HSCIC Board Performance Pack

May Data
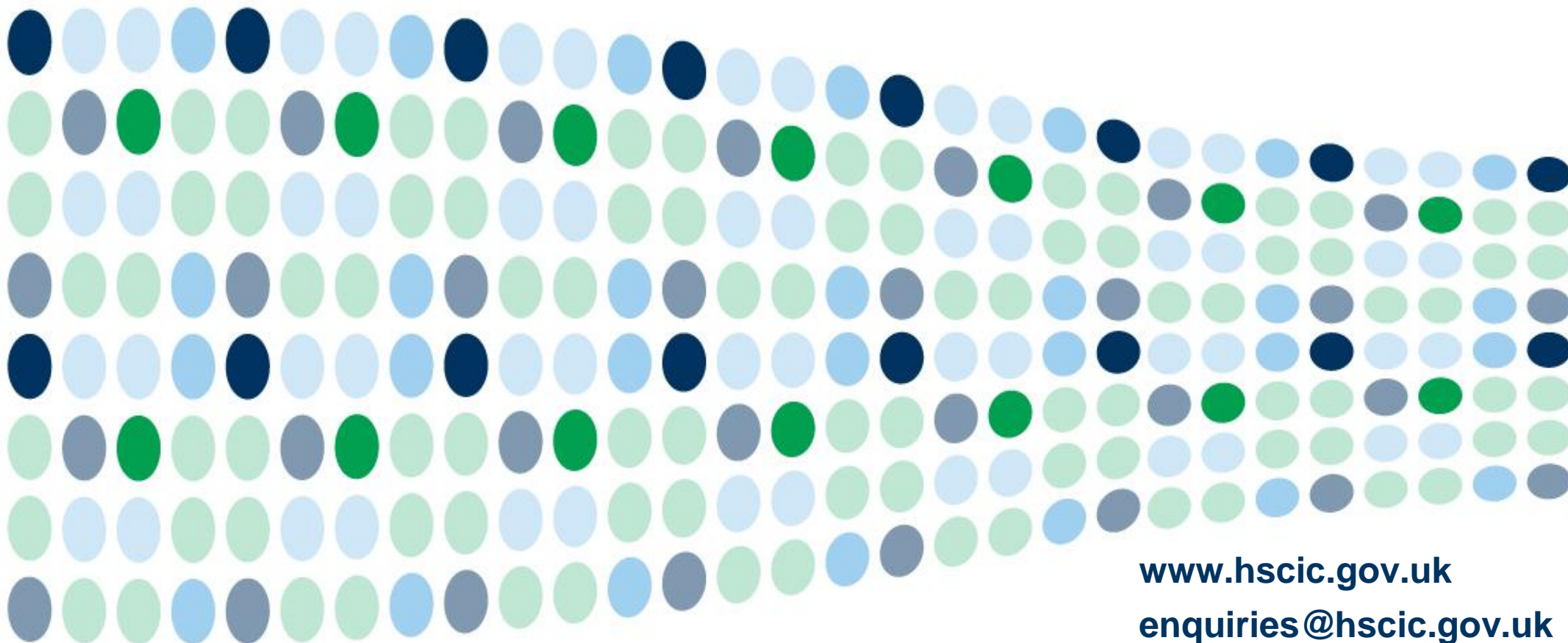
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Summary of EMT KPI Performance

EMT KPI	KPI Owner	Previous Period	Current Period	Current Forecast	Previous Forecast
Programme Achievement	James Hawkins	A	A	A/G	A/G
IT Service Performance	Rob Shaw	A	G	A	G
Organisational Health	Rachael Allsop	R	R	R	R
Public & Patient Engagement	Director of Customer Relations	R	N/A	N/A	N/A
Reputation	CEO	A	A	A	A
Usefulness of Service	Max Jones	A	A	A	A
Transformation Programme Progress	Rachael Allsop	G	A	A	G
Financial Management - HSCIC	Carl Vincent	R	G	G	R

EMT KPIs by Exception	KPI Owner	Previous Period	Current Period	Current Forecast	Previous Forecast
Data Quality	Max Jones	R	R	R	R

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
- April's overall Delivery Confidence is AMBER.
- Four programmes remain RED. Three of these are due to approval issues as detailed in previous performance packs (Health and Social Care Digital Service, NHS Choices Online Channel and N3). Public Service Network for Health (PSNH) is RED due to the level of rework required on the Outline Business Case.
- Programme Delivery feel AMBER is a more realistic assessment of 3 month forecast delivery confidence based on uncertainty driving low confidence in big projects such as NHS Choices and Networks.
- LSP Overall Delivery Confidence is assessed as AMBER/GREEN reflecting the complexity of the exiting LSP contracts planned and resource issues.
- Data and Information Services Overall Delivery Confidence remains at AMBER / RED.
- OTS is assessed as AMBER / RED based on the dependency on the SUS Transition Programme for the success of the Spine Extension.

IT Service Performance
- April was a very positive month for live service availability resulting in a GREEN status for the month. However, there was a response time issue for CQRS which was at a critical level; full root cause investigation is ongoing. The failure would have resulted in some slight responsiveness issues for end users but would not have impacted normal business over the year-end period.
- There were also AMBER level failures on Spine Message Type 2 which resulted in messages being queued. Root cause investigations identified an issue and resulted in a change implemented.
- April saw the number of Higher Severity Service Incidents (HSSIs) fall to 16 which is a significant decrease on the previous month and the 12 month average of 37. Of the sixteen HSSIs calls, three were Clinical Safety incidents which were made safe within the 24 hour target fix time. There was also one Security Incident raised as an HSSI in the month.

Organisational Health
- Organisational Health is currently RED due to the current volume of recruitment. This is forecast to be RED until the benefits of the new approach to recruitment have bedded in (anticipated July 2014).
- The number of 'active' vacancies has increased for the fourth consecutive month and continues to be RED rated. Due to the volume of vacancies across the organisation recruitment is receiving priority attention and a number of 'deep dive' activities are planned in June including engagement with the business.
- The cumulative voluntary leavers' rate continues to reduce as the monthly voluntary turnover rate stabilises at less than 10 leaver fte per month.

Public & Patient Engagement
- This page has not been included as there is no update this month.

Finance
- The overall financial position is GREEN.
- There is no prior month forecast to compare to in order to provide a Forecast Accuracy. As we are only two months in it is difficult to provide any trends but this year there will be greater pressure on directorate budgets.

RED EMT KPIs reported by exception
- Data Quality is rated RED this month so has been included in this Board pack. Further detail is provided on the relevant KPI page.

Changes to the format of this pack
- Work continues to improve the format of this performance pack and tailor it to the needs of those using it. The Head of Business Intelligence has started to gather feedback on the KPIs and the performance pack.
- Work initiated with the social media team to include additional information on the media section of the reputation KPI page.
- Some further changes to the pack have been implemented with a full review expected to be completed by the end of July 2014.

Points of Interest

Public Sector Network for Health remains heavily engaged with the Cabinet Office (CO) and Department of Health in order to agree a strategic direction moving forward.

Funding arrangements for N3 service to continue until March 2015 have been agreed

NHSmail pass a key milestone of reaching 1 million registered users this month

SCR uploads are now at nearly 39 million records. Still on track to reach 40 million mark by end June-14.

Bids from 5 potential suppliers were submitted in first phase of the procurement process for the NHS mail replacement (NHSmail 2).

Recently undertaken reviews have identified that our current processes for data sharing require improvement to meet the demands of the new regulatory and system requirements. The team has been bolstered and we aim to increase the rate of approvals over the coming weeks.

The Adult Social Care Feasibility of Data Extraction project delivered its final report to the Outcomes and Information Development Board (OIDB). Although the report concluded that direct data extraction from local systems is not feasible at this time, OIDB were supportive of the recommended options and the plan is to focus on defining the requirements for client-level adult social care data and developing data standards to support these requirements.

The NICE Advisory Committee for the CCG Outcomes Indicator Set (CCGOIS) was held on 23rd May; HSCIC supports this through the provision of detailed testing reports on potential indicators. 28 indicator testing reports were produced by the Specification Development Service. The quality of the testing reports was commended by the Committee members. NICE will publish their recommendations in August which NHS England will then use to decide which indicators go into the 2015/16 CCGOIS.

The Data Sharing Executive Oversight Group met on 12th May. The group agreed that the regulatory change being pursued by NHS England to allow the transfer of DSCRO to CSUs would be a stepping stone to the strategic direction of creating and transferring the service within the HSCIC.

The Care.data programme is now seeing real progress towards the implementation of a primary care extract from a number of pathfinder GP practices (the intention is that this primary care data will be linked with hospital data extracts to help improve outcomes) and is now supported by a communications and engagement plan of activity. A schedule of stakeholder and public events has commenced and the Advisory Group is fully involved in the process. Research activity is also now commencing.

The consultation regarding the regulations on Accredited Safe Havens was published by DH on 9th June. The DSfC Programme will be assessing the consultation and feeding back a response on the proposed regulations.

BT LSP Programme - Imperial College Healthcare went live with Cerner Millennium Electronic Patient Record system over the Easter weekend in A&E, maternity, inpatient and outpatient services – the largest EPR deployment in the UK in the last 10 years. Cerner will be used by >7,000 users across the Trust's 5 hospitals. Croydon Health Services completed full roll out of ePrescribing– first BT LSP Trust to do so and enabling reduction in prescribing errors and more efficient use of medicines.

CSC LSP Programme – First round of Exit and Transition engagements with NHS completed. Combined with estate survey confirmed that circa 100 NHS organisations plan to retire some of the 660 plus existing systems by 07 July 2016 (contract expiry).

"Busting Bureaucracy Collaborative audit findings and recommendations" report and media launch took place at the NHS Confederation Conference on Friday 6th June. E-health Insider and the Health Service journal published neutral/balanced coverage.
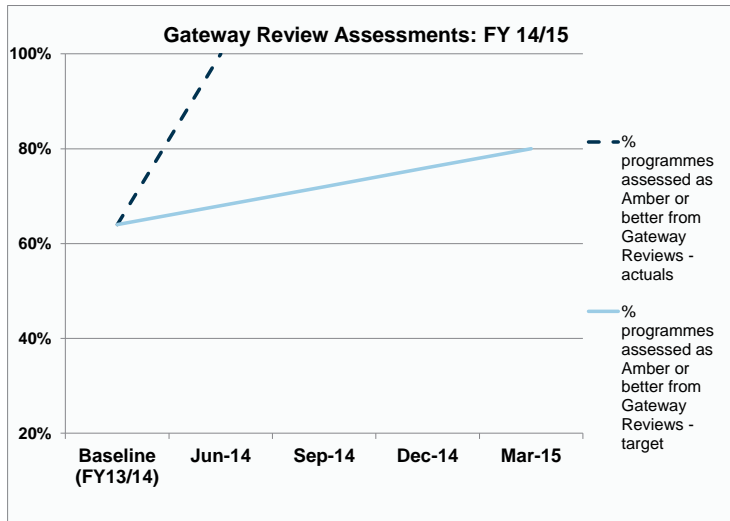
Southern Community and Child Health Programme- Dorset Healthcare NHS Trust went live with TPP Child Health services, contributing to the 1,100 NHS staff now able to work more efficiently via mobile working due to the programme.

PACS Programme - Barnsley Hospital NHS Foundation Trust is the first Wave 2 Trust to exit – approximately three weeks ahead of schedule on the 7th/8th June.

KPI	Programme Achievement
KPI Owner	James Hawkins

	PD		PDD View	LSP		D+IS		O+TS		COMBINED	
Previous RAG	60.9%	A		82.8%	G	48.0%	A/R			63.6%	A
Current RAG	60.0%	A	A	77.1%	A/G	48.0%	A/R	50.0%	A	61.3%	A
Forecast RAG	73.3%	A/G	A	77.1%	A/G	56.0%	A	80.0%	G	71.9%	A/G

Programme Delivery Directorate - Delivery Confidence (Gateway Reviews)

Gateway Review Assessments: FY 14/15

- – % programmes assessed as Amber or better from Gateway Reviews - actuals
- — % programmes assessed as Amber or better from Gateway Reviews - target

	Baseline (FY13/14)	Jun-14	Sep-14	Dec-14	Mar-15
% programmes assessed as Amber or better from Gateway Reviews - actuals	64%	100%			
% programmes assessed as Amber or better from Gateway Reviews - target	64%	68%	72%	76%	80%

The chart above illustrates progress against Programmes Delivery Directorate Business Plan target for 80% of delivery confidence assessments at gateway Reviews to be Amber or better. Baseline of 64% based on % achieved during FY13/14. The PD Directorate KPI pack provides additional commentary about this measure. Only 1 review (SCR - Amber) has been conducted this FY.

Programme Delivery Directorate - Executive Summary

Calculated Delivery Confidence remains AMBER based on Highlight Reports covering April. The same 4 programmes reporting RED last period do so again this period (HSCDS, Choices Online Channel, PSNH and N3), due to approval issues. 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 large programmes - (Choices and Networks).

● **Choices Online Channel** - RED delivery confidence due to on-going impact of GDS request to amend SOC with requirement for Agile approach. The project remains in exception. ICT Spend Approval status upgraded to Amber; in-year funding approved by GDS and Cabinet office. **HSCDS - Choices Managed Service** remains RED due to dependency on Choices Online Channel. Service Delivery elements remain strong and in-year funding is approved
● **PSNH** – Misalignment of OBC approach with Cabinet Office preferred direction for the funding, operating model and commercial model has resulted in significant rework of OBC. X-Government Steering Group in place to address. **N3** remain red due to dependency and associated cost of running the service beyond contract end date. Funding for an additional year has been agreed by DH, Cabinet Office and NHS England.
● **SCR** down to amber (MPA Gate 4 assessment in Apr-14) and will work to close critical / essential recommendations in the next 3 months.
● **NHSmail 2** downgraded to amber due to reduction in number of expected bidders for new service and delays to procurement timelines.
● **CQRS** down to Amber (current and forecast) due to several delivery risks including reputation risk (effect of late data delivery from GPES).
● **GP2GP** downgraded to Amber for first time in 2014; Benefit figures dropped due to National Monitoring Service system outages and a halt in SystmOne deployments because of GPSoC-R contractual negotiations with TPP and CSC.

LSP Delivery Directorate - Executive Summary

Overall Delivery Confidence is assessed as AMBER/GREEN based on April 2014 LSP DD Highlight Reports . The forecast RAG for LSP has moved from GREEN to AMBER/Green to reflect the complexity of Exiting the LSP Contracts to the planned Project End date and the uncertainty around filling outstanding vacancies post LSP Transformation (approx 30% unfilled).

Data and Information Services - Executive Summary

Overall Delivery Confidence remains at AMBER/RED based on the Highlight Reports covering the April period. Successful delivery is still not certain however for NTS, Care.Data , GPES and Data Services for Commissioners (DSFC). There are a number of issues raised for awareness:

Current Year Budget (March 2014) – 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 / Full Business Cases are in the approvals process. The SOC for Data Services for Commissioners is being developed.

● **NTS** - The SUS Transition Final Business Case was endorsed by the HSCIC Corporate Assurance Panel on 19th May. The FBC will be presented on 6th June to the Investment Approvals Sub-Group of the Informatics Assurance Group. Timescales remain challenging for the SUS transition project. The delivery plan still indicates delivery in December 2014 although this will depend on the timely approval of the FBC, the Digital Spend Request, and supplier contracts for the next stage of the transition. The documentation for discovery works for the NTS strategic solution was presented to the Government Digital Service in the Cabinet Office on the 20 April, and subsequent discussions have taken place. The Programme Business Case for NTS is now under development and a first draft is expected at the end of June.
● **Care.Data** - The programme has now stabilised and started to see progress in a number of key areas. Governance has been reviewed and is being strengthened; and a revised plan for the delivery of primary-secondary care linked data is in development and is now supported by a communications and engagement plan of activity. The programme is still however delivering without an approved business case and also remains under intense scrutiny. Gaps in the delivery resource structure are being addressed, with a number of roles having been offered in this period. Formal assurance via the Major Projects Authority (MPA) for the programme commenced with the first step, a Project Validation Review (PVR) held 29th April – 1st May. The final report has been received and an action plan to address recommendations is being developed.
● **DSfC** - The Data Sharing Executive Oversight Group met on 12th May chaired by Karen Wheeler, representing DH. The group agreed that the regulatory change being pursued by NHS England to allow the transfer of DSCRO to CSUs would be a stepping stone to the strategic direction of creating and transferring the service within the HSCIC. Further plans will be developed in the coming months. The programme mobilisation is continuing.
● **GPES** - Following the successful extraction of QOF 13/14 data there remain a number of issues in transitioning to an operational GPES service which require attention. These issues are being addressed through the GPES Transition project

OTS Directorate - Executive Summary

Reporting Amber/Red for Spine Extension because contract exit by 31st December 2014 is at risk as there is a dependence on the SUS Transition Project delivering an alternative platform.

The Spine 2 amber rating is driven by the need of the programme to gain confidence in the data migration using the Golden Gate products, the ETL process and confidence from the rehearsals.

Key Actions to rectify variance from target	Target Date	Status
Revisit weighting of projects included in the KPI	30-Jul-14	Initial prioritisation across all Directorates is currently on-going with the intention of providing a consolidated HSCIC view of prioritisation - timescales TBC and process being led by Business Intelligence and Portfolio Office. Propose action to be closed at Directorate level until further central updates provided.

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		Previous RAG	A
KPI Owner	Rob Shaw		Current RAG	G
			Forecast RAG	A

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
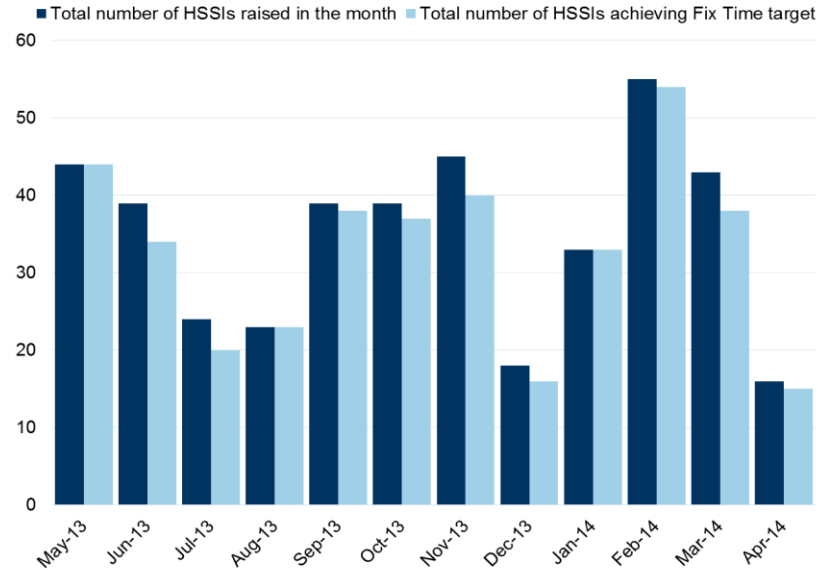
Commentary:

Availability: April was a very positive month for live service Availability with all services achieving or exceeding their average Availability targets.

Response Times: For the majority of services, Response Times performance was good in the reporting month with 24 out of 26 services reported against having achieved or exceeded their Response Times target. Whilst this is positive in the main, one of the failures, CQRS, was at a critical level which has resulted in a Red status for the month - full root cause investigations are ongoing but it is currently believed that the failures were due to the particularly large size of some dynamic web pages resulting in elongated time to load which subsequently resulted in the failure against the Response Times measure for Message Type 2 – Web Pages (End User Access Web Pages). While end-users may have noticed a negligible reduction in the responsiveness of CQRS delivering dynamic web pages, this breach would not have prevented them from carrying out normal business operations, over the year-end period.

There were also Amber level failures on Spine Message Type 2 which were predominantly as a result of 3 HSSI's in the month on the Transaction Messaging Service (TMS) resulting in messages being queued. Root cause investigations identified malformed messages that had to be manually moved to free up the queues, a change has now been implemented to deal with this type of message in an automated way.

HSSI Fix Times: April saw the number of HSSI's in the month fall to 16 which is a decrease on the previous month and is significantly lower than the 12 month average of 37. One of those HSSI's was related to Clinical Safety whereby automatic appointments for Child Immunisation were not being processed correctly on RiO R2. Clinical Safety incidents were also logged through the Service Bridge for Cegedim RX where an incorrectly provided ASID (Accredited System ID) resulted in prescriptions being sent to the wrong pharmacy and for Microtest where incorrect demographics were being printed on a script, although these incidents were logged through the Service Bridge, they were not classed as HSSI's so are not included in the numbers for this performance indicator. All 3 Clinical Safety incidents were made safe within the 24 hour target fix time. There was also one Security Incident raised as an HSSI in the month.

Of the 16 HSSI's, 15 were resolved within the target Fix Time with the exception being a Severity 1 incident on INPS Vision where an issue with the version of firmware installed resulted in a short outage for a number of sites and took 3 Hrs. 36 mins. to resolve, against a target of 2 hours.

Since the reporting period of April and the generation of this commentary (9 June) the following HSSI's have occurred which are worthy of note:
6/5/14 - Service - Multiple site receiving slow responses from iPM and Lorenzo
20/5/14 - Service - Millennium was unavailable for around 3 hours at Barts Health NHS Trust
27/5/14 - Service - Slow responses were being received on PDS intermittently for a 4 hour period
4/6/14 - Service - Choose and Book was unavailable for c. 9.5 hours
5/6/14 - Service - A high number of users were unable to access SCR due to Smart card certificates expiring

Forecasted RAG status: It is forecast that an Amber RAG status will be achieved in May, predominately due to downtime accrued against 3 SUS related HSSIs (on 19/05, 27/05 and 29/05) and a single PDS related HSSI on 27/05.

Performance Indicators	Target	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14
No. of Services achieving Availability target	All Services minus 2	75	76	77	73	71	75	71	75	69	72	46	54
No. of Services breaching Availability target, but not to a critical level	2	3	1	0	2	4	0	4	0	6	4	3	0
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	77	77	75	75	75	75	75	75	76	49	54
No. of Services achieving Response Times target	All Services minus 2	42	44	42	42	41	40	37	39	41	41	27	24
No. of Services breaching Response Times target, but not to a critical level	2	2	1	3	2	4	4	3	3	3	4	2	1
No. of Services breaching Response Times target at a critical level	0	1	0	0	0	0	0	4	2	0	0	1	1
Total No. of Services measured for Availability Performance >>>>		45	45	45	44	45	44	44	44	44	45	30	26
Total number of Higher Severity Service Incidents (HSSIs)	N/A	44	39	24	23	39	39	45	18	33	55	43	16
Total number of HSSIs achieving Fix Time target		44	34	20	23	38	37	40	16	33	54	38	15
% HSSIs achieving Fix Time target	95%	100%	87%	83%	100%	97%	95%	89%	89%	100%	98%	88%	94%

Key Actions to rectify variance from target			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 Board or EMT to 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
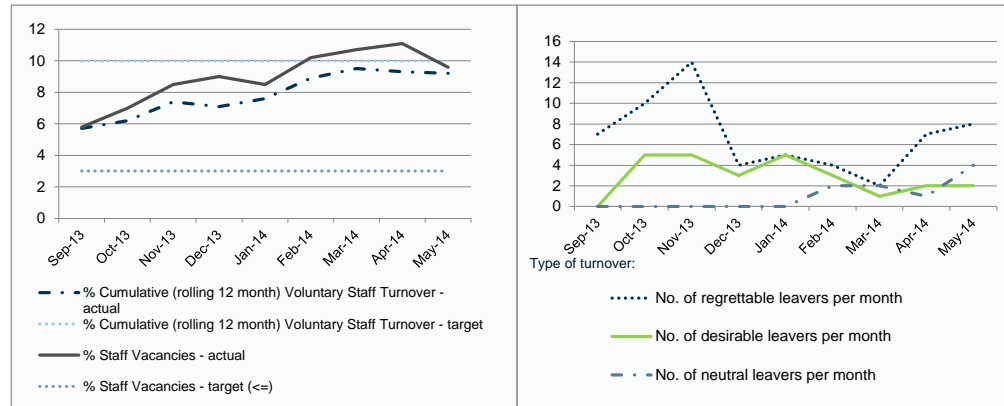
	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14
% Cumulative (rolling 12 month) Volunt	5.7	6.2	7.4	7.1	7.6	8.9	9.5	9.3	9.2	8.1	7.6	6.98
% Cumulative (rolling 12 month) Voluntary Staff Turnover - target	10	10	10	10	10	10	10	10	10	10	10	10
Cumulative (rolling 12 month) Voluntary number of leavers - actual	110	113	140	135	145	169	181	179	177	161.7	154	155
Voluntary leavers (fte)	10.64	9.6	27.88	10.5	14.4	9.14	6.46	13.6	8.96	6.85	9.69	9.64
% Staff Vacancies - actual	5.8	7	8.5	9	8.5	10.2	10.7	11.1	9.6	11.3	12.3	12.8
% Staff Vacancies - target (<=)	3	3	3	3	3	3	3	3	3	3	3	3
% training activity - actual	N/A		86%		12-32%				91%		TBC	TBC
% training activity - target			100%		80%				100%		TBC	TBC

Training Activity
The organisation has migrated to adopt Civil Service Learning (CSL) as its route to training. Training budgets and decision making has been devolved to each directorate. This KPI will therefore need to change to demonstrate that employees are making use of CSL functionality across the HSCIC. The current KPIs are under review; as a result the KPI for May is showing as to be confirmed.

Since the organisations migration to CSL as its route to training:
- 762 individuals have registered (34% of the workforce.)

Cumulative Voluntary Staff Turnover

Cumulative voluntary turnover rate continues its downward trend and was 6.98% at May (for the period June'13 - May'14). Voluntary turnover in May is 9.64 (fte), which is consistent with the previous months. The cumulative rate continues to reduce as the monthly voluntary turnover rate stabilises at less than 10 leaver fte per month.
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.
Managers continue to be 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 '13, responses indicate that some 64% of turnover has been regrettable, 27% desirable and 9% neutral. This suggests that we need to do more to retain key and high performing employees. The HR Operations team are revising the current exit interview process to better understand the 'push' and 'pull' factors contributing to an employee leaving, and impact on organisational performance.

Staff Vacancies

We currently have 318 'active' vacancies recorded. Due to the volume of vacancies across the organisation recruitment is receiving priority attention and a number of 'deep dive' activities are planned in June including engagement with the business. This will lead to a more informed understanding of requirements enabling recruitment processes to be improved.
The Recruitment Team has completed work to reconcile and validate the vacancy figures, and is confident of the base line numbers. Recruitment trackers are being improved to incorporate performance indicators and management information, such as measurement of each recruitment phase, and total time to recruit.
The Recruitment functions transferred into Operational HR in April 2014, as planned, and as at 09/06/14, the team are fully staffed with 3 full-time positions. These staff will now be aligned to directorates and will provide a consistent point of contact, and help strengthen customer relationships.
Cohort recruitment continues for a number of project management roles, utilising a range of social media (e.g. Twitter, LinkedIn), vacancy amalgamation sites (Indeed) and website optimisation (e.g. Google Display), as well as the more traditional NHS Jobs route. This has been orchestrated in conjunction with Havas (our Recruitment Marketing partners). The cohort adverts on NHS Jobs for these project management roles were viewed 13 628 times and 242 applications were received. Candidates have been shortlisted and interview dates are to be confirmed. Analysis of the success of the campaign is continuing both internally, by our Social Media Team and externally by Havas.
Early indication from Indeed show that the 4 roles received 822 clicks, which translated into an average click through rate (to NHS Jobs) higher than the site average. Google Display, received 98 000 job impressions, which resulted in 310 click throughs (to NHS Jobs), this is higher than the industry benchmark.
The Recruitment Team will review the calibre of candidates with managers to understand if there have been any improvements using these methods.
The campaign for the second cohort is going live w/c 09/06/2014 and is focusing on developer roles within the organisation. A recruitment open evening will be held on the 26/06/2014 in Leeds, where potential candidates can learn more about the organisation and roles available.
Due to the volume of outstanding recruitment the RAG rating continues to be RED rated. Based on current establishment we would require 113 or fewer active vacancies to become Amber and 66 or fewer to become Green.

Overall
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 have bedded in (anticipated July 2014) and a number of vacancies have been filled.

Key Actions	Target Date	Status
Planned recruitment reconciled with planned budget	30/06/2014	On target - but original deadline revised
Agree approach to deploying project and programme delivery professionals - Paper to Transformation Board 22/05	30/09/2014	On target - but original deadline revised
Complete Standard Job Descriptions for all priority roles	01/07/2014	On target - but original deadline revised
Consider potential alternative approaches to business support roles e.g. Rotation, apprenticeship schemes - this work has been incorporated in to the new Business Administration professional group activity.	30/06/2014	Action no longer required
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	Completed
Meet with Universities to advance graduate recruitment initiatives	31/07/2014	On target - no issues original deadline achievable
Devise strategic recruitment plan	30/06/2014	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.

Note:
Voluntary turnover includes only those leaving the HSCIC through voluntary employee resignations and retirements as a percentage of average headcount across a rolling 12 months.
Cumulative turnover has been calculated on an approximate basis through combining turnover information for the legacy organisations NHS IC and NHS CFH to achieve data for a rolling 12 month period, the information is not available for other legacy organisations.
The vacancy rate shows the number of active vacancies (i.e. Approved vacancies where recruitment has commenced) as a percentage against the planned establishment (i.e. current staff and active vacancies).

KPI	Reputation		Previous RAG	A
KPI Owner	CEO / James Hawkins		Current RAG	A
			Forecast RAG	A

This 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 **110** units across press, broadcast and online sources from 1 to 31 May. About one third of the HSCIC mentions (36%) in the media pertained to **Hospital Care**, namely figures concerning alcohol-related hospital admissions, admissions for bites and strikes by dogs, obesity admissions and statistics about wasted hospital meals.
Coverage was largely **positive** (83%) and about a quarter of all favourable items were Non-PR influenced.
Coverage reached a potential audience of over 35 million and was valued at more than £1 million. The top three media outlets by reach were *Mail Online UK (Web)*, *BBC Radio5, Guardian.co.uk (Web)*.

Sponsor Satisfaction
The Sponsor team have informed us that the survey that will provide the data for this PI will be carried out during June.

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

Key Actions	Target Date	Status
Get copy of inaugural Sponsor survey of satisfaction with HSCIC once survey has been completed	30/06/2014	On target - But original deadline revised
Consider creation of a new 'panel' to elicit Stakeholder feedback	28/02/2014	Not started
Plan next 'panel' for June 2014	June 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	Data Quality		Previous RAG	R
KPI Owner	Max Jones		Current RAG	R
			Forecast RAG	R

	Apr %	May %	Jun %	Jul %	Aug %	Sep %	Oct %	Nov %	Dec %	Jan %	Feb %	Mar %
% of records which contain valid values in critical fields - actual	99	99	99	98	99	99	99	99	98	99	98	
% of records which contain valid values in critical fields - target	100	100	100	100	100	100	100	100	100	100	100	100
% of organisations (APC, OP and A&E) submitting expected data - actual	TBC	TBC	TBC	TBC	TBC	TBC	87	87	87	89	89	
% 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 is AMBER, missing the threshold for green by 0.31% but still 2.69% above the threshold for red. Due to a new SUS PbR release, data submitters had less time than usual to check and improve data quality before the initial and final submission dates for February 2014 data which impacted on the overall validity of data in critical fields.

Indicator 2 remains RED. The action to audit service providers that should be submitting mandated datasets is progressing as planned. A meeting with Monitor to look at ways to improve and enforce data quality has been arranged for 1st July 2014.

The previous indicator 1 has been removed in line with the recommendation in the April 2014 pack and its subsequent approval by the KPI Owner. The previous indicators 2 and 3 have been renumbered to 1 and 2.

If at least one indicator is RED, the overall RAG for the Data Quality KPI is RED.

The current scope of measurement for both these 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 Date	Status
Investigate and report on performance level of indicator 3	10/05/2014	Fully completed
Work with external stakeholders to resolve the key issue	01/08/2014	On target - issues need addressing but 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	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	A
			Forecast RAG	A

Summary update:

The HSCIC Board held in May was presented with the 13/14 annual report on the Transformation Programme. The Board discussed that the programme had been well managed but now needed to enter a new phase with a step change of ambition. It was subsequently confirmed that in early July the Executive Management Team will be revisiting our strategy and looking at what we want our organisation to be. We will then review the transformation programme's objectives and confirm priorities.

In the meantime the Executive Management Team held a Transformation session in late May and agreed two significant items that will be prioritised during 2014/15.

- It was concluded that there is a high ambition to implement more sophisticated approaches to **workforce demand and supply management and to move to more flexible approaches to staff deployment**, building on the work currently being undertaken by the Project and Programme Delivery Professional Group. It was discussed that there is a desire to move quickly but pragmatically to new ways of working; that cultural challenges are important and we need to build a strong narrative and vision for the future ways of working, and work with staff to implement this.

- It was agreed a **HSCIC Quality Council** would be established to represent top management and provide overall governance of the effectiveness of the implementation and maintenance of ISO 9001 (Quality management systems), ISO20000 (Service management systems) and the 27000 family (Information security systems) across the HSCIC.

Priorities for the next period:

- Develop vision statements and next level of planning detail **for demand and supply management** and **Quality Council**.

- **Professional Groups** (reported as Amber/Red status) to set up regular engagement groups with their members and focus on completion of career ladders, competencies frameworks and standard Job Descriptions by the end of June. Over 1,700 staff have selected a Professional Group.

- **Performance Management and Line Management Development** (reported as Amber/Green). Target for all staff to have completed and uploaded their PDRs by end June. Line Management Development Training continues.

- **Talent Management and Leadership Development** (reported as Amber/Green).Develop approach paper for EMT.

- **Innovation** (reported as Amber/Green). Finalise approach paper for EMT.

- **Stakeholder Relationship Management** (reported as Amber). Finalise approach paper for handover to incoming Director of Customer Relations.

Overall Status

The overall status for the Programme has been changed to Amber as the status of some key projects has moved to A/R and the focus and pace of change for this year needs to be confirmed. The scope of the Programme will be reconfirmed after the EMT Strategy sessions in early July.

Key Actions	Target Date	Status
Agree Transformation scope and approach for FY14/15	30/08/2014	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	Financial Management (HSCIC)	Previous RAG	R
KPI Owner	Carl Vincent	Current RAG	G
		Forecast RAG	G

	Budget (£m)	Actual (£m)	% Variation
Year-to-Date Actual v Budget	£22.4m	£22.1m	**1.2%**

	Budget (£m)	Forecast (£m)	% Variation
Full Year Draft Actual v Budget	£165.0m	£165.0m	**0.0%**

(no prior month's forecast for comparison)	May Actual (£m)	May Forecast (£m)	% Variation
Forecast accuracy	n/a	n/a	**0.0%**

HSCIC Operating costs

The forecast GiA-funded (gross costs net of external income) financial position for the year is £165m, the same as the budget. With only two months of expenditure incurred so far for the year, it is too early to confirm emerging trends in the figures but this will be monitored closely as the year progresses.

However, given that tight budgets were set at Directorate level, it is likely that there will be a number of pressures arising that may need to make calls on the currently unallocated funding and it is expected that, once approved by Portfolio Board, these funds will be fully utilised during the year. Further reporting will be provided on these requests as they are approved.
Further details are supplied in the Management Accounts as an annex to the performance pack.

Management action

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. Unallocated funding for other priority programmes will be allocated to Directorates as and when the Portfolio Board has approved credible plans to utilise the resources.

Key Actions to rectify variance from target	Target Date	Status
Improve forecasts and plans for future years of both programme and admin so they are based on a 'most likely' basis, rather than the 'best case' and without large contingencies.	Mar-14	• 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.	Jun-14	• Budget virement and exception reporting process has been discussed by the Portfolio Board and and will begin later in June with the M2 financial position
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. • System build is in progress and user training will commence late June/ early July
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 Board or EMT to rectify escalated problems.
Numbers shown are rounded to £0.1m; small rounding differences may arise but exact figures are available if required

Appendix 1 - 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	30/07/2014	Initial prioritisation across all Directorates is currently on-going with the intention of providing a consolidated HSCIC view of prioritisation - timescales TBC and process being led by Business Intelligence and Portfolio Office. Propose action to be closed at Directorate level until further central updates provided.
Reputation	Get copy of inaugural Sponsor survey of satisfaction with HSCIC once survey has been completed	30/06/2014	On target - But original deadline revised
	Consider creation of a new 'panel' to elicit Stakeholder feedback	28/02/2014	Not started
	Plan next 'panel' for June 2014	June 2014	On target - No issues original deadline achievable
Data Quality	Investigate and report on performance level of indicator 3	10/05/2014	Fully completed
	Work with external stakeholders to resolve the key issue identified during the indicator 3 investigation	01/08/2014	On target - issues need addressing but original deadline achievable
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 Transformation scope and approach for FY14/15	30/08/2014	On target - but original deadline revised
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.	01/06/2014	• Budget virement and exception reporting process has been discussed by the Portfolio Board and and will begin later in June with the M2 financial position
	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. • System build is in progress and user training will commence late June/ early July
	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	Planned recruitment reconciled with planned budget	30/06/2014	On target - but original deadline revised
	Agree approach to deploying project and programme delivery professionals - Paper to Transformation Board 22/05	30/09/2014	On target - but original deadline revised
	Complete Standard Job Descriptions for all priority roles	01/07/2014	On target - but original deadline revised
	Consider potential alternative approaches to business support roles e.g. Rotation, apprenticeship schemes - this work has been incorporated in to the new Business Administration professional group activity.	30/06/2014	Action no longer required
	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	Completed
	Meet with Universities to advance graduate recruitment initiatives	31/07/2014	On target - no issues original deadline achievable
	Devise strategic recruitment plan	30/06/2014	On target - no issues original deadline achievable

Appendix 2 - KPI RAG Tolerances

KPI title	KPI formula and/or PI titles and formula(e)	KPI/PI Tolerance
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 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 Availability target, but not to a critical level	
	Number of services breaching Availability target at a critical level	
	Number of services achieving response time target	GREEN: 100% OSL passes AMEBR; 1+ FL1 breach 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 times target, but not to a critical level	
	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)	Subjective assessment
Transformation Programme progress	Overall progress RAG score	Subjective assessment
	Benefits achieved RAG score	Subjective assessment
Financial Management	% variation forecast outturn of revenue versus budget	GREEN: +0.5% to +3% AMBER: +3% to +5% RED: Over 5% and under +0.5%
	% variation forecast outturn of DH Programme expenditure versus budget (revenue)	GREEN +0.5% to +3% AMBER +3% to +5% RED Over 5% and under +0.5%
	% variation forecast outturn of DH Programme expenditure versus budget (capital)	GREEN +0.5% to +3% AMBER +3% to +5% RED Over 5% and under +0.5%
	% accuracy of forecasting revenue	GREEN = forecast accuracy within 2% AMBER = forecast accuracy more than 2% but less than 4% RED = forecast accuracy more than 4%
	% accuracy of forecasting DH Programme expenditure (revenue)	GREEN = forecast accuracy within 2% AMBER = forecast accuracy more than 2% but less than 4% RED = forecast accuracy more than 4%
	% accuracy of forecasting DH Programme expenditure (capital)	GREEN = forecast accuracy within 2% AMBER = forecast accuracy more than 2% but less than 4% RED = forecast accuracy more than 4%
	% invoices paid within target	GREEN = More than 95% AMBER =90-95% RED = less than 90%
	% value paid within target	GREEN = More than 95% AMBER =90-95% RED = less than 90%
	% value of debt over 90 days	GREEN = Less than 5% AMBER = 5%-10% RED = More than 10%
	% volume of invoices unpaid over 90 days	GREEN = Less than 15% AMBER = 15%-20% RED = More than 20%
	% of relevant invoices paid against a purchase order	GREEN = More than 98% AMBER =93%-98% RED = Less than 93%
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	GREEN = within 10% of target AMBER = between 10.1% and 20% of target RED = more than 20% off target 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 assessment
	Programme SROs satisfaction score	Subjective assessment
	Customer satisfaction - Subjective assessment/RAG score	Subjective assessment
	Sponsor Satisfaction score	Subjective assessment
	Media Coverage	Subjective assessment

Appendix 3 - Glossary of Terms

AAP	- Assurance of Action Plan		KPI	- Key Performance Indicator
ALB	- Arms Length Body		LSP	- Local Service Provider
BC	- Business Case		MoU	- Memorandum of Understanding
CAB	- Choose and Book		MPA	- Major Projects Authority
CAG	- Confidentiality Advisory Group		NB	- No Board
CCG	- Clinical Commissioning Groups		NHS IC	- NHS Information Centre
CCN	- Change Control Notice		NICE	- The National Institute for Health and Care Excellence
CEO	- Chief Executive Officer		NME	- North, Midlands and East
CfH	- Connecting for Health		NR	- No Report
CO	- Cabinet Office		NWWM	- North West and West Midlands
CPIS	- Child Protection Information Sharing		OBC	- Outline Business Case
CRM	- Customer Relationship Management		OGC	- Office of Government Commerce
CRS	- Care Records Service NHS		OSL	- Operating Service Level
CSC	- Computer Sciences Corporation		PACS	- Picture archiving and communications system
CSL	- Critical Service Level		PbR	- Payment by Results
CSU	- Commissioning Support Unit		PDS	- Personal Demographic Service
CtOC	- Choices The Online Channel		PSIS	- The Personal Spine Information Service
D & IS	- Data & Information Services		PD	- Programme Delivery
DH	- Department of Health		PDR	- Performance Development Review
e-RS	- Electronic Referral Service		PHSO	- Parliamentary and Health Service Ombudsman
EMT	- Executive Management Team		PI	- Performance Indicator
EPS	- Electronic Prescription Service		PID	- Patient Identifiable Data
FGM	- Female Genital Mutilation		PLACE	- Patient-Led Assessments of the Care Environment
FBC	- Final Business Case		PVR	- Project Validation Review
FL1	- Failure Level 1		QOF	- Quality and Outcomes Framework
FY	- Financial Year		RAG	- Red, Amber, Green
GDS	- Government Digital Service		ROCR	- Review of Central Returns
GMPP	- Government Major Projects Portfolio		RPA	- Risk Potential Assessment
HES	- Hospital Episode Statistics		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		SNCT	- Safer Nursing Care Tool
IN PS	- In Practice Systems		SOC	- Strategic Outline Case
ICT	- Information and Communications Technology		SRO	- Senior Responsible Owner
IG	- Information Governance		SSD	- Systems & Service Delivery
ISCG	- Informatics Services Commissioning Group		SUS	- Secondary Uses Service
ISO	- International Organization for Standardization		TBC	- To be Confirmed
JNCC	- Joint Negotiation and Consultation Committee		TUPE	- Transfer of Undertakings (Protection of Employment)
KM	- Knowledge Management		ZBR	- Zero Based Review

2014/15 HSCIC Management Accounts as at 31st May 2014   **Summary Position**

£'m	Year-to-Date			Full Year		
	Budget	**Actual**	**Var**	**Budget**	**F'cast**	**Var**
Total Income	(31.4)	(31.0)	(0.4)	(221.8)	(221.3)	(0.4)
Total Staff Costs	22.1	22.5	(0.4)	143.8	145.8	(2.0)
Total Other Costs	9.3	8.2	1.1	67.8	68.7	(0.9)
Unallocated Costs	0.0	0.0	0.0	10.2	6.8	3.4
Surplus/ (Deficit)	**0.0**	**(0.3)**	**0.3**	**0.0**	**(0.0)**	**0.0**
Depreciation GiA	(2.2)	(2.2)	0.0	(13.0)	(13.0)	0.0
Depreciation Cost	2.2	2.1	0.0	13.0	13.0	0.0
Surplus/ (Deficit)	**0.0**	**(0.0)**	**0.0**	**0.0**	**(0.0)**	**0.0**

The forecast as at May 2014 is overall at budget. With only two months of expenditure incurred so far for the year, it is too early to confirm emerging trends in the figures but this will be monitored closely as the year progresses.

However, given that tight budgets were set at Directorate level, it is likely that there will be a number of pressures arising that may need to make calls on the currently unallocated funding and it is expected that, once approved by Portfolio Board, these funds will be fully utilised during the year. Further reporting will be provided on these requests as they are approved.
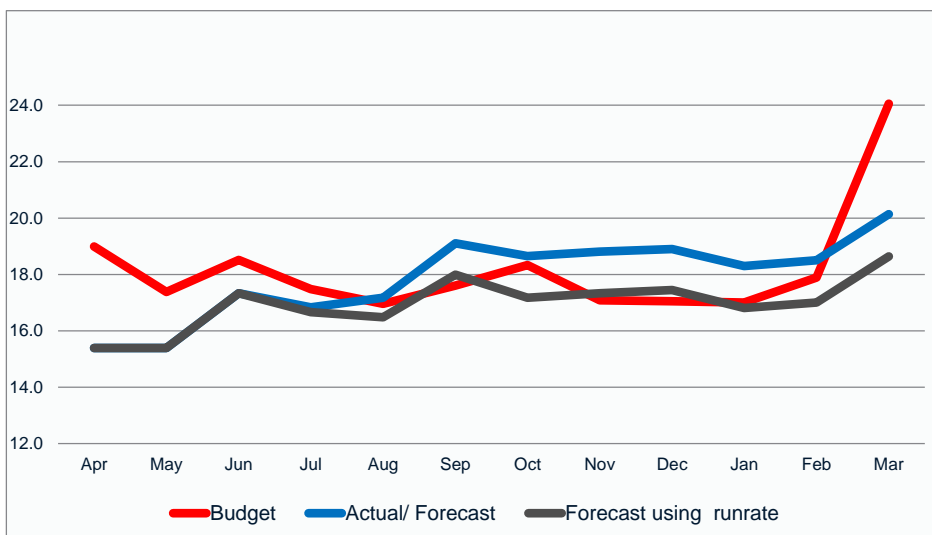
Monthly trend of gross expenditure for the organisation for the original budget (red), the latest forecast (blue) (2 months of actual costs and 10 months of expected costs) and an extrapolation (runrate) of the position if the current staff position remained at May levels for the remainder of the year (green).
Numbers shown are rounded to £0.1m; small rounding differences may arise but exact figures are available if required
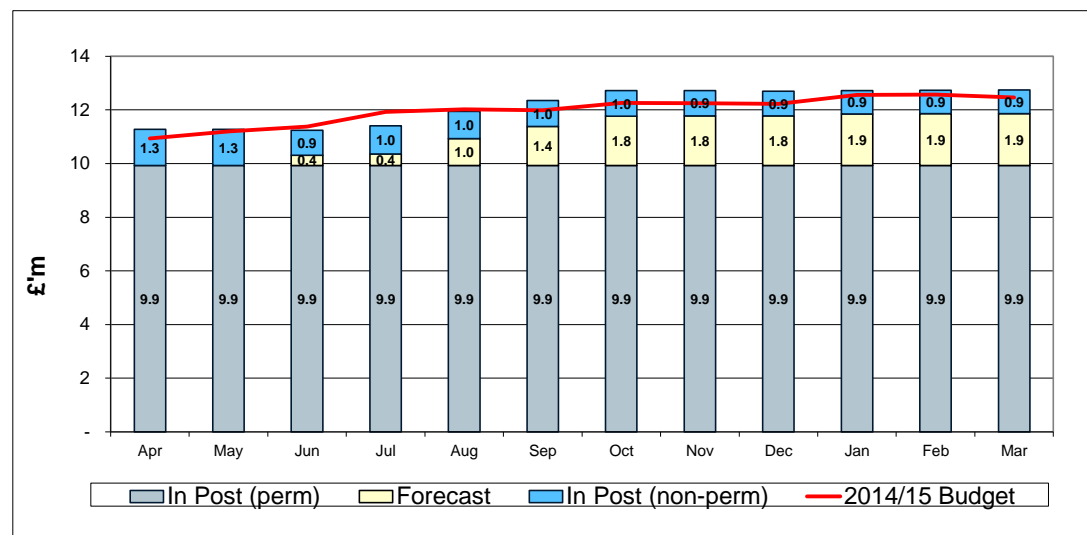
Actual and forecast staff costs, showing permanent staff by current establishment (purple) and future recruitment (yellow), plus forecast non-permanent staff (blue). The red line shows the original budget.

Appendix 4 - Management Accounts

2014/15 HSCIC Management Accounts as at 31st May 2014　　　　　　　　　　　　　　　　　　　　　　**Detail by Income/ Expenditure Type**

£'m	Year-to-Date			Full Year					
	Budget	**Actual**	**Var**	**Budget**	**F'cast**	**Var**			
Income							**£0.4m full year variance includes:**		
Grant in Aid	(21.7)	(21.7)	0.0	(154.8)	(154.8)	0.0	0.3	Choices Managed Service (additional income to fund additional costs)	
Grant in Aid (ring-fenced)	(0.7)	(0.7)	0.0	(10.2)	(10.2)	0.0	(0.4)	Digital Assessment Service (lower income to fund lower costs)	
Income	(9.0)	(8.6)	(0.4)	(56.7)	(56.3)	(0.4)	0.3	Data Services for Commissioners (additional income to fund additional costs)	
Total Income	**(31.4)**	**(31.0)**	**(0.4)**	**(221.8)**	**(221.3)**	**(0.4)**	(0.3)	MCDS (lower income to fund lower costs)	
							(0.3)	Other	
							(0.4)	Projected lower than budgeted income for the full year	
Staff Costs							**£2.0m full year variance includes:**		
Permanent Staff	20.1	19.9	0.3	132.4	133.7	(1.4)	(0.8)	LSP - additional costs for staff working notice periods	
Non Permanent Staff	2.0	2.7	(0.7)	11.4	12.1	(0.7)	0.5	LSP - recruitment delays	
Total Staff Costs	**22.1**	**22.5**	**(0.4)**	**143.8**	**145.8**	**(2.0)**	(0.4)	Data Services for Commissioners (additional staff)	
							(0.3)	Choices Managed Service (additional staff)	
							(0.3)	Information Assurance Special Projects (additional staff)	
							(0.2)	Transparency & Information Assurance Programme (additional staff)	
							(0.6)	Other (additional staff)	
							(2.0)		
Other Costs									
Professional Fees	3.4	2.7	0.7	28.0	28.9	(0.9)	£1.5m forecast above budget for Transparency & Information Assurance Programme, £0.5m under budget for Legal Fees		
Information Technology	2.1	1.8	0.2	14.7	14.7	0.1			
Travel & Subsistence	0.8	0.7	0.1	4.8	4.8	(0.0)			
Accommodation	2.1	1.8	0.2	12.5	12.3	0.2			
Marketing, Training & Events	0.1	0.1	(0.0)	1.8	1.8	(0.0)			
Office Services	0.6	0.5	0.1	3.6	3.7	(0.1)			
Other	0.2	0.5	(0.4)	2.3	2.4	(0.1)			
Total Other Costs	**9.3**	**8.2**	**1.1**	**67.8**	**68.7**	**(0.9)**			
Unallocated Costs									
Unallocated Costs	0.0	0.0	0.0	10.2	6.8	3.4	Provisional forecast release of unallocated funding pending Portfolio Board approvals		
Depreciation									
Depreciation	2.2	2.1	0.0	13.0	13.0	0.0			

Numbers shown are rounded to £0.1m; small rounding differences may arise but exact figures are available if required

2014/15 HSCIC Management Accounts as at 31st May 2014   **Detail by Directorate**

£'m	Year-to-Date			Full Year		
	Budget	**Actual**	**Var**	**Budget**	**F'cast**	**Var**
LSP Delivery						
Income	0.0	0.0	(0.0)	0.0	(0.0)	0.0
Staff Costs	1.5	2.0	(0.5)	10.8	11.1	(0.3)
Other Costs	0.1	0.1	0.0	1.0	1.1	(0.0)
Contingency/ Virements	0.0	0.0	0.0	0.0	0.0	0.0
Net GiA funded	**1.6**	**2.1**	**(0.5)**	**11.8**	**12.1**	**(0.3)**

£0.3m overspend on staff costs comprises £0.8m of additional costs for staff working notice during the first quarter of the year, partially offset by £0.5m forecast underspend on staff costs due to delayed recruitment and leavers.

	Budget	**Actual**	**Var**	**Budget**	**F'cast**	**Var**
Programmes Delivery						
Income	(3.4)	(3.1)	(0.3)	(19.4)	(19.3)	(0.1)
Staff Costs	3.9	3.9	(0.1)	26.5	26.8	(0.3)
Other Costs	1.2	0.7	0.4	10.7	10.3	0.4
Contingency/ Virements	0.0	0.0	0.0	0.0	0.0	0.0
Net GiA funded	**1.6**	**1.5**	**0.1**	**17.8**	**17.8**	**0.0**

£0.1m variance on Income comprises £0.3m additional income on Choices Managed Service offset by £0.4m lower income on Digital Assessment Services.

£0.3m overspend on Staff Costs is primarily for additional costs on Choices Managed Service.

£0.4m underspend on other costs includes £0.2m from Digital Assessment Services.

	Budget	**Actual**	**Var**	**Budget**	**F'cast**	**Var**
Operations & Technical Services						
Income	(2.1)	(1.8)	(0.3)	(15.9)	(15.6)	(0.2)
Staff Costs	8.3	7.8	0.5	55.2	55.8	(0.6)
Other Costs	2.0	1.8	0.2	14.8	16.6	(1.8)
Contingency/ Virements	0.0	0.0	0.0	0.0	0.0	0.0
Net GiA funded	**8.2**	**7.9**	**0.3**	**54.2**	**56.8**	**(2.6)**

£0.6m overspend on Staff costs is due to additional recruitment above budget, including on Transparency & Information Assurance and Service Management

£1.8m overspend on non-staff costs includes £1.5m unbudgeted workpackages for Transparency & Information Assurance Programme (expected to be requested from contingency)

	Budget	**Actual**	**Var**	**Budget**	**F'cast**	**Var**
Data & Information Services						
Income	(3.5)	(2.8)	(0.7)	(21.2)	(21.2)	(0.0)
Staff Costs	4.9	5.1	(0.2)	30.1	31.1	(1.0)
Other Costs	2.9	2.6	0.3	20.6	20.6	0.1
Contingency/ Virements	0.0	0.0	0.0	0.8	0.0	0.8
Net GiA funded	**4.3**	**4.9**	**(0.6)**	**30.2**	**30.4**	**(0.2)**

£1.0m overspend on Staff costs is due to additional recruitment above budget, including £0.4m Data Services for Commissioners, £0.2m GPES.

£0.8m under spend on Contingency is due to the budgeted directorate contingency being released to fund the overspend on staff costs.

	Budget	**Actual**	**Var**	**Budget**	**F'cast**	**Var**
Finance & Corporate Services						
Income	(0.0)	0.1	(0.1)	(0.1)	(0.1)	(0.1)
Staff Costs	3.1	3.2	(0.1)	18.0	18.0	(0.0)
Other Costs	3.0	2.7	0.4	18.3	17.8	0.5
Contingency/ Virements	0.0	0.0	0.0	0.0	0.0	0.0
Net GiA funded	**6.1**	**5.9**	**0.1**	**36.2**	**35.8**	**0.4**

£0.5m forecast underspend on non-staff costs is due to expenditure on Legal Fees being lower than budgeted so far this year.

	Budget	**Actual**	**Var**	**Budget**	**F'cast**	**Var**
HR & Transformation	**0.6**	**0.6**	**(0.0)**	**5.0**	**4.8**	**0.2**
Strategy	**0.1**	**0.0**	**0.0**	**0.4**	**0.4**	**0.0**
HSCIC Corporate	**(22.4)**	**(23.3)**	**0.9**	**(155.6)**	**(158.1)**	**2.5**

Provisional forecast release of unallocated funding pending Portfolio Board approvals

Numbers shown are rounded to £0.1m; small rounding differences may arise but exact figures are available if required

Appendix 5 - Programme Delivery Dashboard

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

Programme Delivery Dashboard - End April 2014

Cat	ID	Reporting Month:	Overall Delivery Confidence RAG Feb	Mar	Apr	Trend	May	Jun	Jul	RPA	Gate	Date	RAG	Key Milestones Feb	Mar	Apr	FY forecast (HSCIC) Feb	Mar	Apr	FY financial (DH Prog) Feb	Mar	Apr	Invest. justification Feb	Mar	Apr
Primary Care IT	P0070	CQRS	A/R	A/G	A	↓	A	A	A	Med	4a	Oct-2013	A	A	A	A →	R-U	R-U	R-U	N/A	N/A	N/A	G	G	G →
Primary Care IT	P0012	ETP	A/R	A/R	A/R	→	A	A	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 →
Primary Care IT	P0014	GP2GP	A/G	A/G	A	↓	A/G	A/G	A/G	Low	4	Feb-2014	A/G	A	A	R →	R-U	R-U	R-U	R-U	R-U	R-U	G	G	G →
Primary Care IT	P0208	GPSOC Replacement	A	A	A/G	↑	A/G	A/G	A/G	High	3	Nov-2013	A	A	A	A →	R-O	R-O	R-O	R-U	R-U	R-U	G	G	
Cross Govt IT	P0004	CP-IS	A	A	A	→	A/G	A/G	A/G	Med	3	Jul-2012	A	A	A	A →	R-U	R-U	R-U	N/A	N/A	N/A	G	G	G →
Cross Govt IT	P0010	DMS Connectivity	G	G	G	→	G	G	G	N/A	N/A	N/A	N/A	G	G	G →	R-O	R-O	R-O	N/A	N/A	N/A →	G	A	A →
Cross Govt IT	P0301	FGMP	G	G	G	→	G	G	G	N/A	N/A	N/A	N/A				NR	G	G -	N/A	N/A	N/A	NR	A	G -
Cross Govt IT	P0207	HJIS	A	A	A	→	A	A	A	Med	1	Sep-2013	A/G	A	A	A →	R-O	R-O	R-O	N/A	N/A	N/A →	N/A	N/A	N/A →
Cross Govt IT	P0037	OHIT	A	A	A	→	A	A	A	N/A	N/A	N/A	N/A	G	G	G →	R-U	R-U	R-U	R-U	R-U	R-UG	G	G	G →
Choices	P0298	NHS Choices Online Channel	R	R	R	→	A	A	A	High	PVR	Dec-2013	A	R	R	R →	R-U	R-U	R-U	N/A	N/A	N/A →	N/A	N/A	N/A →
Choices	P0026	HSCDS (Choices Service)	R	R	R	→	A	A	A	Med	5	Apr-2012	G	R	G	G →	G	G	R-O	R-U	R-U	R-U	N/A	N/A	N/A →
NHSmail	P0030	NHSmail	A/G	A/G	G	↑	G	G	G	Low	EAR	Mar-2014	A/G	A	A	↑	R-U	R-U	R-U	R-U	R-U	R-U	G	G	G →
NHSmail	P0196	NHSmail2	A/G	A/G	A	→	A	A	A	Med	2	Jun-2013	A	G	A	A →	R-U	R-U	R-U	R-U	R-U	R-U	G	G	G →
Networks	P0024	N3	R	R	R	→	R	A	A	High	5	Jul-2012	A/G	R	R	R →	A-U	A-U	R-U	R-U	R-U	R-U	G	G	G →
Networks	P0190	PSNH	A/R	R	R	→	R	R	A/R	High	AAP	Nov-2013	R	G	R	G →	R-O	R-O	R-O	R-U	R-O	R-O	A	A	A →
Networks	P0238	NHS e-RS inc. CAB	A	A	G	↑	G	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 →
Networks	P0051	SCR	A/G	A/G	A	↓	A	A	A/G	Med	5	Apr-2014	A	G	G	G →	R-U	R-U	R-U	R-U	R-U	R-U	G	G	G →
Networks	P0320	IDCR	NR	NR	A	↑	A	A	A/G	N/A	N/A	N/A	N/A	NR	NR	A -	NR	NR	N/A	NR	NR	N/A	NR	NR	A -

1st letter = RAG, 2nd letter = Under / overspend (FY forecast)
1st letter = RAG, 2nd letter = Under / overspend (FY financial forecast)

Delivery Confidence - Programme Delivery:

April-2014	A 60.00%
July-2014	A/G 73.33%

PDD View

April-2014	(teal)
July-2014	A

April's Calculated Delivery Confidence has **decreased** only **0.9% points to 60%** from **60.9%** since last month. Calculated delivery confidence RAG remains AMBER despite **7 projects changing their overall delivery confidence** up or down this period. The 3-month calculated forecast Delivery Confidence (to June 2014) remains 'AMBER / GREEN' despite a 0.3 percentage point dip to 73.3% . The Director's subjective view is that AMBER remains a more accurate representation of forecast confidence.

Sourced from Highlight Reports April-14

KEY

Trend

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

Non Completion

NR	No report provided (pre-dating NHS England monthly requirement for submission / Programme Delivery reporting standard initiation)
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 Delivery Dashboard

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

Programme Delivery Dashboard - End April 2014

			Benefits realisation confidence				Quality Management against plan				Programme / Project end date				Current Investment Justification approval status				ICT Spend Approval status				Resourcing Against Plan			
Reporting Month:			Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr	
Primary Care IT	P0070	CQRS	A	A	A	→	G	G	G	→	G	G	A	↓	G	G	G	→	G	G	G	→	G	G	G	→
Primary Care IT	P0012	ETP	R	R	R	→	A	A	G	↑	R	R	A	↑	A	A	A	→	A	A	A	→	G	G	G	→
Primary Care IT	P0014	GP2GP	G	G	A	↓	A	A	A	→	G	G	G	→	G	G	G	→	N/A	N/A	N/A	→	R	A	A	
Primary Care IT	P0208	GPSOC Replacement	G	G	G	→	G	A	A	→	G	G	G	→	G	G	G	→	G	G	G	→	A	A	A	→
Cross Govt IT	P0004	CP-IS	N/A	N/A	N/A	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→
Cross Govt IT	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	→
Cross Govt IT	P0301	FGMP	N/A	N/A	N/A	-	N/A	N/A	N/A	-	G	G	G	→	G	G	G	→	N/A	N/A	N/A	-	G	G	G	→
Cross Govt IT	P0207	HJIS	N/A	N/A	N/A	→	G	G	G	→	A	A	A	→	A	A	A	→	A	A	G	↑	G	A	G	↑
Cross Govt IT	P0037	OHIT	A	A	A	→	G	G	G	→	R	R	A	↑	N/A	N/A	N/A	→	N/A	N/A	N/A	→	N/A	N/A	N/A	-
Choices	P0298	NHS Choices Online Channel	N/A	N/A	N/A	→	A	A	A	→	A	R	R	→	R	R	R	→	R	R	A	→	A	A	A	→
Choices	P0026	HSCDS (Choices Service)	N/A	N/A	N/A	→	N/A	N/A	N/A	→	R	R	R	→	R	R	N/A	↓	N/A	N/A	N/A	→	A	A	A	→
NHSmail	P0030	NHSmail	G	G	G	→	A	A	A	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→
NHSmail	P0196	NHSmail2	G	G	G	→	G	G	G	→	A	A	A	→	G	G	G	→	G	G	G	→	A	A	A	→
Networks	P0024	N3	G	G	G	→	G	G	G	→	R	R	A	→	R	R	R	→	R	R	R	→	A	A	A	→
Networks	P0190	PSNH	A	A	NR	-	A	A	A	→	G	R	R	→	A	A	A	→	A	A	A	→	A	R	R	→
	P0238	NHS e-RS inc. CAB	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→
	P0051	SCR	A	A	A	→	A	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	A	G	G	→
	P0320	IDCR	NR	NR	N/A	-	NR	NR	A	-	NR	NR	G	-	NR	NR	A	-	NR	NR	N/A	-	NR	NR	A	-

Overall Delivery Confidence for Programme Delivery (Calculated):	
April-2014	A 60.00%
July-2014	A/G 73.33%

PDD View	
April-2014	
July-2014	A

April's Calculated Delivery Confidence has decreased only 0.9% points to 60% from 60.9% since last month. Calculated delivery confidence RAG remains AMBER despite 7 projects changing their overall delivery confidence up or down this period. The 3-month calculated forecast Delivery Confidence (to June 2014) remains 'AMBER / GREEN' despite a 0.3 percentage point dip to 73.3% . The Director's subjective view is that AMBER remains a more accurate representation of forecast confidence.

Sourced from Highlight Reports (Key RAGs)   April-14

KEY

Trend

↑ RAG improvement from previous month

→ RAG same as previous month

↓ RAG decrease from previous month

Non Completion

NR	No report provided (pre-dating NHS England monthly requirement for submission / Programme Delivery reporting standard initiation)
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 (other Directorates)
KPI Owner	James Hawkins
Data Owner	Tom Denwood (LSP), Max Jones (D+IS) and Rob Shaw (O+TS)

Appendix 5 - Programme Delivery Dashboard

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

D+IS RAG Summary	
Previous RAG	A
Current RAG	A/R
Forecast RAG	A

O+TS RAG Summary	
Previous RAG	A
Current RAG	A
Forecast RAG	G

LSP Dashboard - End April 2014

Reporting Month		Overall Delivery Confidence RAG Feb	Mar	Apr		May	Jun	Jul	Gateway Delivery Confidence RPA	Gate	Date	RAG	Key Delivery Milestones Feb	Mar	Apr		HSCIC admin vs budget (MAR FIGURES) Feb	Mar	Apr		DH Prog vs budget (MAR FIGURES) Feb	Mar	Apr		Investment justification Feb	Mar	Apr	
TBC	PACS	G	G	G	→	G	G	G	TBC	0	Nov-2011	A	G	G	G	→	NR	NR	NR	-	NR	NR	NR	-	G	G	G	→
P0183	South Community Programme	G	G	A/G	→	A/G	A/G	A/G	Med	3	Dec-2012	A/G	G	G	A	→	R-U	R-U	R-U	-	NR	N/A	N/A	-	G	G	G	→
P0182	South Ambulance Programme	A	A	A	→	A	A	A	Med	3	Dec-2013	A/G	A	A	R	→	R-U	R-U	R-U	-	NR	N/A	N/A	-	G	G	G	→
P0181	South Acute Programme	A/G	G	A/G	→	A/G	A/G	A/G	High	2	Dec-2012	A/G	A/G	G	A	→	R-U	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	→	R-U	R-U	R-U	-	R-U	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	→	R-U	R-U	R-U	-	R-U	R-U	R-U	-	G	G	G	→
P0031/00	CSC LSP	G	A	A	→	A	A	A	High	PAR	Feb-2014	A/R	G	G	G	→	R-U	R-U	R-U	-	R-U	R-U	R-U	-	G	G	G	→

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

Overall Delivery Confidence for LSP:	
April-2014	A/G 77.14%
July-2014	A/G 77.14%

Overall delivery confidence has decreased slightly to 77.14%. 3-month forecast delivery confidence has decreased to the same figure of 77.14% from 80.00% . Current delivery confidence is AMBER/GREEN and is forecast to remain AMBER/GREEN in 3 months' time. The Executive summary provides additional commentary and justification for RAGs. The April updates reflect Highlight Reports "collected" in May but covering the calendar month to the end of April.

Data and Information Services Dashboard - End April 2014

Reporting Month		Overall Delivery Confidence RAG Feb	Mar	Apr		May	Jun	Jul	Gateway Delivery Confidence RPA	Gate	Date	RAG	Key Delivery Milestones Feb	Mar	Apr		HSCIC admin vs budget (MAR FIGURES) Feb	Mar	Apr		DH Prog vs budget (MAR FIGURES) Feb	Mar	Apr		Investment justification Feb	Mar	Apr	
P0294	National Tariff System (NTS)	R	R	R	→	A/R	A/R	A/R	Med	PVR	Feb-14	A	R	R	R	→	R-O	R-O	R-O	-	NR	N/A	N/A	-	N/A	A	A	→
P0291	care.data	R	A	A	↑	A	A	A	High	N/A	May-14	TBC	R	R	A	→	R-O	R-O	R-O	-	NR	N/A	N/A	-	R	R	R	→
P0265	Data Services for Commissioners	R	R	R	→	A/R	A/R	A/R	TBC	N/A	N/A	N/A	R	R	R	→	R-O	R-O	R-O	-	NR	N/A	N/A	-	R	R	R	→
P0281/03	GPES	A/R	A/R	A/R	→	A/R	A/R	A/R	TBC	4	Dec-2012	A	A	A	G	→	R-U	R-U	R-U	-	NR	N/A	N/A	-	G	G	G	→
P0042	SUS	G	G	G	→	G	G	G	Med	See Spine	See Spine	See Spine	G	G	G	→	R-U	R-U	R-U	-	R-U	R-U	R-U	-	G	G	G	→

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

Overall Delivery Confidence for D+IS:	
April-2014	A/R 48.00%
July-2014	A 56.00%

Overall Delivery Confidence is assessed as AMBER/RED based on the Highlight Reports covering the April 2014 period. Successful delivery is still not certain however for NTS, Care.Data, GPES and Data Services for Commissioners (DSFC).

Operations and Technical Services Dashboard - End April 2014

Reporting Month		Overall Delivery Confidence RAG Feb	Mar	Apr		May	Jun	Jul	Gateway Delivery Confidence RPA	Gate	Date	RAG	Key Delivery Milestones Feb	Mar	Apr		HSCIC admin vs budget (MAR FIGURES) Feb	Mar	Apr		DH Prog vs budget (MAR FIGURES) Feb	Mar	Apr		Investment justification Feb	Mar	Apr	
P0049	Spine Extension	A/G	A/R	A/R	→	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	A	→	A	A	A	High	4	Mar-2014	A	A	A	A	→	R-U	R-U	R-U	-	R-U	R-U	R-U	-	G	G	G	→

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

Overall Delivery Confidence for O+TS:	
April-2014	A 50.00%
July-2014	G 80.00%

Overall Delivery Confidence is assessed as AMBER based on the Highlight Reports covering the April period. The average is only derived from two reports. Confidence increases to GREEN over the next 3 months.

Sourced from Highlight Reports (Key RAGs)   April-14

KEY

Trend

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

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)

Appendix 5 - Programme Delivery Dashboard

KPI	Programme Achievement (other Directorates)
KPI Owner	James Hawkins

LSP RAG Summary		D+IS RAG Summary		O+TS RAG Summary	
Previous RAG	G	Previous RAG	A	Previous RAG	
Current RAG	A/G	Current RAG	A/R	Current RAG	A
Forecast RAG	A/G	Forecast RAG	A	Forecast RAG	G

LSP Dashboard - End April 2014

		Benefits realisation confidence				Quality Management against plan				Programme / Project end date				Current Investment Justification approval status				ICT Spend Approval status				Resourcing Against Plan			
		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr	
TBC	PACS	G	G	G	→	G	G	G	→	NR	G	G	↑	G	G	G	→	G	G	G	→	G	G	G	→
P0183	South Community Programme	A	A	A	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	A	→
P0182	South Ambulance Programme	G	G	A	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	A	A	A	→
P0181	South Acute Programme	G	A	A	↓	G	G	G	→																	↑
P0047	BT LSP - South	A	A	A	→	G	G	G	→	A/G	A/G	G	→	G	G	G	→	G	G	G	→	A	A	A	→
P002	BT LSP - London	A	A	A	→	G	G	G	→	A/G	A/G	G	→	G	G	G	→	G	G	G	→	A	A	A	→
P0031/00	CSC LSP	A	A	A	→	G	G	G	→	A	A	R	→	G	G	G	→	G	G	G	→	A/G	A/G	A	→

Overall Delivery Confidence for LSP:	
April-2014	A/G 77.14%
July-2014	A/G 77.14%

Overall delivery confidence has decreased slightly to 77.14%. 3-month forecast delivery confidence has decreased to the same figure of 77.14% from 80.00%. Current delivery confidence is AMBER/GREEN and is forecast to remain AMBER/GREEN in 3 months' time. The Executive summary provides additional commentary and justification for RAGs. The April updates reflect Highlight Reports "collected" in May but covering the calendar month to the end of April.

Data and Information Services Dashboard - End April 2014

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

Overall Delivery Confidence for D+IS:	
April-2014	A/R 48.00%
July-2014	A 56.00%

Overall Delivery Confidence is assessed as AMBER/RED based on the Highlight Reports covering the April 2014 period. Successful delivery is still not certain however for NTS, Care.Data, GPES and Data Services for Commissioners (DSFC).

Operations and Technical Services Dashboard - End April 2014

		Benefits realisation confidence				Quality Management against plan				Programme / Project end date				Current Investment Justification approval status				ICT Spend Approval status				Resourcing Against Plan			
		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr		Feb	Mar	Apr	
P0049	Spine Extension	G	G	G	→	G	G	A	↓	A	A	A	→	G	G	G	→	G	G	G	→	A	A	A	→
P0050	Spine 2	A	A	A	→	A	A	A	→	G	G	G	→	G	G	G	→	G	G	G	→	R	A	A	→

Overall Delivery Confidence for D+IS:	
April-2014	A 50.00%
July-2014	G 80.00%

Overall Delivery Confidence is assessed as AMBER based on the Highlight Reports covering the April period. The average is only derived from two reports. Confidence increases to GREEN over the next 3 months.

Sourced from Highlight Reports (Key RAGs)   April-14

KEY

Trend

			Non Completion	
↑	RAG improvement from previous month		NR	No report provided (pre-dating NHS England monthly requirement for submission / Programme Delivery reporting standard initiation)
→	RAG same as previous month		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
↓	RAG decrease from previous month		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 6 - 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.
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.

Appendix 6 - Programme Definitions

Portfolio Code	Name	Description
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.