

# HSCIC Board Performance Pack

**February 2014 Data**

Copyright © 2014, Health and Social Care Information Centre. All Rights Reserved.

# Contents

---

<b>Executive Summary - HSCIC performance</b>	<b>3</b>
<b>EMT KPIs by exception</b>	<b>4</b>
<b>KPI Action Tracker</b>	<b>5</b>
<b>Points of Interest</b>	<b>6</b>
<b>Programme Achievement KPI Report</b>	<b>7</b>
<b>Programme Delivery Dashboard</b>	<b>8-11</b>
<b>IT Service Performance KPI Report</b>	<b>12</b>
<b>Public &amp; Patient Engagement KPI Report</b>	<b>13</b>
<b>Reputation KPI Report</b>	<b>14</b>
<b>Information Quality KPI</b>	<b>15</b>
<b>Data Quality KPI Report</b>	<b>16</b>
<b>Usefulness of Service KPI Report</b>	<b>17</b>
<b>Financial Management KPI Report</b>	<b>18</b>
<b>Financial Performance KPI Report</b>	<b>19</b>
<b>Organisational Health KPI Report</b>	<b>20</b>
<b>Risk Management KPI Report</b>	<b>21</b>
<b>Appendix 1 - KPI RAG Tolerances</b>	<b>22</b>
<b>Appendix 2 - Programme definitions</b>	<b>23-24</b>
<b>Appendix 3 - Glossary of Terms</b>	<b>25</b>
<b>Appendix 4 - Management Accounts</b>	<b>26-29</b>
<b>Appendix 5 - Transformation Programme</b>	<b>30</b>

# Summary of KPI Performance

KPI	KPI Owner	Previous Period	Current Period	Current Forecast	Previous Forecast
Programme Achievement	James Hawkins	A/G	A/G	A/G	A/G
IT Service Performance	Rob Shaw	G	A	A	A
Public & Patient Engagement	Dr. Mark Davies	R	N/A	N/A	A
Reputation	Alan Perkins	N/A	A	A	TBC
Information Quality	Max Jones	A	G	G	A
Usefulness of Service	Max Jones	A	A	A	A
Financial Management - HSCIC	Carl Vincent	R	R	R	R
Organisational Health	Rachael Allsop	R	R	R	R
Risk Management	Carl Vincent	R	R	A	A

The RAG traffic light colours are either driven by the unique, specific, numeric tolerances for each indicator (see Appendix 1) – Or based on a subjective assessment made by the KPI Owner as follows: GREEN On track; AMBER Problems exist which can be addressed by the KPI owner; RED Serious\* or recurring problems exist which require escalation for resolution [\*Serious problems could have one or more of the following impacts: KPI targets will be compromised; reputational damage; additional unplanned resources required]

# Executive Summary

## Changes to the KPIs

- The Customer and Stakeholder Engagement KPI is now part of the Reputation KPI. There were obvious cross overs between the two KPIs and a single Reputation KPI will now cover all of the relevant areas of performance.

## IT Service Performance

- January was generally a very positive month for live service availability with the majority of services either achieving or exceeding their average Availability target.

## Programme Achievement

- February's overall Delivery Confidence is AMBER / GREEN.
- Resourcing constraints are causing delays and most programmes have raised it as an issue.
- Programme Delivery feel AMBER is a more realistic assessment for their area based on factors such as recent MPA Gateway Reviews and uncertainty around three business cases (ETP, N3 and Choices The Online Channel). The effect of Choices Online Channel Business case approval on Choices Managed Service is also a concern. This also supports PDD's decision of AMBER as a more appropriate 3-month forecast RAG.

## Finance

- The overall financial position remains RED.
- Staff costs are still under budget for the year-to-date, due to vacancies not being filled as budgeted.
- The Forecast Accuracy is now AMBER. There is increasing focus month-on-month on this metric across the organisation, with more individual cost centres reporting GREEN this month than previously.

## Organisational Health

- Vacancies continue to be an issue but the vacancy rate improved in February. A review of 'active' vacancies has taken place and some of the roles vacant for a considerable period of time have been eliminated.
- The overall trend is a steadily increasing number of voluntary leavers that is currently AMBER but getting closer to the overall level of turnover that would generally be considered healthy in a mature organisation with well developed processes.

# EMT KPIs by exception

EMT KPI [not shown in order of priority as they have equal weighting]	KPI Owner	Previous Period	Current Period	Current Forecast	Previous Forecast
Data Quality	Max Jones	A	R	R	A

## KPI Action Tracker (consolidated list of all live actions)

KPI	Key Actions	Target Date	Status
Programme Achievement	Revisit weighting of projects included in the KPI	30/03/2014	Considered but agreed that prioritisation would need to be undertaken corporately - the recent ZBR was to inform. Decision postponed to Mar 2014.
	Other projects to be added to programme achievements including GPES, Spine 2, LSP Programmes, Care.Data, Data Sets for Commissioners and SUS / PBR	CLOSED	All Delivery confidence metrics and RAGs incorporated from D+IS and LSP Directorates as part of December dashboard submission
	MJ to advise JH and RS of GPES FOT and whether plan 'B' is required	CLOSED	Plan B discussed and approved at EMT on 21 November.
Public & Patient Engagement	Conduct first survey with relevant organisations representing patients' interests	31/01/2014	Completed - see January's performance pack for information on the survey
	Devise new KPI to measure Public and Patient engagement	Q1	Not started
Reputation	Next iteration of the SRO survey to include broader range of SROs	01/03/2014	On target - No issues original deadline achievable
	Get copy of inaugural Sponsor survey of satisfaction with HSCIC once survey has been completed	01/04/2014	On target - No issues original deadline achievable
	Assess if the scoring should be presented as an actual average score rather than a percentage	28/02/2014	We will maintain % and will update the PDD KPI dictionary to that effect
	Consider creation of a new 'panel' to elicit Stakeholder feedback	28/02/2014	Not started
	Confirm if there are any issues with the 3 SROs that did not respond to the survey	28/02/2014	All SROs responded just some covered with only one was outstanding which was ETP which was included in the stats but not the commentary but will be in the next iteration
	Complete first run of new 'panel' survey (which includes some questions on reputation)	Jan 2013	Completed
	Work with Rachel McHale on sourcing further data on social media, include NHS choices in the discussion	April 2013	On target - No issues original deadline achievable
Information Quality	Agree target levels for information quality incidents	31/03/2014	Completed
Data Quality	Produce data for indicator 3 Apr-Sep 2013	28/02/2014	Action no longer required
	Investigate alignment of PIs to all negative or all positive	28/02/2014	Action no longer required
Usefulness of Service	Agree initial baseline of economic benefit KPI along with sources of information	31/03/2014	On target - But original deadline revised
	Add further outputs to KPI and refine economic benefit model as appropriate	On going	Not started
Transformation Programme Progress	Agree approach for FY14/15	27/03/2014	On target - no issues original deadline achievable
	Agree plan for development of Professional Groups	27/03/2014	On target - no issues original deadline achievable
Financial Management (HSCIC)	Improve forecasts and plans for future years of both programme and admin so they are based on a 'most likely' basis, rather than the 'best case' and without large contingencies	01/03/2014	On target - no issues original deadline achievable
	Implement a new Financial Reporting System to support business ownership of the forecasts, facilitate communications between budget holders and Finance and enable senior management review in a more timely manner, all of which should help to improve these metrics in the next financial year	01/08/2014	On target - no issues original deadline achievable
Organisational Health	Complete procurement (from Framework) of Recruitment Marketing capability for initial support with labour and recruitment market data.	14/03/2014	On target - but original deadline revised
	Planned recruitment reconciled with planned budget	14/03/2014	On target - but original deadline revised
	Agree approach to deploying project and programme delivery professionals from the Portfolio Pool across the organisation	31/03/2014	On target - but original deadline revised
	Launch improved exit interview process	31/03/2014	Completed
	Commence launch of improved PDR process	31/03/2014	On target - no issues original deadline achievable
	Develop internal recruitment function	30/04/2014	On target - but original deadline revised
	Complete Standard Job Descriptions for all priority roles	28/04/2014	On target - but original deadline revised
Consider potential alternative approaches to business support roles e.g. Rotation, apprenticeship schemes	30/06/2014	On target - but original deadline revised	
Risk Management	Conduct data cleanse of TDB risks and issues	01/04/2014	Not started
	Deliver intermediate staff training module on the risk management framework	01/06/2014	Not started
	Deliver fundamental staff training module on the risk management framework and using the TDB	01/04/2014	On target - no issues original deadline achievable

# Points of Interest

---

The HSCIC Values of People Focused, Professional, Trustworthy and Innovative have been launched and on-going communications will continue across the organisation. The HSCIC Line Manager Charter has also been agreed and this sets out the expectations and behaviours of all line managers in the organisation. The Values, Line Manager Charter and links to Professional Groups will all come together in the new Performance Development Review (PDR) process for 14/15. The Line Manager Charter and new PDR Process will be launched in March. The second HSCIC staff survey will also commence during March.

The new GPES release has fixed many of the outstanding GPES issues. QOF 13/14 data was successfully extracted from 71 practices w/c 3rd March as planned. Extractions are scheduled for 486 practices week commencing 10th March. Further software updates during w/c 10th March and 17th March are on track to allow the extraction of data from all GP practices by 1st April.

The national leaflet drop for Care.Data took place through January 2014. Complementary public awareness activities took place alongside this. Following a high profile response to this, NHS England made the decision to extend the public awareness campaign by six months on 18th February. Continued engagement with patients and professional groups – including the BMA, RCGP and Healthwatch – will now take place to develop additional practical steps to promote awareness with patients and the public and to look at measures to build public confidence. The programme also came under recent scrutiny by the Health Select Committee.

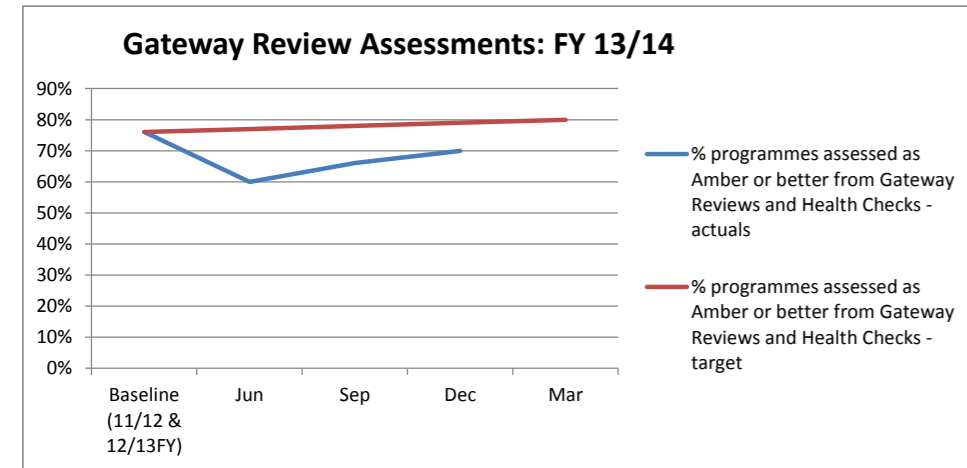
Casemix have delivered a software tool for Improving Access to Psychological Therapies (IAPT) for evaluation of a proposed reimbursement model which takes into account the outcome of treatment rather than just the activity delivered.

The number of Summary Care Records has increased to 35.3m and the average number of weekly viewings has increased to 15,000 per week, which is nearly triple from the start of the current financial year.

<b>KPI</b>	<b>Programme Achievement</b>
<b>KPI Owner</b>	<b>James Hawkins</b>

	PD	PDD View	LSP	D+IS	COMBINED				
<b>Previous RAG</b>	68.0%	<b>A*</b>	<b>A</b>	85.7%	<b>G</b>	48.0%	<b>A</b>	<b>68.8%</b>	<b>A/G</b>
<b>Current RAG</b>	61.0%	<b>A/G</b>	<b>A</b>	83.3%	<b>G</b>	44.0%	<b>A</b>	<b>62.6%</b>	<b>A/G</b>
<b>Forecast RAG</b>	73.0%	<b>A/G</b>	<b>A</b>	83.3%	<b>G</b>	56.0%	<b>A</b>	<b>72.3%</b>	<b>A/G</b>

**Programme Delivery Directorate - Delivery Confidence (Gateway Reviews)**



	Baseline (11/12 & 12/13FY)	Jun	Sep	Dec	Mar
% programmes assessed as Amber or better from Gateway Reviews and Health Checks - actuals	76%	60%	66%	70%	
% programmes assessed as Amber or better from Gateway Reviews and Health Checks - target	76%	77%	78%	79%	80%

The chart above relates to the indicator set for the Programmes Delivery Directorate to achieve 80% of delivery confidence assessments of Amber or better for Gateway Reviews. Baseline of 76% based on % achieved during 2011/12 and 2012/13 - currently at 70% based upon 10 Gateway Reviews completed this Financial Year up to 31st December 2013. Q4 to be updated end Mar 2014.

(NOTE: This will contain A/R review scores from 2 x Gateway reviews - held Jan-14 - which makes the year-end target unachievable)

**Notes about this page:**

1. Finance Department introduced a revised method of RAG reporting in Oct-13 for current year budgets to reflect the different categories of project expenditure: HSCIC Admin, Programme Revenue and Programme Capital.

**UPDATE:** Rather than a RAG being assigned if ANY INDIVIDUAL COMPONENT received a RED or AMBER, the Jan-14 dashboard initiated a split of DH Programme Spend and HSCIC Admin reporting for RAG purposes. HSCIC's agreed tolerances are applied for DH Programme Spend RAGs. From next month, the HSCIC Admin vs budget RAG will report against **expenditure** as opposed to the Admin Total (expenditure +/- income).

Key Actions to rectify variance from target	Target Date	Status
Revisit weighting of projects included in the KPI	30-Mar-14	Considered but agreed that prioritisation would need to be undertaken corporately - the recent ZBR was to inform. Decision postponed to Mar 2014.
Other projects to be added to programme achievements including GPES, Spine 2, LSP Programmes, Care.Data, Data Sets for Commissioners and SUS / PBR	CLOSED	All Delivery confidence metrics and RAGs incorporated from D+IS and LSP Directorates as part of December dashboard submission
MJ to advise JH and RS of GPES FOT and whether plan 'B' is required	CLOSED	Plan B discussed and approved at EMT on 21 November.

Actions recorded here are either: a) actions to progress measurement of KPI; b) actions taken by the KPI owner to address variances from target; or c) actions taken by Board or EMT to rectify escalated problems

**Programme Delivery Directorate - Executive Summary**

Overall Delivery Confidence is "calculated" as AMBER/GREEN from February 2014 Highlight Reports but the PDD deems AMBER to be a more realistic assessment based on factors such as recent MPA Gateway Reviews and uncertainty around three business cases (ETP, N3 and Choices The Online Channel). The effect of Choices Online Channel Business case approval on Choices Managed Service is also a concern. This also supports PDD's decision of AMBER as a more appropriate 3-month forecast RAG.

Variable Confidence Forecast - Although 3-month forecast confidence remains static, 7 projects revised their forecast this period (3 up and 4 down). NHSmail upgraded by two levels from A to G.

NHSmail are the only project to forecast RED for milestones (3 consecutive period) due to a high priority CCN which is forecast to be 3 months overdue. If the CCN is not progressed it will result in exceeding capacity and a likely impact on live service users.

CQRS - RED on milestones for first time. Requirement for additional release of GPET-Q identified, causing delay in First of Type verification with gp system suppliers. Roll out to full practice estate cannot commence until FOT testing complete.

GPSoc Replacement - completion of procurement by end Mar 2014 may be delayed due to multiple complex dependencies

ETP - 3-month Forecast confidence downgraded to AMBER, despite high confidence in the 'Fast Track' implementation plan to March 2014. A risk remains that the extension Business Case approval will slip beyond Mar-14. Programme end date, IJ approval status and ICT spend RAGs all downgraded. A/R Gate 5 assessment in Jan-14. Amber would have been awarded by MPA if post Apr-14 funding had been agreed and the risk of negative publicity during EPS2 deployment were not so high.

Choices Online Channel - RED for delivery confidence due to on-going impact assessment of additional work required by GDS for SOC approval. ICT Spend approval also downgraded to RED HSCDS - Choices Managed Service - Current confidence downgraded to RED, based on close dependency with Choices Online Channel (see above).

PSNH - RED Risk against N3 Business Case approval dependency remains open. 3-month forecast downgraded to A/R.

Care Connect - Downgraded from A to A/R due to uncertainty around commitment for funding from NHS England Board. SOC remains in approval process with NHS England Finance.

NHS eRS - Delivery confidence reduced to AMBER based on AMBER/RED Gate 3 review, lack of a contingency plan being the key MPA driver.

GP2GP - The lack of a clinical lead (key resource) has led to RED resourcing RAG. Issue raised - recruiting activity prioritised and on-going but risk of no suitable clinical assurance has knock-on effect on delivery milestones, cost and programme reputation.

SPINE2 - Reporting RED for resourcing. Shortages due to challenges managing approval of Professional Services Business Case for external contractors.

**LSP Delivery Directorate - Executive Summary**

Overall Delivery Confidence is assessed as GREEN based on January 2014 LSP DD Highlight Reports.

In the CSC Programme, Ipswich Hospital NHS Trust were approved to go-live with the Lorenzo solution on 2 Feb 2014. The Norfolk and Suffolk NHS FT Lorenzo Investment Case 2 (LIC2) was endorsed by the Operational Delivery Group on 21 Jan 2014, The Trust intend to submit their PID and LIC3 to the ODG in March seeking a recommendation for approved ASR status. BT Community and Mental Health upgrades to RiO Release 2 are proceeding to plan following the successful First-of-Type deployments. The February 2014 PAR review assessed the programme as Amber/Red. This assessment included Areas beyond the current remit of the LSP Contract and discussion with DH follow on strategies to mitigate the contract exit.

The PACS Programme continues to deliver a controlled exit from both the London and NME contracts. The 22 trusts scheduled to exit in June 2014 are on track for procurement, data migration and implementation. From 01 April 2014 the London LSP will take responsibility for the exit of the London PACS Trusts from the BT LSP Contract.

SLCS South Acute has seen good recent progress with the SmartCare, Kent, Sussex and Surrey groups all having now launched their procurements (four of the six procurements). In South Community and Child Health nine providers have commenced implementation activities and these remain on track. Note that SLCS funding flows directly to the NHS and therefore there is no programme revenue/capital to report.

**Data and Information Services - Executive Summary**

Overall Delivery Confidence is assessed as AMBER based on the Highlight Reports covering the December period. Successful delivery is uncertain for the NTS, Care.Data, Data Services for Commissioners (DSFC) and GPES. There are a number of issues raised for awareness:

Resourcing - Constraints are causing delays and most programmes have raised it as an issue.

Current Year Budget - Although no budget was set at the beginning of the year for NTS, Care.Data and DSFC the programmes are forecasting and tracking spend.

Business Case / Investment Justification - Business Case cover is not yet in place for care.data and NTS although their Strategic Outline Cases are in the internal approvals process. The SOC for Data Services for Commissioners is being developed.

NTS - Approval for early works has been given however contract negotiations are required before work can begin.

Care.Data - A decision has been made by NHS England to extend the public awareness campaign by six months ahead of the extraction of primary care data for Care.Data. The delay will allow time to listen to public concerns, understand and respond to them. It will also provide an opportunity to further enhance the technical solutions, taking into account the views expressed by GPs and members of the public about satisfactory solutions.

DSfC - The service delivery is improving as we continue to gain clarity on historic practices and challenge new ways of working although this is slower than anticipated. The Directions from NHS England have been approved and are now published. The programme mobilisation is continuing with the three senior posts filled and a further five posts currently being advertised. Confirmation on requirements and funding is being pursued with NHS England.

GPES - New GPES release has fixed many of the outstanding GPES issues. QOF 13/14 data was successfully extracted from 71 practices last week as planned. Further releases during w/c 10th March and 17th March are on track to allow the extraction of data from all GP practices by 1st April.

KPI	Programme Achievement
KPI Owner	James Hawkins

Previous RAG	A*	Programme Delivery Director View	
Current RAG	A/G	Current RAG	A
Forecast RAG	A/G	Forecast RAG	A

\* = subjective assessment, not calculated

## Programme Delivery Dashboard - February 2014

Highlight Report Submission Month:	Overall Delivery Confidence RAG						Gateway Delivery Confidence				Key Delivery Milestones			Current year financial forecast (HSCIC admin) vs budget (DEC FIGURES)			Current year financial forecast (DH Prog) vs. budget (DEC FIGURES)			Investment justification (BC, MoU etc) forecast spend status					
	Dec	Jan	Feb	Mar	Apr	May	RPA	Gate	Date	RAG	Dec	Jan	Feb	Dec	Jan	Feb	Dec	Jan	Feb	Dec	Jan	Feb			
P0297	Care Connect	NR	A/R	A/R	A	A/G	A/G	N/A	N/A	N/A	N/A	NR	A/G	A	-	NR	R-O	R-O	NR	N/A	N/A	NR	NR	N/A	-
P0004	CP-IS	A	A/G	A/G	A/G	A/G	A/G	Med	3	Jul-2012	A	A	A	A	NR	G	G	NR	N/A	N/A	G	G	G		
P0070	CQRS	A	A	A/R	A/R	A/R	A/R	Med	4a	Oct-2013	A	A	A	R	NR	R-O	G	NR	N/A	N/A	G	G	G		
P0010	DMS Connectivity	G	G	G	G	G	G	N/A	N/A	N/A	N/A	G	G	G	NR	R-U	R-U	NR	N/A	N/A	G	G	G		
P0012	ETP	A/R	A	A/R	A/R	A	A	High	5	Jan-2014	A/R	A	A	A	NR	R-U	R-U	NR	G	R-U	G	G	G		
P0014	GP2GP	G	A/G	A/G	A/G	A/G	A/G	Low	N/A	N/A	A/G	A	A	A	NR	R-U	R-U	NR	G	G	G	G	G		
P0017	GPSOC	G	G	G	G	A/G	A/G	High	4	Mar-2009	A/G	G	G	G	NR	G	G	NR	R-U	R-U	G	G	G		
P0208	GPSOC Replacement	A	A	A	A	A	A	High	3	Nov-2013	A	A	A	A	NR	R-O	R-O	NR	R-U	R-U	G	G	G		
P0207	HJIS	A	A	A	A	A	A	Med	1	Sep-2013	A/G	A	A	A	NR	G	G	NR	N/A	N/A	N/A	N/A	N/A		
P0026	HSCDS (Choices Service)	G	G	R	A	A	A	Med	5	Apr-2012	G	G	G	G	NR	G	G	NR	A-U	R-U	N/A	N/A	N/A		
P0298	NHS Choices Online Channel	A	A	R	A	A	A	High	PVR	Dec-2013	A	A	A	A	NR	R-U	R-U	NR	N/A	N/A	N/A	N/A	N/A		
P0024	Investigate alignment of PIs to all negative results	A	A	A	A	A/G	A/G	High	5	Jul-2012	A/G	G	G	G	NR	A-U	A-U	NR	A-U	A-U	G	G	G		
P0238	NHS e-RS inc. CAB	G	G	A	G	G	G	High	3	Jan-2014	A/R	G	G	G	NR	R-U	R-U	NR	R-U	R-U	G	G	G		
P0030	NHSmail	A/G	A	A	A	G	G	Low	AAP	Oct-2012	G	R	R	R	NR	R-U	R-U	NR	R-U	R-U	G	G	G		
P0196	NHSmail2	A	A	A/G	A/G	A/G	A/G	Med	2	Jun-2013	A	A	A	A	NR	R-U	R-U	NR	R-U	R-U	G	G	G		
P0037	OHIT	A	A	A	A	A	A	N/A	N/A	N/A	N/A	G	G	G	NR	G	G	NR	R-U	R-U	G	G	G		
P0190	PSNH	R	R	A/R	A/R	A/R	A/R	High	AAP	Nov-2013	R	G	A	A	NR	R-O	R-O	NR	R-U	R-U	A	A	A		
P0051	SCR	A/G	A/G	A/G	A/G	A/G	A/G	High	0	Feb-2012	A	G	G	G	NR	R-U	R-U	NR	G	G	G	G	G		
P0049	Spine Extension	A/G	A/G	A/G	G	G	G	Med	3	May-2012	A/G	G	G	G	NR	R-U	R-U	NR	R-U	R-U	G	G	G		
P0050	Spine 2	A	A/R	A	A	A	A	High	AAP	Sep-2013	A	A	A	A	NR	R-O	R-O	NR	R-U	A-U	A	A	G		

Overall Delivery Confidence for Programme Delivery (Calculated):	
February-2014	A/G 61.00%
May-2014	A/G 73.00%

PDD View	
February-2014	<b>A</b>
May-2014	<b>A</b>

February's Calculated Delivery Confidence has decreased 7% points to 61% from 68% since last month. Calculated delivery confidence RAG narrowly remains 'AMBER / GREEN' but 'AMBER' is deemed to be a more realistic representation of Directorate-level confidence. The 3-month forecast Delivery Confidence (to Apr 2014) remains 'AMBER / GREEN'. 7 projects have changed their forecast RAG but the effects yield only a 2% point decrease in forecast delivery confidence percentage from 75% to 73%.

Sourced from Highlight Reports (Key RAGs) February-14

- KEY**
- Trend**
- ↑ RAG improvement from previous month
  - RAG same as previous month
  - ↓ RAG decrease from previous month

**Non Completion**

NR	No report provided (pre-dating NHS England monthly requirement for submission / Programme Delivery reporting standard initiation)
NB	No Programme or Project Board took place that month (pre-dating NHS England monthly requirement for submission)
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 ICT Spend Approval) or was not mandated on historical template
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

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

Programme Delivery Director View	
Current RAG	A
Forecast RAG	A

## Programme Delivery Dashboard - February 2014

Highlight Report Submission Month:	Benefits realisation confidence				Quality Management against plan				Programme / Project end date				Current Investment Justification approval status				ICT Spend Approval status				Resourcing Against Plan				
	Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		
P0297	Care Connect	NR	N/A	N/A	-	NR	N/A	N/A	-	NR	G	G	-	NR	A	A	-	NR	N/A	N/A	-	NR	G	G	-
P0004	CP-IS	N/A	N/A	N/A	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→
P0070	CQRS	A	A	A	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→
P0010	DMS Connectivity	N/A	N/A	N/A	→	N/A	N/A	N/A	→	G	G	G	→	A	A	A	→	N/A	N/A	N/A	→	G	G	G	→
P0012	ETP	R	R	R	→	A	A	A	→	A	A	R	↓	G	G	A	↓	G	G	A	↓	G	G	G	→
P0014	GP2GP	G	G	G	→	A	A	A	→	G	G	G	→	G	G	G	→	N/A	N/A	N/A	→	A	A	R	↓
P0017	GPSOC	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	N/A	N/A	N/A	→
P0208	GPSOC Replacement	G	G	G	→	A	A	G	↑	G	G	G	→	G	G	G	→	G	G	G	→	A	A	A	→
P0207	HJIS	N/A	N/A	N/A	→	G	G	G	→	A	A	A	→	A	A	A	→	A	A	A	→	A	G	G	→
P0026	HSCDS (Choices Service)	N/A	N/A	N/A	→	N/A	N/A	N/A	→	R	R	R	→	A	N/A	N/A	→	N/A	N/A	N/A	→	A	A	A	→
P0298	NHS Choices Online Channel	N/A	N/A	N/A	→	A	A	A	→	G	G	A	↓	A	A	R	↓	G	G	R	↓	A	A	A	→
P0024	Investigate alignment of PIs to all negative results	G	G	G	→	G	G	G	→	A	A	A	→	A	A	A	→	A	A	A	→	A	A	A	→
P0238	NHS e-RS inc. CAB	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→
P0030	NHSmal	G	G	G	→	A	A	A	→	G	G	G	→	G	G	G	→	G	G	G	→	A	A	G	↑
P0196	NHSmal2	G	G	G	→	A	G	G	→	A	A	A	→	A	A	G	↑	A	A	G	↑	A	A	A	→
P0037	OHIT	A	A	A	→	G	G	G	→	R	R	R	→	N/A	N/A	N/A	→	N/A	N/A	N/A	→	N/A	N/A	N/A	→
P0190	PSNH	G	G	G	→	A	A	A	→	A	A	A	→	A	A	A	→	A	A	A	→	A	A	A	→
P0051	SCR	A	A	A	→	A	A	A	→	G	G	G	→	G	G	G	→	G	G	G	→	A	A	A	→
P0049	Spine Extension	G	G	G	→	G	G	G	→	G	A	A	→	G	G	G	→	G	G	G	→	A	A	A	→
P0050	Spine 2	G	A	A	→	G	A	A	→	G	G	G	→	A	A	G	↑	R	R	G	↑	A	A	R	↓

Overall Delivery Confidence for Programme Delivery (Calculated):	
February-2014	A/G 61.00%
May-2014	A/G 73.00%

PDD View	
February-2014	<b>A</b>
May-2014	<b>A</b>

February's Calculated Delivery Confidence has decreased 7% points to 61% from 68% since last month. Calculated delivery confidence RAG narrowly remains 'AMBER / GREEN' but 'AMBER' is deemed to be a more realistic representation of Directorate-level confidence. The 3-month forecast Delivery Confidence (to Apr 2014) remains 'AMBER / GREEN'. 7 projects have changed their forecast RAG but the effects yield only a 2% point decrease in forecast delivery confidence percentage from 75% to 73%.

Sourced from Highlight Reports (Key RAGs) February-14

- KEY**
- Trend**
- ↑ RAG improvement from previous month
  - RAG same as previous month
  - ↓ RAG decrease from previous month

**Non Completion**

NR	No report provided (pre-dating NHS England monthly requirement for submission / Programme Delivery reporting standard initiation)
NB	No Programme or Project Board took place that month (pre-dating NHS England monthly requirement for submission)
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 ICT Spend Approval) or was not mandated on historical template
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 (LSP)
KPI Owner	James Hawkins
Data Owner	Tom Denwood

LSP & D+IS Dashboard

Previous RAG	G
Current RAG	G
Forecast RAG	G

### LSP Dashboard - February 2014

Highlight Report Submission Month:	Overall Delivery Confidence RAG							Gateway Delivery Confidence				Key Delivery Milestones				Current year financial forecast (HSCIC admin) vs budget (JAN FIGURES)			Current year financial forecast (DH Prog) vs. budget (JAN FIGURES)			Investment justification (BC, MoU etc) forecast spend status				
	Dec	Jan	Feb	Mar	Apr	May		RPA	Gate	Date	RAG	Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb
TBC	PACS	NR	G	NR	TBC	TBC	TBC	TBC	0	Nov-2011	A	NR	G	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	G	NR
P0183	South Community Programme	A/G	A/G	G	G	G		Med	3	Dec-2012	A/G	G	G	G	NR	NR	R-U	NR	NR	N/A	G	G	G	G	G	G
P0182	South Ambulance Programme	A	A/G	A	A	A		Med	3	Dec-2013	A/G	A	A	A/G	NR	NR	R-U	NR	NR	N/A	G	G	G	G	G	G
P0181	South Acute Programme	A/G	A/G	A/G	A/G	A/G		High	2	Dec-2012	A/G	A	A	G	NR	NR	R-U	NR	NR	N/A	G	G	G	G	G	G
P0047	BT LSP - South	G	G	G	G	G		Med	PAR	Feb-2014	A/R	A	G	G	NR	NR	R-U	NR	NR	R-U	G	G	G	G	G	G
	BT LSP - London	A	A	A	A	A		High	PAR	Feb-2014	A/R	A	G	G	NR	NR	R-U	NR	NR	R-U	A	G	G	A	G	G
P0031/00	CSC LSP	G	G	G	G	G		High	PAR	Feb-2014	A/R	G	G	G	NR	NR	R-U	NR	NR	R-U	G	G	G	G	G	G

Overall Delivery Confidence for LSP:	
February-2014	G 83.33%
May-2014	G 83.33%

Overall delivery confidence has decreased slightly to 83.33%. 3-month forecast delivery confidence has increased by the same amount. Current delivery confidence RAG is GREEN and is forecast to remain GREEN in 3 months' time. The Executive summary provides additional commentary and justification for RAGs. The January updates reflect Highlight Reports "collected" in February but covering the calendar month of January

Sourced from Highlight Reports (Key RAGs) February-14

KPI	Programme Achievement (D+IS)
KPI Owner	James Hawkins
Data Owner	Max Jones

Previous RAG	A
Current RAG	A
Forecast RAG	A

### Data and Information Services Dashboard - February 2014

Highlight Report Submission Month:	Overall Delivery Confidence RAG							Gateway Delivery Confidence				Key Delivery Milestones				Current year financial forecast (HSCIC admin) vs budget (JAN FIGURES)			Current year financial forecast (DH Prog) vs. budget (JAN FIGURES)			Investment justification (BC, MoU etc) forecast spend status				
	Dec	Jan	Feb	Mar	Apr	May		RPA	Gate	Date	RAG	Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb
P0294	National Tariff System (NTS)	A/R	A/R	A/R	A/R	A		Med	PVR	Feb-14	A	A	A	A	NR	NR	R-O	NR	NR	N/A	N/A	N/A	N/A	N/A	N/A	N/A
P0291	care.data	A/R	A/R	R	R	A/R		High	N/A	N/A	N/A	A	A	R	NR	NR	R-O	NR	NR	N/A	A	A	R	A	A	R
P0265	Data Services for Commissioners	R	A/R	A/R	A/R	A		TBC	N/A	N/A	N/A	R	R	R	NR	NR	R-O	NR	NR	N/A	R	R	R	R	R	R
P0281/03	GPES	A	R	R	R	R		TBC	4	Dec-2012	A	A	A	A	NR	NR	R-U	NR	NR	N/A	G	G	R	G	G	R
P0042	SUS	G	G	G	G	G		Med	See Spine	See Spine	See Spine	G	G	G	NR	NR	R-U	NR	NR	N/A	G	G	G	G	G	G

Overall Delivery Confidence for D+IS:	
February-2014	A 44.00%
May-2014	A 56.00%

Overall Delivery Confidence is assessed as AMBER based on the Highlight Reports covering the January period. Successful delivery is uncertain for NTS, care.data and Data Services for Commissioners (DSFC) and GPES. The February updates reflect Highlight Reports "collected" in February but covering the calendar month of January

Sourced from Highlight Reports (Key RAGs) February-14

#### Non Completion

NR	No report provided
NB	No Programme or Project Board took place that month (pre-dating NHS England monthly requirement for submission)
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 ICT Spend Approval) or was not mandated on historical template
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 (LSP)
KPI Owner	James Hawkins

Previous RAG	G
Current RAG	G
Forecast RAG	G

### LSP Dashboard - February 2014

		Benefits realisation confidence				Quality Management against plan				Programme / Project end date				Current Investment Justification approval status				ICT Spend Approval status				Resourcing Against Plan			
		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb	
TBC	PACS	NR	G	NR	↓	NR	G	NR	↓	NR	G	NR	↓	NR	G	NR	↓	NR	G	NR	↓	NR	G	NR	↓
P0183	South Community Programme	A	G	A	↓	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→
P0182	South Ambulance Programme	G	A	G	↑	G	G	G	→	A	G	G	→	G	G	G	→	G	G	G	→	G	A	A	→
P0181	South Acute Programme	A	A	G	↑	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	A	↓
P0047	BT LSP - South	A	A	A	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	A	A	A	→
0	BT LSP - London	A	A	A	→	N/A	G	G	→	A	G	G	→	G	G	G	→	G	G	G	→	A	A	A	→
P0031/00	CSC LSP	G	A	A	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	G	R	A	↑

Overall Delivery Confidence for LSP:	
February-2014	G 83.33%
May-2014	G 83.33%

Overall delivery confidence has decreased slightly to 83.33%. 3-month forecast delivery confidence has increased by the same amount. Current delivery confidence RAG is GREEN and is forecast to remain GREEN in 3 months' time. The Executive summary provides additional commentary and justification for RAGs. The January updates reflect Highlight Reports "collected" in February but covering the calendar month of January

Sourced from Highlight Reports (Key RAGs) February-14

KPI	Programme Achievement (D+IS)
KPI Owner	James Hawkins

Previous RAG	A
Current RAG	A
Forecast RAG	A

### Data and Information Services Dashboard - February 2014

		Benefits realisation confidence				Quality Management against plan				Programme / Project end date				Current Investment Justification approval status				ICT Spend Approval status				Resourcing Against Plan			
		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb	
P0294	National Tariff System (NTS)	N/A	N/A	N/A	→	N/A	N/A	N/A	→	A	A	R	↓	A	A	A	→	A	A	A	→	A	A	A	→
P0291	care.data	A	A	A	→	G	A	A	→	G	G	A	↓	A	A	R	↓	A	A	R	↓	A	R	R	→
P0265	Data Services for Commissioners	R	R	R	→	R	R	A/R	↑	R	R	R	→	R	A	A	→	R	R	R	→	R	R	R	→
P0281/03	GPES	N/A	N/A	N/A	→	G	G	G	→	A	A	A	→	G	G	G	→	G	G	G	→	A	G	G	→
P0042	SUS	G	G	G	→	G	G	G	→	G	G	G	→	A	A	A	→	G	G	G	→	G	G	G	→

Overall Delivery Confidence for D+IS:	
February-2014	A 44.00%
May-2014	A 56.00%

Overall Delivery Confidence is assessed as AMBER based on the Highlight Reports covering the January period. Successful delivery is uncertain for NTS, care.data and Data Services for Commissioners (DSFC) and GPES. The February updates reflect Highlight Reports "collected" in February but covering the calendar month of January

Sourced from Highlight Reports (Key RAGs) February-14

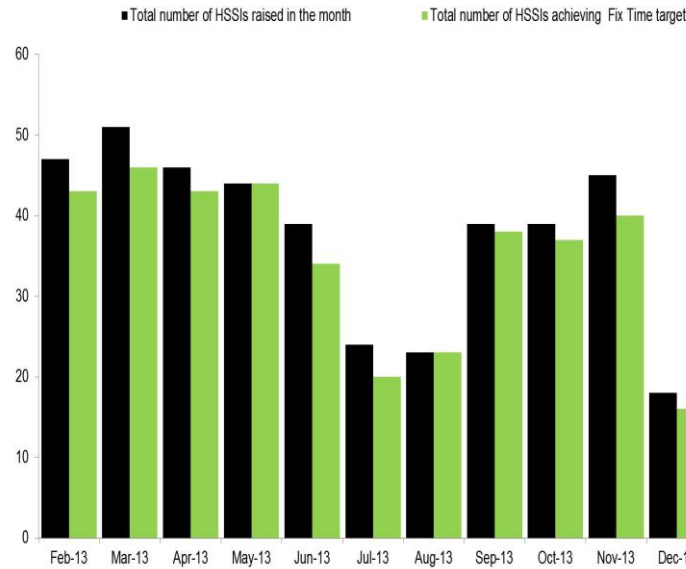
#### Non Completion

NR	No report provided (pre-dating NHS England monthly requirement for submission / Programme Delivery reporting standard initiation)
NB	No Programme or Project Board took place that month (pre-dating NHS England monthly requirement for submission)
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 ICT Spend Approval) or was not mandated on historical template
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)

<b>KPI</b>	<b>IT Service Performance</b>
<b>KPI Owner</b>	<b>Rob Shaw</b>

<b>Previous RAG</b>	<b>G</b>
<b>Current RAG</b>	<b>A</b>
<b>Forecast RAG</b>	<b>A</b>

**Higher Severity Service Incident (HSSI) Fix Time Achievement Analysis - Last 12 months**



**Availability:** January was generally a positive month for live service Availability, however, outages on the Electronic Transfer of Prescriptions and TMS Events Service components of Spine, and TPP SystemOne which affected services delivered under NE, EEM, NWWW and GPSoc contracts resulted in 6 Availability targets being missed and a resultant Amber status. The remaining 67 services all achieved or exceeded their average Availability targets.

**Response Times:** For the majority of services, Response Times performance was good in the reporting month with 39 out of 42 services reported against having achieved or exceeded their Response Times target which is an improvement on the previous months performance. There were, however, Amber level failures on RiO in both London and the South for the seventh consecutive month, and Amber level failures on Spine.

The root cause of the RiO performance failures in London and the South is believed to be related to the increase in the use of a transaction called RiO2RiO. This transaction is of benefit to the trusts but has slowed down a couple of other RiO transactions. BT believes that an amount of user interaction that is contained within the measurement of this transaction is causing the failure, however, investigations are ongoing. Performance in London was also impacted by issues with the Network Intrusion Devices following a move of St Bartholomew's Hospital's service to a different part of the BT infrastructure, a change has been made to address this issue and new Network Intrusion Devices are due for installation at the end of March.

The Spine performance failure was due to Electronic Transfer of Prescription performance issues in the month - three separate HSSI's were raised during the month during which users will have experienced slow performance and occasionally the need to retry. A service improvement plan has been put in place to address the issues experienced.

**HSSI Fix Times:** January saw the number of HSSI's in the month rise to 31 which is more aligned to the trend over the last 12 months following December's unusually low figure of 17. Two of those HSSI's were related to Clinical Safety - the first was made safe within target and related to Lorenzo and the outcome aspect of the discharge letter to GP's not being displayed, the second related to EMIS Web and resulted in allergy alerts not being displayed under certain circumstances - this incident was later downgraded to a lower Severity following assessment but was not made safe within target. It should be noted that there were also a number of Clinical Safety Incidents in the month that were still running at the end of month so the detail of those incidents will be reported in the first report following their closure. There was also one Security incident related to CSC (TPP) SystemOne and Patient confidential data being stored on PC hard drives - permanent resolution to this issue is still ongoing. All 31 of the HSSI's were resolved within the Fix Time Service Level resulting in a green status for this performance indicator.

Since the reporting period of January and the generation of this commentary (7 March) the following HSSI's have occurred which are worthy of note:

- 1/2/14 - Service - ETP reliable messaging was unavailable between 6:35 and 7:12
- 3/2/14 - Service - Application server issues on ETP resulted in significant delays to response times and queued messages taking a number of days to process
- 3/2/14 - Security - An issue with a link on the NHS Choices website was redirecting users to a site containing adverts
- 4/2/14 - Service / Clinical Safety - A large number of prescriptions were in an incorrect state for a period of time due to delays in processing ETP messages following a HSSI affecting the ETP Application servers
- 7/2/14 - Service - Cerner Millennium was unavailable to users at Barts Health NHS Trust
- 21/2/14 - Security - An incident was logged by CSC related to a breach of security relating to Patient Confidential Data
- 26/2/14 - Service - NHS Choices users were experiencing performance issues and intermittent unavailability

It is also worth noting that a Disaster Recover test took place for RiO R1 in the South on 8 March. The test failed due to issues with connectivity to PDS messaging (at the RiO end, not Spine) and issues with Workflow manager post failover.

**Forecasted RAG status:** Forecast that Amber RAG status will be achieved as a number of significant HSSI's in the month of February are known to have affected Availability.

Performance Indicators	Target	Feb-13	Feb-13 RAG	Mar-13	Mar-13 RAG	Apr-13	Apr-13 RAG	May-13	May-13 RAG	Jun-13	Jun-13 RAG	Jul-13	Jul-13 RAG	Aug-13	Aug-13 RAG	Sep-13	Sep-13 RAG	Oct-13	Oct-13 RAG	Nov-13	Nov-13 RAG	Dec-13	Dec-13 RAG	Jan-14	Jan-14 RAG
No. of Services achieving Availability target	All Services to achieve individual targets (but see caveat)	76	A	74	A	74	A	75	A	76	A	77	G	73	A	71	A	75	G	71	A	74	G	67	A
No. of Services breaching Availability target, but not to a critical level	0	2	A	4	A	4	A	3	A	1	A	0	G	2	A	4	A	0	G	4	A	0	G	6	A
No. of Services breaching Availability target at a critical level	0	0		0		0		0		0		0		0		0		0		0		0		0	
Total No. of Services measured for Availability Performance >>>>		78		78		78		78		77		77		75		75		75		75		74		73	
No. of Services achieving Response Times target	All Services to achieve individual targets (but see caveat)	41	R	43	R	43	R	42	R	44	A	42	A	42	A	41	A	40	A	37	R	38	R	39	A
	0	2	R	0	R	0	R	2	R	1	A	3	A	2	A	4	A	4	A	3	R	2	R	3	A
No. of Services breaching Response Times target at a critical level	0	2		2		2		1		0		0		0		0		0		3		2		0	
Total No. of Services measured for Response Time Performance >>>>		45		45		45		45		45		45		44		45		44		43		42		42	
Total number of Higher Severity Service Incidents (HSSIs)	N/A	47		51		46		44	G	39		24		23	G	39	G	39		45		18		31	G
Total number of HSSIs achieving Fix Time target		43	A	46	A	43	A	44	G	34	A	20	A	23	G	38	G	37	A	40	A	16	A	31	G
% HSSIs achieving Fix Time target		91%		90%		93%		100%		87%		83%		100%		97%		95%		89%		89%		100%	
<b>Key Actions</b>										<b>Target Date</b>					<b>Owner</b>					<b>Status</b>					

Actions recorded here are either: a) actions to progress measurement of KPI; b) actions taken by the KPI owner to address variances from target; or c) actions taken by Board or EMT to rectify escalated problems

<b>KPI</b>	<b>Public &amp; Patient Engagement</b>
<b>KPI Owner</b>	<b>Dr Mark Davies</b>

<b>Previous RAG</b>	<b>R</b>
<b>Current RAG</b>	<b>N/A</b>
<b>Forecast RAG</b>	<b>N/A</b>

Now that the initial survey has been completed, it is intended to review both the scope and the requirements for future surveys to take account of patient representative organisations engagement with, as well as awareness, of the HSCIC. We will also review the frequency of conducting future surveys to inform future KPI reports.

Recommendations will be made to the new Director for Customer Relations who will assume ownership of the future KPI.

<b>Key Actions</b>	<b>Target Date</b>	<b>Status</b>
Conduct first survey with relevant organisations representing patients' interests	31/01/2014	Completed - see January's performance pack for information on the survey
Devise new KPI to measure Public and Patient engagement	Q1	Not started

Actions recorded here are either: a) actions to progress measurement of KPI; b) actions taken by the KPI owner to address variances from target; or c) actions taken by Board or EMT to rectify escalated problems

<b>KPI</b>	<b>Reputation</b>
<b>KPI Owner</b>	<b>Alan Perkins / James Hawkins</b>

<b>Previous RAG</b>	<b>N/A</b>
<b>Current RAG</b>	<b>A</b>
<b>Forecast RAG</b>	<b>A</b>

The Customer and Stakeholder Engagement KPI is now part of the Reputation KPI. The KPI is now made up of the following indicators:

#### Customer Satisfaction

The next 6 monthly Customer Survey is planned for June 2014.

#### Responsiveness

Responsiveness is assessed as AMBER from a qualitative assessment of sources.

#### Programme SRO Satisfaction

The next survey should be completed with results for the next board.

The current survey for Programme SROs satisfaction scored 76% in December vs. the 80% target. Feedback noted the 'Benefits Realisation', 'Programme Delivery', 'Communications and Stakeholder Engagement' and 'Service Delivery' areas scoring <4. Programme leads are engaging with SROs as part of on-going Programme governance and engagement to agree improvement plans for these, to increase the score above target moving forward.

#### Media Coverage

HSCIC generated 786 'articles' across press, broadcast and online sources in February which continues an upward trend. The coverage was valued at more than £3.9 million reaching a potential audience of nearly 187 million and was predominantly positive in sentiment but with 19% of coverage negative.

41% of overall coverage was generated by interest in three releases by the HSCIC, covering reductions in breast cancer screening and new insights on hospital admissions data for obesity, and for anxiety.

Care.data' was the main coverage driver of negative mentions, generating coverage from publications including BBC (Web), Mail Online UK (Web) and The Times. Headlines pertaining to the story included: 'NHS bosses bullying GPs into sharing their patients' data, say MPs' (The Daily Mail and Mail Online UK (Web)), 'Atos to manage NHS 'Care.data' project despite on-going 'mess' over disability benefit assessments' (The Independent (Web)).

#### Sponsor Satisfaction

The Sponsor team have informed us that the survey that will provide the data for this PI will be carried out during March so results should be available in the next pack.

#### Overall RAG

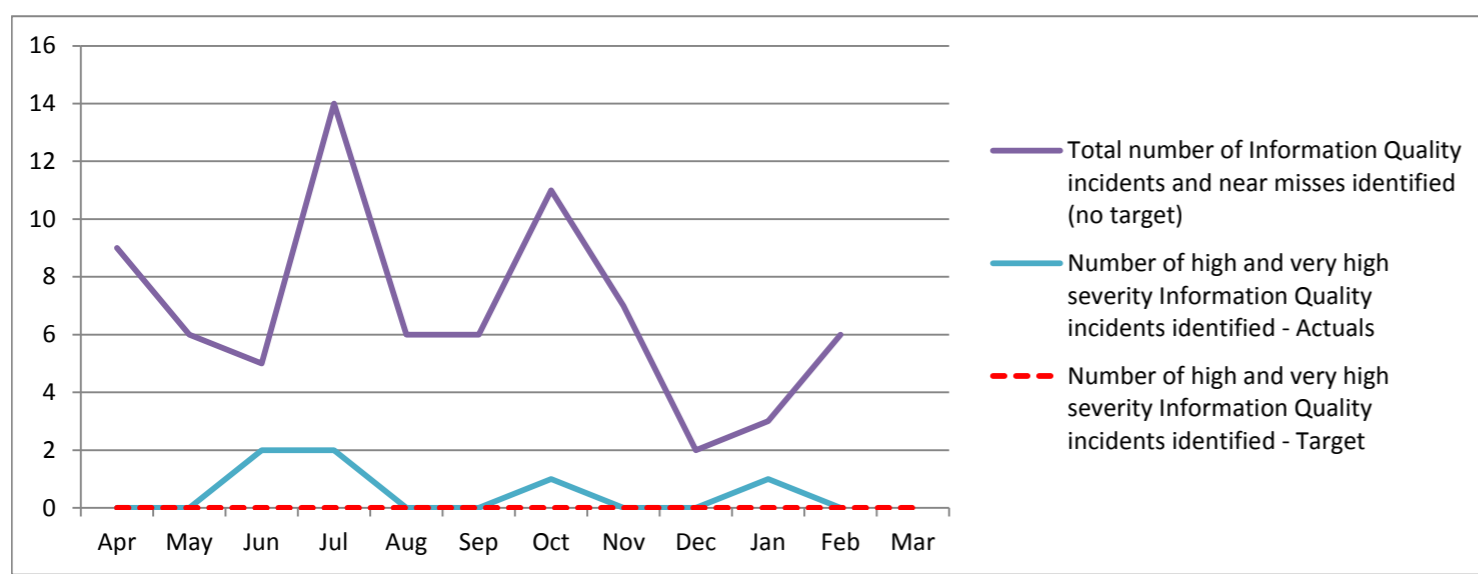
The current RAG status is AMBER due to the improvements required highlighted from the surveys and also levels of media coverage on issues of data management and confidentiality. The forecast RAG is AMBER.

Key Actions	Target Date	Status
Next iteration of the SRO survey to include broader range of SROs	01/03/2014	On target - No issues original deadline achievable
Get copy of inaugural Sponsor survey of satisfaction with HSCIC once survey has been completed	01/04/2014	On target - No issues original deadline achievable
Assess if the scoring should be presented as an actual average score rather than a percentage	28/02/2014	We will maintain % and will update the PDD KPI dictionary to that effect
Consider creation of a new 'panel' to elicit Stakeholder feedback	28/02/2014	Not started
Confirm if there are any issues with the 3 SROs that did not respond to the survey	28/02/2014	All SROs responded just some covered with only one was outstanding which was ETP which was included in the stats but not the commentary but will be in the next iteration
Complete first run of new 'panel' survey (which includes some questions on reputation)	Jan 2013	Completed
Plan next 'panel' for June 2014	June 2014	On target - No issues original deadline achievable
Work with Rachel McHale on sourcing further data on social media, include NHS choices in the discussion	April 2013	On target - No issues original deadline achievable

Actions recorded here are either: a) actions to progress measurement of KPI; b) actions taken by the KPI owner to address variances from target; or c) actions taken by Board or EMT to rectify escalated problems

<b>KPI</b>	<b>Information Quality</b>
<b>KPI Owner</b>	<b>Max Jones</b>

<b>Previous RAG</b>	<b>A</b>
<b>Current RAG</b>	<b>G</b>
<b>Forecast RAG</b>	<b>G</b>



There were six Information Quality incidents identified in February 2014. The majority of the incidents were low impact except for one which was medium impact.

Targets and RAGs have now been agreed for the high and very high impact incident PI:

- GREEN - no high or very high impact severity incidents identified
- AMBER - one or more high impact severity incidents identified, but no very high impact severity incidents identified
- RED - one or more very high impact severity incidents identified.

No target or RAG will be assigned to the total number of incidents PI.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total number of Information Quality incidents and near misses identified (no target)	9	6	5	14	6	6	11	7	2	3	6	
Number of high and very high severity Information Quality incidents identified - Actuals	0	0	2	2	0	0	1	0	0	1	0	
Number of high and very high severity Information Quality incidents identified - Target	0	0	0	0	0	0	0	0	0	0	0	0

Key Actions	Target Date	Status
Agree target levels for information quality incidents	31/03/2014	Completed

Actions recorded here are either: a) actions to progress measurement of KPI; b) actions taken by the KPI owner to address variances from target; or c) actions taken by Board or EMT to rectify escalated problems

<b>KPI</b>	<b>Data Quality</b>
<b>KPI Owner</b>	<b>Max Jones</b>

<b>Previous RAG</b>	<b>A</b>
<b>Current RAG</b>	<b>R</b>
<b>Forecast RAG</b>	<b>R</b>

	Apr %	May %	Jun %	Jul %	Aug %	Sep %	Oct %	Nov %	Dec %	Jan %	Feb %	Mar %
% of rejected submissions - actual	1	2	3	2	2	1	1	1				
% of rejected submissions - target	0	0	0	0	0	0	0	0	0	0	0	0
% of records which contain valid values in critical fields - actual	99	99	99	98	99	99	99	99				
% of records which contain valid values in critical fields - target	100	100	100	100	100	100	100	100	100	100	100	100
% of organisations (APC, OP and A&E) submitting expected data - actual	TBC	TBC	TBC	TBC	TBC	TBC	87	87				
% of organisations (APC, OP and A&E) submitting expected data - target	100	100	100	100	100	100	100	100	100	100	100	100

November 2013 data has breached the warning tolerance for % of rejected submissions by 0.02%. This has been investigated but is not considered a cause for concern at this point in time. It will be kept under review to ensure that this is not the start of longer term deterioration in performance that requires more thorough investigation.

Indicator 3 has three separate data sets feeding into it with varying levels of performance, Admitted Patient Care (100%), Outpatient (95%) and Accident and Emergency (86%), which, when combined, give a rating of RED. The Board is requested to note the position and approve the proposed action for further investigation into causes and options for remedial action.

The Current RAG of RED is based on the KPI rule that as the three indicators have equal weighting, if one is RED, then the KPI should also be RED. The Forecast RAG for year end will remain RED until all three indicators are either AMBER or GREEN.

The current scope of measurement for all three indicators is SUS, Admitted Patient Care, Outpatient and A&E Commissioning Data Set with a three month lag due to the current SUS submission and reconciliation processes.

After further investigation, the burden of producing baseline data from Apr-Sep 2013 for indicator 3 is not reflected in the perceived benefits. As such, no further work will be done on this unless directed to do so by the KPI Owner.

<b>Key Actions</b>	<b>Target</b>	<b>Status</b>
Produce data for indicator 3 Apr-Sep 2013	28/02/2014	Action no longer required
Investigate alignment of PIs to all negative or all positive	28/02/2014	Action no longer required
Investigate and report on performance level of indicator 3	10/04/2014	Not started

Actions recorded here are either: a) actions to progress measurement of KPI; b) actions taken by the KPI owner to address variances from target; or c) actions taken by Board or EMT to rectify escalated problems



<b>KPI</b>	<b>Usefulness of Service</b>
<b>KPI Owner</b>	<b>Max Jones</b>

<b>Previous RAG</b>	<b>A</b>
<b>Current RAG</b>	<b>A</b>
<b>Forecast RAG</b>	<b>A</b>

This KPI is measured quarterly - therefore no change in performance to report from previous month. Key actions shown below.

<b>Key Actions</b>	<b>Target Date</b>	<b>Status</b>
Agree initial baseline of economic benefit KPI along with sources of information	31/03/2014	On target - But original deadline revised
Add further outputs to KPI and refine economic benefit model as appropriate	On going	Not started

Actions recorded here are either: a) actions to progress measurement of KPI; b) actions taken by the KPI owner to address variances from target; or c) actions taken by Board or EMT to rectify escalated problems

<b>KPI</b>	<b>Financial Management (HSCIC)</b>
<b>KPI Owner</b>	<b>Carl Vincent</b>

<b>Previous RAG</b>	<b>R</b>
<b>Current RAG</b>	<b>R</b>
<b>Forecast RAG</b>	<b>R</b>

	Budget (£m)	Actual (£m)	% Variation
<b>Year to date Actual v Budget</b>	£196.9m	£176.9m	10.1%

### HSCIC Operating costs

The forecast expenditure has reduced to £194.9m, giving a forecast underspend for the year of £21.4m. The forecast still contains ambitious recruitment targets for the last month of the year, albeit significantly reduced from last month. We expect the forecast underspend to end the year in the range £20m-£25m, in line with last month's estimate. The KPI for forecast v budget is expected to remain Red for the remainder of the year.

	Budget (£m)	Forecast (£m)	% Variation
<b>Forecast v Budget</b>	£221.2m	£194.9m	11.9%

The Forecast Accuracy variance of 3.1% (£0.4m) for the month is Amber. This comprises Red KPIs for four Directorates (LSP, Programme Delivery, O&TS, Clinical - all with Actuals lower than Forecast) and Green for four Directorates (D&IS, F&CS, IA and HR&T). The variances are across all income/ expenditure categories. There is increasing focus month-on-month on this metric across the organisation, with more individual cost centres reporting Green this month than previously.

	Feb Actual (£m)	Feb Forecast (£m)	% Variation
<b>Forecast accuracy</b>	£14.1m	£13.7m	3.1%

### Management Action

It was difficult over the first half of the year to provide the individual Directorates and managers with good financial management information because internal re-organisations since the budget was agreed means the cost centres were not aligned to the new structures. However, we are making progress in this area and the quality of monthly financial management information is improving. Alongside this, we are increasingly improving the engagement between managers and financial business partners as the staff in the finance team are appointed to their permanent posts.

Note: for more information please see Appendix 4 - Management Accounts

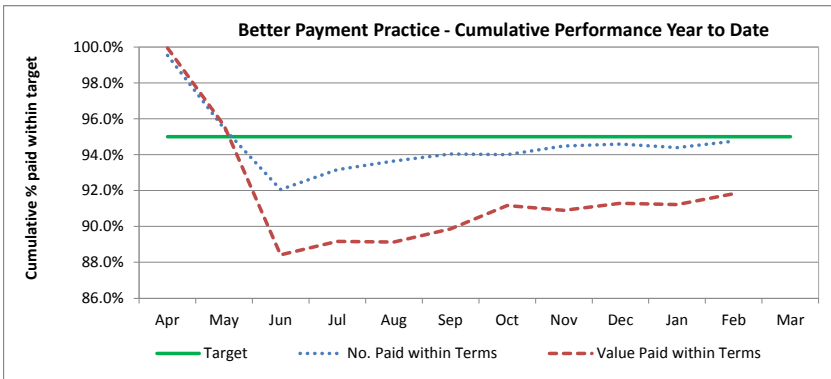
The Zero Based Review process also included a collection of reforecast figures for 2013/14, which we believe has led to an increased understanding by individual teams of their costs, and is part of the explanation for the increased forecast underspend on the HSCIC operating costs. The on-going process of internal challenge should support this process further.

Key Actions to rectify variance from target	Target Date	Status
Improve forecasts and plans for future years of both programme and admin so they are based on a 'most likely' basis, rather than the 'best case' and without large contingencies	Mar-14	On target - no issues original deadline achievable
Implement a new Financial Reporting System to support business ownership of the forecasts, facilitate communications between budget holders and Finance and enable senior management review in a more timely manner, all of which should help to improve these metrics in the next financial year	Aug-14	On target - no issues original deadline achievable

Actions recorded here are either: a) actions to progress measurement of KPI; b) actions taken by the KPI owner to address variances from target; or c) actions taken by Board or EMT to rectify escalated problems

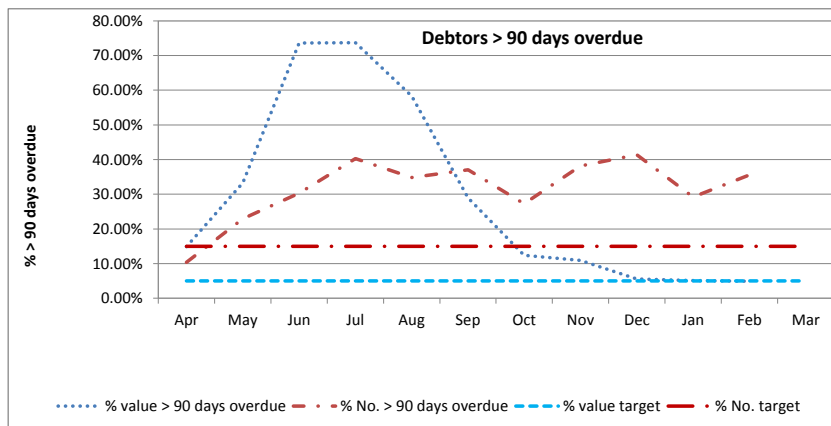
<b>KPI</b>	<b>Financial Performance</b>
<b>KPI Owner</b>	<b>Carl Vincent</b>

<b>Previous RAG</b>	<b>R</b>
<b>Current RAG</b>	<b>R</b>
<b>Forecast RAG</b>	<b>R</b>



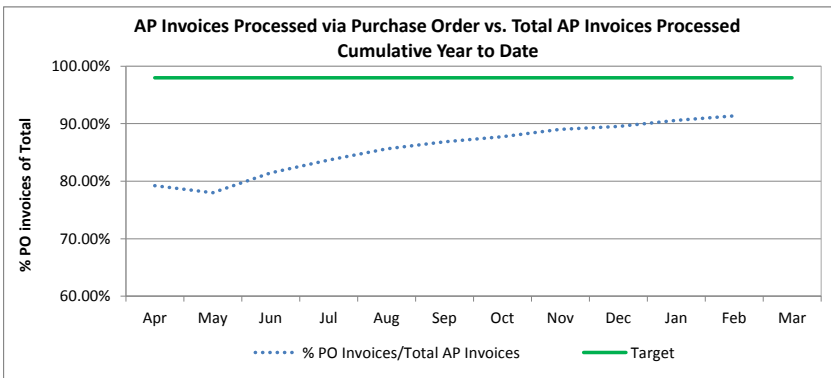
<b>BETTER PAYMENT PRACTICE</b>	<b>Target (%)</b>	<b>Actual (%)</b>	<b>Variation</b>
Cumulative % number paid within target	95%	95%	0%
Cumulative % value paid within target	95%	92%	(3)%

Performance against the Better Payment Practice improved during February 2014. We paid 923 invoices during February 2014, of which only 18 transactions failed the BPPC measure. This equates to a 98% success rate for the month of February 2014, and this has improved our cumulative performance.



<b>DEBTOR DAYS</b>	<b>Target (%)</b>	<b>Actual (%)</b>	<b>Variation</b>
Cumulative % value of debt over 90 days	5%	5%	0%
Cumulative % number of invoices unpaid over 90 days	15%	36%	21%

The % value of debtors over 90 days reduced from 5% in January to 4.9% in February. This was largely due to ongoing credit control efforts, which have been concentrating on the largest value invoices and have managed to collect over £1.77 m of the older 90+ days debt. The cumulative number of invoices unpaid over 90 days has risen this month from 29.2% in January to 35.6% in February this is largely due to a large number of low value invoices being raised in these periods from MRIS work.



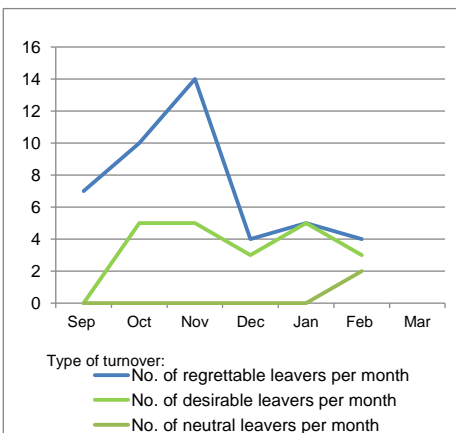
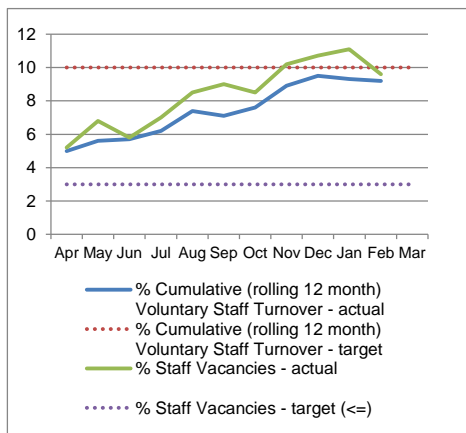
<b>PURCHASE ORDER INVOICES</b>	<b>Target (%)</b>	<b>Actual (%)</b>	<b>Variation</b>
Cumulative % of relevant invoices that are paid against a purchase order	98%	91%	(7)%

Slowly improving against target, up from 90% cumulative to January. Target is 98% of AP transactions for which a purchase order is appropriate. 9% of AP transactions are currently considered outwith the target; these primarily relate to the payment of payroll deductions (e.g. childcare vouchers, union subs), travel contracts (e.g. Expotel/Redfern), non-staff expenses, medical screening costs, catering costs, postage, couriers, rent, utilities and telephones.

<b>Key Actions to rectify variance from target</b>	<b>Target Date</b>	<b>Status</b>

<b>KPI</b>	<b>Organisational Health</b>
<b>KPI Owner</b>	<b>Rachael Allsop</b>

<b>Previous RAG</b>	<b>R</b>
<b>Current RAG</b>	<b>R</b>
<b>Forecast RAG</b>	<b>R</b>



### Cumulative Voluntary Staff Turnover

Cumulative voluntary turnover rate was 9.2% at February (for the period March '13 - February '14). Voluntary turnover in February remains about the same as December and January with 8.96 leavers. The overall trend is a steadily increasing number of voluntary leavers that is currently AMBER but getting closer to the overall level of turnover that would generally be considered positive and healthy in a mature organisation with well developed processes.

Pending further work linked to PDR that will provide a more sophisticated interpretation of turnover, including assessing whether turnover is desirable, regrettable or neutral, managers have been asked to assess whether the impact of leavers since September 2013 is felt to have been desirable or regrettable. Whilst this is a subjective measure it does provide more intelligence about whether we are losing high performing people that we should be able to retain. Responses indicate that some 66% of turnover has been regrettable, 31% desirable and 3% neutral. February was fairly aligned with this with 4 regrettable leavers, 3 desirable and 3 neutral. This suggests that we need to do more to retain key and high performing employees. An improved exit interview process has been launched, which will enhance this work by enabling feedback to be obtained on why people are choosing to leave the HSCIC this in turn will lead to further action and reporting.

### Staff Vacancies

We currently have 221 active vacancies recorded.

A review of 'active' vacancies has taken place and some of the roles vacant for a considerable period of time have been eliminated. 26% of current offers have been made to internal candidates, this will create additional vacancies in turn. The other 74% of current offers have been made to external candidates. This ratio shows that opportunities are being made available to internal candidates whilst additional capacity is being made available to the organisation overall with the majority of appointments being made from external recruits.

A review of the zero based review exercise has resulted in a net 175 vacancies being confirmed as affordable from 1st April taking in to account vacancies to replace leavers. Next steps involve the directorates identifying their priority roles from within the 175 confirmed vacancies, these priorities will feed in to the Cohort Recruitment project. Other project activities identified under the Cohort Recruitment project are progressing, with a view to improving the recruitment process and seek to target a wider range of potential candidates to recruit in to pools of resources to support increased flexible deployment of staff.

Organisational Health is currently RED rated due to the current volume of recruitment. This is forecast to be RED for next month until the benefits of the new approach to recruitment is realised later during 2014.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% Cumulative (rolling 12 month) Voluntary Staff Turnover - actual	5	5.6	5.7	6.2	7.4	7.1	7.6	8.9	9.5	9.3	9.2	
% Cumulative (rolling 12 month) Voluntary Staff Turnover - target	10	10	10	10	10	10	10	10	10	10	10	10
Cumulative (rolling 12 month) number of leavers - actual	92	103	110	113	140	135	145	169	181	179	177	
% Staff Vacancies - actual	5.2	6.8	5.8	7	8.5	9	8.5	10.2	10.7	11.1	9.6	
% Staff Vacancies - target (<=)	3	3	3	3	3	3	3	3	3	3	3	3
% training activity - actual	N/A		86%				12-32%			91%		
% training activity - target	80%		100%				80%			100%		

### Training Activity

The second training needs analysis (TNA) was closed in November to coincide with the outcome of mid-year appraisals. Individuals were asked to submit their outstanding technical and vocational requests for the remainder of the year. Respondents were not invited to request skills training (as Civil Service Learning will provide a more effective solution) however, where these have been submitted, these have been processed where viable courses could be delivered.

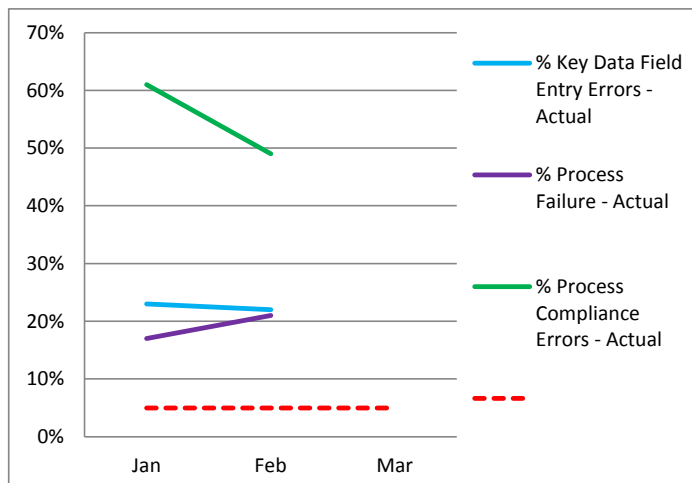
130 technical/vocational requests were approved by Directors of which 119 have been processed to invitation. With 91% of the approved requests having already been processed this area is forecast to be 'green' at the end of Q4. The Learning and Development team are now focussed on the preparations to introduce Civil Service Learning from April 2014 which will be the sole route to training.

Key Actions	Target Date	Status
Complete procurement (from Framework) of Recruitment Marketing capability for initial support with labour and recruitment market data.	14/03/2014	On target - but original deadline revised
Planned recruitment reconciled with planned budget	14/03/2014	On target - but original deadline revised
Agree approach to deploying project and programme delivery professionals from the Portfolio Pool across the organisation	31/03/2014	On target - but original deadline revised
Launch improved exit interview process	31/03/2014	Completed
Commence launch of improved PDR process	31/03/2014	On target - no issues original deadline achievable
Develop internal recruitment function	30/04/2014	On target - but original deadline revised
Complete Standard Job Descriptions for all priority roles	28/04/2014	On target - but original deadline revised
Consider potential alternative approaches to business support roles e.g. Rotation, apprenticeship schemes	30/06/2014	On target - but original deadline revised

Actions recorded here are either: a) actions to progress measurement of KPI; b) actions taken by the KPI owner to address variances from target; or c) actions taken by Board or EMT to rectify escalated problems

<b>KPI</b>	<b>Risk Management</b>
<b>KPI Owner</b>	<b>Carl Vincent</b>

<b>Previous RAG</b>	<b>R</b>
<b>Current RAG</b>	<b>R</b>
<b>Forecast RAG</b>	<b>A</b>



### Caveats

- 1) This KPI is based on the risk data maintained in the Tracking Database (TDB). For this reporting period, only some directorates within HSCIC are maintaining their risk data on this platform, the others are either in the process of transferring their data to it or have yet to start doing so. Therefore this KPI is NOT necessarily representative of the whole organisation.
- 2) A large amount of legacy data remains on the TDB, most of which has been superseded. We are currently running a data cleanse exercise to identify and close those items that are no longer relevant, but until that exercise has completed, we will not have a fully accurate position.

### Summary

Overall the risk management KPI remains assessed as RED, due to the three underlying metrics all being outside of tolerance. We anticipate that transferring all remaining risks to the TDB and the completion of the data cleanse exercise will result in an immediate and material reduction in errors and so we are forecasting an AMBER assessment for the next reporting period.

### % Key Data Field Entry Errors

It is encouraging that this metric has remained constant despite a 6% increase in the total number of open risks and issues. This indicates that the underlying trend for the number of key data field entry errors is reducing, due to a combination of better quality control over new items as they are added and more robust oversight of existing items.

Two areas that we will be looking for rapid improvement on are our risk and issue articulation (33% are currently assessed as having poor descriptions) and our issue action plans (26% of issues do not have allocated action owners).

### % Process Failure

This metric has declined during the reporting period for two reasons:

- 1) There remains a substantial number (14%) of risks that are recorded as having a post-mitigated score that is worse than their current score.
- 2) The increased number of risks and issues recorded in the TDB has not seen an associated increase in mitigation action plans taking effect. 58% of risks and issues either have no action plans recorded against them or those plans are not yet fully implemented.

### % Process Compliance Errors

It is encouraging to see a significant improvement in this metric, suggesting that the combination of delivering training to staff on the new standards required and the on-going data cleanse exercise is producing a marked improvement in the way we are managing risks and issues.

	Jan	Feb	Mar
% Key Data Field Entry Errors - Actual	23%	22%	
% Key Data Field Entry Errors - Target	5%	5%	5%
% Process Failure - Actual	17%	21%	
% Process Failure - Target	5%	5%	5%
% Process Compliance Errors - Actual	61%	49%	
% Process Compliance Errors - Target	5%	5%	5%

Key Actions	Target Date	Status
Conduct data cleanse of TDB risks and issues	01/04/2014	Not started
Deliver fundamental staff training module on the risk management framework and using the TDB	01/04/2014	On target - no issues original deadline achievable
Deliver intermediate staff training module on the risk management framework	01/06/2014	Not started

Actions recorded here are either: a) actions to progress measurement of KPI; b) actions taken by the KPI owner to address variances from target; or c) actions taken by Board or EMT to rectify escalated problems

## Appendix 1 - KPI RAG Tolerances

KPI title	KPI formula and/or PI titles and formula(e)	KPI/PI Tolerance
Public and Patient Engagement	Awareness campaign score	Subjective tolerance as described above
	Patients' satisfaction (proxy score)	Subjective tolerance as described above
Information Quality (output)	Total number of reported information quality incidents and near misses	No RAG
	Number of reported high and very high information quality incidents	GREEN - no high or very high impact severity incidents identified AMBER - one or more high impact severity incidents identified, but no very high impact severity incidents identified RED - one or more very high impact severity incidents identified.
Data Quality (input)	% of rejected submissions	Green: <1.55%, Amber: >=1.55% and <1.68%, Red: >1.68%
	% of records which contain valid values in critical fields	Green: >98%, Amber: >=95% and <=98%, Red: <95%
	% of organisations (APC, OP and A&E) submitting expected data	Green: >98%, Amber: >=90% and <=98%, Red: <90%
Programme Achievement	% assessed as Amber or better from Gateway Reviews and Health Checks	GREEN = Within 10% of target AMBER = between 11% and 20% of target RED = more than 20% off target
	Overall RAG score - Delivery Confidence Note: the KPI Owner will make an overall assessment of "Delivery Confidence" across the portfolio. However, the individual programmes are independently scored by OGC/SRO for 'Delivery Confidence'.	RED - Successful delivery of the project / programme appears to be unachievable. There are major issues on project / programme definition, schedule, budget, required quality or benefits delivery which at this stage do not appear to be manageable or resolvable. The project / programme may need re-baselining and/or overall viability re-assessed AMBER / RED - Successful delivery of the project / programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed and whether resolution is feasible AMBER - Successful delivery appears feasible but significant issues already exist, requiring management attention. These appear resolvable at this stage if addressed promptly, should not present a cost/schedule overrun AMBER / GREEN - Successful delivery appears probable, however constant attention will be needed to ensure risks do not materialise into major issues threatening delivery GREEN - Successful delivery appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly
IT Service Performance	Number of services achieving Availability target	GREEN: 100% OSL passes AMBER: 1+ FL1 breach
	Number of services breaching Availability target, but not to a critical level	RED: 1+ CSL breach, >=5% FL1 breaches Key: OSL - Operating Service Level (target achieved); FL1 - Failure Level 1 (target breached); CSL - Critical Service Level (target breached)
	Number of services breaching Availability target at a critical level	
	Number of services achieving response time target	GREEN: 100% OSL passes AMBER: 1+ FL1 breach
	Number of services breaching response times target, but not to a critical level	RED: 1+ CSL breach, >=15% FL1 breaches Key: OSL - Operating Service Level (target achieved); FL1 - Failure Level 1 (target breached); CSL - Critical Service Level (target breached)
Usefulness of Service	Number of services breaching response time target at a critical level	
	% HSSIs achieving Fix Time target	GREEN: 95% or better, AMBER: 80-94%, RED: < 80%
Transformation Programme progress	Value of economic benefit (proxy for usefulness)	TBC
	Overall progress RAG score	Subjective tolerance as described above
Financial Management	Benefits achieved RAG score	Subjective tolerance as described above
	% variation forecast outturn of revenue versus budget	GREEN: +0.5% to +3% AMBER: +3% to +5% RED: Over 5% and under +0.5%
	% variation forecast outturn of DH Programme expenditure versus budget (revenue)	GREEN +0.5% to +3% AMBER +3% to +5% RED Over 5% and under +0.5%
	% variation forecast outturn of DH Programme expenditure versus budget (capital)	GREEN +0.5% to +3% AMBER +3% to +5% RED Over 5% and under +0.5%
	% accuracy of forecasting revenue	GREEN = forecast accuracy within 2% AMBER = forecast accuracy more than 2% but less than 4% RED = forecast accuracy more than 4%
	% accuracy of forecasting DH Programme expenditure (revenue)	GREEN = forecast accuracy within 2% AMBER = forecast accuracy more than 2% but less than 4% RED = forecast accuracy more than 4%
	% accuracy of forecasting DH Programme expenditure (capital)	GREEN = forecast accuracy within 2% AMBER = forecast accuracy more than 2% but less than 4% RED = forecast accuracy more than 4%
	% invoices paid within target	GREEN = More than 95% AMBER =90-95% RED = less than 90%
	% value paid within target	GREEN = More than 95% AMBER =90-95% RED = less than 90%
	% value of debt over 90 days	GREEN = Less than 5% AMBER = 5%-10% RED = More than 10%
Organisational Health	% volume of invoices unpaid over 90 days	GREEN = Less than 15% AMBER = 15%-20% RED = More than 20%
	% of relevant invoices paid against a purchase order	GREEN = More than 98% AMBER =93%-98% RED = Less than 93%
	% of training activity	GREEN = 85% or more of invitations sent AMBER = between 84% and 70% of invitations sent RED = < 70% of invitations sent
	% of staff who have had their competency baselined against new competency framework	Measurement will not start until 1/7/14
	% of staff vacancies	GREEN = 3% or less AMBER = more than 3% but less than 5% RED = more than 5%
	% Cumulative Voluntary Staff turnover	GREEN = 10% -12% AMBER = 9 and 13% RED = Above 13% and below 9%
Reputation	Reputation - subjective assessment	Subjective tolerance as described above
Risk	% of Data Entry Errors	Measures are still to be confirmed
	% of Effectiveness	RED: up to +/- 15%, AMBER: up to +/- 10%, GREEN: up to +/- 5%
	% of Process Compliance	

## Appendix 2 - Programme definitions

Portfolio Code:	Name	Description
P0004	CP-IS	The Child Protection - Information Sharing project will provide child protection information to unscheduled (emergency and urgent care) services in the NHS on the statutory position of children subject to a Child Protection Plan or Statutory Order. It is intended that the information will be fed from Children's Social Care systems and a solution will be developed that will enable unscheduled care setting systems within the NHS to view this information.
P0070	CQRS	The Calculating Quality Reporting Service (CQRS) is replacing the Quality Management and Analysis System (QMAS), the system currently used to calculate payments to GPs under the Quality & Outcomes Framework (QOF).
P0010	DMS Connectivity	Support Defence Medical Services to deliver the fully operating capability of their Personnel Care Record System Programme (DMICP). This includes integrating with the services and systems of the NHS, provision of relevant SME, skills and programme resource. In this context NHS systems include patient registration, staff authentication and patient choice together with activity related management information.
P0012	ETP	The Electronic Transmission of Prescriptions (ETP) programme is delivering the Electronic Prescription Service (EPS) to GP practices, community pharmacies and dispensing appliance contractors across England. EPS enables prescribers (such as a GP or practice nurse) to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice, and then onward transmission to the NHS Prescription Services to support reimbursement. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.
P0014	GP2GP	To deliver the national implementation and roll-out of a computerised system to manage the transfer of patient records between GP practices when patients change their GP, covering electronic records transfers between GP practices.
P0017	GPSOC	GP Systems of Choice is a scheme through which the NHS will fund the provision of GP clinical IT systems in England.
P0208	GPSOC Replacement	Replacement GP Systems of Choice is a scheme through which the NHS will seek to develop improved functionality and fund the provision of GP clinical IT systems in England.
P0207	HJIS	HJIS (formerly known as Offender Health Second Generation Services) aims to identify and assess options for maintaining the existing clinical IT service capability beyond the current supplier contract end date (Jun 2016) and meet the future information needs of healthcare across all approved places of detention in England.
P0026	HSCDS (Choices Service)	NHS Choices ( <a href="http://www.nhs.uk">www.nhs.uk</a> ) acts as the digital gateway and public front door to the NHS, transforming the delivery of health and social care to one that is patient-centred, personalised and accessible to all.
P0298	NHS Choices Online Channel	This project is to develop the business case for future NHS Choices service
P0024	N3	N3 is the National Network for the NHS. It provides a robust and reliable broadband network, supporting IT infrastructure, world-class networking services and sufficient, secure connectivity and capacity to meet current and future NHS IT needs.  N3 provides connectivity to all NHS organisations in England, as well as those non-NHS sites providing NHS care, ensuring a reliable service at every site where NHS services are delivered or managed.
P0238	NHS e-RS inc. CAB	The NHS e-Referral Service Programme will deliver an open, modern, electronic referral service, improving patient outcomes and delivering paperless referrals by 2015.
P0030	NHSmail	NHSmail provides the NHS with a secure email and calendar service hosting close to 950,000 registered users, with 660,000 of those regularly accessing the service. The existing contract (with Vodafone) is due to expire on 30th June 2014.
P0196	NHSmail2	The aim of the NHSmail2 project is to replace the existing NHSmail solution the current expectation is that the existing NHSmail contract will be extended to June 14, so a replacement will need to have been identified by this date
P0037	OHIT	To deploy a clinical system to all prisons in the South and London so that they can link up with existing deployment plans in NME to form a national network. The system chosen TPP SystemOne, provides a single patient record which is allowing patients information to be transferred when they are moved around the prison estate. Thus providing continuity of care and improving health care for prisoners as well as working environment for staff.
P0190	PSNH	Develop and deliver options appraisals with supporting impact assessments, leading to an appropriate business case for the procurement of a wide area network to meet the information needs of health, public health and social care through utilising in full or in part the Public Sector Network (PSN) frameworks, models and approaches.  The PSNH project will deliver a Public Services Network for Health, which will be aligned and accredited to PSN standards; as such we have named the future health and social care network PSNH.

## Appendix 2 - Programme definitions

Portfolio Code:	Name	Description
P0051	SCR	Delivery of the SCR which supports urgent and emergency care settings, providing information to authorised health care professionals to support care where no information is currently held about a patient, for example in out-of-hours settings, emergency departments, treating temporary residents and emergency admissions to secondary care.
P0049	Spine Extension	To provide the national Spine infrastructure to support national systems such as Demographics, EPS, PSIS. The Spine contract provides key components of the overall architecture for the NHS Care Record Service (CRS)
	Spine 2	The provision of the existing Spine Services to be re-procured using the new Government ICT strategy framework, using internal and 3rd party resources.
P0183	South Community Programme	To procure clinical solutions for the Southern Community and Child Health Trusts which do not currently have these solutions under the BT LSP solution.
P0182	South Ambulance Programme	To procure clinical solutions for the Southern Ambulance Trusts which do not currently have these solutions under the BT LSP solution.
P0181	South Acute Programme	To procure clinical solutions for the Southern Acute Trusts which do not currently have these solutions under the BT LSP solution.
P0047	BT LSP - South	Ensuring patients detailed clinical information is available at the point of care.
P002	BT LSP - London	Ensuring patients detailed clinical information is available at the point of care.
P0031/00	CSC LSP	LSP Delivery Programme: Increased patient safety and quality of healthcare and also greater clinical effectiveness and administration efficiency.
P0294	National Tariff System (NTS)	The NTS programme will provide a national system to support the NHS in implementing the national payment system for secondary health care services, as defined by NHS England and Monitor. This national system will initially focus on the Payment by Results tariff in a hospital care setting, but will also meet other national tariff policy requirements as they are defined.
P0291	care.data	The care.data programme will ensure that there is more rounded information available to citizens, patients, clinicians, researchers and the people that plan health and care services. The aim is to ensure that the best possible evidence is available to improve the quality of care for all. There are two broad delivery elements: (1) Data flows from local systems (from hospitals, GPs, community, mental health and social care) and associated information services and linkage of this data; (2) Strategic capability platform (an uplift in HSCIC infrastructure) and associated operating model.
P0265	Data Services for Commissioners	The Data Service for Commissioners (DSfC) Programme will establish the infrastructure, systems, and services for the HSCIC to deliver the requests of commissioners and enable a legal and effective delivery of data provision.
P0281/03	GPES	The General Practice Extraction Service (GPES) was conceived to address limitations of the various current extraction tools and approaches, and provide a generic platform for all practices which can be used to support multiple, potentially complex and diverse requirements in both the short and long term.
P0042	SUS	The Secondary Uses Service supports Payment by Results policy in the hospital care setting. SUS is also the single source of comprehensive data on hospital care to enable a range of reporting and analysis. SUS will be replaced by NTS and care.data.



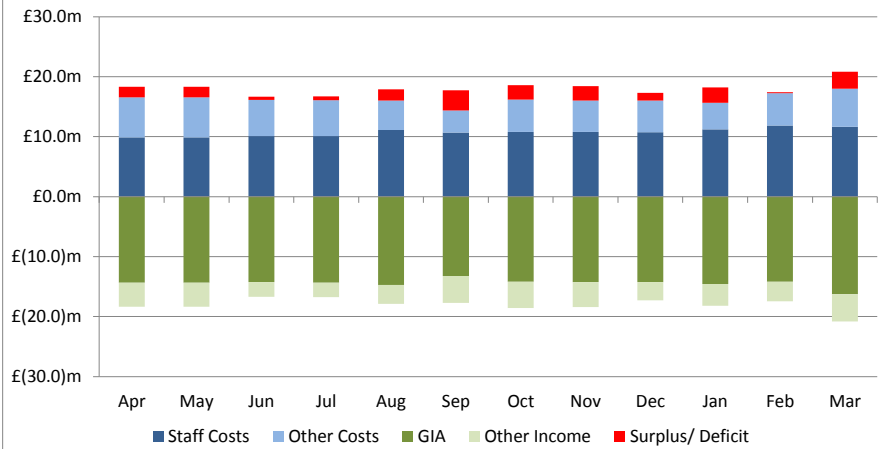
# Appendix 3 - Glossary of Terms

---

AAP	- Assurance of Action Plan	KPI	- Key Performance Indicator
ALB	- Arms Length Body	LSP	- Local Service Provider
BC	- Business Case	MoU	- Memorandum of Understanding
CAB	- Choose and Book	MPA	- Major Projects Authority
CAG	- Confidentiality Advisory Group	N3	- NHS National Network
CCG	- Clinical Commissioning Groups	NB	- No Board
CCN	- Change Control Notice	NHS IC	- NHS Information Centre
CEO	- Chief Executive Officer	NICE	- The National Institute for Health and Care Excellence
CfH	- Connecting for Health	NME	- North, Midlands and East
CPIS	- Child Protection Information Sharing	NR	- No Report
CQRS	- Calculating Quality Reporting Service	NTS	- National Tariff System
CRM	- Customer Relationship Management	NWWM	- North West and West Midlands
CRS	- Care Records Service NHS	OBC	- Outline Business Case
CSC	- Computer Sciences Corporation	OGC	- Office of Government Commerce
CSL	- Critical Service Level	OHIT	- Offender Health Information Technology
CSU	- Commissioning Support Unit	OSL	- Operating Service Level
CtOC	- Choices The Online Channel	PACS	- Picture archiving and communications system
D & IS	- Data & Information Services	PbR	- Payment by Results
DH	- Department of Health	PD	- Programme Delivery
DMS	- Defence Medical Services	PDR	- Performance Development Review
e-RS	- Electronic Referral Service	PHSO	- Parliamentary and Health Service Ombudsman
ETP	- Electronic Transmission of Prescriptions	PI	- Performance Indicator
EMT	- Executive Management Team	PID	- Patient Identifiable Data
EPS	- Electronic Prescription Service	PLACE	- Patient-Led Assessments of the Care Environment
FGM	- Female Genital Mutilation	PSNH	- Public Service Network for Health
FL1	- Failure Level 1	QOF	- Quality and Outcomes Framework
FY	- Financial Year	RAG	- Red, Amber, Green
GPES	- General Practice Extraction Service	ROCR	- Review of Central Returns
GMPP	- Government Major Projects Portfolio	RPA	- Risk Potential Assessment
GPSoc	- GP Systems of Choice	SCR	- Summary Care Record
HJIS	- The Health & Justice Information Services	SDS	- Spine Delivery Service
HMT	- Her Majesty's Treasury	SIAM	- Service Integration and Management
HSCIC	- Health and Social Care Information Centre	SLA	- Service Level Agreement
HSCDS	- Health & Social Care Digital Service	SME	- Subject-Matter Expert
HSJ	- Health Service Journal	SME	- Small and Medium Enterprises
HSSI	- Higher Severity Service Incident	SOC	- Strategic Outline Case
IN PS	- In Practice Systems	SRO	- Senior Responsible Owner
ICT	- Information and Communications Technology	SSD	- Systems & Service Delivery
IG	- Information Governance	SUS	- Secondary Uses Service
ISCG	- Informatics Services Commissioning Group	TBC	- To be Confirmed
ISO	- International Organization for Standardization	TUPE	- Transfer of Undertakings (Protection of Employment)
JNCC	- Joint Negotiation and Consultation Committee	ZBR	- Zero Based Review
KM	- Knowledge Management		

# HSCIC Financial Summary February 2014

1: 2013/14 financial profile - as at February 2014



### Summary

The year-to-date outturn for the first eleven months of the year has resulted in £18.2m surplus. This is primarily due to budgeted vacancies not being filled as planned. The latest consolidated forecast of all the directorates/ cost centres indicates a surplus for the year of £21.5m, but still contains £0.6m for costs of staff yet to be recruited. It is now likely that the final outturn will be between £20m - £25m and this will be the position that we communicate to DH.

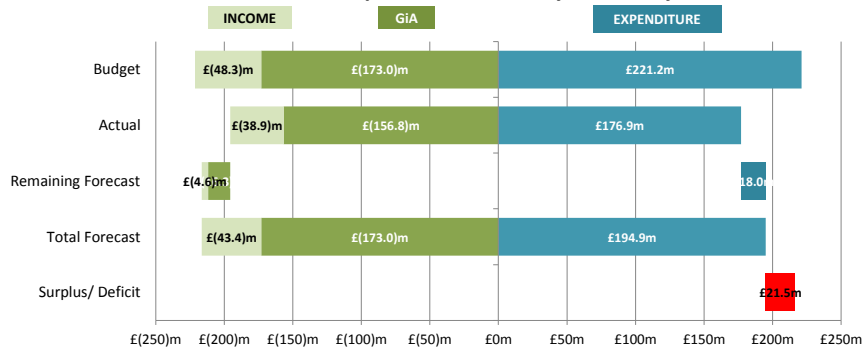
The key drivers for the current financial position are:

Staff costs are £11.6m under budget for the year-to-date, due to vacancies not being filled as budgeted. The forecast has reduced significantly from prior months to ensure that posts that will not be recruited into this financial year have been removed. However, there will be a significant underspend on staff costs for the full year - further detail is shown on the next slide.

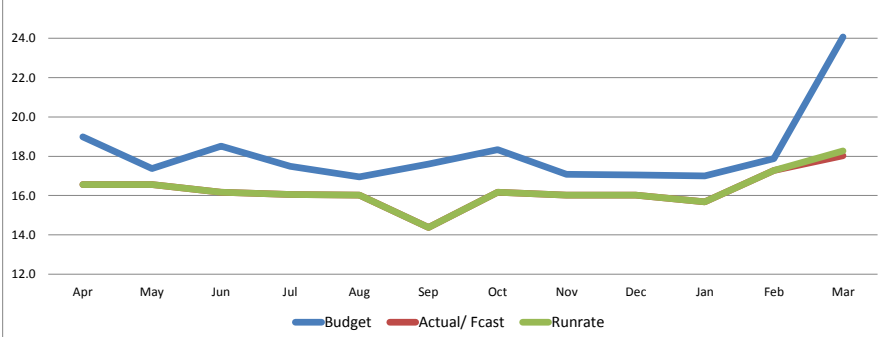
Other costs are £8.3m under budget for the year-to-date; however, this includes additional costs of £2.8m for DH (previously CfH) programme expenditure which is offset by additional income from DH. Professional fees and IT costs are £9.2m and £1.2m under budget year-to-date respectively (primarily due to budgeted expenditure no longer required). Forecast expenditure on Professional Fees has reduced by £1m to ensure that they are more closely aligned with procured work commitments for this financial year. An accrual for £2.0m was made in December for potential redundancy costs. This month an estimated additional £1.5m central dilapidations provision to cover property reinstatement costs at the termination of leases has been established to cover the former CfH properties adding to that already held for Trevelyan Square. The exact amount is currently being calculated by the Property Services team.

Non-GiA Income is £1.7m below budget year-to-date and is forecast to end the year £4.9m under budget. The £4.9m includes increase to budget for £9.0m of unbudgeted income streams from DH for Programme expenditure, offset by decreases including £12.9m for income that was to cover budgeted costs that will not now be incurred. Further detail is shown on the final slide of the appendix.

2: 2013/14 Income/ Expenditure summary - February 2014



3: Expenditure by month £'m



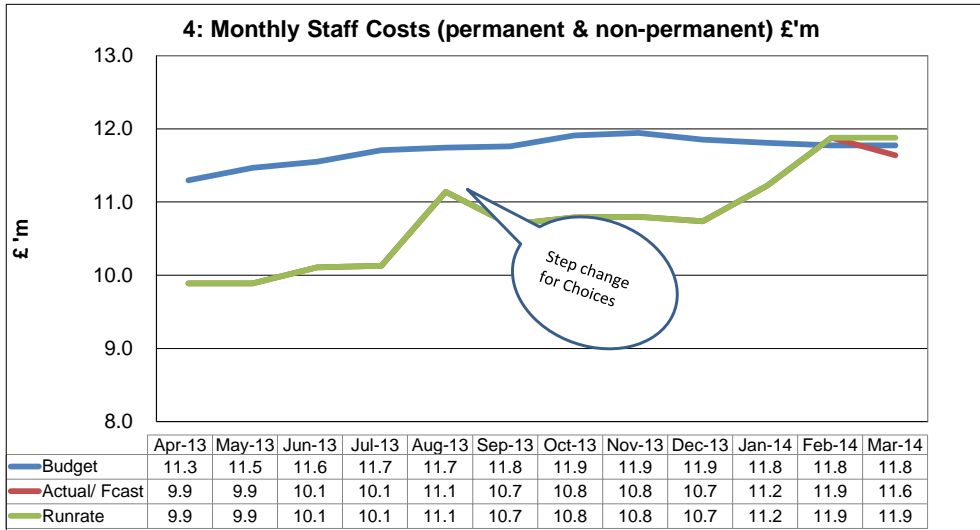
### Graph information

Graph 1 shows staff and non-staff costs above the axis (blue) against the Grant-in-Aid and other income streams below the axis (green), with the monthly surplus or deficit in red.

Graph 2 shows the full year financial position against budget for income, GiA and expenditure, with the full year forecast split between 11 months of actual costs and 1 month of anticipated costs.

Graph 3 shows monthly trend of gross expenditure for the organisation for the original budget (blue), the latest forecast (red) (11 months of actual costs and 1 month of expected costs) and an extrapolation (runrate) of the position if the current staff position remained at February levels for the remainder of the year (green).

## HSCIC Financial Summary February 2014 - Staff Expenditure



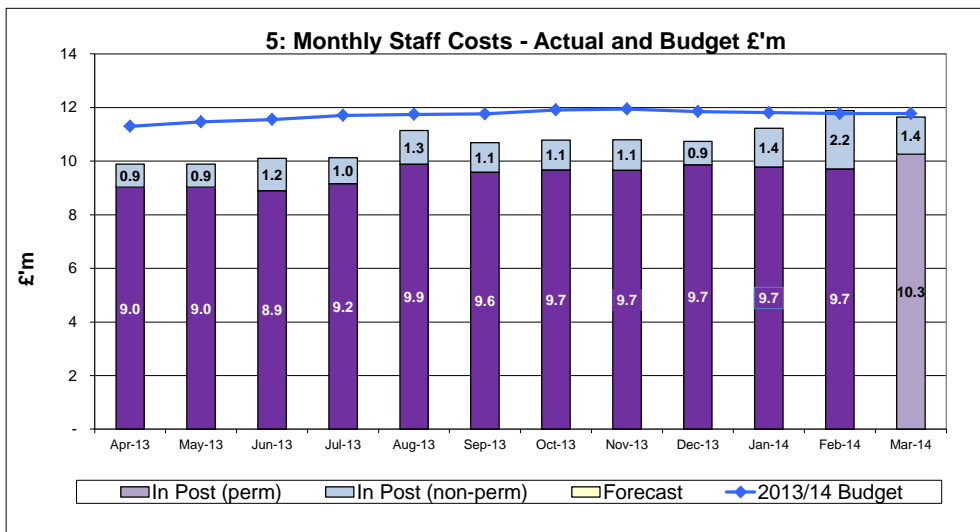
Staff costs are £11.7m under budget for the year-to-date (averaging £1.1m per month), due to vacancies not being filled as budgeted.

Although the forecast remains largely the same as for the previous month, this includes a decrease in the forecast for permanent staff of £1.2m and an increase for non-permanent staff of £1.1m, reflecting the use of contractors has reduced slightly for a reduction in non permanent staff it is unlikely that the recruitment needed to realise the full year forecast will happen in its entirety and that there will be a material underspend against the original budget, higher than the currently forecast underspend of £11.7m

- An extrapolation to the end of the year assuming no further change to net headcount for the remainder of the year gives a projected underspend on staff costs of £11.4m.

- A plausible but ambitious estimate of 20 net vacancies being filled for the last month (at an estimated cost of £50k per role) gives a projected underspend on staff costs of £11.3m.

As part of the monthly finance process and the 2014/15 budgeting process, there continue to be challenges to all recruitment assumptions, to result in a more realistic forecast position for this financial year and a robust baseline for 2014/15.



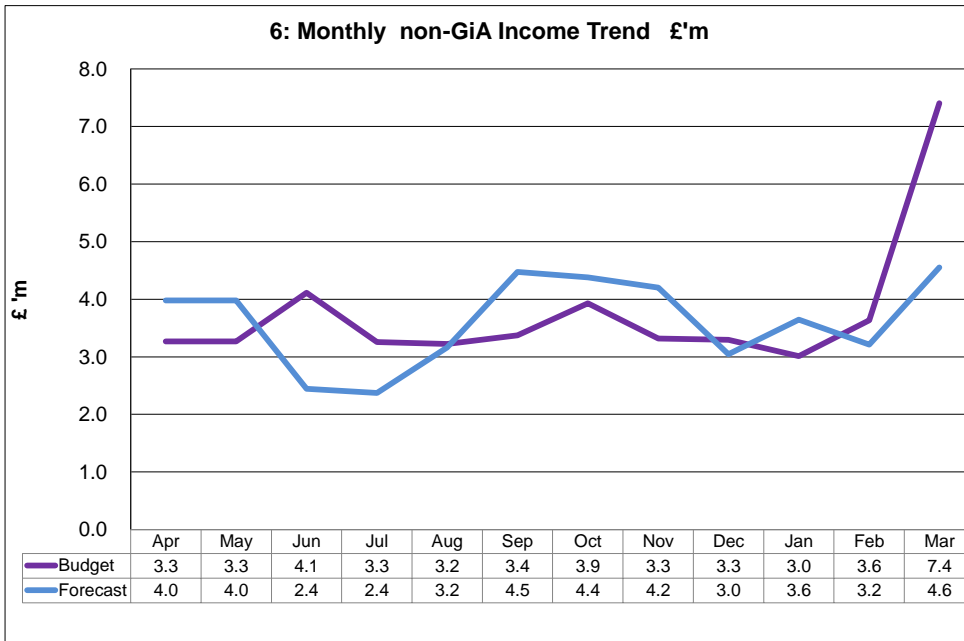
### Graph information

Graph 4 shows the monthly trend of staff costs for the organisation for the original budget (blue), the latest forecast (red) (11 months of actual costs and 1 month of expected costs) and an extrapolation (runrate) of the position if the current staff position remained at February levels for the remainder of the year (green). The significant increase in August is due to the in-sourcing of Choices staff from Capita.

Graph 5 shows the forecast position in more detail, distinguishing between the current permanent (purple) and non-permanent (blue) staff costs plus the forecast increases for the remainder of the year (yellow). The blue line shows the original budget.

## HSCIC Financial Summary February 2014 - Income

6: Monthly non-GiA Income Trend £'m



The latest full year forecast includes some material movements in both directions. Increases primarily relate to unbudgeted income streams from DH for Programme expenditure, particularly £5.5m for Choices to cover the cost of the staff insourcing from Capita on 1st August and £2.9m for DH programme costs incurred by HSCIC in April/ May post-transition. Decreases include £13.0m for income that was to cover budgeted costs that will not now be incurred, including on GPES, ODP, Pathways and CPIS.

Considerable efforts are being made to confirm and raise invoices for all our income streams prior to 31st March. Over £5m has been invoiced in the first half of the month but there is still a considerable amount to do, particularly with DH and NHS England.

A review of current and future income has been undertaken as part of the Zero Base Review process which is being used to take forward discussions with other organisations to agree the income streams for the coming year.

### Graph information

Graph 6 shows the monthly trend of non-GiA income for the organisation for the original budget and the latest forecast (11 months of actual income and 1 month of expected income).

# Appendix 4 - Management Accounts

## HSCIC Financial results and forecast February 2014

### Statement of Comprehensive Net Expenditure

### FINANCIAL RESULTS TO 28th FEBRUARY 2014

	11 Months ending 28 February 2014			12 Months ending 31 March 2014		
	REVENUE			REVENUE		
	Budget YTD	Actual YTD	Var Fav-(Adv)	Budget 13/14	F'cast 13/14	Var Fav-(Adv)
	£'m	£'m	£'m	£'m	£'m	£'m
Grant in Aid	(158.6)	(156.8)	1.8	(173.0)	(173.0)	(0.0)
Income	(40.6)	(38.9)	1.7	(48.3)	(43.4)	4.9
<b>Income</b>	<b>(199.2)</b>	<b>(195.7)</b>	<b>3.6</b>	<b>(221.3)</b>	<b>(216.5)</b>	<b>4.9</b>
Permanent Staff	118.4	104.3	(14.2)	129.3	114.5	(14.8)
Non Permanent Staff	10.4	13.0	2.6	11.3	14.4	3.1
<b>Staff Costs</b>	<b>128.8</b>	<b>117.3</b>	<b>(11.6)</b>	<b>140.6</b>	<b>128.9</b>	<b>(11.7)</b>
Professional Fees	26.8	17.6	(9.2)	29.8	20.4	(9.4)
Information Technology	9.9	8.8	(1.2)	10.8	9.8	(1.1)
Travel & Subsistence	5.0	3.8	(1.2)	5.4	4.1	(1.3)
Accommodation	10.4	12.0	1.6	11.2	13.0	1.7
Marketing, Training & Events	1.3	1.3	(0.0)	1.5	1.6	0.1
Office Services	2.9	2.5	(0.3)	3.1	2.8	(0.3)
Other	1.8	5.4	3.6	7.7	5.6	(2.2)
Depreciation / Amortisation	10.1	8.5	(1.6)	11.0	9.1	(2.0)
<b>Non Staff Costs</b>	<b>68.1</b>	<b>59.8</b>	<b>(8.3)</b>	<b>80.7</b>	<b>66.3</b>	<b>(14.4)</b>
Internal Recharge - Estates	(0.1)	(0.1)	(0.0)	(0.1)	(0.1)	0.0
Internal Recharge - IT	0.1	0.0	(0.1)	0.2	0.0	(0.2)
Internal Recharge - Staff	(0.1)	(0.1)	0.0	(0.2)	(0.2)	0.0
<b>Internal Recharges</b>	<b>(0.1)</b>	<b>(0.2)</b>	<b>(0.1)</b>	<b>(0.1)</b>	<b>(0.3)</b>	<b>(0.2)</b>
<b>Total Cost</b>	<b>196.9</b>	<b>176.9</b>	<b>(20.0)</b>	<b>221.2</b>	<b>194.9</b>	<b>(26.2)</b>
<b>(Surplus)/ Deficit</b>	<b>(2.3)</b>	<b>(18.7)</b>	<b>(16.4)</b>	<b>(0.1)</b>	<b>(21.5)</b>	<b>(21.4)</b>

12 Months Ending 31 March 2014												
REVENUE												
Actual Apr	Actual May	Actual Jun	Actual Jul	Actual Aug	Actual Sep	Actual Oct	Actual Nov	Actual Dec	Actual Jan	Actual Feb	F'cast Mar	
£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	
(14.4)	(14.4)	(14.2)	(14.4)	(14.7)	(13.2)	(14.2)	(14.2)	(14.2)	(14.2)	(14.6)	(14.2)	(16.3)
(4.0)	(4.0)	(2.4)	(2.4)	(3.2)	(4.5)	(4.4)	(4.2)	(3.0)	(3.6)	(3.2)	(4.6)	
<b>(18.3)</b>	<b>(18.3)</b>	<b>(16.7)</b>	<b>(16.7)</b>	<b>(17.9)</b>	<b>(17.7)</b>	<b>(18.6)</b>	<b>(18.4)</b>	<b>(17.3)</b>	<b>(18.2)</b>	<b>(17.4)</b>	<b>(20.8)</b>	
9.0	9.0	8.9	9.2	9.9	9.6	9.7	9.7	9.9	9.8	9.7	10.3	
0.9	0.9	1.2	1.0	1.3	1.1	1.1	1.1	0.9	1.4	2.2	1.4	
<b>9.9</b>	<b>9.9</b>	<b>10.1</b>	<b>10.1</b>	<b>11.1</b>	<b>10.7</b>	<b>10.8</b>	<b>10.8</b>	<b>10.7</b>	<b>11.2</b>	<b>11.9</b>	<b>11.6</b>	
2.4	2.4	2.4	3.2	0.4	1.0	1.3	1.8	0.4	1.1	1.1	2.8	
0.5	0.5	0.8	0.6	1.5	0.7	1.0	0.6	0.8	0.8	1.0	1.0	
0.2	0.2	0.3	0.3	0.5	0.2	0.5	0.4	0.4	0.3	0.3	0.4	
0.9	0.9	0.9	0.9	1.4	1.0	0.9	0.9	0.9	0.9	0.9	2.5	
0.0	0.0	0.1	0.1	0.2	0.1	0.2	0.2	0.1	0.1	0.2	0.3	
0.2	0.2	0.3	0.2	0.3	0.3	0.2	0.3	0.3	0.2	0.1	0.3	
1.5	1.5	0.6	(0.0)	(0.0)	(0.4)	0.6	0.4	1.6	0.1	(0.6)	0.2	
0.8	0.8	0.5	0.7	0.7	0.7	0.7	0.7	0.8	1.1	0.9	0.5	
<b>6.7</b>	<b>6.7</b>	<b>6.0</b>	<b>6.1</b>	<b>4.9</b>	<b>3.7</b>	<b>5.4</b>	<b>5.2</b>	<b>5.3</b>	<b>4.5</b>	<b>5.4</b>	<b>6.5</b>	
(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
(0.0)	(0.0)	0.1	(0.1)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)	
<b>(0.0)</b>	<b>(0.0)</b>	<b>0.1</b>	<b>(0.1)</b>	<b>(0.0)</b>	<b>(0.0)</b>	<b>(0.0)</b>	<b>(0.0)</b>	<b>(0.0)</b>	<b>(0.0)</b>	<b>(0.0)</b>	<b>(0.1)</b>	
<b>16.6</b>	<b>16.6</b>	<b>16.2</b>	<b>16.1</b>	<b>16.0</b>	<b>14.4</b>	<b>16.2</b>	<b>16.0</b>	<b>16.0</b>	<b>15.7</b>	<b>17.3</b>	<b>18.0</b>	
(1.8)	(1.8)	(0.5)	(0.7)	(1.9)	(3.3)	(2.4)	(2.4)	(1.3)	(2.5)	(0.2)	(2.8)	

# Appendix 5 - Transformation Programme

**Organisation wide Transformation**, areas of note in the last period:

**People Projects:**

- Our organisation **Values** have been launched. An ongoing communications and awareness campaign will continue and team based values work should now commence.
- The HSCIC **Line Manager Charter** has been approved and this will be launched in March. Phase 1 (policy training) of **Line Management Development** is in progress initially with targeted Organisation Change training and now Performance Management and Development.
- 1,348 staff have now selected into a **Professional Group**. The different groups continue to hold launch and staff engagement events and the March Transformation Programme Board will consider progress against all of the groups to agree a future development path.
- The new **PDR** process and form for 14/15 has been completed following consideration at the February Transformation Programme Board. This brings together a number of new components including values, line manager charter and links to professional competencies and will be launched in March.
- As part of the **Recruitment and Talent Attraction** project activities continue on Cohort Recruitment with a number of standard job descriptions completed, enhancements to employer branding proposed and a preferred recruitment marketing supplier identified to focus initially on labour market analysis.
- Following feedback from the Championing Change Forum a communications on **Reward Review** has been prepared and will be released in March.

The **HSCIC Workforce Strategy** brings together all of the people related transformation projects and this was produced for consideration by the full HSCIC Board in March.

**Strategic Projects:** A Programme Head has been appointed to the **Innovations Hub** project and recruitment to this team is in progress. The information gather work for 'as-is' analysis for the **Stakeholder Relationship Management** project has completed.

**Operational Management Projects:** Following agreement of the EMT and Project Lead for the **Quality Systems Project** the approach document has been produced. The **Financial Management Systems** project provided a full update to the February Transformation Programme Board against activities in the implementation plan.

**Integration Projects:** The report for the **Contact Centre / Helpdesk Strategy** has been completed and was approved at the February Transformation Programme Board. The scope, approach and the project lead for **Data Asset Utilisation Strategy** has been confirmed.

**Directorate Transformation**

Within **LSP Delivery** significant work continues to fill the new structure. 102 out of the 153 roles in the new structure have now been filled with the remaining positions planned to be filled by the end of March through either limited competition or open competition. Within **Data and Information Services** the proposal for change for the Level 2 Structure has been agreed and impacted staff are in the process of slotting in. The first Data and Information Service Management Forum is planned for 12th March.

**Overall Status**

The overall status for the Programme remains at Amber / Green (equivalent to Green for EMT and Board KPI reporting). The KPI forecast for next month is also Green. Significant focus on the next period will be to communicate and engage with staff about a number of the People Transformation Projects (Values, Line Management Charter, Professional Groups and new PDR process).

An end of year transformation report for 2013/14 is being prepared for the March Transformation Programme Board and will include an initial assessment of outcomes and benefits achieved and the proposed transformation approach for 14/15.

Key Actions	Target Date	Status
Agree approach for FY14/15	27/03/2014	On target - no issues original deadline achievable
Agree plan for development of Professional Groups	27/03/2014	On target - no issues original deadline achievable

Actions recorded here are either: a) actions to progress measurement of KPI; b) actions taken by the KPI owner to address variances from target; or c) actions taken by Board or EMT to rectify escalated problems