



Health & Social Care  
Information Centre

# HSCIC Board Performance Pack

**August 2013 Data**

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# Contents

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<b>Executive Summary - HSCIC performance</b>	<b>3</b>
<b>Points of Interest</b>	<b>4</b>
<b>Summary of EMT KPI performance</b>	<b>5</b>
<b>EMT KPIs by Exception</b>	<b>6</b>
<b>Programme Achievement KPI Report</b>	<b>7</b>
<b>Programme Dashboard</b>	<b>8-9</b>
<b>IT Service Performance KPI Report</b>	<b>10</b>
<b>Key Stakeholder Satisfaction KPI Report</b>	<b>11</b>
<b>Customer Satisfaction KPI Report</b>	<b>12</b>
<b>Public &amp; Patient Engagement KPI Report</b>	<b>13</b>
<b>Reputation KPI Report</b>	<b>14</b>
<b>Information Quality KPI Report</b>	<b>15</b>
<b>Usefulness of Service KPI Report</b>	<b>16</b>
<b>Financial Management KPI Report</b>	<b>17</b>
<b>Organisational Health KPI Report</b>	<b>18</b>
<b>Information Incidents KPI Report</b>	<b>19</b>
<b>Appendix 1 - Summary of Business Planning Progress</b>	<b>20</b>
<b>Appendix 2 - KPI RAG Tolerances</b>	<b>21-22</b>
<b>Appendix 3 - Transformation Programme Progress</b>	<b>23</b>
<b>Appendix 4 - Glossary of Terms</b>	<b>24</b>

# Executive summary - HSCIC Performance

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A lot of progress has been made to develop the new KPIs for HSCIC but there is still some way to go to confirm how we will measure the usefulness of the service we provide and information quality.

There has been positive performance in a number of areas – for example, service performance and progress with the Transformation Programme.

We are on track to achieve our target for staff turnover (there has been a positive trend over the last four months - % Cumulative Voluntary Staff Turnover was 7.4% in August against a target of 10%).

Although successful delivery to time, cost and quality appears highly likely for a number of projects, there are some general issues across the remainder of the Programmes Delivery portfolio. For example, the recruitment freeze has resulted in vacancies and/or local capability constraints) and there are some delays (both of which could in turn adversely impact delivery of planned benefits). In the Portfolio 76% of the programmes have been assessed by OGC as AMBER or better.

August was a very positive month for live service availability with 63 out of 65 services reported against having achieved or exceeded their average availability target. There were only 23 Higher Severity Service Incidents logged, compared with an average of 41 per month over the last 12 months and all of those logged were resolved within their Fix Time target.

Some areas are tracking data relating to Information Quality but not all have achieved ISO 9001 accreditation.

Although we are still trying to determine how to measure the 'usefulness of service' KPI, current performance is assessed as AMBER. It is known that the lead times for PbR reimbursement amendments can run into years, and consideration is already being given as to whether Terminologies and Classifications should provide more flexible or frequent release cycles.

The target for staff vacancies has been set at 10% for this financial year. Extrapolating year-to-date data shows that we could be AMBER within the next two months. There are also issues with SRO satisfaction because some programmes are still in recovery and a number are being strategically realigned following wider NHS transition. A lack of strategic decision making through the wider NHS transition has also led to milestones slipping.

There are some more serious issues which are being escalated to EMT and the Board for discussion and potential resolution. The first is financial management. The overall position is that DH Programme expenditure is rated RED for both capital and revenue. Since the previous month, the forecast expenditure for revenue and capital has reduced by £16m and £21m respectively, which has increased the underspend. In terms of the operating costs we can also expect the underspend to continue to rise because we have been more realistic about filling vacancies for the remainder of the year. At month five the year to date underspend was over £8m. To achieve our current forecast expenditure we would need to recruit an additional 20+ staff per month for the rest of the financial year.

The mechanisms (i.e., surveys) for measuring Customer Satisfaction and Patient & Public Engagement KPIs are under development and some baseline data should be available by December. In the absence of hard data, performance against the Customer Satisfaction KPI has been subjectively assessed and has been scored RED for this month. The main issues are a mismatch between expectations, capacity to deliver, and inconsistency of delivery. There is also a perception that we are slow to respond (e.g., to provide timely data).

The problems with Public & Patient Engagement relate to low levels of public/patient awareness of the new organisation, lack of meaningful engagement about our strategy, and a delay to launching 'care.data'. However, we expect the situation to improve over the next 18 months.

Although we do have some data on Information Incidents (and what we have is believed to be accurate) the current data may not include all incidents as other systems and processes are being used. Accordingly this KPI has been assessed as RED.

# Points of Interest

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This section of the pack replaces the 'CEO report on Business Activity' and contains information on noteworthy activities (which do not naturally align with specific KPIs).

A further productive meeting on the "Busting Bureaucracy" campaign on burden reduction was held with SoS on 9 October and four of the key other ALBs; Monitor, CQC, NTDA and NHSE. All were supportive of moving towards the strategic direction of travel with the HSCIC delivering a strategic Common Data Service (CDS) which would increasingly see data extracted regularly by HSCIC from each health and social care organisation, linked to other data already held and shared securely for the benefit of the wider system. This approach was likely to reduce the burden on the system due to data collection and also generate new insight from the ability to link data together.

In the short-term, underpinned by a letter to come from SoS to the ALB chairs, each of the ALBs will work with the HSCIC to examine what steps they could take to reduce their imposed burden on the system by a meaningful amount. The output from these reviews would then be sent from each of the ALB chairs and agreed with SoS; the HSCIC would then agree a Protocol MOU with each ALB to establish the more efficient services which we jointly committed to deliver. The expectation was that this process of burden reduction review, planning and commitment would be repeated annually. The response from the ALB chairs was likely to be needed by the 12th November to allow a review of the responses prior to any wider announcements.

We have released the second annual report looking at the quality of nationally submitted health and social care data. Relevant organisations are being asked to use the report to improve the quality of their data.

The London Health and Social care Information Sharing Programme has won the HSJ Efficiency Award for Efficiency in Administrative and Clerical Services. This programme enables over 60 health and care organisations to share information securely, maximising efficiencies and ensuring citizens get access to the right care at the right time.

On 30 September the official launch of the website [infostandards.org](http://infostandards.org) took place. Working with NHS England, Department of Health and other commissioning partners the HSCIC developed the site to support information standards professionals across health and social care.

The HSCIC Systems & Service Delivery (SSD) group is providing the NHS England Contact Centre in Redditch. The service went live on 1st April 2013. Sir David Nicholson (Chief Executive of NHS England) visited the contact centre recently to see how the team support telephone, email and postal enquires, comments, complaints and requests under the Freedom of Information Act. Sir David took the opportunity to meet the team and to monitor a call. He was very impressed with the professionalism of the team and the breadth of knowledge and support that the team were able to offer callers, and the close collaboration between the service desk team and the NHS England resolver groups. Since April, the team of 20 has dealt with over 60,000 telephone enquiries, 24,000 emails and 5,000 pieces of postal mail.

NHS Pathways clinical decision support is now being used to provide safe triage of over 450,000 calls per month, across 999 and 111, and the integrated directory of services is handling over 500,000 searches per month either generated via NHS pathways assessments, or through clinicians seeking information on local services. This number equates to 5.5m episodes per year, which is more than NHS Direct was handling via the 0845 number, and is set to rise as further 111 areas expand coverage, and (positive) national advertising of the number begins.

In April 2013, the Spine 2 Programme was rated by MPA as RED. The actions taken to address MPA recommendations have resulted in an AMBER rating at the latest assessment with further work needed to improve supplier communications/engagement; develop plans for the enduring service support models; and agree and communicate the processes for end to end service management.

HSCIC is playing a supporting role in providing expert advice to trusts and oversight of both the CSC and the BT LSP contracts for the Department. In early October 2013 Tameside Hospital NHS Foundation Trust went live with Lorenzo Electronic Patient Record system. This was the first of a number of planned deployments under the Interim Agreement between the Department of Health and CSC. In late September 2013 HSCIC supported the 'greenfield' Cerner Millennium Electronic Patient Record system deployment at Croydon Health Services NHS Trust, via the BT LSP contract. There were circa 850 concurrent Trust users during the first week. And in early October, after an extended period of joint working between the Trust, BT and HSCIC, BT delivered Community and Mental Health product RiO Release 2 at North East London Foundation Trust.

HSCIC has completed all the actions required of it in response to the 16th May Confidentiality Advisory Group (CAG) approval for the NHS England commissioned Data Service for Commissioners.

The HRG4 2014/15 Consultation Grouper was released on 3rd October and will ensure NHS organisations can assess the financial viability of their services for the forthcoming financial year.

Developed in partnership with the Department of Health, Care Quality Commission, and Public Health England, the Learning Disabilities (LD) Census was launched as planned on the 1st October.

Proactive media activity generated over 180 pieces of positive coverage in August, with the 'attribute' that we represented the "trusted independent source of high quality informatics, data and statistics" being reflected in three out of five coverage units (press or broadcast pieces).

We gave strong media support to a new publication titled Patient-Led Assessments of the Care Environment (PLACE), England – 2013. Various national newspapers were interested in HSCIC figures in GP Earnings and a host of regional newspapers showed interest in the latest Investment in General Practice report which show investment and spending figures in general practices across all UK countries.

We were represented at Royal College of GP's annual conference as part of our targeted programme of events to involve stakeholders in our developments. This was further illustrated in high profile involvement in the 'Healthcare Efficiency through Technology' Expo on 8th October chaired by Kingsley Manning.

## Summary of EMT KPI Performance

KPI [not shown in order of priority as they have equal weighting]	KPI Owner*	Previous Period	Current Period	Current Forecast	Previous Forecast
Programme Achievement	James Hawkins	N/A	A/G	A/G	N/A
IT Service Performance	Rob Shaw	G	A	G	N/A
Key Stakeholder Satisfaction	James Hawkins	N/A	A	A	N/A
Customer Satisfaction	Dr. Mark Davies	N/A	R	A	N/A
Public & Patient Engagement	Dr. Mark Davies	N/A	R	A	N/A
Reputation	Alan Perkins	N/A	To assessed by EMT 17/10/2013	To assessed by EMT 17/10/2013	N/A
Information Quality	Max Jones	N/A	A	To be assessed by D&I and/or by EMT	
Usefulness of Service	Max Jones	N/A	A	A	N/A
Financial Management	Carl Vincent	N/A	R	R	N/A
Organisational Health	Rachael Allsop	G	G	A	N/A

\*The person who is either accountable or responsible for managing the KPI/PI in terms of monitoring and reporting progress to achieve KPI targets, and taking corrective action if there is a problem (e.g., variation from plan)

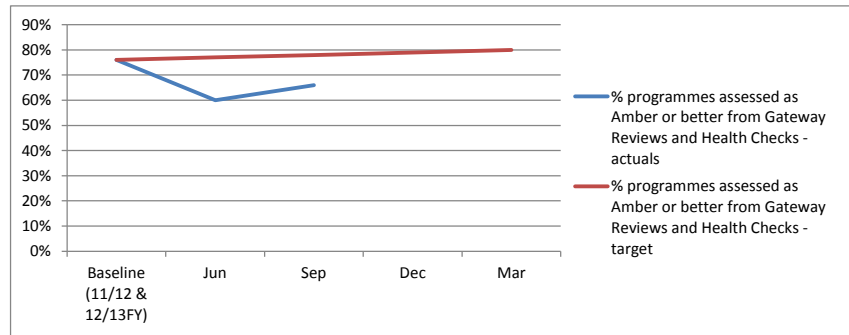
Note - for the Programme Achievement KPI we are required to use the five intermediate RAG scores from MPA.

# EMT KPIs by Exception

KPI [not shown in order of priority as they have equal weighting]	KPI Owner	Previous Period	Current Period	Current Forecast	Previous Forecast
Information Incidents	Clare Sanderson	R	R	R	N/A

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

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



	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%		
% programmes assessed as Amber or better from Gateway Reviews and Health Checks - target	76%	77%	78%	79%	80%

1. The assessment of overall Delivery Confidence only includes the programmes managed by the Programme Delivery Directorate. The overall assessment in next month's report will include other programmes (e.g., SPINE2) .
2. RPA Score has been now added to the new Dashboard (see next page).
3. It is recommended that we do not weight the programmes / projects, It could be argued those included on the Government Major Projects Portfolio (GMPP) by definition are priorities due to cost, impact on NHS, RPA score, complexity, etc.
4. The overall RAG assessment for this KPI (top right hand corner) is A/G. This is the only KPI where we will allow the use of A/G and A/R assessments to comply with the RAG approach mandated by MPA.

Overall Delivery Confidence is assessed as AMBER/GREEN based on September 2013 Programme Delivery Highlight Reports. Successful delivery appears probable for the majority of projects across the Programmes Delivery Directorate but for a number there are some general issues raised for awareness:

- Resourcing (project vacancies and/or local capability constraints) - this is a recurring theme across a number of projects (GPSoc replacement, NHS Mail, Offender Health IT, HSDS and PSNH) and in the main is as a result of the recruitment freeze. However plans are now in place to ensure vacancies are filled -and the recent Zero Based Review has helped with resource planning. In the case of HSDS it is due to a delay in approving the procurement of new staff .
- Delays – milestone achievement for CQRS, EPS Release 2 GP deployment and delays in approvals for GPSoc R, HJIS, NHS e-Referral Service, PSNH, and NHS Mail2. Delays to approvals are predominantly due to numerous changes to the internal approvals process which then have to be re-planned e.g. DH SME certificate, as well as obtaining affordability statement. Ultimately these delays could impact delivery of planned benefits and has started to impact current end dates with a number of Tolerance Exception reports being / due to be considered by project boards (NHSmal2 and PSNH) .

Additionally, there are some project-specific issues:

- CQRS - service management processes are not working efficiently which may result in the provision of Enhanced Services being delayed and some key early benefits not being realised resulting in significant reputational damage. There is a critical dependency on the availability of GPES.
- GPSoc Replacement - contract signature planned for Feb 2014 may be delayed due to number of complex dependencies; not ready to start detailed dialogue.
- ETP – due to delays to GP deployment a number of key benefits will not be realised. As a new SRO has recently been appointed some of the underlying issues to help improve the delivery confidence need to be addressed.
- PSNH – recently obtained a 'Red' delivery confidence assessment from the MPA during its Gateway 2 and work is progressing in developing an action to address the recommendations in preparation for an MPA Assurance of Action Plan (AAP) in November.
- SCR - 30.5m people in England now have a Summary Care Record. Viewings of the SCR has reached an average of 35k per month and this continues to rise week on week. The SCR programme has delivered collateral to NHS England in support of the Ministerial requirement to improve access to GP data in 111, A&E and Ambulance services. Plans for progressing the delivery of addition information from the GP record are nearly finalised and in addition requests have come in from the Defence Medical Service and the Police to consider using SCR in their respective settings.
- NHS eRS - the initial phase (Sprint 1) of software development was completed in September 2013, with sprint 3 now initiated. Go live of NHS e-RS remains on target for late 2014. A supplier engagement event was held on 02 October 2013 with over 70 supplier representatives in attendance. Positive confirmation of approach to Application Programme Interfaces was received, which will enable better integration with e-RS as part of the initial phase.

MPA Gateway & Internal Health Check Delivery Confidence PI:

The chart above relates to the indicator set for the Programmes Delivery Directorate to achieve 80% of delivery confidence assessments of Amber or better. The baseline 76% has been set based on the percentage achieved during 2011/12 and 2012/13 .

Key Actions to rectify variance from target	Target Date	Owner	Progress

Actions recorded here are either actions taken by the KPI owner or actions taken by Board or EMT to rectify escalated problems

KPI	Programme Achievement
KPI Owner	James Hawkins

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

### Programme Delivery Dashboard - September 2013

		Overall Delivery Confidence RAG						Gateway Delivery Confidence				Key Delivery Milestone			Current year financial forecast vs. budget			Investment justification (BC, MoU etc) forecast spend status		
		Jul	Aug	Sep	Oct	Nov	Dec	RPA	Date	Gate	RAG	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep
P0004	CP-IS							M	Jul-2012	3					TBC	TBC	TBC			
P0070	CQRS				A/R	A/R	A/R	M	Mar-2013	4			NB			NB			NB	
P0010	DMS Connectivity							N/A	N/A	N/A	N/A							N/A	N/A	N/A
P0012	ETP	A/R	A/R	A/R	A/R	A/R	A/R	H	Nov-2012	0	A/R		NB			NB			NB	
P0014	GP2GP							L	No MPA gates undertaken	N/A	N/A	NR	NR		NR	NR		NR	NR	
P0017	GPSOC							H	Mar-2009	4	A/G		NB			NB			NB	
P0208	GPSOC Replacement							H	Jul-2012	2			NB			NB			NB	
P0207	HJIS	A/G	A/R	A/R	A/R	A/R	A/R	M	Sep-2013	1	A/G							N/A	N/A	N/A
PXXXX	HSDS			A/R				M	Apr-2012	5	A/G	NR	NR		NR	NR		NR	NR	
P0024	N3							H	Jul-2012	5	A/G	NR			NR			NR		
P0238	NHS e-RS inc. CAB							H	Jun-2013	AAP										
P0030	NHSmail		A/G	A/G	A/G	A/G	A/G	H	Oct-2012	AAP	A/G	NR	NR		NR	NR		NR	NR	
P0196	NHSmail2	A/G	A/G					H	Jun-2013	2				TBC	TBC		TBC	TBC		
P0037	OHIT		A/G					N/A	N/A	N/A	N/A	NR	NR		NR	NR		NR	NR	
P0190	PSNH							H	Jun-2013	2		NR			NR	N/A		NR	N/A	
P0051	SCR	A/G	A/G	A/G	A/G	A/G	A/G	H	Feb-2012	0		NR	NR		NR	NR		NR	NR	

Overall Delivery Confidence for Programme Delivery:	
September 2013	A/G (66%)
December 2013	A/G (71%)

Forecast Delivery Confidence for December 2013 is also assessed as 'AMBER GREEN' although moving more towards GREEN (66 to 71%)

Sourced from the Highlight Reports (Key programme /project RAG sections) September 2013

**KEY**

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

**Non Completion**

NR	No report provided (pre-dating NHS England monthly requirement for submission / Programme Delivery reporting standard initiation)
NB	No Programme or Project Board took place that month (pre-dating NHS England monthly requirement for submission)
N/A	Data item is not applicable to programme or project (for example, MOUs may not be responsible for Benefits Realisation or be accountable for ICT Spend Approval) or was not mandated on historical template
TBC	Data item was not available at the time of report production (for example, discrepancies with budget figures or a lack of information around the progression of an approval)



KPI	Programme Achievement
KPI Owner	James Hawkins

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

### Programme Delivery Dashboard - September 2013

		Benefits realisation confidence			Quality Management against plan			Programme / Project end date			Current Investment Justification approval status			ICT Spend Approval status			Resourcing Against Plan		
		Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep
P0070	CP-IS																		
P0070	CQRS		NB			NB			NB				NB					NB	
P0010	DMS Connectivity	N/A	N/A	N/A										N/A	N/A	N/A			
P0012	ETP		NB		N/A	NB				NB				NB				NB	
P0014	GP2GP	NR	NR		NR	NR	TBC		NR	NR			NR	NR	N/A		NR	NR	
P0017	GPSOC		NB		N/A	NB				NB				NB			N/A	N/A	N/A
P0208	GPSOC Replacement		NB			NB				NB				NB				NB	
P0207	HJIS	N/A	N/A	N/A															
PXXXX	HSDS	NR	NR		NR	NR			NR	NR			NR	NR			NR	NR	
P0024	N3	NR			NR				NR				NR				NR		
P0238	NHS e-RS inc. CAB				N/A	N/A			N/A	N/A			N/A	N/A			N/A	N/A	
P0030	NHSmail	NR	NR		NR	NR			NR	NR			NR	NR			NR	NR	
P0196	NHSmail2	N/A	N/A		TBC	TBC													
P0037	OHIT	NR	NR		NR	NR			NR	NR			NR	NR	N/A		NR	NR	N/A
P0190	PSNH	NR	N/A		NR	N/A			NR				NR				NR		
P0051	SCR	NR	NR		NR	NR			NR	NR			NR	NR			NR	NR	

Overall Delivery Confidence for Programme Delivery:	
September 2013	A/G (66%)
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Forecast Delivery Confidence for December 2013 is also assessed as 'AMBER GREEN' although moving more towards GREEN (66 to 71%)

Sourced from the Highlight Reports (Key programme /project RAG sections) September 2013

**KEY**

**Trend**

- ↑ RAG improvement from previous month
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<b>KPI</b>	<b>IT Service Performance</b>
<b>KPI Owner</b>	<b>Rob Shaw</b>

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

**HSSI Fix Time Achievement Analysis - Last 12 months**



**Availability**

On the whole, August was a very positive month for live service Availability with 63 out of 65 services reported against having achieved or exceeded their average availability targets. The two services which failed to meet the target and resulted in the AMBER status for the PI were as follows:

Lorenzo, CSC NE Core – All Lorenzo Trusts located on LOR502 instance were impacted by an outage on the 28<sup>th</sup> of the month affecting all users. This resulted in an Availability achievement of 99.25%. The root cause of the incident was identified as a configuration issue.

Lorenzo, CSC NWWW Core – Impacted by the same incident as above which again resulted in an Availability achievement of 99.25%. There were also a small number of individual site level failures against services where the average Availability measure was still achieved or exceeded.

**Response Times**

On the whole, Response Times performance was good across all services with 40 out of 42 services reported against having achieved or exceeded their Response Times targets, with the exceptions being RiO in both London and the South which both experienced failures and has resulted in the RAG status of Amber for this indicator.

The RiO performance in the South was impacted by 3 HSSI's in the month which resulted in slow performance, but not to a critical level, with the root cause being investigated under two problem records.

The RiO performance failures in London were primarily attributed to a memory utilisation issue and to Rio Power setting issues.

There has been a number of service improvement activities focussed on RiO performance implemented in recent months and the position is improving month on month. The first instance of Rio R2 has also just gone live and there has been significant focus on Response Times during development, testing and service introduction.

**HSSI Fix Times**

August was a very positive month with regards to both the number of HSSI's logged and the number that were fixed within the Service Level target.

The graph to the left demonstrates that there were only 23 HSSI's logged, compared with an average of 41 per month over the last 12 months, and all of those logged were resolved within their Fix Time target.

Performance Indicators	Target	Sep-12	Sep-12 RAG	Oct-12	Oct-12 RAG	Nov-12	Nov-12 RAG	Dec-12	Dec-12 RAG	Jan-13	Jan-13 RAG	Feb-13	Feb-13 RAG	Mar-13	Mar-13 RAG	Apr-13	Apr-13 RAG	May-13	May-13 RAG	Jun-13	Jun-13 RAG	Jul-13	Jul-13 RAG	Aug-13	Aug-13 RAG
No. of Services achieving Availability target	All Services to achieve individual targets (but see note below)	79	G	77	A	77	A	78	A	78	G	76	A	74	R	74	R	75	A	76	A	76	G	63	A
No. of Services breaching Availability target, but not to a critical level	0	0	G	2	A	2	A	1	A	0	G	2	A	4	R	4	R	3	A	1	A	0	G	2	A
No. of Services breaching Availability target at a critical level	0	0	G	0	A	0	A	0	A	0	G	0	A	0	R	0	R	0	A	0	A	0	G	0	A
No. of Services achieving Availability target	All Services to achieve individual targets (but see note below)	40	R	40	R	39	R	42	R	42	R	41	R	43	R	43	R	42	R	44	A	41	A	40	A
No. of Services breaching Availability target, but not to a critical level	0	3	R	3	R	4	R	1	R	1	R	2	R	0	R	0	R	2	R	1	A	3	A	2	A
No. of Services breaching Availability target at a critical level	0	2	R	2	R	2	R	2	R	2	R	2	R	2	R	2	R	1	R	0	A	0	A	0	A
Total number of Higher Severity Service Incidents (HSSIs)	N/A	44	G	49	G	44	A	45	G	34	G	47	A	51	A	46	A	44	G	39	A	23	A	23	G
Total number of HSSIs achieving Fix Time target	N/A	42	G	47	G	41	A	43	G	34	G	43	A	46	A	43	A	44	G	34	A	19	A	23	G
% HSSIs achieving Fix Time target	95%	95%	G	96%	G	93%	A	96%	G	100%	G	91%	A	90%	A	93%	A	100%	G	87%	A	83%	A	100%	G

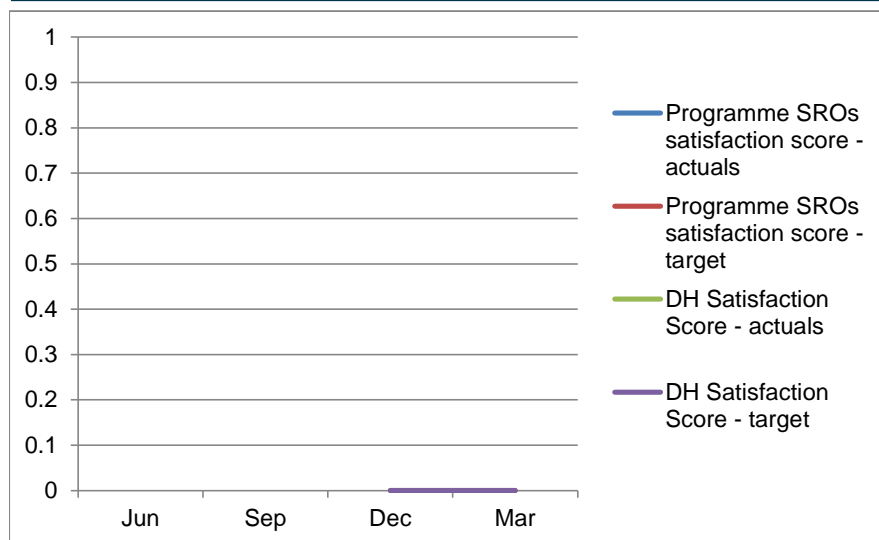
**Note:** Although service performance targets remain static each month, the number of services being reported against varies due to contractual reporting cycles

Key Actions to rectify variance from target	Target Date	Owner	Progress

Actions recorded here are either actions taken by the KPI owner or actions taken by Board or EMT, to rectify escalated problems

<b>KPI</b>	<b>Key Stakeholder Satisfaction</b>
<b>KPI Owner</b>	<b>James Hawkins</b>

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



### Overall KPI RAG

Overall key stakeholder satisfaction is AMBER (problems exist which can be addressed by the KPI owner) as the two PIs are equally weighted. The narrative below gives more information on each of the PIs.

### Programme SRO Satisfaction (external)

The current SRO satisfaction rating is AMBER due to some programmes still in recovery and a number being strategically re-aligned following wider NHS transition. Lack of strategic decision making through the wider NHS transition has led to milestones slipping.

The original KPI developed at the EMT KPI Workshop on 07th August was about management rather than satisfaction. However, it is felt that measuring satisfaction will drive better behaviours than measuring the number of engagement activities. Satisfaction will be measured by asking SROs to score the HSCIC in the following five areas:

- Service Strategy
- Programme Delivery
- Business Change
- Communications and stakeholder engagement
- Benefits realisation

### DH Satisfaction

Work is in hand to develop an approach to elicit feedback from DH. In the absence of a baseline this PI has been scored as GREEN (on track).

The target is to achieve GREEN for Programme SRO Satisfaction and maintain GREEN for DH Satisfaction in the next quarter.

	Jun	Sep	Dec	Mar
Programme SROs satisfaction score - actuals		No baseline		
Programme SROs satisfaction score - target			tbc	tbc
DH Satisfaction Score - actuals		No baseline		
DH Satisfaction Score - target			tbc	tbc

Key Actions to rectify variance from target	Target Date	Owner	Progress

Actions recorded here are either actions taken by the KPI owner or actions taken by Board or EMT to rectify escalated problems

<b>KPI</b>	<b>Customer Satisfaction</b>
<b>KPI Owner</b>	<b>Dr Mark Davies</b>

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

***Our customers are the commissioners, recipients or users of the products ( programmes or services) we deliver***

There are two performance indicators underpinning the Customer Satisfaction KPI (which will be measured quarterly):

1. Responsiveness - This would be a subjective assessment by the KPI Owner each quarter using information from several key sources: a new independent customer survey (for which we have a question to determine customer perception of HSCIC responsiveness); feedback from website usage and calls to our contact centre, together with anecdotal evidence from other Executive Directors (which we can facilitate via e-mail).
2. Customer Satisfaction – Subjective assessment based on different sources of information (e.g., new 'panel' under development and associated 'reputation' survey, and other customer feedback/surveys across HSCIC - e.g., N3).

Overall Customer Satisfaction is assessed as RED - i.e., 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]. The main issue is a mismatch between expectations, capacity to deliver, and inconsistency of delivery.

There is also a perception that we are slow to respond to:

1. Strategic queries from senior people
2. Requirements for data being provided in sufficient time.

It is worth noting, however, that there are different customer experiences when comparing Informatics and Information Management.

The target is to achieve a RAG score of GREEN (on track) for “responsiveness” by the end of this financial year – and AMBER (problems exist which can be addressed by the KPI owner) for customer satisfaction (again by 31/3/14).

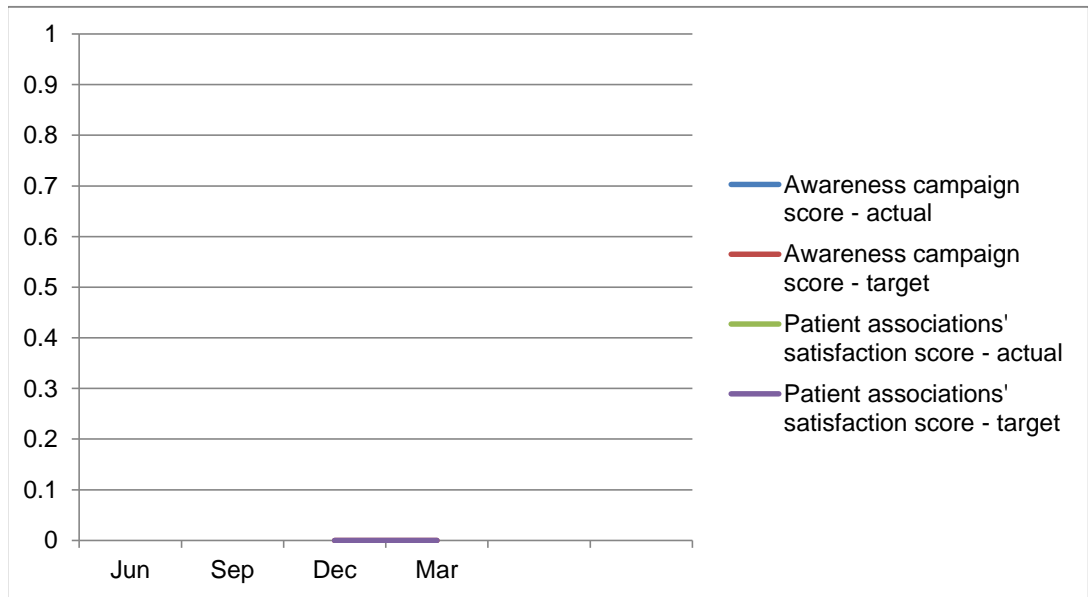
Progress is being made to set up the new approach/survey to get feedback from customers. Although the questions are primarily focussed on reputation, there are a few questions relating specifically to customer satisfaction. First results are anticipated in December and the survey will take place every six months thereafter.

Key Actions to rectify variance from target	Target Date	Owner	Progress
Identify how best to collate feedback on customer satisfaction from across HSCIC	Mid Nov 13	Phil Wade	

Actions recorded here are either actions taken by the KPI owner or actions taken by Board or EMT to rectify escalated problems

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

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



There are two performance indicators underpinning the Patient & Public Engagement (which will be measured quarterly or six-monthly):

1. Awareness campaign score. The pilot is due to complete in December at which point we should have some baseline data to report.
2. Patient associations' satisfaction score (as a proxy for public and patient satisfaction score). This survey has yet to be commissioned.

In the absence of hard data, performance is currently assessed as RED - i.e., 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]. The reasons for the RED assessment are threefold: 1) there are low levels of public/patient awareness of the new organisation; 2) we have not engaged the public in a meaningful way about our strategy; and 3) we are still waiting for the Cabinet Office to approve 'care.data'.

The target is to achieve AMBER (problems exist which can be addressed by the KPI owner) by end of this FY and GREEN (on track) in 18 months.

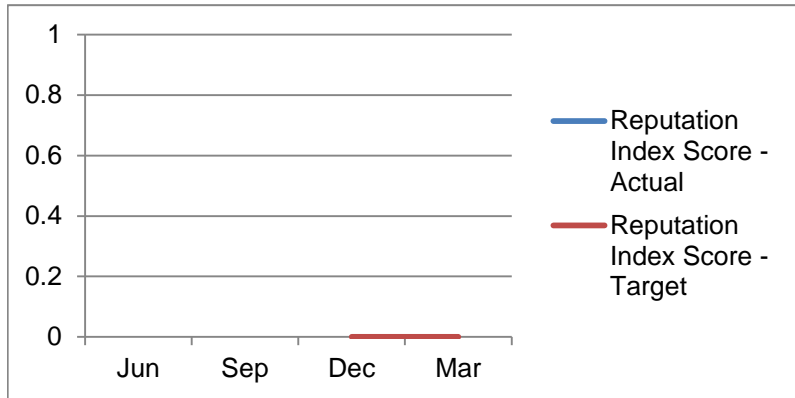
	Jun	Sep	Dec	Mar
Awareness campaign score - actual		No baseline		
Awareness campaign score - target			tbc	tbc
Patient associations' satisfaction score - actual		No baseline		
Patient associations' satisfaction score - target			tbc	tbc

Key Actions to rectify variance from target	Target Date	Owner	Progress

Actions recorded here are either actions taken by the KPI owner or actions taken by Board or EMT to rectify escalated problems

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

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



	Jun	Sep	Dec	Mar
Reputation Index Score - Actual		No baseline		
Reputation Index Score - Target			tbc	tbc

The 'Reputation' KPI will be measured using feedback from a new survey that is being devised for use with a new 'panel' of key customers and stakeholders. The new survey has questions that measure strategic objectives of trust, innovation and contribution to health and well-being. First results are anticipated in December and the survey will take place every six months thereafter.

Reputation will also be assessed using other relevant information as and when it is available. For example, an extensive contact programme with national journalists, which the HSCIC media team is currently conducting, has produced extremely positive feedback about the impartiality of the HSCIC, how its statistics are to be trusted and how we clearly do not "spin" or tamper with anything which could be seen as negative or positive for the NHS or Government. Retaining this reputation of neutrality and fairness is key to achieving the enhanced role set out in the H&SC Act and an independent website will play an important role in supporting this perception.

The EMT will discuss the 'Reputation' KPI at its next meeting on 17th October and then present to the Board its recommended assessment of current and forecast performance (subjective RAG score along with additional narrative) for ratification.

Key Actions to rectify variance from target	Target Date	Owner	Progress

Actions recorded here are either actions taken by the KPI owner or actions taken by Board or EMT to rectify escalated problems

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

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

The quality of the information provided by HSCIC, particularly with respect that to which HSCIC have brought additional value through its processing, is a key indicator of the success of HSCIC. It would be detrimental for high quality input information to degrade in quality through the process of extraction / collection / dataset development.

There are a number of different perspectives that can be taken on information quality, and consequently a number of different ways in which the quality of the information can be assessed. The current capability of HSCIC to measure the proposed performance indicators is as yet an unknown and as such work will need to be done throughout the remainder of FY13/14 to identify appropriate cross organisational inputs which will support scoring against the relative performance indicators to enable a formal assessment as to the state of this KPI. The proposed performance themes which could be measured in this area are:

1. Output audits – number of incorrect / rejected data extractions as a percentage of business output – this could draw on existing measures and checks within existing business processes aimed at ensuring poor quality or incorrect information is not published, alongside the number of information inaccuracies or similar reported back to HSCIC by requestors / commissioners through the various service desks across the organisation – existing processes such as dataset scores and data correction requests are potential measures which will need to be explored across D&I and latterly HSCIC.
2. Percentage of product and service areas publishing information which are ISO accredited (or equivalent) - an assessment of the proportion of each business unit and directorate responsible for processing and producing information that is compliant with a recognised quality assurance framework or accreditation process.

Whilst such accreditation is not a direct indicator or measure of information quality, it underpins the improvement in information quality through quality assured processes and procedures in business practice, and is recognised across the public and private sector as requirement for data and information processing organisations. This should also in turn demonstrate the existence of validation and assurance processes within the development areas which should inherently reduce the number of incorrect information outputs which are missed in the development process.

3. Utility Audits – specific and targeted survey of requestors, consumers and / or commissioners of specific information products to ascertain whether or the resultant product of HSCIC activity has met the expectations of and services the utility of the data within. This is a more subjective measure, however programmes and project delivery areas should already have formal acceptance criteria which could inform this measure, and service areas have or are developing lower level service level agreements which should / could inherently include acceptance exceptions.

**DELIVERY CONFIDENCE:** It is suggested at this point that overall delivery confidence for this KPI is rated as AMBER. It is known that some areas of the business already track this information, for example, with respect to ISO 9001 accreditation, information standards within D&I has tasked each of the key customer facing services with achieving ISO 9001 accreditation over an agreed timeline, with a target of 2 of 5 services being accredited by Q2 14/15 and a further 3 by Q2 15/16. Forecast RAG might be determined through discussion and response to the above within D&I and the EMT.

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

Actions recorded here are either actions taken by the KPI owner or actions taken by Board or EMT to rectify escalated problems

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

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

This KPI was described as measuring the benefits of the services we provide to the users of the service. Most HSCIC services are commissioned by parts of the healthcare system other than the ultimate users of the services we provide. As such it is assumed this KPI is intended to solicit feedback on the commissioned activities from the end user for the purposes of ensuring our commissioners are kept aware of and are able to respond to such feedback in the way in which they continue to commission our services. Ideas for indicators under consideration are as follows:

1. Average time to market (target versus actual as a delivery score – could be RAG derived from variance, or score) – i.e. the time from initial request to the implementation of a serviced solution. Response times with respect to commissioner requests are already being developed with respect to new commissioning processes and HSCIC has legislative commitments that need to be honoured in a timely manner. However more broadly, the lag from request for a collection, extraction, dataset, standard, product or new / revised service, may directly affect the usefulness of the resulting outputs, irrespective of how well the output services the original requirements. Additionally, public organisations are often seen to harbour bureaucracy seen to inherently hamper development and delivery of solutions. Whilst each component area of HSCIC will have existing or developing service levels which would inform this indicator, there are areas that acknowledge and plan to improve leads times.

This measure should be carefully considered in parallel with the data and information quality measures, as the potential behavioural consequences of tracking and measuring any one could adversely affect the others.

2. Customer satisfaction (overall RAG) – HSCIC already has a number of existing means of measuring and garnering customer satisfaction with its products and services, and it may be that this particular indicator is already captured and / or could be informed by those owned by other directors. It is suggested that the component indicators here would relate to an amalgam of:

- Complaints handling – measuring support calls over a given period in relation to relative products and services across directorates.
- Download statistics – there are a range of different publication mechanisms in use across HSCIC, many of which, when combined with customer and consumer related information drawn from customer relationship management systems, could be used to determine target consumption (by group, stakeholder tier, etc) against actual consumption of published content. This would help determine target community, audience and vendor take up, versus actual consumption, and should be a by-product of a mature CRM system.

DELIVERY CONFIDENCE: It is suggested at this point that overall delivery confidence for this KPI is rated as AMBER. It is known that the lead times for PbR reimbursement amendments can run into years, and consideration is already being given as to whether Terminologies and Classifications should provide more flexible or frequent release cycles. Such indicators would enable HSCIC to identify, monitor and focus effort on those areas seen as most exposed to such measures. It is suggested that the forecast delivery confidence for FY end would also be AMBER, as whilst we would intend to ensure there is a clear view of the areas of most exposure, taking proactive steps to improve the metric is likely to take significantly longer.

Key Actions to rectify variance from target	Target Date	Owner	Progress

Actions recorded here are either actions taken by the KPI owner or actions taken by Board or EMT to rectify escalated problems



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

KPI Owner to review tolerances and consider including additional PIs e.g., invoice payments and number of retrospective POs.

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

	Budget (£m)	Forecast (£m)	% Variation
% variation forecast outturn of operating costs versus budget	£218.3m	£208.0m	4.7%

### HSCIC Operating costs

The forecast expenditure has reduced further from £211m at month four to £208m at month five due to more realistic assumptions about filling vacancies over the remainder of the year. However, at month five the year to date underspend is now over £6m, so to hit our current forecast expenditure the organisation would need to recruit an additional 20+ staff per month for the remainder of the year, which suggests we can expect the forecast underspend to continue to rise.

### Management action

	Actual (£m)	Forecast (£m)	Cumulative YTD forecast
% accuracy of forecasting operating costs Note: PI under development			

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

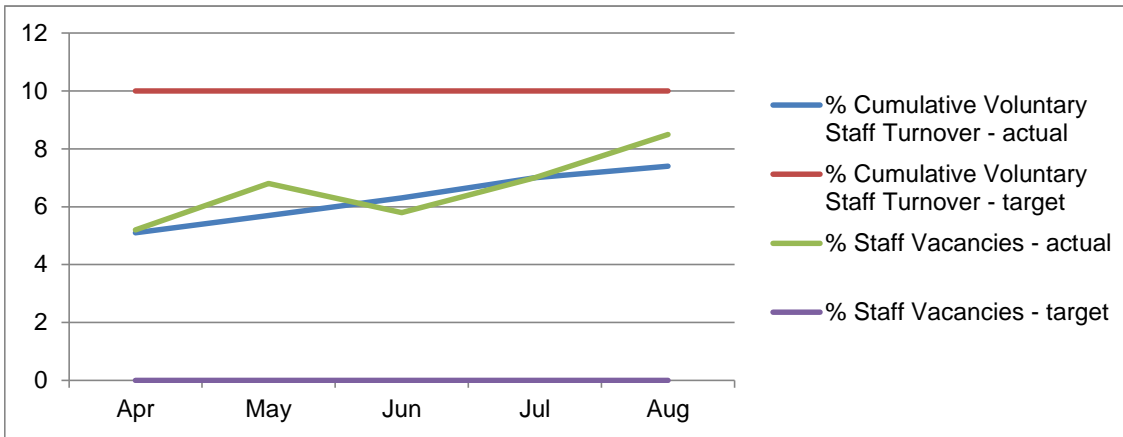
The Zero Based Review process also included a collection of reforecast figures for 2013/14, which we believe has led to an increased understanding by individual teams of their costs, and is probably the reason for the increased forecast underspend on the HSCIC operating costs. The process of internal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

Key Actions to rectify variance from target	Target Date	Owner	Progress

Actions recorded here are either actions taken by the KPI owner or actions taken by Board or EMT to rectify escalated problems

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

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



### Cumulative Voluntary Staff Turnover

Cumulative voluntary turnover rate was 7.4% in August. August turnover was exceptionally high. Investigation has revealed that reasons for this include immediate resignation post TUPE transfer of Choices staff and higher than normal resignations in the LSP Directorate in advance of forthcoming restructuring.

It is showing RED in the table because of the tolerances that have been set for this indicator - but the trend is in a positive direction. Voluntary turnover includes only those leaving the HSCIC through voluntary employee resignations and retirements. This represents 140 leavers in the last 12 months. However, the trend is in the right direction to achieve the 10% target.

27 of the 32 leavers for August chose to leave the HSCIC for voluntary reasons. Cumulative turnover has been calculated on an approximate basis through combining turnover information for the legacy organisations NHS IC and NHS CFH, however the information is not available for other legacy organisations.

### Staff Vacancies

The vacancy rate shows the number of active vacancies (i.e., approved vacancies where recruitment activity has commenced) as a percentage against the planned establishment (i.e., current staff and active vacancies). Although currently GREEN (a function of the tolerances set for this indicator), by extrapolating April to August data we could be AMBER within two months (see Financial Management on page 17 for more information on the financial consequences of this).

### Zero Based Review

The Zero Based Review exercise currently underway will provide valuable information and enable planning for anticipated vacancies.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% Cumulative Voluntary Staff Turnover - actual	5.1	5.7	6.3	7	7.4							
% Cumulative Voluntary Staff Turnover - target	10	10	10	10	10	10	10	10	10	10	10	10
% Staff Vacancies - actual	5.2	6.8	5.8	7	8.5							
% Staff Vacancies - target	<=10	<=10	<=10	<=10	<=10	<=10	<=10	<=10	<=10	<=10	<=10	<=10

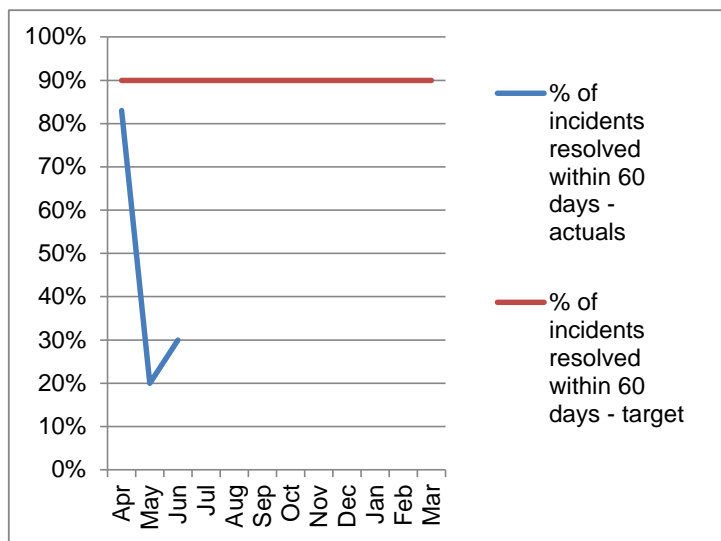
Note: KPI Owner will be monitoring the targets and tolerances for staff vacancies and staff turnover respectively over the next few months to ensure they are valid.

Key Actions to rectify variance from target	Target Date	Owner	Progress

Actions recorded here are either actions taken by the KPI owner or actions taken by Board or EMT to rectify escalated problems

<b>KPI</b>	<b>Information Incidents</b>
<b>KPI Owner</b>	<b>Clare Sanderson</b>

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



This KPI will specifically monitor incident resolution in relation to information and data.

Currently there are several different systems and processes which are capturing incidents. There is a requirement to have a single agreed way of capturing all information related incidents. The former NHS IC used a SharePoint system for recording incidents and this system is currently the primary vehicle for recording information related incidents. Each incident requires a lessons learned review, a root cause analysis and sign off from a senior manager. The target is to complete all of this within 60 days of the incident being reported.

Results as at end of August 2013 (taken from the former NHS IC system) are as follows:

- 165 incidents in total
- 68 incident resolved within the target of 60 days (41%)
- 25 incidents remain unresolved (15%)

The process has not been publicised as much in recent months and this there is a perception from some staff that the system is no longer being used. The low levels of completion could also be affected by staff doing all of the necessary work but not actually updating the system. The Business Improvement Forum is looking to address these issues.

An overall assessment of RED has been applied to this KPI because the current figures may not include all information incidents as other systems and processes are being used. [RED means serious or recurring problems exist which require escalation for resolution].

The second PI relates to the quality of response to information incidents. This measure is still under development.

Note: we are seeking clarification on the definition of "information incident" as there may be some overlap with D & I directorate.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% of incidents resolved within 60 days - actuals	83%	20%	30%									
% of incidents resolved within 60 days - target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

Key Actions to rectify variance from target	Target Date	Owner	Progress

Actions recorded here are either actions taken by the KPI owner or actions taken by Board or EMT to rectify escalated problems

# Appendix 1 - Summary of Business Planning Progress

Target	Target date	Status	Target	Target date	Status
<b>Statutory commitments:</b>			<b>Our Commitments</b>		
Manage those national data collections as set out in instructions from the Secretary of State and NHS England	BAU	Progressing	Contribute to a strategic review of the "inheritance" from precursor organisations		Progressing
The secure storage and publication of the core national data resources	BAU	Progressing	Support the development of Care.data		Progressing
Provide the expertise necessary to support the continued delivery of existing national IT systems and critical services such as information standards		Progressing	Work with our sponsors and funders to take advantage of the strategic technical opportunities – especially Cloud & 4G		Progressing
Take over data collection responsibilities from other arms-length bodies and central data collectors such as the DH itself	BAU	Progressing	Work with NHS England, DH and Monitor to implement the new requirements to support the future payment regimes		Progressing
Extend the capability of our data linkage service	2013/14	Progressing	Ensure that SUS Release 13 Payment by Results goes live in April 2013	Apr-13	Completed
Deliver a safe transition from the existing information standards products and services	Mar-14	Progressing	Transform the way local services and contracts are managed in 2013/14 onwards	Oct-13	Progressing
Fulfil our data quality assurance responsibilities	BAU	Progressing	Establish the Data Services for Commissioners to provide support to CSUs and CCGs		Progressing
Consolidate our position as the national source of indicators	BAU	Progressing	Procure and make available by March 2014 national NHS Network services	Mar-14	Progressing
Fulfil our information governance responsibilities – Publish our second data quality report	Sep-13	Completed	Extend the roll out of the Electronic Prescription Service	Mar-14	Progressing
Implement our plans for the system-wide management of administrative burden	BAU	Progressing	Procure and implement a replacement for the GP Systems of Choice (GPSoC) framework by December 2013	Dec-13	Progressing
<b>Our Corporate duty</b>			Extend GP2GP rollout and coverage to 75% of the GP practices in England	Mar-14	Progressing
Collaborate with all key national stakeholders, including and especially the DH arms-length bodies	BAU	Progressing	Replace the existing Quality Management and Analysis System with (CQRS) by April 2013	Apr-13	Completed
Establish the right partnerships and collaborative processes with other parts of the health and social care services	BAU	Progressing	Procure a replacement for the NHSmail service by March 2014 and be ready to start the transition to the new service	Mar-14	Progressing
Put in place an Organisational Development programme	BAU	Completed	Build our analytical expertise by improving the depth and range of analyses provided in our statistics outputs	BAU	Progressing
Ensure that our relationship management function supports the new delivery arrangements	BAU	Progressing	Support the mandation of new data sets from 2013/14 onwards	2013/14	Ongoing
Develop a comprehensive workforce strategy	BAU	Progressing	Support the strategic information agenda for adult social care		Progressing
Align our ICT development and delivery functions to ensure a consistent approach across the organisation	BAU	Progressing	Maintain the delivery of the Exeter services, and the Spine and Spine Directory Services	BAU	Progressing
Implement the new financial model, with the appropriate approvals and assurance processes, as described in section 8	BAU	Progressing	Develop replacement applications to provide user interfaces to Spine data and information flows	Sep-Oct 13	Progressing
Maximise opportunities for delivering efficiency savings and to create opportunities for savings	BAU	Progressing	Deliver prescribing functionality into the Offender Health IT estate		Progressing
Ensure all statutory corporate compliance obligations are met and that statutory assurance controls are in place	BAU	Progressing	Re-launch the Choose and Book service through a re-procured service		Progressing
<b>Monitoring of Business Plan Activities</b> Currently all areas appear to be on track. We aim to use KPIs to monitor all Business Plan targets going forward where appropriate. We are currently using KPIs to monitor Key Stakeholder Satisfaction (page 9) and Service Performance (page 8).			Transfer CSC PACS to local ownership and delivery arrangements by June 2013	Jun-13	Completed
<b>Points of Interest</b> - <b>Care.data</b> - We are progressing with the implementation of the primary care extraction for care.data which will be delivered via GPES. Two new linked datasets have been made available via the Data Linkage and Extract Service: Mental Health Minimum Dataset linked to HES and Diagnostic Imaging Data to HES. - <b>Casemix</b> - Directly supports statutory obligations for the costing and pricing of clinical activity. To date we have delivered HRG4 currency grouping algorithm to support their engagement with the service over proposed 2014/15			Prepare for transfer of BT and Accenture PACS services to local ownership during 2013 – 2015	2015	Progressing
			Support the NHS as they deliver with their Local Service Providers (LSP)	2016	Progressing
			Catalyse the procurement and delivery of the Southern Local Clinical Systems	Mar-14	Progressing
			Enable better clinical care to patients through increased access to and use of SCR information by March 2014	Mar-14	Progressing
			Provide a set of catalogue national services to support integration with Social Care & Any Qualified Providers by Sept 13	Sep-13	
			Extend the Spine capability to support a range of cross-Government activities	Mar-14	Progressing

This table summarises the commitments which were included in the 2013/14 Business Plan (appendix 3 of the published version).

## Appendix 2 - KPI RAG Tolerances

KPI title	KPI formula and/or PI titles	KPI/PI Tolerance
Key Stakeholder Satisfaction	Stakeholder management score - Programme SROs	Until such time as we have a numeric baseline, the following subjective tolerances will be used:
	Formula: average score (taken from the responses to five questions [under development])	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]
Customer Satisfaction	Stakeholder management score - DH	As above
	Responsiveness - subjective RAG assessment	As above
Public and Patient Engagement	Customer satisfaction score	As above
	Awareness campaign score	As above
Knowledge Management	Patient Association satisfaction score (as a proxy for public and patient satisfaction score)	As above
	Number of validated Level 1 Item lessons learned submitted by programmes, services, and directorates to the Review Body for consideration	GREEN = within 75% of target AMBER = between 50% and 74% of target RED = less than 50% of target
Information Quality (output)	To be confirmed	
Data Quality (input)	To be confirmed	
Information Incidents	Time taken to resolve information incidents	Green: Over 90% resolved within 60 days Amber: 75-90% Red: Less than 75%
	Quality of response to incidents	Until such time as we have a numeric baseline, the following subjective tolerances will be used: 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]
Key Supplier Satisfaction	Key supplier satisfaction score (rolling average)	As above
Programme Achievement	% programmes 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	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-base lining 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
Innovation	Innovation index (weighted average score across five measurable components)	In the absence of a numeric baseline, the following subjective RAG assessments will be used:  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]
IT Service Performance	Number of services achieving Availability target	Green = 100% OSL passes
	Number of services breaching Availability target, but not to a critical level	Amber = 1+ FL1 breach Red = 1+ CSL breach, >=5% FL1 breaches
	Number of services breaching Availability target at a critical level	
	Number of services achieving response time target	Green = 100% OSL passes
	Number of services breaching response times target, but not to a critical level	Amber = 1+ FL1 breach Red = 1+ CSL breach, >=15% FL1 breaches
	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%

## Appendix 2 - KPI RAG Tolerances (Contd.)

KPI title	KPI formula and/or PI titles	KPI/PI Tolerance
Usefulness of Service	Indicators under development	
Transformation Programme progress	Overall progress RAG score	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]
	Benefits achieved RAG score	As above
Financial Management	% variation forecast outturn of operating costs versus budget	GREEN +0.5% to +3% AMBER +3% to +5% RED Over 5% and under +0.5%
	% variation forecast outturn of Programme spend versus budget (revenue)	GREEN +0.5% to +3% AMBER +3% to +5% RED Over 5% and under +0.5%
	% variation forecast outturn of Programme spend versus budget (capital)	GREEN +0.5% to +3% AMBER +3% to +5% RED Over 5% and under +0.5%
	% accuracy of forecasting operating costs	GREEN = forecast accuracy within 2% AMBER = forecast accuracy more than 2% but less than 4% RED = forecast accuracy more than 4%
	% accuracy of forecasting Programme spend (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 Programme spend (capital)	GREEN = forecast accuracy within 2% AMBER = forecast accuracy more than 2% but less than 4% RED = forecast accuracy more than 4%
Organisational Health	% of approved requestors that have received an invitation to book on a training course	GREEN = 85% or more of invitations sent AMBER = between 84% and 70% of invitations sent RED = < 70% of invitations sent
	% of staff vacancies	GREEN = 10% or less AMBER = more than 10% but less than 12% RED = more than 12%
	% staff turnover	GREEN = 10% -12% AMBER = 9 and 13% RED = Above 13% and below 9%
Reputation	Reputation index	In the absence of a numeric baseline, the following subjective RAG assessments will be used:  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]

# Appendix 3 - Transformation Programme Progress

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**Reporting Period: 25/07/2013 – 04/09/2013**

## **Organisational Development**

The HSCIC Transformation Programme Board held in September agreed the list of organisation wide transformation projects to be delivered. There are a mixture of strategic activities designed to respond to some of the big strategic challenges set out in the emerging strategy; people related activities to build the capability in our workforce to meet the challenges of delivering our strategy; operational management activities to put in place clear corporate operational management processes and systems and integration activities to bring together complementary activities from across the organisation.

The organisational values for the HSCIC have been developed to support the emerging strategy and these will be tested with staff throughout the remainder of 2013.

The HSCIC LSP Delivery Directorate commenced collective consultation with staff on the 7th October on the impact of the proposed changes to the LSP Delivery Directorate operating model. The proposed operating model and structure anticipates a reduction in roles compared with the current establishment.

The first HSCIC staff survey ran in July and August. As well as standard employee engagement questions, it included a number of supplementary questions designed to provide greater insight into our organisational health by testing the organisation practices at which we have determined we should strive to be elite. Directorate level responses need to be developed and organisation wide transformation initiatives have to be aligned to the feedback. The Championing Change Forum met for the second time in September and provided feedback on the staff survey results, transformation initiatives and prioritised issues most affecting staff in the organisation.

## **Transformation Initiatives**

The initial suite of transformation initiatives was released to all staff at the start of August. Feedback was encouraged via directorate transformation leads and change champions and through a discussion forum. The initiatives have been further developed following feedback and an initial high level plan has been developed for consideration by the Transformation Programme Board.

Since the last Programme Board, Group Professional Leads have been identified and details for each of the professions are being developed.

Within the Operational Governance initiative, significant effort is focused on completing and agreeing harmonised HR and Corporate Policies and a review of the operational governance structure will be initiated in September.

## **HSCIC SIAM**

The Transformation Board has approved the creation of the HSCIC SIAM (Service Integration and Management) function, bringing together all the skills in these areas from across HSCIC into a single multi-located function. This will deliver best quality services and lowest total cost of ownership though leveraging economies of scale and using consistent best practice for all HSCIC provided and managed services, whilst providing the necessary flexibility to meet specific Programme requirements.

The model is based on the cross government SIAM blueprint, the design of which took into account our own models and experience as a service integrator of national critical infrastructure services. The HSCIC SIAM will provide a single point of accountability, taking responsibility for and assuring suppliers performance, co-ordinating delivery, integration, and interoperability across multiple providers, and providing the necessary governance on behalf of the users. In-house capability will be supported by contracts with specialist external providers of SIAM services, working with us to provide additional capability and capacity as required. A Transformation project is now being established, led by the Operations and Technical Services Directorate. Priority is being given to developing an effective operating model for Spine2, and supporting the next generation of services such as Care.Data.

## **Directorate Transformation**

Since the last Programme Board there has been increased activity across the directorate level transformation projects. A standard set of initial milestones for each Directorate has been agreed and initial plans against these milestones are included within this report. The organisation change policy which will facilitate clearer directorate level organisation change and is a dependency for the start of formal consultation within the LSP Directorate was ratified at the JNCC on the 4th September 2013.



# Appendix 4 - Glossary of Terms

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AAP	- Assurance of Action Plan	JNCC	- Joint Negotiation and Consultation Committee
ALB	- Arms Length Body	KPI	- Key Performance Indicator
BC	- Business Case	LSP	- Local Service Provider
CAB	- Choose and Book	MoU	- Memorandum of Understanding
CCN	- Contract Change Notice	MPA	- Major Projects Authority
CEO	- Chief Executive Officer	N3	- NHS National Network
CfH	- Connecting for Health	NB	- No Board
CPIS	- Child Protection Information Sharing	NHS IC	- NHS Information Centre
CQRS	- Calculating Quality Reporting Service	NME	- North, Midlands and East
CRM	- Customer Relationship Management	NR	- No Report
CRS	- Care Records Service NHS	NWWM	- North West and West Midlands
CSC	- Computer Sciences Corporation	OBC	- Outline Business Case
CSL	- Critical Service Level	OGC	- Office of Government Commerce
D & I	- Data & Information	OHIT	- Offender Health Information Technology
DH	- Department of Health	OSL	- Operating Service Level
DMS	- Defence Medical Services	PbR	- Payment by Results
e-RS	- Electronic Referral Service	PHSO	- Parliamentary and Health Service Ombudsman
ETP	- Electronic Transmission of Prescriptions	PI	- Performance Indicator
EMT	- Executive Management Team	PLACE -	- Patient-Led Assessments of the Care Environment
EPS	- Electronic Prescription Service	PSNH	- Public Service Network for Health
FL1	- Failure Level 1	RAG	- Red, Amber, Green
FY	- Financial Year	ROCR	- Review of Central Returns
GPES	- General Practice Extraction Service	RPA	- Risk Potential Assessment
GPSoC	- GP Systems of Choice	SCR	- Summary Care Record
HJIS	- Health & Justice Information Service	SIAM	- Service Integration and Management
HSCIC	- Health and Social Care Information Centre	SME	- Subject-Matter Expert
HSDS	- Health & Social Care Digital Service	SME	- Small and Medium Enterprises
HSJ	- Health Service Journal	SRO	- Senior Responsible Owner
HSSI	- Higher Severity Service Incident	SSD	- Systems & Service Delivery
IN PS	- In Practice Systems	TBC	- To be Confirmed
ISCG	- Informatics Services Commissioning Group	TUPE	- Transfer of Undertakings (Protection of Employment)
ISO	- International Organization for Standardization	ZBR	- Zero Based Review