hscic Health & Social Care
Information Centre

HSCIC Board Performance Pack

October 2013 Data

Contents

Executive summary - HSCIC Performance

Successful delivery appears probable for the majority of projects within Programme Delivery. Forecast Delivery Confidence for January 2014 is assessed as AMBER GREEN although moving towards GREEN. One additional programme has been added to the dashboard this month (Spine 2). More programmes will be added in next month's pack.

One of the principal areas of concern in Programme Delivery is resourcing and this has improved with only two projects now reporting this as RED. In terms of milestones, there are three projects reporting RED and twelve assessed as AMBER. Revised financial reporting for October has also caused most projects to report RED due to underspend.

There are still some serious concerns around financial management across the HSCIC. In terms of operating costs, the forecast still contains challenging recruitment targets for the latter five months of the year, particularly in relation to the DH re- procurements. Accuracy of forecasting is another area of concern and is RED. However, progress is being made as the quality of financial reporting has been improved and closer links between financial business partners and departmental managers are being forged. Further financial performance indicators relating to debt collection, correct use of purchase orders and the timely payment of invoices are also being considered for inclusion in future performance packs.

The percentage of staff vacancies has reduced slightly but the effect on underspend is still evident. Recruitment activity is expected to continue to increase across all directorates and the data from the Zero Based Review (ZBR) exercise is helping to inform a more strategic approach to headcount and vacancies.

We are broadly on track to achieve our target for staff turnover. There has been an upwards trend since the start of the financial year and a small increase to 7.6% in October (against a target of 10%) which is the highest figure so far this year.

On the whole, September was a positive month for live Service Availability with 62 out of 66 services having achieved or exceeded their average availability targets. September saw the number of Higher Severity Service Incidents (HSSI) logged in the month rise to 33 which is more aligned to the six monthly average following the low numbers experienced in July and August. The resolution times for service availability and HSSI fix times are also very positive.

The Cyber Security Review has made a number of recommendations which the Information Assurance Directorate has taken the lead on in co-ordinating and implementing the required work streams across the organisation. Initial planning is underway, however resource is still being sought to establish the required project management and co-ordination to drive progress. Interim resources are scheduled to start as soon as possible and it is expected that initial plans and strategy should be available for review in January 2014.

Work is now in hand to agree the way forward for the Incident Resolution KPI. The average time taken to resolve incidents is still falling well short of the 60 day target and key directors are being consulted to look at how this can be improved. Importantly, the current data source for this KPI is not believed to be representative of all incidents across the organisation and is predominantly based on ex IC data. Therefore a piece of work has commenced to ensure that all relevant incidents (and their resolution) are captured and reported. This work is expected to be completed by the end of March.

The Information Quality KPI will now focus on information quality incidents. A baseline and targets are currently under consideration. This KPI also currently relies on the ex IC incident reporting system.

A new KPI that focuses exclusively on Information Governance Incidents has been created. Baselines and targets are under development and are expected to be finalised by January 2014.

After feedback from EMT, the Key Stakeholder Satisfaction and Customer Satisfaction KPIs have been merged. The new KPI is titled Customer and Stakeholder Satisfaction and all of the PIs and actions from each have been merged in to this one, new KPI.

Progress is being made on Business Planning for 2014/15. All directorates will be producing draft Business Plans by the end of November which will feed in to the HSCIC corporate Business Plan. Each director has been briefed on the approach that needs to be taken and new templates and guidance documents have been created and approved. Following this, the first draft of the corporate Business Plan will be created by mid-January with final sign off by DH in February. Some analysis will be required in December to cross- check the Commissioning Requirement with the HSCIC Strategy and HSCIC Business Plan.

Points of Interest

Virgin Care have been very impressed with the support given by HSCIC to enable the implementation of Total Mobile across their Community Nursing Service (which will start to transform the way that its clinical staff operate). HSCIC support from all functions was extremely positive, with a 'can do' mind-set throughout. Bart Johnson from Virgin Care said "we really believe that this project is a major advance in this ambition. As an organisation, our confidence in working in collaboration with the HSCIC has been significantly enhanced and hopefully can set a template for the future".

A new interactive dashboard was launched in November to help people see how their local authority compares with similar councils and the national average has been launched. The dashboard covers all the indicators held within the Adult Social Care Outcomes Framework. It shows how satisfied users are with social services, the 'quality of life' scores for social service users, how well carers feel they are included in discussions about the person they care for, delays on transfers of care from hospitals and more. Initial feedback received to date has been positive.

The Secretary of State for Health approved the NHS Mail 2 Outline Business Case and the programme team are close to selecting the SMS messaging provider. The e-Rs programme team held the first Stakeholder Design Council on 22nd October with an attendance of over 30 new members (clinical and non-clinical) from a range of organisations within the NHS.

RiO Release 2 First of Type services successfully started at Waltham Forest, South West London and St Georges NHS Trust (the latter two for Mental Health). The service at Waltham Forest (part of North East London Foundation Trust) provides the Trust with access to enhanced ePrescribing, mobile working, Summary Care Record access, Integration Compliance and new Urgent Care setting functions to benefit patient care.

Following internal assurance, the Full Business Case for the CSC LSP Programme was approved by the SRO on 18 November 2013 ensuring it now has an up to date approvals and spending baseline.

The HSCIC has been assessing the compliance of 70 commissioning organisations with the standards set by the Confidentiality Advisory Group ins support of NHS England's S251 support. The team has registered the first CSU organisation to successfully complete the process with a further 17 due to complete the requirements soon. This support allows data to flow to Commissioning Support Units and some Clinical Commissioning Groups when they are registered.

The Director of Information Assurance has joined the Cyber Security Forum run by the Department of Health which will provide business leadership and focus for cyber security across the health and social care system. The Forum is an excellent vehicle for the HSCIC to share their experiences and progress in this area and will enable a speedy and improved engagement with colleagues from DH, NHS England, PH England and social care in relation to cyber security issues. It will also ensure that health and social care assets are incorporated within the wider government approach.

The HSCIC continues to consolidate its role on burden reduction. Our report is nearing completion on the findings from the Bureaucracy Busting audits. It will be launched at a workshop in December involving a range of national organisations as well as the participating Trusts. We are also drawing up plans for the next phase of the Bureaucracy Busting programme. This high profile work involves contributions from a number of our Directorates, and we are therefore exploring the right governance model that will support this work.

HSCIC has signed a Concordat reflecting its commitment to work collaboratively on the reduction of burden.

Key developments in the way health and care data will be collected, analysed and published by HSCIC was presented at a well-attended EHI Live national conference at the beginning of November. The range of systems and applications provided to the NHS by HSCIC were highlighted at this event. It was reported by Chair Kingsley Manning that the Health Secretary wants the HSCIC to become the Office of National Statistics for healthcare and that it plans on not only publishing more data but more data insights.

Data and Information Services welcomed the Turkish Social Services Agency to HSCIC in November. The delegation have recently established a Health Technology Assessment body and we shared information with them about HSCIC's role, functions and information services. The group found the visit extremely informative and have expressed the desire to maintain an open dialogue as their system develops.   This demonstrates how we can share our expertise to benefit Health Informatics in other countries.

The results of the first programme of Patient-Led Assessments of the Care Environment (PLACE) were published in September. This programme, which was established at the specific request of the Prime Minister, saw over 5,000 members of the public involved in assessing local hospitals in areas such as cleanliness, privacy and dignity and well-being and hospital food. The HSCIC was instrumental in the design of the assessment and in managing all aspects of the collection and publication.

Further organisation wide staff engagement on the Transformation Programme has progressed in the period and a number of transformation projects are now moving into the delivery phase. The formal collective consultation for the LSP Delivery Directorate ended on 6th November and the high levels of feedback received from the consultation are being considered for the final proposal. The Transformation Programme Plan and Workforce response to the HSCIC strategy will be considered by the December HSCIC Board.

Summary of EMT KPI Performance

EMT 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	A/G	A/G	A/G	A/G
IT Service Performance	Rob Shaw	A	A	A	G
Customer and Stakeholder Satisfaction	James Hawkins & Dr. Mark Davies	N/A	N/A	A	N/A
Public & Patient Engagement	Dr. Mark Davies	R	N/A	A	A
Reputation	Alan Perkins	N/A	TBC	TBC	TBC
Information Quality	Max Jones	A	A	see KPI report page	see KPI report page
Usefulness of Service	Max Jones	A	A	see KPI report page	see KPI report page
Financial Management	Carl Vincent	R	R	R	R
Organisational Health	Rachael Allsop	G	G	A	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)

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
Incident Resolution	Clare Sanderson	R	R	R	N/A

KPI	Programme Achievement		Previous RAG	A/G
KPI Owner	James Hawkins		Current RAG	A/G
			Forecast RAG	A/G

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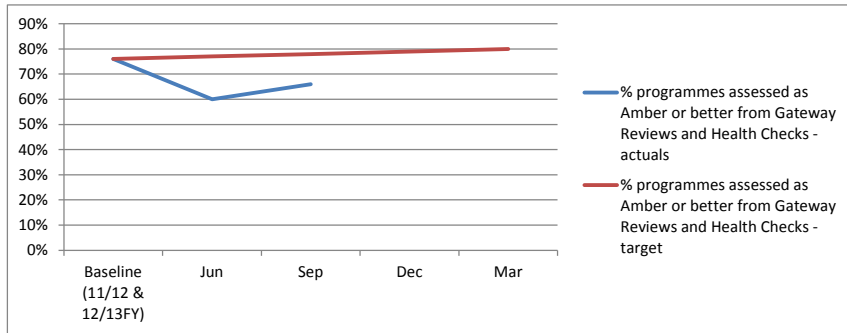
	Baseline (11/12 & 12/13FY)	Jun	Sep	Dec	Mar
% programmes assessed as Amber or better from Gateway Reviews and Health Checks - actuals	76%	60%	66%		
% programmes assessed as Amber or better from Gateway Reviews and Health Checks - target	76%	77%	78%	79%	80%

Note: Finance Department have introduced a revised method of RAG reporting on current year budgets to reflect the different categories of project expenditure: HSCIC Admin, Programme Revenue and Programme Capital. Any area of expenditure that is deemed to be outside of agreed corporate tolerances will results in an overall assessment of Amber or Red for current year budget even though the total may be within tolerance.

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

◻ Resourcing (project vacancies and/or local capability constraints) - the position has improved for October with only 2 projects reporting "Red" compared to 4 in September. HSCDS (Choices Managed Service) is due to a significant number of vacancies (36). NHSmail continues to be under-resourced with 6 vacancies due for advert in coming weeks.

◻ Key Milestones – overall milestone achievement for GP2GP, PSNH and HJIS reported as "Red" with 10 projects assessed "Amber". Predominantly due to actual / forecast delays in obtaining business case / ICT spend approval e.g. NHSmail2 and HJIS awaiting confirmation of affordability. In some instances potential delays are due to ambitious timelines being set by the SRO e.g. NHS Choices Online Channel. GP2GP reported red to enable supplier defect fixes (Microtest Evolution). Delays starting to impact on current end dates with Tolerance Exception reports being considered e.g. PSNH, NHSmail2 and ETP. This has led to a need to extend some existing business cases e.g. ETP and N3.

◻ Current Year Budget –Revised financial reporting guidelines for October have resulted in majority of current year project budgets now being assessed "Red" which in the main is due to HSCIC admin underspend.

Additionally, there are some project-specific issues:

◻ Calculating Quality Reporting Service - GP System Suppliers unwilling to commit to timescales for Enhanced Services until QOF data has been progressed further and known issues are resolved and/or workaround in place.
◻ GPSoC Replacement - contract signature planned Feb 2014 may be delayed due to number of complex dependencies.
◻ NHS Choices The Online Channel - HSCIC Portfolio Board to consider project brief and SOBC to be submitted to both CAP and ISCG November 2013.
◻ Electronic Transmission of Prescriptions – Plans in place for 'Fast Track' implementations with aim to increase GP practice deployment before end of current business case - 31 March 2014. HSCIC Portfolio Board to consider project brief for 2 year extension of existing business case and development of new case.
◻ Public Service Network for Health – 'Red' delivery confidence from MPA during Gate 2 June 13. Action plan developed to address recommendations.. Resources to support OBC expected to be in place shortly - PSBC submitted via relevant approvals.
◻ Spine 2 – 'Red' delivery confidence from the MPA PAR April 2013. Action plan developed to address recommendations validated by the MPA during AAP September 13 - Delivery Confidence status subsequently changed to "Amber".
◻ Summary Care Record – 31.1m people in England now have a Summary Care Record. Viewings of SCR are rising to 40-50k each month. The Patient Information Programme has been completed and more than 46 million people have been written to.
◻ NHS eRS – Programme Board approved recommendation for CAB continuation Dec 13-Dec 14 and during last month work has commenced to ensure contracting and operating model is in place.

MPA Gateway & Internal Health Check Delivery Confidence PI:

The chart opposite relates to indicator set for the Programmes Delivery Directorate to achieve 80% of delivery confidence assessments of Amber or better for Gateway Reviews. Baseline of 76% based on % achieved during 2011/12 and 2012/13 - currently at 66% based upon Gateway Reviews to end of September 2013. When we measure this indicator again in December we will decide if we add the additional programmes to the % score.

Key Actions	Target Date	Owner	Status
Revisit weighting of programmes included in the KPI	08/11/2013	James Hawkins	Fully completed
Provide information on other programmes - GPES, Spine 2, LSP Programmes, Care.Data, Data Sets for Commissioners, SUS/PBR - in the October pack	28/11/2013	James Hawkins	Fully completed
Inform James Hawkins and Rob Shaw of the date of the 'first of type' and if a 'plan B' for GPES is	01/11/2013	Max Jones	Fully completed
Relating to GPES a dedicated resource to manage QoF data is required. James Hawkins to suggest options to Max Jones	01/11/2013	James Hawkins	Fully completed

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

KPI	Programme Achievement
KPI Owner	James Hawkins

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

Programme Delivery Dashboard - October 2013

ID	Project	Overall Delivery Confidence RAG (Aug)	(Sep)	(Oct)	(Nov)	(Dec)	(Jan)	Gateway RPA	Gate	Date	RAG	Key Delivery Milestones (Aug)	(Sep)	(Oct)	Current year financial forecast vs. budget (Aug)	(Sep)	(Oct)	Investment justification forecast spend (Aug)	(Sep)	(Oct)
P0004	CP-IS	Amber	Amber	Amber	A/G	Green	Green	M	3	Jul-2012	Amber	Amber	Amber	Amber →	TBC	TBC	Green	Green	Green	Green →
P0070	CQRS	Amber	Amber	Amber	A/R	A/R	A/R	M	4a	Oct-2013	Amber	NB	Green	Green →	NB	Green	Green →	NB	Green	Green →
P0010	DMS Connectivity	Green	Green	Green →	Green	Green	Green	N/A	N/A	N/A	N/A	Green	Green	Green	Green	Green	O ↓	N/A	N/A	N/A ↓
P0012	ETP	A/R	A/R	A/R	A/R	A/R	A/R	H	0	Nov-2012	A/R	NB	Green	Green ↓	NB	Green	U ↓	NB	Green	Green →
P0014	GP2GP	Green	Green	Green →				L	N/A	N/A	N/A	NR	Green	Red ↓	NR	Green	U ↓	NR	Green	Green →
P0017	GPSOC	Green	Green	Green →				H	4	Mar-2009	A/G	NB	Green	Green →	NB	Green	U ↓	NB	Green	Green →
P0208	GPSOC Replacement	Amber	Amber	Amber →				H	2	Jul-2012	Amber	NB	Green	Red →	NB	Red	U →	NB	Green	Green →
P0207	HJIS	A/R	A/R	A/R	A/R	A/R	A/R	M	1	Sep-2013	A/G	Amber	Green	Red ↓	Amber	Green	Green →	N/A	N/A	N/A →
P0026	HSCDS (Choices Service)		A/R	Green ↑	Amber	Green	Green	M	5	Apr-2012	Green	NR	Red	Amber ↑	NR	Green	TBC ↓	NR	Green	NA
P0298	NHS Choices Online Channel			A/R	A/R	A/R	A/R	H	TBC	TBC	N/A	NR	NR	Amber	NR	NR	TBC	NR	NR	Amber
P0024	N3	Green	Green	Green →				H	5	Jul-2012	A/G	Green	Green	Green ↓	Green	Green	U ↓	Green	Green	Green →
P0238	NHS e-RS inc. CAB	Amber	Amber	Amber →				H	AAP	Jul-2013	Amber	Amber	Amber	Amber →	Green	Green	U ↓	Green	Green	Green →
P0030	NHSmail	A/G	A/G	A/G →	A/G	A/G		H	AAP	Oct-2012	Green	NR	Green	Green →	NR	Green	U ↓	NR	Green	Green →
P0196	NHSmail2	A/G	Amber	A/G →	A/G	A/G	A/G	H	2	Jun-2013	Amber	Green	Green	Green →	TBC	Green	U ↓	TBC	Amber	Green ↑
P0037	OHIT	A/G	Amber	Green →				N/A	N/A	N/A	N/A	NR	Green	Green ↑	NR	Green	Green →	NR	Green	Green →
P0190	PSNH	Red	Red	Red →	A/R	A/R	A/R	H	2	Jun-2013	Red	Red	Red	Green →	N/A	Red	U ↓	N/A	Green	Green →
P0051	SCR	A/G	A/G	A/G →	A/G	A/G	A/G	H	0	Feb-2012	Amber	NR	Green	Green →	NR	Green	U ↓	NR	Green	Green →
P0050	Spine 2	A/R	Amber	Amber →				H	AAP	Sep-2013	Amber	NR	Amber	Green →	NR	Green	U ↓	NR	Amber	Green →

Overall Delivery Confidence for Programme Delivery:	
October-2013	A/G (69%)
January-2014	A/G (74%)

October's Delivery Confidence has improved from 66 to 69% from that reported in September 2013. Forecast Delivery Confidence for January 2014 is also assessed as 'AMBER GREEN' although moving towards GREEN (69 to 74%) which again is a slight increase from that reported last month (71%).

Sourced from the Highlight Reports (Key programme /project RAGs)   October-13

KEY

Trend

↑ RAG improvement from previous month

→ RAG same as previous month

↓ RAG decrease from previous month

Non Completion

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

KPI	Programme Achievement
KPI Owner	James Hawkins

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

Programme Delivery Dashboard - October 2013

		Benefits realisation confidence				Quality Management against plan				Programme / Project end date				Current Investment Justification approval status				ICT Spend Approval status				Resourcing Against Plan			
		Aug	Sep	Oct		Aug	Sep	Oct		Aug	Sep	Oct		Aug	Sep	Oct		Aug	Sep	Oct		Aug	Sep	Oct	
P0004	CP-IS				→				→				→				→				→				→
P0070	CQRS	NB			→	NB			⬆	NB			→	NB			→	NB			→	NB			→
P0010	DMS Connectivity	N/A	N/A	N/A					→				→				→	N/A	N/A	N/A					→
P0012	ETP	NB				NB			→	NB			→	NB			→	NB			→	NB			
P0014	GP2GP	NR			⬆	NR	TBC			NR			→	NR			→	NR	N/A	N/A					
P0017	GPSOC	NB			→	NB			→	NB			→	NB			→	NB			→	N/A	N/A	N/A	
P0208	GPSOC Replacement	NB			→	NB			→	NB			→	NB			→	NB			→	NB			⬆
P0207	HJIS	N/A	N/A	N/A					⬇				→				→				→				→
P0026	HSCDS (Choices Service)	NR			→	NR			→	NR			→	NR			⬇	NR		`		NR			→
P0298	NHS Choices Online Channel	NR	NR	TBC		NR	NR	TBC		NR	NR			NR	NR			NR	NR			NR	NR		
P0024	N3				→				→				⬇				⬇				→				→
P0238	NHS e-RS inc. CAB				→	N/A			→	N/A			→	N/A			→	N/A			→	N/A			→
P0030	NHSmail	NR			⬆	NR			→	NR			→	NR			→	NR			→	NR			
P0196	NHSmail2	N/A			→	TBC			→				→				→				→				→
P0037	OHIT	NR			→	NR			→	NR			→	NR	N/A	N/A		NR	N/A	N/A		NR		N/A	
P0190	PSNH	N/A			→	N/A			⬆				→				→				⬆				
P0051	SCR	NR			→	NR			→	NR			→	NR			→	NR			→	NR			→
P0050	Spine 2	NR			⬇	NR			⬇	NR			→	NR			⬆	NR			⬇	NR			→

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Sourced from the Highlight Reports (Key programme/project RAGs)   October-13

KEY

Trend

⬆ RAG improvement from previous month

➡ RAG same as previous month
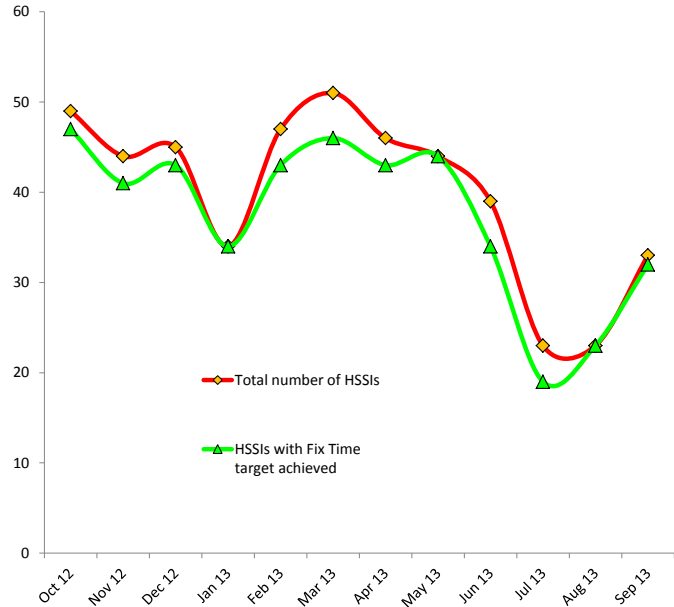
⬇ RAG decrease from previous month

Non Completion

NR	No report provided (pre-dating NHS England monthly requirement for submission / Programme Delivery reporting standard initiation)
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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	IT Service Performance		Previous RAG	A
KPI Owner	Rob Shaw		Current RAG	A
			Forecast RAG	G

HSSI Fix Time Achievement Analysis - Last 12 months

Legend: Total number of HSSIs (red line); HSSIs with Fix Time target achieved (green line)

Availability: On the whole, September was a positive month for live service Availability with 62 out of 66 services reported against having achieved or exceeded their average availability targets. The 4 services which failed to meet the target and resulted in the Amber status for the PI were as follows:

Emergency Care Solution, CSC EEM Core – Trusts on the ECS505 instance of the Emergency Care Solution were impacted by an outage on the 3rd of the month affecting all users, resulting in an Availability achievement of 99.89%. A cooling system failure at CSC's Sevenoaks datacentre caused a number servers to shut down, impacting multiple services. Initial Root Cause Analysis (RCA) indicates that this was caused by a hardware fault, which resulted in only 1 of the cooling system's 4 chiller units being functional during scheduled upgrade work. Full RCA investigations to determine why only 1 unit ended up being functional are ongoing.

Portal, CSC EEM Core & CSC NE Core – Impacted by the same incident as above, resulting in an Availability achievement of 99.86% for both Portal instances. There were also a small number of individual site level failures against services in EEM and NWWM, where the average Availability measure was still achieved or exceeded

Open Exeter, Systems and Service Delivery (SSD) – Three separate issues with Open Exeter infrastructure were experienced during September, resulting in an availability achievement of 99.50% for SSD Hosted Services. Root cause analysis for one of the issues is ongoing, a piece of hardware was swapped out to resolve the second and the third was caused by a known issue with the installed version of Oracle - only an upgrade will resolve this issue but at present, the risk of upgrade is considered to be greater than the benefit it would deliver.

Response Times: On the whole, Response Times performance was good across all services with 40 out of 43 services reported against having achieved or exceeded their Response Times targets, with the exceptions being London PACS and RiO in both London and the South, all of which experienced failures , resulting in the RAG status of Amber for this indicator.

PACS performance in London was impacted by a number of failures, a new method of measuring Response Times performance has been introduced for London PACS recently and investigations in to the failures are ongoing, however, it is currently believed that the failures may be down to data collection anomalies in the new method rather than user impacting performance issues.

The root cause of the RiO performance failures has not yet been identified. Although there were a number of failures, the magnitude of failure was quite small so any impact to users would have been minimal. 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: September saw the number of HSSI's in the month rise to 33 which is more aligned to the six monthly average following the low numbers experienced in July and August. All HSSI's were resolved within the Fix Time Service Level aside from one - a Severity 2 Incident at Oxford University Hospitals NHS Trust which took 4h 26m to resolve, against a Service Level of 4 hours.

Note: The tolerance for the Availability PI red status has been changed to 15% of Services not achieving average availability or any one service failing at a critical level. This is due to the existing tolerance of 5% being misleading.

| Performance Indicators	Target	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	Sep-13	Sep-13 RAG
No. of Services achieving Availability target	All Services to achieve individual targets (but see note below)	78		78		79		79		77		75		75		76		77		78		65		62	
No. of Services breaching Availability target, but not to a critical level	0	2	A	2	A	1	A	0	G	2	A	4	R	4	R	3	A	1	A	0	G	2	A	4	A
No. of Services breaching Availability target at a critical level	0	0		0		0		0		0		0		0		0		0		0		0		0	
No. of Services achieving Response Times target	All Services to achieve individual targets (but see note below)	40		39		42		42		41		43		43		42		44		42		41		40	
No. of Services breaching Response Times target, but not to a critical level	0	3	R	4	R	1	R	1	R	2	R	0	R	0	R	2	R	1	A	3	A	2	A	3	A
No. of Services breaching Response Times target at a critical level	0	2		2		2		2		2		2		2		1		0		0		0		0	
Total number of Higher Severity Service Incidents (HSSIs)	N/A	49		44		45		34		47		51		46		44		39		23		23		33	
Total number of HSSIs achieving Fix Time target	N/A	47	G	41	A	43	G	34	G	43	A	46	A	43	A	44	G	34	A	19	A	23	G	32	G
% HSSIs achieving Fix Time target	95%	96%		93%		96%		100%		91%		90%		93%		100%		87%		83%		100%		97%	

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

Key Actions		Target Date	Owner	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	Customer and Stakeholder Satisfaction		Previous RAG	N/A
KPI Owner	James Hawkins and Dr Mark Davies		Current RAG	N/A
			Forecast RAG	A
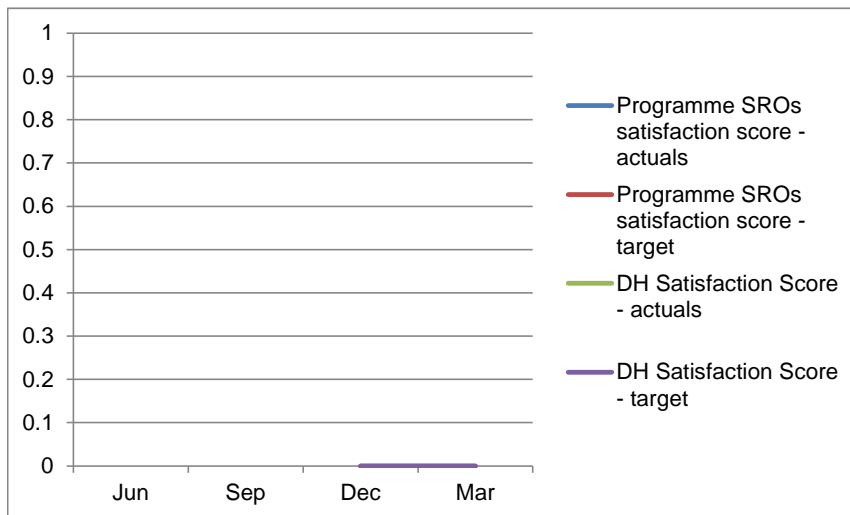
Although there is no new performance narrative or current RAG to add to this report, the following points should be noted:

1. Customers are defined as the commissioners, recipients or users of the products (programmes or services) we deliver.

2. This is a new KPI merging what was two separate indicators - Customer Satisfaction and Key Stakeholder Satisfaction

3. There are key differences between this KPI and the Reputation KPI as follows:

a) Customer and Stakeholder Satisfaction is looking to measure satisfaction with customer service (customer focus, levels and range of services, and responsiveness) and extend SRO and DH satisfaction (although it is recognised that some stakeholders are also customers of HSCIC).

b) Reputation KPI is seeking to measure levels of trust, HSCIC capability, contribution to reductions in bureaucracy, and HSCIC contribution to improving wellbeing.

Customer satisfaction will be measured every 6 months; stakeholder satisfaction will be measured quarterly. DH have agreed to share with HSCIC a new survey they are commissioning to measure DH satisfaction with HSCIC.
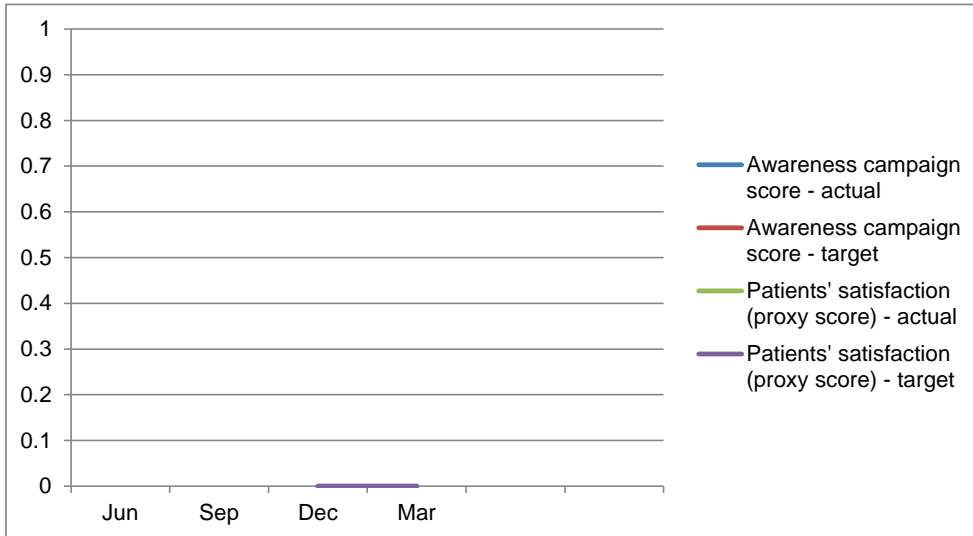
	Jun	Sep	Dec	Mar
Programme SROs satisfaction score - actuals		No baseline		
Programme SROs satisfaction score - target			TBC	TBC
DH Satisfaction Score - actuals		No baseline		
DH Satisfaction Score - target			TBC	TBC

Key Actions	Target Date	Owner	Status
Conduct first survey with external SROs	31/12/2013	Programme Head/ Portfolio Director	Not started
Get copy of inaugural Sponsor survey of satisfaction with HSCIC once survey has been completed	tbc	Head of Corporate Assurance	Not started
Rob Shaw and Max Jones to send Mark Davies surveys for N3, CSC and Accenture in time for inclusion in January's KPI report	Mid Dec 13	Max Jones, Rob Shaw	Not started
Complete first run of new 'panel' survey (which includes some questions on customer satisfaction)	Mid Dec 13	Executive Director of Business Development Communications	On target - no issues original deadline achievable
Mark Davies to discuss with Choices programme director how we can harness the internet traffic on the site to get feedback on HSCIC	Mid Nov 13	Assistant Director of Planning Performance and Policy	Action no longer required

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

KPI	Public & Patient Engagement		Previous RAG	R
KPI Owner	Dr Mark Davies		Current RAG	N/A
			Forecast RAG	A

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

It is worth noting that in terms of the Awareness Campaign the highest level of interest is with care.data.
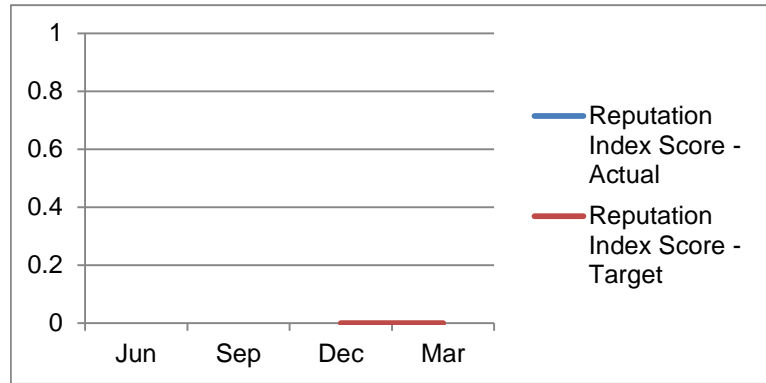
	Jun	Sep	Dec	Mar
Awareness campaign score - actual		No baseline		
Awareness campaign score - target			TBC	TBC
Patients' satisfaction (proxy score) - actual		No baseline		
Patients' satisfaction (proxy score) - target			TBC	TBC

Key Actions	Target Date	Owner	Status
Confirm which relevant organisations (representing patients' interests) to survey	01/12/2013	Programme Manager	Not started
Develop survey questions for relevant organisations representing patients' interests	31/12/2013	Programme Manager	Not started
Conduct first survey with relevant organisations representing patients' interests	31/01/2014	Programme Manager	Not started
To help the Awareness Campaign, investigate if more information could be posted on our website and determine if it could also be used to elicit public feedback	01/12/2013	Programme Manager	Not started
Review results from Awareness Campaign	31/01/2014	Dr Mark Davies	On target - no issues original deadline achievable

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

KPI	Reputation		Previous RAG	N/A
KPI Owner	Alan Perkins		Current RAG	TBC
			Forecast RAG	TBC

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

This KPI is measured 6-monthly - therefore there is no change in performance to report from the previous month.

Note: although this KPI will be assessed subjectively, we will use the following data sources to inform this assessment:

1. Satisfaction levels with our key stakeholders, customers, and suppliers
2. New 'panel' survey' (which measures levels of trust, HSCIC capability, contribution to reductions in bureaucracy, and HSCIC contribution to improving wellbeing)
3. Media information
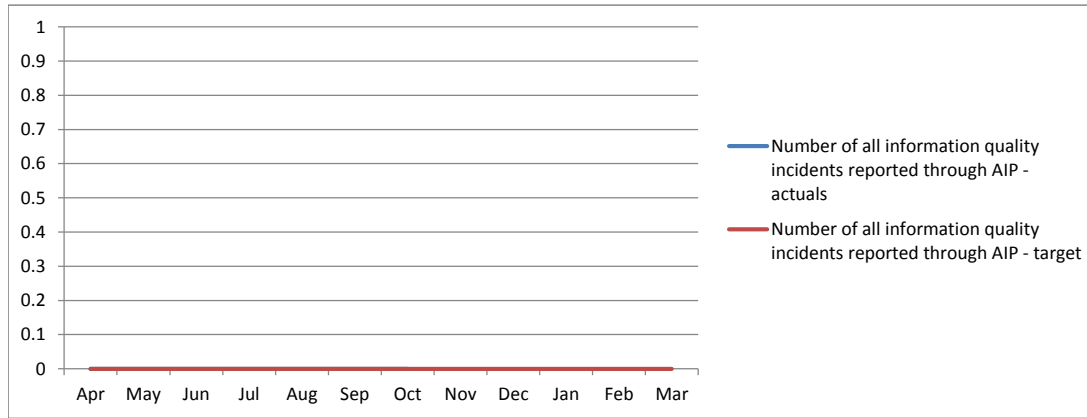4. Information on HSCIC's reputation as an employer

Key Actions	Target Date	Owner	Status
Complete first run of new 'panel' survey	mid- Dec 13	Executive Director of Business Development Communications	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	Information Quality		Previous RAG	A
KPI Owner	Max Jones		Current RAG	A
			Forecast RAG	A

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of all information quality incidents reported through AIP - actuals	N/A	N/A	N/A	N/A	N/A	N/A	N/A					
Number of all information quality incidents reported through AIP - target	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC	TBC	TBC	TBC

This KPI is derived from the Incident Reporting process used within the Data and Information Directorate which was mandatory across the IC prior to March 2013. For this KPI to be an accurate reflection of Information Quality incidents across the HSCIC, this system and / or other appropriate systems for incident reporting, must be rolled out across the directorate and in turn start to inform this KPI.

The reported figures will be manually calculated. Steps are underway to amend the incident reporting system to enable submitters to flag the cause when logging incidents from January 2014 - along with training and documentation support.

The total will represent the combination of all levels of incidents (live reported) and near misses (internally identified prior to live) identified relating to Information Quality. As a decrease in incidents may well result from an increase in near miss identification, and pro-active identification should not be discouraged, a downward trend would not be a robust indication of improving Information Quality at this time. Over time (e.g. 12-18 months) a downward trend may be more desirable across the board, as appropriate business change and process improvements lead to a reduction in both incidents and near misses, although it would never be anticipated that this indicator would reach 0.

Recommended actions to reduce the target are to be agreed for the next period, as they may require additional resource to effect.

Key Actions	Target Date	Owner	Status
Agree Info Quality incident baseline from Incident Reporting (IR) longlist	20/11/2013	Business and Analytical Pool Manager	On target - issues need addressing but original deadline achievable
Amend Incident Reporting capture Info Quality requirements	01/12/2013	Business and Analytical Pool Manager	On target - issues need addressing but original deadline achievable
Business Improvement Forum approve changes to the IR system	01/01/2014	Executive Director of Informatics	Not started
Go live with amended process for reporting	01/01/2014	Executive Director of Informatics	Not started

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

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

This KPI will be a representation of the relative benefit delivered by HSCIC into the wider health and social care system.

The Data and Information Services directorate is planning to measure "Value of Economic Benefits" and it is felt that this could be used a proxy for the Usefulness of Service KPI.

A baseline for an initial set of outputs and benefits model will be made available in December. Further outputs will be incorporated into the KPI over subsequent months and the benefits model will be periodically refined.

For Data and Information Services, the eventual scope of economic benefits is likely to include cost savings, income derived by intermediaries, media coverage on our data.

Key Actions	Target Date	Owner	Status
Agree initial baseline of economic benefit KPI along with sources of information	12/12/2013	Programme Manager	Not started
Add further outputs to KPI and refine economic benefit model as appropriate	TBC	Programme Manager	Not started

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

KPI	Financial Management			Previous RAG	R
KPI Owner	Carl Vincent			Current RAG	R
				Forecast RAG	R

	Budget (£m)	Actual (£m)	% Variation
% variation YTD actual outturn of operating costs versus budget	£125.3m	£111.9m	**10.7%**

	Budget (£m)	Forecast (£m)	% Variation
% variation FY forecast outturn of operating costs versus budget	£218.3m	£206.4m	**5.4%**

	Sept Actual (£m)	Sept Forecast (£m)	% Variation
% accuracy of forecasting operating costs	£7.3m	£9.3m	**21.3%**

HSCIC Operating costs

The forecast expenditure has decreased from £209m at month six to £206m at month seven, including reductions from staff costs of £1.2m and non-staff costs of £1.5m, giving a forecast underspend for the year of £11m. The forecast still contains very ambitious recruitment targets for the latter five months of the year, particularly in relation to the DH reprocurements. This suggests we can expect the forecast underspend to continue to rise, probably to around £15m - £20m for the full year and this is where DH expect us to end the year.

Management action

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 area 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 on-going process of internal challenge should support this process further.
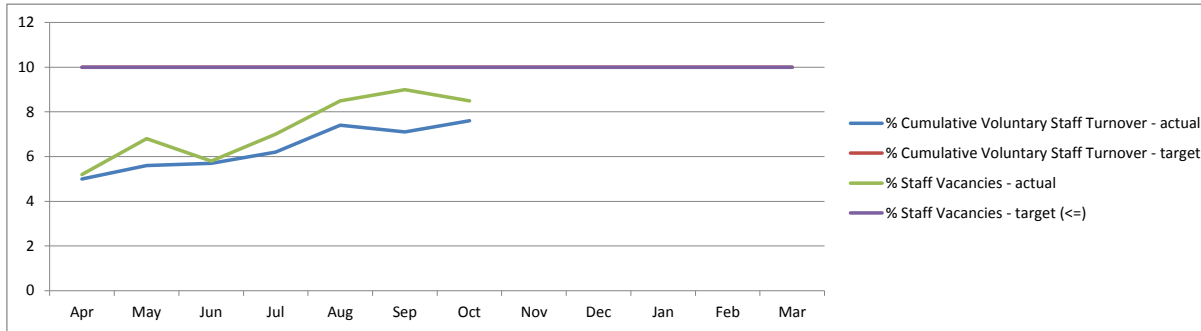
Key Actions to rectify variance from target	Target Date	Owner	Progress
Improve forecasts and plans for future years of both programme and admin so they are based on a 'most likely' basis, rather than the 'best case' and without large contingencies	Mar-14	Assistant Director of Finance Finance / HSCIC Portfolio Director	• Ongoing encouragement to managers to use 'realistic' assumptions and remove locally held contingencies • The ZBR process is continuing to challenge the HSCIC expenditure plans.
New performance indicators will be added to next month's pack (% invoices paid on time, % PO compliance and debtor days)	Dec-13	Assistant Director of Finance	On target - no issues original deadline achievable

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

KPI	Organisational Health		Previous RAG	G
KPI Owner	Rachael Allsop		Current RAG	G
			Forecast RAG	A

Cumulative Voluntary Staff Turnover

Cumulative voluntary turnover rate was 7.6% at October. While overall turnover has increased from August the cumulative number of voluntary leavers remain about the same. Voluntary exits are higher than the start of the year which is likely be in line with more opportunities becoming available in the UK market. However, the current restrictions within the ALB sector mean that HSCIC vacancies are advertised internally prior to public release. The organisation has around 190 internal opportunities and this means that staff are still more likely to seek internal opportunities against the recovering UK market. As individuals gain internal promotion this leaves another post vacant, perpetuating the situation.

Staff Vacancies

The active vacancy rate has reduced slightly since last month with 192 vacancies and continues to be GREEN rated. Recruitment activity is taking place across all Directorates as they review and restructure to meet HSCIC requirements going forward. The initial indication from the zero based review (ZBR) exercise is that recruitment activity will increase to achieve increased resource levels during FY 14/15 and will then reduce as overall required resource levels decrease in future years. Upon finalisation further analysis of the ZBR information will enable a planned approach to recruitment including campaign recruitment and fixed term recruitment for roles were resource levels are set to reduce in future.

Although percentage staff vacancies has reduced slightly in October, the overall trend justifies an AMBER forecast for this KPI.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% Cumulative Voluntary Staff Turnover - actual	5	5.6	5.7	6.2	7.4	7.1	7.6					
% 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	9	8.5					
% Staff Vacancies - target (<=)	10	10	10	10	10	10	10	10	10	10	10	10
% training activity - actual	N/A			86%								
% training activity - target	80%			100%			80%			100%		

Training Activity
Since the last EMT training activity continues to progress as GREEN with employees being offered relevant courses to meet their training needs where these have been approved.

A second training needs analysis (TNA) has also been launched inviting employees to submit their technical and vocational training needs for approval by end of November. The scope of requirement for 'Skills for Business and Management' training has been established through the initial TNA and will be provided through Civil Service Learning in the new financial year. Professional Leads are continuing to develop the HSCIC professions and their training schemes. As Accredited Professional Training is not yet approved by the Transformation Board it is not covered by this metric.

Key Actions	Target Date	Owner	Status
Seek exemption from the current ALB recruitment restrictions until the HSCIC is up to its complement (which will be identified by the Zero Based Review (ZBR) Process)	20/11/2013	Alan Perkins / Rachael Allsop	On target - no issues original deadline achievable
Hold a strategic recruitment meeting with all Directors to review vacancies and plan in light of the ZBR outputs.	20/11/2013	Rachael Allsop	On target - no issues original deadline achievable
Undertake a full review of the end to end recruitment process including handoffs and pinch points with focus on HR and Directorate level constraints.	20/11/2013	Rachael Allsop	
Based on ZBR returns and future years financial pressures provide high level assessment of level of additional posts we could comfortably recruit to this year without putting ourselves at too much risk for future years	20/11/2013	Carl Vincent	

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 the 12 months.

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.

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	Incident Resolution		Previous RAG	R
KPI Owner	Clare Sanderson		Current RAG	R
			Forecast RAG	R

This KPI covers all incidents raised on the Incident Reporting System which have been resolved within 60 days. These are incidents which could have an adverse impact on HSCIC reputation.

Note that the system has not been rolled out across the organisation, and covers the old IC (with a very few exceptions). The % of incidents resolved within 60 days remains very low because the process has not been sufficiently socialised in recent months and 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 and is also targetting the owners of the most overdue incidents

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% of incidents resolved within 60 days - actuals	83%	20%	30%	42%	31%							
% of incidents resolved within 60 days - target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

Key Actions	Target Date	Owner	Status
Discuss with key directors where problem areas lie & seek support to ensure target days is met	31/03/2014	Clare Sanderson	On target - no issues original deadline achievable
Confirm the reporting system for incidents to be used across the organisations	31/03/2014	Clare Sanderson	On target - no issues original deadline achievable
Confirm access to new system	30/06/2014	Clare Sanderson	On target - issues need addressing but original deadline achievable
Roll out training to all HSCIC target date	30/06/2014	Clare Sanderson	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

Appendix 1 - KPI RAG Tolerances

KPI title	KPI formula and/or PI titles and formula(e)	KPI/PI Tolerance Use SPECIFIC numeric or the generic TOLERANCES shown in the Cell note
Key Customer/ Stakeholder Satisfaction	Responsiveness	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]
	Customer satisfaction - subjective assessment/RAG score	As above
	Programme SROs satisfaction score	As above
	DH satisfaction score	As Above
Public and Patient Engagement	Awareness campaign score	As Above
	Patients' satisfaction (proxy score)	As Above
Information Quality (output)	Number of information incidents reported through AIP	TBC
Data Quality (input)	% of inbound data submissions that pass mandatory data fields quality checks	TBC
	% of inbound data submissions that have completed mandatory data fields	TBC
	% of organisations that have submitted mandatory returns	TBC
Incident resolution	% of incidents resolved within 60 days	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]
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

Appendix 1 - KPI RAG Tolerances (Contd.)

KPI title	KPI formula and/or PI titles and formula(e)	KPI/PI Tolerance Use SPECIFIC numeric or the generic TOLERANCES shown in the Cell note
IT Service Performance	Number of services achieving Availability target	Green = 100% OSL passes Amber = 1+ FL1 breach Red = 1+ CSL breach, >=5% FL1 breaches
	Number of services breaching Availability target, but not to a critical level	
	Number of services breaching Availability target at a critical level	Key: OSL - Operating Service Level (target achieved); FL1 - Failure Level 1 (target breached); CSL - Critical Service Level
	Number of services achieving response time target	Green = 100% OSL passes Amber = 1+ FL1 breach Red = 1+ CSL breach, >=15% FL1 breaches
	Number of services breaching response times target, but not to a critical level	
	Number of services breaching response time target at a critical level	Key: OSL - Operating Service Level (target achieved); FL1 - Failure Level 1 (target breached); CSL - Critical Service Level (target breached)
	% HSSIs achieving Fix Time target	Green = 95% or better Amber = 80-94% Red = < 80%
Usefulness of Service	Value of economic benefits	TBC
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 vacancies	GREEN = 10% or less AMBER = more than 10% but less than 12% RED = more than 12%
	% Cumulative Voluntary Staff turnover	GREEN = 10% -12% AMBER = 9 and 13% RED = Above 13% and below 9%
Reputation	Reputation score/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]
Information Governance Incidents	Number of all information governance incidents across HSCIC reported through AIP	TBC

Appendix 2 - Transformation Programme

Organisation wide Transformation

An information pack entitled 'What is Transformation' has been developed and issued to staff 17th October. Opportunities to support directorates to engage staff in the detail are being sought and a number of seminars on transformation and the strategy have been set up. A Transformation article was included for the October Insight Magazine to emphasise the key messages. The Transformation Programme Definition Document has been produced and was approved at the November Transformation Programme Board (13 November).

Scoping and planning work has continued and a number of projects are in the scoping phase and will be considered at the November and December Transformation Programme Boards. The Leadership Forum on 14 November included a focus on the People Transformation Projects and Brand Reputation and Publications Review. Progress of note in the last period includes:

Strategic Projects: Progress made with Brand Reputation project and the developing scope of the innovations hub and Stakeholder Relationship Management.
People Projects: Professional Groups building momentum with majority of groups defined and Project and Programme Delivery initial launch session held. Approach to embedding Values, Performance Management and Line Management Development produced.
Operational Management Projects: Review of Operational Governance Arrangements complete. 20 harmonised HR policies communicated and 13 further corporate polices approved. New board and EMT Performance packs used and PwC review of Financial Management Systems completed.
Integration Projects: Scope of Contact Centre / Service Desk Strategy agreed and detailed work on SIAM project is in progress.

Directorate Transformation

LSP formal collective consultation ended on 6th November with significant staff consultation through the period. High levels of feedback received from consultation which are being considered for the final proposal.
Project Mandate agreed for Operations and Technical Services and it is expected that Mandates will be completed in December for Programme Delivery, Information Assurance, Data and Information Services and Clinical and Public Assurance. New Transformation Leads in place for Programme Delivery and Clinical and Public Assurance.

Overall Status

The overall RAG Status remains at Amber / Green as project mandates are not yet complete for four out of the eight directorates and to reflect pressures on corporate capacity to implement and absorb transformation activity . Capacity will be monitored through progress in the next period and it is planned that all directorates will have an approved project mandate by end December 13.

Work will continue across the organisation to develop staff understanding of the Transformation Programme building on the information pack "What is transformation?"

Further work has been undertaken on the 'Assess' frame of the Organisation Development approach. The Transformation Plan will be presented to the full HSCIC Board 4th December.

The Future RAG status is assessed as Green as it is planned that all directorates will have approved project mandates and significant progress will have been made on agreeing scope of the earlier tranches of organisation wide transformation projects.

Key Actions	Target Date	Owner	Status
Issue 'What is Transformation?' information pack	Complete	Programme Head	Fully completed
Complete Programme Definition Document	Complete	Programme Head	Fully completed
Recruit Junior Project Manager	Complete	Programme Head	Fully completed
Engagement Programme on 'What is Transformation'	20/12/2013	Programme Head	On target - no issues original deadline achievable
Complete all Directorate Level Transformation Mandates	19/12/2013	EMT	On target - no issues original deadline achievable

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

Appendix 3 - KPI Action Tracker (consolidated list of all live actions)

KPI	Page	Key Actions	Target Date	Owner	Status
Programme Achievement	7	Revisit weighting of programmes included in the KPI	08/11/2013	James Hawkins	Fully completed
		Provide information on other programmes - GPES, Spine 2, LSP Programmes, Care.Data, Data Sets for Commissioners, SUS/PBR - in the October pack	28/11/2013	James Hawkins	Fully completed
		Inform James Hawkins and Rob Shaw of the date of the 'first of type' and if a 'plan B' for GPES is required	01/11/2013	Max Jones	Fully completed
		Relating to GPES a dedicated resource to manage QoF data is required. James Hawkins to suggest options to Max Jones	01/11/2013	James Hawkins	Fully completed
Customer and Stakeholder Satisfaction	11	Conduct first survey with external SROs	31/12/2013	Programme Head/ Portfolio Director	Not started
		Get copy of inaugural Sponsor survey of satisfaction with HSCIC once survey has been completed	tbc	Head of Corporate Assurance	Not started
		Rob Shaw and Max Jones to send Mark Davies surveys for N3, CSC and Accenture in time for inclusion in January's KPI report	Mid Dec 13	Max Jones, Rob Shaw	Not started
		Complete first run of new 'panel' survey (which includes some questions on customer satisfaction)	Mid Dec 13	Executive Director of Business Development Communications	On target - no issues original deadline achievable
		Mark Davies to discuss with Choices programme director how we can harness the internet traffic on the site to get feedback on HSCIC	Mid Nov 13	Assistant Director of Planning Performance and Policy	Action no longer required
Public & Patient Engagement	12	Confirm which relevant organisations (representing patients' interests) to survey	01/12/2013	Programme Manager	Not started
		Develop survey questions for relevant organisations representing patients' interests	31/12/2013	Programme Manager	Not started
		Conduct first survey with relevant organisations representing patients' interests	31/01/2014	Programme Manager	Not started
		To help the Awareness Campaign, investigate if more information could be posted on our website and determine if it could also be used to elicit public feedback	01/12/2013	Programme Manager	Not started
		Review results from Awareness Campaign	31/01/2014	Dr Mark Davies	On target - no issues original deadline achievable
Reputation	13	Complete first run of new 'panel' survey	mid- Dec 13	Executive Director of Business Development Communications	On target - no issues original deadline achievable
Information Quality	14	Agree Info Quality incident baseline from Incident Reporting (IR) longlist	20/11/2013	Business and Analytical Pool Manager	On target - issues need addressing but original deadline achievable
		Amend Incident Reporting capture Info Quality requirements	01/12/2013	Business and Analytical Pool Manager	On target - issues need addressing but original deadline achievable
		Business Improvement Forum approve changes to the IR system	01/01/2014	Executive Director of Informatics	Not started

Appendix 3 - KPI Action Tracker (consolidated list of all live actions)

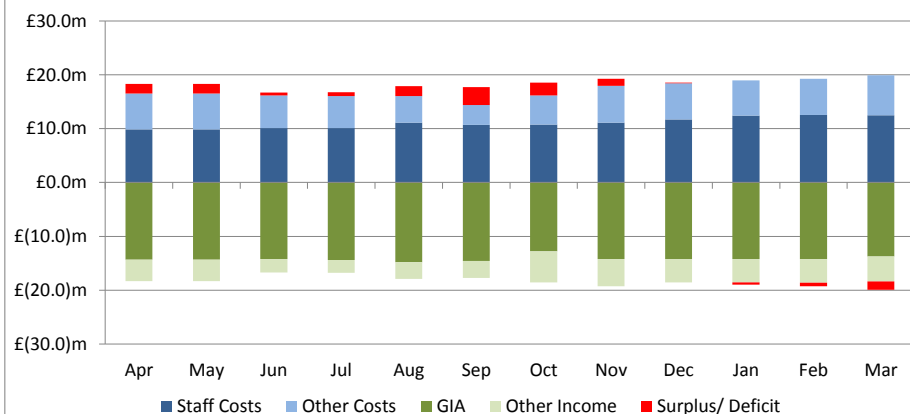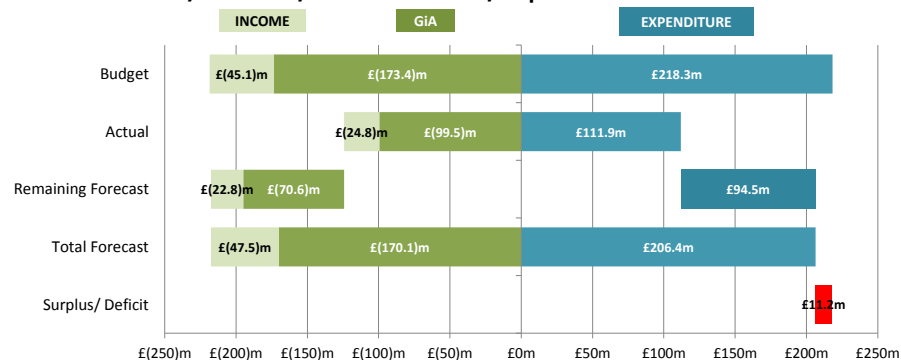| KPI	Page	Key Actions	Target Date	Owner	Status
		Go live with amended process for reporting	01/01/2014	Executive Director of Informatics	Not started
Usefulness of Service	15	Agree initial baseline of economic benefit KPI along with sources of information	12/12/2013	Programme Manager	Not started
		Add further outputs to KPI and refine economic benefit model as appropriate	TBC	Programme Manager	Not started
Financial Management	16	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	Assistant Director of Finance Finance	• Ongoing encouragement to managers to use 'realistic' assumptions and remove locally held contingencies • The ZBR process is continuing to challenge the HSCIC expenditure plans.
		New performance indicators will be added to next month's pack (% invoices paid on time, % PO compliance and debtor days)	01/12/2013	Assistant Director of Finance	On target - no issues original deadline achievable
Organisational Health	17	Seek exemption from the current ALB recruitment restrictions until the HSCIC is up to its complement (which will be identified by the Zero Based Review (ZBR) Process)	20/11/2013	Alan Perkins / Rachael Allsop	On target - no issues original deadline achievable
		Hold a strategic recruitment meeting with all Directors to review vacancies and plan in light of the ZBR outputs.	20/11/2013	Rachael Allsop	On target - no issues original deadline achievable
		Undertake a full review of the end to end recruitment process including handoffs and pinch points with focus on HR and Directorate level constraints.	20/11/2013	Rachael Allsop	
		Based on ZBR returns and future years financial pressures provide high level assessment of level of additional posts we could comfortably recruit to this year without putting ourselves at too much risk for future years	20/11/2013	Carl Vincent	
Incident Resolution	20	Discuss with key directors where problem areas lie & seek support to ensure target days is met	31/03/2014	Clare Sanderson	On target - no issues original deadline achievable
		Confirm the reporting system for incidents to be used across the organisations	31/03/2014	Clare Sanderson	On target - no issues original deadline achievable
		Confirm access to new system	30/06/2014	Clare Sanderson	On target - issues need addressing but original deadline achievable
		Roll out training to all HSCIC target date	30/06/2014	Clare Sanderson	On target - issues need addressing but original deadline achievable

Appendix 4 - Glossary of Terms

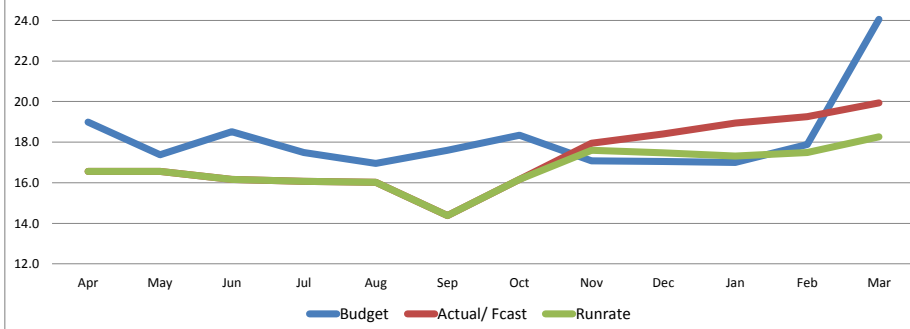|				
AAP	- Assurance of Action Plan		JNCC	- Joint Negotiation and Consultation Committee
ALB	- Arms Length Body		KPI	- Key Performance Indicator
BC	- Business Case		LSP	- Local Service Provider
CAB	- Choose and Book		MoU	- Memorandum of Understanding
CCN	- Contract Change Notice		MPA	- Major Projects 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

Appendix 5 - Management Accounts

hscic Health & Social Care Information Centre

1: 2013/14 Profiled Actual/ Forecast - October 2013

Legend: Staff Costs ■ Other Costs ■ GIA ■ Other Income ■ Surplus/ Deficit ■

2: 2013/14 Actual/ Forecast Income/ Expenditure - October 2013

Categories: INCOME, GiA, EXPENDITURE

	INCOME	GiA	EXPENDITURE
Budget	£(45.1)m	£(173.4)m	£218.3m
Actual	£(24.8)m	£(99.5)m	£111.9m
Remaining Forecast	£(22.8)m £(70.6)m		£94.5m
Total Forecast	£(47.5)m	£(170.1)m	£206.4m
Surplus/ Deficit			£11.2m

3: Actual/ Forecast Expenditure by month £'m

Legend: Budget, Actual/ Fcast, Runrate

The year-to-date outturn for the first seven months of the year has resulted in £12.4m surplus. This is primarily due to budgeted vacancies not being filled as planned. The latest consolidated forecast of all the directorates/ cost centres indicates a surplus for the year of £11.2m, but still contains very ambitious recruitment assumptions. It is anticipated that the final outturn is likely to be in the region of £15m - £20m and this is where DH expect us to end the year.

The key drivers for the current financial position are:

Staff costs are £8.8m under budget for the year-to-date, due to vacancies not being filled as budgeted. It is likely that there will a significant underspend on staff costs for the full year - further detail is shown on slide 4.

Other costs are £4.2m under budget for the year-to-date; however, this includes additional costs of £3.4m for DH (previously CfH) programme expenditure which is offset by additional income from DH. Professional fees and IT costs are £5.3m and £0.9m under budget year-to-date respectively (primarily due to budget expenditure being phased evenly across the year whereas some actual costs have not yet been incurred). The full year forecast is £3.6m under budget, with the material underspends on Professional Fees and IT being partially offset by an increased forecast for Depreciation attributable to the ex-CfH assets (additional non-cash GiA will be allowed by DH for this).

Non-GiA Income is £0.3m above budget year-to-date and is forecast to end the year £2.4m above budget. This reflects additional income from DH for Choices and GPES income being reclassifed from GiA, partially offset by lower than budgeted income for capitalised headcount recharged to DH, and also lower than budgeted income in SSD and for GPES. Further detail is shown on slide 5.

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

Graph 2 shows the full year financial position against budget for income, GiA and expenditure, with the full year forecast split between 7 months of actual costs and 5 months of anticipated costs.

Graph 3 shows monthly trend of gross expenditure for the organisation for the original budget (blue), the latest forecast (red) (7 months of actual costs and 5 months of expected costs) and an extrapolation (runrate) of the position if the current staff position remained at October levels for the remainder of the year (green).

4: Profiled Actual/ Forecast Staff Costs £'m

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Budget	11.3	11.5	11.6	11.7	11.7	11.8	11.9	11.9	11.9	11.8	11.8	11.8
Actual/ Fcast	9.9	9.9	10.1	10.1	11.1	10.7	10.8	11.1	11.7	12.4	12.6	12.5
Runrate	9.9	9.9	10.1	10.1	11.1	10.7	10.8	10.8	10.8	10.8	10.8	10.8

Step change for Choices staff

5: Monthly Staff Costs - Budget & Actual/ Forecast £'m

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

Staff costs are £8.8m under budget for the year-to-date (averaging £1.3m per month), due to vacancies not being filled as budgeted.
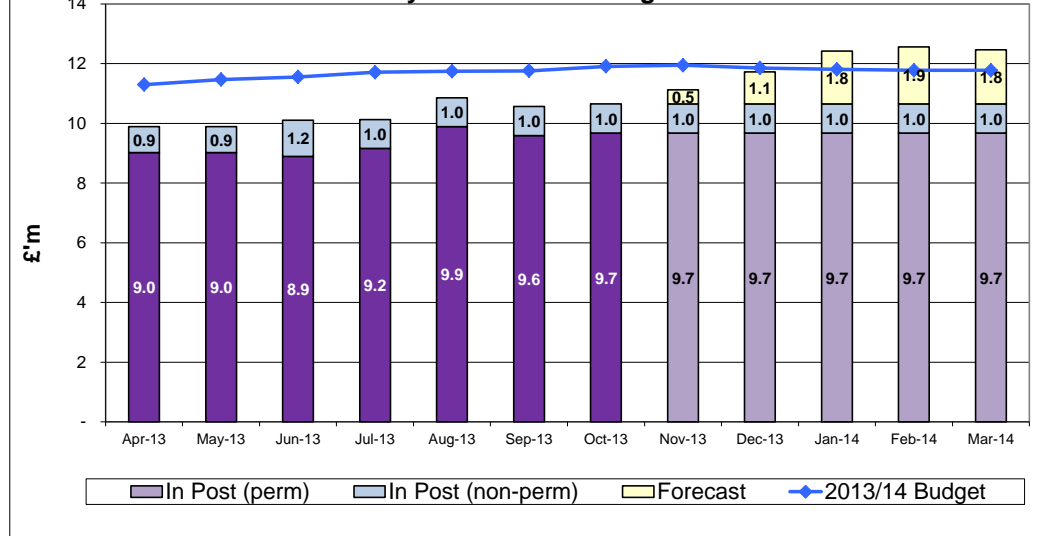
It is unlikely that the recruitment needed to realise the full year forecast will happen in its entirety and that there will be a material underspend against the original budget, higher than the currently forecast udnerspend of £7.7m

 - An extrapolation to the end of the year assuming no further change to net headcount for the remainder of the year gives a projected underspend of £14.0m.

 - A plausible but ambitious estimate of 20 net vacancies being filled each month (at an estimated cost of £50k per role) gives a projected underspend of £12.8m.

As part of the Zero Based Review process, there will be further challenges to all recruitment assumptions that underpin the forecast, to result in a more robust and realistic forecast position that will better inform decision making for the remainder of the year.

Graph information
Graph 4 shows the monthly trend of staff costs for the organisation for the original budget (purple), the latest forecast (blue) (7 months of actual costs and 5 months of expected costs) and an extrapolation (runrate) of the position if the current staff position remained at October levels for the remainder of the year (red). The significant increase in August is due to the in-sourcing of Choices staff from Capita.

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

Health & Social Care Information Centre

6: Monthly non-GiA Income Actual/ Forecast £'m

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Budget	3.3	3.3	4.1	3.3	3.2	3.4	3.9	3.3	3.3	3.0	3.6	7.4
Forecast	4.0	4.0	2.4	2.4	3.1	3.1	5.8	5.1	4.4	4.3	4.4	4.6

The latest full year forecast includes some material movements in both directions. Increases primarily relate to unbudgeted income streams from DH for Programme expenditure, particularly £5.9m for Choices to cover the cost of the staff insourcing from Capita on 1st August and a transfer of £2.5m income for GPES from GiA. Decreases include £1.7m for the removal of budgeted income for GPES and £1.2m for the reclassification of an internal recharge from the external income figure.

Work is on-going to address the continuing uncertainty over income streams. Until there is greater clarity and certainty for the income streams, there will remain uncertainty around the overall forecast net surplus/ deficit position for the organisation for the year.

Income will be reforecast as part of the ZBR process to ensure that there is a more complete and robust picture of expectations for the remainder of the year and this will be used to take forward any discussions required with other organisations.

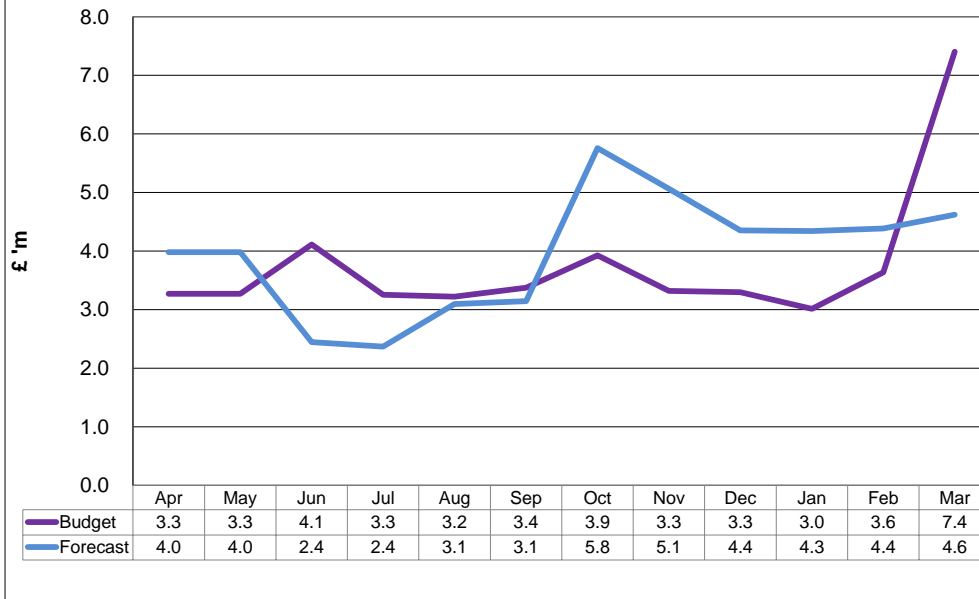**Graph information**
Graph 6 shows the monthly trend of non-GiA income for the organisation for the original budget and the latest forecast (7 months of actual income and 5 months of expected income).

HSCIC Financial results and forecast Oct 2013

Health & Social Care Information Centre (hscic)

Statement of Comprehensive Net Expenditure | **FINANCIAL RESULTS TO 31st OCTOBER 2013**

	7 Months ending 31 October 2013			12 Months ending 31 March 2014			12 Months Ending 31 March 2014											
	REVENUE			REVENUE			REVENUE											
	Budget YTD	Actual YTD	Var Fav-(Adv)	Budget 13/14	F'cast 13/14	Var Fav-(Adv)	Actual Apr	Actual May	Actual Jun	Actual Jul	Actual Aug	Actual Sep	Actual Oct	F'cast Nov	F'cast Dec	F'cast Jan	F'cast Feb	F'cast Mar
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Grant in Aid	(101.1)	(99.5)	1.6	(173.4)	(170.1)	3.3	(14.4)	(14.4)	(14.2)	(14.4)	(14.8)	(14.6)	(12.8)	(14.2)	(14.2)	(14.2)	(14.2)	(13.7)
Income	(24.4)	(24.8)	(0.3)	(45.1)	(47.5)	(2.4)	(4.0)	(4.0)	(2.4)	(2.4)	(3.1)	(3.1)	(5.8)	(5.1)	(4.4)	(4.3)	(4.4)	(4.6)
Income	**(125.6)**	**(124.3)**	**1.3**	**(218.5)**	**(217.7)**	**0.8**	**(18.3)**	**(18.3)**	**(16.7)**	**(16.7)**	**(17.9)**	**(17.7)**	**(18.6)**	**(19.3)**	**(18.6)**	**(18.6)**	**(18.6)**	**(18.4)**
Permanent Staff	75.0	65.3	(9.7)	129.3	120.0	(9.4)	9.0	9.0	8.9	9.2	9.9	9.6	9.7	10.1	10.6	11.2	11.4	11.4
Non Permanent Staff	6.5	7.4	0.9	11.3	13.0	1.7	0.9	0.9	1.2	1.0	1.3	1.1	1.1	1.0	1.1	1.2	1.2	1.1
Staff Costs	**81.4**	**72.6**	**(8.8)**	**140.6**	**132.9**	**(7.7)**	**9.9**	**9.9**	**10.1**	**10.1**	**11.1**	**10.7**	**10.8**	**11.1**	**11.7**	**12.4**	**12.6**	**12.5**
Professional Fees	18.5	13.2	(5.3)	29.8	25.0	(4.8)	2.4	2.4	2.4	3.2	0.4	1.0	1.3	2.2	2.4	2.1	2.5	2.6
Information Technology	6.6	5.7	(0.9)	10.8	10.8	(0.0)	0.5	0.5	0.8	0.6	1.5	0.7	1.0	1.3	0.9	1.0	0.8	1.1
Travel & Subsistence	3.2	2.4	(0.8)	5.4	4.7	(0.8)	0.2	0.2	0.3	0.3	0.5	0.2	0.5	0.4	0.5	0.5	0.5	0.5
Accommodation	6.7	6.8	0.1	11.2	12.0	0.7	0.9	0.9	0.9	0.9	1.4	1.0	0.9	1.1	1.0	1.0	1.0	1.1
Marketing, Training & Events	0.8	0.7	(0.1)	1.5	1.4	(0.2)	0.0	0.0	0.1	0.1	0.2	0.1	0.2	0.1	0.1	0.1	0.1	0.2
Office Services	1.9	1.7	(0.1)	3.1	3.1	0.0	0.2	0.2	0.3	0.2	0.3	0.3	0.2	0.3	0.3	0.3	0.2	0.3
Other	1.2	3.9	2.7	7.7	6.8	(0.9)	1.5	1.5	0.6	(0.0)	(0.0)	(0.4)	0.6	0.5	0.6	0.6	0.6	0.7
Depreciation / Amortisation	4.8	5.0	0.3	8.2	10.6	2.4	0.8	0.8	0.5	0.7	0.7	0.7	0.7	1.1	1.1	1.1	1.1	1.1
Non Staff Costs	**43.6**	**39.4**	**(4.2)**	**77.8**	**74.3**	**(3.6)**	**6.7**	**6.7**	**6.0**	**6.1**	**4.9**	**3.7**	**5.4**	**6.9**	**6.8**	**6.7**	**6.8**	**7.6**
Internal Recharge - Estates	(0.0)	(0.0)	(0.0)	(0.1)	(0.2)	(0.1)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)
Internal Recharge - IT	0.1	0.0	(0.1)	0.2	0.0	(0.2)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Internal Recharge - Staff	0.1	(0.1)	(0.2)	(0.2)	(0.6)	(0.4)	(0.0)	(0.0)	0.1	(0.1)	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)
Internal Recharges	**0.2**	**(0.1)**	**(0.4)**	**(0.1)**	**(0.8)**	**(0.7)**	**(0.0)**	**(0.0)**	**0.1**	**(0.1)**	**(0.0)**	**(0.0)**	**(0.0)**	**(0.1)**	**(0.1)**	**(0.1)**	**(0.1)**	**(0.1)**
Total Cost	**125.3**	**111.9**	**(13.4)**	**218.3**	**206.4**	**(11.9)**	**16.6**	**16.6**	**16.2**	**16.1**	**16.0**	**14.4**	**16.2**	**17.9**	**18.4**	**18.9**	**19.3**	**19.9**
(Surplus)/ Deficit	**(0.3)**	**(12.4)**	**(12.1)**	**(0.1)**	**(11.2)**	**(11.1)**	**(1.8)**	**(1.8)**	**(0.5)**	**(0.7)**	**(1.9)**	**(3.3)**	**(2.4)**	**(1.3)**	**(0.2)**	**0.4**	**0.7**	**1.6**