

NHS Digital

Agenda: Part 1 (Public Session)

Wednesday 03 May 2017 10:00am to 12:30pm

Venue: Olympia London (Apex Room), Hammersmith Rd, London W14 8UX

Apologies:

- Dr Sarah Blackburn, Non-Executive Director

Additional Attendees:

- Tom Denwood, Director of Provider Support and Integration attending from 10:00 - 11:45am
- Dean White, Head of Business & Operational Delivery attending as observer
- James Palmer, Programme Head attending for item NHSD170704b only

<u>Ref No</u>	<u>Agenda Item</u>	<u>Time</u>	<u>Presented By</u>
NHSD 17 01 01	Chair's Introduction and Apologies (oral)	10:00 – 10:10	Chair
NHSD 17 01 02	Declaration of Interests and Minutes (a) Register of Interests (paper) – for information (b) Minutes of Board Meeting on 28 March 2017 (paper) – to ratify (c) Matters Arising (oral) – for comment (d) Progress on Action Points (paper) – for information		Chair
NHSD 17 01 03	Strategic Delivery and Operational Performance (a) Board Performance Pack (paper) – for information	10:10 – 10:45	Interim CEO
NHSD 17 01 04	Strategy and Capability (a) Child Protection Information Sharing (paper) – for information (b) NHS Digital Social Care – update briefing (paper) – for information	10:45 – 11:45	Director of Digital Transformation Director of Provider Support and Integration
NHSD 17 01 05	Governance and Assurance (a) Directions - for acceptance i. Personal Health Budgets Data Set (paper) (b) Board Assurance of Investment Decisions. Proposals to establish an Investment Committee (papers) – for approval (c) Modern Slavery Act 2015 – Implications for NHS Digital (paper) (d) National Back Office (NBO) Review Position (oral) – for information	11:45 – 12:15	Director of Information & Analytics Director of Finance and Corporate Services Director of Finance and Corporate Services Senior Independent Director
NHSD 17 01 06	Any other Business (subject to prior agreement with Chair)	12:15 – 12:30	Chair

Close

12:30

- NHSD 17 01 07 **Background Paper(s)** (for information only)
- (a) NHS Digital Board Forward Business Schedule 2017-18 (paper) – **for information**
 - (b) Forthcoming Statistical Publications (paper) – **for information**

Date of next meeting: 31 May 2017, Diggory, Hill and Bevan, 1 Trevelyan Square, Leeds, LS1 6AE

Board meeting – Public Session

Title of paper:	Register of Interests
Board meeting date:	03 May 2017
Agenda item no:	NHSD 17 01 02 a
Paper presented by:	Chair
Paper prepared by:	Executive Office Secretariat
Paper approved by: (Sponsor Director)	Each Director is accountable for their declaration of interest
Purpose of the paper:	<p>NHS Digital is required by its Standing Orders to maintain a publically available Register of Members' Interests.</p> <p>The Register contains, as they become available, the Declarations of Interest made by Board Members.</p>
Key risks and issues:	N/A
Patient/public interest:	<p>Corporate Governance</p> <p>Transparency and Openness</p>
Actions required by the board:	For information

NHS Digital Board Register of Interests 2017-18

Name	Declared Interest
Non-Executive Directors	
Noel Gordon: Chair	Directorships: <ul style="list-style-type: none"> • Chairman, Healthcare UK • Non-Executive Director, NHS England • Non-Executive Director, PSR (Payments Services Regulator) • Chairman of Board of Trustees, Uservoice.org Other Offices held: <ul style="list-style-type: none"> • Member, Life Sciences Industrial Strategy Advisory Board • Member, Audit and Risk Committee, University of Warwick • Member, Development Board, Age UK Shareholdings as defined in the NHS Digital Corporate Governance Manual: <ul style="list-style-type: none"> • Accenture Other relevant interests: <ul style="list-style-type: none"> • Senior Advisor, Aleron
Sir Ian Andrews: Non-Executive Director Senior Independent Director	Employment (other than NHS Digital): <ul style="list-style-type: none"> • Partner in IMA Partners (formerly trading as IMA Partners Ltd until February 2016) providing legal and management consultancy services to government, academia (KCL¹) and Transparency International UK. Other Offices held: <ul style="list-style-type: none"> • Conservator of Wimbledon and Putney Commons • Trustee Chatham Historic Dockyard • Member of UK Defence Academy Academic Advisory Board
Marko Balabanovic: Non-Executive Director	Employment (other than with NHS Digital): <ul style="list-style-type: none"> • Chief Technology Officer, Digital Catapult Shareholdings as defined in the NHS Digital Corporate Governance Manual: <ul style="list-style-type: none"> • Equal Media Ltd
Daniel Benton: Non-Executive Director	Directorships: <ul style="list-style-type: none"> • Trustee, The Grange Festival

¹ King's College London

Name	Declared Interest
	<p>Other Offices held:</p> <ul style="list-style-type: none"> • Fundraising and Finance Committees , NSPCC <p>Shareholdings as defined in the NHS Digital Corporate Governance Manual:</p> <ul style="list-style-type: none"> • Accenture • Supercarers
<p>Dr Sarah Blackburn: Non-Executive Director</p>	<p>Directorships:</p> <ul style="list-style-type: none"> • Director - The Wayside Network Limited • Board Director and Audit Committee member, RAC Pension Fund Trustee <p>Employment (other than with the NHS Digital): The Wayside Network Limited</p> <p>Other Offices held: None</p> <p>Contracts held in last 2 years:</p> <ul style="list-style-type: none"> • 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 to provide an External Quality Assessment Reviewer and a viva voce examiner <p>Shareholdings as defined in the NHS Digital Corporate Governance Manual:</p> <ul style="list-style-type: none"> • 50% of The Wayside Network Limited <p>Other relevant interests:</p> <ul style="list-style-type: none"> • Husband has the other 50% of The Wayside Network Limited shares • Daughter is a trainee orthopaedic surgeon in Bristol
<p>Professor Soraya Dhillon MBE: Non-Executive Director</p>	<p>Directorships:</p> <ul style="list-style-type: none"> • Non-Executive Director, The Hillingdon Hospital NHS Foundation Trust <p>Employment (other than with NHS Digital):</p> <ul style="list-style-type: none"> • Academic Manager, University of Hertfordshire <p>Other offices held:</p> <ul style="list-style-type: none"> • Senior Independent Sponsor Improvement Steering Group, Eastern Academic Health Science Network

Name	Declared Interest
	<p>Contracts held in last 2 years:</p> <ul style="list-style-type: none"> Former Dean School of Life and Medical Sciences, University of Hertfordshire until 31 October 2016
<p>Professor Sudhesh Kumar: Non-Executive Director</p>	<p>Directorships:</p> <ul style="list-style-type: none"> Institute of Digital Healthcare, Warwick Manufacturing Group <p>Employment (other than with NHS Digital):</p> <ul style="list-style-type: none"> Dean, Warwick Medical School <p>Other offices held:</p> <ul style="list-style-type: none"> Non-Executive Director, University Hospital of Coventry and Warwickshire (UHCW) NHS Trust Honorary NHS Consultation Physician, (UHCW), Heart of England Foundation Trust and George Elliot Hospitals <p>Shareholdings:</p> <ul style="list-style-type: none"> Medinova Research Limited <p>Other relevant interests:</p> <ul style="list-style-type: none"> Member, Medical School Council
<p>Rob Tinlin: Non-Executive Director</p>	<p>Directorships:</p> <ul style="list-style-type: none"> Director, Towler Tinlin Associates Ltd <p>Other Offices held:</p> <ul style="list-style-type: none"> Member, Advisory Board, Queen Mary University of London Business School
Executive Members of the Board	
<p>Rob Shaw: Interim Chief Executive Officer</p>	<ul style="list-style-type: none"> None
<p>Rachael Allsop: Director of Workforce</p>	<ul style="list-style-type: none"> None
<p>Beverley Bryant: Director of Digital Transformation</p>	<p>Contracts held in last two years:</p> <ul style="list-style-type: none"> Director of Digital Technology, NHS England (until 31 May 2015) <p>Other relevant interests:</p> <ul style="list-style-type: none"> Silent Partner – Wildtrack Telemetry Systems Limited

Name	Declared Interest
Carl Vincent: Executive Director of Finance and Corporate Services	<ul style="list-style-type: none"> • None
Ex Officio Board Members	
Professor Martin Severs: Medical Director and Caldicott Guardian	<ul style="list-style-type: none"> • Trustee of Dunhill Medical Trust, a research charity • Professor of Health Care for Older People with University of Portsmouth (Honorary) <p>Other Offices:</p> <ul style="list-style-type: none"> • Member of National Data Guardian's Panel <p>Other relevant interests:</p> <ul style="list-style-type: none"> • Member of Royal College of Physicians, British Geriatrics Society, the Faculty of Public Health Medicine and British Medical Association (BMA)
Tamara Finkelstein: Director General for Community Care, Department of Health	<ul style="list-style-type: none"> • Department of Health, Director General for Community Care <p>Directorships:</p> <ul style="list-style-type: none"> • New North London Synagogue (as Tamara Isaacs) • The Jewish Community Secondary School (as Tamara Isaacs)
Professor Keith McNeil: Chief Clinical Information Officer, NHS England	<p>Chief Clinical Information Officer, Health and Social Care</p> <p>Directorships:</p> <ul style="list-style-type: none"> • Carers Queensland <p>Other Offices:</p> <ul style="list-style-type: none"> • Non-Executive Director Eastern Academic Health Science Network <p>Contracts held in last two years:</p> <ul style="list-style-type: none"> • Chief Executive, Addenbrookes Hospital Cambridge
Executive Management Team Directors	
Tom Denwood: Director of Provider Support and Integration	<ul style="list-style-type: none"> • 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 • Senior Responsible Owner (SRO) for the Health and Social Care Network (HSCN) Programme on behalf of Department of Health (DH)

Name	Declared Interest
James Hawkins: Director of Programmes	<ul style="list-style-type: none">• Parent Governor at St Peters Church of England Primary School, Harrogate
Professor David Hughes: Director of Information and Analytics	<ul style="list-style-type: none">• None

NHS Digital

Minutes of Board Meeting
held at Wellington House Waterloo Road, London SE1 8UH

28 March 2017**Part 1 - Public Session****Present:**

Noel Gordon	Non-Executive Director (Chair)
Dr Sarah Blackburn	Non-Executive Director (Vice Chair)
Sir Ian Andrews	Non-Executive Director (Senior Independent Director)
Dr Marko Balabanovic	Non-Executive Director
Daniel Benton	Non-Executive Director
Prof. Soraya Dhillon, MBE	Non-Executive Director
Prof. Sudhesh Kumar	Non-Executive Director
Rob Tinlin	Non-Executive Director
Tamara Finkelstein	Director General for Community Care (DH representative)

Beverley Bryant	Director of Digital Transformation
Rob Shaw	Interim Chief Executive Officer
Carl Vincent	Director of Finance and Corporate Services
Andy Williams	Special Advisor to the Interim Chief Executive Officer

In attendance:

James Hawkins	Director of Programmes
Chris Jarvis	Secretary to the Board

- 1. Chair's Introduction and Apologies** **NHSD 17 06 01 (P1)**
- 1.1 The Chair convened a meeting of the NHSD Digital Board.
- 1.2 The Chair reported that he had received apologies from Rachael Allsop, Director of Workforce, Sir John Chisholm, Non-Executive Director, Prof. Maria Goddard, Non-Executive Director, Prof. Keith McNeil, NHS Chief Clinical Information Officer (CCIO), (NHS England representative) and Prof. Martin Severs, Medical Director and Caldicott Guardian.
- The Chair gave his thanks to Andy Williams, outgoing Chief Executive of NHS Digital, for the significant contribution he had made to the development of NHS Digital for the modern digital environment.
- The Chair confirmed that the meeting was quorate.
- 2. Declaration of Interests and Minutes** **NHSD 17 06 02 (P1)**
- 2.1 (a) Register of Interest (paper) **NHSD 17 06 02 (a) (P1)**
- The Board agreed the register of interests was correct.
- The Chair asked Board members to make declarations of interest for the Agenda items listed.
- 2.2 (b) Minutes of Board Meeting on 01 February 2017 (paper) **NHSD 17 06 02 (b) (P1)**
- The Board ratified the minutes of the meeting Part 1 held on 01 February 2017.
- 2.3 (c) Matters Arising (oral) **NHSD 17 06 02 (c) (P1)**
- There were no matters arising not covered on the agenda.
- 2.4 (d) Progress on Action Points (paper) **NHSD 17 06 02 (d) (P1)**
- The Board noted the progress on action points resulting from the previous meetings.
- 3. Strategic Delivery and Operational Performance** **NHSD 17 06 03 (P1)**
- 3.1 (a) Board Performance Pack (paper) **NHSD 17 06 03 (a) (P1)**
- The Interim CEO presented this item. The purpose was to provide the Board with a summary of NHS Digital's performance for February 2017.
- General issues were noted as follows:
- The increasing focus on Paperless 2020 and reduced focus on legacy programmes
 - Carrying out updates on amber/red programmes
 - The importance of further developing readiness to deliver benefits to the system
- Specific comments in relation to performance were as follows;
- **IT service performance:** the positive report was noted
 - **Organisation Health:** Areas of particular note in relation to reporting of amber/red ratings were:
 - I. Recruitment and the importance of growing capacity internally
 - II. The importance of supporting recruitment across all characteristics
 - III. Monitoring performance assessment and measuring efficiency
 - IV. The use of performance metrics

- **Data quality:** The importance of driving up Data Quality as an objective was emphasised
- **Financial management:** Key issues were noted as:
 - I. Outlining the reasons for the projected £11.4m underspend, within the context of having a clear obligation to ensure the organisations does not overspend over the course of a year
 - II. Consideration of whether more programmes could be delivered with additional staff

The Chair noted the importance of (a) good visibility of 2017/18 budgets and (b) acknowledging the many moving parts in the system.

The Board noted the update.

- 3.2 (b) Corporate Business Plan (paper) NHSD 17 06 03 (b) (P1)

Carl Vincent, Director of Finance and Corporate Services, presented this item. The purpose was to seek the Board's approval for the NHS Digital Business Plan. Mr Vincent spoke to the paper and provided context. NHS Digital is required to produce and publish an annual business plan, setting out delivery commitments for 2017/18.

Key issues noted through discussion were as follows:

- The importance of being clear about the deliverable commitments for the year, noting that progress against the deliverables will be presented to the Board on a quarterly basis
- The importance of ensuring that the priorities are aligned with the Department of Health strategic priorities, and the priorities for national informatics services and programmes agreed by the Digital Delivery Board (DDB)

Following discussion the Board:

1. **Approved the NHS Digital Corporate Business Plan for 2017/18, pending any non-material revisions that may be required**
2. **Authorised the CEO to enact any non-material revisions to the Corporate Business Plan as may be required prior to final approval**

- 3.3 (c) Update on the production of the Annual Report and Accounts 2016-17 (paper) NHSD 17 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 the production of the Annual Report and Accounts.

The Board noted the production schedule, specifically that the Assurance and Risk Committee, and then the Board, would be asked to approve the final version of the report at their meetings on the 31 May 2017.

The Board noted the update report for information.

- 4 Updates on the Major Initiatives** **NHSD 17 06 04 (P1)**

- 4.1 (a) National Back Office Tracing Review: Update (oral) NHSD 17 06 04 (a) (P1)

Sir Ian Andrews, Non-Executive Director (NED) and Senior Independent Director (SID) introduced this item, noting that its purpose was to update the Board on the planned publication of the National Back Office Tracing Service Review.

Sir Ian provided context to the item, noting that this was a review of all tracing functions provided through the National Back Office and that the review considered the appropriateness, effectiveness and efficiency of all its 16 functions.

Sir Ian added that one key outcome of the review was the signing of a tri-party

Memorandum of Understanding (MOU) between the Department of Health, NHS Digital and the Home Office and that the MOU had been the subject of national media cover following its publication in January 2017 which resulted in a number of Freedom of Information requests.

Sir Ian said that the Review Team is working to publish the final review, having given due regard to the observations of the Information Commissioner, the National Data Guardian and Health Select Committee.

The Board reaffirmed its clear commitment to publish the report at the earliest opportunity and passed on its thanks to Maria Goddard for her stewardship of the Review and to the Steering Group more broadly.

4.3 (b) Progress Towards a Patient Centric Digital Health and Care System (paper) NHSD 17 06 04 (b) (P1)

James Hawkins, Director of Programmes presented this item. The purpose was to update the board of the progress of key deliverables for 2017/18

It was noted that the paper provides the Board with an update on progress on a number of the portfolio of programmes which NHS Digital is charged with delivering.

Key issues to arise through discussion were:

- Consideration of the metrics driving this with reference to areas for learning as well as successes
- The transformation of NHS Choices into NHS.uk, noting that the programme is currently exploring user needs around GP services, and building new pages to meet those needs
- The consideration being given to behavioural sciences with particular reference to hard to reach groups and the use of different channels of communication
- Assuring the quality of digital tools in their application
- Recognising the importance of (i) social care and (ii) issues of diversity and inclusion, in implementing the programmes
- Risk Management, noting that the risks within each programme are actively managed by the relevant Programme Boards

It was agreed that further updates on progress towards a Patient –Centric Digital Health and Care System detailing successes and challenges, be brought to a future Board meeting.

Action: Director of Programmes

The Board noted the paper for information.

5 Governance and Assurance

5.1 (a) Directions for Acceptance: NHSD 17 06 05 (a) (P1)

(i) Stop Smoking Services Data Collection (paper) NHSD 17 06 05 (a)(i) (P1)

The Director of Programmes presented this item.

It was noted that James Hawkins would send a note to Board Members on the validity of the process of collating data.

The Board, being satisfied with the information and assurances provided, accepted the Direction.

(ii) Undertaking the National Diabetes Audit (paper) NHSD 17 06 05 (a)(ii)
(P1)

The Director of Programmes presented this item.

The Board, having noted the funding arrangements and being satisfied with the information and assurances provided, accepted the Direction.

(iii) Annual Uses of the Mental Health Act 1993 in English Acute Trusts (paper) NHSD 17 06 05 (a)(iii)
(P1)

The Director of Programmes presented this item.

The Board, being satisfied with the information and assurances provided, accepted the Direction.

(iv) PLICS (Patient Level Information Costing Systems) Mandatory Requests (paper) NHSD 17 06 05 (a)(v)
(P1)

The Director of Programmes presented this item, providing an update to the NHS Digital Board on the Mandatory Request received from NHS Improvement in final draft on 09 March 2017 for submission to the Board.

In answer to a question as to whether this links to the Model Hospital, it was noted that James Hawkins would ask Tom Denwood to send out an explanatory email in this respect.

Having noted comments from the Director of Finance and Corporate Services regarding the provision of funding for this work in the Business Plan for 2017/18, the Board, being satisfied with the information and assurances provided, accepted the Mandatory Request.

(v) Direction for General Practice Contract Data Collections (paper) NHSD 17 06 05 (a)(vi)
(P1)

The Director of Programmes presented this item.

The Board, being satisfied with the information and assurances provided, accepted the Direction.

5.2 **(b) Committee Reports:** NHSD 17 06 05 (b) (P1)

(i) Assurance and Risk Committee (ARC) Report: 15 March 2017 (oral) NHSD 17 06 05 (b)(i)
(P1)

Dr Sarah Blackburn, Non-Executive Director and Chair of the Assurance and Risk Committee (ARC) presented this item. The purpose was to provide the Board with an update from the last committee meeting, which was held on 15 March 2017.

Key issues considered at the Audit and Risk Committee were as follows:

- Capability Review and Implementation Plan
- The Annual Report and Accounts 2016/17
- The National Audit Office Interim Progress Report
- The Internal Audit Reports presented by the Health Group Internal Audit Service
- Strategic Risks and issues, providing an update on the status of the top ten strategic risk themes and to summarise the significant risks that are under review by the EMT

The Board noted the update.

(ii) Information Assurance and Cyber Security Committee (IACSC): 15 March 2017 (oral) NHSD 17 06 05 (b)(ii) (P1)

Sir Ian Andrews, Non-Executive Director and Chair of the Information Assurance and Cyber Security Committee (IACSC) introduced this item. The purpose was to provide the Board with an update from the last committee meeting, which was held on 15 March 2017.

Key issues considered at the Information Assurance and Cyber Security Committee were as follows:

- The delivery of important milestones
- Implementation of the National Data Guardian (NDG) review of data security and consents update
- 60 minute “Grab Bag” Emergency Response Plan
- Internal Audit Reports, specifically (i) data security and (ii) cyber security

The Board noted the update.

5.3 (c) Board Forward Business Schedule 2016-17 (paper) NHSD 17 06 05 (c) (P1)

The Chair presented this item. The purpose was for the Board to note for information the NHS Digital Board forward business schedule for the financial year 2017/18. It was noted that this schedule is subject to frequent change.

The Board noted the paper for information.

6 Any Other Business (subject to prior agreement with chair) NHSD 17 06 06 (P1)

6.1 There was no other business

7 Background Papers (for information) NHSD 17 06 07 (P1)

7.1 (a) Forthcoming Statistical Publications (paper) NHSD 17 06 07 (a) (P1)

The Board noted this paper for information.

7.2 (b) Streamlining the Independent Governance Advice to NHS Digital Update (paper) NHSD 17 06 07 (b) (P1)

The Board noted this paper for information.

8 Date of Next Meeting

8.1 The next statutory Board meeting will take place on 03 May 2017.

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:

Paper Ref	Action Reference	Action Owner
3.1a	Update on Child Protection - to meeting on 03 May 2017	Director of Digital Transformation
4.3	It was agreed that further updates on progress towards a Patient –Centric Digital Health and Care System detailing successes and challenges, be brought to a future Board meeting.	Director of Programmes
5.1	Note to be sent to the Board on the validity of the process of collecting data	Director of Programmes

Agreed as an accurate record of the meeting	
Date:	
Signature:	
Name:	Noel Gordon
Title:	NHS Digital Chair

Board meeting – Public Session

Title of paper:	Progress on Action Points
Board meeting date:	03 May 2017
Agenda item no:	NHSD 17 01 02 d
Paper presented by:	Chair
Paper prepared by:	Executive Office Secretariat
Paper approved by: (Sponsor Director)	Each action update is submitted and approved by the relevant Executive Director
Purpose of the paper:	To share an update on open action points from previous meetings for information. To ensure the completion of Board business.
Key risks and issues:	As stated in the action and commentary
Patient/public interest:	Corporate Governance best practice
Actions required by the board:	To note for information

Progress against Board meeting actions

Green = completed
 Amber = on-going
 Red = overdue

Meeting Date	Status	Summary of Action	Responsible Director	Commentary	Next Steps	Target Completion Date
07/09/2017	Amber	<p>Information Assurance and Cyber Security Committee: The COO said that there was recognition that the Information Assurance and Cyber Security Committee terms of reference would need to evolve to reflect changes in the informatics governance landscape and across Whitehall, including the formation of the National Cyber Security Centre (NCSC). The Chair asked that the Board have sight of any proposed change to the Committee and its terms of reference prior to implementation.</p>	Chief Operating Officer	<p>Update 28 March 2017: Work with NCSC has begun to identify linkages and requirements on the IACSC Terms of Reference. However, the work is also looking to bring input from the recommendations within the NHS Digital Capability review which has not yet been approved.</p> <p>Update 03 May 2017: Work is progressing but we have yet to fully define the impact and impact as a consequence of the Capability Review.</p>	<p>Capability review to be approved within NHS Digital to be approved and released in March 2017.</p> <p>Once released, ToR to be update accordingly and circulated to the Board.</p> <p>Update 03 May 2017: Work is in progress to determine the impact of the Capability Review aspects. This will be completed by end May 2017</p>	May 2017

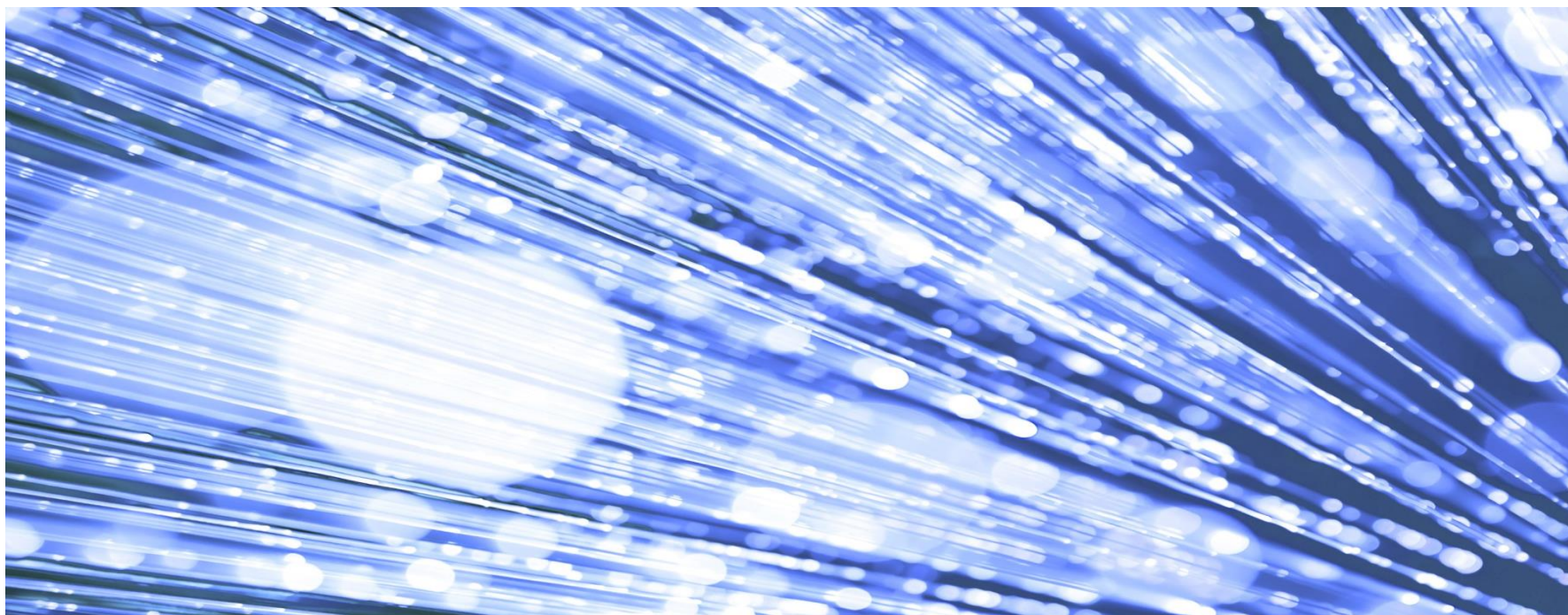
Meeting Date	Status	Summary of Action	Responsible Director	Commentary	Next Steps	Target Completion Date
01/02/2017	Green	Child Protection Information Sharing: It was agreed that a more detailed paper outlining the issues, action taken and timelines for improvement would be brought back to the March Board for Information.	Director of Digital Transformation	Update 28 March 2017: With the Chair's approval this paper has been deferred to the May public Board to allow approvals through CPIS programme board and NHS England prior to going to NHSD board. Update 03 May 2017: on the Agenda for 03 May 2017	Paper to go to the CPIS programme Board and NHS England for approval. Scheduled to return to NHS Digital Board in May. Update 03 May 2017: Action Complete	May 2017
28/03/2017	Green	Board Performance pack: Update on Child Protection – this item is scheduled for discussion at the 3rd May 2017 Statutory Board Meeting.	Director of Digital Transformation	Update 03 May 2017: on the Agenda for 03 May 2017	Update 03 May 2017: Action Complete	May 2017
28/03/2017	Amber	Progress Towards a Patient Centric Digital Health and Care System: It was agreed that further updates on progress towards a Patient –Centric Digital Health and Care System detailing successes and challenges, be brought to a future Board meeting.	Director of Programmes	Update 03 May 2017: Further update on the 30 May Development Board Agenda.	Update 03 May 2017: To present a further update to the Board at the 30 May 2017 meeting.	May 2017
28/03/2017	Amber	Stop Smoking Service Data Collection: A note will be sent to the Board on the validity of the process of collecting data	Director of Programmes	Update 03 May 2017: Action being progressed with a completion date target by 5th May.	Update 03 May 2017: Action in progress.	May 2017

Board Meeting – Public Session

Title of paper:	NHS Digital Board Performance Pack (public)
Board meeting date:	03 May 2017
Agenda item no:	NHSD 17 01 03 a
Paper presented by:	Carl Vincent, Director of Finance and Corporate Services
Paper prepared by:	David O'Brien, Head of Business Intelligence
Paper approved by: (Sponsor Director)	The Performance Pack is approved collectively by EMT in its corporate business management meeting held in advance of the Board papers being issued.
Purpose of the paper:	To provide the Board with a summary of NHS Digital's performance for March 2017.
Additional Documents and or Supporting Information:	No additional documents
Please specify the key risks and issues:	The corporate performance framework monitors NHS Digital performance including information governance and security.
Patient/public interest:	The public interest is in ensuring the NHS Digital manages its business in an effective way.
Supplementary papers:	N/A
Actions required by the Board:	To Note

Board Performance Pack

March 2017 Data



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NHS Digital Performance Summary

Programme Achievement is reported as Amber-Green. Across all reported programmes the overall delivery confidence for March was 64.3%, a decrease from 65.6% in February.

Delivery confidence across the P2020 programmes was 62.0% (Amber-Green). One P2020 programme reported as Red (Programme 12: GP Data Implementation), four others reported as Amber-Red.

Delivery confidence across the legacy (non-P2020) programmes was 66.7% (Amber-Green). No legacy programmes reported as Red. The Child Protection Information Sharing programme improved to Amber-Red following twelve consecutive months at Red. SUS Transition and Spine 2 have been removed from the 'legacy' Dashboard as these have transitioned from programme into service.

IT Service Performance is reported as Green. 98.1% of services (53 of 54) achieved their availability target. The one exception was the NHS e-Referrals Service which had two non-critical periods of unplanned downtime during the month. 95.4% of High Severity Service Incidents (21 of 22) were resolved within their target fix time. 100% of services (8 of 8) achieved their response time target.

Organisational Health is reported as Amber. The 'Path to Green' is dependent on workforce planning actions, including alternative sourcing models. The contingent labour sourcing approach could be constrained due to the IR35 regulations for future contractor options. Active management has limited the impact of IR35 with current contractors. Capability development is also a focus of attention with continuing emphasis on Talent Assessment and PDRs. The rate of assignment review completion at end March (49%) was below target but is expected to increase as the PDR and talent assessment process continues through April and May. Sickness absence and turnover remain stable and within target ranges.

Financial Management is reported as Red. The budget for the year was materially restated at M9 to recognise funding realignment from DH and NHS England into NHS Digital, resulting in a net increase to our budget of £56.4m. The expenditure budget therefore also increased by £56.4m, across staff, non-staff and unallocated costs. The draft year-end outturn indicates an underspend for the year of £14.6m against the underspend anticipated at the start of the year of £5m. The underspend has increased from the £11.4m reported last month due to additional income being received in the final month of the year, additional headcount being capitalised and a budget adjustment to transfer some P2020 funding to other ALBs.

Performance This Period

Performance Indicator	Owner	Current Period	Current Forecast	Previous Forecast
Programme Achievement	James Hawkins	A/G	A/G	A/G
IT Service Performance	Sean Walsh	G	G	G
Organisational Health	Carl Vincent	A	A	A
Financial Management: NHS Digital	Carl Vincent	R	R	R

Performance Tracker: Rolling 12 months

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Programme Achievement	A/G	A/G	A/G	A/G	A/G	A	A/G	A/G	A/G	A/G	A/G	A/G
IT Service Performance	R	R	R	R	A	A	G	A	G	R	A	G
Organisational Health	A	A	A	A	A	A	A	A	A	A	A	A
Financial Management: NHS Digital	N/A	G	G	G	R	R	R	R	R	R	R	R

KPI	Programme Achievement
KPI Owner	James Hawkins

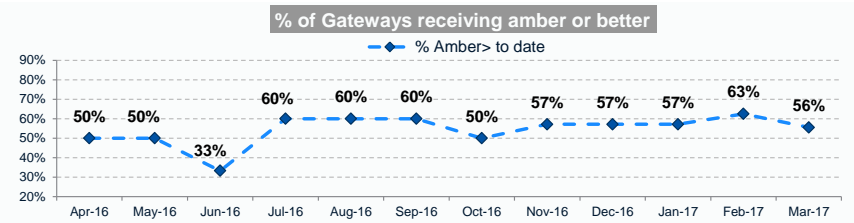
Based on Highlight Reports and Initiation Progress Reports, covering March 2017 activity
 (The programme achievement KPI reporting comprises 30 P2020 programmes and 7 other 'legacy' programmes.)

The overall KPI is reported as Amber/Green. Across all reported programmes overall delivery confidence for March 2017 was 64.3%.

Delivery confidence across the P2020 programmes was 62.0% (Amber-Green). One P2020 Programme reported as Red (GP Data Implementation) and four others reported Amber/Red. For detail please see Appendices 3 and 4.

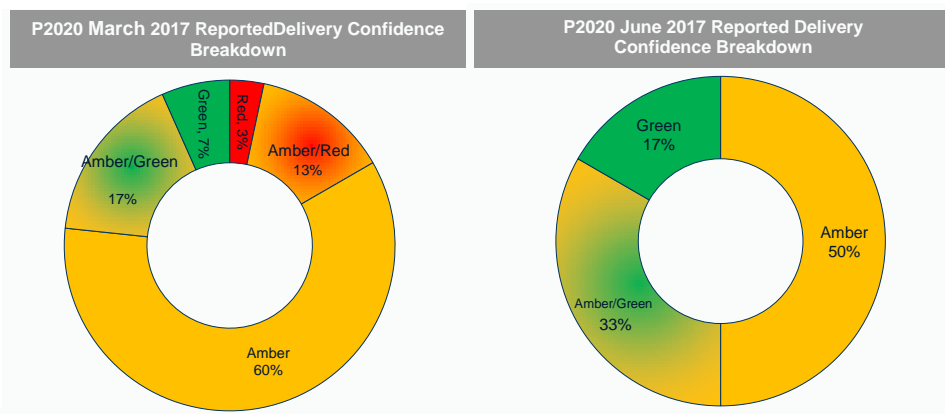
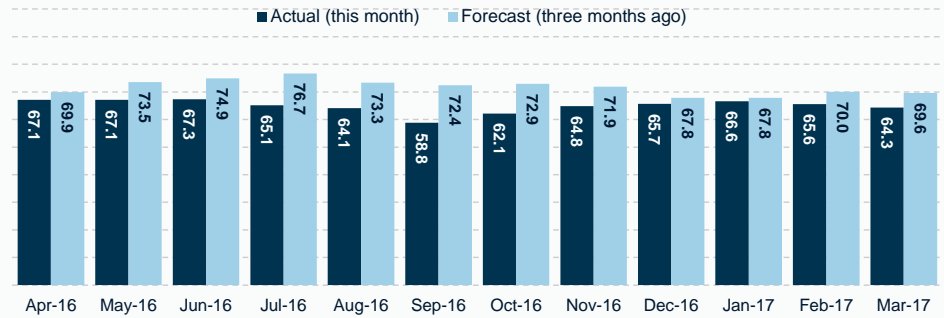
Delivery confidence across the legacy (non-P2020) programmes was 66.7%. Child Protection - Information Sharing is now reporting Amber/Red, after reporting Red for 12 consecutive months. SUS Transition and Spine 2 have been removed from the 'legacy' Dashboard as these have transitioned from programme into service.

Previous RAG	65.6%	A/G
Current RAG	64.3%	A/G
1 Month Future Forecast RAG	64.6%	A/G
2 Month Future Forecast RAG	68.0%	A/G
3 Month Future Forecast RAG	71.7%	A/G



Gateway Reviews: PHC2020 Domain C underwent a Gate 0 Review in March 2017.

Programme Achievement: Delivery Confidence (%)



Benefits Reporting

In March:

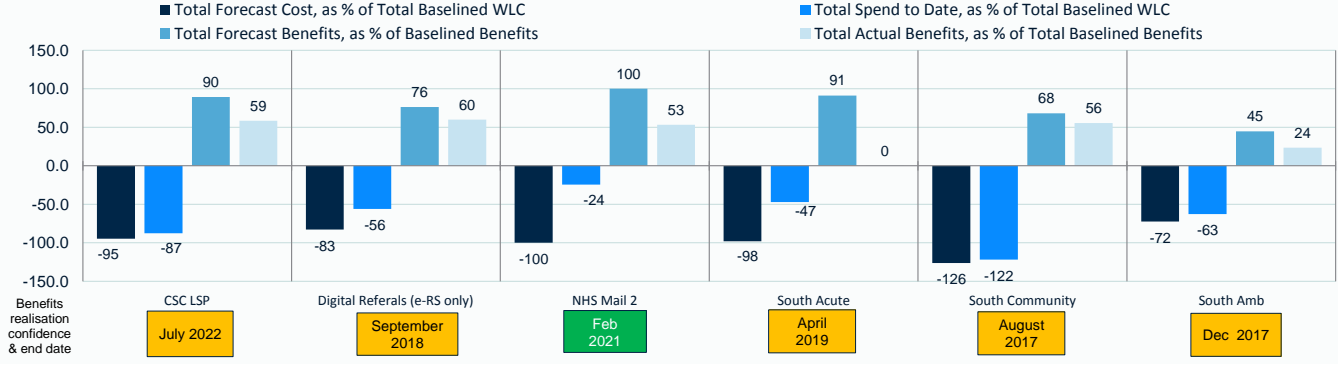
Average forecast cost, as % of baselined / business case whole life cost = **95.7%**

Average forecast benefits, as % of baselined / business case benefits = **78.3%**

Average spend to date, as % of baselined / business case whole life cost = **66.6%**

Average actual benefits realised to date, as % of Baselined / business case benefits = **41.8%**

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



KPI IT Service Performance
 KPI Owner Sean Walsh

Previous RAG A
 Current RAG G
 Forecast RAG G

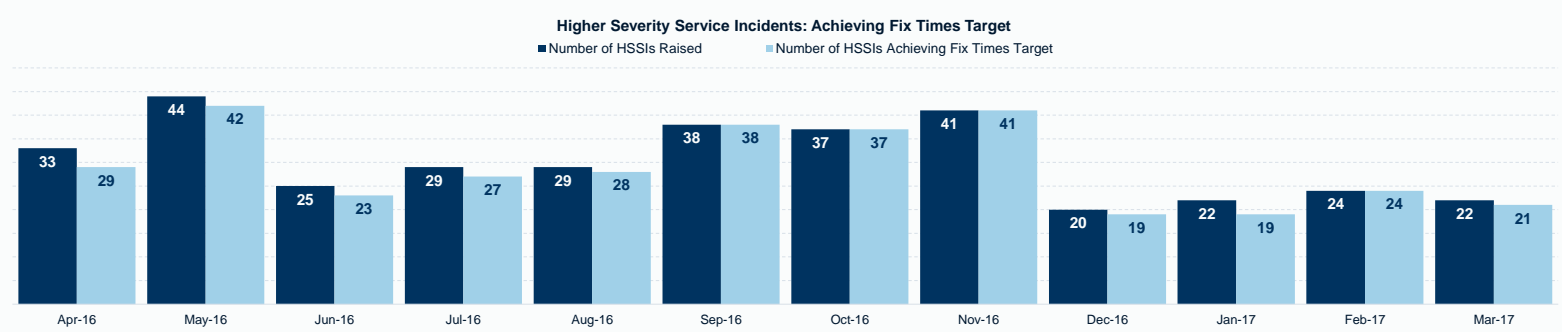
Summary
 March was a positive month, with only a single non-critical level availability failure and a single HSSI fix-time failure. All three main performance indicators achieved a Green RAG status.

Availability
 53 out of 54 services achieved their the average availability target in March.
 One service - the NHS Digital e-Referral Service - failed its availability target at a non-critical level. This breach was caused by two emergency changes for code fix deployments. This resulted in 96 minutes of unplanned downtime on 14 March and 20 minutes of unplanned downtime on 27 March.

Response Times
 All 8 reported services achieved or exceeded their response times target. This is the third consecutive month in which 100% performance has been achieved for response times.
 (note that the response time performance for GDIT's Calculating Quality Reporting Service (CQRS) had yet to be confirmed at the time of report production)

Fix Times: High Severity Service Incidents (HSSIs)
 22 HSSIs were reported in March, 2 fewer than the previous month and below the 12-month average of 30).
 6 clinical safety incidents and one security incident were reported as HSSIs.
 21 of the 22 HSSIs achieved their fix time target.
 One service - the NHS Digital e-Referral Service - experienced a single Severity 2 fix time failure. This related to the first of the emergency changes (14 March) referenced above in the Availability performance commentary.

Incidents of note outside the reporting period
 Since the March reporting period there following noteworthy HSSIs have been reported:
 03 April: BT HSCN (Continuing Orders) - faulty swith card caused 12 sites in the Ilford area to be isolated from the network.
 06 April: Accenture NHSmail2 - users intermittently unable to access NHSmail from a non-corporate LAN (HSCN) connection
 06 April: CSC Lorenzo - Lorenzo performance issues in the emergency department of Sheffield Teaching Hospital



Performance Indicators	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
No. of Services achieving Availability target	57	55	60	56	53	54	56	55	57	53	53	53
No. of Services breaching Availability target, but not to a critical level	1	0	0	2	3	2	1	2	0	1	2	1
No. of Services breaching Availability target at a critical level	1	2	1	1	0	0	0	0	0	1	0	0
Total No. of Services measured for Availability Performance >>>>	59	57	61	59	56	56	57	57	57	55	55	54
No. of Services achieving Response Times target	13	15	15	13	10	9	10	9	9	9	9	8
No. of Services breaching Response Times target, but not to a critical level	0	0	1	1	0	0	0	0	0	0	0	0
No. of Services breaching Response Times target at a critical level	4	2	1	1	1	2	0	1	1	0	0	0
Total No. of Services measured for Response Times Performance >>>>	17	17	17	15	11	11	10	10	10	9	9	8
Total number of Higher Severity Service Incidents (HSSIs)	33	44	25	29	29	38	37	41	20	22	24	22
Total number of HSSIs achieving Fix Times target	29	42	23	27	28	38	37	41	19	19	24	21
% HSSIs achieving Fix Times target	88%	95%	92%	93%	97%	100%	100%	100%	95%	86%	100%	95%

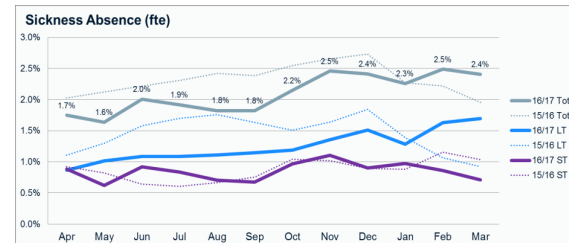
Caveats:
 1. HSSI data for EMIS (GPET-E) in Jan-17 to Mar-17 inclusive, is to be confirmed as at 13/04 (latest quarterly Performance Monitoring Report for Jan-17 to Mar-17 performance not yet received).
 2. All data in this report is potentially subject to change, as it has yet to be fully reviewed by Service Owners and agreed with their Supplier counterparts, as part of their BAU monthly Service Review cycles. If any changes are needed following the completion of all Supplier Service Reviews, these will be reflected in next month's KPI.

KPI: **Organisation Health**
Owner: **Carl Vincent**

Overall Position: The overall position remains amber and is forecast to remain so next month. The 'Path to Green' is dependent on Workforce planning actions, including alternative sourcing models. This work is being undertaken in collaboration with Finance, Commercial, and Delivery leads. The Contingent Labour sourcing approach could be constrained due to the IR35 regulations for future contractor options. Active management has limited the impact of IR35 with current contractors. Capability development is also a focus of attention with continuing emphasis on Talent Assessment, however the 49% rate of Assignment Review completion at end March is disappointing. This is expected to increase as Career Managers and individual staff seek documented reviews from Assignment Managers to support PDRs and subsequent Talent Assessment Moderation panels planned for May 2017/18. Sickness absence and turnover remain stable and within target ranges.

Previous	A
Current	A
Forecast	A

Summary Table	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Engagement Score	>=70	75											
Engagement Actions Completed	>=90%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PDR Completion	>=90%	80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Annual Training Spend / Head	£275/Year	-	-	£89	£103	£136	£158	£167	£184	£191	£271	£306	-
12 Month Average Sickness Absence%	<=3%	1.7%	1.6%	2.0%	1.9%	1.8%	1.8%	2.1%	2.0%	2.0%	2.0%	2.1%	2.1%
Mandatory Training - All Staff (composite)	>=90%	93%	94%	93%	92%	92%	93%	92%	89%	82%	80%	79%	91%
Mandatory Training - New Starters (composite)	>=90%	61%	66%	59%	65%	63%	58%	67%	64%	78%	71%	70%	78%
Time to Hire - In post	>=70	56	51	53	60	63	48	49	59	49	95	80	85
Turnover	9% - 11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	10%	10%
Net Monthly Movement	TBC	-55	1	14	16	-1	-5	11	19	8	39	28	11



Engagement

- Survey Initiative have been appointed to provide the 2017 staff survey. Work is underway to define the themes and questions. The survey is now expected to run in April with results in early May. A communication plan is in place to support the launch of the survey. The survey analysis will incorporate key drivers and benchmarking data for the first time.
- The NHS Digital research and insight team will provide 3 pulse surveys a year to drill down into key themes and issues identified in the main survey and to capture the extent of engagement on key issues for the organisation.

Training and Development

Mandatory Training - Induction of New Starters

- Corporate Induction event attended - 66% / Online Induction accessed 90% - of those who have joined in the last 3 months.

Mandatory Training - All Staff

- Fire Safety compliance score: 87%
- Information Security compliance score: 93%
- Information Governance compliance score: 94%
- The IG training scores are the result of significant proactive monitoring and follow up by Heads of Profession and Career Managers

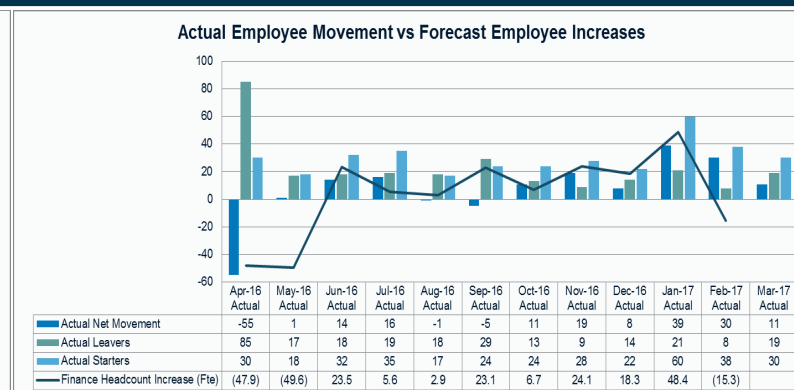
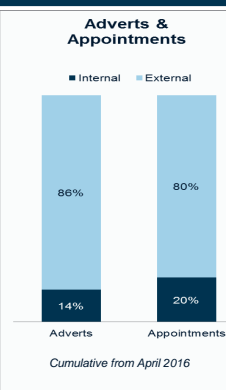
End of Year Assignment Review Form Reporting - Excluding absent staff

- Assignment Review compliance - 49.3%

Sickness Absence

- Sickness continues to track just under 2.5% with long-term sickness remaining the key factor.
- Cases are managed in accordance with policy and there has been some noticeable improvement in the turnaround of data from occupational health which will support the ongoing management of cases.
- We are continuing to support employee wellbeing across the organisation and are working with the Health Assured the EAP provider on resources they have that would support our approach to assisting employees experiencing mental health related issues.

Growing Talent Summary	Final position, cumulative 15/16	Projected placements for 16/17	Appointments 16/17 to date	RECRUITMENT		
				Live Campaigns	% Total Time	Working Days
Work Experience Unpaid work shadowing up to 2 weeks	6	8	12	Advertising	Approval to advert	
				5	3.0%	1.22
Apprenticeship Paid training role against framework/standard	7	63	17	Selection	advert to outcome	
				157	59.1%	38.79
Internship Paid 8 week placement	18	10	11	Appointment	outcome to checks	
				165	22.9%	15.02
Graduate Training Scheme Paid high potential training scheme	9	30	17		checks to agreed start date	
					15.0%	9.84



Attracting and Growing Talent

- NHS Digital facilitated a **Graduate Assessment Centre** on 31 March attended by 24 candidates and resulting in 13 Graduate Scheme offers for Project Management, Business Analysis, Finance and Digital. A further assessment centre is planned for the 18 April. In addition over 100 applications for Graduate Scheme Developers are currently going through the academy application process.
- Preparations for the Government **Apprentice** levy introduced on 6 April have been made. Work is underway to identify existing employees who would benefit from access to qualifications through the PDR process and expressions of interest to host new Apprentices have been requested with 29 to date being received across the business. NHS Digital attended a careers fair for potential apprentices at Leeds First Direct Area on 6 March and are in communication with over 230 individuals who registered interest in our Apprentice Scheme.
- Applications for the 2017 NHS Digital **Internship Scheme** are currently being shortlisted. Over 170 applications have been received for a potential 26 roles.
- NHS Digital have been invited to input to a Leeds City Council initiative focusing on retaining Graduates in Leeds with a view to improving available skills in the city.

Recruitment

Recruitment activity continues at high levels with **342 active vacancies** as at 7 April. Since October '16, **349 offers** have been made to external candidates.

Time to hire for March remains at a similar level, above target, at an average of 85 days. This is attributable to the continuing high volume recruitment campaigns for Project and Programme Delivery and Business Operational Delivery. The initial volume within Project and Programme Delivery has reduced and time to hire is anticipated to improve due to this over the coming months. Time to hire in all other areas of the business is at or below the target of 70 working days.

The **new end to end recruitment** system went live on 3 April on a pilot basis for the Project and Programme Delivery, Digital Services Delivery, Commercial, and Information Analytics & Statistics professions. Full roll out is planned for 24 April using feedback from the pilot and a training plan incorporating WebEx demonstrations and detailed user guides.

Net Movement

- Directly employed and seconded **headcount** at the end of March was 2886 (2779 FTE).
- During 2016/17 there was an **net increase in headcount of 88** (taking account of MARS leavers).

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

Previous RAG	R
Current RAG	R
Forecast RAG	R

Lastrowtag
Lastrowtag

	Budget (£m)	Forecast (£m)	Var (£m)
Income (GiA, ring-fenced & other)	(279.0)	(276.8)	(2.3)
Costs (incl. contingency)	279.0	262.1	16.9
(Surplus)/Deficit	-	(14.6)	14.6
Optimism adjustment:	(5.0)		(5.0)
(Surplus)/Deficit - adjusted	(5.0)	(14.6)	9.6

The draft year-end outturn results in an underspend for the year of £14.6m against the underspend anticipated at the start of the year of £5m.

Financial details are included in the Management Accounts in the Performance Pack.

Lastrowtag
Lastrowtag
Lastrowtag

REVISED KPI

The financial target for this year is a surplus of £5m from the original GiA budget. KPI RAG status for the remainder of the year will be measured as follows:
Note: adjusted at M9 to reflect restated budget

- Green** Surplus between £4.5m and £8.5m
- Amber** Surplus from £2.5m-£4.5m or £8.5m-£10.5m
- Red** Surplus under £2.5m or over £10.5m

2016/17 Financial Year Tracker	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
RAG Rating	G	G	G	R	R	R	R	R	R	R	R

Paperless 2020 Dashboard - March 2017

Domain	P2020 No	Reporting Month:	Exec Portfolio	Overall Delivery Confidence RAG (April, May and June are forecasts)						Key Delivery Milestones					
				Jan	Feb	Mar	Apr	May	Jun	Jan	Feb	Mar			
A	1	P0394	Citizen Identity	HDS	A	A/R	A/R	A/R	A	A	A	A	A	A	→
A	2	P0425	NHS.UK	HDS	A	A	A	A	A	A	A	A	A	A	→
A	3	P0513	Health Apps Assessment and Uptake	HDS	A	A/G	A/G	A/G	A/G	A/G	A/G	N/A	N/A	N/A	-
A	4	P0514	Widening Digital Participation	HDS	A/G	G	G	G	G	G	G	G	G	G	→
A	16	P0537	Personal Health Record	HDS	A	A	A/G	A/G	A/G	A/G	A	N/A	N/A	N/A	-
A	31	P0512	Wi-Fi	HDS	A/G	A/G	G	G	G	G	N/A	N/A	N/A	N/A	-
B	5	P0436	Clinical Triage Platform	HDS	A	A	A	A	A	A	A	G	A	A	→
B	6	P6	Patient Relationship Management	HDS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-
B	7	P0516	Access to Service Information	HDS	A	A	A	A	A	A	A/G	A	A	A	→
B	8	P8	Out of Hospital Care	HDS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-
C	9	P0538	GP Payments Futures	HDS	A/G	A	A	A	A	A	A/G	N/A	A	A	→
		P0422	SNOMED CT in Primary Care	HDS	A	A	A	A	A	A	A	A	A	A	→
		P0518	GP Connect	HDS	A	A/R	A	A	A	A	A	A	R	R	→
C	11	P0520	Technology for GP Transformation	HDS	A/R	A/R	A/R	A	A	A/G	A	A	A	A	→
C	12	P0413	GP Data Implementation	HDS	A/R	R	R	R	R	A/R	A	R	R	R	→
D	13	P13	Integration Projects	PSI	A/R	A/G	A/G	A/G	G	G	N/A	A	G	G	↑
D	14	P14	Interoperability & Architecture	PSI	A	A	A	A	A	A	N/A	A	A	A	→
D	15	P0341	Social Care	PSI	A/G	A/R	A/R	A/R	A/R	A/R	A/G	G	G	G	→
E	17	P0523	Digitising Community Pharmacy & Medicines	HDS	A	A	A	A	A	A	N/A	N/A	N/A	N/A	-
E	18	P0524	Pharmacy Supply Chain & Secondary Uses	HDS	A/G	A	A	A	A	A	A	A	A	A	→
E	19	P0525	Integrating Pharmacy Across Care Settings	HDS	A	A	A	A	A	A	A	A	A	A	→
F	20	P0238	Digital Referrals & Consultations	HDS	A	A	A	A	A	A	A	A	A	A	→
G	21	P21	Provider Digitisation	PSI	A/G	A	A	A	A	A/G	A/G	G	A	A	→
G	22	P22	Digital Child Health	PSI	A	A	A	A	A	A	N/A	A	A	A	→
G	23	P23	Digital Diagnostics	PSI	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-
G	24	P24	Building a Digital Ready Workforce	PSI	A	A/G	A/G	A/G	A/G	G	A	A	A	A	→
H	25	P0453	National Data Services Development	I&A	A/R	A/R	A	A	A	G	R	A	A	A	→
H	26	P26	Data Content and New Data Collections	I&A	A	A	A	A	A	A	A	A	A	A	→
H	27	P27	Innovative uses of Data	I&A	A/G	A/G	A/G	A/G	A/G	A/G	N/A	N/A	G	G	-
I	29	P0196	NHSmail 2	HDS	A	A	A	A	A	A/G	G	G	G	G	→
I	30	P0190	Health and Social Care Network	PSI	A/R	A/R	A	A	A	A	A	A	A	A	→
J	32	P0325	Data & Cyber Security	OAS	A	A	A	A	A	A/G	A	A	A	A	→
J	33	P33	National Opt-Out Model	PSI	A/R	A/R	A/R	A/R	A	A	A	A	A	A	→

Delivery Confidence - Paperless 2020:	
March-2017	A/G 62.00%
June-2017	A/G 73.33%

The following P2020 programme reports and Overall Delivery Confidences, were SRO approved at the time of producing this report (13/04/2017 13:04): 01. Citizen Identity, 13. Integration projects, 14. Interoperability & Architecture, 15. Social Care, 17. Digitising Community Pharmacy, 20. Digital Referrals 21. Provider Digitisation, 24. Building a Digital Ready Workforce, 25. National Data Services Development, 32. Data and Cyber Security.

Based on Highlight/Initiation Reports covering activity in March-17

Trend Key	Description
↑	RAG improvement from previous month
→	RAG same as previous month
↓	RAG decrease from previous month

Non Completion Key	
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 of information around the progression of an approval)

Paperless 2020 Dashboard - March 2017

Domain	P2020 No	Reporting Month:		Current year financial forecast against budget			Investment justification (BC etc) forecast spend status			Benefits realisation confidence				Resourcing Against Plan					
				Dec	Jan	Feb	Jan	Feb	Mar	Jan	Feb	Mar	Jan	Feb	Mar				
A	1	P0394	Citizen Identity	G	G	G	→	G	G	G	→	N/A	N/A	N/A	-	G	A	A	→
A	2	P0425	NHS.UK	G	G	G	→	G	G	G	→	A	A	A	→	A	A	R	↓
A	3		Health Apps Assessment and Uptake	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
A	4		Widening Digital Participation	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	G	G	G	→
A	16		Personal Health Record	R-U	N/A	N/A	-	G	N/A	N/A	-	N/A	N/A	N/A	-	A	N/A	N/A	-
A	31		Wi-Fi	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
B	5		Clinical Triage Platform	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	A	A	A	→
B	6		Patient Relationship Management	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
B	7		Access to Service Information	R-U	R-U	A	↑	A	A	G	↑	G	G	G	→	A	R	R	→
B	8		Out of Hospital Care	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
C	9		GP Payments Futures	N/A	R-U	R-U	→	N/A	G	N/A	-	N/A	G	G	→	N/A	A	A	→
		P0422	SNOMED CT in Primary Care	A	A	A	→	G	G	G	→	G	G	G	→	A	A	G	↑
		P0518	GP Connect	A	A	A	→	G	G	G	→	G	G	G	→	R	A	A	→
C	11		Technology for GP Transformation	R-U	R-U	R-U	→	G	R	R	→	G	G	G	→	A	A	R	↓
C	12	P0413	GP Data Implementation	G	G	G	→	A	A	A	→	N/A	N/A	N/A	-	R	G	A	↓
D	13		Integration Projects	N/A	N/A	A	-	N/A	N/A	A	-	N/A	N/A	A	-	N/A	A	G	↑
D	14		Interoperability & Architecture	N/A	A	A	→	N/A	A	A	→	N/A	N/A	N/A	-	N/A	A	A	→
D	15	P0341	Social Care	A	A	A	→	G	G	G	→	N/A	N/A	N/A	-	A	A	A	→
E	17		Digitising Community Pharmacy & Medicines	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
E	18		Pharmacy Supply Chain & Secondary Uses	G	G	G	→	G	G	G	→	G	G	G	→	A	A	A	→
E	19		Integrating Pharmacy Across Care Settings	G	G	G	→	A	G	G	→	G	G	G	→	A	A	A	→
F	20	P0238	Digital Referrals & Consultations	G	G	G	→	G	G	G	→	A	A	A	→	A	A	A	→
G	21		Provider Digitisation	G	R-U	R-U	→	G	R	R	→	N/A	N/A	A	-	A	A	A	→
G	22		Digital Child Health	N/A	R-U	R-U	→	N/A	A	A	→	N/A	N/A	N/A	-	N/A	A	A	→
G	23		Digital Diagnostics	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-
G	24		Building a Digital Ready Workforce	R-U	A	G	↑	R	A	A	→	N/A	N/A	N/A	-	G	G	G	→
H	25	P0453	National Data Services Development	A	A	A	→	N/A	N/A	N/A	-	A	A	A	→	A	A	A	→
H	26		Data Content and New Data Collections	A	A	A	→	G	G	G	→	N/A	N/A	N/A	-	R	R	R	→
H	27		Innovative uses of Data	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	N/A	-	N/A	N/A	R	-
I	29	P0196	NHSmail 2	R-O	R-O	R-O	→	G	G	G	→	G	G	G	→	A	A	G	↑
I	30	P0190	Health and Social Care Network	A	A	A	→	G	G	G	→	A	A	A	→	A	A	A	→
J	32	P0325	Data & Cyber Security	G	G	G	→	G	G	G	→	N/A	N/A	N/A	-	A	A	A	→
J	33		National Opt-Out Model	G	G	G	→	G	G	G	→	N/A	N/A	N/A	-	A	A	A	→

Overall Delivery Confidence for Paperless 2020 (Calculated):	
March-2017	A/G 62.00%
June-2017	A/G 73.33%

Based on Highlight/Initiation Reports covering activity in March-17

The following P2020 programme reports and Overall Delivery Confidences, were SRO approved at the time of producing this report (13/04/2017 13:04): 01. Citizen Identity, 13. Integration projects, 14. Interoperability & Architecture, 15. Social Care, 17. Digitising Community Pharmacy, 20. Digital Referrals 21. Provider Digitisation, 24. Building a Digital Ready Workforce, 25. National Data Services Development, 32. Data and Cyber Security.

Trend Key	
↑	RAG improvement from previous month
→	RAG same as previous month
↓	RAG decrease from previous month

Non Completion Key	
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 of information around the progression of an approval)

KPI	Programme Achievement	Appendix 2 - Programme Delivery Dashboard
KPI Owner	James Hawkins	

Legacy Portfolio Delivery - March 2017														
Reporting Month		Exec Portfolio	Overall Delivery Confidence RAG (April, May and June are forecasts)						Risk RPA	Key Delivery Milestones				
			Jan	Feb	Mar	Apr	May	Jun		Jan	Feb	Mar		
P0546/03	South Community Programme	PSI	A/G	A/G	A/G	→	A/G	A/G	A/G	Med	A	A	A	→
P0546/02	South Ambulance Programme	PSI	A/G	A/G	A/G	→	A/G	A/G	A/G	Med	G	G	G	→
P0546/01	South Acute Programme	PSI	A	A	A	→	A	A	A	High	A	A	A	→
P0031	CSC LSP	PSI	A/G	A/G	A/G	→	A/G	A/G	A/G	High	G	G	G	→
P0004	Child Protection – Information Sharing	D&T	R	R	A/R	↑	A/R	A	A	Med	R	R	R	→
P0207	Health & Justice Information Services	PSI	NR	NR	NR		NR	NR	NR	Med	NR	NR	NR	
P0301/00	FGMP	PSI	A	A	A	→	A	A	A	N/A	G	G	G	→

Delivery Confidence - Existing Portfolio:	
March-2017	A/G 66.67%
June-2017	A/G 70.00%

The following legacy (non P2020) programme reports and Overall Delivery Confidences, were SRO approved at the time of producing this report (13/04/2017 13:04): P0546/03 South Community Programme, P0546/02 South Ambulance Programme, P0546/01 South Acute programme, P0031 CSC LSP

Based on Highlight Reports covering activity in

March-17

Trend Key

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

Non Completion Key

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 of information around the progression of an approval)

KPI	Programme Achievement
KPI Owner	James Hawkins

Appendix 2 - Programme Delivery Dashboard

Legacy Portfolio Delivery - March 2017																	
		Current year financial forecast against budget				Investment justification (BC, MoU etc) forecast spend status				Benefits realisation confidence			Resourcing Against Plan				
		Dec	Jan	Feb		Jan	Feb	Mar		Jan	Feb	Mar		Jan	Feb	Mar	
P0546/03	South Community Programme	G	G	G	→	A	A	A	→	A	A	A	→	A	A	A	→
P0546/02	South Ambulance Programme	G	G	G	→	G	G	G	→	A	A	A	→	A	A	A	→
P0546/01	South Acute Programme	R-U	R-U	R-U	→	G	G	G	→	A	A	A	→	A	A	A	→
P0031	CSC LSP	R-U	R-U	R-U	→	G	G	G	→	A	A	A	→	G	G	G	→
P0004	Child Protection – Information Sharing	R-U	R-U	R-U	→	A	A	A	→	A	A	A	→	A	A	A	→
P0207	Health & Justice Information Services	-	-	-		NR	NR	NR		NR	NR	NR		NR	NR	NR	
P0301/00	FGMP	G	G	G	→	G	G	G	→	N/A	N/A	N/A		A	A	A	→

Delivery Confidence - Paperless 2020:	
March-2017	A/G 66.67%
June-2017	A/G 70.00%

The following legacy (non P2020) programme reports and Overall Delivery Confidences, were SRO approved at the time of producing this report (13/04/2017 13:04): P0546/03 South Community Programme, P0546/02 South Ambulance Programme, P0546/01 South Acute programme, P0031 CSC LSP

Trend Key

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

Non Completion Key

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 of information around the progression of an approval)

Board Meeting – Public Session

Title of paper:	Child Protection – Information Sharing
Board meeting date:	03 May 2017
Agenda item no:	NHSD 17 01 04 a
Paper presented by:	Beverley Bryant Director of Digital Transformation
Paper prepared by:	Penny Coulthard, Programme Head Child Protection – Information Sharing
Paper approved by: (Sponsor Director)	Beverley Bryant Director of Digital Transformation
Purpose of the paper:	This paper summarises recent progress on the Child Protection – Information Sharing project
Additional Documents and or Supporting Information:	No additional documents to the board paper
Please specify the key risks and issues:	Local Authorities and NHS organisations have competing priorities for their resources so we need to continue to work with them closely and influence national bodies to maintain momentum on the project
Patient/public interest:	Direct - parents of children who are on child protection plans or are looked after will have limited information shared between health and social care professionals Indirect - vulnerable children will be better protected, efficiencies and improved timeliness in how information is shared
Supplementary papers:	No supplementary papers
Actions required by the Board:	<ol style="list-style-type: none"> 1. Note the progress and actions in hand outlined in this paper to accelerate progress in CP-IS deployment 2. Note the revised delivery milestones, that reflect a more realistic deployment trajectory 3. Offer any support or suggestions to further raise the profile and speed of deployment of the project

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Child Protection – Information Sharing

Board update

Published 03 May 2017

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Executive Summary

This paper summarises recent progress on the Child Protection – Information Sharing project. The project has been “red” for several months and the Board requested a paper to describe progress and outline the steps being taken to put the programme back on track. Progress has been endorsed by the Project board and SRO, with a revised RAG status in March of “red/amber” with the expectation of a further reduction to “amber” in subsequent months.

The board is also asked to note revised delivery milestones and deployment trajectory. These reflect the complexity of the project and the need to provide support to NHS and Local Authorities to realise the benefits of the system. The revised milestones were approved by the Child Protection – Information Sharing project board on 17 March 2017.

Background and context

The Child Protection – Information Sharing (CP-IS) project links information about vulnerable children between social care and unscheduled NHS care settings via the NHS Spine.

It enables staff in unscheduled healthcare settings to identify if a child is subject to a child protection plan or is looked after by a Local Authority. It allows both social care and healthcare staff to see if such a child has been visiting a range of different unscheduled healthcare settings. Serious Case Review findings suggest that perpetrators of child abuse will sometimes take an ill child to different care settings to avoid raising suspicion, in the expectation that healthcare and social work staff across different geographies will not share information with each other. The Child Protection – Information Sharing project allows relevant information to be shared between professions across geographies to make detection of such behaviour more likely.

The current scope of the project is children who are on a Child Protection Plan or are Looked After; visiting unscheduled NHS care settings, including emergency departments, walk-in centres, minor injury units, GP out of hours services, ambulance services, maternity and paediatric wards.

The project was initiated originally in response to several high profile cases where lack of information sharing was cited as a contributory factor and is one of Lord Laming’s recommendations. The Department of Health (DH) launched the CP-IS project in December 2012 following business case approval, with NHS Digital commissioned as the delivery agent. The business case had the full support of the Department for Education (DfE), the Association of Directors of Children’s Services (ADCS), a wide range of health professional bodies and charities including the NSPCC. Ownership was transferred from the Department of Health to NHS England in spring 2013 with responsibility sitting with the Nursing Directorate in NHS England, as part of the Safeguarding portfolio

The project is in year four of a five year business case and is in the process of deploying the solution across 152 Local Authorities and 1,200 care settings. This requires technical work to accredit software suppliers and work in partnership with both Local Authority and NHS sites to deploy the technical solution, review their business processes and train staff to use Child Protection – Information Systems as part of their day to day safeguarding processes.

The original business case for CP-IS included the following targets:

- 80% of LAs live with the CP-IS system by 31 March 2018
- 80% of local integration of the CP-IS system within the NHS by 31 March 2018.

In Summer 2016, it was clear that the project was failing to achieve these targets and would struggle to meet them ongoing. Although it was right to set ambitious targets, and aim for these with total commitment, a review of the programme by NHS Digital and NHS England, with support from the Cabinet Office IPA review, recognised that new milestones should be set for the project and the approach to delivery reconsidered. Within NHS Digital, the project moved to the Digital Transformation portfolio, to be part of the Implementation and Business change (IBC) unit, with a new Programme Director and Programme Head assigned.

Following the changes in approach and subsequent impact on deployment outlined in the next two sections, in March 2017 the project RAG rating was reduced by the project board and SRO. It has been changed from “red” to “red/amber”, with the expectation of further reducing to “amber” in the subsequent months.

Delivery approach and milestones

Revised delivery approach

Improvements and changes to the approach to implementation have been introduced to improve implementation uptake, namely:

Stakeholder management

Wider awareness and support from senior influencers is contributing to the drive to adopt the CP-IS product by LAs and NHS Trusts. A stakeholder map has been created and is reviewed monthly to help identify priority actions for the programme with key stakeholders. NHS Digital and NHS England staff at all levels are now engaged in promoting Child Protection – Information Sharing in a variety of forums, national & local bodies and at many differing levels.

Co-ordinated deployment across Social Care and Health

The full benefit of CP-IS is realised when both the Local Authority and its corresponding NHS sites are both live. This also means that staff become quickly familiar with the system and processes as they see notifications coming through. We have been working closely with local project boards that work across health and social care, to co-ordinate deployment. Some specific clusters of sites have also been focussed on, such as Greater Manchester, to achieve a whole geographical area live and work with regional bodies.

Local Authority funding

In response to a lack of funds being a blocker to some sites going live, a CP-IS fund of £350k was launched to Local Authorities on 11 January 2016. 69 applications were received and the fund was oversubscribed. The impact, effectiveness and scope of the allocation of additional funding to incentive adoption will be reviewed and a similar fund considered for 2017/8.

Engaging with suppliers

For CP-IS to be implemented, changes have to be made in existing social care and health systems, accreditation by NHS Digital and then deployed across sites. There are 12 social care systems and over 65 health systems for these changes to be made to.

Regular calls take place with suppliers that have an accredited CP-IS solution, to support sites going live and trouble-shoot issues.

We are working closely with suppliers in the accreditation process and facilitating the process with other NHS Digital teams such as Information Governance, Clinical Safety and Solutions Assurance, to ensure that supplier solutions are robust and safe.

Communications

A revised communications strategy has been developed which focusses on updating materials and using live sites to talk about their implementation journey and the benefits they have seen from the system. A number of CP-IS Champions have been recruited to take part in events, case study work, visits and media work relating to the programme. The aim is to use ambassadors in the health and social care sectors to help encourage other Local Authorities and NHS Trusts to speed up their implementation.

An implementation forum has been scheduled for 27 April 2017 where sites (both Local Authority and NHS) that are in the process of going live, and those that are already live, can share experiences and participate in workshops.

Support from other NHS Digital teams

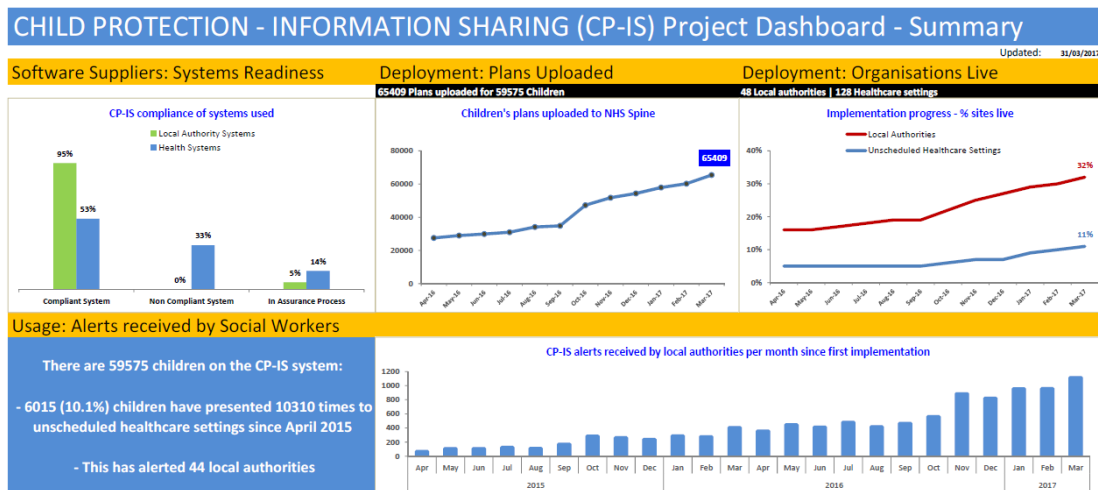
As a result of the Summary Care Record (SCR) and CP-IS team both now being part of the Digital Transformation Directorate, we have worked with the SCR team to jointly promote the usage of CP-IS through the Summary Care Record application viewer (SCRa). This has contributed to the increased rate of NHS site deployment. This gives NHS sites the option to use SCRa to access information, before CP-IS has been integrated in their current systems. With the creation of the Implementation and Business Change (IBC) regional teams, regional engagement, particularly at the more strategic level, will increase. We have also worked closely with the Supplier Management team in the Digital Transformation Directorate, to co-ordinate work with social care suppliers.

Impact of the revised delivery approach

The revised delivery has resulted in an improvement in deployment and system usage from October 2016, as can be seen in the summary dashboard below.

As of 31 March 2017, 30% (48) of Local Authority sites have deployed CP-IS. 14% (45) of healthcare organisations have implemented CP-IS, consisting of 10% (128) of NHS sites.

There are now over 59,000 children on the CP-IS system. Since April 2015 they have generated over 10,000 notifications to social workers, when they have attended a health setting, this is approximately 1,000 month notifications. These notifications have provided additional protection to vulnerable children.



The main challenges faced in deploying in both Local Authority and NHS settings have been:

- In many cases it is the first time NHS Digital has engaged with social care suppliers and Local Authorities
- Some early technical challenges that have now been resolved, e.g. changes in Spine configuration and requirement to have an N3 connection.
- Time taken for software suppliers to develop their solution and gain accreditation was underestimated
- Lack of sufficient funding in original business case for implementation, both resources and financial incentives. The original business case included funds for social care suppliers to incorporate CP-IS into their systems, but no funds for NHS suppliers or funds for Local Authority or NHS business process change and project management. The original case also underestimated the number of project implementation resources required, which was increased in 2016 and has contributed to increased deployment. This situation has been exacerbated by subsequent Local Authority reductions in funding and NHS winter pressures.

The current challenges are:

- Availability of software accredited with CP-IS, the cost of upgrades to the version of software that includes CP-IS or migrations between software providers
- Competing priorities for already scarce resources in business change, project management and IT teams, in both Local Authorities and NHS sites
- Co-ordination of Local Authority and NHS sites to go live in similar time frames

New delivery milestones

The original milestones for the CP-IS project were originally set as part of the business case in 2012. Recent internal deep dives and an external PAR review recommended that these milestones be reviewed and the project re-baselined as they were overly ambitious given the complexity of the programme and the resources that had been defined in the business case.

The project team have reviewed a best case trajectory based on factors such as known go-live dates, availability of accredited solutions and the link between Local Authorities and Health sites going live. This has been compared to the current run rate to propose revised more realistic project milestones, summarised in the table below.

	% Local Authorities live	% NHS settings
March 17 (actuals)	30%	10%
March 18	65%	45%
March 19	90%	80%

This will require extension of the project by an additional year; however at the end of that period (March 2019) the percentage of Local Authority sites to be live has been increased to 90%. Any Local Authority or NHS sites that are not live at that point will be managed to live in the subsequent year through the Implementation and Business Change team.

Improved project controls and governance

Governance and project controls

The composition of the project board has been reviewed and external representation increased by the addition of representatives from NSPCC, NHS England Regional Safeguarding lead, Local Government, an NHS Trust CCIO (TBC) and Local Government Association (LGA) (TBC) internal project controls have been strengthened through a more rigorous risk and issue process, detailed planning, implementation and strategic supplier strategies and an update to the Project Initiation Document.

Metrics and trajectory

More realistic milestones have been created for the project as outlined in this paper. This builds on work to create trajectories for Local Authorities and NHS deployment, based on projected go-live dates, supplier accreditation dates and typical deployment timescales.

Corporate Governance and compliance

Regular reporting will continue through the Monthly Highlight report, to the portfolio office, which is summarised to the board, adhering to corporate standards for reporting. Appropriate assurance plans are in place, including internal deep dives and external reviews.

Benefits of Child Protection – Information Sharing

The Child Protection – Information Sharing (CP-IS) project links information about vulnerable children between social care and NHS care settings via the NHS Spine. Details of children who are subject to a child protection plan or who are looked after, are automatically uploaded overnight from the local authority social care system to the NHS Spine, identified by their NHS number. A clinician will be alerted if one of these children attend, via the healthcare system the clinician is using. They will be made aware that the child is subject to a plan and the local authority contact details and are able to see any history of similar attendances at care settings. The relevant social worker will also be sent a notification that the child attended, with relevant contact details and a history of similar attendances. This process replaces local systems, manual list sharing or no existing process.

The benefits of CP-IS can be divided into three main groups:

Early intervention - taking action to prevent or reduce future harm happening to children

1. Knowing the child protection status of the child contributes to a more holistic clinical assessment whilst in an unscheduled healthcare setting. As a result, decisions can be made to seek intervention earlier. With instant access to CP-IS information, communication with the appropriate social worker can take place quickly leading to a better outcome for the child.
2. The social worker is notified immediately that a child in their care has presented at a care setting. The social worker has knowledge of the child and family and can assess whether an intervention is required to achieve a good outcome for the child.

Improved safety and care

1. CP-IS is a national system. Health staff can see vital information about children based anywhere in England. Social care staff can see if a child in their care attends a care setting anywhere in the country.
2. Health and social care staff are provided with each other's contact details so they are able to work more closely together. Sharing information will support better decision making about the child's care.
3. Health staff in care settings have additional information over and above their existing safeguarding procedures and so the risk of missing a child who is known to a local authority is reduced. In addition, a flagged vulnerable child is more likely to see a senior clinician ensuring a senior overview of the child's care.

Increased workforce efficiency and effectiveness

1. Child Protection - Information Sharing replaces manual processes, thus freeing up resources to be used elsewhere. The process is automated and information is sent to the NHS Spine daily ensuring a child's data is always up to date and current.
2. Local authorities won't have to collate a child protection list and send it to their local health partners. This will remove the associated costs, time and effort in managing this process. Likewise, NHS trusts won't have to receive and distribute the child protection list to the relevant departments, or set safeguarding flags to alert clinicians if a child attends. The freed up time, cost and effort can be used elsewhere.

Funding

The CP-IS project is funded by NHS England. The original investment was costed at £8.6m, which was reduced in the final business case to £6.77m, running to 31 March 2018. The total expenditure to 31 March 2017 is £5.8m. The funds to extend the project to 31 March 2019 have been awarded as part of the NHS England business planning process.

A Tolerance Exception Report will be prepared to gain approval for the additional spend. It is estimated that to extend the programme by a year will incur costs of approx. £2.1m for an additional year's funding, this will be evaluated in more detail as part of the Tolerance Exception Report process. The cost of the additional year, any additional incentives budget and the impact on benefits profile will be assessed as part of the Tolerance Exception Report.

Risks and Issues

Risk Description	Mitigation
Milestones are too optimistic and project delivery timelines are longer	Milestones have been based on bottom-up evaluation of proposed site go-live dates and software availability. Monthly reviews will track progress and propose corrective actions.
Local Authorities and NHS organisations have competing priorities for their resources that mean CP-IS is given lower priority	Engagement with national and regional stakeholders. Consider further financial incentives.
Changes in project milestones attracts negative press attention	Proactive media plan has been created to manage the change in milestones, including positive case studies to demonstrate the benefits of the project.

Management Responsibility

Beverley Bryant is the Executive Director responsible for the CP-IS project.
 Eve Roodhouse is the Programme Director responsible for the CP-IS project.
 Penny Coulthard is the Programme Head responsible for the CP-IS project

Recommendations to the board

1. Note the progress and actions in hand outlined in this paper to accelerate progress in CP-IS deployment
2. Note the revised delivery milestones, that reflect a more realistic deployment trajectory
3. Offer any support or suggestions to further raise the profile and speed of deployment of the project

Board Meeting – Public Session

Title of paper:	NHS Digital Social Care – update briefing
Board meeting date:	03 May 2017
Agenda item no:	NHSD 17 01 04 b
Paper presented by:	Tom Denwood Director of Provider Support and Integration
Paper prepared by:	James Palmer Programme Head Social Care Programme
Paper approved by: (Sponsor Director)	Tom Denwood Director of Provider Support and Integration
Purpose of the paper:	To brief the board on the ongoing work of NHS Digital and the National Social Care Advisory Group (NSCAG) to support social care priorities across the Paperless 2020 portfolio.
Additional Documents and or Supporting Information:	No additional papers
Please specify the key risks and issues:	Risk: The work of NHS Digital and Paperless 2020 does not fully address key issues in relation to social care, and therefore does not fully support the delivery of the NHS 5 Year Forward View.
Patient/public interest:	The review will consider both direct and indirect public interest.
Supplementary papers:	No supplementary papers
Actions required by the Board:	To note the position.

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NHS Digital - Social Care update briefing

Published 03 May 2017

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Executive Summary

This paper outlines the work being carried out within NHS Digital to support social care.

In the context of the ongoing transformation of local government, their key role in Sustainability and Transformation Partnerships, and new care models, the paper includes the work of the Social Care Programme within the Paperless 2020 (P2020) agenda, the work of NHS Digital which sits outside but complements the P2020 work, the work of the National Social Care Advisory Group (NSCAG), and the work currently underway to better understand the potential impact that the P2020 portfolio will have on social care.

NHS Digital is playing an increasingly prominent role to support the challenges in social care, and is reviewing its role jointly with partners, to ensure its impact is maximised.

Background

Over the last four years NHS Digital has been increasing its focus and value to the delivery of Adult and Child Social Care services, working increasingly collaboratively with key players across health, public health and social care in supporting the system to make the best use of resources and improving health and care outcomes.

The Department of Health looks to NHS Digital to play a lead role, in transforming the use of technology, digital services and data across the system to support service improvement and effective demand management.

Historically the Health and Social Care Information Centre (HSCIC), focused on data collection in relation to social care – influencing commissioning and supporting central government's knowledge of performance.

In 2014 (as HSCIC) the decision was made to invest directly in exploring the use of technology and digital services to support social care operational activities, recruit directly from the Local Government and Social Care Sector to key positions, and form a strong alliance with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). Similarly, strong relationships have been established with the Society of Information Technology Management (SOCTIM- a society for IT/digital leaders in especially Local Authorities), Skills for Care, the Social Care Institute for Excellence, and the British Association of Social Workers.

Place based collaboration agreements were put in place between NHS Digital and Leeds City Council, and Connecting care in Bristol, to ensure a two way-flow of expertise and insights, and specific targeted focus on projects of mutual benefit.

In December 2015, the NHS Digital Board Development Day considered proposals for prioritising our work in 2016/17, reflecting the priorities discussed with the Department of Health and agreed with ADASS. It was agreed the proposed focus for FY16/17 should be:

- **Define and deliver a range of core informatics standards and support products** that are underpinned by a clear benefits realisation plan and can be customised to address local issues;
- **Develop a clear implementation support offer**, to enable local and national commissioners to access the skills and resources to deliver benefits for the local health and care economy and to citizens;

- **Manage mature and positive relationships with stakeholders**, customers, care providers, suppliers, commissioners and providers which will form the foundation for effective delivery partnerships.

NHS Digital worked jointly with the LGA to rollout during 2016 a Social Care Digital Maturity Self-Assessment, to enable Local Authorities to record a baseline position for their future development.

This initial work has been delivered, and has now developed into one of the programmes within the P2020 portfolio (Social Care Programme 15) in the Integrated care and social care (Domain D), with a planned investment of over £20million to explore and develop products and services that will impact on the key strategic drivers for social care.

Outside of the dedicated programme it is clearly anticipated that wherever it is appropriate within the P2020 portfolio that the deliverables are inclusive of, and accessible to, social care and work is underway to better understand the organisation wide impact. Specific examples of these are NHS Mail rollout to care homes, the Health and Social Care Network to provide a single data network between care settings.

To that end in 2016 NHS Digital commissioned a research agency, GfK, and the Social Care Institute for Excellence to carry out research project conducted with frontline social workers. The aim of the study was to gain insight into how the social work role can be supported, now and in the future, through the use of information technology. The two-phase research approach consisted of qualitative focus groups and depth interviews, followed by a quantitative online survey of almost 800 frontline social workers and managers, across both adult and children's social care, with findings to be published in July 2017.

To complement this P2020 work, NHS Digital continues to deliver a number of significant products and services to the social care sector such as:

- **Child Protection - Information Sharing (CP-IS)** is a nationwide system that enables child protection information to be shared securely between local authorities and NHS trusts across England;
- **Information and analysis** - The NHS Digital Data collection team are involved in a wide variety Social Care collections, including the Adult Social Care Outcomes Framework (ASCOF) and the National Minimum data Set for Social Care (NMDS-SC) Social Care Collections. The team also cover a range of statistical reports on activity, expenditure, workforce, and annual social care user surveys. A review of Social Care data collections is currently being completed by P2020 in Domain H.
- **Access to the NHS Number.** NHS Digital has been the cause of frustration in requiring absolute clarity on the legal basis for sharing the NHS number, to Local Authorities, as they requested it for the purposes of delivery of care packages to clients and enabling their matching to local care records. A new service has been established to provide this, but not before reputational damage was caused.

P2020 Social Care Programme

The P2020 Social Care Programme is responsible for the development of adult social care capabilities within the P2020 portfolio, covering the themes of integration of health and social care and social care transformation and efficiency, by:

- Identifying digital capabilities that will deliver benefits for citizens, patients, commissioners and providers within social care operational activity and its integration with health;

- Developing those capabilities to the point where they can be utilised by front line services; and,
- Ensuring there is an appropriate vehicle to support local implementation of the capability within or outside of P2020.

This initial work, and investment, includes specific project delivery for a clearly defined set of projects. This includes:

- **A structured Messaging exchange service to stream line discharge from acute settings to local authority social care.** This service supports the Care Act Compliant discharge of patients from an acute setting requires an exchange of logistical information in relation to an individual's requirement for a social care assessment (known as Assessment, Discharge and Withdrawal or ADW). NHS Digital has established a national information standard and the capability to exchange this information through the Messaging Exchange service for Social Care and Health (MESH). The implementation of this over four years to over half of all local authorities has the potential to deliver £83m of benefits over this time; the service also covers the cross boundary flow of information.
- **An innovation investment fund for Local Authorities.** Launched jointly with the LGA in February 2017, we are currently evaluating bids from 76 Local Authorities for technology projects to be delivered in 2017/18, on the following themes:
 - Sharing information and integrating services;
 - Enabling people to interact with care services through digital channels;
 - Promoting independence and wellbeing through the use of digital services and technology;
 - Integrating commissioning through the improved use of information and analysis;
 - Enabling care professionals to work from any base at any time.
- **Support for Care Homes to improve Information Governance to access NHSmail.** During 2016 the NHS Digital Programme worked with the Care Provider Alliance to develop the care homes sectors knowledge, understanding and interest in Information Governance. This project will in summer 2017/18, launching a set of guidance aimed specifically at Care Home Managers with limited or no IT background or staff. The initial testing of the guidance has reduced the time taken for a Care Home to complete the Information Governance Toolkit by 2 months, without the need for specialised staff costs.

In addition there discovery work taking place on a development of solutions to meet identified business needs, at the current time this includes:

- medical discharge from acute health care to care home,
- notification to local authorities of citizen admission to hospital,
- use of data to identify citizens at risk of increasing social care need,
- use of the Summary Care Record via mobile device for social care professionals,
- social care system capacity (live bed availability).

National Social Care Advisory Group (NSCAG)

The National Social Care Advisory Group (NSCAG), jointly chaired by the Department of Health and the Local Government Association, was formed in the autumn of 2016 to primarily act as an authoritative and strategic voice for information and technology in the context of adult social care and integration with health.

It brings together representatives from across the sector (including Local Authorities, Social Care Providers, the Voluntary and Community Sector and relevant national bodies) to give a social care perspective on information and technology issues throughout the health and care system.

This group will therefore have influence at both a local and national level and help set the future direction for social care information and technology in addition the group will inform the delivery portfolio associated with P2020, helping to identify opportunities and inform prioritisation based on business needs.

Review of Social Care across P2020

With the development of the programmes within the P2020 portfolio at a mature stage, NHS Digital is seeking to better understand how the programmes are impacting on social care, to work with NSCAG to ensure that this is sufficient and appropriate, and to make recommendations for improvements.

Currently work is being undertaken to consider how the key social care strategic drivers (Annex A), are being addressed within P2020. This will be presented for consideration, alongside detailed dialogue with the majority of P2020 Domain at a whole day NSCAG event on the 28 April 2017.

The recommendations, outputs and NHS Digital response will be shared with the NHS Digital Board verbally at the 3 May 2017 meeting.

Recommendation

That the Board notes the written update, and considers the verbal feedback provided.

Implications

Strategy Implications

The NHS Five Year Forward View, and the recently published 'Next Steps on the NHS Five Year Forward View' clearly identified that effective social care services that are integrated with health remain a high priority for the long term sustainability of the whole health and care system. NHS Digital clearly has a responsibility to ensure that the use of technology, digital services and data across the addresses this agenda in both the long and short term. Social Care (Programme 15) in Integrated care and social care (Domain D) of P2020 is a clear response to this, as well as to supporting Local Authorities discharge their responsibilities of the Care Act 2014.

This is consistent with several themes in the NHS Digital Strategy *Information and technology for better care*, such as *Establish shared architecture and standards for the benefit of everyone*; *Make better use of health and care information*; and *Implement services to meet national and local needs*.

Financial Implications

No direct financial implications that are not already addressed by existing planned NHS Digital/P2020 budgets.

Stakeholder Implications

The formation of the NSCAG is a significant development in the involvement of key national stakeholders in the work of NHS Digital and P2020, alongside NHS Digital, Department of Health and NHS England the membership includes:

- Local Government.
- Care Home and Home Care Representatives.
- Voluntary / Community / Carer Representatives.
- Healthwatch.
- Trade bodies (Tech UK, Telecare Services Association).
- Skills for Care.
- Social Care Institute for Excellence.
- Care Quality Commission.

With influential members across the sector this is a tremendous opportunity to further embed social care into the work of NHS Digital. However, there is clearly an expectation that that NHS Digital responds appropriately to NSCAG feedback and this review exercise will be a critical in setting this relationship.

Handling

Handling is led by the NHS Digital press office, in conjunction with the P2020 communications support. Extensive sector engagement is led by NHS Digital via Mark Nicholas, Strategic Account Manager.

Management Responsibility

The Executive Director with delivery accountability for Social Care is Tom Denwood, Director of Provider Support and Integration, with Beverley Bryant, Director of Digital Transformation, having responsibility for sector engagement.

Actions Required of the Board

The Board are asked to note the work of NHS Digital and the review.

Annex A: Social Care strategic drivers

Strategic Driver	Examples
Legislative / regulatory compliance	<ul style="list-style-type: none"> • Comply with the Care Act 2014 • Meet relevant regulatory standards [often CQC] • Meet relevant housing legislation / policy
Improve [citizen] experiences of care	<ul style="list-style-type: none"> • Personalise care • Give people choice and control over their care • Positive experiences of care: dignity, respect and satisfaction • Active involvement of citizens and carers • Care closer to home
Integrated/ Coordinated care	<ul style="list-style-type: none"> • Integrate/ coordinate care pathways and services • Share data and information • Put people at the centre of integrated services • Coordinate work / the workforce to improve care • Develop local care networks / resilient communities
Improve [citizen] health and care outcomes	<ul style="list-style-type: none"> • Target prevention / promote wellbeing • Promote self-care / independent living • Promote early intervention / reablement • Reduce long term care needs / manage long terms conditions
Financial and organisational resilience	<ul style="list-style-type: none"> • Deliver value for taxpayers • Control costs / use resources efficiently and effectively • Organisational resilience: management of workloads and resources to optimise delivery, staff recruitment and retainment • Financial sustainability and stability • Market sustainability: supporting local providers, avoiding closures
Optimise the use of technology	<ul style="list-style-type: none"> • Integrate health and social care technology • Digitalisation

Board Meeting – Public Session

Title of paper:	Directions: Personal Health Budgets Data Set
Board meeting date:	03 May 2017
Agenda item no:	NHSD 17 01 05 a i
Paper presented by:	Professor David Hughes Director of Information & Analytics
Paper prepared by:	Geoff Batchelor Project Manager Data Content
Paper approved by: (Sponsor Director)	Professor David Hughes Director of Information & Analytics
Purpose of the paper:	To enable the views of the Board to be considered as part of the formal consultation on the draft Direction.
Additional Documents and or Supporting Information:	<ul style="list-style-type: none"> • Annex A – GP PHB Directions • Annex B –Statutory Directions Giving Checklist • Annex C – Guidance for data collection specification • Annex D – PHB data Collection template
Please specify the key risks and issues:	As the data is already collected from 90% of CCGs on a voluntary basis the risk of not getting all returns is seen as minimal
Patient/public interest:	Indirect
Supplementary papers:	<ul style="list-style-type: none"> • 05a_SP1_ GPPHBDirections_AnnexA.docx • 05a_SP2_StatutoryDirectionGivingChecklist_AnnexB.docx • 05a_SP3_PHBdatacollectionspecification_AnnexC.docx • 05a_SP4_PHBdatacollectiontemplate_AnnexD.xlsx
Actions required by the Board:	The Board is asked to consider and accept the draft Direction.

Official



Directions: Personal Health Budgets Data Set

Published 29 April 2017

Information and technology
for better health and care

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Executive Summary

The paper is a request for the acceptance of the attached Directions. These Directions are to enable the mandatory collection of data to enable the agreed CCG Performance Indicator on Personal Health Budgets to be collected from Clinical Commissioning Groups (CCGs) as part of the CCG improvement and Assessment Framework. The existing voluntary collection of information has been incorporated as one data collection. This proposed collection has been through SCCI (SCCI 2184) and BAAS (R 01178) processes. There has also been a New Work Commission (P0449/06) which was approved by Martin Severs as the cost was below the £100k threshold for ISG approval.

The combination of the new mandatory and existing voluntary collection of data, with regards to Personal Health Budgets, will ensure the burden on the CCGs is minimised and the collection undertaken in the most efficient manner given the sparseness of data presently available.

Background

As part of the development of the new CCG Improvement and Assessment Framework a new indicator has been requested by NHS England (Dawn Stobbs – Personalisation and Control Specialist, Integrated Personal Commissioning and Personal Health Budgets) to enable the uptake of Personal Health Budgets on a CCG basis to be monitored against the national target.

The Personal Health Budget Policy team, within NHS England, presently collect data on a voluntary basis to enable wider monitoring against specific client groups. This enables reporting on uptake and enables requests for information by senior stakeholders and ministers to be met. To ensure this work can be maintained and to minimise the burden around the data collection process this voluntary collection has been incorporated alongside the new mandatory data collection as one request.

Directions have been raised by NHS England in support of this data collection.

Recommendation

The Directions have been produced to cover the collection of the mandatory data required to enable the CCG Performance Indicator on Personal Health Budgets to be derived. The data will be used to feedback performance against the agreed national target and enable aggregate data to be made available on a regional geographic basis.

The Directions have been put in place, to ensure we have a clear legal basis for collection of the data from the providers on the advice of Information Governance. The Directions will also formalise the voluntary collection of additional data collected to ensure a clear understanding of the impact of Personal Health Budget on particular client groups.

It is proposed that the NHS Digital Board accept the attached directions to enable the collection of data to be undertaken.

Implications

Strategy Implications

The project is aligned with the strategic objective of centralising data collections to reduce local collection requirements and develop agreed information standards. This is an area where further development of the policy is expected and will help support the development of more long term data collections as the policy becomes embedded.

Financial Implications

The funding for the start-up phase of the programme has been agreed through a new Work Commission. The NHS Digital investment is expected to be between £20k and £50k, with the on-going costs seen as minimal. All analysis work is to be undertaken by NHS England and NHS Digital will ensure the data is collected and then distribute to NHS England using existing tools within the data collection team. The on-going resource is expected to be minimal and is expected to be less than 5 days per quarter.

Stakeholder Implications

There are no major stakeholder implications, at present, as the additional data being collected is minimal and the development of the new data collection service formalises an existing voluntary collection.

Handling

There are no handling issues directly associated with accepting the Directions.

Risks and Issues

As the data is already collected from 90% of CCGs on a voluntary basis the risk of not getting all returns is seen as minimal.

Corporate Governance and Compliance

As part of the consultation process, this Direction was reviewed at EMT on 13 April 2017 and all Directions should be referred to the NHS Digital Board for consideration and acceptance.

The legal basis for the collection is described in the Direction.

Management Responsibility

Jill Sharples, Programme Head, Data Content Programme has responsibility for the delivery of the Personal Health Budget Dataset.

Professor David Hughes, Executive Director of Information and Analytics Portfolio.

Actions Required of the Board

The paper is being submitted for the acceptance of the Directions to enable data collection to be undertaken as part of the development of the Personal Health Budget Indicator. Following acceptance by the NHS Digital Board data will be collected on a quarterly basis from CCGs, commencing from Q2 2017/18.

DIRECTIONS

NATIONAL HEALTH SERVICE, ENGLAND

**The Health and Social Care Information Centre
(Establishment of Information Systems for NHS Services:
Personal Health Budget Collection) Directions 2017**

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

In accordance with section 254(5) of the Health and Social Care Act 2012, the National Health Service Commissioning Board has consulted the Health and Social Care Information Centre before giving these Directions¹.

Citation, commencement and interpretation

1. These Directions may be cited as The Health and Social Care Information Centre (Establishment of Information Systems for NHS Services: Personal Health Budget Collection) Directions 2017 and shall come into force on **[date]**.

2. In these Directions—

“The 2012 Act” means the Health and Social Care Act 2012²;

“The Board” means the National Health Service Commissioning Board³;

“HSCIC” means the Health and Social Care Information Centre⁴;

¹ S.I. 2013/259

² 2012 c7

³ The National Health Service Commissioning Board was established by section 1H of the National Health Service Act 2006 (2006 c 41.), and operates as NHS England.

⁴ The Health and Social Care Information Centre is a body corporate established under section 252(1) of the Health and Social Care Act 2012

“Relevant Organisation”	means Clinical Commissioning Group;
“Specification”	means the Personal health budgets data collection specification version 1.0 approved on DD/MM/YYY and annexed to these Directions at Annex A or any subsequent amended version of the same document approved by the Board which supersedes version 1.0;
“Technical Output Specification”	means the Personal Health Budgets Data Collection Template annexed to these Directions at Annex B.

Establishing and Operating the Personal Health Budgets Collection Information System

3. – (1) Pursuant to its powers under sections 254(1) and 254(6) of the 2012 Act, the Board directs the HSCIC to establish and operate a system for the collection of the information described in sub-paragraph (2) from Relevant Organisations, such system to be known as “the Personal Health Budgets Collection Information System”.
- (2) The information referred to in sub-paragraph (1) is set out in the Technical Output Specification.
- (3) The Board directs HSCIC to carry out the activities described in sub-paragraph (1) in accordance with the Specification and generally in such a way as to enable and facilitate the purposes that are described in the Specification.

S254(3) - Requirement for these Directions

4. In accordance with section 254(3) of the 2012 Act, the Board confirms that it is necessary or expedient for it to have the information which will be obtained through the HSCIC complying with these Directions in relation to the Board’s functions in connection with the provision of NHS Services.

Fees and Accounts

5. Pursuant to sub-section 254(7) of the 2012 Act, HSCIC is entitled to charge a reasonable fee in respect of the cost of HSCIC complying with these Directions.
6. The HSCIC must keep proper accounts, and proper records in relation to the accounts, in connection with the Personal Health Budgets Collection Information System.

Review of these Directions

7. These Directions will be reviewed when the Specification is amended. This review will include consultation with the HSCIC as required by sub-section 254(5) of the 2012 Act.

Signed by authority of the NHS Commissioning Board

[INSERT DATE]

**Sir Bruce Keogh
Caldicott Guardian**

DRAFT

Statutory Direction Giving Checklist

The Health and Social Care Information Centre (Establishment of Information Systems for NHS Services: Personal Health Budget Collection) Directions 2017

The HSCIC can only act within the boundaries as set out by the 2012 Health and Social Care Act. As such, in order to commission the HSCIC to collect data, or provide advice or guidance on IT or system delivery functions, it is often necessary to give direction in the form of Statutory Instrument. Completion of this checklist will establish whether a Statutory Direction is require. Please note:

- It is important to respond to each question in the checklist
- Where the information requested is dependent on a decision that had yet to be made, please state that this issue will be decided in due course
- Please use 'plain English'

Completion of the checklist will enable any potential problems or legal dead-ends to be identified. DH and NHS E each have a separate process which must be followed in order to issue a direction and separate documentation detailing these is available.

<u>Required Information</u>	<u>Legal Basis / Power under 2012 Act</u>	<u>Response (to be completed by Policy Team)</u>
➤ Summary		
1. What work would you like the HSCIC to perform?	s.254	Establish and operate a system for the collection of information to monitor PHB trajectories
2. What purpose will this serve?	s.254	To demonstrate the increasing number of patients with a personal health budget, as this is a key objective of the 5YFV and this directly measures this ambition. Further, the published planning guidance for 2016-17 to 2020-21 through 2016-17 Mandate specifically makes commitments around increasing the number of personnel health budgets: https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf
➤ Prerequisites		
3. [DH DIRECTIONS ONLY] Does it relate to a function of the Sec of State in relation to the provision of health services or adult social care in England?	s.254	
4. [DH DIRECTIONS ONLY] If not, would	s.254	

the direction be in the interests of the health service in England or recipients or providers of adult social care in England?		
5. [NHS ENGLAND DIRECTIONS ONLY] What are the NHS England functions in respect of which it is necessary or expedient for NHS England to have the data?	s.254(3)	Provision of NHS Services – to facilitate monitoring of PHBs
6. How has HSCIC been consulted?	s.254(5)	HSCIC is has developed the service for NHS England.
7. Is it possible that the proposal could be deemed to be potentially controversial? ¹ If so, why?	s.254	No.
➤ Collection / Analysis		
8. Will the HSCIC collect information? If so, then to the best of your knowledge and in as much detail as possible, what data is to be collected?	s.254(1), s.253 & s.254	Yes. The specification document is embedded in the draft directions.
9. Which persons is the information to be collected from?	s.254(1), s.259 & s.253	CCGs
10. When is the collection due to commence?	s.260 & s.262	April 2017
11. Will the collection be person level or aggregate data ² ?	s.254(1), s.253 & s.256	Aggregate
12. Will consent be sought? If not, if objections are registered, will they be respected?	s.259	No. Objections will not apply as this is anonymous aggregate data
13. What will HSCIC do with the information? For example, will it be put together with other information?	s.253, s.254(1) & s.254(6)	None under these directions.
14. What analysis is to be undertaken by the HSCIC?	s.253, s.254(1) & s.254(6)	None directed.

¹ Please see explanatory note A.

² Please see explanatory note B.

15. Are there documents which describe what HSCIC is to do?	s.254	The Specification is embedded in the directions.
16. Are there data processing / information standards to be met?	s.254	No.
17. Will the HSCIC have to make significant changes to their IT infrastructure? If so, what is the latest estimate of the cost?	Reg. 32 of SI 2013/259, s.254(6) & s.253	No.
➤ Publication		
18. What information is to be published ³ (if any)? Please note the HSCIC must publish unless certain specific confidentiality, data protection or information standard concerns are applicable.	s.260(1), s.260(2) & s.260 (3)	None directed.
19. What information is not to be published (if any)?	s.260(1), s.260(2) & s.260 (3)	None directed.
20. What is the form, manner and timing of publication (if any)?	s.260	None directed.
21. What advice has been given to HSCIC by the CAG in relation to publication that HSCIC must have regard to? ⁴	s.260	N/A
➤ Dissemination		
22. What information is to be disseminated ⁵ (if any)?	s.262	None directed
23. Who will the information be disseminated to? What is their legal basis to receive it? (please contact the information and Transparency team at the Department of Health who can secure legal advice)	s.261(1), s.261(4), s.261(5) & s.262	N/A

³ Please see explanatory note C.

⁴ DN - effective from October 2015

⁵ Please see explanatory note C.

24. What form, manner and timing must the information take? Will the information disseminated be personal or aggregate?	s.262	N/A
25. What advice has been given to HSCIC by the CAG in relation to dissemination that HSCIC must have regard to? ⁶	s.262	N/A

⁶ DN - effective from October 2015

Explanatory notes

A. Is the proposal controversial? (Q7)

- If you think that the collection might attract a high level of public, political or media interest, please explain why. Examples might include:
 - Collections involving commercial bodies
 - Dissemination of any person level data
 - Collections involving anything other than explicit consent
 - Collections where the collection of the data could bring harm or distress to the patient, either indirectly or if collected incorrectly
 - Collection of data of vulnerable groups of people
 - Collection of data of politically sensitive groups of people, for example asylum seekers or benefits claimants

B. Person level data vs. aggregate data

- Person level data, or 'personally identifiable' data, is any which can be used to identify the individual concerned. This can extend beyond direct personal identifiers such as a person's name into other factors which could together be used to work out the identity of an individual, such as sexual preference, family size, long-standing conditions and many more.
- If you have any doubts about whether your data will be personally identifiable, please explain the proposal in as much detail as possible.

C. Publication vs. dissemination

- Publication refers to the preparation and issue of information for public consumption.
- Dissemination refers to the sharing of information within and between organisations and individuals, but not a public release.

Personal health budgets data collection specification

Version 1.0
Yet to be approved.

How to complete the data collection for Personal Health Budgets

1 This document

This document provides technical guidance for completing the personal health budgets data collection for both the mandatory section and the voluntary section.

Please note:

- The total number of PHBs for your CCG should be reported in the mandatory section along with the model people are choosing to manage the budget as well as the activity during the quarter.
- The voluntary section is focussed on understanding which groups of children and adults are receiving PHBs, and these may overlap.

2 What is a personal health budget?

A personal health budget is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team or by a partner organisation on behalf of the NHS (e.g. local authority).

A personal health budget has **five essential features**. The person with the personal health budget (or their representative) will:

1. Know upfront how much money they have available for healthcare and support,

2. Be enabled to choose the health and wellbeing outcomes they want to achieve, in dialogue with one or more healthcare professionals,
3. Be involved in the design of their care plan,
4. Be able to request a particular model of budget that best suits the amount of choice and control with which they feel comfortable,
5. Be able to spend the money in ways and at times that make sense to them, as agreed in their plan.

Reminder: The data counted in this survey only relates to the number of personal health budgets that have met all the 5 features above. This is important to ensure there has been a genuine shift in choice and control to individuals. If you are unsure of what you should be counting please contact your regional lead or Kerrie Weston.

The fourth essential feature of a personal health budget is about managing the money. Personal health budgets can be managed in three ways (or a combination of these):

- **Notional budget:** the money is held by the NHS and services are commissioned by the NHS according to the support plan agreed.
- **Third party budget:** the money is paid to an organisation that is independent of the individual and the NHS, manages the budget on the person's behalf, and arranges support by purchasing services in line with the agreed care plan.
- **Direct payment for health care:** A direct payment is a monetary payment to a person (or their representative or nominee) funded by the NHS, to allow them to purchase the services that are agreed in the care plan.

3 Frequently asked questions about completing the mandatory data collection

3.1 Should we count notional budgets, or only third party and direct payments?

All three kinds of budgets should be counted. The key question to ask is whether the 5 essential features of a PHB in place.

1. Know upfront how much money they have available for healthcare and support,
2. Be enabled to choose the health and wellbeing outcomes they want to achieve, in dialogue with one or more healthcare professionals,
3. Be involved in the design of their care plan,

4. Be able to request a particular model of budget that best suits the amount of choice and control with which they feel comfortable,
5. Be able to spend the money in ways and at times that make sense to them, as agreed in their plan.

The fourth feature makes clear that PHBs can be offered as notional budgets, third party payments or direct payments. All of these should be counted.

3.2 If a person has both a notional element and a direct payment element, how many times should we count them?

3.2.1 Total

Where an individual's personal health budget includes both a notional element and a direct payment element, they should only be counted once in the total.

It is the person who should be counted, including if their budget is managed in more than one way. For example, if part of a person's NHS Continuing Healthcare (CHC) package is covered by a notional budget and another element covered by a direct payment, this should count only once in the CCG total.

3.2.2 Breakdown

For the breakdown of how the budget is delivered all methods of delivery should be counted in the relevant breakdown box of the total. For example, if a person is receiving a personal health budget from a direct payment for part of the package and via a notional budget for another part of their package, this can count in the direct payment section and the notional section of the question.

3.3 Should we count people receiving joint-funded packages?

Yes, if the five essential features are in place. If a CCG is contributing NHS funding to a social care package, and the five essential features of a personal health budget are in place, this should be counted as a personal health budget. This may be via a Section 75 agreement or another joint funding arrangement.

3.4 Should people be counted if the personal health budget was only for part of the package, or was given on a one-off basis?

Yes. All personal health budgets should be counted, if they were in place at any time during the current financial year.

3.5 At what point in time can a person be counted?

Notional budgets: Where a person has a notional budget, the personal health budget is considered to be in place at the point at which the care plan and budget

have been agreed with the person, and the planned services have been arranged.

Third party and direct payments: Where a person has a direct payment or a third party budget, the personal health budget is considered to be in place once the amount of the direct payment or third party budget has been agreed with the person, and all the relevant processes for setting up the direct payment or third party budget have been completed. (This is the point at which the NHS has taken every action needed to put the direct payment or third party budget in place, and where any delays to the client actually receiving the payment are not within the control of the NHS.)

3.6 Who should complete the survey?

One person from each CCG should complete the data submission, however, you may need to involve more than one person in your CCG to gather the information required. Please ensure that the lead manager for personal health budgets at the CCG has reviewed and agreed the content before it is submitted.

3.7 What if we are implementing personal health budgets in more than one CCG?

Each CCG should complete the data submission separately. This is to show progress on personal health budgets for people living in each CCG area.

4 Frequently asked questions about completing the voluntary data collection

4.1 Can I count a person more than once in the voluntary collection?

Yes, the totals from the voluntary questions do not need to add up to the totals in the mandatory collection. We are interested in understanding which groups of people are receiving PHBs, and these may overlap. For example, an adult who is eligible for NHS continuing healthcare and has a learning disability would be counted in both of the relevant questions.

5 Why is NHS England collecting the data and how will it be used?

Personal health budgets are included in the [CCG Improvement and Assessment Framework 2016/17 \(IAF\)](#). For detail, please see item 105b on page 22 of the IAF [Technical Annex](#).

This data submission will be used as a measure for the IAF on a quarterly basis. [This is published on MyNHS](#).

CCGs have been asked to submit quarterly trajectories for numbers of personal health budgets leading up to 2018/19 and as part of the assurance process the numbers of personal health budgets from this data collection will feed in to this process of monitoring.

5.1 Purpose (Rationale)

To demonstrate the increasing number of patients with a personal health budget, as this is a key objective of the 5YFV and this directly measures this ambition. Further, the published planning guidance for 2016-17 to 2020-21 through 2016-17 Mandate specifically makes commitments around increasing the number of personal health budgets: <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

5.2 Evidence and Policy Base

The 2016-17 Mandate and 2016-17 to 2020-21 Planning Guidance specifically commitment to increasing the number of personal health budgets. This indicator directly tracks the commitment.

Standings rules are clear that all three options of managing the money are available and this collection also helps to monitor the CCG offers. The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) Regulations 2013 include a new regulation 32, which imposes a duty on NHS England and CCGs to be in a position to commission such services by means of a personal health budget, which can be managed in one or more of three ways.

Personal Health Budgets Collection

BAAS Ref: R01178-16A

Version	Date	Change	Staff Member	Team
0.0	09/08/2016	Start to create the form		

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Personal Health Budgets Collection

BAAS Ref: R01178-16A

Mandatory Data

Open Personal Health Budgets at the start of the Quarter	Number
1. Total Number of Personal Health Budgets	
1a. Number delivered as a Direct Payment	
1b. Number delivered as a Third Party Budget	
1c. Number delivered as a Notional Budget	
Quarterly and Cumulative Data	Number
2. Personal Health Budgets Started in Quarter	
3. Personal Health Budgets Ended in Quarter	
4. Cumulative Personal Health Budgets Year To Date (YTD)	

Voluntary Sub-group Data

Children and Young People	Number
5. Total number of children and young people with a personal health budget for your CCG in the period.	
6. In total, how many children receiving continuing care had a personal health budget in the period? <i>Include in this section children who received continuing care funding for all or part of their care.</i>	
7. In total, how many children and young people with education, health and care plans had a personal health budget in the period? <i>Include in this section children and young people who have statements or Education, Health and Care plans.</i>	
8. In total, how many other children had a personal health budget in the period? <i>Include in this section children who are not receiving continuing care funding and who do not have an education, health and care plan. Other children with joint funding could be included here.</i>	

Adults	Number
9. Total number of adults with a personal health budget for your CCG in the period.	
10. In total, how many adults receiving NHS continuing healthcare had a personal health budget in the period?	
11. In total, how many adults receiving joint-funded packages had a personal health budget in the period?	
12. In total, how many adults who have a primary mental healthcare need had a personal health budget in the period?	
13. In total, how many adults whose primary need is a learning disability and/or autism had a personal health budget in the period?	
14. In total, how many other adults not included in the four sub categories above had a personal health budget in the period?	

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Board Meeting – Public Session

Title of paper:	Board Assurance of Investment Decisions. Proposals to establish an Investment Committee
Board meeting date:	03 May 2017
Agenda item no:	NHSD 17 01 05 b
Paper presented by:	Carl Vincent, Director of Finance and Corporate Services
Paper prepared by:	Carl Vincent, Director of Finance and Corporate Services
Paper approved by: (Sponsor Director)	Carl Vincent, Director of Finance and Corporate Services
Purpose of the paper:	To secure approval for the Board to establish a sub-Committee to oversee the assurance of investment decisions
Additional Documents and or Supporting Information:	N/A
Please specify the key risks and issues:	<p>The main risks are:</p> <ul style="list-style-type: none"> • a change in governance leads to confusion amongst the programmes requiring approvals about requirements and process • the Board feel a loss of control and oversight of investment decisions
Patient/public interest:	The public have an indirect interest in good decision making and oversight of investment decisions
Supplementary papers:	Draft Terms of Reference are attached to the briefing paper
Actions required by the Board:	Approve the proposal to establish an Investment Committee

Board Assurance of Investment Decisions

Proposals for an Investment Committee

May 2017

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1 Executive Summary

This paper recommends that NHS Digital establish an Investment Committee (IC) as a new Board sub-committee.

We expect the volume and value of investment proposals arising from the P2020 portfolio to increase over the coming months, and we will not be able to provide timely approvals within the scheduling of the Board meetings.

2 Background

The NHS Digital Board has discussed, on a number of occasions, the governance and funding realignment for informatics programmes and services. The Digital Delivery Board (DDB) which is chaired by the CCIO and has membership from the DH, NHS England, NHSI and NHS Digital, will determine the priorities for national informatics investment.

The role of the IC is to ensure that, in proceeding to deliver the proposed programme, NHS Digital take on an acceptable level of delivery risk with respect to the obligations and accountability of the Accounting Officer. In addition, the IC will provide assurance to the DDB that NHSD is able to meet the delivery ask of it.

The DDB has delegated authority to provide investment approval to the Technology and Data Investment Board (TDIB), which is chaired by the DH Finance Director and includes the NHS Digital Director of Finance and Corporate Services. The TDIB will provide final approval on behalf of all system wide partners, subject to the value of the case requiring Ministerial and HMT approval.

3 Recommendation

We recommend that the NHS Digital Board create an Investment Committee (IC).

To give proper scrutiny to investment decisions, the IC will probably need to meet around 10 times per year. Given the frequency of the meetings, and the likely fluctuation in number of cases submitted to each meeting, the committee would probably default to virtual meetings. This will require high quality, concise and timely papers, but approval committees meeting by telephone works effectively in other sectors.

We want to ensure that business cases have been reviewed by the IC before they are considered by TDIB so that we can provide assurance that the proposals are deliverable within the cost envelope available. Where a business case has been materially revised at the TDIB stage, we would expect the case to be reconsidered by the IC if the changes are material.

The proposed membership of the IC would be:

- Chair – NHS Digital Chair
- NED member
- CEO
- Director of Digital Transformation
- Director of Finance and Corporate Services

We would suggest that the meetings are quorate when the Chair and additional NED (or a named alternative NED), and the Director of Finance and Corporate Services (or a named alternative when he is not available), are in attendance. Once constituted, the Chair of the IC could consider inviting other attendees.

Annex B sets out a draft Terms of Reference for the IC.

4 Implications

4.1 Strategy implications

This is an important stage in implementing the strategic intent behind the system-wide governance and funding realignment.

Subject to the Board approval, and availability of IC members, we would aim to have the first meeting of the IC in May.

4.2 Financial implications

The proposals set out here are designed to improve oversight and assurance on behalf of the NHS Digital Board.

The proposal for a new Board committee will have limited additional financial costs, but attendance at meetings will require an additional time commitment of non-executives and senior executives, and will require secretariat and briefing support.

4.3 Stakeholder Implications and handling

There has been extensive engagement with the DH and the CCIO team. Their initial concerns were that the IC would duplicate the role of the TDIB, but are now content that the attached ToRs clearly delineate between the CCIO accountability and the accountability of NHS Digital.

5 Risks and Issues

The key risks:

There is a risk that...	Mitigating actions
In the process of establishing the new arrangements, programmes are confused about the required process which leads to delays	<ul style="list-style-type: none"> Subject to Board approval of the recommendations, we will provide a briefing to the DDB and TDIB As part of the implementation of the capability review of Delivery Assurance, we will develop new guidance and process maps for programme assurance (both generic for guidance and tailored for individual programmes)
The delegation of approvals to the IC means the Board feel a loss of control over strategic investment decisions	<ul style="list-style-type: none"> As set out above, it is important that the Chair of the IC is a member of the NHS Digital Board and the Board is well represented on the IC. The Terms of Reference for the Board would require a regular briefing from the Chair of the IC, which would include a list of all approvals with

	<p>summary information</p> <ul style="list-style-type: none"> • Subject to further discussion, a number of options could be considered to provide visibility for the Board (e.g. routinely sharing all IC papers with Board members)
--	---

The Assurance and Risk Committee (ARC) will seek assurance from management, the internal audit team and external auditors that the new processes and governance forum are working effectively at managing risk and facilitating value for money decision making.

6 Corporate Governance and Compliance

We would propose that the IC would report to each statutory meeting of the NHS Digital Board, the investment decisions and other approvals made and the level of assurance they have received. In addition, the Board Performance Pack would continue to include the financial management KPI, and the Programme Delivery KPI would also include a summary financial assessment.

7 Management Responsibility

Carl Vincent is the responsible manager

8 Actions Required of the Board

The Board are asked to approve the establishment of an Investment Committee as a sub-committee of the NHS Digital Board.

Annex A: Draft Terms of Reference

See below

Official



NHS Digital Investment Committee

Terms of Reference

May 2017

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1 Introduction

The NHS Digital Board hereby resolves to establish a Committee of the Board to be known as the Investment Committee (IC).

2 Membership

The IC will be appointed by the NHS Digital Board, and its membership will comprise of two non-executive Directors, the CEO, the Director of Finance and Corporate Services and another executive as appointed by the NHS Digital Board.

The NHS Digital Board will appoint the Chair of the Committee from the non-executive members of the Committee, and this appointment will be reviewed on an annual basis.

3 Quorum

A quorum will be two non-executive members (or named deputies) along with the NHS Digital's Director of Finance and Corporate Services (or a named deputy in his absence).

If there is a split view on a decision, the Chair of the Committee will have casting vote.

4 Attendance

The Chair of the IC may invite attendees as they feel appropriate.

The Secretary to the Board or nominee will attend all meetings to ensure coordination of the Board's committees. The minutes of the IC will be taken by a member of the Executive Office team.

5 Frequency

Meetings shall be held not less than six times a year, however will generally meet more regularly. The meetings arrangements are at the discretion of the Chair, with the default of meetings being held virtually using the appropriate technology.

6 Authority

The Committee is authorised to investigate any matter within its terms of reference and to request the resources to do so. The Committee also has the right of access to all information that it deems relevant to fulfil its duties.

The Committee is empowered to obtain external professional advice and to invite external advisers with relevant experience to attend if necessary.

7 Duties

The IC will receive and review all business cases and proposed new commercial agreements (contracts and contract change notes) that exceed delegated limits of the executive team as set out in the NHS Digital Corporate Governance Manual.

7.1 Assurance of business cases

The role of the IC is to ensure that, in proceeding to deliver the proposed programme, NHS Digital take on an acceptable level of delivery risk with respect to the obligations and accountability of the Accounting Officer. In addition, the IC will provide assurance to the Digital Delivery Board (DDB) that NHSD is able to meet the delivery ask of it.

Specifically, the IC will be concerned with the risk of delivery with respect to the proposal, including whether the proposals:

- provide a value for money solution to meet the requirements of the DDB and the SRO, and does not exceed the required scope
- have appropriate management and resourcing arrangements, including agreed commercial strategy and risk management
- are technically robust
- are affordable
- are clinically safe
- have robust proposals for cyber security and information security
- have acceptable level of compliance risk, particularly with respect to information governance, procurement and vires

Following IC endorsement, the business case will be submitted to the Technology and Data Investment Board (TDIB) on behalf of the DDB.

7.2 Approving new commercial agreements

The role of the IC is to ensure that new commercial agreements entered into by NHS Digital:

- are within approved spending limits and within approved scope
- will deliver the requirements of the programmes and services
- will deliver value for money
- are legally and regulatory compliant
- are consistent with the organisations Commercial Strategy
- have appropriate management, including contract management arrangements, risk management and control arrangements

Where the contracts are above the delegated authority for NHS Digital they will be submitted to the DH for further approval

8 Administration and management

The agenda shall be determined by the Chair in consultation with the Director of Finance and Corporate Services.

Items for inclusion on the agenda shall be submitted to the Chair at least 10 working days prior to the meeting.

The agenda and papers will normally be circulated five working days prior to the meeting.

9 Accountability and reporting

The IC is accountable to the NHS Digital Board

The minutes of the IC meetings will be recorded and maintained. The Chair of the Investment Committee will report verbally to each NHS Digital statutory public Board meeting with any required discussion and action points being raised to the private session of the statutory Board.

The Chair of the Committee will draw to the attention of the Board any issues which require disclosure to the full Board, including those that affect NHS Digital's financial strategy or require executive action.

The IC will report to the Board annually at the end of the financial year in the form of a written report.

The IC will annually review its terms of reference and its own effectiveness and recommend any necessary changes to the full Board.

Board Meeting – Public Session

Title of paper:	Modern Slavery Act 2015 – Implications for NHS Digital
Board meeting date:	03 May 2017
Agenda item no:	NHSD 17 01 05 c
Paper presented by:	Carl Vincent Director of Finance and Corporate Services
Paper prepared by:	Chris Jarvis Interim 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 paper summarises changes in UK law relating to supply chain transparency brought about by the Modern Slavery Act 2015 (Act) and the need for NHS Digital to take appropriate and proportionate action to ensure slavery and human trafficking is not taking place in its business or its supply chains.
Key risks and issues:	No specific risks
Patient/public interest:	Corporate Governance
Actions required by the board:	For the Board of Directors to note the position and to agree the proposed action going forward

Official



Modern Slavery Act 2015

Implications for NHS Digital

Published 03 May 2017

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Executive Summary

The paper summarises changes in UK law relating to supply chain transparency brought about by the Modern Slavery Act 2015 (Act) and the need for NHS Digital to take appropriate and proportionate action to ensure slavery and human trafficking is not taking place in its business or its supply chains.

Background/Context

The Act introduced changes in UK law focused on increasing transparency in supply chains. Specifically, large businesses are required to disclose the steps they have taken to ensure their business and supply chains are free from modern slavery (that is, slavery, servitude, forced and compulsory labour and human trafficking). “Commercial organisations” (body corporates or partnerships carrying on any part of their business in the UK) that supply goods or services and have a minimum turnover of £36 million are required to produce a “slavery and human trafficking statement” annually.

Modern Slavery Act 2015

As NHS Digital satisfies the turnover threshold triggering the disclosure requirement, it will need to prepare and publish a slavery and human trafficking statement.

Of direct relevance to NHS Digital, the Act also introduces disclosure requirements focused on supply chain transparency that requires it to produce a statement each financial year setting out the steps (if any) it has taken to ensure that slavery and human trafficking is not taking place in the organisation or in any of its supply chains. There is no requirement that NHS Digital guarantees that its entire supply chain is slavery free, which in practice may be difficult or impossible to determine.

It is essential that NHS Digital ensures that its slavery and human trafficking statement:

- Is underpinned by concrete actions to address modern slavery in its supply chains.
- Is able to withstand scrutiny from its key stakeholders, regulators and the public at large.

NHS Digital must, therefore, take steps to review its supply chain policies and procedures to ensure they are sufficiently robust to mitigate against the risk of modern slavery occurring in its business and supply chains and must implement appropriate and proportionate responses across the organisation where it identifies risks and any current or potential exposure.

The Act does not mandate what a slavery and human trafficking statement must contain or require that it take any particular form. As guidance only, the Act sets out the following information that may be included in a slavery and human trafficking statement (including the steps that NHS Digital has taken to assess and manage that risk):

- The organisation’s structure, its business and its supply chains
- Its policies in relation to modern slavery
- Its due diligence processes in relation to slavery and human trafficking in its business and supply chains

- The parts of its business and supply chains where there is a risk of slavery and human trafficking taking place and the steps it has taken to assess and manage that risk
- Its effectiveness in ensuring slavery and human trafficking is not taking place in its business or supply chains, measured against such performance indicators as it considers appropriate
- The training about slavery and human trafficking available to its staff

Risk Assessment

Failure to comply with the Act means that under the Public Contract Regulations (PCR) 2015 provision, organisations which are in breach of the Act must be excluded from procurement processes.

Although there are no penalties under the Act for failing to comply with the disclosure requirement (except that the Secretary of State can apply for an injunction to compel us to comply), a failure by NHS Digital to publish an accurate and robust slavery and human trafficking statement may attract criticism and negative publicity from its sponsors, stakeholders and others in the community.

Proposals and Next Steps

NHS Digital commits to ensuring that the necessary measures are in place to complete and enact the required Statutory Statement, which will then be published on the NHS Digital web site.

Compliance with the Act will be reporting annually herein in the Annual Report and Accounts, commencing in 17/18.

Recommendation

Members of the NHS Digital Board are invited to note the current position and support the proposed actions going forward.

Board Meeting – Public Session

Title of paper:	NHS Digital Board Forward Business Schedule 2017-18
Board meeting date:	03 May 2017
Agenda item no:	NHSD 17 01 07 a
Paper presented by:	NHS Digital Chair
Paper prepared by:	Nicola Rhodes, Senior Secretariat Support Manager
Paper approved by: (Sponsor Director)	None
Purpose of the paper:	This paper details the NHS Digital Board forward business schedule for the financial year 2017-18. Please note this schedule is subject to frequent change.
Key risks and issues:	N/A
Patient/public interest:	Corporate Governance – decision making
Actions required by the board:	To note for information

NHS Digital – Public Board Meeting Forward Business Schedule 2017-18¹

03 May 2017	31 May 2017	06 September 2017	01 November 2017	31 January 2018	07 March 2018
Board Business and Governance	Board Business and Governance	Board Business and Governance	Board Business and Governance	Board Business and Governance	Board Business and Governance
Register of Interests – for information Minutes of previous meeting – to ratify Matters Arising – for comment Progress on Action Points – for information	Register of Interests – for information Minutes of previous meeting – to ratify Matters Arising – for comment Progress on Action Points – for information	Register of Interests – for information Minutes of previous meeting – to ratify Matters Arising – for comment Progress on Action Points – for information	Register of Interests – for information Minutes of previous meeting – to ratify Matters Arising – for comment Progress on Action Points – for information	Register of Interests – for information Minutes of previous meeting – to ratify Matters Arising – for comment Progress on Action Points – for information	Register of Interests – for information Minutes of previous meeting – to ratify Matters Arising – for comment Progress on Action Points – for information
Governance and Assurance	Governance and Assurance	Governance and Assurance	Governance and Assurance	Governance and Assurance	Governance and Assurance
Establishment of Finance and Investment Committee (FIC) and Terms of Reference (ToR) Modern Slavery Act – Implication for NHS Digital	HSCIC Annual Report and Accounts for 2016-17	Sustainability Development Management Plan (CV) NED Sponsor, Dr Sarah Blackburn	Scheme of Delegated Financial Authorities 2017-18 (update)	Arrangements for the Annual Review of Board Effectiveness 2017-18	Corporate Governance Manual 2017-18 Scheme of Delegated Financial Authorities 2017-18 (update)
Strategic Operational Delivery and Performance	Strategic Operational Delivery and Performance	Strategic Operational Delivery and Performance	Strategic Operational Delivery and Performance	Strategic Operational Delivery and Performance	Strategic Operational Delivery and Performance
Board Performance Pack Data Release Audit	Board Performance Pack	Board Performance Pack Corporate Business Plan 2017-18 (Final)	Board Performance Pack Mid-year review of Corporate Business Plan 2017-18	Board Performance Pack Staff Survey Results 2017-18 Corporate Business Plan 2017-18 (Draft)	Board Performance Pack Information Assurance and Cyber Security Annual Report 2017-18 Corporate Business Plan 2017-18 (Final)
Strategy and Capability	Strategy and Capability	Strategy and Capability	Strategy and Capability	Strategy and Capability	Strategy and Capability
<ul style="list-style-type: none"> GP Centric Deep Dive Social Care Centric Deep Dive Child Protection Information Sharing Workforce Capability Planning 	<ul style="list-style-type: none"> Capability Review Annual Report and Accounts – for approval 				
System Wide Support and Engagement	System Wide Support and Engagement	System Wide Support and Engagement	System Wide Support and Engagement	System Wide Support and Engagement	System Wide Support and Engagement
Governance and Assurance	Governance and Assurance	Governance and Assurance	Governance and Assurance	Governance and Assurance	Governance and Assurance
	Reports from Sub-Committees (ARC, IACSC & IC)	Reports from Sub-Committees (ARC, IACSC & IC)	Reports from Sub-Committees (ARC, IACSC & IC)	Reports from Sub-Committees (ARC, IACSC & IC)	Reports from Sub-Committees (ARC, IACSC & IC)
Directions	Directions	Directions	Directions	Directions	Directions
	<ul style="list-style-type: none"> The HSCIC (Establishment of Information Systems for NHS Services: Emergency Care Data Set Collection) Directions 2017 Community Services Dataset Direction 	<ul style="list-style-type: none"> Client Level Adult Social Care Direction 			
Mandatory Request	Mandatory Request	Mandatory Request	Mandatory Request	Mandatory Request	Mandatory Request
<ul style="list-style-type: none"> Client Level Adult Social Care Data Direction (paper) 	<ul style="list-style-type: none"> Patient Level Information Costing (PLICS) Mental Health Pilot Mandatory Request 				
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 Board Forward Business Schedule 2017-18	Forthcoming Statistical Publications Board Forward Business Schedule 2017-18	Forthcoming Statistical Publications Board Forward Business Schedule 2017-18	Forthcoming Statistical Publications Board Forward Business Schedule 2017-18	Forthcoming Statistical Publications Board Forward Business Schedule 2017-18 Board Forward Business Schedule 2017-18 and 2018-19	Forthcoming Statistical Publications Board Forward Business Schedule 2017-18 Board Forward Business Schedule 2018-19
April and May 2017	June and July 2017	August and September 2017	October and November 2017	December 2017 and January 2018	February and March 2018
Key Meetings	Key Meetings	Key Meetings	Key Meetings	Key Meetings	Key Meetings
<ul style="list-style-type: none"> Board Development day - 05 April 2017 Board Development Day – 02 May 17 Statutory Board – 03 May 17 Assurance & Risk Committee – 10 May 17 Board Development Day – 30 May 17 Statutory Board – 31 May 17 Assurance & Risk Committee – 31 May 17 	<ul style="list-style-type: none"> Board Timeout – 04 July 17 	<ul style="list-style-type: none"> Board Development Day – 05 September 17 Statutory Board – 06 September 17 Assurance & Risk Committee – 13 September 17 Information Assurance and Cyber Security Committee- 13 September 17 	<ul style="list-style-type: none"> Board Development Day – 31 October 17 Statutory Board – 01 November 17 Assurance & Risk Committee – 15 November 17 Information Assurance and Cyber Security Committee – 15 November 17 	<ul style="list-style-type: none"> Board Timeout – 20 December 17 Board Development Day – 30 January 18 Statutory Board – 31 January 18 	<ul style="list-style-type: none"> Board Development Day – 06 March 18 Statutory Board – 07 March 18 Assurance & Risk Committee – 14 March 18 Information Assurance and Cyber Security Committee – 14 March 18

¹ This is a living document and is subject to regular updates

Board Meeting – Public Session

Title of paper:	Forthcoming Statistical Publications
Board meeting date:	03 May 2017
Agenda item no:	NHSD 17 07 07 b
Paper presented by:	N/A - For information
Paper prepared by:	Chris Roebuck Director of Publications and Head of Profession for Statistics
Paper approved by: (Sponsor Director)	Prof. David Hughes Director of Information and Analytics.
Purpose of the paper:	This paper describes NHS Digital Official (and National) Statistics publications published in February and March 2017 and planned for May and June 2017, and media and web coverage for publications released in February and March 2017.
Additional Documents and or Supporting Information:	N/A
Please specify the key risks and issues:	N/A
Patient/public interest:	Overview of NHS Digital Statistical Publications
Supplementary papers:	N/A
Actions required by the Board:	For information

Official



NHS Digital Statistical Publications

Author Chris Roebuck

Published 03 May 2017

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Executive Summary

This paper describes:

- NHS Digital Official (and National) Statistics publications released during February and March 2017 and planned for May-June 2017;
- Media coverage for press released Official Statistics publications during February and March 2017;
- Web activity for publications released during February and March 2017.

Background

As at 01 April 2017, NHS Digital is responsible for 95 active (currently published or planned for future release) series of Official Statistics of which 32 are designated as National Statistics, which means that the UK Statistics Authority (UKSA) recognises them as being compliant with the Code of Practice for Official Statistics.

During the 2016/17 financial year (01/04/16 to 31/03/17), NHS Digital published 293 statistical reports.

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 NHS Digital invites readers to comment on the publications, which helps to inform future releases.

Most NHS Digital 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 and recently released publications

Official and National statistics

May 2017

New releases: None planned for May 2017

Biennial: None planned for May 2017

Annual

03 May 2017 Statistics on Alcohol, England - 2017 [NS]
 23 May 2017 General and Personal Medical Services, England - As at 31 March 2017, Provisional Experimental statistics

Biannual None planned for May 2017

Quarterly

11 May 2017 Provisional Quarterly Patient Reported Outcome Measures (PROMs) in England - April 2016 to December 2016 - May 2017 Release
 11 May 2017 Provisional Quarterly Patient Reported Outcome Measures (PROMs) in England - April 2015 to March 2016 - May 2017 Release
 18 May 2017 NHS Outcomes Framework Indicators - May 2017 Release [NS]
 25 May 2017 NHS Dental Statistics for England - 2016-17, Third quarterly report

Monthly

03 May 2017 Maternity Services Monthly Statistics - December 2016, Experimental statistics
 05 May 2017 Out of Area Placements in Mental Health Services - March 2017
 12 May 2017 Children and Young People's Health Services Monthly Statistics - January 2017
 19 May 2017 Recorded Dementia Diagnoses - April 2017
 19 May 2017 Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2016 - March 2017 (M12)
 19 May 2017 Provisional Accident and Emergency Quality Indicators for England – February 2017, by provider
 23 May 2017 NHS Sickness Absence Rates - January 2017, Provisional Statistics
 23 May 2017 NHS Workforce Statistics - February 2017, Provisional statistics
 24 May 2017 Mental Health Services Monthly Statistics - Final February, Provisional March 2017

25 May 2017 Improving Access to Psychological Therapies Report - February 2017 Final, March 2017 Provisional and most recent quarterly data (Quarter 3 2016-17)

31 May 2017 Learning Disability Services Monthly Statistics - Commissioner Census (Assuring Transformation), April 2017, Experimental Statistics

June 2017

New releases: None planned for June 2017

Biennial

01 June 2017 Dental Working Hours - Motivation and Morale linked to Earnings 2012/13 and 2013/14, Experimental Statistics

Annual

15 June 2017 Statistics on Smoking, England - 2017 [NS]

16 June 2017 NHS Surplus Land - 2016/17 England

29 June 2017 Prescriptions Dispensed in the Community, England - 2006-2016 [NS]

29 June 2017 General Ophthalmic Services activity statistics - England, April 2016 - March 2017 [NS]

Biannual

None planned for June 2017

Quarterly

01 June 2017 Learning Disabilities Health Check Scheme - England, Quarter 3, 2016-17

02 June 2017 CCG Prescribing Data - January to March 2017

08 June 2017 Data on written complaints in the NHS - 2016-17 Quarter 4, Experimental [NS]

15 June 2017 Statistics on Women's Smoking Status at Time of Delivery: England - Quarter 4, January 2017 to March 2017

16 June 2017 [MI]Care Information Choices, England - May 2017

21 June 2017 NHS Staff Earnings Estimates - to March 2017, Provisional statistics

22 June 2017 Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation, England, January 2016 - December 2016 [NS]

22 June 2017 CCG Outcomes Indicator Set - June 2017 release

Monthly

06 June 2017	Female Genital Mutilation - January-March 2017, Experimental Statistics, Enhanced Dataset
07 June 2017	Maternity Services Monthly Statistics - January 2017, Experimental statistics
07 June 2017	Out of Area Placements in Mental Health Services - April 2017
09 June 2017	Recorded Dementia Diagnoses - May 2017
09 June 2017	Children and Young People's Health Services Monthly Statistics - February 2017
15 June 2017	Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data - April 2016 - March 2017 (M13)
15 June 2017	Provisional Accident and Emergency Quality Indicators for England - March 2017, by provider
20 June 2017	Mental Health Services Monthly Statistics - Final March 2017
21 June 2017	NHS Sickness Absence Rates - February 2017, Provisional Statistics
21 June 2017	NHS Workforce Statistics - March 2017, Provisional statistics
22 June 2017	Improving Access to Psychological Therapies Report - March 2017 Final, April 2017 Provisional and most recent quarterly data (Quarter 3 2016-17)
28 June 2017	Learning Disability Services Monthly Statistics - Commissioner Census (Assuring Transformation), May 2017, Experimental Statistics

Clinical Audits

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

May 2017

11 May 2017	National Diabetes Audit - Insulin Pump Report
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June 2017

13 June 2017	National Diabetes Audit - National Diabetes Audit Transition
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User and Media activity

The following tables show web and media coverage figures for Official (and National) Statistics released by NHS Digital in February and March 2017. Clinical 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 up to the date of writing this paper (see header).

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

February 2016

Publication	Date	Unique Page Views	Media units
Maternity Services Monthly Statistics, England – September 2016, Experimental statistics	01 February 2017	392	
Out of Area Placements in Mental Health Services - December 2016	07 February 2017	144	
NHS Safety Thermometer Report - January 2016 to January 2017	08 February 2017	184	
Personal Social Services: Staff of Social Services Departments at 30 September - England, 2016	08 February 2017	217	
Provisional Quarterly Patient Reported Outcome Measures (PROMs) in England – April 2016 to September 2016	09 February 2017	305	
Provisional Quarterly Patient Reported Outcome Measures (PROMs) in England - April 2015 to March 2016, February 2017 release	09 February 2017	173	
Recorded dementia diagnoses, January 2017	10 February 2017	266	
Children and Young People’s Health Services Monthly Statistics, England – October 2016, Experimental statistics	10 February 2017	295	
NHS Dental Statistics for England - 2016-17, Second Quarterly Report	16 February 2017	163	
Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatients and Accident and Emergency Data - April 2016 to December 2016	16 February 2017	120	
Provisional Accident and Emergency Quality Indicators - England, by provider for November 2016	16 February 2017	91	
Improving Access to Psychological Therapies Report, November 2016 Final, December 2016 Primary and most recent quarterly data (Quarter 2 2016/17)	21 February 2017	524	
Mental Health Services Monthly Statistics: Final November, Provisional December 2016	21 February 2017	587	
NHS Workforce Statistics - November 2016, Provisional statistics	22 February 2017	184	
NHS Sickness Absence Rates October 2016	22 February 2017	132	
Hospital Adult Critical Care Activity 2015-16	23 February 2017	79	
NHS Outcomes Framework Indicators – February 2017 Release	23 February 2017	159	
Breast Screening Programme, England - 2015-16	23 February 2017	386	2
Learning Disability Services Monthly Statistics - England Commissioner Census (Assuring Transformation) - January 2017, Experimental Statistics	28 February 2017	173	
Statistics on Drugs Misuse: England, 2017	28 February 2017	1045	20

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Publication	Date	Unique Page Views	Media units
Maternity Services Monthly Statistics October 2016, Experimental statistics	01 March 2017	331	
CCG Prescribing Data October to December 2016	03 March 2017	146	
Out of Area Placements in Mental Health Services January 2017	03 March 2017	143	
Female Genital Mutilation October-December 2016, Experimental Statistics, Enhanced Dataset	07 March 2017	316	3
NHS Safety Thermometer Report England February 2016 - February 2017	08 March 2017	138	
Data on written complaints in the NHS 2016-17 Quarter 3, Experimental [NS]	08 March 2017	117	
Statistics on Women's Smoking Status at Time of Delivery: England Quarter 3, October 2016 to December 2016	10 March 2017	291	
Recorded Dementia Diagnoses February 2017	10 March 2017	235	
Children and Young People's Health Services Monthly Statistics November 2016	10 March 2017	289	
[MI]Care Information Choices, England February, 2017	14 March 2017	32	
General Ophthalmic services workforce statistics 31 December 2016 [NS]	14 March 2017	75	
Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data April 2016 - January 2017	15 March 2017	150	
Provisional Accident and Emergency Quality Indicators for England December 2016, by provider	15 March 2017	134	
Mental Health Services Monthly Statistics Final December 2016, Provisional January 2017	21 March 2017	612	
CCG Outcomes Indicator Set March 2017 release	23 March 2017	654	
Improving Access to Psychological Therapies Report December 2016 Final, January 2017 Provisional and most recent quarterly data (Quarter 2 2016-17)	23 March 2017	558	
Summary Hospital-level Mortality Indicator (SHMI) Deaths associated with hospitalisation, England, October 2015 - September 2016 [NS]	23 March 2017	182	
Learning Disability Services Monthly Statistics Commissioner Census (Assuring Transformation), February 2017, Experimental Statistics	28 March 2017	129	

General and Personal Medical Services, England As at 30 September 2016, Provisional Experimental statistics	29 March 2017	234	
Healthcare Workforce Statistics England, September 2016, Provisional Experimental	29 March 2017	355	36
NHS Staff Earnings Estimates December 2016, Provisional Statistics	29 March 2017	105	
NHS Sickness Absence Rates November 2016, Provisional Statistics	29 March 2017	162	
NHS Workforce Statistics December 2016, Provisional Statistics	29 March 2017	223	
General and Personal Medical Services, England As at 31 December 2016, Provisional Experimental statistics	29 March 2017	214	
Statistics on Obesity, Physical Activity and Diet, England 2017 [NS]	30 March 2017	1642	62
Prescription Cost Analysis, England 2016 [NS]	30 March 2017	1080	3

Recommendation

None – for information only.

Implications

Strategy Implications

These publications and their associated media and web coverage results form part of objective five of our strategy, “Making better use of health and care information” whereby we “are part of the Government’s Statistical Service and adhere to the UK Statistics Authority’s Code of Practice for national statistics. We publish data and statistics in formats that cannot be used to identify individual patients, service users or citizens.”

Financial Implications

There are no financial implications of this resolution/proposal.

Stakeholder Implications

This is for information purposes only, for stakeholders to review forthcoming publications and the media and web attention of those previously published..

Handling

There are no handling implications of this resolution/proposal

Risks and Issues

There are no associated risks and issues as this is for information only.

Corporate Governance and Compliance

All Official and National statistics publications adhere to the UK Statistics Authority’s Code of Practice for Official Statistics which fulfil our obligations as a producer of Official and National statistics.

Management Responsibility

Professor David Hughes, Executive Director of Information and Analytics is the sponsor director accountable for these publications. The senior manager with overall responsibility is Chris Roebuck, Director of Publications and Head of Profession for Statistics.

Actions Required of the Board

None – for information only.