

**Health and Social Care Information Centre (ENDPB)**

**Board Meeting – Public Session**

|  |  |
|--|--|
| Title of Paper:  | CEO Report on business activity  |
| Board meeting date:  | 26 April 2013  |
| Agenda Item No:  | HSCIC 13 02 03(a)  |
| Paper presented by:  | CEO  |
| Paper prepared by:   | CEO  |
| Paper approved by (Sponsor Director)   |  |
| Paper to be included in the:   | <b>Public Board</b>  |
|  |  |
| If paper is to be included in the Private Board please complete justification below: |  |
| <b>Justification for inclusion in Private Board:</b>                                 |  |
|  |  |
| Purpose of the paper:  | This report from the Chief Executive provides an update on key developments and issues not covered elsewhere on the meeting agenda |
| Actions required by the Board:   | To note for information  |

## CEO Report on business activity – April 2013

### Purpose

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

### Strategy and Policy

2. Data Services for Commissioners: NHS England commissioned the HSCIC to deliver the new Data Service for Commissioners, initially for a 12-month period from 1 April 2013. The service will be delivered by staff seconded into the HSCIC from Data Management Integration Centres which are part of Commissioning Support Units (CSUs) and they will work from their local offices. The process of seconding staff is well underway and inductions will take place during May.

Information Risk Owners and Information Asset Owners have been appointed to ensure that appropriate controls are in place regarding the release of data from this service. In particular, personal confidential data (PCD) will only be passed on to other health organisations if there is a lawful basis for that to happen, for example, where the data is required for direct patient care, or where consent has been gained.

The HSCIC's internal auditors (Price Waterhouse Coopers) have completed the first phase of an assurance audit relating to the service and the report will be available shortly. Regular updates are being provided to the Assurance and Risk Committee.

3. NHS Choices Service: Following the review by the Cabinet Office and the subsequent rejection of a further extension of the NHS Choices contract, NHS England requested that the NHS Choices service be transitioned to be delivered by the HSCIC. This decision has now been reviewed by the ISCG's Business Case and Assurance Sub-group, and contract exit has commenced. As a result, approximately 140 staff and 40 sub-contracts will be transitioned. This decision will both secure the on-going NHS Choices service and provide the flexibility to support the delivery of further services in the future.
4. Spine 2 review: There was a Cabinet Office Major Projects Authority (MPA) Programme Assurance Review (PAR) of Spine 2 as part of the Gateway Review process. The PAR is primarily for benefit of the SRO (Alex Abbott, CTO, NHS England) but given the scale of the proposed programme the MPA will consider the findings. The Spine 2 programme is one of the HSCIC's first projects that aims to use agile methodology and this requires (and is acknowledged as such) novel treatment of business case and funding approvals. However the core principles of robust development assurance, transition and service management will still apply as the modules of spine being replaced are critical to the functioning of the NHS Informatics Infrastructure. As such, we welcome this review and its findings. The development of software, initial testing and the commercial exploitation of GCloud to source expertise are well regarded. The programme and its approach are being cited as an exemplar across government.

The challenges for the HSCIC arising from the review are likely to be:

- the ability for us to demonstrate robust entire programme planning,
- engagement of users and suppliers affected by the changes,
- complete end to end clinical safety plan,
- timing of availability of cut over data from BT
- data migration using the cut over data
- thorough transition planning
- thorough service management planning
- ensure service continuity to the NHS

The SRO is considering the report with the programme team and should respond with an action plan in due course.

5. Southern Local Clinical Systems Community and Child Health: The South Community and Child Health programme received final approval of its Full Business Case on 16 April. This is a significant milestone for the HSCIC as this is the first programme to receive cross-government approval, and move from approval and into delivery, since the new NHS system and HSCIC came into force on 1 April. The programme will provide much needed patient record systems for nine Community and Child Health providers in the south of England many of whom did not benefit from the systems deployed under what was the National Programme for IT in the NHS.

The value of the business case is £32m, with £20m of this being provided by DH via NHS England to providers to cover their deployment and service charges with the supplier, TPP. The programme is the first of the South Local Clinical Systems (SLCS) programmes to receive approval and heralds a new approach to delivery of the local programmes with providers each holding contracts with and paying the supplier directly. This is aligned with the NHS localism agenda and will promote strong ownership of services within each provider organisation. The providers participating in the programme have been ably supported through the procurement and business case process by the SLCS programme team, who form part of the HSCIC LSP Delivery Directorate. Going forward a 'lean' SLCS team will work in close partnership with DH to provide oversight, and with providers in supporting them to achieve self-sufficiency in managing services and contracts where they require it. The other SLCS programmes are Ambulance, Acute, and Integration, which are at varying stages of the approval process.

6. HSCIC Data Acquisition Service: HSCIC is establishing an enhanced Data Acquisition Service (DAS) in April 2013 in order to fulfil its role under the H&SC Act 2012. Having reviewed the options for delivering this, HSCIC has agreed with partners at DH and CB that Unify2 would provide an effective, readily available interim solution. The Unify2 tool currently supports three separate collection domains and processes over seven hundred NHS data collections a year. A fourth domain is currently being created for the HSCIC collections. Once fully operational, this will provide an enhanced platform for existing collections (such as those currently using Omnibus) and functionality to support future requirements to process complex collections.

In summary:

- The HSCIC enhanced Data Acquisition Service being launched in April 2013 will use the current Unify2 tool where appropriate.
  - The set up and transfer of collections into the HSCIC domain will take place as soon as practicable
  - Steering and working groups (including key stakeholders) are being established to consider longer term arrangements for the DAS in alignment with the existing governance structure.
  - Unify2 existing domain leads will see no changes to the delivery of the technical services
7. Code of Practice on Confidential Information: The Health and Social Care Act requires the HSCIC to develop and publish a code of practice personal confidential information which applies to the collection, analysis, publication and other dissemination of confidential information. The HSCIC must consult the Secretary of State, NHS England any other organisations that we consider to be appropriate. When complete the Code of Practice must be approved by Secretary of State and NHS England and we must publish it.

This is a statutory code and compliance with the code is a legal requirement for all bodies processing person-identifiable health and social care information from England. Although compliance with the code is an organisational responsibility we have emphasised that ensuring that confidential information is appropriately shared and protected is a responsibility for all staff.

A stakeholder group, which has met several times, was assembled to oversee the development of the code and included a range of representatives - e.g. from the BMA, patient groups, Information Commissioners Office, Caldicott review team and Research. The Code of Practice has been designed to address the balance between sharing and protecting data. We are awaiting the outcome of the Caldicott IG review before we proceed to final approval and publication of the code.

The code of practice consists of ten key principles and is underpinned by standards, definitions and guidance which must be adhered to. We aim to bring together existing advice and guidance into a single place to become the authoritative source of Information Governance standards.

8. Suspension of access to SUS: Access to SUS data by all commissioning organisations was suspended at the start of April (provider access has not been suspended) to ensure a lawful basis for sharing identifiable data was in place. We have assisted NHS England in their successful application for a 3 month extension to the existing s251 support for SUS for CSUs and a number of named CCGs who have not aligned themselves to a CSU.

The HSCIC is also assisting NHS England to obtain a wider s251 support for the next 12 months and this was considered by the new Confidentiality Advisory Group on 19<sup>th</sup> April.

There are several other organisations that also require access to SUS data to support their business needs e.g. PH in LAs and PHOs. The HSCIC is working with PH England and directly with others to establish their business requirements, discuss the best way to meet this within the permissions we have in place, and to set up appropriate data sharing agreements or contracts.

### **Stakeholder Engagement**

9. Information Services Commissioning Group (ISCG): Work is continuing on the establishment of the ISCG and its subgroups. A “task and finish” group has been set up to develop the strategic vision for the ISCG. The outputs from this group will be discussed at the July ISCG meeting. The HSCIC is participating in this group.

The main business of the ISCG will be carried out through a number of subgroups. It is expected that these will focus on:

- Approvals for major programme investments and decisions;
- Information standards;
- Information governance Group;
- Data burdens and collections;
- Programme boards for the Care.data and the Integrated Customer Service Platform.
- It is possible also that there will be a clinical advisory group. This may have a bearing on our own clinical engagement plans.

Terms of reference and membership of these groups remain to be agreed. The next full meeting of the ISCG is on 30 April 2013. The agenda will include the Government’s response to the Francis Inquiry, the Caldicott review, and updates on some of the major programmes, including the Integrated Customer Services Platform (proposed replacement for NHS Choices).

### **Transition and Transformation Activity**

10. The Informatics Transition Programme will be closed formally in April and the NHS Informatics Futures Board will consider the End Programme Review document at its final meeting on 24 April. The report will include any residual activities and risks that will need to be transferred to successor organisations and arrangements.

In parallel with the closure of the Informatics Transition Programme, the Transformation Programme for the HSCIC is being established. The work to develop the future strategic direction and organisation development approach are informing the scoping of the programme.

Work is progressing to implement the operational governance arrangements for the HSCIC. The Leadership Forum will meet for the first time 25 April and will also consider the work to develop the future strategic direction and the organisational development approach.

## Communications and Media

11. Due to the tremendous efforts of the teams involved the new HSCIC website was launched successfully on 1 April integrating previous content and functionality and under new branding. The new Intranet site - 'Connect' - was also launched to schedule and already has high usage, and active and positive discussion areas for staff. The new branding approved by the Shadow Board in March has been introduced cost effectively into our estate signage and other materials, and feedback suggests it is already being seen to portray an effective and authoritative organisation.

Plans are well underway to create a stronger communications capability by integrating the communications teams of precursor organisations to support the continued delivery of vital information, infrastructure and systems, together with informing and involving customers in new developments. The team will also have an early focus on securing good relationships and clarity of respective roles with programme SROs at NHS England and Department of Health.

The HSCIC Press and Media Team have taken on the media handling function which the Department of Health Press Office previously delivered for NHS Connecting for Health and internal processes to handle this have been agreed. A number of important stories were covered by the media during the last 3 weeks including news on the CSC electronic patient records contract for the North, Midlands and East; the extension to NHS England to allow commissioners to handle patient identifiable data; the care.data programme; and the Government response to the Francis inquiry.

Alan Perkins  
CEO

19 April 2013