hscic | Health & Social Care
Information Centre

HSCIC Board Performance Pack

March 2014 Data

Contents

Summary of KPI Performance

EMT KPI	KPI Owner	Previous Period	Current Period	Current Forecast	Previous Forecast
Programme Achievement	James Hawkins	A	A	A/G	A/G
Financial Management - HSCIC	Carl Vincent	R	R	R	R
Organisational Health	Rachael Allsop	R	R	R	R
Reputation	Andy Williams / James Hawkins	N/A	A	A	A
IT Service Performance	Rob Shaw	A	A	G	A
Information Quality	Max Jones	G	G	G	G
Usefulness of Service	Max Jones	A	A	A	A
Transformation Programme Progress	Rachael Allsop	G	G	G	G

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

Programme Achievement

February's overall Delivery Confidence is AMBER with concerns being raised on a number of programmes relating to resourcing, approvals and resultant tight timetabling.

• Five programmes are reporting RED for the period or since February are noted as a concern: Choices and replacement project, N3 and replacement, Spine, National Tariff System and DSfC.
• Actions include progressing the PSBC approvals process with DH Sponsor and recruitment initiatives.
• Care connect shows RED in the table but is in the process of managed close down.
• Resourcing constraints are challenging for some key programmes and have raised this as an issue and are reviewing options.
• Care.data is subject to replanning and a cabinet office project validation review (PVR).

Finance

The overall financial position remains RED. The draft outturn from the year end process indicates that we will have an underspend of around £16m, although this is still subject to the audit process.

The Forecast Accuracy is now RED. This is not entirely unexpected due to the number of financial accounting adjustments required as part of the year end process. The variances are across all income and expenditure categories. We continue to make progress in this area and the quality of monthly financial management information is improving, with more cost centres reporting GREEN for forecast accuracy than previously.

Organisational Health

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

• We have now advertised the first cohort of posts using Havas for Project and Programme Management; within the first 3 days we had over 1000 views of the roles and applications in double figures for each of the 4 roles advertised. A second cohort has been identified - technical roles for Spine2 and Havas are taking that forward.

• We have established the internal recruitment function and will launch the new process to the organisation in May. We have introduced a new tracking tool which will improve the information available about both numbers and process. Currently there are 337 active vacancies with 83 out to advert, 124 at the shortlisting/interview stage and 130 offers made.

EMT KPIs by exception

The following KPI is not routinely reported to the Board. It is reported by exceoption this month because its status is RED. More detailed information about this KPI is presented on page 13 of this pack.

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	R	R	R	R

KPI Action Tracker (consolidated list of all live actions)

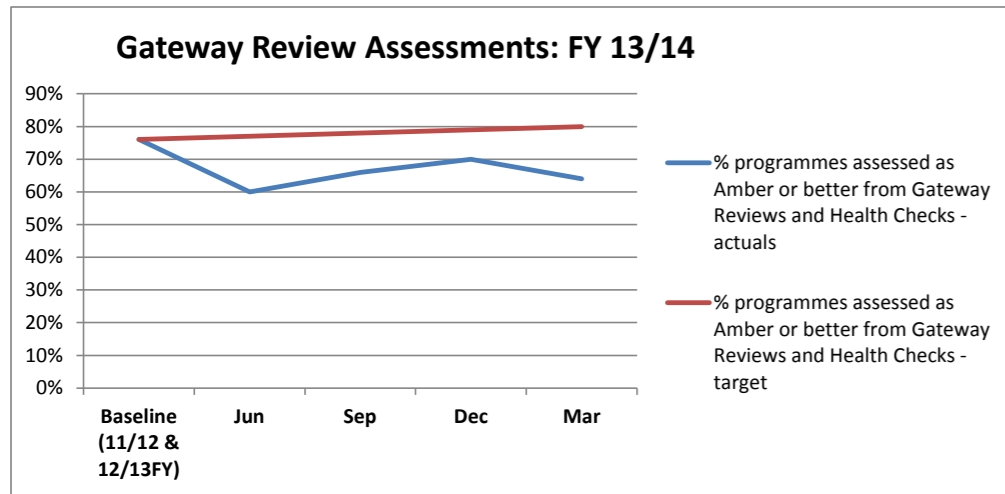| KPI	Key Actions	Target Date	Status
Programme Achievement	Revisit weighting of projects included in the KPI	30/05/2014	Considered but agreed that prioritisation would need to be undertaken corporately - the recent ZBR was to inform. Work now being undertaken by Portfolio Office with output due to the HSCIC Portfolio Board in May 2014.
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	Complete
	Implement new budget virement and exception reporting process to enable budget holders to secure funding from the central contingency fund to support improved financial management, subject to review and approval of exception reporting.	01/05/2014	Draft budget virement and exception reporting process has been circulated for initial review and comments
	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	• Plans for a new Finance Reporting System have been approved by the Transformation Board and the Portfolio Board. • Over-arching requirements are being finalised with the supplier (Tagetik) and detailed design discussions and super-user training are underway.
	Introduce Service Line and Programme financial reporting	01/03/2015	• Currently gathering requirements and consideration of options for development of a process to enable us to report the full costs incurred by a programme/ project/ service within the HSCIC
Organisational Health	Complete procurement (from Framework) of Recruitment Marketing capability for initial support with labour and recruitment market data.	14/03/2014	Fully completed
	Planned recruitment reconciled with planned budget	23/04/2014	On target - but original deadline revised
	Agree approach to deploying project and programme delivery professionals from the Portfolio Pool across the organisation	30/09/2014	On target - but original deadline revised
	Commence launch of improved PDR process	31/03/2014	Fully completed
	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
	Link NHS Jobs and ESR Recruitment Module; consequent further revision of process and guidance	30/06/2014	On target - no issues original deadline achievable
	Complete an analysis of who has left the organisation over the last 12 months	16/05/2014	On target - no issues original deadline achievable
	Advertise the first cohort of vacancies within the project and programme management group	30/04/2014	On target - no issues original deadline achievable
	Hold capacity planning meeting to agree approach to deployment of staff	30/05/2014	On target - no issues original deadline achievable
Reputation	Next iteration of the SRO survey to include broader range of SROs	30/04/2014	Additional SROs across the Programmes Delivery Directorate have been asked to complete a survey in Q4 - results are anticipated end of April for inclusion in the next pack. End of Q1 14/15 will look to extend further to other Directorates
	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 - Completed	We will maintain % and the PDD KPI dictionary has been updated 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 - Completed	Confirmed that all SROs included in the remit of the initial survey responded
	Complete first run of new 'panel' survey (which includes some questions on reputation)	Jan 2013	Completed
	Work on sourcing further data on social media, include NHS choices in the discussion	April 2013	Action no longer required
Information Quality	Agree target levels for information quality incidents	31/03/2014	Completed
Data Quality	Investigate and report on performance level of indicator 3	10/05/2014	On target - but original deadline revised
Usefulness of Service	Agree initial baseline of economic benefit KPI along with sources of information	31/03/2014	On target - issues need addressing but original deadline achievable
	Add further outputs to KPI and refine economic benefit model as appropriate	On going	On target - no issues original deadline achievable
Transformation Programme Progress	Agree high level Transformation approach for FY14/15	27/03/2014	Fully completed
	Agree plan for development of Professional Groups	14/04/2014	On target - but original deadline revised
	Formalise detailed Transformation approach for FY14/15	15/05/2014	On target - no issues original deadline achievable

Points of Interest

• The Appointment Line (TAL) – a service that was previously provided by NHS Direct was successfully transferred to a new provider, Conduit, on 1st April 2014.

• An agreement to continue to fund the N3 service from April 2014 has been established by the Department of Health, Cabinet Office, NHS England and HSCIC. N3 provides connectivity and broadband services across the NHS. This latest agreement is part of a transition arrangement to ensure the continuation of live services whilst a replacement service is procured.

• GP Systems of Choice (GPSoC) has signed contracts with sixteen suppliers to enter into a new GPSoC framework, which will replace existing arrangements. GP clinical IT systems for more than 75% of GP practices in England are provided and funded through the GPSoC framework. The new contracts are due to be in place until December 2016.

• Three services previously provided by NHS Direct successfully transferred into the HSCIC on 1st April 2014. This included the TUPE transfer of 31 staff and 4 vacancies.

• NHS Choices has had the highest ever number of monthly visitors in the history of the site with 44.6m coming to www.nhs.uk.

• GPES successfully extracted GP data from over 7000 practices to enable QOF 13/14 calculation. The team are working with remaining practices (approx. 900) to conclude the extractions.

• There was research published in early April by University College London (UCL) suggesting a move from five portions of fruit and vegetables a day to seven a day. The data on 65,000 respondents that underpinned this research was from the Health Survey for England. This story got huge positive press coverage, featuring in 17 newspapers, numerous online publications, national and international television.

• On 3rd of April, the Government announced plans to move ahead with standardised cigarette packets. Part of the key evidence that underpinned this decision was research from the HSCIC's Smoking, Drinking and Drugs in Younger People survey.

• The workforce team successfully delivered the annual 2013 workforce census in March that incorporated four publications (overview publication, GP workforce, medical and dental and non-medical workforce) along with three other monthly publications on staff in post figures for December 2013, NHS staff earnings and sickness absence report.

• The Standardisation Committee for Care Information (SCCI) succeeded the Information Standards Board (ISB) on 1st April 2014. The support processes, web and publication services for SCCI went Live on 1st April 2014.

• On March 20th, South Central Ambulance Service, which covers Hampshire, Berkshire, Buckinghamshire, Oxfordshire, successfully moved to using NHS Pathways for all ambulance 999 calls. This latest implementation means that NHS Pathways now handles the majority of 999 calls in England, with the four remaining ambulance services all considering moving to NHS Pathways.

• The BCSS (Bowel Cancer Screening) team successfully delivered the P8R2 Major release to live on-time and in budget at the end of March. The release went smoothly and as planned and delivers a significant set of enhancement and capability to the user base.

• The Service Desk in support of the Telephony Managed Service (TMS) successfully went live on the 26th March as per plan with no service issues.

• External communications have been published that the NHS Spine Core Services (Spine 2) will transition from BT to the HSCIC over the weekend 25th-28th July 2014.

• Average Availability across services under the control of HSCIC Service Management was 99.97% for the month of March.

• The HSCIC Line Manager Charter and new Personal Development Review (PDR) process for 2014/15 have been launched bringing together the values, line manager charter and professional competencies. The second HSCIC staff survey has closed and the results are being collated and analysed.

KPI	Programme Achievement		PD		PDD View	LSP		D+IS		COMBINED	
KPI Owner	James Hawkins	**Previous RAG**	65.0%	A*	A	83.3%	G	44.0%	A	62.6%	A
		Current RAG	60.0%	A		85.7%	G	40.0%	A/R	62.4%	A
Detailed performance dashboards are presented in **Appendix 4**. Descriptions of the programmes are presented in **Appendix 5**.		**Forecast RAG**	70.0%	A/G	A	88.6%	G	56.0%	A	71.9%	A/G

Programme Delivery Directorate - Delivery Confidence (Gateway Reviews)

Gateway Review Assessments: FY 13/14

Legend:
— % programmes assessed as Amber or better from Gateway Reviews and Health Checks - actuals
— % programmes assessed as Amber or better from Gateway Reviews and Health Checks - target

	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%	**64%**
% 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. FY13/14 end-of-year position is 64% (on the tolerance boundary between AMBER and RED) based upon 14 Gateway Reviews completed. The PD Directorate KPI pack provides additional commentary about this measure.

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.

2. 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 Feb-14, the HSCIC Admin vs budget RAG reports against **expenditure** as opposed to the Admin Total (expenditure +/- income).

Data Note: The reporting month has been frozen at "Feb" this month, to align the reporting month with LSP and D+IS. All reports now completed to reflect the full preceding calendar month.

Programme Delivery Directorate - Executive Summary

Calculated Delivery Confidence has dropped to AMBER (from AMBER/GREEN) for the first time, based on Highlight Reports covering the calendar month of February (collected early March). 4 programmes are reporting RED for the first time, due to funding and approval issues (programme specific detail below). 3-month forecast delivery confidence remains calculated as AMBER / GREEN but is subjectively reassessed as AMBER by the Director, based on the significant uncertainty driving low confidence in big projects such as NHS Choices, N3 and PSNH.

Care Connect - Downgraded from A/R to RED due to NHS England funding still not being approved. Milestones RAG RED - project resource will be released in April which will put all delivery on hold.
CPIS - Confidence reduced to AMBER. Risk that SPINE 2 delays cause delay to CPIS go-live (estimated 3 month delay) which could result in up to £847K per month reduction of benefits
CQRS - Milestones RAG up to AMBER. Additional GPET-Q release date confirmed and QOF milestones all now complete, having been behind plan last month. HSCIC Admin spend RAG downgraded to RED based on significant underspend vs original forecast (excluding effect of income from NHS England zeroing out). Overall confidence remains A/R due to risk of timely GPET-Q delivery.
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.
ETP –3-month Forecast confidence remains AMBER, due to high confidence in the 'Fast Track' implementation plan to March 2014 . A high risk remains that the extension Business Case approval will slip beyond Mar-14. Tolerance exception report due to Portfolio Board 13/3/14.
Choices Online Channel - RED delivery confidence due to on-going impact assessment of work required by GDS for SOC approval. Milestones RED due to significant replanning work required
HSCDS - Choices Managed Service - Current confidence remains RED, based on close dependency with Choices Online Channel (see above) and its approval for FY14/15.
N3 - RED on most RAGs due to MCO rejection of business case and on-going commercial discussions to establish technical requirements and costs for running N3 beyond current contract end date.
NHS eRS - Delivery confidence upgraded to AMBER, having closed 2 x critical and 1 x essential action since AMBER/RED Gate 3 review. TAL FBC Approval still pending (due 10/3/14).
NHSmail - Upgraded current (and forecast) Delivery confidence and Milestones RAG after AMBER/GREEN rating in GMPP exit review in early Mar-14.
PSNH – Confidence upgraded to A/R. Rebaselined plan and deliverables warrant GREEN milestones RAG. **NOTE:** March report is likely to degrade confidence due to strong risks around stakeholder endorsement of the preferred procurement route and subsequent delays to OBC approval.
SPINE 2 - 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 February 2014 LSP DD Highlight Reports. The key highlights are:
-Cabinet Office Major Projects Authority (MPA) Project Assurance Review – Amber/Red rating. Turnaround of last 12m was recognised and, as the LSP proposition is under control, gave the review Team clear line of sight to make recommendations focussed on accelerating exit from the contracts, and gaining clarity on the DH strategy and system responsibilities post contract.
-Southern Local Clinical Systems Acute – the sixth and final procurement collaborative, led by South Devon Healthcare NHS FT launched their OJEU for ePrescribing. All six collaborative to sign contracts during FY14/15.
-CSC LSP- the end of February and March saw an unprecedented level of electronic patient record system go-lives. Within a five week period Ipswich Hospital NHS Trust, Derby Hospitals NHS FT and Walsall Healthcare NHS Trust each went live with the core Care Management Lorenzo, and additional departmental systems, doubling the number of concurrent users on the system.
-Transformation - At the end of March, as a consequence of the LSP Directorate Transformation, voluntary redundancy letters were issued to 22 staff and compulsory redundancy letters to 38 staff. The staff are being supported where requested to find suitable alternative employment, and as of 1st April 2014 the Directorate moves to its new organisation structure.
-Controls- A review of the KPI process within the LSP DD is due to take place in April to further embed into our day to day business processes.

Data and Information Services - Executive Summary

Overall Delivery Confidence is assessed as AMBER / RED based on the Highlight Reports covering the February period. Successful delivery is uncertain for the NTS, Care.Data, and Data Services for Commissioners (DSFC). 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 by both DH and the Cabinet Office (GDS) and contracts are being awarded accordingly.

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 continuing to improve as we gain clarity on historic practices and challenge and new ways of working although this is slower than had been hoped. The Directions from NHS England are being updated following further legal assessment. The programme mobilisation is continuing with a further five posts being advertised and interviewed. Confirmation on requirements and funding is being pursued with NHS England.

GPES - GPES successfully extracted GP data from over 7000 practices to enable QOF 13/14 calculation. The team are working with remaining practices (approx 900) to conclude the extractions.

Key Actions to rectify variance from target	Target Date	Progress
Revisit weighting of projects included in the KPI	30-May-14	Considered but agreed that prioritisation would need to be undertaken corporately - the recent ZBR was to inform. Work now being undertaken by Portfolio Office with output due to the HSCIC Portfolio Board in May 2014.

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 SMT to rectify escalated problems

				Previous RAG	R
KPI	**Financial Management (HSCIC)**			**Current RAG**	R
KPI Owner	**Carl Vincent**			**Forecast RAG**	R

	Budget (£m)	Draft Actual (£m)	% Variation
Full Year Draft Actual v Budget	£221.2m	£198.9m	10.1%

	Mar Draft Actual (£m)	Mar Forecast (£m)	% Variation
Forecast accuracy	£18.8m	£13.6m	38.7%

HSCIC Operating costs

The draft outturn expenditure for the year is £198.9m, against a previous month's forecast of £194.9m. This results in a an underspend for the year of £16.2m,which is less than previously anticipated. This draft outturn includes a number of prudent provisions, including potential redundancy costs, dilapidations and deferred income. Furthermore, a number of adjustments have being included following a detailed review of the fixed asset register, which includes impairment and disposal of IC and ex CfH assets transferred from DH late in the financial year.

The Forecast Accuracy variance of 38.7% (£5.3m) for the month is Red. This is not entirely unexpected due to the number of financial accounting adjustments required as part of the year end process. The variances are across all income and expenditure categories.

Management action

We continue to make progress in this area and the quality of monthly financial management information is improving, with more cost centres reporting Green for forecast accuracy than previously.

We are continuing the process of improving the engagement between managers and financial business partners as the staff in the finance team are appointed to their permanent posts.

We have set tighter budgets at Directorate level this year so funding was only allocated where there was a credible plan to spend the money. Funding for other priority programmes is held in a contingency, and teams will be allocated funding as they demonstrate credible plans to utilise the resources.

There will be no populated KPI for the next Board meeting as we do not complete a month end closedown at the end of April.

Key Actions to rectify variance from target	Target Date	Progress
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	Complete
Implement new budget virement and exception reporting process to enable budget holders to secure funding from the central contingency fund to support improved financial management, subject to review and approval of exception reporting.	May-14	Draft budget virement and exception reporting process has been circulated for initial review and comments
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	• Plans for a new Finance Reporting System have been approved by the Transformation Board and the Portfolio Board. • Over-arching requirements are being finalised with the supplier (Tagetik) and detailed design discussions and super-user training are underway.
Introduce Service Line and Programme financial reporting	Mar-15	• Currently gathering requirements and consideration of options for development of a process to enable us to report the full costs incurred by a programme/ project/ service within the HSCIC

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 SMT rectify escalated problems

KPI	Organisational Health		Previous RAG	R
KPI Owner	Rachael Allsop		Current RAG	R
			Forecast RAG	R

% Cumulative (rolling 12 month) Voluntary Staff Turnover - actual
% Cumulative (rolling 12 month) Voluntary Staff Turnover - target
% Staff Vacancies - actual
% Staff Vacancies - target (<=)

Type of turnover:
No. of regrettable leavers per month
No. of desirable leavers per month
No. of neutral leavers per month
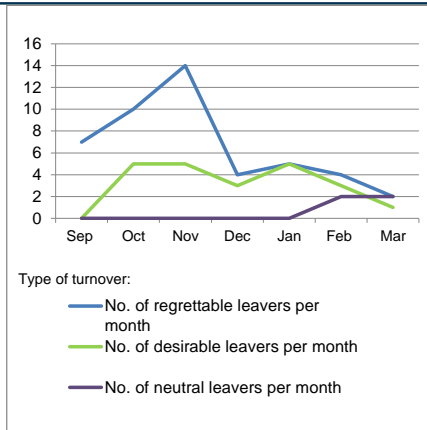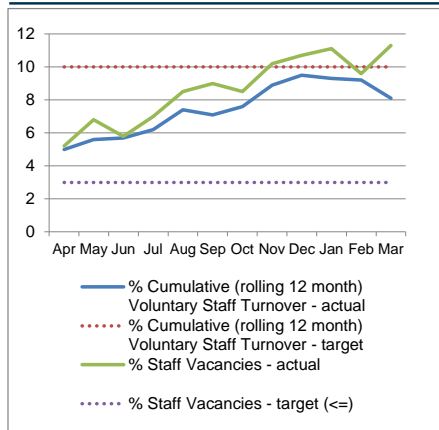
Cumulative Voluntary Staff Turnover

Cumulative voluntary turnover rate was 8.1% at March (for the period April '13 - March '14). Voluntary turnover in March remains about the same as January and February with 6.85 leavers. The cumulative rate has however reduced since last month mainly due to there being a higher than normal number of leavers in March 2013 as individuals chose whether to transfer to the HSCIC and as this has dropped off the rolling 12 month reporting period for this month has resulted in a slight reduction in the turnover rate. This has amended the rating from AMBER to RED.

The 10% target relates to those leaving the organisation being desirable leavers. As we do not currently differentiate between individual performance within the HSCIC it is felt to be positive that turnover is reducing. This KPI will be reviewed with this in mind in a scheduled review on 29/04.

In the meantime pending further work managers have been asked to assess whether the impact of leavers is felt to have been desirable, regrettable or neutral to provide more intelligence about whether we are losing high performing people that we should be able to retain. Since September, responses indicate that some 64% of turnover has been regrettable, 31% desirable and 6% neutral. This suggests that we need to do more to retain key and high performing employees.

A new exit interview process has been launched designed to seek feedback on the 'push' and 'pull' factors why people are choosing to leave the HSCIC this in turn will lead to further action and reporting. It will take some months to build up a body of feedback that is representative due to the small number of leavers each month. In the meantime an analysis of who has left the organisation over the last 12 months is in progress. Initial feedback from leavers during March provides some interesting insights which will be checked as part of future trend analysis including:

- the majority of leavers from March were moving to roles which were awarded higher salaries than the roles that they were leaving at the HSCIC. These roles were also deemed to be progression and pay and reward was not highlighted as a reason for leaving.
- Main reasons for leaving were attributed to career progression/personal development, management of change, culture/environment and job satisfaction.
- The majority would consider working again for the HSCIC and would recommend the HSCIC as a place to work.

Staff Vacancies

We currently have 265 'active' vacancies recorded. The number of 'active' vacancies and vacancy rate is increasing as Directorates aim to get to full capacity, due to the volume this continues to be RED rated. There is a net increase of approximately 70 roles since last month as vacancies are filled and new roles approved. A meeting is scheduled for 23/04 to enable HR and Finance to jointly review the budgets for 14/15 in terms of planned and current establishment. Work continues to set up a recruitment function within the HR team and is on track for the end of April.

In the meantime recruitment is progressing. Work has commenced with our recruitment marketing supplier on a project management cohort and labour market analysis for key roles. Project management roles are scheduled to be advertised externally by the end of April following consideration of those internally 'at risk'. 38% (101) of active vacancies are at final recruitment stages having been offered to candidates and employment checking taking place. 45% of offers are to external recruits creating additional capacity to the organisation however further volume of recruitment is anticipated as activities take place to backfill the remainder of roles created by internal moves. The work of the portfolio board will provide greater clarity on the actual demand for 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	8.1
% 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	162
% Staff Vacancies - actual	5.2	6.8	5.8	7	8.5	9	8.5	10.2	10.7	11.1	9.6	11.3
% 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 they were 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. The small number remaining are due to change in individual requirement or availability of courses (many of these have been referred to Civil Service Learning - which has this availability). This represents 91% of the approved requests having been processed. Civil Service Learning was introduced on 1st April and all training will now be sourced through this route. Directorates will have responsibility for apportioning the budget across their areas and individuals will be able to book themselves onto courses directly. A new KPI will be required for April's activity.

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	Fully completed
Planned recruitment reconciled with planned budget	23/04/2014	On target - but original deadline revised
Agree approach to deploying project and programme delivery professionals from the Portfolio Pool across the organisation	30/09/2014	On target - but original deadline revised
Commence launch of improved PDR process	31/03/2014	Fully completed
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
Link NHS Jobs and ESR Recruitment Module; consequent further revision of process and guidance	30/06/2014	On target - no issues original deadline achievable
Complete an analysis of who has left the organisation over the last 12 months	16/05/2014	On target - no issues original deadline achievable
Advertise the first cohort of vacancies within the project and programme management group	30/04/2014	On target - no issues original deadline achievable
Hold capacity planning meeting to agree approach to deployment of staff	30/05/2014	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

KPI	Reputation	Previous RAG	N/A
KPI Owner	Andy Williams / James Hawkins	Current RAG	A
		Forecast RAG	A

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 latest survey has been sent to Programme SROs and we hope to report the results next month.

Media Coverage
The Health & Social Care Information Centre generated 252 units across press, broadcast and online sources from 1 to 31 March . The coverage was valued at more than £1.6 million reaching a potential audience of nearly 49 million and was predominantly positive/balanced in sentiment (93%) and negative (7%).
The score reflects the intense media scrutiny in relation to HSCIC's role with the safeguarding of patient data and how / whe re that information is shared; particularly with commercial organisations.
Primary Care was the most prominent subject area with a 42% share of coverage, reaching an audience of more than 26.4 million with a value of £650,000.

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 cove rage 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	30/04/2014	Additional SROs across the Programmes Delivery Directorate have been asked to complete a survey in Q4 - results are anticipated end of April for inclusion in the next pack. End of Q1 14/15 will look to extend further to other Directorates
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 - Completed	We will maintain % and the PDD KPI dictionary has been updated 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 - Completed	Confirmed that all SROs included in the remit of the initial survey responded
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 on sourcing further data on social media, include NHS choices in the discussion	April 2013	Action no longer required

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

KPI	IT Service Performance
KPI Owner	Rob Shaw

Previous RAG	A
Current RAG	A
Forecast RAG	G

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

■ Total number of HSSIs raised in the month ■ Total number of HSSIs achieving Fix Time target
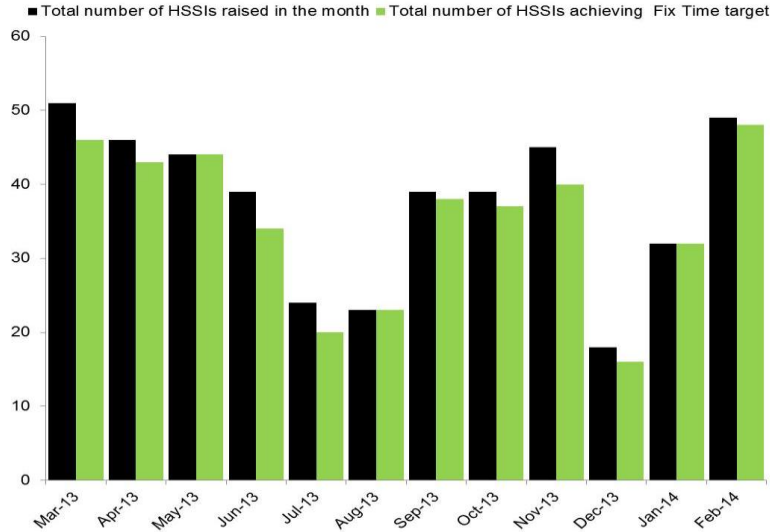
Availability: February was generally a positive month for live service Availability, however, four separate outages on Lorenzo which affected services delivered under NE, EEM and NWWM contracts resulted in 3 Availability targets being missed and a resultant Amber status. The remaining 63 services all 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 43 services reported against having achieved or exceeded their Response Times target. Whilst this is positive in the main, it is slightly worse performance than in the previous month. There were Amber level failures on RiO in both London and the South for the eighth consecutive month, and Amber level failures on SUS and INPS Vision.

The root cause of the RiO performance failures in London and the South is believed to be caused by the incorrect configuration of some of the webservers. On the 20th March, changes were made to the webservers and since then performance appears to have improved.

The SUS performance failure was caused a scheduled job failing and resulted in Payment by Results interchange processing taking longer than expected, however, due to the staged approach to PbR interchange processing and the time at which the issue occurred, there will have been no actual user impact experienced from this issue.

The INPS Vision performance failure was related to messages supporting the Electronic Prescription Service - it is believed that these failures were as a result of issues within Spine messaging but presented themselves in the Vision EPS functionality, however, full root cause analysis is still ongoing.

HSSI Fix Times: February saw the number of HSSI's in the month rise to 49 which is significantly higher than the 12 month average of 37. Three of those HSSI's were related to Clinical Safety - the first was related to delays in the processing of Electronic Transfer of Prescription messages, the second related to incorrect headers being displayed on some patient records within the Microtest GP System and the third also related to Microtest with a number of patient attached documents not having been transferred during migration activity. All Clinical Safety Incidents raised as HSSI's were made safe within the 24 hour target. There was also one Security incident related to Lorenzo were patient lists were printing at the wrong hospital, this is now resolved. All 49 of the HSSI's, aside from one, were resolved within the Fix Time Service Level resulting in a green status for this performance indicator. The exception was a Severity 1 incident at Chelsea and Westminster where all PACS workstations were running slow for a period of 5 hours, against a fix time of 4 hours.

Since the reporting period of February and the generation of this commentary (10 April) the following HSSI's have occurred which are worthy of note:
5/3/14 - Security - Patient Demographic data for 5 patients was sent to a member of HSCIC staff
13/3/14 - Service - the Spine Patient Demographic Service was running slowly for a period of 2.5 hours
20/3-27/3/14 - Service - Users of CQRS were receiving Proxy 502 error messages when entering data on to the system
There was also an incident that occurred in February but did not get raised until March where a CSC development team had been provided access to data that they did not have clearance to view.

Forecasted RAG status: It is forecast that a Green RAG status will be achieved in March.

Performance Indicators	Target	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	Feb-14	Feb-14 RAG
No. of Services achieving Availability target	All Services minus 2	74		74		75		76		77		73		71		75		71		75		68		63	
No. of Services breaching Availability target, but not to a critical level	2	4	A	4	A	3	A	1	A	0	G	2	A	4	A	0	G	4	A	0	G	6	A	3	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		77		77		75		75		75		75		75		74		66	
No. of Services achieving Response Times target	All Services minus 2	43		43		42		44		42		42		41		40		37		39		40		39	
No. of Services breaching Response Times target, but not to a critical level	2	0	R	0	R	2	R	1	A	3	A	2	A	4	A	4	A	3	R	3	R	3	A	4	A
No. of Services breaching Response Times target at a critical level	0	2		2		1		0		0		0		0		0		4		2		0		0	
		45		45		45		45		45		44		45		44		44		44		43		43	
Total number of Higher Severity Service Incidents (HSSIs)	N/A	51		46		44		39		24		23		39		39		45		18		32		49	
Total number of HSSIs achieving Fix Time target		46	A	43	A	44	G	34	A	20	A	23	G	38	G	37	A	40	A	16	A	32	G	48	G
% HSSIs achieving Fix Time target	95%	90%		93%		100%		87%		83%		100%		97%		95%		89%		89%		100%		98%	

Key Actions		Target Date	Status

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 SMT to rectify escalated problems

KPI	Information Quality		Previous RAG	G
KPI Owner	Max Jones		Current RAG	G
			Forecast RAG	G

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total number of Information Quality incidents and near misses identified	9	6	5	14	6	6	11	7	2	3	6	4
Number of high and very high severity Information Quality incidents	0	0	2	2	0	0	1	0	0	1	0	0

The RAG status for March was GREEN as there were no high or very high incidents identified. The forecast for April is GREEN.

There were four Information Quality incidents identified in March 2014. Two of low severity impact and two of medium impact.

The medium severity incidents were

- NHS Outcome framework indicators had one indicator where the age bands were incorrectly labelled and affecting all indicators, age and gender breakdowns labels had been transposed
- Neurophysiology data was omitted from one section of detailed non-medical detailed results (but were included elsewhere in the publications)
The root cause for these incidents has not yet been conducted and so it is too early to say if any process changes are necessary.

The low severity incidents were

- Innovation Scorecard had the wrong excel file attached. The correct file was attached within eight minutes.
- IAPT monthly activity data released provisional data instead of final data for November publication.

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

KPI	Data Quality
KPI Owner	Max Jones

Previous RAG	R
Current RAG	R
Forecast RAG	R

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

Indicator 1 returned to expected tolerance levels in December 2013. However, it is still close to the warning tolerance level and will be kept under close review.

Indicator 3 remains RED, making the overall RAG for the Data Quality KPIs RED. This KPI is likely to remain RED for the foreseeable future whilst investigation into the causes continues and remedial action is agreed, planned and implemented. The Board is requested to note the position and approve the revised action deadline.

The current scope of measurement for all three indicators is SUS APC, OP and A&E CDS with a three month lag due to the current SUS submission and reconciliation processes.

Key Actions	Target	Status
Investigate and report on performance level of indicator 3	10/05/2014	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

KPI	Usefulness of Service		Previous RAG	A
KPI Owner	Max Jones		Current RAG	A
			Forecast RAG	A

Quantitative information is being developed and refined. Whilst this quantitative information is being refined, the RAG score is based on a qualitative judgement and is currently AMBER for the KPI. This reflects the longer timescale for approving or renewing requests for data that would be shared under contract, whilst the policies and processes are reviewed. This impacts on the short term economic benefit that customers can derive from using these sets of data.

A number of HSCIC datasets are made available as open data, such as practice level prescribing, and that there are case studies where customers have made significant use of them to derive economic benefits. The delivery of this output is unaffected by the policy and process review and will soon be measured in a more structured way.

Key Actions	Target Date	Status
Agree initial baseline of economic benefit KPI along with sources of information	31/03/2014	On target - issues need addressing but original deadline achievable
Add further outputs to KPI and refine economic benefit model as appropriate	On going	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

KPI	Transformation Programme Progress		Previous RAG	G
KPI Owner	Rachael Allsop		**Current RAG**	G
			Forecast RAG	G

The March Transformation Programme Board approved the 2013/14 end of year report for Transformation. This included a look back on achievements, challenges and lessons from 13/14 and a proposed approach for 2014/15. SRO responsibilities for Transformation have been handed over to Andy Williams.

There will be focus over the next period to define the detailed scope and transformation outcomes for 2014/15.

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

People Projects:
- The HSCIC **Line Manager Charter** has been launched. Phase one of **Line Management Development** is in progress with over 300 staff having attended priority policy training so far.
- The new **PDR** process and form for 14/15 has been launched. This brings together a number of new components including values, line manager charter and links to professional competencies.
- An ongoing communications and awareness campaign for our **Values** is in progress.
- Over two thirds of staff have now selected into a **Professional Group.** The groups are at different levels of maturity and the March Transformation Programme Board agreed future target dates for all groups to have reached a consistent stage.
- As part of the **Recruitment and Talent Attraction** project work has commenced on Labour Market Analysis through the Recruitment Marketing supplier.
- Following feedback from the Championing Change Forum a communication on **Reward Review** has been released.

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

Operational Management Projects: Following agreement of the EMT and Project Lead for the **Quality Systems Project** the approach document has been produced. The scope of this project will be impacted by the HSCIC Board decision to progress with ISO9001 and ISO27001. All target activities have been completed for the **Corporate Performance Management** project.

Integration Projects: The report for the **Contact Centre / Helpdesk Strategy** has been completed and was approved. The scope, approach and the project lead for **Data Asset Utilisation Strategy** has been confirmed. There are delays in the **Service Integration and Management** project due to long term sickness of the project lead.

Directorate Transformation

Within **LSP Delivery** significant work continues. The structure has been populated with the exception of a small number of posts out to open competition. DH Governance and Assurance Committee (GAC) approval for redundancies has been received and all notices of compulsory redundancy as well as offers of voluntary redundancy have been made. Within **Data and Information Services** the proposal for change for the Level 2 Structure has been agreed and has been populated with existing staff. Arrangements are being made to advertise the remaining vacant posts. An away day has been held in **Operations and Technical Services** to review proposed models and structures for key parts of the directorate.

Overall Status

The overall status for the Programme remains at DoH 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 agree the detailed scope and transformation approach for 14/15.

Key Actions	Target Date	Status
Agree high level Transformation approach for FY14/15	27/03/2014	Fully completed
Agree plan for development of Professional Groups	14/04/2014	On target - but original deadline revised
Formalise detailed Transformation approach for FY14/15	15/05/2014	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

Appendix 1 - KPI RAG Tolerances

KPI title	KPI formula and/or PI titles and formula(e)	KPI/PI Tolerance
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
	Number of services breaching Availability target at a critical level	Key: OSL - Operating Service Level (target achieved); FL1 - Failure Level 1 (target breached); CSL - Critical Service Level (target breached)
	Number of services achieving response time target	GREEN: 100% OSL passes AMEBR; 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)
	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%
Usefulness of Service	Value of economic benefit (proxy for usefulness)	TBC
Transformation Programme progress	Overall progress RAG score	Subjective tolerance as described above
	Benefits achieved RAG score	Subjective tolerance as described above
Organisational Health	% 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	Responsiveness	Subjective tolerance as described above
	Programme SROs satisfaction score	
	Customer satisfaction - Subjective assessment/RAG score	
	Sponsor Satisfaction score	
	Media Coverage	

Appendix 2 - 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	- Health & Justice Information Service	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
March 2014

1: 2013/14 financial profile - as at March 2014
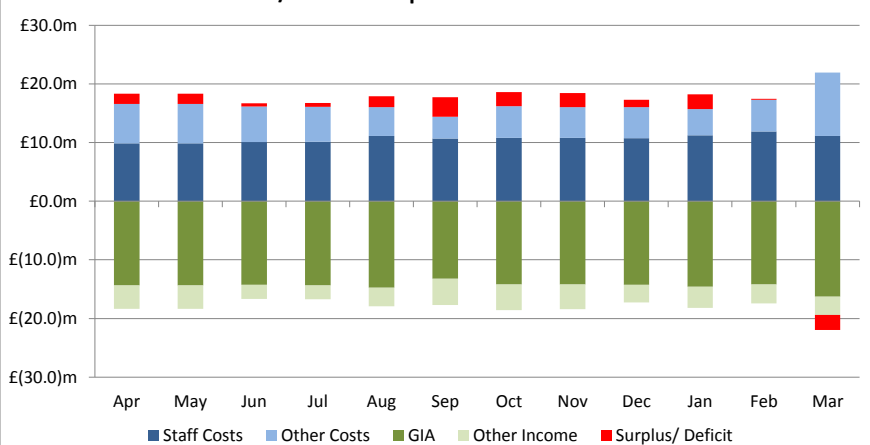
2: 2013/14 Income/ Expenditure summary - March 2014

3: Expenditure by month £'m
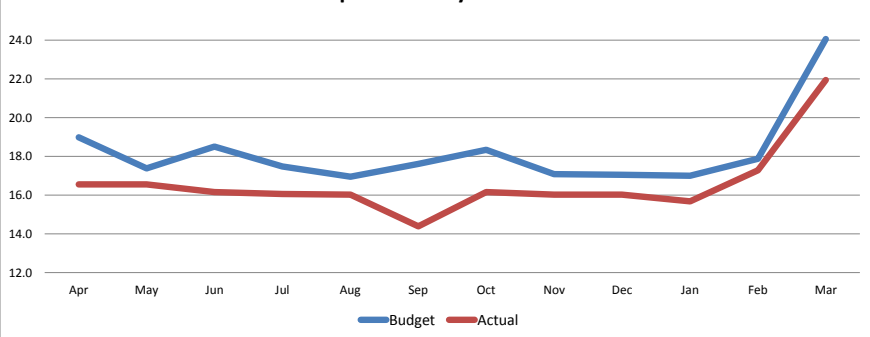
Summary
The draft outturn for the financial year has resulted in a £16.2m surplus. This is primarily due to budgeted vacancies not being filled as planned, partially offset by prudent year-end provisions and adjustments. This draft outturn is still subject to change as the year end accounts process still has a number of exercises to be completed, including fixed asset valuations, holiday pay accrual and final assessment of certain provisions.

The key drivers for the current financial position are:

Staff costs are £12.2m under budget for the full financial year, due to vacancies not being filled as budgeted. Further detail is shown on the next slide.

Non staff costs are £10.0m under budget for the full financial year; however, this includes additional costs of £2.8m for DH (previously CfH) programme expenditure which is offset by additional income from DH. The main underspend relates to Professional fees which are £9.5m under budget primarily due to reduction in budgeted expenditure no longer required. Furthermore, the draft annual charge for the financial year includes the following provisions, which are still being reviewed as part of the year end process:

- Charge of £0.8m to increase the central dilapidations provision to cover property reinstatement costs to £1.4m, following an update from the Property Services team to cover the termination of ex CfH leases adding to that already held for Trevelyan Square..
- Prudent provisions for redundancy costs, increasing the accrual by £2m to £4m for potential LSP redundancies
- A major review of the fixed asset register is nearing completion and an additional write off of £0.5m was charged in March, which includes ex CfH assets transferred from DH late in the financial year.
- An accrual of £0.5m has been made for the costs for the delivery of the primary care data extract functionality.
- £0.5m revaluation adjustment for Hexagon House

Non-GiA Income is £6.3m below budget for the full financial year. The £6.3m includes increase to budget for £8.1m of unbudgeted income streams from DH for Programme expenditure, offset by decreases including £14.7m for income that was to cover budgeted costs that will not now be incurred. This under spend also includes a cautious provision of £1.0m for deferred income, which is still under review as part of the year end process Further detail is shown on the final slide of the appendix.

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 of actual costs.

Graph 3 shows monthly trend of gross expenditure for the organisation for the original budget (blue) and the latest actual costs (red) (12 months of actual costs).

Appendix 3 - Management Accounts

HSCIC Financial Summary
March 2014 - Staff Expenditure
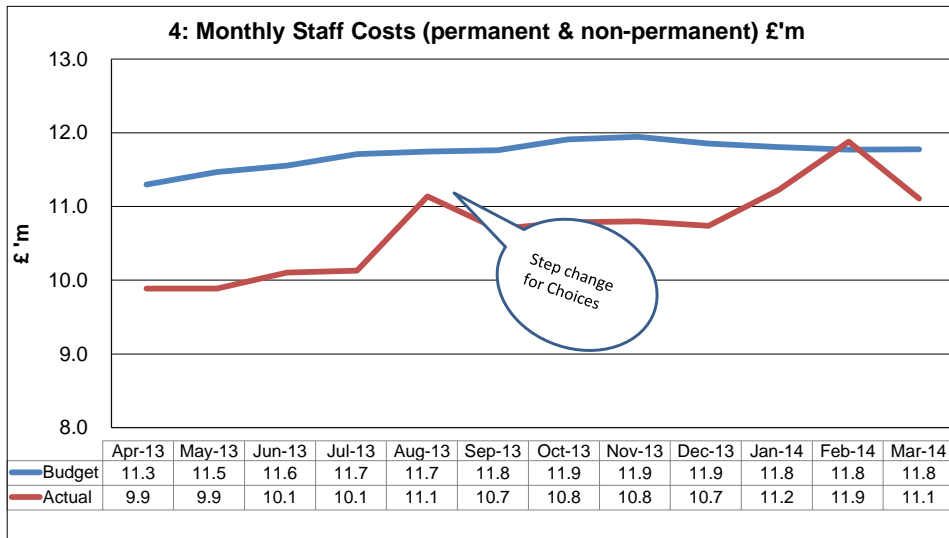
4: Monthly Staff Costs (permanent & non-permanent) £'m

Step change for Choices

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Budget	11.3	11.5	11.6	11.7	11.7	11.8	11.9	11.9	11.9	11.8	11.8	11.8
Actual	9.9	9.9	10.1	10.1	11.1	10.7	10.8	10.8	10.7	11.2	11.9	11.1

5: Monthly Staff Costs - Actual and Budget £'m

Legend: In Post (perm), In Post (non-perm), Forecast, 2013/14 Budget

Staff costs are £12.2m under budget for the full financial year, due to vacancies not being filled as budgeted.

The draft final outturn has decreased from the previous month's forecast, which includes a decrease of £0.3m for permanent staff and a decrease of £0.2m for non-permanent staff, which again is largely due to forecast vacancies not being filled. The spike in costs through January and February relates to a catch up of contractor costs for prior months where accruals have not been previously included. However, following a subsequent review, some of these contractor accruals were not required and so released in March. The draft actual for March is now more aligned to previous levels of expenditure within the financial year. The increase in permanent staff costs for the month of March, compared to February, is due to a year-end increase to the holiday pay provision, partially offset by adjustments for the capitalisation of staff costs onto the balance sheet.

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 robust baseline for 2014/15.
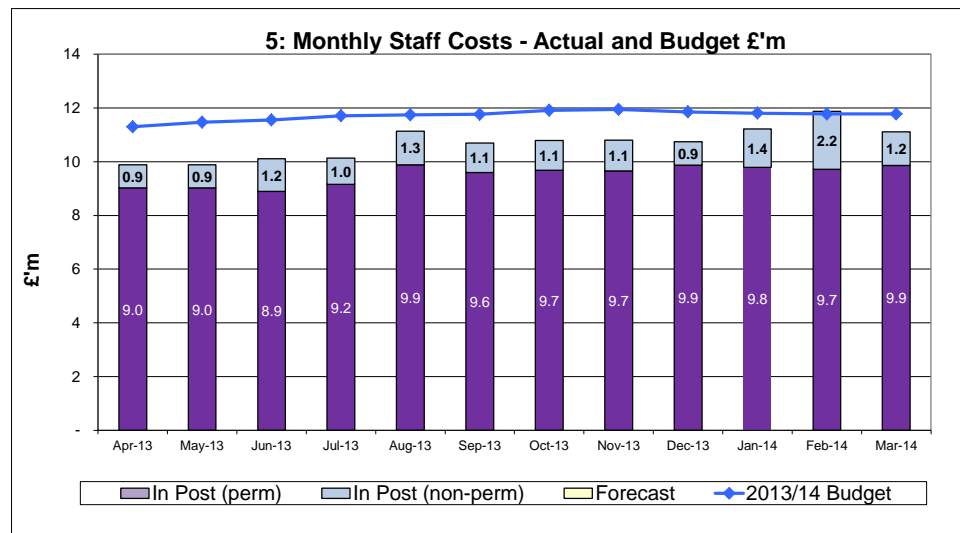
Graph information
Graph 4 shows the monthly trend of staff costs for the organisation for the original budget (blue) and the latest actual costs (red) (12 months of actual costs). The significant increase in August is due to the in-sourcing of Choices staff from Capita.

Graph 5 shows the forecast position in more detail, distinguishing between the actual permanent (purple) and non-permanent (blue) staff costs plus the original budget (blue).

Appendix 3 - Management Accounts

HSCIC Financial Summary
March 2014 - Income

6: Monthly non-GiA Income Trend   £'m

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Budget	3.3	3.3	4.1	3.3	3.2	3.4	3.9	3.3	3.3	3.0	3.6	7.4
Actual	4.0	4.0	2.4	2.4	3.2	4.5	4.4	4.2	3.0	3.6	3.2	3.1

The draft outturn for the financial year includes some material movements in both directions: - Increases primarily relate to unbudgeted income streams from DH for Programme expenditure, particularly £5.6m for Choices to cover the cost of the staff insourcing from Capita on 1st August and £2.5m for DH programme costs incurred by HSCIC in April/May post-transition. Decreases include £14.7m for income that was to cover budgeted costs that will not now be incurred or deferred into the next financial year, including GPES, ODP, Pathways, MCDS and CPIS. This under spend also includes a cautious provision of £1.0m for deferred income, which is still under review as part of the year end process.

Considerable efforts are being made to confirm and raise invoices for all our income. Over £17.0m of Non GIA income (approximately 40% of total) was invoiced in March and early April. This has resulted in a high level of debt and accrued income outstanding at the financial year end. The majority of this outstanding income is with DH and NHS England and has largely been invoiced with their agreement or receipt of purchase order and thus it is considered that a material collection problem is unlikely. We have issued a schedule of all such amounts to both bodies in order to ensure that the appropriate accruals have been included in their accounts. We will continue to monitor and chase outstanding monies during April and May to identify any potential issues prior to the completion of the final accounts.

A review of current and future income was 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.
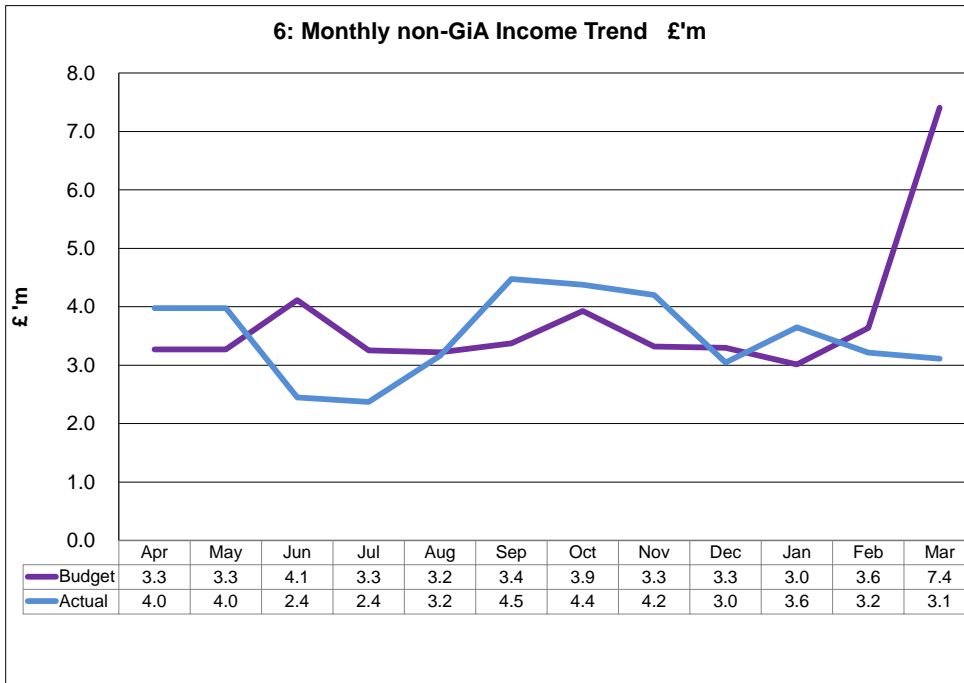
Graph information
Graph 6 shows the monthly trend of non-GiA income for the organisation for the original budget and the latest draft actual income (12 months of actual income).

Appendix 3 - Management Accounts

| Statement of Comprehensive Net Expenditure | | | | | | | | | | FINANCIAL RESULTS TO 31st MARCH 2014 | | | | | | |

	12 Months ending 31 March 2014			12 Months Ending 31 March 2014												
	REVENUE			REVENUE												
	Budget 13/14	Actual 13/14	Var Fav-(Adv)	Actual Apr	Actual May	Actual Jun	Actual Jul	Actual Aug	Actual Sep	Actual Oct	Actual Nov	Actual Dec	Actual Jan	Actual Feb	Actual Mar
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Grant in Aid	(173.0)	(173.0)	(0.0)	(14.4)	(14.4)	(14.2)	(14.4)	(14.7)	(13.2)	(14.2)	(14.2)	(14.2)	(14.6)	(14.2)	(16.3)
Income	(48.3)	(42.0)	6.3	(4.0)	(4.0)	(2.4)	(2.4)	(3.2)	(4.5)	(4.4)	(4.2)	(3.0)	(3.6)	(3.2)	(3.1)
Income	**(221.3)**	**(215.0)**	**6.3**	**(18.3)**	**(18.3)**	**(16.7)**	**(16.7)**	**(17.9)**	**(17.7)**	**(18.6)**	**(18.4)**	**(17.3)**	**(18.2)**	**(17.4)**	**(19.4)**
Permanent Staff	129.3	114.1	(15.2)	9.0	9.0	8.9	9.2	9.9	9.6	9.7	9.7	9.9	9.8	9.7	9.9
Non Permanent Staff	11.3	14.2	3.0	0.9	0.9	1.2	1.0	1.3	1.1	1.1	1.1	0.9	1.4	2.2	1.2
Staff Costs	**140.6**	**128.4**	**(12.2)**	**9.9**	**9.9**	**10.1**	**10.1**	**11.1**	**10.7**	**10.8**	**10.8**	**10.7**	**11.2**	**11.9**	**11.1**
Professional Fees	29.8	20.3	(9.5)	2.4	2.4	2.4	3.2	0.4	1.0	1.3	1.8	0.4	1.1	1.1	2.7
Information Technology	10.8	10.3	(0.5)	0.5	0.5	0.8	0.6	1.5	0.7	1.0	0.6	0.8	0.8	1.0	1.6
Travel & Subsistence	5.4	4.1	(1.4)	0.2	0.2	0.3	0.3	0.5	0.2	0.5	0.4	0.4	0.3	0.3	0.3
Accommodation	11.2	12.9	1.7	0.9	0.9	0.9	0.9	1.4	1.0	0.9	0.9	0.9	0.9	2.5	1.0
Marketing, Training & Events	1.5	1.5	0.0	0.0	0.0	0.1	0.1	0.2	0.1	0.2	0.2	0.1	0.1	0.2	0.2
Office Services	3.1	2.9	(0.2)	0.2	0.2	0.3	0.2	0.3	0.3	0.2	0.3	0.3	0.2	0.1	0.4
Other	7.7	8.6	0.8	1.5	1.5	0.6	(0.0)	(0.0)	(0.4)	0.6	0.4	1.6	0.1	(0.6)	3.2
Depreciation / Amortisation	11.0	10.0	(1.1)	0.8	0.8	0.5	0.7	0.7	0.7	0.7	0.7	0.8	1.1	0.9	1.5
Non Staff Costs	**80.7**	**70.7**	**(10.0)**	**6.7**	**6.7**	**6.0**	**6.1**	**4.9**	**3.7**	**5.4**	**5.2**	**5.3**	**4.5**	**5.4**	**10.8**
Internal Recharge - Estates	(0.1)	(0.1)	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)
Internal Recharge - IT	0.2	0.0	(0.2)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Internal Recharge - Staff	(0.2)	(0.1)	0.1	(0.0)	(0.0)	0.1	(0.1)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)
Internal Recharges	**(0.1)**	**(0.2)**	**(0.1)**	**(0.0)**	**(0.0)**	**0.1**	**(0.1)**	**(0.0)**	**(0.0)**	**(0.0)**	**(0.0)**	**(0.0)**	**(0.0)**	**(0.0)**	**(0.0)**
Total Cost	**221.2**	**198.9**	**(22.3)**	**16.6**	**16.6**	**16.2**	**16.1**	**16.0**	**14.4**	**16.2**	**16.0**	**16.0**	**15.7**	**17.3**	**21.9**
(Surplus)/ Deficit	**(0.1)**	**(16.2)**	**(16.0)**	**(1.8)**	**(1.8)**	**(0.5)**	**(0.7)**	**(1.9)**	**(3.3)**	**(2.4)**	**(2.4)**	**(1.3)**	**(2.5)**	**(0.2)**	**2.6**

KPI	Programme Achievement
KPI Owner	James Hawkins

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

Programme Delivery Director View

Current RAG	
Forecast RAG	A

* = subjective assessment, not calculated

Programme Delivery Dashboard - End February 2014

		Overall Delivery Confidence RAG						Gateway Delivery Confidence				Key Delivery Milestones			FY forecast (HSCIC admin expenditure) vs planned (JAN FIGURES)			FY financial forecast (DH Prog) vs. budget (JAN FIGURES)			Investment justification (BC, MoU etc) forecast spend status		
Reporting Month:		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	R	R	A/R	A/R	N/A	N/A	N/A	N/A	A/G	A	R	R-O	R-O	R-O	N/A	N/A	N/A	N/A	N/A	N/A
P0004	CP-IS	A	A/G	A	A	A	A	Med	3	Jul-2012	A	A	A	A	G	G	R-U	N/A	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	R	A	R-O	G	R-U	N/A	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	R-U	R-U	R-O	N/A	N/A	N/A	G	G	G
P0012	ETP	A/R	A	A/R	A/R	A/R	A	High	5	Jan-2014	A/R	A	A	A	R-U	R-U	R-U	R-U	R-U	R-U	G	G	G
P0301	FGMP	NR	NR	G	G	G	G	N/A	N/A	N/A	N/A	NR	NR	G	NR	NR	NR	NR	NR	NR	NR	NR	NR
P0014	GP2GP	G	A/G	A/G	A/G	A/G	A/G	Low	4	Feb-2014	A/G	A	A	A	R-U	R-U	R-U	G	G	R-U	G	G	G
P0017	GPSOC	G	G	G	G	N/A	N/A	High	4	Mar-2009	A/G	G	G	G	G	G	G	R-U	R-U	R-U	G	G	G
P0208	GPSOC Replacement	A	A	A	A	A	A/G	High	3	Nov-2013	A	A	A	A	R-O	R-O	R-O	R-U	R-U	R-U	G	G	G
P0207	HJIS	A	A	A	A	A	A	Med	1	Sep-2013	A/G	A	A	A	G	G	R-O	N/A	N/A	N/A	N/A	N/A	N/A
P0026	HSCDS (Choices Service)	G	G	R	R	A	A	Med	5	Apr-2012	G	G	G	G	G	G	G	R-U	R-U	R-U	N/A	N/A	N/A
P0298	NHS Choices Online Channel	A	A	R	R	A	A	High	PVR	Dec-2013	A	A	A	R	R-U	R-U	R-U	N/A	N/A	N/A	N/A	N/A	N/A
P0024	N3	A	A	R	R	R	R	High	5	Jul-2012	A/G	G	G	R	A-U	A-U	A-U	A-U	A-U	R-U	G	G	G
P0238	NHS e-RS inc. CAB	A/R	A/R	A	A	G	G	High	3	Jan-2014	A/R	G	G	G	R-U	R-U	R-U	R-U	R-U	R-U	G	G	G
P0030	NHSmail	A/G	A/G	A/G	A/G	G	G	Low	EAR	Mar-2014	A/G	R	R	A	R-U	R-U	R-U	R-U	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	G	R-U	R-U	R-U	R-U	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	G	G	R-U	R-U	R-U	R-U	G	G	G
P0190	PSNH	R	R	A/R	A/R	A	A	High	AAP	Nov-2013	R	A	A	G	R-O	R-O	R-O	R-U	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	R-U	R-U	R-U	G	G	R-U	G	G	G
P0049	Spine Extension	A/G	A/G	A/G	G	G	G	Med	3	May-2012	A/G	G	G	G	R-U	R-U	R-U	R-U	R-U	R-U	G	G	G
P0050	Spine 2	A	A/R	A	A	A	A	High	4	Mar-2014	A	A	A	A	R-O	R-O	R-U	A-U	A-U	R-U	G	G	G

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

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

Delivery Confidence - Programme Delivery:

February-2014	A 60.00%
May-2014	A/G 70.00%

PDD View

February-2014	
June-2014	A

Sourced from Highlight Reports — February-14

February's Calculated Delivery Confidence has **decreased 5% points to 60%** from 65% since last month. Calculated delivery confidence RAG has degraded to AMBER for the first time since this report went live in September 2013 (**NOTE**: new RAG tolerances: R: Below 25%, A/R: ≥25%, A: ≥50%, A/G: ≥65%, G: ≥80%)
The 3-month calculated forecast Delivery Confidence (to May 2014) remains 'AMBER / GREEN' despite a 5 percentage point drop to 70% from 75%. The Director's subjective view is that AMBER remains a more accurate representation of forecast confidence.

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)
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 or information around the progression of an approval)

KPI	Programme Achievement
KPI Owner	James Hawkins

Appendix 4 - Programme Delivery Dashboard

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

Programme Delivery Dashboard - End 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			
Highlight Report Submission Month:		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb		Dec	Jan	Feb	
P0297	Care Connect	N/A	N/A	N/A	-	N/A	N/A	N/A	-	G	G	R	↓	A	A	R	↓	N/A	N/A	N/A	-	G	G	R	↓
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	R	R	→	G	A	A	→	G	A	A	→	G	G	G	→
P0301	FGMP	NR	NR	N/A	-	NR	NR	N/A	-	NR	NR	G	-	NR	NR	G	-	NR	NR	N/A	-	NR	NR	G	-
P0014	GP2GP	G	G	G	→	A	A	A	→	G	G	G	→	G	G	G	→	N/A	N/A	N/A	→	A	R	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	G	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	→	G	G	G	→
P0026	HSCDS (Choices Service)	N/A	N/A	N/A	→	N/A	N/A	N/A	→	R	R	R	→	R	R	R	→	N/A	N/A	N/A	→	A	A	A	→
P0298	NHS Choices Online Channel	N/A	N/A	N/A	→	A	A	A	→	G	A	A	→	A	R	R	→	G	R	R	→	A	A	A	→
P0024	N3	G	G	G	→	G	G	G	→	A	A	R	↓	A	A	R	↓	A	A	R	↓	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	NHSmail	G	G	G	→	A	A	A	→	G	G	G	→	G	G	G	→	G	G	G	→	A	G	G	→
P0196	NHSmail2	G	G	G	→	G	G	G	→	A	A	A	→	A	G	G	→	A	G	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	A	↓	A	A	A	→	A	A	G	↑	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	→	A	A	A	→	G	G	G	→	G	G	G	→	A	A	A	→
P0050	Spine 2	A	A	A	→	A	A	A	→	G	G	G	→	A	G	G	→	R	G	G	→	A	R	R	→

Overall Delivery Confidence for Programme Delivery (Calculated):	
February-2014	A 60.00%
June-2014	A/G 70.00%

Sourced from Highlight Reports (Key RAGs)   February-14

PDD View	
February-2014	
June-2014	A

February's Calculated Delivery Confidence has decreased 5% points to 60% from 65% since last month. Calculated delivery confidence RAG has degraded to AMBER for the first time since this report went live in September 2013 (NOTE: new RAG tolerances: R: Below 25%, A/R: ≥25%, A: ≥50%, A/G: ≥65%, G: ≥80%)

The 3-month calculated forecast Delivery Confidence (to May 2014) remains 'AMBER / GREEN' despite a 5 percentage point drop to 70% from 75%. The Director's subjective view is that AMBER remains a more accurate representation of forecast confidence.

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)
- 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 or information around the progression of an approval)

KPI	Programme Achievement (LSP)		Previous RAG	G
KPI Owner	James Hawkins		Current RAG	G
Data Owner	Tom Denwood		Forecast RAG	G

LSP Dashboard - End February 2014

Highlight Report Submission Month		Overall Delivery Confidence RAG			Trend				Gateway Delivery Confidence				Key Delivery Milestones			Trend	HSCIC admin vs budget (JAN FIGURES)				DH Prog vs budget (JAN FIGURES)				Investment justification			Trend
		Dec	Jan	Feb		Mar	Apr	May	RPA	Gate	Date	RAG	Dec	Jan	Feb		Dec	Jan	Feb	-	Dec	Jan	Feb	-	Dec	Jan	Feb	
TBC	PACS	G	NR	G	↓	G	G	G	TBC	0	Nov-2011	A	G	NR	G	↓	NR	NR	NR	-	NR	NR	NR	-	G	NR	G	↓
P0183	South Community Programme	A/G	G	G	↑	G	G	G	Med	3	Dec-2012	A/G	G	G	G	→	NR	R-U	R-U	-	NR	N/A	N/A		G	G	G	→
P0182	South Ambulance Programme	A/G	A	A	↓	A	A	A/G	Med	3	Dec-2013	A/G	A	A/G	A	↑	NR	R-U	R-U	-	NR	N/A	N/A		G	G	G	→
P0181	South Acute Programme	A/G	A/G	A/G		A/G	A/G	A/G	High	2	Dec-2012	A/G	A	G	A/G	↑	NR	R-U	R-U	-	NR	N/A	N/A		G	G	G	→
P0047	BT LSP - South	G	G	G	→	G	G	G	Med	PAR	Feb-2014	A/R	G	G	G	→	NR	R-U	R-U	-	NR	R-U	R-U		G	G	G	→
P002	BT LSP - London	A	A	A	→	A	A	A	High	PAR	Feb-2014	A/R	G	G	G	→	NR	R-U	R-U	-	NR	R-U	R-U		G	G	G	→
P0031/00	CSC LSP	G	G	G	→	G	G	G	High	PAR	Feb-2014	A/R	G	G	G	→	NR	R-U	R-U	-	NR	R-U	R-U		G	G	G	→

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

Overall Delivery Confidence for LSP:	
February-2014	G 85.71%
May-2014	G 88.57%

Sourced from Highlight Reports (Key RAGs) February-14

Overall delivery confidence has increased slightly to 85.71%. 3-month forecast delivery confidence has increased by over 5 percentage points. 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 February updates reflect Highlight Reports "collected" in March but covering the calendar month of February.

KPI	Programme Achievement (D+IS)		Previous RAG	A
KPI Owner	James Hawkins		Current RAG	A/R
Data Owner	Max Jones		Forecast RAG	A

Data and Information Services Dashboard - February 2014

Highlight Report Submission Month		Overall Delivery Confidence RAG			Trend				Gateway Delivery Confidence				Key Delivery Milestones			Trend	HSCIC admin vs budget (JAN FIGURES)				DH Prog vs budget (JAN FIGURES)				Investment justification			Trend
		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	R	→	R	R	A/R	Med	PVR	Feb-14	A	A	A	R	→	NR	R-O	R-O	-	NR	N/A	N/A		N/A	N/A	N/A	→
P0291	care.data	A/R	R	R	↓	A/R	A/R	A	High	N/A	N/A	N/A	A	R	R	↓	NR	R-O	R-O	-	NR	N/A	N/A	-	A	R	R	↓
P0265	Data Services for Commissioners	A/R	A/R	R	→	R	R	A/R	TBC	N/A	N/A	N/A	R	R	R	→	NR	R-O	R-O	-	NR	N/A	N/A		R	R	R	→
P0281/03	GPES	R	R	A/R	→	A/R	A/R	A/R	TBC	4	Dec-2012	A	A	A	A	→	NR	R-U	R-U	-	NR	N/A	N/A	-	G	R	G	↓
P0042	SUS	G	G	G	→	G	G	G	Med	See Spine	See Spine	See Spine	G	G	G	→	NR	R-U	R-U	-	NR	N/A	R-U		G	G	G	→

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

Overall Delivery Confidence for D+IS:	
February-2014	A/R 40.00%
May-2014	A 56.00%

Sourced from Highlight Reports (Key RAGs) February-14

Overall Delivery Confidence is assessed as AMBER/RED based on the Highlight Reports covering the February period. Successful delivery is uncertain for NTS, care.data and Data Services for Commissioners (DSFC).

Non Completion

NR	No report provided
N/A	Data item is not applicable to programme or project (for example, MOUs may not be responsible for Benefits Realisation or be accountable for 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 or 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 - End 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	G	NR	G	G	NR	G	G	NR	G	G	NR	G	G	NR	G	G	NR	G
P0183	South Community Programme	G	A	A	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
P0182	South Ambulance Programme	A	G	G	G	G	G	G	G	G	G	G	G	G	G	G	A	A	A
P0181	South Acute Programme	A	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	A	A
P0047	BT LSP - South	A	A	A	G	G	G	G	G	A/G	G	G	G	G	G	G	A	A	A
P002	BT LSP - London	A	A	A	G	G	G	G	G	A/G	G	G	G	G	G	G	A	A	A
P0031/00	CSC LSP	A	A	A	G	G	G	G	G	A	G	G	G	G	G	G	R	A	A/G

Overall Delivery Confidence for LSP:

February-2014	G 85.71%
May-2014	G 88.57%

Sourced from Highlight Reports (Key RAGs)   February-14

Overall delivery confidence has increased slightly to 85.71%. 3-month forecast delivery confidence has increased by over 5 percentage points. 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 February updates reflect Highlight Reports "collected" in March but covering the calendar month of February.

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

Previous RAG	A
Current RAG	A/R
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	R	R	A	A	A	A	A	A	A	A	A
P0291	care.data	A	A	A	A	A	A	G	A	A	A	R	R	A	A	R	R	R	R
P0265	Data Services for Commissioners	R	R	R	R	A/R	A/R	R	R	R	A	A	R	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	G	G	G
P0042	SUS	G	G	G	G	G	G	G	G	G	A	A	G	G	G	G	G	G	G

Overall Delivery Confidence for D+IS:

February-2014	A/R 40.00%
May-2014	A 56.00%

Sourced from Highlight Reports (Key RAGs)   February-14

Overall Delivery Confidence is assessed as AMBER/RED based on the Highlight Reports covering the February period. Successful delivery is uncertain for NTS, care.data and Data Services for Commissioners (DSFC).

Non Completion

NR	No report provided (pre-dating NHS England monthly requirement for submission / Programme Delivery reporting standard initiation)
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 or information around the progression of an approval)

Appendix 5 - 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 (www.nhs.uk) acts as the digital gateway and public front door to the NHS, transforming the delivery of health and social care to one that is patient-centred, personalised and accessible to all.
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 SystmOne, provides a single patient record which is allowing patients information to be transferred when they are moved around the prison estate. Thus providing continuity of care and improving health care for prisoners as well as working environment for staff.

Appendix 5 - Programme Definitions

Portfolio Code:	Name	Description
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.
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)
P0050	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 a provide 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.