

Health and Social Care Information Centre (ENDPB)

Board Meeting – Public Session

Title of Paper:	CEO Report on business activity
Board meeting date:	19 June 2013
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Paper presented by:	CEO
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Justification for inclusion in Private Board:	
Purpose of the paper:	This report from the Chief Executive provides an update on key developments and issues not covered elsewhere on the meeting agenda
Actions required by the Board:	To note for information

CEO Report on business activity – June 2013

Purpose

1. This report from the Chief Executive provides an update on key developments and issues not covered elsewhere on the agenda.

Operational Activity

2. Data Services for Commissioners: NHS England commissioned the HSCIC to deliver the new Data Service for Commissioners, initially for a 12-month period from 1 April. The service will be delivered by staff seconded into the HSCIC from Commissioning Support Units (CSUs) who are part of a Data Management Integration Centre and they will work from their local offices. The secondment process is now complete and induction sessions have been carried out for all staff. Site visits are planned throughout July to support the local implementation of HSCIC policies and procedures and to identify any areas where improvements are required.
3. The HSCIC's internal auditors (Price Waterhouse Coopers – PwC) have now commenced the second phase of an assurance audit relating to the service. The Assurance and Risk Committee is providing oversight of the audit process through regular progress updates.
4. The HSCIC continues to support NHS England in the management of their successful s251 application approved by the Confidentiality Advisory Group (CAG) on 16 May to allow the transfer of data from the HSCIC to commissioning organisation Accredited Safe Havens. The HSCIC joined NHS England to deliver an update on progress to the CAG on 13 June. The committee received details of the change programme and provided helpful feedback on the process surrounding accredited safe havens, providing information to patients and GPs on handling confidential information and handling patient objections to their information being processed.
5. Adult Social Care Data Extraction: The HSCIC has been commissioned by the DH Social Care Directorate to undertake a project to investigate the feasibility of automating the extract of data from Adult Social Care information systems. The project will take forward recommendations in the DH information strategy, *The Power of Information: putting all of us in control of the health and care information we need*, published in 2012, and will take into account the need to manage the administrative burden associated with national data collections as well as the wider view of the impact of using client level data and linking data across healthcare, public health and social care. DH has set aside £750k within this financial year to resource this work which will be important in reinforcing the HSCIC's position at the centre of initiatives to break down the barriers which prevent meaningful data flows across organisational boundaries. The Outcomes and Information Development Board (OIDB), jointly chaired by DH and the Association of Directors of Adult Social Services (ADASS) will oversee this project.
6. Prescribing and Primary Care: The team has been invited by DH to provide a member to join English Surveillance Programme for Antimicrobial Utilisation and Resistance Oversight Group, which has been established to support CMO's new strategy on tackling antimicrobial resistance. Paul Brown, Senior Pharmaceutical Advisor, has also been invited to be a member of the NHS England Controlled Drugs short life working group, established by NHS England to resolve issues around governance for controlled drugs following the reorganisation of the NHS.
7. South Local Clinical Systems- Acute: The South Acute programme received final approval for its outline business case from the Chief Secretary to the Treasury on 30 May 2013. This means that, subject to demonstrating their readiness to the SRO (who is external to HSCIC), the six groups of Trusts (known as collaboratives) participating in the programme can commence procurement of much needed clinical systems that will help trusts provide safer care, improve their efficiency and support the drive for a paperless NHS.
8. Many of these Trusts have been anticipating central (Department of Health) funding for systems for many years and are currently operating on systems at end of life, or paper. The programme is locally led and owned, with Trusts selecting systems and signing contracts directly with their chosen supplier

at the end of the process. This was reflected in the agreed media handling strategy following the approval, where the achievement of the milestone was publicised by a Andrew Morris, CEO of Frimley Park Hospitals NHS Foundation Trust, and not the Department or HSCIC.

9. The 23 participating trusts have significant investment in the Programme, as they provide over half of all funding required (£106.5m) themselves, with the Department, through NHS England, providing the remainder (£82.5m) to cover supplier implementation and services charges. This is a significant milestone for the South Local Clinical Systems programmes (of which the South Acute programme is a part) as it means that Trusts in all care settings in the South that did not benefit from the Local Service Provider (LSP) arrangements have now had approval to procure alternative systems with some central funding provided by the department (the others being Community- below, and Ambulance).
10. The providers participating in the programme have been supported through the business case process by the SLCS programme team, who form part of the HSCIC LSP Delivery Directorate. In this context HSCIC provides procurement advice and process (but not evaluation scoring which is owned by the Trusts), programme assurance, business case writing expertise and capability, and leading the approval of the business case through the central government approval process on behalf of the Trusts and SRO. Going forward a lean LSP Delivery Directorate team will work in close partnership with the Department to provide oversight, and with providers in supporting them to achieve self-sufficiency in managing services and contracts where they require it. The South Acute programme is on the Government Major Project Portfolio (GMPP).
11. South Local Clinical Systems- Community: Building on the update provided to the Board on 26 April 2013, which reported the successful approval of the Full Business Case, the first contracts for the South Community and Child Health programme have now been signed between participating providers and the supplier, TPP. This is excellent news for the participating providers (for many of whom this was the 3rd attempt at procuring a system). The role of the HSCIC team, which up until this point has been to support Trusts in their procurement, now moves into an oversight role as the majority of the deployment effort is now between the provider and their contracted supplier.
12. NHS Workforce: The workforce team recently received some very positive feedback from the lead statistician for the NHS Pay Review Bodies. This feedback illustrated very clearly the positive impact the HSCIC has had from providing good analytical advice and customer service alongside appropriate publication and provision of workforce information. Some of the examples of work that our work fed into are;
 - earnings of consultants, used in the SSRB Review of Public Sector Senior Pay 2009
 - leaving rates of consultants, which contributed to the DDRB Review of Clinical Excellence and Distinction Awards 2011
 - advice and analysis of the effect of 'double' or 'multiple' counting of dentists' expenses, feeding into the DDRB's recommendations on the uplift to fee scales for dentists in Scotland in 2012 and 2013
 - analyses contributing to the Market-Facing Pay review.

Stakeholder Engagement

13. The HSCIC was well represented at the annual NHS Confederation conference on 5-7th June. The conference is a major event in the NHS calendar. The key messages from the conference were:
 - The importance, and political significance, of the new organisational structures, particularly in respect of the political independence of NHS England;
 - The scale of the financial challenge that the health and care system is facing for the foreseeable future;
 - A recognition that reconfiguration of local services is now inevitable and must be addressed, even though it is likely to meet with resistance from local communities and politicians;
 - Acknowledgement that Transparency is already having an impact in terms of access to and use of information. Mike Farrar, CEO of NHS Confederation noted that the publications of analyses

which demonstrate the variations across the country regarding health outcomes will have an impact on the public's understanding of the "case for change" regarding service reconfigurations;

- The importance of making progress on the implementation of the Francis recommendations, including the management of "burden" associated with data collections.

NHS England announced that it will be launching an important national debate aimed at designing a new strategic approach to resolve the issues facing health, public health and social care.

The HSCIC ran a showcase session which demonstrated our collaborative approach to the Open Data agenda, and used the Safety Thermometer as a case study for our products. The session was introduced by Kingsley Manning and was helpful in putting our own strategic thinking into the context of the wider system reforms.

The HSCIC was referenced specifically in a number of the keynote speeches (including Mike Farrar's opening address, and the Secretary of State's speech). The HSCIC was one of the few organisations which the Secretary of State met with during his visit to the conference, and our thanks go to our Sponsor Team in the Department of Health for facilitating this.

14. Information Services Commissioning Group: The ISCG working group will meet on 25th June. It will include a presentation from Glen Mason on social care, a presentation from NICE on its information strategy, and an agenda item from Care Quality Commission on information/indicators for surveillance and regulation (likely to be followed in July by a presentation from David Behan, CEO of the CQC, about the strategic consultation which will be launched this month). The Assistant Director for Strategy and Planning will represent the HSCIC at this meeting.
15. Work is progressing on the establishment of the ISCG subgroups. There is a Strategic Task and Finish Group, chaired by Christine Outram, which is working on the vision and decision-making processes for the ISCG. It will also make recommendations about the subgroup structures. It has met three times and will be reporting back to the ISCG in July.
16. The Information Governance subgroup held its first meeting on 12 June. A key issue for discussion was the Caldicott Review. The Secretary of State will make his response to the review's recommendations shortly. It is expected that the HSCIC will have a pivotal role in the implementation of many of the recommendations and the group recognised the implications on HSCIC resources. In particular, the Code of Practice for Confidential Information, due for release will provide a vehicle for ensuring the behavioural changes required to achieve the correct balance between sharing and protecting confidentiality.
17. It was noted in last month's update that there are some service areas that are awaiting decisions from our commissioners, and we continue to work with the ISCG to manage these. The DH External Relations Directorate has set up an interim working group to co-ordinate this work. However, as there is no funding identified to support any new investments, it is proving necessary to make some ad hoc decisions regarding funding or allocation of staff, to ensure that priority projects are not delayed. It is inevitable that this brings a degree of risk for the HSCIC, but it is important that our organisation is seen to be supporting our partnership bodies. The Executive Director of Finance and Performance is monitoring these developments, and has agreed with the DH ERD Sponsor team that the quarterly accountability review meetings will give due consideration will be given to any financial pressures caused by these decisions.

Transformation Activity

18. Work is continuing on the organisation development programme for the HSCIC with the vision, purpose and strategic direction being developed iteratively between the Leadership Forum and the Board. Directorate level purpose and objectives have been agreed and communicated internally. The first Programme Board for Transformation meets on 21 June 2013

Communications and Media

19. Joint working in communications with partners such as NHS England is progressing positively. We have worked on the launch of the NHS eReferrals vision in support of paperless referrals by 2015 (a key NHS England deliverable) and the start of significant engagement on the future e Referrals service. This is a key piece of communications work that NHS England has commissioned the HSCIC to deliver on their behalf in support of programme delivery.
20. Communications to promote the phase 2 training for all GP practices in England for the Calculating Quality and Reporting Service (CQRS) continued ahead of the planned go-live date this month. CQRS will replace QMAS as the mechanism by which GP payments are calculated.
21. The first edition of 'Insight', a new magazine for employees has been published. This showcased significant programmes of work, such as e-referrals, identity and access management, clinical indicators and GPES. There was also a strong focus on the development of a strategy for HSCIC and the implications of the Caldicott review, particularly referencing the Code of Practice for the use of confidential data.
22. On the 12th June we had two problems with the website that caused us to miss the 9:30 am targets for two of our publications being published. Both of these problems were resolved by 16:30 and the publications were published that day.
23. HSCIC data and publications continued to inform many live health debates in the media. A release on alcohol statistics gained significant national media exposure, including five national newspapers, all crediting the HSCIC. The main points of interest were that there has been a dramatic rise in the number of drugs prescribed for treating alcohol dependency.
24. The current context of allegations about the US NSA having comprehensive access to internet provider material has raised the stakes in terms of building public confidence about how their health data is used safely. Planning has begun for the media launch of the Code of Practice. The campaign will involve informing the public, clinical professionals, researchers and information providers, how the HSCIC will further ensure data is correctly used and protected.

Alan Perkins
CEO

June 2013