219. The Board shall approve the banking arrangements when for any reason an account other than a GBS account is used.

220. If banking arrangements other than via the Paymaster General are required then the Director of Finance and Corporate Services shall:

- Review the banking needs of the HSCIC at regular intervals
- Ensure that they reflect current business patterns and represent best value for money
- Undertake competitive offer exercises for banking services when demanded by changed circumstances, or at intervals not exceeding five years from a previous such exercise
- Advise bankers in writing, including a copy of the Board's resolution, of the conditions under which each account shall operate. All funds shall be held in accounts in the name of the HSCIC. No director or employee other than the Director of Finance and Corporate Services shall open any bank account in the name of the HSCIC.

221. In the operation of all GBS and bank accounts, the Director of Finance and Corporate Services shall ensure:

- That payments authorised to be made from such accounts do not exceed the amount credited to the account
- That payments made out of any accounts are authorised by no less than two authorised signatories and
- The Board shall approve a panel of directors or employees, which shall include the Director of Finance and Corporate Services, who are authorised signatories for payments from such accounts.

222. All payment instruments shall be treated as controlled stationery, in the charge of a duly designated officer controlling their issue.

223. The Director of Finance and Corporate Services may enter into a formal agreement with the Director of Finance of another organisation for payments to be made on behalf of the HSCIC to pay legitimate HSCIC expenses, from bank accounts maintained in the name of that other organisation or by electronic funds transfer (i.e. BACS).

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5.5.9 Security of Cash, Negotiable Instruments and 'Controlled Stationery'

224. The Director of Finance and Corporate Services is responsible for:

- Approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable
- Ordering and securely controlling such stationery
- The provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys etc.
- Prescribing systems and procedures for handling cash and negotiable securities on behalf of the HSCIC.

5.5.10 Pricing and Income

225. Within the following paragraphs, the Director of Finance and Corporate Services is identified as being responsible for ensuring that appropriate systems exist for the collection and management of income.

226. In respect of pricing HSCIC goods or services, margins will be determined according to national guidelines (including HMT fees and Charge Guide) approved by the Chief Executive on the advice of the Director of Finance and Corporate Services.

227. In respect of income generation, the HSCIC must act in accordance with its statutory powers and framework document. Any variation should be approved by the Department of Health or Secretary of State, where appropriate.

228. The Director of Finance and Corporate Services shall be responsible for designing and maintaining systems for the proper recording, invoicing and collection of all monies due, including the creation of a register for regular income, which shall incorporate the principles of internal checks and separation of duties.

229. The Director of Finance and Corporate Services shall be responsible for ensuring that all invoices to purchasers of services are sent out in accordance with the terms of the relevant service agreement or contract, or otherwise in accordance with guidance from the Director of Finance and Corporate Services.

5.5.11 Approval of Invoices

230. All invoices received by the HSCIC shall be matched against the relevant purchase order and receipt of goods and providing it agrees within agreed tolerances, shall be approved electronically. Otherwise, invoices will be forwarded and approved manually by officers of the HSCIC in line with the Schedule of Delegations and approved by the Board.

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5.5.12 Payment of Accounts

231. The overall responsibility for safe and efficient payment arrangements rests with the Director of Finance and Corporate Services who shall approve specific arrangements. Where the management of payment of accounts has been contracted to a third party then the Director of Finance and Corporate Services must be satisfied that the system is being operated within the principles detailed below. The principles are general in nature and will need to be tailored to meet the requirements of the particular payment systems in operation.

232. The Director of Finance and Corporate Services shall ensure that payment for goods and services is made only after the goods and services are received, or where a prepayment is considered appropriate, (e.g., rent, rates, purchase of licences) processes are in place to ensure the HSCIC receive the goods or services paid for.

233. The Director of Finance and Corporate Services shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with the agreed contract terms.

234. The Director of Finance and Corporate Services shall be responsible for approving systems for the verification, recording and payment of all accounts payable whether internal or through an out source supplier.

5.5.13 Payment of Staff

235. The Director of Finance and Corporate Services is responsible for the provision of a payroll service whether provided in-house or contracted out. The HSCIC currently use the Electronic Staff Record (ESR), a system developed for the use of the whole NHS. Consequently the payroll process has timetables, processes, and calculations etc. which are undertaken on a standard basis applicable to all NHS users. ESR shall be monitored so that the arrangements established for the payment of staff are in accordance with normally accepted principles. The Director of Finance and Corporate Services is responsible for ensuring that all such arrangements are compatible with the HSCIC's methods of working.

236. Staff are appointed and retained using the NHS Agenda for Change system wherever possible recognising that some staff are transferred to the HSCIC from other organisations and certain terms and conditions have to be applied. The guidelines and process of the DH Pay and Performance Oversight Committee and the DH Remuneration Committee are followed in relation to staff termination payments.

237. No director or employee may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:

- Unless that individual has the necessary delegated authority and
- It is within the limit of their approved budget

238. The Director of Workforce will ensure that there is a system of control and approval of all new starters to ensure that the post is approved and that sufficient funds are available.

239. The Director of Workforce is responsible for ensuring that the HSCIC ESR records are maintained to a high standard.

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240. The Director of Finance and Corporate Services is responsible for ensuring that:

- There is a proper procedure for updating and maintaining payroll records
- The calculated payroll is reviewed for accuracy on a monthly basis and significant variances are explained
- All employee deductions including taxes and pension contributions are paid on time to the correct body
- There is adequate security and confidentiality of payroll information

241. Appropriately nominated managers have delegated responsibilities for submitting:

- Time records and other notifications in accordance with an agreed form and within the predetermined timetable
- Termination forms in the prescribed form immediately upon knowing the effective date of an employee's resignation, termination or retirement. Where an employee fails to report for duty in circumstances that suggest they have left without notice, Human Resources must be informed immediately

242. The Director of Finance and Corporate Services will receive on a regular basis as directed from the Head of Finance or the Head of Human Resources a summary of all significant payroll movements and statistics as deemed necessary.

5.6 Security and Register of Assets

243. Each employee has a responsibility to exercise a duty of care over the property of the HSCIC and it shall be the responsibility of all staff in all disciplines to apply appropriate routine security practices in relation to HSCIC property. Persistent or substantial breach of agreed security practices shall be reported to the Chief Executive.

244. Any damage to the HSCIC's property shall be reported by staff in accordance with the agreed procedure for reporting losses.

245. The Chief Executive shall ensure that a system is in place for the register and control of assets and, wherever practicable, items of equipment shall be marked as the HSCIC property.

246. The form of record and method of updating shall be as required by the Chief Executive as advised by the Director of Finance and Corporate Services, and shall make provision for:

- Recording managerial responsibility for each asset
- Identification of additions and disposals
- Identification of all repairs and maintenance expenses
- Physical security of assets
- Periodic verification of the existence of, condition of and title to assets recorded
- Identification and reporting of all costs associated with the retention of an asset
- Identification separately of equipment on loan from suppliers.

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247. Additions to the fixed asset register must be clearly identified to an appropriate Budget Holder and be validated by reference to:

- Properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties
- Wages records for own labour including appropriate overheads
- Lease agreements in respect of assets held under a finance lease and capitalised, signed by the relevant officer.

248. The up to date maintenance of the asset register and annual checking of asset records shall be the responsibility of the Head of Finance.

249. On the closure of any facility owned, occupied or used by the HSCIC, an asset check shall be carried out and a designated officer shall certify a list of items held showing eventual disposal.

250. Where capital assets are sold, scrapped, lost or otherwise disposed of, the appropriate adjustments shall be made in the accounting records and each disposal shall be validated by reference to authorisation documents and invoices (where appropriate).

251. The Director of Finance and Corporate Services shall approve procedures for reconciling balances on fixed asset accounts in ledgers against balances on fixed asset registers.

252. The value of each asset shall be indexed to current values in accordance with methods specified in the Capital Accounting Manual issued by the NHS.

253. The value of each asset shall be depreciated using methods and rates as agreed with the external auditors having considered best practice.

5.6.1 Losses, Condemnations and Special Payments

254. The Treasury retains specific controls over certain write-offs and payments known collectively as 'losses and special payments':

- 'Losses' cover any case where full value has not been obtained for money spent or committed, including for example cash losses, losses due to errors by staff, and
- 'Special payments' cover any compensation payments, extra-contractual or ex-gratia payments, and any payment made without specific identifiable legal power for the Department/ALB to make the payment.

255. Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service and thus requires special control reporting to Parliament. This has been delegated to the Department of Health. All losses must be reported via an agreed procedure with the Arm's Length Body unit.

256. The HSCIC has no delegated authority to make special payments and must refer all such cases to the Department of Health for approval.

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257. The Director of Finance and Corporate Services must prepare procedural instructions on the recording of and accounting for condemnations, losses and approved special payments. The Director of Finance and Corporate Services must also prepare a fraud response plan that sets out the action to be taken both by persons detecting a suspected fraud and those persons responsible for investigating it.

258. Any employee discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Chief Executive and the Director of Finance and Corporate Services, or the Local Counter Fraud Specialist. The Local Counter Fraud Specialist will then inform the Director of Finance and Corporate Services and/or Chief Executive. The Director of Finance and Corporate Services should immediately inform the police if theft or arson is involved.

259. For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance and Corporate Services must immediately notify the Board, and the External Auditors.

5.6.2 Losses

260. Losses fall into four categories:

- Category 1 - losses of cash
- Category 2 - fruitless payments (including abandoned capital schemes)
- Category 3 - bad debts and claims abandoned
- Category 4 - damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use.

261. The Director of Finance and Corporate Services will investigate and review appropriate procedures arising from all such losses.

262. Special payments fall into four categories as follows

- Category 5 - compensation payments made under legal obligation
- Category 6 - extra contractual payments to contractors
- Category 7 - ex-gratia payments
- Category 8 - extra statutory and extra regulatory payments.

263. The Director of Finance and Corporate Services shall report regularly to the Assurance and Risk Committee full details of proposed ex-gratia payments to staff or, special payments prior to reference to the Department of Health for approval, and full details of write-offs made.

5.6.3 Condemnations

264. All unserviceable articles shall be condemned or otherwise disposed of by an officer authorised for that purpose by the Chief Executive. A record in a form approved by the Director of Finance and Corporate Services shall be kept of all articles submitted for condemnation and the condemning officer shall indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the counter-signature of a second officer authorised for the purpose by the Chief Executive.

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265. The condemning officer shall decide whether or not there is evidence of negligence in use and shall report any such evidence to the Chief Executive who shall take appropriate action. Where there are reasonable grounds to suspect that a criminal offence has been committed, action shall proceed as in paragraph 274 and in accordance with HSC1999/062.

5.6.4 Approval

266. The Board shall approve the writing-off of losses within the limits delegated to it from time to time by the Department of Health. The Chief Executive has responsibility to approve write-off and endorse special payments within delegated limits which should be reported to the Board on a timely basis.

267. All novel, contentious or repercussive cases shall be referred in advance of payment to the Department of Health for notification to and approval by HM Treasury. This includes all ex-gratia payments to staff in accordance with DAO (Gen) 11/05. The Director of Finance and Corporate Services shall inform the Board of any such referrals.

5.6.5 Register and Safeguards

268. The Director of Finance and Corporate Services shall maintain a losses and special payments register in which details of all losses and special payments shall be recorded as they are notified or approved. Write-off action approved by the Chief Executive and the Board and special payments approved by the Department of Health shall be recorded against entries in the register.

269. The Director of Finance and Corporate Services shall be authorised to take any necessary steps to safeguard the HSCIC's interest in bankruptcies and company liquidations.

5.7 Internal and External Audit

5.7.1 Internal Audit

270. The Director of Finance and Corporate Services is responsible, with the approval of the Assurance and Risk Committee, for appointing an effective Internal Audit service in a manner which encompasses the Department of Health assurance process. The objectives of an Internal Audit service are to review, appraise and report to the Assurance and Risk Committee upon:

- The extent of compliance with, and the financial effect of, relevant established policies, plans and procedures
- The adequacy and application of financial and other related management controls
- The suitability of financial and other related management data
- The extent to which the HSCIC's assets and interests are accounted for and safeguarded from loss of any kind, arising from; fraud and other offences, waste, extravagance, inefficient administration, poor value for money or other causes.

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271. Management's responsibility is to establish systems of internal control for operations for which it is responsible to ensure that these are properly run. The principal aim for Internal Audit, therefore, is to assist the various levels of management in discharging their duties and responsibilities by carrying out appraisals and making the necessary appropriate recommendations to the Assurance and Risk Committee.

272. Internal Audit shall be entitled, without necessarily giving prior notice, to require and receive:

- Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature
- Access at all reasonable times to any land, premises or employees of the HSCIC
- The production or identification by any employee of any of the HSCIC cash, stock and other property under the employee's control
- Explanations concerning any matter under investigation or review.

273. Where a matter arises which involves, or is thought to involve, irregularities concerning cash, stock or other property of the HSCIC or any suspected irregularity in the exercise of any function of a pecuniary nature, the Director of Finance and Corporate Services shall be notified immediately.

274. The Director of Finance and Corporate Services, using the Counter Fraud Specialist where appropriate, shall investigate cases of suspected fraud, misappropriation or other irregularities in conjunction, where necessary, with the relevant director and in consultation with the police where appropriate in accordance with the HSCIC's fraud policy and response plan.

275. In line with the Public Sector Internal Audit Standards the Head of Internal Audit must report to a level within the HSCIC that allows the internal audit activity to fulfil its responsibilities.

276. The Head of Internal Audit must confirm to the Board, at least annually, the organisational independence of the internal audit activity.

277. The Head of Internal Audit must report functionally to the Board by:

- Approving the internal audit charter
- Approving the internal audit plan
- Approving the internal audit budget and resource plan
- Receiving communications from the Head of Internal Audit on the internal audit activities performance relative to its plan and other matters
- Approving decisions regarding the appointment and removal of the Head of Internal Audit
- Approving the remuneration of the Head of Internal Audit
- Making appropriate enquiries of management and the Head of Internal Audit to determine whether there are inappropriate scope or resource limitations.

278. The Head of Internal Audit must also establish effective communication with, and have free and unrestricted access to, the CEO (or equivalent) and the Chair of the Assurance and Risk Committee.

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5.7.2 External Audit

279. The Comptroller and Auditor General is the statutory External Auditor of the HSCIC under schedule 18 s.14 (3) and s.15 (3) of the Health and Social Care Act 2012. The HSCIC will pay a cash fee for the annual audit, as agreed with the National Audit Office (NAO) on behalf of the Comptroller and Auditor General.

280. External Auditors acting on behalf of the National Audit Office (NAO) shall be entitled, without necessarily giving prior notice, to require and receive:

- Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature
- Access at all reasonable times to any land, premises or employees of the HSCIC
- The production or identification by any employee of any of the HSCIC cash, stock and other property under the employee's control
- Explanations concerning any matter under investigation or review.

281. The Assurance and Risk Committee will review the effectiveness of the external audit service, including considering whether the service offers value for money and any areas for improvement.

282. The Assurance and Risk Committee will receive the Annual Audit Strategy and reports on the audit.

283. The External Auditors shall have direct access to the Chair of the Assurance and Risk Committee as required, and at least once a year will meet with the non-Executive Directors of the Assurance and Risk Committee without the Executives.

5.8 Retention of Documents

284. The documents held in archives, including the archive known as 'The Safe Haven' within Information Governance shall be capable of retrieval by authorised persons.

285. Retained documents shall be destroyed in line with the Documents and Records Management Policy. Records shall be maintained of documents so destroyed.

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6 Annexes

6.1 Annex A - The Seven Principles of Public Life

Nolan Committee's First Report, 'Standards in Public Life', Published in May 1995

6.1.1 Selflessness

Holders of public office will take decisions solely in terms of the public interest. They will not do so in order to gain financial or other material benefits for themselves, their family or their friends.

6.1.2 Integrity

Holders of public office will not place themselves under any financial or other obligation to outside individuals or organisation that might influence them in the performance of their official duties.

6.1.3 Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office will make choices on merit.

6.1.4 Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

6.1.5 Openness

Holders of public office will be as open as possible about all the decisions and actions that they take. They will give reasons for their decisions and restrict information only when the wider public interest clearly demands.

6.1.6 Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interests.

6.1.7 Leadership

Holders of public office will promote and support these principles by leadership and example.

6.2 Annex B – Definition of Key Terms

6.2.1 Interpretation

Save as permitted by law at any meeting the Chair of the HSCIC is the final authority on the interpretation of Standing Orders.

These Standing Orders are made pursuant to the Health and Social Care Act 2012. Any expression to which a meaning is given in the Health and Social Care Act or in regulations made under it has the same meaning in these Standing Orders, unless the context requires otherwise. In addition:

'Accounting Officer' means the Officer responsible and accountable for funds entrusted to the HSCIC. They are responsible for ensuring the proper stewardship of public funds and assets. This is the Chief Executive for the HSCIC.

'Board' means the Chair and non-executive Directors, appointed by the Secretary of State and the Executive Directors appointed by the Board of the HSCIC.

'Budget' means a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the HSCIC.

'Budget Holder' means the officer, as duly authorised, with delegated authority to manage finances (income and expenditure) for a specific area of the organisation.

'Caldicott Guardian' means senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing.

'Chair' is the person appointed by the Secretary of State to lead the Board and to ensure that it successfully discharges its overall responsibility for the HSCIC as a whole. The expression 'the Chair of the HSCIC' is deemed to include the vice-Chair of the HSCIC if the Chair is absent from the meeting or is otherwise unavailable.

'Chief Executive' means the Chief Officer of the HSCIC; the first Chief Executive was appointed by the Secretary of State.

'Committee' means a committee appointed by the Board.

'Committee Members' are persons formally appointed by the Board to sit on or chair specific committees.

'Contracting and Procuring' means the system for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for the disposal of surplus and obsolete assets.

'Director' means a member of the Board. Executive Director means an officer member and non-executive Director means a non-executive member.

'Director of Finance and Corporate Services' means the Chief Finance Officer of the HSCIC.

'Expenditure Authoriser' means the officer, as duly authorised, with delegated authority to authorise the commitment of expenditure for a specific area of the organisation.

'Legal Adviser' means the properly qualified person appointed by the HSCIC to provide legal advice.

'Member' means non-executive and/or officer member of the Board

'Motion' means a formal proposition to be discussed and voted on during the course of a meeting.

'HSCIC' means the executive non-departmental public body (ENDPB) known as the Health and Social Care Information Centre established under the Health and Social Care Act 2012.

'Nominated Officer' means an officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.

'Officer' means an employee of the HSCIC and any secondee or contractor acting for the HSCIC.

'Operational Manager' means an employee of the HSCIC and any secondee or contractor acting for the HSCIC with authority to incur expenditure for a specific area of the organisation or for a specific portfolio item.

References to 'he/him/his' equally mean 'she/her'

'Schedule 18' is schedule 18 of the Health and Social Care Act 2012

'Scheme of Delegation' sets out those matters on which decisions are reserved to the Board and those which are delegated to the budget holders, directors or employees.

'Secretary of State' means the Secretary of State for Health.

'Secretary to the Board' means a person appointed by the HSCIC to ensure HSCIC compliance with principles of best practice in delivering corporate governance standards and relevant public sector guidance.

'Senior Independent Director (SID)' means a person appointed by the Chair and HSCIC Board to support the Chair in leading the Board.

'Senior Information Risk Owner (SIRO)' means an Executive or Senior Manager on the Board who is familiar with information risks and the organisation's response to risk.

'SFIs' means Standing Financial Instructions.

'Sub-committee' means a sub-committee appointed by the HSCIC Board.

'Sub-committee members' means persons formally appointed by the HSCIC Board to sit on or to chair specific sub-committees.

'Vice-Chair' means the non-executive member appointed by the Board to take on the Chair's duties if the Chair is absent for any reason.

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6.3 Annex C – Framework Agreement between the Department of Health and the Health and Social Care Information Centre

Link below:

Framework Agreement between the Department of Health and the Health and Social Care Information Centre

Framework Agreement

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6.4 Annex D – HSCIC Board Terms of Reference

Link Below:

Board Terms of Reference

HSCIC Board Terms of Reference

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6.5 Annex E – Assurance and Risk Committee Terms of Reference

Link below:

Assurance and Risk Committee Terms of Reference

ARC Terms of Reference

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6.6 Annex F – Information Assurance and Cyber Security Committee Terms of Reference

Link below:

Information Assurance and Cyber Security Terms of Reference

Link

IACSC Terms of Reference

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6.7 Annex G – Remuneration Committee Terms of Reference

Link below:

Remuneration Committee Terms of Reference

Remnumeration Committee Terms of F

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6.8 Annex H – HSCIC Levels of Delegated Financial Authority

Link below:

HSCIC Levels of Delegated Financial Authority

HSCIC Delegated Authorities

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Board Meeting – Public Session

Title of paper:	Corporate Governance Manual - Appendix H: Levels of Delegation
Board meeting date:	30 March 2016
Agenda item no:	HSCIC 16 07 05 c
Paper presented by:	Carl Vincent - Director of Finance and Corporate Services
Paper prepared by:	Dean White - Head of Operational Delivery
Paper approved by: (Sponsor Director)	Carl Vincent - Director of Finance and Corporate Services
Purpose of the paper:	This paper represents Annex H of the Corporate Governance Manual tabled separately on this agenda. Annex H - Levels of Delegation has been revised to reflect the new organisational structure, operating model and associated roles and responsibilities. The Internal Audit team have conducted a light touch review of the proposed approach with no major comments, and we have scheduled a more complete review of how they are operating in Q1 next year. Also, as the quality of information from the ABR system improves, and the new operating model is bedded in, we will consider whether further changes are required. Annex H was reviewed by the ARC on Tues 15th March, and as a result the version enclosed includes some presentational changes, but no material content changes.
Key risks and issues:	The new Operating Model represent as fundamental change in operational governance arrangements of the HSCIC. 1. In aligning the Levels of Delegation with the new operational arrangements it is possible that some business approval processes may be affected in ways not yet understood. 2. A second issue is the perception of HSCIC senior managers who may be critical of the proposed reduction to their individual level of delegated authority.

Patient/public interest: •	• Transparency
Actions required by the Board:	The Board is asked to approve the Annex H - Levels of Delegation but note that further revisions to this Annex may be required as we proceed to embed Transformation within the organisation.

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HSCIC Corporate Governance Manual 2016-17

Annex H - Levels of Delegation

Dean White, Head of Operational Delivery

18th March 2016

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1 Executive Summary

The Board is asked to consider the enclosed document “Annex H – Levels of Delegation” which forms a key component of the HSCIC Corporate Governance Manual.

2 Background

Annex H of the Corporate Governance Manual (Levels of Delegation) is a key component of the HSCIC’s internal financial control and governance system. In parallel to the annual review of the Corporate Governance Manual we have undertaken a review of its structure and format so as to ensure it reflects the HSCIC’s new organisation structure and operational model (transformation).

The updated spreadsheet reflects the outcome of this work. The Board should note that the allocation of the specific financial levels / limits remains largely unchanged with the exception of an additional expenditure category, “General Business Expenditure” which is labelled row RX.

Annex H was reviewed by the ARC on Tues 15th March, and as a result the version enclosed includes some presentational changes, but no material content changes.

The Internal Audit team have conducted a light touch review of the proposed approach with no major comments, and we have scheduled a more complete review of how they are operating in Q1 next year. Also, as the quality of information from the ABR system improves, and the new operating model is bedded in, we will consider whether further changes are required.

3 Recommendation

The Board is asked to approve the revised levels of delegation structure, recognising that the Director of Finance & Corporate Services may need to adjust specific Portfolio Expenditure levels to meet operational requirements.

4 Implications

4.1 Strategy Implications

The proposed changes to the Corporate Governance Manual and Annex H, the focus of this submission, is central to ensuring the strategic aims of Transformation are translated into the operational governance systems and processes needed for successful operation of the HSCIC.

4.2 Financial Implications

The proposed Levels of Delegation structure reflects the requirements of the new operating model, with portfolio owners and their delegates able to request goods and services but resource owners being responsible for authorising the actual expenditure.

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This approach reflects the new organisational and financial arrangements that will be adopted from 1st April 2016, including:

- Portfolio item owners will be working to financial envelopes, and will need reasonable decision making freedoms, but

- The resources available to portfolio item owners (staff and non-staff) will be managed in resources pools, where the responsible manager will need to sufficient control, and
- The existing line management chain used as the framework for levels of delegation will not exist (instead there will be career managers and task managers).

In addition, in the initial period, the portfolio item owners will not have forecasts spend / budgets because the business planning for next year was completed on basis of existing structure.

4.3 Stakeholder Implications

This does not have implications for stakeholders..

4.4 Handling

Communication will be undertaken as part of the communication activity for the updated Corporate Governance Manual.

5 Risks and Issues

The new Operating Model represent as fundamental change in operational governance arrangements of the HSCIC.

In aligning the Levels of Delegation with the new operational arrangements it is possible that some business approval processes may be affected in ways not yet understood. Work has been undertaken to consider the implications for day to day operations e.g. booking travel but there is a risk that approval processes which occur infrequently may be compromised and may therefore need urgent action from Director of Finance to resolve.

A second issue is the perception of HSCIC senior managers who maybe critical of the proposed reduction to their individual level of delegated authority. This matter will be mitigated as we move through the new financial year and develop a better understanding of the actual business expenditure incurred by each portfolio item. This information will be used by the Director of Finance to refine and develop the Levels of Delegation framework with the re-introduction of individual levels of delegation for FY 2017/18.

6 Corporate Governance and Compliance

Revisions to the Corporate Governance Manual and Annex H - Levels of Delegation have been undertaken by senior representatives of Finance and Corporate Services Directorate.

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Internal Audit has been engaged to undertaken an initial review of the revised governance and authorisation arrangements. No concerns have been identified.

An earlier draft of this paper was considered by the Assurance and Risk Committee and its recommendations have been incorporated into this version.

7 Management Responsibility

Carl Vincent is the Executive Director sponsoring this submission. Day to Day responsibility for Annex H – Levels of Delegation is with Richard Lawes.

8 Actions Required of the Board

The Board is asked to approve the revised levels of delegation structure, recognising that the Director of Finance & Corporate Services may need to adjust specific Portfolio Expenditure levels to meet operational requirements.

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WORKING PROPOSAL HSCIC LEVELS OF DELEGATED AUTHORITY

17/03/2016
DRAFT 5

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

All revenue costs unless otherwise specified are expressed as whole life costs

		Resource Owner - Expenditure Authorisation					Portfolio Expenditure Request		
Ref		**HSCIC Board**	**CEO**	**Director Finance & Corporate Services**	**Resource Owner / Cost Centre Manager**		**Portfolio Owner**	**Portfolio Item Manager**	**Assignment Manager or designate**
R1	**Investment Decisions: eg. business cases (Agile Discovery/Alpha spend, PBC, SOC, OBC) including admin element of DH funded programmes**	Over £2m (Max £35m p/a or £175m total over 5 years)	Up to £2m	Up to £500k	Up to £250k		Up to £250k	Up to £100k	
R2	**Commitment of Resources: includes new contracts, contract extensions, CCNs, FBCs, MOUs & SLAs (when consistent with latest approved business case)**	Over £4m (Max £35m p/a or £175m total over 5 years)	Up to £4m	Up to £2m	Up to £250k				
					Up to £250k		Up to £250k	Up to £100k	£8k
					Signing of commercial agreement (Contract/CCN) once approval to commit is confirmed by CAB		Signing of commercial agreement (Contract/CCN) once approval to commit is confirmed by CAB	Signing of commercial agreement (Contract/CCN) once approval to commit is confirmed by CAB	

R3	**Establish payment mechanism (Purchase Requisition) (when resource appropriately committed)**			Any value	Up to £250k				
R4	**Single Tender**	Over £100k	Up to £100k	Up to £50k					
R5	**Signing of new MoUs, SLAs, contracts, POSA Work Packages for the *provision* of goods / services**	Over £2m	Up to £2m	Up to £500k	Up to £250k		Signing of agreement once approval to commit is Authorised.		
RX	**General business expenditure: includes travel requests, expenses, use of external rooms, catering**			Any value	Up to £10k		£5k	£2k	£1k

**** Some categories of expenditure request are subject to additional approval assurance as indicated by this column.**

		Resource Owner - Expenditure Authorisation					Portfolio Expenditure Request		
Ref		**HSCIC Board**	**CEO**	**Director Finance & Corporate Services**	**Resource Owner / Cost Centre Manager**		**Portfolio Owner**	**Portfolio Item Manager**	**Assignment Manager or designate**

R6	**Professional Services Business Cases (interim managers, specialist contractors & other professional services)**		Endorsed by CEO- authority to proceed rests with DH**						
R7	**Consultancy Services**	No delegated authority to HSCIC (rests with DH)							
R8	**Administrative invoices Non POs**			Any Value††	Up to £250k††				
R9	**Staff Loans & Imprests (per person) for advance of travel expenses, season ticket purchase, bicycle purchase**			Up to £20k *(per person, per year)*	Up to £20k (per person, per year)		Up to £10k (per person, per year)	Up to £5k (per person, per year)	
R10	**i) Staff Redundancy costs** **ii) Pay in Lieu of Notice**	i) up to £100k ii) up to £50k							
R11	**Special payments, extra-contractual, extra-statutory, compensation and ex-gratia payments**	£20k (HR cases require HMT approval)							
R12	**Special payments - special severance and retention payments**	No delegated authority to HSCIC (rests with DH)							
R13	**Losses (Cash; Bookkeeping; Exchange rate fluctuation; Pay, allowances and superannuation benefits; Overpayment; Failure to make adequate charges; Accountable stores; Fruitless payments and constructive losses; Claims waived or abandoned)**			Up to £75k					

**** For certain requirements exemptions may be available allowing CEO sign-off - seek advice from Procurement**

†† within approved list of Non POs

		Resource Owner - Expenditure Authorisation					Portfolio Expenditure Request		
Ref		**HSCIC Board**	**CEO**	**Director Finance & Corporate Services**	**Resource Owner / Cost Centre Manager**		**Portfolio Owner**	**Portfolio Item Manager**	**Assignment Manager or designate**
R14	**Communications - paid for communications activity, including events, conferences, printing, publications, marketing and advertising (not recruitment)**				Up to £100k†				
R15	**Advance Payments**	No delegated authority to HSCIC (rests with DH)							
R16	**Contingent Liabilities eg guarantees, letters of comfort etc (excluding associated Special Payments)**	No delegated authority to HSCIC (rests with DH)							
R17	**Sales Invoices and Credits (unlimited subject to DH sponsor team agreement)**								
R18	**Contract Termination / Exit (total value of contract; subject to Procurement / Commercial advice)**	Over £2m	Up to £2m	Up to £250k					

† Applies to Director of Customer Relations only

HSCIC controlled expenditure
(capital: delegated approval levels for Business Cases)

	Resource Owner - Expenditure Authorisation	Portfolio Expenditure Request

Ref		HSCIC Board	CEO	Director Finance & Corporate Services	Resource Owner / Cost Centre Manager		Portfolio Owner	Portfolio Item Manager	Assignment Manager or designate
C1	**New ICT systems that support administration (ie. internal corporate HSCIC systems) (whole life costs)**	Over £500k and up to £1m		Up to £500k	Up to £250k				
C2	**Replacement ICT systems that support administration (ie.internal corporate HSCIC systems) (whole life costs)**		Over £500k	Up to £500k	Up to £250k				
C3	**New ICT systems that support programmes (whole life costs)**	Over £1m and Up to £5m		Up to £1m	Up to £250k				
C4	**Other administrative expenditure for capital purchases, eg. building maintenance (BAU)**		Over £500k		Up to £500k				
C5	**Asset Disposal (including formal write off value)**			Up to £500k					
C6	**Endorsement of New property leases, renewals of existing leases, non-exercise of lease break options, new builds, leaseback, freehold sales.**	Over £1.5m	Over £250k & up to £1.5m	Up to £250k					

C7	**Endorsement of Digital**	Over £500k and up to £1m		Up to £500k	Up to £250k				

DH controlled expenditure
(programme delegated <u>endorsement</u> levels)

DH funded business cases should be endorsed by the HSCIC Board where they are strategically important to the HSCIC and/or introduce material delivery of other risks to the organisation (at CEO discretion)

		Resource Owner - Expenditure Authorisation					**Portfolio Expenditure Request**		
Ref		**HSCIC Board**	**CEO**	**Director Finance & Corporate Services**	**Resource Owner / Cost Centre Manager**		**Portfolio Owner**	**Portfolio Item Manager**	**Assignment Manager or designate**
E1	**<u>Programme Expenditure</u>: includes programme business case (PBC), agile Discovery/Alpha spend, strategic outline cases(SOC), outline business cases(OBC), full business cases(FBC) ICT spend approval, advance payments**		Any value						
E2	**New Contract/Contract Extension/CCN/POR**		Over £1m		Up to £1m				
E3	**Escrow**				Over £500k				
E4	**Invoice**				Over £10m		Up to £10m (Programme Heads only; with Head of Prog Fin approval)	Up to £10m (Programme Heads only; with Head of Prog Fin approval)	

E5	**MoU/Income/Single Tender Justification**		Over £250k	Up to £250k					
E6	**Professional Services Business Cases**		Any value						

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Board meeting – Public session

Title of paper:	**HSCIC Board Forward Business Schedule**
Board meeting date:	30 March 2016
Agenda item no:	HSCIC 16 07 05d (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 2015-16. Please note this schedule is subject to change.
Key risks and issues:	N/A
Patient/public interest:	Corporate Governance – decision making
Actions required by the board:	To note for information

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 * 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)* Care.data DH Direction on Objections HSCIC Statutory Duty – Burden	Directions *(to be confirmed)*	Directions *(to be confirmed)* Streamlining the Independent Information Governance Advice to HSCIC Update	Directions *(to be confirmed)*	Directions *(to be confirmed)*	Directions *(to be confirmed)* Streamlining the Independent Information Governance Advice to HSCIC Update
Planning	***Planning***	***Planning***	***Planning***	***Planning***	***Planning***
			* 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 – 18 May 2016 • Public Board Meeting – 4 May 2016	• Executive Management Team – weekly • Public Board (Accounts) - 08 June 2016 • Board Business Meeting – 27 July 2016 • Assurance and Risk Committee – 08 June 2016 • Information Assurance and Cyber Security Committee – 20 July 2016 • Remuneration Committee – 12 July 2016	• Executive Management Team - weekly • Public Board Meeting – 7 September 2016 • Assurance and Risk Committee – 31 August 2016 • Information Assurance and Cyber Security Committee – 28 September 2016	• Executive Management Team – weekly • Board Business Meeting 26 October 2016 • Public Board Seminar – 30 November 2016 • Assurance and Risk Committee - 16 November 2016 • Information Assurance and Cyber Security Committee -16 November 2016 • Remuneration Committee – 22 November 2016	• Executive Management Team – weekly • Board Business Meeting – 14 December 2016 • Assurance and Risk Committee – 18 January 2017 • Information Assurance and Cyber Security Committee -18 January 2017	• Executive Management Team – weekly • Public Board Meeting – 1 February 2017 • Board Business Meeting 01 March 2017 • Assurance and Risk Committee –15 March 2017 • Information Assurance and Cyber Security Committee -15 March 2017 • Remuneration Committee – 14 March 2017

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

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Board meeting – Public session

Title of paper:	**HSCIC Statistical Publications**
Board meeting date:	30 March 2016
Agenda item no:	HSCIC 16 07 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 December 2015 and January 2016.
Key risks and issues:	N/A
Patient/public interest:	Overview of HSCIC Statistical Publications
Actions required by the board:	For information

Health & Social Care Information Centre

HSCIC Statistical Publications

Author Chris Roebuck

Date 18 March 2016

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Contents

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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;
- Web activity for publications released in October and November 2015.

Background to HSCIC Official Statistics

As at 15 February 2015, the HSCIC is responsible for 89 active (currently published or planned for future release) series of Official Statistics of which 25 are designated as National Statistics, which means that the UK Statistics Authority (UKSA) recognises them as being compliant with the Code of Practice for Official Statistics.

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

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

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

National Statistics are identified below with [NS].

Forthcoming Publications

Official and National Statistics

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

March 2016

New releases

Care Information Choices, England

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Biennial

None scheduled for March.

Annual

09 March 2016	General Ophthalmic Services workforce statistics - 31 December 2015 [NS]
18 March 2016	Learning Disabilities Census Report - Further Analysis: England, 30th of September 2015
30 March 2016	General and Personal Medical Services, England - 2005-2015, as at 30 September

Biannual

30 March 2016	Healthcare Workforce Statistics - September 2015, Experimental

Quarterly

17 March 2016	NHS Continuing Healthcare Activity - England, Quarter 3, 2015-16
17 March 2016	Statistics on Women's Smoking Status at Time of Delivery: England - Quarter 3, October 2015 to December 2015
23 March 2016	CCG Outcomes Indicator Set - March 2016 release
23 March 2016	Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation, England, October 2014 - September 2015
30 March 2016	NHS Staff Earnings Estimates - December 2015, Provisional statistics

Monthly

02 March 2016	Maternity Services Monthly Statistics - September 2015 and October 2015, Experimental statistics
04 March 2016	HES-DID Data Linkage Report - Provisional Summary Statistics, April to October 2015 (Experimental Statistics)
04 March 2016	HES-MHLD Data Linkage Report - Summary Statistics, November 2015
08 March 2016	Female Genital Mutilation - October-December 2015, Experimental Statistics, Enhanced Dataset
09 March 2016	NHS Safety Thermometer Report - England February 2015 - February 2016
10 March 2016	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to March 2015 - March 2016 Release
10 March 2016	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2015 to October 2015
11 March 2016	Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - February 2016
11 March 2016	Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - February 2016
18 March 2016	Learning Disability Services Monthly Statistics - Commissioner Census (Assuring Transformation), February 2016, Experimental Statistics

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22 March 2016	Improving Access to Psychological Therapies Report - December 2015 Final, January Primary 2016 and most recent quarterly data (Quarter 2 2015/16)
23 March 2016	Provisional Accident and Emergency Quality Indicators for England - December 2015, by provider
23 March 2016	Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2015 - January 2016; Special topic - Eating Disorders
30 March 2016	NHS Sickness Absence Rates - November 2015, Provisional statistics
30 March 2016	NHS Workforce Statistics - December 2015, Provisional Statistics
30 March 2016	NHS Workforce Statistics - September 2015
31 March 2016	Mental Health Services Monthly Statistics - Provisional January 2016

Other

22 March 2016	GP Contract Services - GP Practices in England, 2014/15

April 2016

New releases

None scheduled for April.

Biennial

None scheduled for March.

Annual

07 April 2016	Prescription Cost Analysis, England - 2015 [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

01 April 2016	HES-MHLD Data Linkage Report - Summary Statistics, December 2015

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06 April 2016 statistics	Maternity Services Monthly Statistics - November 2015, Experimental
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
12 April 2016	Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - March 2016
14 April 2016	Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to March 2015 - April 2016 release
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
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

Other

12 April 2016	NICE Technology Appraisals in the NHS in England (Innovation Scorecard) - to September 2015
28 April 2016	Statistics on Obesity, Physical Activity and Diet, England - 2016 [NS]

May 2016

New releases

None scheduled for May.

Biennial

None scheduled for April.

Annual

- Statistics on Smoking, England - 2016 [NS]

Biannual

None scheduled for May.

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Quarterly

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

Monthly

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

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.

March 2016

08 March 2016	National Diabetes Input Audit
31 March 2016	National Diabetes Footcare Audit

April 2016

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

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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 during December 2015 and January 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.

December 2015

Publication	Date	Unique page views	Media units med
Female Genital Mutilation - July-September 2015, Experimental Statistics, Enhanced Dataset	02/12/2015	568	14
Provisional Accident and Emergency Quality Indicators for England - August 2015, by provider	02/12/2015	99	
Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2015 - August 2015; Special topic - Intentional Self-Harm	02/12/2015	137	
CCG Prescribing Data - July to September 2015	03/12/2015	318	
HES-MHLD Data Linkage Report - Summary Statistics, August 2015	03/12/2015	30	
HES-DID Data Linkage Report - Provisional Summary Statistics, April 2015 to July 2015 (Experimental Statistics)	04/12/2015	7	
Health and Wellbeing of 15-year-olds in England - Main findings from the What About YOUth? Survey 2014	08/12/2015	1639	61
NHS Safety Thermometer Report - England November 2014 - November 2015	09/12/2015	207	

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December 2015 – continued

Publication	Date	Unique page views	Media units med
Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to March 2015 - December 2015 Release	10/12/2015	79	
Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2015 to July 2015	10/12/2015	272	
Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - November 2015	11/12/2015	312	
Learning Disabilities Census Report - England, 30th of September 2015	15/12/2015	682	15
NHS Continuing Healthcare Activity - England, Quarter 2, 2015-16	15/12/2015	94	
Health Survey for England - 2014 [NS]	16/12/2015	1060	69
Health Survey for England: Trend Tables - 2014 [NS]	16/12/2015	333	69
Statistics on Women's Smoking Status at Time of Delivery: England - Quarter 2, July 2015 to September 2015	16/12/2015	215	
CCG Outcomes Indicator Set - December 2015 release	17/12/2015	256	
NHS Sickness Absence Rates - August 2015, Provisional Statistics	17/12/2015	127	
NHS Staff Earnings Estimates - September 2015, Provisional statistics	17/12/2015	89	
NHS Workforce Statistics - September 2015, Provisional Statistics	17/12/2015	93	

Note that the Health Survey for England consisted of two releases made on the same day, but the media activity is duplicated in the table above because it is not possible to determine how many of the 69 articles total referenced each release.

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December 2015 – continued

Publication	Date	Unique page views	Media units med
GP Contract Services - GP Practices in England, 2014/15	18/12/2015	206	
Hospital Outpatient Activity - 2014-15 [NS]	18/12/2015	163	
Improving Access to Psychological Therapies Report - September Final, October Primary 2015 and most recent quarterly data (Quarter 1 2015/16)	22/12/2015	458	
Mental Health and Learning Disabilities Statistics - Monthly report: Final September 2015 and Provisional October 2015	22/12/2015	242	
Learning Disability Services Monthly Statistics - Commissioner census (Assuring Transformation), November 2015, Experimental Statistics	23/12/2015	185	
Provisional Accident and Emergency Quality Indicators for England - September 2015, by provider	23/12/2015	91	
Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2015 - September 2015	23/12/2015	112	

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January 2016

Publication	Date	Unique page views	Media units
HES-DID Data Linkage Report - Provisional Summary Statistics, April 2015 to August 2015 (Experimental Statistics)	07/01/2016	82	
HES-MHLD Data Linkage Report - Summary Statistics, September 2015	08/01/2016	125	
Maternity Services Monthly Statistics - May 2015 and June 2015, Experimental statistics	08/01/2016	258	
NHS Safety Thermometer Report - England December 2014 - December 2015	08/01/2016	280	
NICE Technology Appraisals in the NHS in England (Innovation Scorecard) - to June 2015	12 January 2016	892	
General Ophthalmic Services activity statistics - Selected statistics for England, April 2015 to September 2015 [NS]	13 January 2016	188	
Statistics on NHS Stop Smoking Services in England - April 2015 to September 2015	13 January 2016	575	
Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2014 to March 2015 - January 2016 Release	14 January 2016	88	
Provisional Monthly Patient Reported Outcome Measures (PROMs) in England - April 2015 to August 2015	14 January 2016	262	
Health Survey for England - 2014 report - new chapters [NS]	15 January 2016	1373	42
Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses - December 2015	15 January 2016	395	
Focus on - Dementia	19 January 2016	997	28

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January 2016 - Continued

Publication	Date	Unique page views	Media units
Numbers of Patients Registered at a GP Practice - January 2016	19 January 2016	230	
Improving Access to Psychological Therapies Report - October Final, November Primary 2015 and Quarter 2 2015/16	20 January 2016	473	
Mental Health and Learning Disabilities Statistics - Monthly report: Final October 2015 and Provisional November 2015	20 January 2016	582	
Learning Disability Services Monthly Statistics - Commissioner census (Assuring Transformation), December 2015, Experimental Statistics	21 January 2016	115	
NHS Sickness Absence Rates - September 2015 Provisional Statistics	22 January 2016	215	
NHS Workforce Statistics - October 2015 Provisional Statistics	22 January 2016	195	
Provisional Accident and Emergency Quality Indicators for England - October 2015, by provider	26 January 2016	128	
Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2015 - October 2015	26 January 2016	88	
Data on written complaints in the NHS - 2015/16 Quarter 2, Experimental [NS]	27 January 2016	196	
Maternity Services Monthly Statistics - July 2015 and August 2015, Experimental statistics	27 January 2016	533	
Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation, England, July 2014 - June 2015	27 January 2016	156	
Accident and Emergency Attendances in England - 2014-15	28 January 2016	572	13
Seven-day Services - England, Provisional, July 2014 - June 2015, Experimental statistics	29 January 2016	268	

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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:	30th March 2016
Agenda item no:	HSCIC 16 07 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	The NHS e-Referral Service Programme will deliver an open, modern, electronic referral service, improving patient outcomes and delivering paperless referrals by 2015.
P0335/00	SUS Transition	Responsible for the delivery of interim tactical solutions to ensure business continuity from the end of the BT SUS contract. This will include system data and user transition.
P0208/00	GPSoC Replacement	To provide a contractual vehicle for the supply and development of GP clinical IT systems for all Practices in England, following expiry of the extended GPSoC call off agreements in March 2014.
P0325/00	Cyber Security Programme (CSP)	The HSCIC board commissioned an Interim Cyber Security Review (ICSR) to establish the readiness and capability of the HSCIC to proactively manage and respond to Cyber Security threats as part of a wider Information Assurance programme. The resulting report identified a significant number of high impacting risks that need to be addressed as a matter of urgency. This programme will address these risks. In addition there are some areas not covered by the report that may require additional effort such as threat analysis and specialist input from niche providers.
P0190/00	Health & Social Care Network (HSCN)	Develop and deliver options appraisals with supporting impact assessments, leading to an appropriate business case for the procurement of a wide area network to meet the information needs of health, public health and social care through utilising in full or in part the Public Sector Network (PSN) framework, models and approaches. The PSNH project will deliver a Public Services Network for Health, which will be aligned and accredited to PSN standards
P0031/00	CSC LSP Delivery Programme	LSP Delivery Programme: Increased patient safety and quality of healthcare and also greater clinical effectiveness and administration efficiency
P0196/00	NHSmail 2	The NHSmail 2 Project is to replace the existing NHSmail service. The project is tasked with procuring a new service and transitioning the users and services onto this service from the current Vodafone platform.
P0022/00	BT LSP (London)	BT LSP (London) has overall responsibility for upgrading NHS information technology to make it possible for hospitals, community services and mental health trusts to implement Electronic Patient Record as per the LSP contract with BT. This will enable the NHS to provide better, safer care for patients wherever and whenever they need it.
P0047/00	BT LSP (South)	Ensuring patients detailed clinical information is available at the point of care.
P0026/00	NHS Choices	NHS Choices (www.nhs.uk) acts as the digital gateway and public front door to the NHS, transforming the delivery of health and social care to one that is patient-centred, personalised and accessible to all.
P0306/00	Care.Data	The Care.Data programme, this initiative will ensure that there is more rounded information available to citizens, patients, clinicians, researchers and the people that plan health and care services. Our aim is to ensure that the best possible evidence is available to improve the quality of care for all.
P0004/00	Child Protection - Information Sharing	The Child Protection - Information Sharing project will provide child protection information to unscheduled (emergency and urgent care) services in the NHS on the statutory position of children subject to a Child Protection Plan or Looked After Children on a Statutory Order. It is intended that the information will be fed from Children's Social Care systems and a solution will be developed that will enable unscheduled care setting systems within the NHS to view this information. NHS England fund HSCIC to deliver the CP-IS service through ministerial approved business cased signed off in Dec 12 and supports funding of the project through to April 2018. The project should be HSCIC cost neutral.
P0012/00	Electronic Transmission of Prescriptions	The Electronic Transmission of Prescriptions (ETP) programme is delivering the Electronic Prescription Service (EPS) to GP practices, community pharmacies and dispensing appliance contractors across England. EPS enables prescribers (such as a GP or practice nurse) to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice, and then onward transmission to the NHS Prescription Services to support reimbursement. This makes the prescribing and dispensing process more efficient and convenient for patients and staff. EPS is being delivered in two phases: • EPS Release 1 introduced the technical infrastructure to enable prescribers and dispensers to operate the EPS. EPS Release 1 was completed in 2008. • EPS Release 2 delivers enhanced functionality (such as electronic signatures and patient nomination of a preferred pharmacy) for users to gain tangible benefit from EPS. EPS Release 2 is currently being rolled out
P0051/00	Summary Care Record	Delivery of the SCR which supports urgent and emergency care settings, providing information to authorised health care professionals to support care where no information is currently held about a patient, for example in out-of-hours settings, emergency departments, treating temporary residents and emergency admissions to secondary care.
P0341/00	Social Care Informatics Project (SCIP)	The purpose of this project is to determine the feasibility, identify and prioritise candidate opportunities and develop an outline roadmap for the development of standards in ASC for the increased collection and sharing of client level data.
P0453/00	National Data Service Development	HSCIC is working in collaboration with NHS England on a number of data related programmes. A presentation was given to CAB to outline how 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	18 NHS organisations are participating in the South Acute Programme working as six collaborative groups. Trusts within each collaborative are procuring common Commercial off the Shelf (COTS) clinical systems. These clinical systems are being selected to meet each groups local requirements and include full integrated Electronic Health Records, Clinical Portal, Electronic Document Management (EDM) and ePrescribing solutions. It is anticipated that all of the groups will have signed contracts by the end of May 2015.
P0182/00	South Ambulance Programme	To procure clinical solutions for the Southern Ambulance Trusts which do not currently have these solutions under the BT LSP solution.
P0183/00	South Community and Child Health Programme	To procure clinical solutions for the Southern Community and Child Health Trusts which do not currently have these solutions under the BT LSP solution.
P0033/00	PACS Exit Programme	Development and deployment of the PACS (Picture Archiving And Communication System). Overarching programme to manage the PACS sub-programmes.
P0014/00	GP2GP	To deliver the national implementation and roll-out of a computerised system to manage the transfer of patient records between GP practices when patients change their GP, covering electronic records transfers between GP practices.
P0281/00	General Practice Extraction Service (GPES)	The General Practice Extraction Service (GPES) is a centrally managed service that extracts information from general practice IT clinical systems for a wide range of purposes. It also forms part of the new process for providing payments to GPs and clinical commissioning groups (CCGs).
P0207/00	Health & Justice Information Services	Health and Justice Information Services (HJIS) focuses on the future information services required to support the statutory responsibilities of NHS England (Health & Justice) in the direct provision and commissioning of healthcare for all places of detention, and Sexual Assault Referral Centres, in England.
P0037/00	Offender Health IT	To deploy a clinical system to all prisons in the South and London so that they can link up with existing deployment plans in NME to form a national network. The system chosen TPP SystmOne, provides a single patient record which is allowing patients information to be transferred when they are moved around the prison estate. Thus providing continuity of care and improving health care for prisoners as well as working environment for staff.
P0301/00	Female Genital Mutilation Prevention – Data and Systems Business Case Development	The objective of this document is to define and authorise the work package to produce a feasibility study on information collection and sharing by the NHS on Female Genital Mutilation (FGM). The work package will deliver an assessment of the feasibility of achieving the following objectives: - How can the NHS support the multi-agency objective of protecting and caring for those currently affected by, or at imminent risk of, FGM; - How can the NHS support the long term health education and health promotion components of a multi-agency strategy on the eradication of FGM
P0055/00	Maternity and Childrens Datasets	To collect and report on data for maternity, child health and adolescent mental health services.
P0372/00	Information Service for Parents at Point of Care	The HSCIC Cross-Government Programmes team has been asked to initiate and subsequently manage the delivery of a project to develop information sharing between maternity systems and a central repository owned by PHE. The project will facilitate PHE in providing an information service (high quality digital advice) at point of care (maternity) for new and expectant parents. This work is being commissioned, and funded, by PHE and aligns with the PHE Marketing Strategy (addressing key public health issues, increasing quality and cost-effectiveness and being evidence based) as well as being a direct ministerial requirement (Dan Poulter) to provide direct access to a coherent service at point of care for this patient group.

hscic Health & Social Care Information Centre

Board Meeting – Public Session

Title of paper:	Information Assurance and Cyber Security Report 2015-16
Board meeting date:	30th March 2016
Agenda item no:	HSCIC 16 07 07c (P1)
Paper presented by:	Rob Shaw, Director of Operations and Assurance Services
Paper prepared by:	Alan Morton, Programme Manager, Cyber Security Programme
Paper approved by: (Sponsor Director)	Rob Shaw, Director of Operations and Assurance Services
Purpose of the paper:	1. Update the Board on strategically significant activities undertaken by the Information Assurance and Cyber Security Committee (IACSC) during financial year 2015-16, 2. Outline the Information Assurance and Cyber Security activities planned for the coming year, many of which will have a positive impact significantly benefitting the wider health and care system.
Key risks and issues:	Identifying the mitigating actions that have been required to address risks and issues either in a planned manner for programme work or in response to operational requirement.
Patient/public interest:	Indirect and realisable in the medium or longer term.
Actions required by the Board:	It is proposed that the Board: • Notes the work carried out during 2015-16 by IACSC across the health and care system and cross-Government; and • Notes the outline of activities planned for IACSC during the 2016-17 financial year and beyond.

hscic Health & Social Care Information Centre

Information Assurance and Cyber Security Report 2015-16

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Date: March 2016

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Purpose

The purpose of this paper is to:

a. Update the Board on strategically significant activities undertaken by the Information Assurance and Cyber Security Committee (IACSC) during financial year 2015-16,
b. Outline the Information Assurance and Cyber Security activities planned for the coming year, many of which will have a positive impact significantly benefitting the wider health and care system.

The Board is asked to note the progress made during 2015-16 and to continue to provide support and guidance on the proposed future activities.

Background

Cyber security is recognised as a top level Tier 1 risk by Government and established as one of the key risks which executive boards are now considering as core to their business strategy and management.

Cyber security covers all the processes and mechanisms by which computer-based equipment, information and services are protected from unintended or unauthorised access, change or destruction. Cyber security isn't just about looking at "sophisticated, motivated, well-funded and well equipped" threats to systems, services and organisations. The bedroom hackers that brought down Sony proved just the opposite. In this regard, cyber security is considered a crucial component of a mature over-arching Information Management approach.

As an information and data services organisation and one of the only ALBs that handles patient data, it is critical that HSCIC delivers programmes and services by commanding a robust approach to information assurance and cyber security across the health and care system in order that the public first gains and then sustains confidence in our ability to protect the citizen's data. It is equally important that HSCIC is perceived publicly as having such a robust approach thereby assisting in enhancing our own reputation.

The Information Assurance and Cyber Security Committee (IACSC) was established as a sub-committee of the HSCIC Board early in 2014. The terms of reference for IACSC are adapted from the specimen good practice versions provided in both the Department of Health and HM Treasury Audit Committee Handbooks.

IACSC reviews and monitors the effectiveness of the system of integrated governance, risk management and internal control relating to information assurance, information governance, cyber and other security; and data quality.

There are four interrelated workstreams at the core of the IACSC remit, supported by functions across HSCIC which aim to facilitate the delivery of HSCIC's core values as a minimum. These workstreams are:

1. Governance of information assurance and cyber security;
2. HSCIC's internally-focused work;
3. Project delivery to benefit the wider system; and
4. System-wide support.

These workstreams not only have important relationships and overlap with the broader health and care system as described above, but also with areas within the HSCIC. After a year of focussed activities it is widely understood that the intelligence and learning from these workstreams will drive continual improvement across health and care, positioning HSCIC as a positive enabler to cross-system Cyber Security.

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Workstream 1: Governance of Information Assurance and Cyber Security

Overview

The Information Assurance and Cyber Security Committee (IACSC) was established as a sub-committee of the Board two years ago. IACSC reviews and monitors the effectiveness of the system of integrated governance, risk management and internal control relating to information assurance, information governance, cyber and other security; and data quality.

IACSC is authorised by the Board to:

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

Chaired by Sir Ian Andrews, the membership of IACSC, also reviewed on an annual basis, is appointed from amongst the Board's independent non-executive Directors, one of which must be the Chair of the Assurance and Risk Committee (ARC). Attendance to IACSC is currently open to:

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

This volume of expertise and body of knowledge provides the HSCIC Board and the wider health and care system with abundant assurance that significant and proportionate resources are being committed to providing health and care with the cyber protection it requires.

IACSC provides the forum for the initiation of in-depth discussions and exploration of detailed cyber security related issues as they emerge, which provides the opportunity for appropriate responses to be made to the ongoing and constantly changing cyber threat. Some of these responses are discussed in detail, below.

Key Issues Discussed at IACSC

Throughout 2015-16, a number of key issues were discussed at IACSC, from which actions were directed to relevant parties across HSCIC and across different branches of Government through the diverse attendees at IACSC. These discussions include:

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Information and Cyber Security Alignment with NIB Themes

An outline of the Information Security/Information Governance implications of the National Information Board (NIB) Personal Health & Care 2020 identified that a foundation of credible Information Security/Information Governance is essential to the success of the Personal Health & Care 2020 and it was recommended by IACSC that the HSCIC communicates with all NIB Workstream Leads in order to increase awareness of Information Security/Information Governance.

Information Governance (IG) Strategy and Underpinning Principles

The IACSC Chair said that the document was consistent with the behaviour we encourage and that using it within the HSCIC should help to influence behaviours externally. This demonstrates IACSC's intention to portray HSCIC as the exemplar to which other organisations would wish to aspire.

HSCIC Organisational Security Update (vs Assuring Data Security vulnerabilities)

Following a request from Information and Cyber Security Committee (IACSC), the External IG Delivery Team undertook a review of the evidence against three Information Governance Toolkit (IGT) requirements for 40 organisations that participated in the Assuring Data Security Project (ADS), at which basic security assessments were carried out. The resultant report identified that the organisations sampled which uploaded evidence or provided evidentiary commentary, there were some wide sweeping statements of compliance which appear to be not substantiated by the ADS results.

The ADS report was subsequently shared with CQC as evidence of a perceived risk in order to help inform their review of the effectiveness of current approaches to data security within the health and social care system.

CQC Health and Social Care Security Review

IACSC requested the forming of a steering group at the initial meeting with CQC, which met frequently throughout the process. This provided IACSC with a route to supporting the review by discussing the areas where the review team were collecting data and raised concerns that there could be areas, such as CSUs, that were being missed.

IACSC was also updated on the progress of the CQC review.

HSCIC was required to provide both expert and administrative support to the team involved in information gathering through a series of round table meetings and interviews across 60 health and care organisations. The arrangement of this number of meetings around the country proved to be a significant logistical challenge, but it was completed on schedule by the end of November as requested, despite slippages along the way.

The provision of both expert and administrative support to the CQC team, impacted significantly on those areas of HSCIC from which staff resources were drawn.

Emerging Threats

The report drew IACSC's attention to the mounting concern amongst resilience practitioners on the cyber-threats to health data faced both within the UK and Globally. IACSC considered a number of recommendations which set out to further enhance and address HSCIC protective security arrangements, one of which was for a protective working group. The working group has been agreed with EMT to govern internal security projects and initiatives, jointly chaired by IG and security, formally titles the Information Management Strategy Group. This creates a joined up approach to security management across the HSCIC and ensures a greater resilience and capability to deal with threat.

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Workstream 2: HSCIC's internally-focused work

HSCIC Cyber Security Programme (CSP)

The CSP was originally initiated in 2014 in order to provide investment to enable a number of projects within HSCIC to provide an enhanced set of information assurance and cyber security capabilities. These would support HSCIC's responsibilities for the security and protection of personal and patient identifiable data across the health and social care system in England.

CSP presents a progress report at each IACSC meeting to ensure members are kept up-to-date on HSCIC's cyber protection capability as it increases.

Whilst the scope of the CSP has since been expanded to incorporate projects to benefit the wider system (see Workstream 3), the internally-focused projects are:

Managing and Recovering from Security Incidents

A Security Operations function has been established to manage all security incidents on services managed by HSCIC, from triage through to resolution in accordance with the strategic operating model for this in-house function. The Security Operations Centre (SOC) is responsible for the delivery of information security policies, such as Physical Security and Patch Management. The SOC manages the newly delivered CareCERT.

Cyber Security Culture

This project has been discussed on a number of occasions at IACSC, with the CSP Team working closely with colleagues from Human Resources (HR) and Corporate Services to:

- Provide cyber awareness training and collateral for HSCIC staff. This has been particularly useful to introduce new starters to the concept of cyber security in order that they are less likely to cause breaches to security.
- Implement the Centre for the Protection of National Infrastructure's (CPNI) SeCuRe3 cyber culture assessment tool in order that surveys are conducted at both the senior management level and then at the employee level to enable changes to HSCIC's culture to be measured over time, usually a period of 18-24 months. The senior management survey has recently been completed. Results are expected to be published in April 2016.
- Carry out a review of job descriptions for those roles that require sight of live patient identifiable or confidential data to identify whether security clearance is required beyond the Baseline Personnel Security Standard (BPSS) normally applied at the HSCIC.
- Following the review of job descriptions, 265 of our staff and contractors were put through SC level security clearance to provide citizens with the confidence their data and information will be kept secure. A further 204 staff members are currently undergoing the process.

Procurement of Specialist Security Services

The procurement of call-off contracts with two different suppliers for both HSCIC-funded and DH-funded work to enable accelerated access to a variety of specialist security services. It is anticipated that these contracts will mostly be used for the purposes of penetration testing.

The rationale behind the letting of these contracts is to enable a blended approach to resourcing for Cyber Security whereby permanent resources are supplemented by niche and specialist skills which are more efficiently and effectively sourced and maintained (particularly where ongoing training is concerned) through partnership arrangements with an industry leader. Selecting two suppliers provides a level of assurance that there will be sufficient capacity and capability of these services at busy times.

ICT Services

In line with cyber security best practice, all existing HSCIC internally hosted services have undergone penetration testing and been re-scanned, with any identified issues immediately remediated.

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A full cyber security plan has been formulated for internally hosted services for 16/17, which includes the development of best practice guidance, infrastructure security testing and social engineering testing to ensure our staff are aware of these intrusive and potentially high-impacting practices.

HSCIC's Internal Compliance & Assurance

Information Governance (IG) and security support, advice and guidance for the national programmes continues with technical security specialist representation on the HSCIC's Architecture Governance Group. In particular, the Infrastructure Security Team has been working closely with the various programmes, providing technical assurance, advice and guidance on core messaging, identity and access management based on the identification and analysis of risk.

The HSCIC IG Toolkit submission is facilitated by an internal working group. For March 2014–15 it achieved a score of 93% and evidence is currently being collated for the 2015-16 submission. Over and above the requirements of the IG Toolkit, the HSCIC is working, where appropriate, towards the externally assessed, highest industry standards of ISO27001 for information security.

CDCAT assessments

The Cyber Defence Capability Assessment Tool (CDCAT) was developed by the Defence Science and Technology Laboratory (Dstl) a trading fund of the MOD. Dstl is dedicated to keeping the UK secure through development of innovative science and technology. Dstl provides impartial scientific and technological advice to the UK Armed Forces and British Government.

CDCAT is an effective, comprehensive way for organisations to assess their existing cyber defences, to identify vulnerabilities in their defences and appropriate mitigations that can be applied. Considering the frequency of attacks on organisations' sensitive cyber assets, CDCAT is an essential tool in combatting the threats posed by any number of cyber-criminals and criminal organizations.

The following HSCIC systems have been subjected to the Cyber Defence Capability Assessment Tool (CDCAT):

- N3
- Pathfinders on DME Programme (PoD) and its component systems:
    - Secure Data Facility;
    - Data Downloader;
    - SAS Grid; and
    - Data Transfer Service

Cabinet Office Bulk Data Download Audit

IACSC is regularly called to provide oversight of other information security work which develops both within HSCIC and externally. In light of recent compromises of Government held data, the Prime Minister requested, through the Cabinet Office, assurances that the risks of a breach of HMG's bulk datasets are understood and minimised. IACSC requested that an audit was carried out during November and December 2015 on those services which met the Bulk Data Download criteria, part of which was whether the service could possibly be considered Critical National Infrastructure (CNI). The following services were audited and had actions plans produced:

- Lorenzo
- Care Identity Service (CIS)
- Hospital Episode Statistics (HES)
- Spine (Core)
- eReferral Service (eRS)

The audits highlighted a number of areas where improvements could be made, however, the audits gave assurance that no high severity vulnerabilities were seen across the services audited. Areas

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requiring enhancement or in train and will strengthen HSCICs overall response to cyber threat in respect to bulk data.

Subsequently, in addition to this internal work, IACSC requested that the following health and care-related Arm's Length Bodies (ALBs) were assessed against the same criteria:

- NHS England
- NHS Blood & Transplant Service
- CQC
- NICE
- Monitor
- Health Education England
- NHS Research Authority
- Medicines & Healthcare Products Regulatory Authority
- Human Fertilisation & Embryology Authority
- Human Tissue Authority
- NHS Business Services Authority
- NHS Litigation Authority
- Public Health England
- NHS Trust Development Authority
- Department of Health

Workstream 3: Project delivery to benefit the wider system

National Cyber Security Programme (NCSP) Funded Work

Funding from year 5 of the Cabinet Office's National Cyber Security Programme (NCSP) was secured by HSCIC's Cyber Security Programme (CSP) in FY15/16 for delivery of a range of innovative projects designed to improve cyber security protection across the health and care system. From this investment of £3.5m and with oversight provided by IACSC, the CSP's primary achievements for the benefit of the wider health and care system were:

- **CareCERT** – the establishment of a Computer Emergency Response Team (CERT) for health and care. Development of the CareCERT was shaped and tested by the IACSC discussions and suggestion that four suppliers would be used initially in the design phase, with a preferred supplier being chosen to deliver the whole solution. Functionality for CareCERT was delivered throughout FY15/16, and the service now utilises multiple data sources to provide threat intelligence and advisories to over 10,000 named information, security and ICT professionals across health and care on a frequent basis.
- **Protective Monitoring** – incorporated into the CareCERT solution, a 'protective monitoring' solution was delivered across four of the national applications managed by HSCIC (Spine, e-Referrals, Care Identity Service and Secondary Uses Service). This enables the analysis of the accounting and audit logs generated by the identified applications for signs of suspicious or malicious behaviour to correlate security event information, enabling security risks to be identified, assessed and prioritised. Protective monitoring allows for long-term integration and expansion of this capability to other parts of the health and care system in future.
- **Cyber Training (e-learning)** – delivering a set of online training modules, accessible to all professionals across the whole of the health and care sector, in order to educate and upskill people as the 'first line of cyber defence'. Cyber Training will soon be available online via a platform provided by Health Education England's e-Learning for Health (e-LfH). A 'live beta' of this service is due for delivery in March 2016, with different levels of training course available based on the needs of individual professions to follow in April 2016.

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- **Health Care Information Security and Privacy Practitioner (HCISPP) pilot** – face-to-face accredited training and certification for 100 health and social care security/information professionals, in order to start creating 'Cyber Champions' within health and social care, who can use their learning to embed cyber best practice within their own respective organisations.

IACSC has been instrumental in providing direction on work that would benefit the whole of the health and care system and on potential sources of funding. A bid has already been submitted to NCSP2 seeking funding of £12m over four years from FY16/17, for investment in the following innovative new projects:

- **CareCERTified** – building on the CareCERT brand, CareCERTified is an on-site assurance scheme for health organisations designed to assess 'cyber-readiness' against an agreed set of criteria. The purpose is to establish a scheme similar to- or coterminous with- the existing Cyber Essentials Plus assessments undertaken in other industries, but with the appropriate tailoring to ensure assessments are specific to the needs of health and care. CareCERTified will focus primarily on those health organisations with the least embedded cyber security knowledge and/or those which are most vulnerable to cyber-attack due to the nature of the work they carry out. Over the proposed four-year funding period, CareCERTified will aim to assess all GP practices, Clinical Commissioning Groups (CCGs), Trusts, and Arm's Length Bodies (ALBs) in the NHS. Organisations successfully (and demonstrably) implementing review recommendations would receive a 'CareCERTified' badge or seal.
- **Information Management & Security (IM&S) Training** – following the National Data Guardian (NDG) for Health's Review into the NHS's safeguarding of people's data, a new set of Data Security Standards for Health and Social Care are likely to be published in spring 2016. Although the NDG Review is yet to publish its final report, it is understood that the implementation of this new set of standards will have significant implications for the HSCIC to ensure its initiatives promote the use of these standards and to provide an assurance function for ensuring compliance across health and care. One aspect of this new work will be in delivering a coherent and consistent set of training/e-learning content which incorporates all aspects of information governance, data protection, information sharing, cyber security and data security. This project will deliver this.

Further funding is being sought from the National Information Board (NIB) for continued provision of both CareCERT and Cyber Training (predominantly hosting) as these move into business as usual. NIB funding will also be required to support the delivery of the following projects:

- **Advanced Network Monitoring** – to stop malicious traffic leaving the N3 network; blocking the loss of data including patient identifiable and sensitive information caused by Malware and other cyber-attack vectors from leaving the network and keeping information safe;
- **CareCERT React** – to support local organisations to own and take appropriate and timely steps to minimise the impacts of cyber-attack;
- **Cyber Readiness Technology Fund** – to provide capital and revenue streams to influence and improve external organisations across all three dimensions of people, process and technology;
- **National Incident Fund** – to establish a national call-off contract which can be utilised in the event of a system-wide cyber security incident affecting a large proportion of health & social care organisations; and
- **Data Security Toolkit (DST)** – it is anticipated the National Data Guardian (NDG) will recommend transition from the Information Governance Toolkit (IGT) to the DST. Estimated costs have been included within the bid for NIB funds.

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Work stream 4: System-wide Support

CareCERT at work

CareCERT was initially deployed for broadcast capability only from 29th November 2015. The service now utilises multiple data sources to provide targeted and relevant threat intelligence and advisories to over 10,000 named information, security and ICT professionals across health and care on a weekly basis, with urgent advisories transmitted on a near-live basis. Key to the broadcast is avoidance and remediation advice, authored by specialists and targeted at a broad range of recipients.

Care Quality Commission (CQC) Review

The Secretary of State for Health asked the Care Quality Commission (CQC) to review the effectiveness of current approaches to security by NHS organisations when it comes to handling confidential patient information. We were asked to make recommendations on how current arrangements can be improved and how new standards set by the National Data Guardian (see below) can be assured through CQC inspections, NHS commissioning processes and any other potential mechanisms.

Dame Fiona Caldicott Review of Standards

Dame Fiona Caldicott is developing clear guidelines for the protection of personal data against which every NHS and care organisation will be held to account. She will provide advice on the precise wording for a new model of consents and opt outs to be used by the care.data programme which is so vital for the future of the NHS. The work was scheduled to complete in January with recommendations on how the new guidelines can be assured through CQC inspections and NHS England commissioning processes. As a consequence of the review, IACSC will need to be prepared provide guidance on the roll-out of the new standards.

IG Toolkit (IGT) Upgrades and Re-launch

HSCIC is committed to revising the IGT – the re-design work will get underway as soon as the new NDG/CQC findings are published. It is proposed that the revised IG Training Tool (IGTT) is hosted alongside the Cyber training, which is an eLearning solution supported and hosted by Health Education England's eLearning for Health (e-LfH). In the interim the IGAF2 (Information Governance Assurance Framework2) Programme is underway to improve the IGT incrementally in line with feedback provided. Draft content includes the measurement of how well each organisation is implementing the Caldicott2 recommendations.

The HSCIC currently has a lead role in designing and operating the IGT and collect all results and evidence centrally at the end of each financial year. Where there is reason to do so they independently validate some of the returns. HSCIC is also responsible for implementing Caldicott 2.

Future Activities Planned

The system-wide support work of the HSCIC has contributed to continual improvement and good practice throughout the system. This work will continue over the coming year in the following areas:

- GIA funded
    - Embedding the CareCERT and Cyber Training services
- NCSP2 funded
    - CareCERTified
    - Information Management & Security (IM&S) Training
- NIB funded
    - Advanced Network Monitoring

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- CareCERT React
- Cyber Readiness Technology Fund
- National Incident Fund
- Data Security Toolkit (DST)

Action Required of the Board

It is proposed that the Board:

- Notes the work carried out during 2015-16 by IACSC across the health and care system and cross-Government; and
- Notes the outline of activities planned for IACSC during the 2016-17 financial year and beyond.

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