

THE INFORMATION GOVERNANCE AND ACCOUNTABILITY REVIEW

Background

1. The Information Governance and Assurance Review (the Review) was established to assess the current governance and accountability arrangements for informatics across the health and care system and to recommend improvements. It has the same status as a Gateway Review, which means that the detailed findings will only be made public when two years have passed.
2. The Review was commissioned by the Permanent Secretary of the Department of Health, in line with the Department's 'system steward' function and reflecting the accountability of the Permanent Secretary to Parliament for the money it votes to fund the NHS and the wider health and care system.

3. The Review's Terms of Reference were to:

Review the existing arrangements relating to informatics programmes and to make recommendations for change or improvement. In particular, it will examine:

- *Whether **longer-term** alternative governance and accountability mechanisms are possible or required and to suggest appropriate models – recognising the need for a managed transition. Any recommendations or options should align with Government and Ministerial policy intentions, recognising that some solutions may necessitate legislation;*
 - *Improvement in the **short-term** (maybe as an interim step) to ensure existing accountability arrangements are as robust as possible and provide the necessary levels of confidence to accounting officers.*
4. The Review was led by Tim Rideout, an independent consultant with extensive experience of the health and care system at a senior level and overseen by a steering group of Non-Executive Directors from the three main organisations involved: Ed Smith (NHSE), Sir Ian Andrews (HSCIC) and Mike Wheeler (DH).
 5. Fieldwork for the Review included 33 one-to-one interviews with personnel in the range of organisations across the health and social care system. Smaller workshop sessions were used to gain greater understanding of key processes. The review team also reviewed key documents.
 6. The Review recognised the importance of ensuring that its findings were consistent with the distributed nature of leadership in the health and care system; recognised the current distribution of informatics accountabilities, functions and responsibilities across the various ALBs; and took account of current constraints on resources.

Findings

7. The Review found that there are many aspects of the current arrangements are working well. This included a widespread consensus amongst the Arm's Length Bodies that the Informatics Services Commissioning Group (ISCG) has been a positive force for developing a coherent approach to informatics activity across the new health and care system. The ISCG has, within only a few months, established a more joined up approach to the deployment of informatics resources to deliver better services to patients, users of services and the public. The Review heard how a comprehensive understanding of the informatics market, coupled with energy and focus, has achieved a step change in the capability of the system.

8. However, the Review also found a number of areas where the current arrangements show signs of a system developing at pace and where, as a consequence, the arrangements are not as effective as they could be. In particular, the Review found that the existing governance and accountability mechanisms are not effective and are not sufficiently aligned with the respective responsibilities of the various parties (in particular DH and HSCIC).
9. In summary the Review found that the arrangements:
 - Are not sufficiently clear and understood across the whole system;
 - Are not sufficiently aligned with the respective statutory responsibilities of the various parties;
 - Conflate a number of functions and processes, leading to confusion;
 - Do not provide sufficient assurance on the effectiveness of programme delivery and financial management.

Recommendations

10. In response to this, the Review developed a revised operating model and recommended specific changes to strengthen the arrangements. The operating model makes a clear distinction between the core informatics business processes of: determining system-wide strategy and direction (the responsibility of a new National Information Board – NIB - on behalf of the whole system, chaired by a National Information Director - NID); system delivery and expertise (HSCIC); and securing system-wide assurance (a new Informatics Assurance Group - IAG). It reflects the following key principles:
 - DH is responsible for the informatics budget and sponsors both NHSE and HSCIC;
 - The commissioning and provision of informatics should be separate;
 - NHSE has a central role to play, given its oversight of the NHS commissioning architecture;
 - The NIB should set and commission the health and social care system informatics strategy;
 - Individual SROs are responsible for the delivery of individual programmes and will be responsible for providing the Informatics Accountable Officer with assurance via the National Information Director;
 - HSCIC is not just a supplier, but is an independent ALB with a variety of statutory responsibilities in its own right and is a full member of the NIB. The HSCIC will be the primary source of leadership, authority and capacity in respect of delivery and technical and technological strategy.
11. The new operating model will secure greater clarity of accountability, by ensuring that all elements of the health and care system's informatics and information functions are directly accountable to the Department of Health and that strategy development is separate from delivery and assurance. The key elements are:
 - Strategy development will be overseen by a new National Information Board (NIB), which will replace the ISCG. This will help to clarify roles in respect of system-wide strategy, as the NIB will oversee strategy development, commissioning and investment proposals. It will work through a realigned range of sub-groups;
 - The NIB will be chaired by a new National Information Director, personally appointed by and accountable directly to the DH's Informatics Accountable Officer. The appointment will be for a fixed term and the postholder will carry out this role alongside but separate from his or her substantive post. This is to make it clear that, while the NIB needs the right leadership from within the system, it is not led or 'owned' by one organisation.

- The Informatics Accountable Officer will instigate a comprehensive review and refreshing of current SRO arrangements to ensure that they are consistent with MPA best practice. This will include a consideration of the formal appointment (or re-appointment) of appropriately accredited SROs. The National Information Director will then hold SROs to account for all the delivery informatics programmes, ensuring that the SROs represent the range of interests on the NIB and they have the skills and capabilities to deliver successfully;
 - The second strand of the operating model is Delivery and technical expertise and support. The HSCIC will play a strong leadership role in managing delivery of the informatics programmes, providing information management and technical expertise and design assurance as well as benefits delivery. It will be responsible for the Technical Design Authority and Information Standards and collections.
 - The Department of Health will lead directly the work on assurance, including assurance of delivery and benefits and oversight of information governance.
 - The investment assurance function will complement the investment proposal function overseen by the NIB. This will ensure that there is a clear process, from developing the strategy and commissioning the programmes to deliver the strategy, through technical oversight and support for delivery, to assurance that the programmes commissioned deliver the planned outcomes and benefits and that public money has been used properly.
12. The Review made nine recommendations which, taken together, will deliver the clarity of governance and assurance outlined above. The recommendations are summarised in the Annex and will be complemented by a series of rapid reviews, commissioned by DH, of SRO functions, portfolio management and technical capability.

Next Steps

13. The findings and recommendations of the Review have been accepted in principle by the Department and we will move quickly to implementation.
14. The first steps will be as follows:
- **By the end of January 2014**, establish the Information Management Oversight Board, to oversee implementation of the review's recommendations;
 - **By the end of January 2014**, seek endorsement and support from the Boards of the HSCIC and NHS England;
 - **By the end of January 2014**, formally stand down the ISCG and establish the National Information Board and Information Assurance Group. This will be followed by realignment and, where necessary, renaming or re-establishing the various sub groups;
 - **In January 2014**, the Informatics Accountable Officer will appoint the National Information Director, who will chair the NIB. DH has already confirmed that the first post holder of the National Information Director role will be Tim Kelsey;
 - **From February 2014**, the function of providing secretariat support for the NIB will be established in the department of Health; at the same time the ISCG secretariat staff in NHS England will cease to provide that function

- The Department of Health will commission the Major Projects Authority to carry out a review of SROs, **to be completed by 31 March 2014**; the Department will also commission a review of portfolio management arrangements and technical capability, also to be completed by **31 March 2014**.

SUMMARY OF RECOMMENDATIONS

Recommendation 1: The IAO leads the implementation of the refreshed operating model by the end of the current financial year. The key changes are:

- All elements of the model account directly to the Informatics Accountable Officer;
- The ISCG will be re-established as the NIB, responsible for developing and commissioning a coherent, system wide health and social care informatics strategy on behalf of all stakeholders;
- The NIB will be chaired by a National Information Director (NID), directly accountable to the IAO. The NIB will be administered by DH;
- The NIB's sub-groups will be: Strategic Framework Task and Finish Group; Clinical Reference Group; Commissioning Group; Data Burdens Group; a new Investment Proposals Group;
- The Portfolio Delivery Group will hold individuals to account and will be a mechanism for the NID to discharge their responsibilities to DH for overall Portfolio direction;
- The leadership role of the HSCIC will be strengthened through the realignment of the Information Standards and Collections Group and the Technical Design Authority, so that they both account to the HSCIC.
- Consideration should be given to establishing a separate mandate for the HSCIC.
- All SROs to account to the NID and, ultimately, the IAO, through the NID;
- The IAG will be established to support the IAO in securing system-wide assurance and will incorporate the functions of the current IPAB and the approvals function of the Investment and Approvals Forum.

Recommendation 2: the IAO ensures that the ISCG's current sub-groups are re-aligned in order to reflect the organisations' respective statutory functions; retain the appropriate distinction between commissioning and provision; and preserve the integrity of the proposed operating model.

All Programme Boards will be deemed to be independent and chaired by their SROs, who are individually accountable to the NID.

Recommendation 3: the IAO undertakes a comprehensive review and refreshing of the current SRO arrangements to ensure that they comply with best practice. The review should be carried out as a priority and no later than the end of the current financial year.

Recommendation 4: the IAO undertakes a comprehensive review and strengthening of the current Portfolio Management and financial management arrangements, including the arrangements for governance and oversight, to ensure that they reflect best practice.

Recommendation 5: the IAO ensures that the DH's informatics functions are strengthened to ensure that they have adequate capability and capacity.

Recommendation 6: the NIB develops a coherent and comprehensive vision and strategy for the health and social care system, including an overarching business strategy, supported by a digital roadmap.

Recommendation 7: all new programmes fit within the new arrangements and existing ones (e.g. LSP and ESR) are reviewed with the intention of transferring them into the arrangements.

Recommendation 8: the IAO establishes an Information Management Oversight Board to oversee the implementation of this Review's recommendations and the management of the new arrangements.

Recommendation 9: the following risks are explicitly considered and managed:

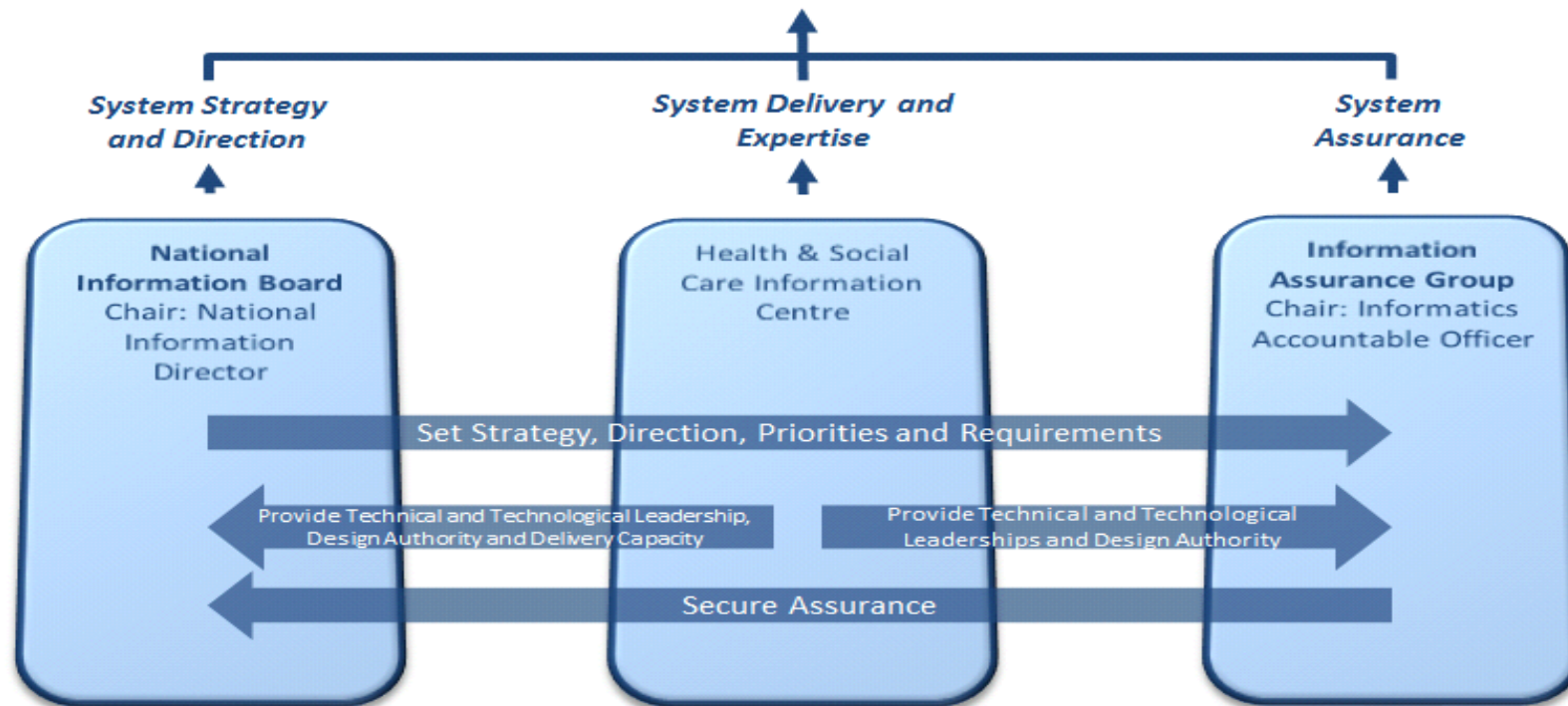
- Availability of adequate resources;
- Imminent changes in senior personnel (notably CEOs of NHSE and HSCIC); and
- The need to outline and test key business processes.

GRAPHICS ILLUSTRATING ARRANGEMENTS FOR REVISED OPERATING MODEL

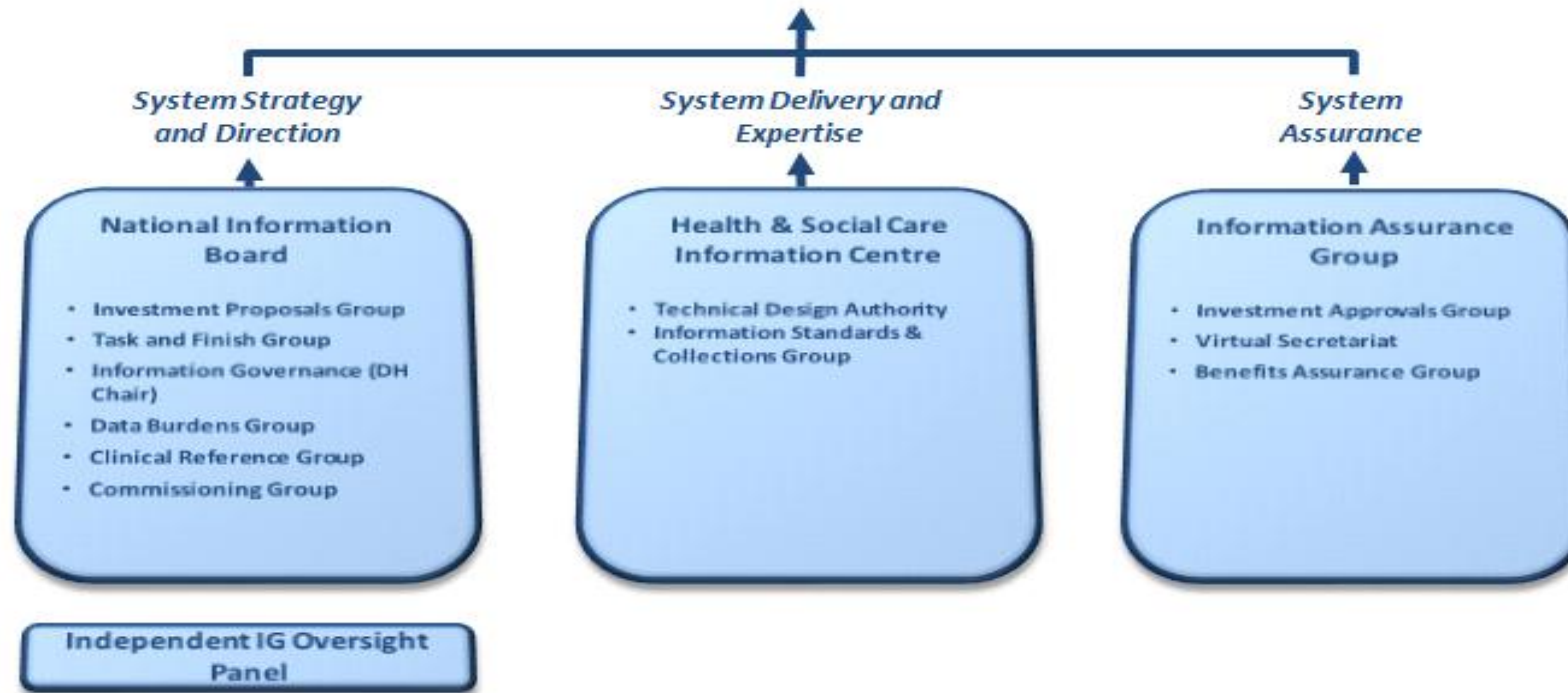
Alignment of Key Processes



Recommended Operating Model



Alignment of ISCG Sub-Groups



Note: All Programme Boards (inc. HSCDS and care data) accountable via their SROs