



Health & Social Care
Information Centre

HSCIC Board Performance Pack

January 2014 Data

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Summary of EMT KPI Performance

EMT KPI	KPI Owner	Previous Period	Current Period	Current Forecast	Previous Forecast
Programme Achievement	James Hawkins	A/G	A/G	A/G	A/G
IT Service Performance	Rob Shaw	A	G	A	G
Customer and Stakeholder Satisfaction	James Hawkins & Dr. Mark Davies	N/A	G	A	A
Public & Patient Engagement	Dr. Mark Davies	R	N/A	A	A
Reputation	Alan Perkins	N/A	A	TBC	TBC
Information Quality	Max Jones	A	A	A	A
Usefulness of Service	Max Jones	A	A	A	A
Financial Management - HSCIC	Carl Vincent	R	R	R	R
Organisational Health	Rachael Allsop	R	R	R	R

The RAG traffic light colours are either driven by the unique, specific, numeric tolerances for each indicator (see Appendix 1) – Or based on a subjective assessment made by the KPI Owner as follows: GREEN On track; AMBER Problems exist which can be addressed by the KPI owner; RED Serious* or recurring problems exist which require escalation for resolution [*Serious problems could have one or more of the following impacts: KPI targets will be compromised; reputational damage; additional unplanned resources required]

Executive Summary

- December was a very positive month for live service Availability with all of the 66 services either achieving or exceeding their average Availability target.

- Work is in progress to ensure that all Information Governance and Security incidents resulting from HSCIC services are logged through the HSCIC Service Bridge and managed through their standard processes. Data and Information Services will align with this process once the new Service Management toolset has been implemented.

- A new Risk Management KPI has been added. The KPI is still work in progress and will require further development in the coming months.

- The Incident Resolution KPI has been removed. It was felt that the KPI was not a true representation of how well the organisation was responding to incidents as it measured an administrative process rather than how quickly the incidents were made safe.

Programme Achievement

- January's Overall Combined Delivery Confidence is assessed as AMBER / GREEN based on factors such as recent MPA Gateway Reviews (two AMBER / RED delivery confidences reported by MPA this reporting period - ETP and NHS eRS) and the potential requirement for three Tolerance Exception Reports in respect of ETP, NHSmail 2 and PSNH.

- Our resourcing status is improving. There are plans in place to undertake a corporate recruitment exercise to fill key vacancies across the Directorate.

- NHSmail is the only project to forecast RED for milestones due to a high priority CCN which is forecast to be three months overdue. If the CCN is not progressed it will result in exceeding capacity and a likely impact on live service users.

Finance

- The overall financial position remains RED.

- Forecast expenditure has reduced, but ambitious recruitment targets remain an issue for the last two months of the financial year.

- Staff costs are under budget for the year-to-date, due to vacancies not being filled as budgeted. The forecast has reduced significantly from prior months to ensure that posts that will not be recruited into this financial year have been removed. However, it is likely that there will a significant underspend on staff costs for the full year.

- Accuracy of forecasting continues to be RED. Progress is being made and there is increasing focus month-on-month on this metric across the organisation, which should result in improvements in the KPI over time.

Organisational Health

- The active vacancy rate is on the increase with 258 vacancies recorded leading to an assessment of RED. A full review of 'active' vacancies is now in progress to ensure that these align with priorities identified by directorates and with Finance expectations around affordability.

- Cumulative voluntary staff turnover is still broadly on track to achieve the target of 10%. Work is underway to improve the exit interviews and subjectively assess if we are losing high performing people that we should be able to retain.

KPI Action Tracker (consolidated list of all live actions)

KPI	Page	Key Actions	Target Date	Status
Programme Achievement	7	Revisit weighting of projects included in the KPI	28/02/2014	Considered but agreed that prioritisation would need to be undertaken
Customer and Stakeholder Satisfaction	14	Next iteration of the SRO survey to include broader range of SROs	01/03/2014	On target - No issues original deadline achievable
		Get copy of inaugural Sponsor survey of satisfaction with HSCIC once survey has been completed	01/04/2014	On target - No issues original deadline achievable
		Assess if the scoring should be presented as an actual average score rather than a percentage	28/02/2014	We will maintain % and will update the PDD KPI dictionary to that effect
		Consider creation of a new 'panel' to elicit Stakeholder feedback	28/02/2014	Not started
		Confirm if there are any issues with the 3 SROs that did not respond to the survey	28/02/2014	All SROs responded just some covered with only one was outstanding which was ETP which was included in the stats but not the commentary but will be in the next iteration
Public & Patient Engagement	15	Confirm which relevant organisations (representing patients' interests) to survey	15/12/2013	On target - But original deadline revised
		Develop survey questions for relevant organisations representing patients' interests	31/12/2013	Completed
		Conduct first survey with relevant organisations representing patients' interests	31/01/2014	On target - No issues original deadline achievable
		Review results from Awareness Campaign	31/01/2014	On target - No issues original deadline achievable
		Develop KPI metrics and associated targets	31/03/2014	On target - No issues original deadline achievable
		Check what feedback we have on choices & eReferral as well as pathways	17/02/2014	Not started
Reputation	16	Complete first run of new 'panel' survey (which includes some questions on reputation)	Jan 2014	Completed
		Work with Rachel McHale on sourcing further data on social media, include NHS choices in the discussion	April 2014	On target - No issues original deadline achievable
Information Quality	17	Business Improvement Forum approve changes to the IR system	01/01/2014	Completed
		Go live with amended process for reporting	01/01/2014	Completed
Usefulness of Service	18	Agree initial baseline of economic benefit KPI along with sources of information	31/03/2014	On target - But original deadline revised
		Add further outputs to KPI and refine economic benefit model as appropriate	On going	Not started
Transformation Programme Progress	27	Engagement Programme on 'What is Transformation'	20/12/2013	Completed
		Complete all Directorate Level Transformation Mandates	19/12/2013	Completed
		Consider Priority Projects and Resource Constraints	19/12/2013	Completed
Financial Management (HSCIC)	19	Improve forecasts and plans for future years of both programme and admin so	01/03/2014	On target - No issues original deadline achievable
Organisational Health	21	Agree approach to deploying project and programme delivery professionals from the Portfolio Pool across the organisation	17/02/2014	On target - But original deadline revised
		Consider potential alternative approaches to business support roles e.g. Rotation, apprenticeship schemes	28/02/2014	On target - But original deadline revised
		Complete procurement (from Framework) of Recruitment Marketing capability	07/03/2014	On target - But original deadline revised
		Develop internal recruitment function	14/03/2014	On target - No issues original deadline achievable
		Planned recruitment reconciled with planned budget	14/03/2014	On target - But original deadline revised
		Launch improved exit interview process	31/03/2014	On target - No issues original deadline achievable
		Commence launch of improved PDR process	31/03/2014	On target - No issues original deadline achievable
		Complete Standard Job Descriptions for all priority roles	28/04/2014	On target - But original deadline revised

Points of Interest

The HSCIC Values have been agreed following the staff engagement event in December. They are People Focused, Professional, Trustworthy and Innovative. Team based values sessions will now commence and our values will form part of the Performance Development Review and recruitment processes for 2014/15.

The HSCIC Board provided approval to proceed with the transfer of NHS Direct services in to the organisation, subject to written confirmation from NHS England covering potential liabilities.

We successfully delivered an options analysis for the Female Genital Mutilation (FGM) prevention project to the Department of Health (DH) who subsequently submitted to the Parliamentary Under Secretary of State for Public Health. The report was very favourably received and resulted in a request for HSCIC to develop a business case on DH's behalf in support of the FGM prevention project.

Work is underway to finalise the Safer Hospitals Safer Wards Award Agreements with Trusts and we have started to design the process for the second technology fund.

Intense testing of the GP Extraction Service (GPES) is being undertaken prior the extractions required for the QOF and care.data programmes. The HSCIC team is working closely with the supplier (Atos) to ensure any issues identified are quickly addressed.

The Directions from NHS England for the collection of local data for Data Services for Commissioners has been approved and published.

NHS England have gained approved from the Confidentiality Advisory Group (CAG) for Invoice Validation information to be provided directly to CSUs and CCGs until October 2014, and they have also secured CAG approval for Risk Stratification to occur in CSUs and CCGs by pseudonymising on landing care information that they receive, also limited to October 2014.

Cabinet Office approval to proceed with early works for SUS transition was received 7 February. These early works are for £9m of contracted products and activity with the selected main suppliers (i.e. Mastek, Oracle and InTechnology) until July this year. A business case is now being developed for the further transition and operation of SUS until June 2016. This will need to be fully approved before the early works conclude.

Care.data: The national leaflet drop ('Better Information Means Better Care') associated with the care.data programme took place as planned throughout January. The patient information line in support of this handled nearly 6,500 calls during the four-week period and the three main HSCIC web pages containing supporting information saw a combined total of over 10,000 visits. There has been significant (national and local) media interest across newspapers, television and radio during the awareness campaign.

The HSCIC have been invited to represent the UK on a new taskforce of the Eurostat Working Group for Public Health Statistics. The role of the taskforce is developing implementing regulation for the 2017 EU Joint Questionnaire, which collects data on health care resources and health care activities (workforce, hospital discharges, bed-days, surgical procedures). The UK International Health Statistics Group agreed that it was important to have a representative on this taskforce to influence what variables are agreed on order to minimise the impact on the UK.

During February, the HSCIC will be gathering feedback from Clinical Commissioning Groups (CCGs), clinicians and professional groups on potential additional indicators for the proposed 2015/16 CCG Outcomes Indicator Set. We work in partnership with NHS England and NICE on the development of the indicator set. The Specification Development Service (SDS) develops and tests the indicators which are assured via the Indicator Assurance Service before being calculated and published.

The feedback collated during this exercise on the data sources, suitability and definitions will supplement the full public consultation being undertaken by NICE which will provide a broader opportunity for any interested parties, including patients and carers, to comment. The survey results will be incorporated into the guidance that SDS supply to NICE's independent advisory committee in May 2014.

MPA review - Review 4, Readiness for service SPINE2 core, completed and report issued 13th February 2014 with an Amber rating. The Full business case has now been approved by Chief Secretary to the Treasury.

EMT KPIs by exception

EMT KPI [not shown in order of priority as they have equal weighting]	KPI Owner*	Previous Period	Current Period	Current Forecast	Previous Forecast
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There are no EMT KPI exceptions this reporting period

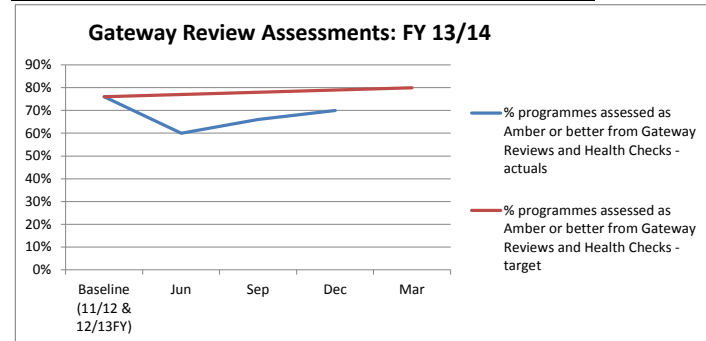
*The person who is either accountable or responsible for managing the KPI/PI in terms of monitoring and reporting progress to achieve KPI targets, and taking corrective action if there is a problem (e.g., variation from plan)

The RAG traffic light colours are either driven by the unique, specific, numeric tolerances for each indicator (see Appendix 1) – or based on a subjective assessment made by the KPI Owner as follows: GREEN On track; AMBER Problems exist which can be addressed by the KPI owner; RED Serious* or recurring problems exist which require escalation for resolution [*Serious problems could have one or more of the following impacts: KPI targets will be compromised; reputational damage; additional unplanned resources required]

KPI	Programme Achievement
KPI Owner	James Hawkins

	PD	PDD View	LSP	D+IS	COMBINED				
Previous RAG	69.5%	A/G	80.0%	G	52.0%	A	68.7%	A/G	
Current RAG	68.0%	A/G	A	85.7%	G	48.0%	A	68.8%	A/G
Forecast RAG	75.0%	A/G	A	91.4%	G	60.0%	A/G	76.3%	A/G

Programme Delivery Directorate - Delivery Confidence (Gateway Reviews)



	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%	70%	
% programmes assessed as Amber or better from Gateway Reviews and Health Checks - target	76%	77%	78%	79%	80%

The chart above relates to the 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 70% based upon 10 Gateway Reviews completed this Financial Year up to 31st December 2013. Q4 to be updated in Mar 2014.

(NOTE: This will contain A/R review scores from 2 x Gateway reviews - Held Jan-14 - which makes the year-end target unachievable)

Notes about this page:

1. Finance Department introduced a revised method of RAG reporting in Oct 2013 for current year budgets to reflect the different categories of project expenditure: HSCIC Admin, Programme Revenue and Programme Capital.

UPDATE: Rather than a RAG being assigned if ANY INDIVIDUAL COMPONENT received a RED or AMBER, the Jan 2014 dashboard now splits DH Programme Spend and HSCIC Admin reporting for RAG purposes. HSCIC's agreed tolerances are applied for DH Programme Spend RAGs. Note this currently only covers Programmes Delivery and will be applied to other Directorates next month.

Programme Delivery Directorate - Executive Summary

Overall Delivery Confidence is "calculated" as AMBER / GREEN from January 2014 Highlight Reports but the PDD deems AMBER to be a more realistic assessment based on factors such as recent MPA Gateway Reviews (2 x AMBER / RED delivery confidences reported by MPA this reporting period - ETP and NHS eRS) and the potential requirement for 3 Tolerance Exception Reports in respect of ETP, NHSmail 2 and PSNH.

Issues raised for awareness:

Resourcing - Overall resourcing status has improved gradually with one more project shifting from AMBER to GREEN. Plans are in place to undertake a corporate recruitment exercise to fill key vacancies across the Directorate.

Current Year Budget - This dashboard now reports 2 x Finance RAGs. 14 out of 20 projects are reporting RED for HSCIC Admin spend (9 of these are due to underspend). 9 out of 14 projects with DH budget are reporting RED for underspend. 5 are either on target or reporting a minor underspend. Finance data is at **end December 2013** (most recent figures available at time of reporting).

Static Confidence - 7 projects are reporting 4 or more months with AMBER delivery confidence, implying insufficient confidence in improvement measures being implemented.

NHSmail - Are the only project to forecast RED for milestones (as last period) due to a high priority CCN which is forecast to be 3 months overdue. If the CCN is not progressed it will result in exceeding capacity and a likely impact on live service users.

CQRS - QOF Milestone 1, 2 and 3 still behind schedule due to issues encountered during First-of-type activities.

GPSoC Replacement - Completion of procurement by end Mar 2014 may be delayed due to multiple complex dependencies.

ETP - Increased confidence in the 'Fast Track' implementation plan up to March 2014 has resulted in a forecast 3-month delivery confidence RAG upgrade to A/G, however recent Gate 5 yielded an A/R rating. A risk remains that the extension Business Case approval will slip beyond Mar 2014.

N3 - Approval of business case for continuation of N3 services beyond 31/03/2014 forecast for 28 Feb 2014.

CtOC - Action plan created based on AMBER PVR from Dec 2013. Action plan documented and progressing well (5 out of 9 complete).

PSNH - AAP in Nov 2013 recognised credible, material progress made since 'Red' delivery confidence from MPA during Gate 2 June 13. Project End date upgraded to AMBER based on Tolerance Exception Report being accepted but timelines and dependency on N3 still remain challenging. Milestone confidence downgraded from GREEN to AMBER due to reduced confidence in N3 Continuation case approval dependency.

HJIS - Now AMBER due to endorsement of SOC by ISCG. Tolerance Exception agreed to postpone HMT approval to Mar 2014. GMPP validity TBC but not added for Q4 returns.

LSP Delivery Directorate - Executive Summary

Overall Delivery Confidence is assessed as GREEN based on January 2014 LSP DD Highlight Reports. In the CSC Programme, Ipswich Hospital NHS Trust were approved to go-live with the Lorenzo solution on 2 Feb 2014. The Norfolk and Suffolk NHS FT Lorenzo Investment Case 2 (LIC2) was endorsed by the Operational Delivery Group on 21 Jan 2014, The Trust intend to submit their PID and LIC3 to the ODG in March seeking a recommendation for approved ASR status. BT Community and Mental Health upgrades to RIO Release 2 are proceeding to plan following the successful First-of-Type deployments.

The PACS Programme continues to deliver a controlled exit from both the London and NEEEM contracts. The 22 trusts scheduled to exit in June 2014 are on track for procurement, data migration and implementation.

SLCS South Acute has seen good recent progress with the SmartCare, Kent, Sussex and Surrey groups all having now launched their procurements (four of the six procurements). In South Community and Child Health nine providers have commenced implementation activities and these remain on track.

Data and Information Services - Executive Summary

Overall Delivery Confidence is assessed as AMBER based on the Highlight Reports covering the December period. Successful delivery is uncertain for the NTS, Care.Data, Data Services for Commissioners (DSFC) and GPES. There are a number of issues raised for awareness:

Resourcing - Constraints are causing delays and most programmes have raised it as an issue.

Current Year Budget - Although no budget was set at the beginning of the year for care.data and DSFC the programmes are forecasting and tracking spend.

Business Case / Investment Justification - Business Case cover is not yet in place for care.data and NTS although their Strategic Outline Cases are in the internal approvals process. The SOC for Data Services for Commissioners is being developed.

NTS - Approval for early works has been given however contract negotiations are required before work can begin. Caveats have been placed on the approval which spreads resource more thinly

care.data - In addition to approvals (business case is still in development), a major focus is delivery of primary-secondary care linked dataset. The national leaflet drop ('Better Information Means Better Care') took place as planned throughout January with a supporting patient information line. Following a very high profile response (media, public, clinical) to this, it was announced that the intention is to now begin collecting data from GP surgeries in the Autumn, instead of April, to allow more time to for engagement with patients and professional groups. Development work will continue in readiness for this and re-planning in relation to the time extension is taking place.

DSIC - The Directions from NHS England have been approved and are now published. The programme mobilisation is continuing with the three senior posts filled and a further five posts currently being advertised. Confirmation on requirements and funding is being pursued with NHS England.

GPES - Further testing has identified issues which are being resolved as a priority to enable extracts to be provided to the Care.Data and QOF programmes.

Key Actions to rectify variance from target	Target Date	Progress
Revisit weighting of projects included in the KPI	Feb-14	Considered but agreed that prioritisation would need to be undertaken corporately - The recent ZBR was to inform. Decision postponed to Feb 2014

KPI	Programme Achievement
KPI Owner	James Hawkins

Previous RAG	A/G	Programme Delivery Director View	
Current RAG	A/G	Current RAG	A
Forecast RAG	A/G	Forecast RAG	A

Programme Delivery Dashboard - January 2014

Highlight Report Submission Month:	Overall Delivery Confidence RAG							Gateway Delivery Confidence				Key Delivery Milestones			Current year financial forecast (HSCIC admin) vs budget (NOV FIGURES)			Current year financial forecast (DH Prog) vs. budget (NOV FIGURES)			Investment justification (BC, MoU etc) forecast spend status		
	Nov	Dec	Jan	Feb	Mar	Apr	RPA	Gate	Date	RAG	Nov	Dec	Jan	Nov	Dec	Jan	Nov	Dec	Jan	Nov	Dec	Jan	
P0297	Care Connect	NR	NR	A/R	A	A	A	N/A	N/A	N/A	N/A	NR	NR	A/G	NR	NR	R-O	NR	NR	N/A	NR	NR	N/A
P0004	CP-IS	A	A	A/G	A/G	A/G	A/G	Med	3	Jul-2012	A	A	A	NR	NR	G	NR	NR	N/A	G	G	G	
P0070	CQRS	A	A	A	A	A	A	Med	4a	Oct-2013	A	A	A	NR	NR	R-O	NR	NR	N/A	G	G	G	
P0010	DMS Connectivity	G	G	G	G	G	G	N/A	N/A	N/A	N/A	G	G	G	NR	NR	R-U	NR	NR	N/A	A	G	G
P0012	ETP	A/R	A/R	A	A	A/G	A/G	High	5	Jan-2014	A/R	A	A	NR	NR	R-U	NR	NR	G	G	G	G	
P0014	GP2GP	G	A/G	A/G	A/G	A/G	A/G	Low	N/A	N/A	N/A	A	A	A	NR	NR	R-U	NR	NR	G	G	G	G
P0017	GPSOC	G	G	G	G	G	G	High	4	Mar-2009	A/G	G	G	G	NR	NR	G	NR	NR	R-U	G	G	G
P0208	GPSOC Replacement	A	A	A	A	A	A	High	3	Nov-2013	A	A	A	NR	NR	R-O	NR	NR	R-U	G	G	G	
P0207	HJIS	A/R	A	A	A	A	A	Med	1	Sep-2013	A/G	R	A	A	NR	NR	G	NR	NR	N/A	N/A	N/A	N/A
P0026	HSCDS (Choices Service)	A	G	G	G	G	G	Med	5	Apr-2012	G	A	G	G	NR	NR	G	NR	NR	A-U	N/A	N/A	N/A
P0298	NHS Choices Online Channel	A/R	A	A	A	A	A	High	PVR	Dec-2013	A	A/R	A	A	NR	NR	R-U	NR	NR	N/A	N/A	N/A	N/A
P0024	N3	A	A	A	A	A	A/G	High	5	Jul-2012	A/G	G	G	G	NR	NR	A-U	NR	NR	A-U	G	G	G
P0238	NHS e-RS inc. CAB	A	G	G	G	G	G	High	3	Jan-2014	A/R	A	G	G	NR	NR	R-U	NR	NR	R-U	G	G	G
P0030	NHSmal	A/G	A/G	A	A	A	A	Low	AAP	Oct-2012	G	A	R	R	NR	NR	R-U	NR	NR	R-U	G	G	G
P0196	NHSmal2	A/G	A	A	A	A	A	Med	2	Jun-2013	A	A	A	NR	NR	R-U	NR	NR	R-U	G	G	G	
P0037	OHIT	A	A	A	A	A	A	N/A	N/A	N/A	N/A	G	G	G	NR	NR	G	NR	NR	R-U	G	G	G
P0190	PSNH	R	R	R	R	A/R	A	High	AAP	Nov-2013	R	A	G	A	NR	NR	R-O	NR	NR	R-U	A	A	A
P0051	SCR	A/G	A/G	A/G	A/G	A/G	A/G	High	0	Feb-2012	A	G	G	G	NR	NR	R-U	NR	NR	G	G	G	G
P0049	Spine Extension	NR	A/G	A/G	G	G	G	Med	3	May-2012	A/G	NR	G	G	NR	NR	R-U	NR	NR	R-U	NR	G	G
P0050	Spine 2	R	A	A/R	A/R	A	A	High	AAP	Sep-2013	A	A	A	NR	NR	R-O	NR	NR	R-U	A	A	A	

Overall Delivery Confidence for Programme Delivery (Calculated):	
January-1900	A/G 68.00%
April-1900	A/G 75.00%

PDD View	
January-1900	A
April-1900	A

Sourced from Highlight Reports (Key RAGs)

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 of information around the progression of an approval)

January's Calculated Delivery Confidence has **decreased 1.5% to 68%** from **69.5% since last month**. Calculated delivery confidence RAG remains 'AMBER / GREEN' but 'AMBER' is deemed to be a more realistic representation of Directorate-level confidence. The 3-month forecast Delivery Confidence (to Apr 2014) remains 'AMBER / GREEN' despite a **0.3 percentage point increase** since last month but AMBER is deemed to be a more realistic reflection. One project has upgraded its 3-month forecast since last month; none have downgraded. Care Connect is reporting for the first time this period.

KPI	Programme Achievement
KPI Owner	James Hawkins

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

Programme Delivery Director View	
Current RAG	A
Forecast RAG	A

Programme Delivery Dashboard - January 2014

Highlight Report Submission Month:	Benefits realisation confidence				Quality Management against plan				Programme / Project end date			Current Investment Justification approval status			ICT Spend Approval status			Resourcing Against Plan			
	Nov	Dec	Jan		Nov	Dec	Jan		Nov	Dec	Jan	Nov	Dec	Jan	Nov	Dec	Jan	Nov	Dec	Jan	
P0297	Care Connect	NR	NR	N/A	-	NR	NR	N/A	-	NR	NR	G	-	NR	NR	N/A	-	NR	NR	G	-
P0004	CP-IS	N/A	N/A	N/A	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→
P0070	CQRS	A	A	A	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→
P0010	DMS Connectivity	N/A	N/A	N/A	→	N/A	N/A	N/A	→	G	G	G	→	A	A	A	→	N/A	N/A	N/A	→
P0012	ETP	R	R	R	→	R	A	A	→	A	A	A	→	G	G	G	→	G	G	G	→
P0014	GP2GP	G	G	G	→	A	A	A	→	A	G	G	→	G	G	G	→	N/A	N/A	N/A	→
P0017	GPSOC	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→	G	G	G	→
P0208	GPSOC Replacement	G	G	G	→	A	A	A	→	G	G	G	→	G	G	G	→	G	G	G	→
P0207	HJIS	N/A	N/A	N/A	→	G	G	G	→	A	A	A	→	A	A	A	→	A	A	A	→
P0026	HSCDS (Choices Service)	N/A	N/A	N/A	→	N/A	N/A	N/A	→	R	R	R	→	A	A	N/A	↓	N/A	N/A	N/A	→
P0298	NHS Choices Online Channel	N/A	N/A	N/A	→	N/A	A	A	→	A	G	G	→	A	A	A	→	A	G	G	→
P0024	N3	G	G	G	→	G	G	G	→	A	A	A	→	A	A	A	→	A	A	A	→
P0238	NHS e-RS inc. CAB	G	G	G	→	G	G	G	→	G	G	G	→	R	G	G	→	R	G	G	→
P0030	NHSmail	G	G	G	→	A	A	A	→	G	G	G	→	G	G	G	→	G	G	G	→
P0196	NHSmail2	G	G	G	→	R	A	G	↑	A	A	A	→	A	A	A	→	A	A	A	→
P0037	OHIT	G	A	A	→	G	G	G	→	G	R	R	→	N/A	N/A	N/A	→	N/A	N/A	N/A	→
P0190	PSNH	G	G	G	→	A	A	A	→	R	A	A	→	A	A	A	→	A	A	A	→
P0051	SCR	A	A	A	→	A	A	A	→	G	G	G	→	G	G	G	→	G	G	G	→
P0049	Spine Extension	NR	G	G	→	NR	G	G	→	NR	G	A	↓	NR	G	G	→	NR	G	G	→
P0050	Spine 2	A	G	A	↓	A	G	A	↓	G	G	G	→	A	A	A	→	A	R	R	→

Overall Delivery Confidence for Programme Delivery (Calculated):	
January-1900	A/G 68.00%
April-1900	A/G 75.00%

PDD View	
January-1900	A
April-1900	A

January's Calculated Delivery Confidence has decreased 1.5% to 68% from 69.5% since last month. Calculated delivery confidence RAG remains 'AMBER / GREEN' but 'AMBER' is deemed to be a more realistic representation of Directorate-level confidence. The 3-month forecast Delivery Confidence (to Apr 2014) remains 'AMBER / GREEN' despite a 0.3 percentage point increase since last month but AMBER is deemed to be a more realistic reflection. One project has upgraded its 3-month forecast since last month; none have downgraded. Care Connect is reporting for the first time this period.

Sourced from Highlight Reports (Key RAGs) January-00

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 of information around the progression of an approval)

KPI	Programme Achievement (LSP)
KPI Owner	James Hawkins
Data Owner	Tom Denwood

Previous RAG	G
Current RAG	G
Forecast RAG	G

LSP Dashboard - January 2014

Highlight Report Submission Month:		Overall Delivery Confidence RAG						Gateway Delivery Confidence				Key Delivery Milestones			Current year financial forecast vs. budget			Investment justification (BC, MoU etc) forecast spend status		
		Nov	Dec	Jan	Feb	Mar	Apr	RPA	Gate	Date	RAG	Nov	Dec	Jan	Nov	Dec	Jan	Nov	Dec	Jan
TBC	PACS	NR	NR	G	G	G	G	TBC	0	Nov-2011	A	NR	NR	G	NR	NR	G	NR	NR	G
P0183	South Community Programme	A/G	A/G	A/G	A/G	A/G	A/G	Med	3	Dec-2012	A/G	G	G	G	G	G	G	G	G	G
P0182	South Ambulance Programme	A	A	A/G	A/G	A/G	A/G	Med	3	Dec-2013	A/G	A	A	A	G	G	G	G	G	G
P0181	South Acute Programme	A/G	A/G	A/G	A/G	A/G	A/G	High	2	Dec-2012	A/G	A	A	A	G	G	G	G	G	G
P0047	BT LSP - South	G	G	G	G	G	G	High	5	Nov-2012	A/G	A	A	G	R-O	R-O	R-U	G	G	G
P002	BT LSP - London	A	A	A	A	A	G	High	N/A	N/A	N/A	A	A	G	R-O	R-O	R-O	A	A	G
P0031/00	CSC LSP	G	G	G	G	G	G	High	N/A	N/A	N/A	G	G	G	R-O	R-O	R-U	G	G	G

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

Overall Delivery Confidence for LSP:	
January-2014	G 85.71%
April-2014	G 91.43%

Overall delivery confidence this month has increase from 80% to 85.71%. 3-month forecast delivery confidence has increased by the same amount. This is due partly to the inclusion of PACS for the first time (GREEN status). Current delivery confidence RAG is GREEN and is forecast to remain GREEN in 3 months' time. The Executive summary provides additional commentary. The January updates reflect Highlight Reports "collected" in January but covering the calendar month of December

Sourced from Highlight Reports (Key RAGs) January-14

KPI	Programme Achievement (D+IS)
KPI Owner	James Hawkins
Data Owner	Max Jones

Previous RAG	A
Current RAG	A
Forecast RAG	A/G

Data and Information Services Dashboard - January 2014

Highlight Report Submission Month:		Overall Delivery Confidence RAG						Gateway Delivery Confidence				Key Delivery Milestones			Current year financial forecast vs. budget			Investment justification (BC, MoU etc) forecast spend status		
		Nov	Dec	Jan	Feb	Mar	Apr	RPA	Gate	Date	RAG	Nov	Dec	Jan	Nov	Dec	Jan	Nov	Dec	Jan
P0294	National Tariff System (NTS)	A/R	A/R	A/R	A/R	A/R	A	Med	N/A	N/A	N/A	A/R	A	A	A-O	G	G	N/A	N/A	N/A
P0291	care.data	A/R	A/R	A/R	A/R	A	A	High	N/A	N/A	N/A	A	A	A	N/A	R-O	R-O	N/A	A	A
P0265	Data Services for Commissioners	R	R	A/R	A/R	A/R	A	TBC	N/A	N/A	N/A	R	R	R	R-O	R-O	A-O	R	R	R
P0281/03	GPES	NR	A	R	R	R	R	TBC	4	Dec-2012	A	NR	A	A	NR	R-O	R-O	NR	G	G
P0042	SUS	NR	G	G	G	G	G	Med	See Spine	See Spine	See Spine	NR	G	G	NR	G	G	NR	G	G

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

Overall Delivery Confidence for D+IS:	
January-2014	A 48.00%
April-2014	A/G 60.00%

Overall Delivery Confidence is assessed as AMBER based on the Highlight Reports covering the December period. Successful delivery is uncertain for NTS, care.data and Data Services for Commissioners (DSFC) and GPES. The January updates reflect Highlight Reports "collected" in January but covering the calendar month of December

Sourced from Highlight Reports (Key RAGs) January-14

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

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

KPI	Programme Achievement (LSP)
KPI Owner	James Hawkins

Previous RAG	G
Current RAG	G
Forecast RAG	G

LSP Dashboard - January 2014

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

Overall Delivery Confidence for LSP:	
January-2014	G 85.71%
April-2014	G 91.43%

Overall delivery confidence this month has increase from 80% to 85.71%. 3-month forecast delivery confidence has increased by the same amount. This is due partly to the inclusion of PACS for the first time (GREEN status). Current delivery confidence RAG is GREEN and is forecast to remain GREEN in 3 months' time. The Executive summary provides additional commentary. The January updates reflect Highlight Reports "collected" in January but covering the calendar month of December

Sourced from Highlight Reports (Key RAGs) January-14

KPI	Programme Achievement (D+IS)
KPI Owner	James Hawkins

Previous RAG	A
Current RAG	A
Forecast RAG	A/G

Data and Information Services Dashboard - January 2014

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

Overall Delivery Confidence for D+IS:	
January-2014	A 48.00%
April-2014	A/G 60.00%

Overall Delivery Confidence is assessed as AMBER based on the Highlight Reports covering the December period. Successful delivery is uncertain for NTS, care.data and Data Services for Commissioners (DSFC) and GPES. The January updates reflect Highlight Reports "collected" in January but covering the calendar month of December

Sourced from Highlight Reports (Key RAGs) January-14

- KEY**
- Trend**
- ↑ RAG improvement from previous month
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KPI	IT Service Performance
KPI Owner	Rob Shaw

Previous RAG	A
Current RAG	G
Forecast RAG	A

Changes in this report:: None.

Caveats: Although service performance targets remain static each month, the number of services being reported against varies due to contractual reporting cycles. For example when the Sep-13 KPI report was published there were fewer services reported on than are now showing against the month of September, as we have subsequently received the data for the late reporting services, this information has been updated and the number of services measured for Availability in the Sep 2013 reporting month now shows 77. This anomaly is due to Spine and SUS Service Reports now being delivered quarterly and is apparent again this month as there was a SUS report delivered in November but not in December, hence the lower number of services reported against in December as compared to November.

It is also worth noting that the overarching RAG status is based on the Availability performance only as this is deemed to be of most importance.

Commentary:

Availability: December was a very positive month for live service Availability with all of the 66 services reported against either achieving or exceeding their average Availability target, resulting in a current RAG status of Green.

Response Times: For the majority of services, Response Times performance was good in the reporting month with 38 out of 42 services reported against having achieved or exceeded their Response Times targets. There were, however, Amber level failures on RiO in both London and the South for the sixth consecutive month, and Critical Level failures on iPM in NE and on CQRS.

The root cause of the RiO performance failures in London and the South are believed to be related to the increase in the use of a transaction called RiO2RiO. This transaction is of benefit to the trusts but has slowed down a couple of other RiO transactions. BT is currently investigating how to reduce these failures but the actual impact is believed to be minimal.

The Critical Level failures on iPM are still under investigation by CSC. And the Critical Level failures on CQRS are believed to be caused by the same user submitting multiple requests for the same report simultaneously which impacted on the report production response time.

HSSI Fix Times: December saw the number of HSSI's in the month fall significantly to 17 which is significantly below trend over the last 12 months. Four of those HSSI's were related to Clinical Safety and none related to Security incidents - The first clinical safety incident was related to Accenture PACS and an issue where annotations were not visible for some images, the second related to EMIS Web and resulted in the patient medication screen not being visible for EPS 2 enabled sites, the third was related to Lorenzo and an issue where trusts were unable to use pre-defined text within tables, resulting in a significant number of clinical notes being unusable. The final clinical safety incident was also related to Lorenzo and an issue where incorrect documents were being attached to patient notes at multiple trusts. All Clinical Safety Incidents were made safe with no patient harm being experienced. 15 of the HSSI's were resolved within the Fix Time Service Level, leaving 2 that failed to meet that target as follows: CSC experienced one Severity 2 incident that failed the SLA at University Hospitals Morecambe Bay which took 79hrs 46mins to resolve against an SLA of 4 hrs. This was the first of the two Lorenzo Clinical Safety Incidents referred to above. And GDIT experienced one Severity 2 incident which took 70 hrs. and 42 minutes to resolve, against a target of 4 hours - This was as a result of a failed payment file which required manipulation and resubmission.

It is also worth noting that activity is in train to ensure that all IG and Security incidents resulting from HSCIC services are logged through the HSCIC Service Bridge and managed through their standard processes. The exception to this is for services within the Data and Information directorate which will not adopt this process until the new Service Management toolset has been implemented.

Since the reporting period of December and the generation of this commentary (10 February) the following HSSI's have occurred which are worthy of note:

- 15/1/14 - TMS database issues between 23:30 and 00:45 following the overrun of a scheduled change
- 17/1/14 - CMS issues resulted in users facing issues when creating and cancelling smart cards across the entire system
- 31/1/14 - Lorenzo patient discharge summaries were identified as missing
- 25/1/14 - EPS experienced performance issues for a number of periods during the day
- 1/2/14 - ETP reliable messaging was unavailable between 6:35 and 7:12
- 3/2/14 - Application server issues on ETP resulted in significant delays to response times and queued messages taking a number of days to process.

HSSI Volumetrics: Average elapsed time between a HSSI being logged where a HSCIC service was at the root cause in December 2013: 43 hours 46 minutes.

RAG status: Forecast that Amber RAG status will be achieved as a number of significant HSSI's in the month of January are known to have affected Availability.

Performance Indicators	Target	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	Oct-13	Oct-13 RAG	Nov-13	Nov-13 RAG	Dec-13	Dec-13 RAG
No. of Services achieving Availability target	All Services to achieve individual targets (but see caveat)	79	G	77	A	75	A	75	A	76	A	77	A	78	G	75	A	73	A	77	G	64	A	66	G
No. of Services breaching Availability target, but not to a critical level	0	0	G	2	A	4	A	4	A	3	A	1	A	0	G	2	A	4	A	0	G	3	A	0	G
No. of Services breaching Availability target at a critical level	0	0	G	0	A	0	A	0	A	0	A	0	A	0	G	0	A	0	A	0	G	0	A	0	G
Total No. of Services measured for Availability Performance >>>>		79		79		79		79		79		78		78		77		77		77		67		66	
No. of Services achieving Response Times target	All Services to achieve individual targets (but see caveat)	42	R	41	R	43	R	43	R	42	R	44	A	42	A	42	A	41	A	40	A	37	R	38	R
No. of Services breaching Response Times target, but not to a critical level	0	1	R	2	R	0	R	0	R	2	R	1	A	3	A	2	A	4	A	4	A	3	R	2	R
No. of Services breaching Response Times target at a critical level	0	2	R	2	R	2	R	2	R	1	R	0	A	0	A	0	A	0	A	0	A	3	R	2	R
Total No. of Services measured for Response Time Performance >>>>		45		45		45		45		45		45		45		44		45		44		43		42	
Total number of Higher Severity Service Incidents (HSSIs)	N/A	34	G	47	A	51	A	46	A	44	G	39	A	24	A	23	G	39	G	39	A	38	A	17	A
Total number of HSSIs achieving Fix Time target		34	G	43	A	46	A	43	A	44	G	34	A	20	A	23	G	38	G	37	A	33	A	15	A
% HSSIs achieving Fix Time target	95%	100%	G	91%	A	90%	A	93%	A	100%	G	87%	A	83%	A	100%	G	97%	G	95%	A	87%	A	88%	A

KPI	IT Service Performance
KPI Owner	Rob Shaw

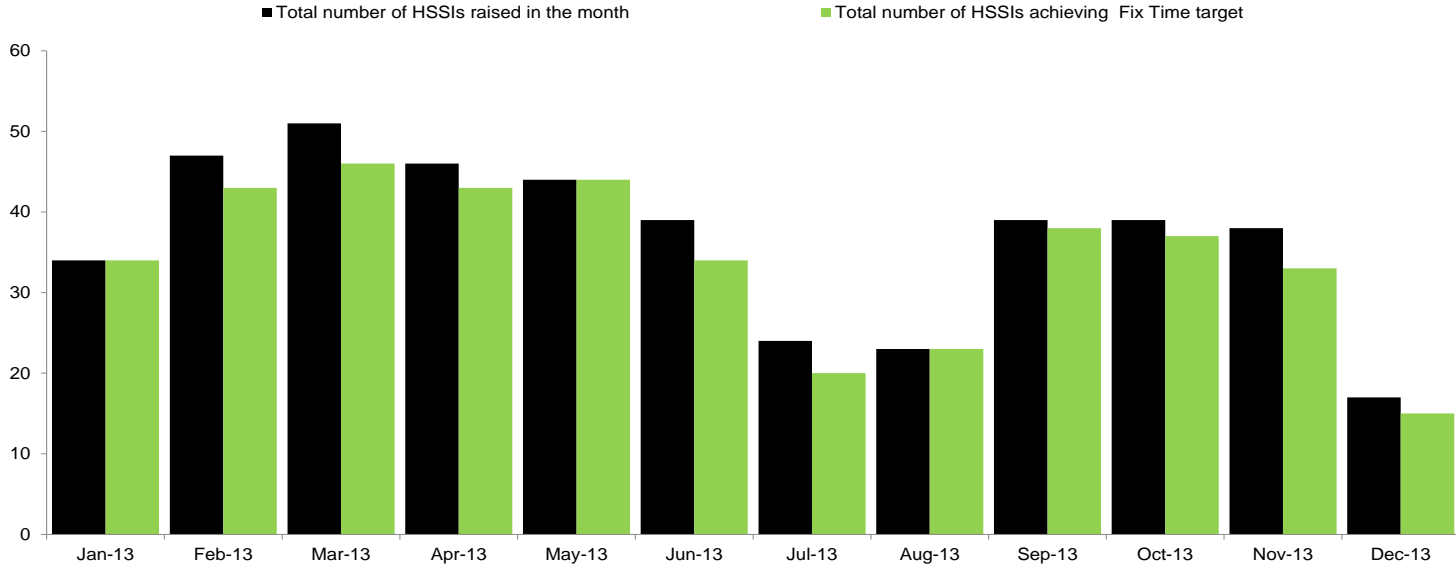
Previous RAG	A
Current RAG	G
Forecast RAG	A

Key Actions	Target Date		Progress

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 SMT to rectify escalated problems

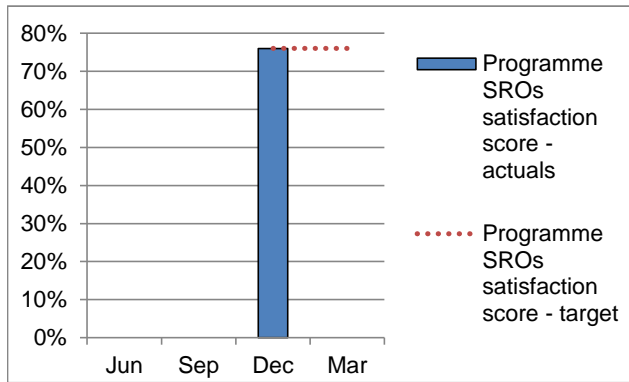
Higher Severity Service Incident (HSSI) Fix Time Achievement Analysis - Last 12 months

Please note that this graph relates to the HSSI Fix Times commentary overleaf.



KPI	Customer and Stakeholder Satisfaction
KPI Owner	James Hawkins and Dr Mark Davies

Previous RAG	N/A
Current RAG	G
Forecast RAG	A



Stakeholder Satisfaction

- The first SRO satisfaction survey has been successfully completed. This initial survey was sent out to SROs of our GMPP projects. A total of five responses covering 8 projects were received. Each SRO was asked to rate their satisfaction, on a scale of 0 to 5 on the following seven criteria areas: Service Strategy, Programme Delivery, Service Delivery, Business Change, Comms & Stakeholder Engagement, Benefits Realisation and an Overall General Satisfaction Score
- The chart opposite currently reflects the average "Overall General Satisfaction Score". Other scores have not been counted for this period but will be tracked for future trend analysis.
- Feedback noted the benefits realisation, Communications and Stakeholder Engagement and Service Delivery areas as the weakest, scoring <4, with various issues noted. Programme leads are engaging with SROs as part of on-going Programme governance and engagement to agree improvement plans, to increase the score above target moving forward
- In FY 2014/15 it is intended to widen the scope to non-GMPP SROs
- Please note this data is sensitive due to the small sample size, where one result or non return could impact the overall score significantly.

Responsiveness

Responsiveness is assessed as AMBER from a qualitative assessment of sources.

The final response from our survey of customers contains some positive feedback alongside clear areas of attention. It provides a benchmark of opinions of the organisation and measured against key objectives in our strategy .42% felt the HSCIC was a 'customer focused, responsive organisation', 28% were undecided, but three out of ten disagreed. One reason that 26% thought we were not an innovative organisation was a failure to anticipate customers' needs rather than being reactive .

Customer Satisfaction

Over seven out of ten have high level of trust in our 'management of Information and technology services' and similar levels feel we have the services and data to 'meet their needs'. Half of all respondents have received a consistent level of service from the HSCIC. Disturbingly, however 31% have not. Whilst the levels of understanding and empathy for customer needs are often very good they also seem inconsistent from the verbatim feedback.

Sponsor satisfaction

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

	Jun	Sep	Dec	Mar
Programme SROs satisfaction score - actuals			76%	
Programme SROs satisfaction score - target			76%	76%

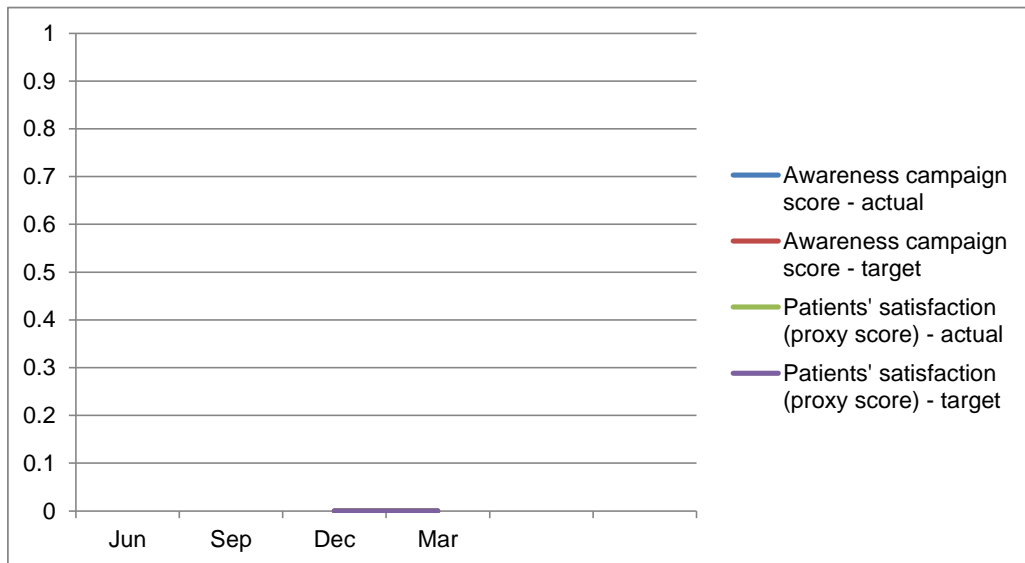
The current RAG status is GREEN due to the Programme SRO Satisfaction score . The forecast RAG is AMBER as there are areas of improvement within our Responsiveness and Customer Satisfaction PIs that need addressing.

Key Actions	Target Date	Owner	Status
Next iteration of the SRO survey to include broader range of SROs	01/03/2014	Ben Gildersleve/ John Willshire	On target - No issues original deadline achievable
Get copy of inaugural Sponsor survey of satisfaction with HSCIC once survey has been completed	01/04/2014	David Wilmshurst	On target - No issues original deadline achievable
Assess if the scoring should be presented as an actual average score rather than a percentage	28/02/2014	James Hawkins	We will maintain % and will update the PDD KPI dictionary to that effect
Consider creation of a new 'panel' to elicit Stakeholder feedback	28/02/2014	TBC	Not started
Confirm if there are any issues with the 3 SROs that did not respond to the survey	28/02/2014	James Hawkins	All SROs responded just some covered with only one was outstanding which was ETP which was included in the stats but not the commentary but will be in the next iteration

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	Public & Patient Engagement
KPI Owner	Dr Mark Davies

Previous RAG	R
Current RAG	N/A
Forecast RAG	A



Public and Patient Awareness

- The first Public and Patient awareness survey has been successfully completed. 16 national patient representative organisations, many of whom act as umbrella organisations, were approached to respond to the survey. Of these, 4 responded directly. Responses were also received from 43 additional groups not directly approached, ranging from local Public and Patient Groups (PPG's) to Facebook groups.
- The purpose of the survey was to gauge levels of awareness of the HSCIC amongst patient groups. This was achieved by asking whether responders had heard of the HSCIC and if so whether they knew about, used and valued its services. In addition questions were asked to ascertain responders interest in quality, safety and outcomes information.
- 55% of those who responded had heard of the HSCIC (including all 4 national organisations). However only 23% were aware of what services the HSCIC offered with only 12% using these services routinely. 27% of responders reported that HSCIC services were important for their business.
- Of the 45% of organisations who had not heard of the HSCIC, 63% stated that information about health and social care was important for their business.
- 100% of responders stated they were interested in both information about the quality and safety of healthcare delivered and how people experience care services and the outcomes they receive; 62% of responders felt there was not sufficient information about health and social care available to them. This included 75% of users who routinely use HSCIC services.

This survey, although limited, provides a useful steer for a number of areas for improvement. It is evident that the Public and Patient groups are highly interested in the sort of information the HSCIC collects and disseminates and that on the whole, information about health and social care is important for their business. Despite this, there is very low awareness of the services the HSCIC offers and little use of those services even when known about. This suggests two major areas for improvement. Firstly, the need for better communication and engagement with patient groups to raise awareness of the HSCIC and the services it currently provides and secondly; the need to engage with public and patients in the development of services to ensure they are relevant and offer value. The Public and Patient Involvement Strategy will look to address both these key areas; with initial gains expected in awareness as Patient groups are engaged in the development of the strategy.

The targets for this KPI are still under development.

	Jun	Sep	Dec	Mar
Awareness campaign score - actual			TBC	TBC
Awareness campaign score - target			TBC	TBC
Patients' satisfaction (proxy score) - actual			TBC	TBC
Patients' satisfaction (proxy score) - target			TBC	TBC

Key Actions	Target Date	Status
Confirm which relevant organisations (representing patients' interests) to survey	15/12/2013	On target - But original deadline revised
Develop survey questions for relevant organisations representing patients' interests	31/12/2013	Completed
Conduct first survey with relevant organisations representing patients' interests	31/01/2014	On target - No issues original deadline achievable
Review results from Awareness Campaign	31/01/2014	On target - No issues original deadline achievable
Develop KPI metrics and associated targets	31/03/2014	On target - No issues original deadline achievable
Check what feedback we have on choices & eReferral as well as pathways	17/02/2014	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	Reputation
KPI Owner	Alan Perkins

Previous RAG	N/A
Current RAG	A
Forecast RAG	TBC

Survey Results

Following last month's top line results, the full response from our first survey of customers has been received with the final figures. As requested, some breakdown within customers was available, but further analysis is underway subject to sample size.

- Trust in the organisation remains good with over 70% trusting the HSCIC to *'produce the high quality data and information I need'* and 62% to *'manage the IT systems it is responsible for'*. It was also a strong result that over 8 out of 10 felt confidential patient data was *'safe and secure'* in our hands.
- Two thirds thought *'staff capabilities'* in the HSCIC were good. However, customer service requires attention as, whilst 50% thought there were *'consistent levels of customer service'* from the HSCIC, this was balanced by 31% who had not experienced this particularly amongst senior managers and those in national organisations. Respondents from the research community had a better experience of the HSCIC, with 70% agreeing.
- 'Free text' feedback showed these results were heavily influenced by customers having difficulties and delays in getting the data they needed and inconsistent levels of understanding of customer needs by their contacts at HSCIC.
- There were significant numbers (about 30%) who felt we did not contribute to *'reducing bureaucracy'* or were not *'innovative'*. Similar numbers agreed with these statements, with about half of respondents, being unsure. Interestingly Local Authorities, arguably a newer customer group, felt the HSCIC was more *'innovative than the average'*. In 'Free text' feedback one issue for 'Bureaucracy' was the bureaucracy we bring ourselves in regard to Information Governance processes and which were felt to be an obstacle to getting data. Being too reactive to customer needs, rather than anticipating them, was one cause given for lack of innovation.
- A majority of 58% agreed that HSCIC plays *'a critical role in helping England*

Media

Independent media coverage reports in December continued a trend recording that the HSCIC generated over 300 articles across press, broadcast and online sources, reached a potential audience of 80 million and were predominantly positive at 99%.

This fell in January with positive coverage recorded at 55%. This was largely influenced by inaccurate coverage-around a third of the total- where the media misrepresented conclusions of the NICE Appraised Medicines report, by alleging that the report *itself* claimed there was a "NICE drugs postcode lottery". The Daily Telegraph, Daily Express and Daily Mail along with HSJ, all positioned their pieces in this way. All media were contacted with a note to clarify that the data in the report are intended as an indicative measure to help the NHS monitor uptake and explore reasons for apparent variation – And cannot be used to draw their conclusions.

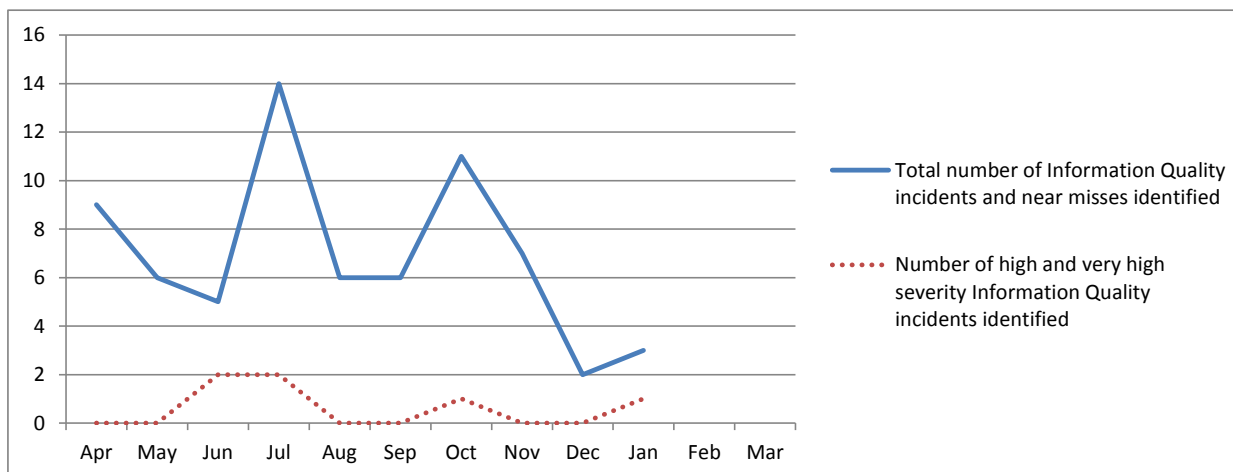
The leaflet drop on the sharing of patient data heightened media interest during January both in the care.data project and in the HSCIC's role in relation to protecting patient confidentiality and data sharing. Initially the coverage was reasonably factual with balanced coverage. However, some pieces, which omitted details on the checks and balances around data release, painted an inaccurate picture of commercial bodies being able to receive data with relative ease for any purpose. A letter correcting a major such piece in the Guardian was sent by HSCIC and published and individual journalists have been contacted to ask them to correct copy where inaccuracies have appeared.

Key Actions	Target Date		Status
Complete first run of new 'panel' survey (which includes some questions on reputation)	Jan 2014		Completed
Work with Rachel McHale on sourcing further data on social media, include NHS choices in the discussion	April 2014		On target - No issues original deadline achievable

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

KPI	Information Quality
KPI Owner	Max Jones

Previous RAG	A
Current RAG	A
Forecast RAG	A



There were three Information Quality incidents identified in January 2014. One was high impact as the information was used in a briefing produced by the Labour Party.

1. A media request uncovered an issue in comparing the 2008/09 and 2009/10 A&E annual publications that were produced by the former NHS Information Centre in January 2010 and 2011 respectively with those produced in later years.
 - i) The age bands in 2008/2009 charts 4.2 and 4.3 and 2009/10 charts 3.5 and 3.6 are different from those used in later publications. These charts show the number of A&E attendances which arrived by ambulance by age band.
 - ii) Further, the oldest age bands in the 2008/09 and 2009/10 publications are incorrectly labelled. A media request has uncovered an issue in comparing the 2008/09 and 2009/10 A&E annual publications that were produced by the former NHS Information Centre in January 2010 and 2011 respectively with those produced in later years.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total number of Information Quality incidents and near misses identified	9	6	5	14	6	6	11	7	2	3		
Number of high and very high severity Information Quality incidents identified	0	0	2	2	0	0	1	0	0	1		

2. Two errors in NICE approved medicines publication. Some data on hospital prescriptions dispensed in the community is missing and therefore shows lower use than it should. The calculations used for the multiple myeloma variation metric are incorrect.

3. The final incident related to the monthly MHMDS publications. An incorrect metadata file which incorrectly referenced month 05 instead of month 2003.

Product Delivery

In next month's pack indicators relating to the percentage of publications published on time and without incidents will be added.

Key Actions	Target Date	Status
Business Improvement Forum approve changes to the IR system	01/01/2014	Completed
Go live with amended process for reporting	01/01/2014	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	Usefulness of Service
KPI Owner	Max Jones

Previous RAG	A
Current RAG	A
Forecast RAG	A

The major HSCIC programmes will look to use the remainder of 2013/14 to set a baseline for some of the programmes, with a view to monitoring in 2014/15. They currently anticipate that this will reuse an existing source of information such as the GMPP (Government Major Projects Portfolio) returns.

For Data and Information Services, initial figures have been obtained on open data downloads from our website and equivalent advertising value of media coverage and figures will shortly be obtained on outputs from the extract service. Further work is needed to refine and assign an economic value to them, before they can be incorporated in the KPI.

Whilst this quantitative information is being refined, the RAG score is based on a qualitative judgement for Data and Information Services and remains AMBER. This rating is based on a number of factors, including the fact that a number of HSCIC datasets are made available as open data, with over 1,000Gb of HSCIC open data downloaded in January. There are case studies where customers have made significant use of them. There was significant media interest in several of our publications, including one around uptake of NICE-approved medicines. 33 Bespoke or Standard extracts of data have been made available through our extract service. Feedback from customers is that this service is vital to their outputs, but they would welcome a more streamlined approvals process, whilst maintaining its robustness. Alongside this, there is further work needed to expand the range, targeting and usefulness of the data we make available. This will be done through the Publication and Data Asset Utilisation Strategies, which are being led as Transformation Projects.

Key Actions	Target Date	Status
Agree initial baseline of economic benefit KPI along with sources of information	31/03/2014	On target - But original deadline revised
Add further outputs to KPI and refine economic benefit model as appropriate	On going	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 (HSCIC)
KPI Owner	Carl Vincent

Previous RAG	R
Current RAG	R
Forecast RAG	R

	Budget (£m)	Actual (£m)	% Variation
Year to date Actual v Budget	£178.8m	£159.6m	10.7%

HSCIC Operating costs

The forecast expenditure has reduced to £1967m, giving a forecast underspend for the year of £21m. The forecast still contains ambitious recruitment targets for the last two months of the year, albeit significantly reduced from last month. This suggests we can expect the forecast underspend to continue to rise and we will end the year in the range £20m-£25m, above previous estimates. The KPI for forecast v budget is expected to remain Red for the remainder of the year.

	Budget (£m)	Forecast (£m)	% Variation
Forecast v Budget	£221.2m	£196.5m	11.2%

The Forecast Accuracy variance of 9.6% (£1.3m) for the month is Red. This comprises Red KPIs for every Directorate, both over and under forecast, ranging from 10% to 37% absolute variance. The variances are across all income / expenditure categories with the highest being Professional Fees (£0.8m). Despite the still material variances, there is increasing focus month-on-month on this metric across the organisation, which should result in improvements in the KPI over time.

Management action

	Jan Actual (£m)	Jan Forecast (£m)	% Variation
Forecast accuracy	£12.0m	£13.3m	9.6%

It was 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.

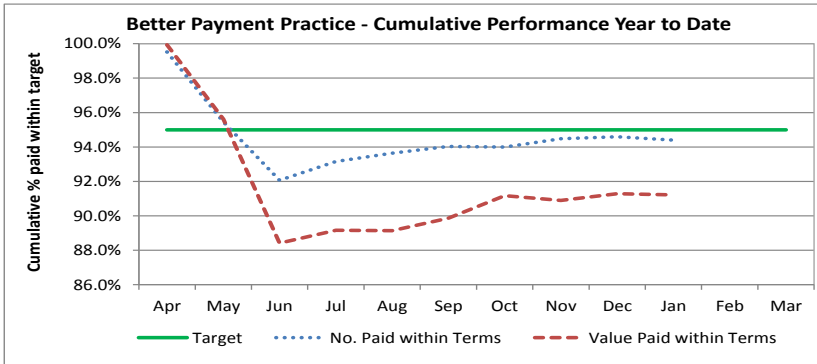
Note: for more information please see Appendix 4 - Management Accounts

Key Actions to rectify variance from target	Target Date	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	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

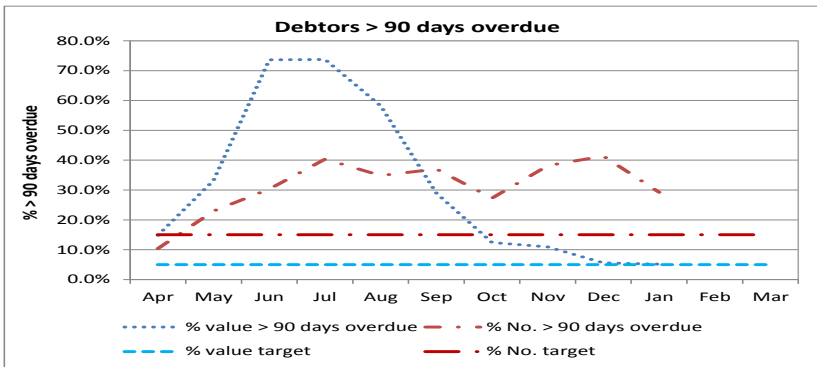
KPI	Financial Management (HSCIC)
KPI Owner	Carl Vincent

Previous RAG	R
Current RAG	R
Forecast RAG	R



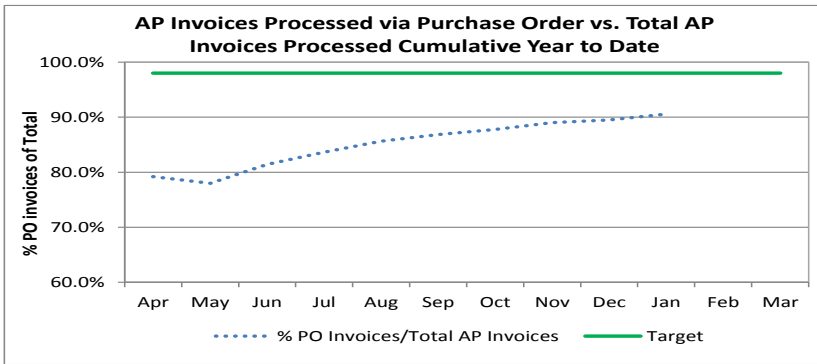
BETTER PAYMENT PRACTICE	Target (%)	Actual (%)	Variation
Cumulative % number paid within target	95%	94%	(1)%
Cumulative % value paid within target	95%	91%	(4)%

Performance against the Better Payment Practice targets levelled off during January. 32 of the 51 non-NHS trade invoices that failed the BPPC measure in January related to Capita and Northgate invoices and credit notes that netted to zero but were processed late. A further 10 related to invoices and credit notes for Childcare Vouchers, the net sum of which had already been paid as a time critical payment, but the associated paperwork was processed outside of the target timescales. The BPPC reporting data available from SBS is not currently sophisticated enough to take into account transactions such as these, where the payment itself was not late.



DEBTOR DAYS	Target (%)	Actual (%)	Variation
Cumulative % value of debt over 90 days	5%	5%	0%
Cumulative % number of invoices unpaid over 90 days	15%	29%	14%

The % value of debtors over 90 days reduced from 6% in December to 5% in January. This was largely due to on-going credit control efforts, which have been concentrating on the largest value invoices. With regards to the number of invoices, the percentage number of invoices over 90 days fell from 41% in December to 29% in January; this was largely due, however, to a high volume of invoices being raised in January, and the consequent increase in the total number of invoices outstanding.



PURCHASE ORDER INVOICES	Target (%)	Actual (%)	Variation
Cumulative % of relevant invoices that are paid against a purchase order	98%	91%	(7)%

Slowly improving against target, up from 90% cumulative to December. Target is 98% of AP transactions for which a purchase order is appropriate. 9% of AP transactions are currently considered outwith the target; these primarily relate to the payment of payroll deductions (e.g. childcare vouchers, union subs), travel contracts (e.g. Expotel/Redfern), non-staff expenses, medical screening costs, catering costs, postage, couriers, rent, utilities and telephones.

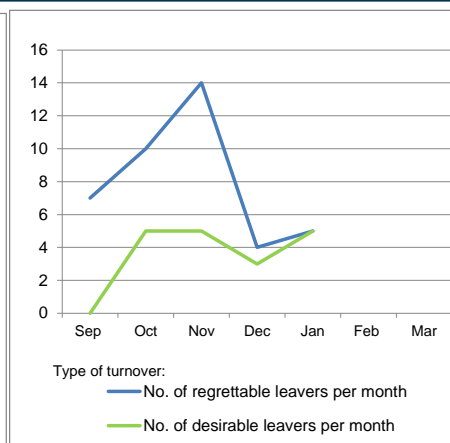
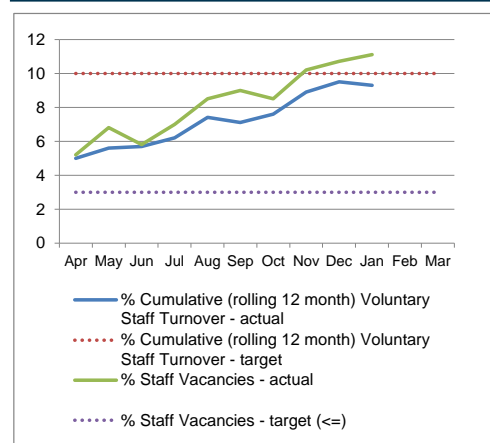
Data Source: NHS SBS

Key Actions to rectify variance from target	Target Date	Owner	Progress

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

KPI	Organisational Health
KPI Owner	Rachael Ailsop

Previous RAG	R
Current RAG	R
Forecast RAG	R



Cumulative Voluntary Staff Turnover

Cumulative voluntary turnover rate was 9.3% at January (for the period Feb 2013 - Jan '2014). Voluntary turnover increased slightly in January following a typically small number of leavers in December. The trend is a steadily increasing number of voluntary leavers that is currently AMBER but getting closer to the overall level of turnover that would generally be considered positive and healthy in a mature organisation with well developed processes.

Pending further work linked to PDR and an improved approach to exit interviews that will provide a more sophisticated interpretation of turnover, including assessing whether turnover is desirable, regrettable or neutral, managers have been asked to assess whether the impact of leavers since September 2013 is felt to have been desirable or regrettable. Whilst this is a subjective measure it does provide more intelligence about whether we are losing high performing people that we should be able to retain. Responses indicate that some 69% of turnover has been regrettable and 31% desirable. This suggests that we need to do more to retain key and high performing employees. The improved exit interview process will enhance this work by enabling feedback to be obtained on why people are choosing to leave the HSCIC this in turn will lead to further action.

Staff Vacancies

We currently have 258 active vacancies recorded. A full review of 'active' vacancies, some of which have been vacant for a considerable time, is now in progress to ensure that these align with priorities identified by directorates and with Finance expectations around affordability. The activities identified under the Cohort Recruitment project are progressing, with a view to improving the recruitment process. The development of generic job descriptions and the appointment of a recruitment marketing agency, linked to work on improving our employer brand, now have target dates for the end of February to allow for cohort recruitment to commence in March. This would seek to target a wider range of potential candidates externally in parallel with internal advertising, and to recruit into pools of resources to support increased flexible deployment of staff.

Additionally, a further full review of recruitment process is in progress to align with launch of NHS Jobs2 (4th March) and the formation of a dedicated recruitment function within the HR directorate. This is now possible as it has been communicated that the new National Shared Service will not include recruitment as a core function.

Organisational Health is currently RED rated due to the current volume of recruitment. This is forecast to be RED for next month until the benefits of the new approach to recruitment is realised later during 2014.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% Cumulative (rolling 12 month) Voluntary Staff Turnover - actual	5	5.6	5.7	6.2	7.4	7.1	7.6	8.9	9.5	9.3		
% Cumulative (rolling 12 month) Voluntary Staff Turnover - target	10	10	10	10	10	10	10	10	10	10	10	10
Cumulative (rolling 12 month) number of leavers - actual	92	103	110	113	140	135	145	169	181	179		
% Staff Vacancies - actual	5.2	6.8	5.8	7	8.5	9	8.5	10.2	10.7	11.1		
% Staff Vacancies - target (<=)	3	3	3	3	3	3	3	3	3	3	3	3
% training activity - actual	N/A				86%		12-32%					
% training activity - target	80%				100%		80%				100%	

Training Activity

The second training needs analysis (TNA) was closed in November to coincide with the outcome of mid-year appraisals. Meetings were arranged with each Director for sign off during December. We have not yet received a full sign off from all directors.

The indicator for QTR 3 is RED because of difficulties in scheduling the necessary approval meetings during the Christmas period which also caused delays to supplier responses. However, we have made significant progress in dealing with the approved Technical and Vocational requests in 2014, (Skills for Business training to be delivered by Civil Service Learning from 1st April) and are confident that this will turn GREEN for Q4. Of the requests that have been approved, we have contacted 90% and invited them to attend the training.

Key Actions	Target Date	Status
Agree approach to deploying project and programme delivery professionals from the Portfolio Pool across the organisation	17/02/2014	On target - But original deadline revised
Consider potential alternative approaches to business support roles e.g. Rotation, apprenticeship schemes	28/02/2014	On target - But original deadline revised
Complete procurement (from Framework) of Recruitment Marketing capability	07/03/2014	On target - But original deadline revised
Develop internal recruitment function	14/03/2014	On target - No issues original deadline achievable
Planned recruitment reconciled with planned budget	14/03/2014	On target - But original deadline revised
Launch improved exit interview process	31/03/2014	On target - No issues original deadline achievable
Commence launch of improved PDR process	31/03/2014	On target - No issues original deadline achievable
Complete Standard Job Descriptions for all priority roles	28/04/2014	On target - But original deadline revised

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

Note:

Voluntary turnover includes only those leaving the HSCIC through voluntary employee resignations and retirements as a percentage of average headcount across a rolling 12 months.

Cumulative turnover has been calculated on an approximate basis through combining turnover information for the legacy organisations NHS IC and NHS CFH to achieve data for a rolling 12 month period, the information is not available for other legacy organisations.

The vacancy rate shows the number of active vacancies (i.e. Approved vacancies where recruitment has commenced) as a percentage against the planned establishment (i.e. current staff and active vacancies).

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)	Total number of reported information quality incidents and near misses	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]
	Number of reported high and very high information quality incidents	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]
Incident resolution	% of incidents resolved within 60 days	Green: Over 90% resolved within 60 days Amber: 75-90% Red: Less than 75%
	% of reported incidents raised and recorded	TBC
	Total number of reported 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
	Number of services breaching Availability target, but not to a critical level	RED: 1+ CSL breach, >=5% FL1 breaches
	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 (target breached)
	Number of services achieving response time target	GREEN: 100% OSL passes AMBER: 1+ FL1 breach
	Number of services breaching response times target, but not to a critical level	RED: 1+ CSL breach, >=15% FL1 breaches
	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 benefit (proxy for usefulness)	TBC
Financial Management	% variation forecast outturn of revenue versus budget	GREEN: +0.5% to +3% AMBER: +3% to +5% RED: Over 5% and under +0.5%
	% variation forecast outturn of DH Programme expenditure versus budget (revenue)	GREEN +0.5% to +3% AMBER +3% to +5% RED Over 5% and under +0.5%
	% variation forecast outturn of DH Programme expenditure versus budget (capital)	GREEN +0.5% to +3% AMBER +3% to +5% RED Over 5% and under +0.5%
	% accuracy of forecasting revenue	GREEN = forecast accuracy within 2% AMBER = forecast accuracy more than 2% but less than 4% RED = forecast accuracy more than 4%
	% accuracy of forecasting DH Programme expenditure (revenue)	GREEN = forecast accuracy within 2% AMBER = forecast accuracy more than 2% but less than 4% RED = forecast accuracy more than 4%
	% accuracy of forecasting DH Programme expenditure (capital)	GREEN = forecast accuracy within 2% AMBER = forecast accuracy more than 2% but less than 4% RED = forecast accuracy more than 4%
	% invoices paid within target	GREEN = More than 95% AMBER =90-95% RED = less than 90%
	% value paid within target	GREEN = More than 95% AMBER =90-95% RED = less than 90%
	% value of debt over 90 days	GREEN = Less than 5% AMBER = 5%-10% RED = More than 10%
	% volume of invoices unpaid over 90 days	GREEN = Less than 15% AMBER = 15%-20% RED = More than 20%
Organisational Health	% of training activity	GREEN = 85% or more of invitations sent AMBER = between 84% and 70% of invitations sent RED = < 70% of invitations sent
	% of staff who have had their competency baselined against new competency framework	Measurement will not start until 1/7/14
	% 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 - subjective assessment	In the absence of a numeric baseline, the following subjective RAG assessments will be used: GREEN: On track AMBER: Problems exist which can be addressed by the KPI owner RED: Serious* or recurring problems exist which require escalation for resolution [*Serious problems could have one or more of the following impacts: KPI targets will be compromised; reputational damage; additional unplanned resources required]

Appendix 2 - Programme definition

Portfolio Code:	Name	Description
P0004	CP-IS	The Child Protection - Information Sharing project will provide child protection information to unscheduled (emergency and urgent care) services in the NHS on the statutory position of children subject to a Child Protection Plan or Statutory Order. It is intended that the information will be fed from Children's Social Care systems and a solution will be developed that will enable unscheduled care setting systems within the NHS to view this information.
P0070	CQRS	The Calculating Quality Reporting Service (CQRS) is replacing the Quality Management and Analysis System (QMAS), the system currently used to calculate payments to GPs under the Quality & Outcomes Framework (QOF).
P0010	DMS Connectivity	Support Defence Medical Services to deliver the fully operating capability of their Personnel Care Record System Programme (DMICP). This includes integrating with the services and systems of the NHS, provision of relevant SME, skills and programme resource. In this context NHS systems include patient registration, staff authentication and patient choice together with activity related management information.
P0012	ETP	The Electronic Transmission of Prescriptions (ETP) programme is delivering the Electronic Prescription Service (EPS) to GP practices, community pharmacies and dispensing appliance contractors across England. EPS enables prescribers (such as a GP or practice nurse) to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice, and then onward transmission to the NHS Prescription Services to support reimbursement. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.
P0014	GP2GP	To deliver the national implementation and roll-out of a computerised system to manage the transfer of patient records between GP practices when patients change their GP, covering electronic records transfers between GP practices.
P0017	GPSOC	GP Systems of Choice is a scheme through which the NHS will fund the provision of GP clinical IT systems in England.
P0208	GPSOC Replacement	Replacement GP Systems of Choice is a scheme through which the NHS will seek to develop improved functionality and fund the provision of GP clinical IT systems in England.
P0207	HJIS	HJIS (formerly known as Offender Health Second Generation Services) aims to identify and assess options for maintaining the existing clinical IT service capability beyond the current supplier contract end date (Jun 2016) and meet the future information needs of healthcare across all approved places of detention in England.
P0026	HSCDS (Choices Service)	NHS Choices (www.nhs.uk) acts as the digital gateway and public front door to the NHS, transforming the delivery of health and social care to one that is patient-centred, personalised and accessible to all.
P0298	NHS Choices Online Channel	This project is to develop the business case for future NHS Choices service
P0024	N3	N3 is the National Network for the NHS. It provides a robust and reliable broadband network, supporting IT infrastructure, world-class networking services and sufficient, secure connectivity and capacity to meet current and future NHS IT needs. N3 provides connectivity to all NHS organisations in England, as well as those non-NHS sites providing NHS care, ensuring a reliable service at every site where NHS services are delivered or managed.
P0238	NHS e-RS inc. CAB	The NHS e-Referral Service Programme will deliver an open, modern, electronic referral service, improving patient outcomes and delivering paperless referrals by 2015.
P0030	NHSmail	NHSmail provides the NHS with a secure email and calendar service hosting close to 950,000 registered users, with 660,000 of those regularly accessing the service. The existing contract (with Vodafone) is due to expire on 30th June 2014.
P0196	NHSmail2	The aim of the NHSmail2 project is to replace the existing NHSmail solution the current expectation is that the existing NHSmail contract will be extended to June 14, so a replacement will need to have been identified by this date
P0037	OHIT	To deploy a clinical system to all prisons in the South and London so that they can link up with existing deployment plans in NME to form a national network. The system chosen TPP SystemOne, provides a single patient record which is allowing patients information to be transferred when they are moved around the prison estate. Thus providing continuity of care and improving health care for prisoners as well as working environment for staff.

Appendix 2 - Programme definition

Portfolio Code:	Name	Description
P0190	PSNH	Develop and deliver options appraisals with supporting impact assessments, leading to an appropriate business case for the procurement of a wide area network to meet the information needs of health, public health and social care through utilising in full or in part the Public Sector Network (PSN) frameworks, models and approaches. The PSNH project will deliver a Public Services Network for Health, which will be aligned and accredited to PSN standards; as such we have named the future health and social care network PSNH.
P0051	SCR	Delivery of the SCR which supports urgent and emergency care settings, providing information to authorised health care professionals to support care where no information is currently held about a patient, for example in out-of-hours settings, emergency departments, treating temporary residents and emergency admissions to secondary care.
P0049	Spine Extension	To provide the national Spine infrastructure to support national systems such as Demographics, EPS, PSIS. The Spine contract provides key components of the overall architecture for the NHS Care Record Service (CRS)
P0050	Spine 2	The provision of the existing Spine Services to be re-procured using the new Government ICT strategy framework, using internal and 3rd party resources.
P0183	South Community Programme	To procure clinical solutions for the Southern Community and Child Health Trusts which do not currently have these solutions under the BT LSP solution.
P0182	South Ambulance Programme	To procure clinical solutions for the Southern Ambulance Trusts which do not currently have these solutions under the BT LSP solution.
P0181	South Acute Programme	To procure clinical solutions for the Southern Acute Trusts which do not currently have these solutions under the BT LSP solution.
P0047	BT LSP - South	Ensuring patients detailed clinical information is available at the point of care.
P002	BT LSP - London	Ensuring patients detailed clinical information is available at the point of care.
P0031/00	CSC LSP	LSP Delivery Programme: Increased patient safety and quality of healthcare and also greater clinical effectiveness and administration efficiency.
P0294	National Tariff System (NTS)	The NTS programme will provide a national system to support the NHS in implementing the national payment system for secondary health care services, as defined by NHS England and Monitor. This national system will initially focus on the Payment by Results tariff in a hospital care setting, but will also meet other national tariff policy requirements as they are defined.
P0291	care.data	The care.data programme will ensure that there is more rounded information available to citizens, patients, clinicians, researchers and the people that plan health and care services. The aim is to ensure that the best possible evidence is available to improve the quality of care for all. There are two broad delivery elements: (1) Data flows from local systems (from hospitals, GPs, community, mental health and social care) and associated information services and linkage of this data; (2) Strategic capability platform (an uplift in HSCIC infrastructure) and associated operating model.
P0265	Data Services for Commissioners	The establishment of the additional infrastructure, systems, services foundation and staffing for the HSCIC to deliver the requirements of commissioners to enable a legal and effective delivery of data provision.
P0281/03	GPES	The General Practice Extraction Service (GPES) was conceived to address limitations of the various current extraction tools and approaches, and provide a generic platform for all practices which can be used to support multiple, potentially complex and diverse requirements in both the short and long term.
P0042	SUS	The Secondary Uses Service supports Payment by Results policy in the hospital care setting. SUS is also the single source of comprehensive data on hospital care to enable a range of reporting and analysis. SUS will be replaced by NTS and care.data.

Appendix 3 - Glossary of Terms

AAP	- Assurance of Action Plan	KPI	- Key Performance Indicator
ALB	- Arms Length Body	LSP	- Local Service Provider
BC	- Business Case	MoU	- Memorandum of Understanding
CAB	- Choose and Book	MPA	- Major Projects Authority
CAG	- Confidentiality Advisory Group	N3	- NHS National Network
CCG	- Clinical Commissioning Groups	NB	- No Board
CCN	- Change Control Notice	NHS IC	- NHS Information Centre
CEO	- Chief Executive Officer	NICE	- The National Institute for Health and Care Excellence
CfH	- Connecting for Health	NME	- North, Midlands and East
CPIS	- Child Protection Information Sharing	NR	- No Report
CQRS	- Calculating Quality Reporting Service	NTS	- National Tariff System
CRM	- Customer Relationship Management	NWWM	- North West and West Midlands
CRS	- Care Records Service NHS	OBC	- Outline Business Case
CSC	- Computer Sciences Corporation	OGC	- Office of Government Commerce
CSL	- Critical Service Level	OHIT	- Offender Health Information Technology
CSU	- Commissioning Support Unit	OSL	- Operating Service Level
CtOC	- Choices The Online Channel	PACS	- Picture archiving and communications system
D & IS	- Data & Information Services	PbR	- Payment by Results
DH	- Department of Health	PD	- Programme Delivery
DMS	- Defence Medical Services	PDR	- Performance Development Review
e-RS	- Electronic Referral Service	PHSO	- Parliamentary and Health Service Ombudsman
ETP	- Electronic Transmission of Prescriptions	PI	- Performance Indicator
EMT	- Executive Management Team	PID	- Patient Identifiable Data
EPS	- Electronic Prescription Service	PLACE	- Patient-Led Assessments of the Care Environment
FGM	- Female Genital Mutilation	PSNH	- Public Service Network for Health
FL1	- Failure Level 1	QOF	- Quality and Outcomes Framework
FY	- Financial Year	RAG	- Red, Amber, Green
GPES	- General Practice Extraction Service	ROCR	- Review of Central Returns
GMPP	- Government Major Projects Portfolio	RPA	- Risk Potential Assessment
GPSoC	- GP Systems of Choice	SCR	- Summary Care Record
HJIS	- Health & Justice Information Service	SDS	- Spine Delivery Service
HMT	- Her Majesty's Treasury	SIAM	- Service Integration and Management
HSCIC	- Health and Social Care Information Centre	SLA	- Service Level Agreement
HSCDS	- Health & Social Care Digital Service	SME	- Subject-Matter Expert
HSJ	- Health Service Journal	SME	- Small and Medium Enterprises
HSSI	- Higher Severity Service Incident	SOC	- Strategic Outline Case
IN PS	- In Practice Systems	SRO	- Senior Responsible Owner
ICT	- Information and Communications Technology	SSD	- Systems & Service Delivery
IG	- Information Governance	SUS	- Secondary Uses Service
ISCG	- Informatics Services Commissioning Group	TBC	- To be Confirmed
ISO	- International Organization for Standardization	TUPE	- Transfer of Undertakings (Protection of Employment)
JNCC	- Joint Negotiation and Consultation Committee	ZBR	- Zero Based Review
KM	- Knowledge Management		

Appendix 4 - Transformation Programme

Organisation wide Transformation, areas of note in the last period:

Strategic Projects: The definition document for the **Publications Strategy Development and Implementation** was approved at the January Transformation Programme Board and resource has been seconded to commence work on the review and strategy. A Programme Head has been assigned to the **Innovations Hub** project to start 1st March and recruitment to this team is in progress. Additional BA resource has been secured for the **Stakeholder Relationship Management** project to support gathering of as-is position and customer needs analysis both of which are in progress. For the **Patient and Public Involvement** project additional resource has been secured for 2 months, the PPI survey has been delivered to baseline awareness and major partners have been engaged.

People Projects:

- The organisation wide **Values** were approved at the January Transformation Board. A communications campaign is being designed and will be launched in February to encourage team based work.
- Staff are now selecting into **Professional Groups** and 1,164 staff had selected into a group by 6th February. Launch sessions have been held or arranged for Information Technology, Information Management, Clinical Informatics and Project and Programme and Delivery. The focus for the next period is to agree next steps for each of the groups, a delay from the original target of end of January.
- The Line Management Charter has been completed as part of the **Line Management Development** project and will be considered by the February Transformation Board. Phase 1 (policy training) of Line Management Development has commenced with targeted Organisation Change training.
- The new **PDR** Process and form for 2014/2015 has been developed and will also be considered by the February Transformation Programme Board.
- As part of the **Cohort Recruitment** project a number of activities to develop standard job descriptions for priority roles, to appoint a recruitment marketing agency and to improve our employer brand now have target dates for the end of February to allow for cohort recruitment to commence in March.

Operational Management Projects: EMT and Project Lead have been assigned to lead on the **Quality Systems Project** and the February Transformation Programme Board will consider the approach to this work. The **Financial Management Systems** implementation plan is also being considered at the February Transformation Programme Board. There has been some slippage to the initial dates for the development of the **Locations Strategy** as wider engagement is being undertaken and business decisions are clarified.

Integration Projects: The report for the **Contact Centre / Helpdesk Strategy** has been completed and will be considered at the February Transformation Programme Board. A transformation integration project for **Service Introduction for Standardisation Committee for Care Information (SCCI)** has been added to the scope of the programme and a project team assigned.

Directorate Transformation

Within **LSP Delivery** the majority of SMT roles have now been appointed. All grades are now pooled and ring fenced and limited competition is in progress for remainder of roles. The majority of appointments are due to be completed by mid March. Within **Data and Information Services** the Level 2 Proposal for Change is in the consultation period and has been communicated to all staff in the Directorate. Implementation (redeployment / recruitment to vacancies) is expected to start in mid February following the consultation period.

Within **Programme Delivery** a blueprint definition session has been held with the management team, a Communications and Engagement strategy and plan developed and team stand-up sessions trailed. Within **Finance and Corporate Services** a permanent Transformational Lead has been recruited is now in post and in the next period the job descriptions for Commercial and Procurement SLT will be agreed.

Overall Status

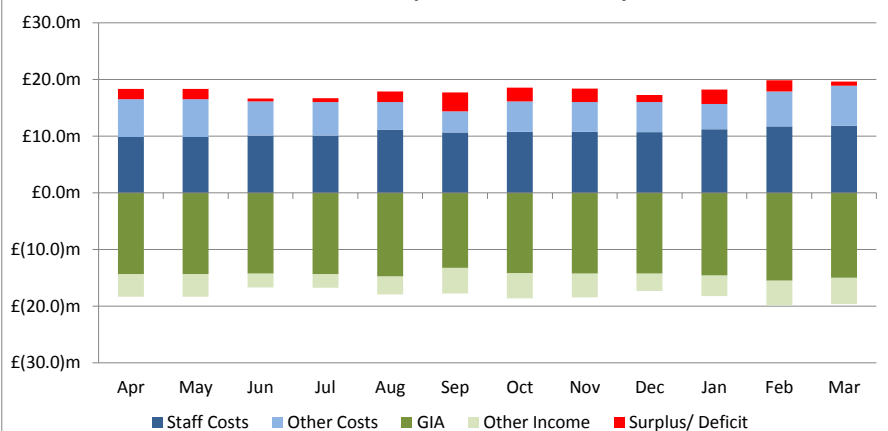
The overall status for the Programme remains at Amber / Green (equivalent to Green for EMT and Board KPI reporting). The KPI forecast for next month is also Green. For the next period there will be a focus on communications and engagement for a number of the People Projects and work to agree future plans for the Professional Groups. An end of year transformation report for 2013/14 will be prepared for the March Transformation Programme Board and will include an initial assessment of outcomes and benefits achieved.

Key Actions	Target Date	Owner	Status
Engagement Programme on 'What is Transformation'	20/12/2013	Nic Fox	Completed
Complete all Directorate Level Transformation Mandates	19/12/2013	EMT	Completed
Consider Priority Projects and Resource Constraints	19/12/2013	Programme Board	Completed

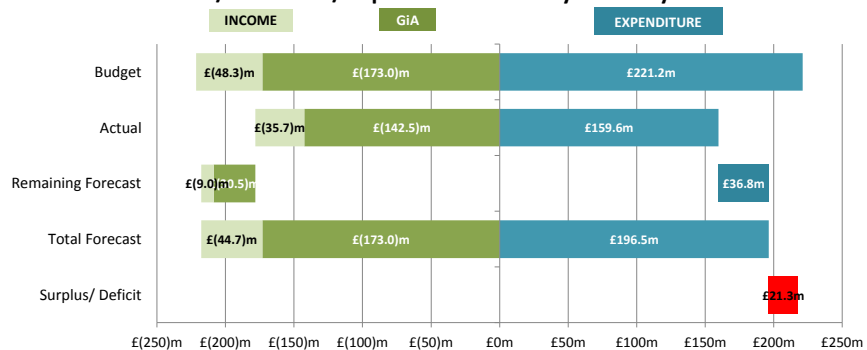
Actions recorded here are either: a) actions to progress measurement of KPI; b) actions taken by the KPI owner to address variances from target; or c) actions taken by Board or EMT to rectify escalated problems

HSCIC Financial Summary January 2014

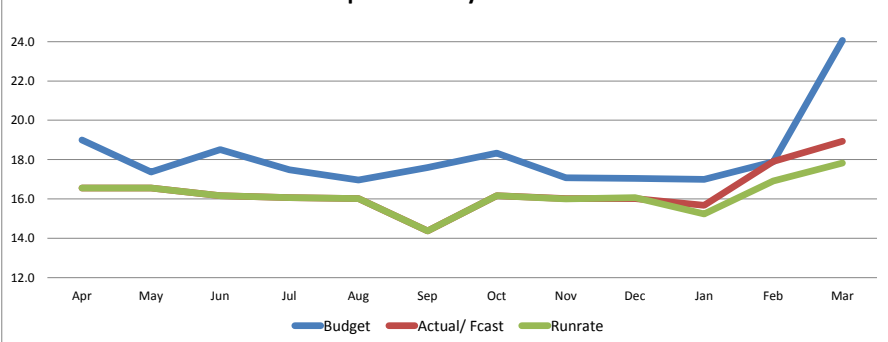
1: 2013/14 financial profile - as at January 2014



2: 2013/14 Income/ Expenditure summary - January 2014



3: Expenditure by month £'m



Summary

The year-to-date outturn for the first ten months of the year has resulted in £18.6m 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 £21.3m, but still contains £1.2m for costs of staff yet to be recruited. It is now likely that the final outturn will be between £20m - £25m and this will be the position that we communicate to DH.

The key drivers for the current financial position are:

Staff costs are £11.7m under budget for the year-to-date, due to vacancies not being filled as budgeted. The forecast has reduced significantly from prior months to ensure that posts that will not be recruited into this financial year have been removed. However, it is likely that there will a significant underspend on staff costs for the full year - further detail is shown on the next slide.

Other costs are £7.3m under budget for the year-to-date; however, this includes additional costs of £2.8m for DH (previously CfH) programme expenditure which is offset by additional income from DH. Professional fees and IT costs are £7.4m and £1.4m under budget year-to-date respectively (primarily due to budgeted expenditure no longer required). Forecast expenditure on Professional Fees has reduced significantly within the Data & Information Services and Operations & Technical Services directorates to ensure that they are aligned with procured work commitments for this financial year. An accrual for £2.0m was made in December for potential redundancy costs.

Non-GiA Income is £1.1m below budget year-to-date and is forecast to end the year £3.6m under budget. The £3.6m includes increase to budget for £9.0m of unbudgeted income streams from DH for Programme expenditure, offset by decreases including £12.9m for income that was to cover budgeted costs that will not now be incurred. Further detail is shown on the appendix 4 page 4.

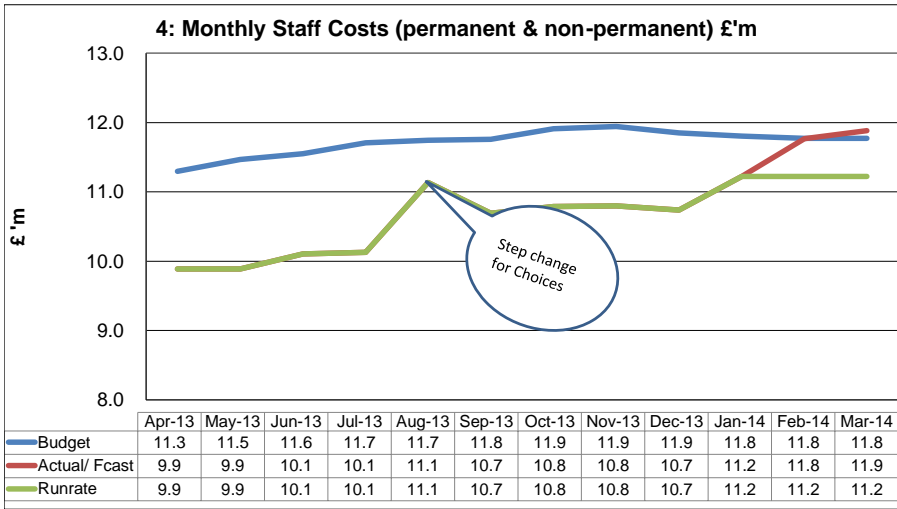
Graph information

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 10 months of actual costs and 2 months of anticipated costs.

Graph 3 Shows monthly trend of gross expenditure for the organisation for the original budget (blue), the latest forecast (red) (10 months of actual costs and 2 months of expected costs) and an extrapolation (run rate) of the position if the current staff position remained at January levels for the remainder of the year (green).

HSCIC Financial Summary January 2014 - Staff Expenditure



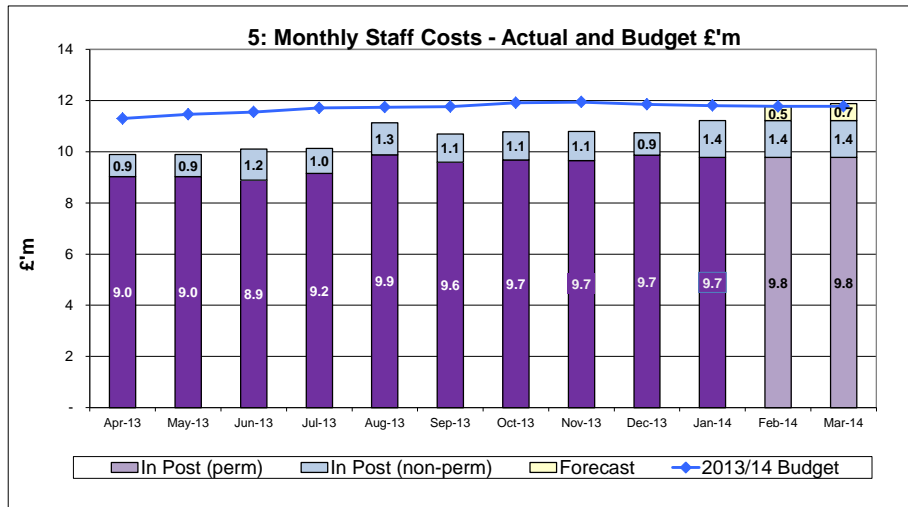
Staff costs are £11.7m under budget for the year-to-date (averaging £1.2m per month), due to vacancies not being filled as budgeted.

Although the forecast has reduced significantly 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 underspend of £11.6m

- 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 on staff costs of £12.8m.

- 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 on staff costs of £12.5m.

As part of the monthly finance process and the 2014/15 budgeting process, there continue to be challenges to all recruitment assumptions, to result in a more realistic forecast position for this financial year and a robust baseline for 2014/15.



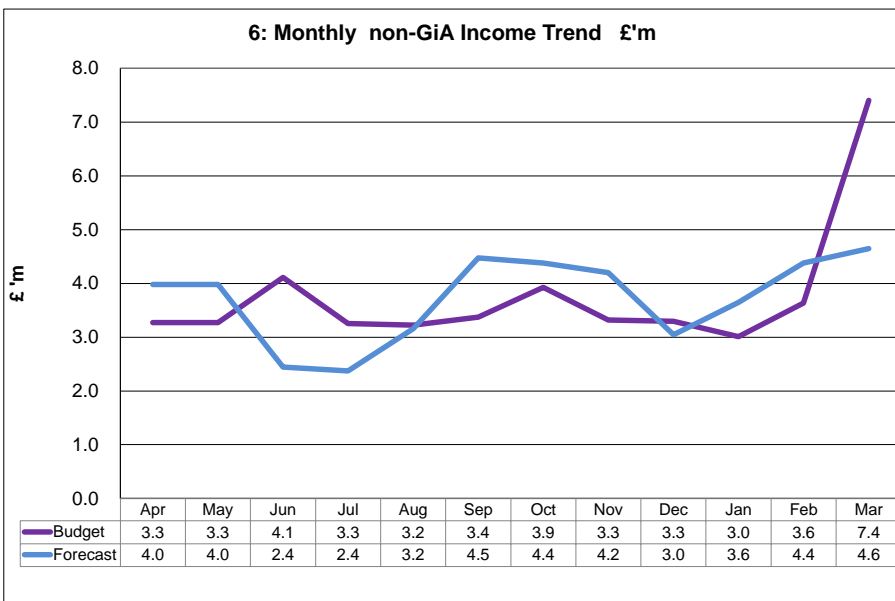
Graph information

Graph 4 shows the monthly trend of staff costs for the organisation for the original budget (blue), the latest forecast (red) (10 months of actual costs and 2 months of expected costs) and an extrapolation (run rate) of the position if the current staff position remained at November levels for the remainder of the year (green). 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.

HSCIC Financial Summary January 2014 - Income

6: Monthly non-GiA Income Trend £'m



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 £6.1m for Choices to cover the cost of the staff insourcing from Capita on 1st August and £2.9m for DH programme costs incurred by HSCIC in April/ May post-transition. Decreases include £13.0m for income that was to cover budgeted costs that will not now be incurred, including on GPES, ODP, Pathways and CPIS.

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.

A review of current and future income has been undertaken as part of the Zero Base Review process to ensure that there is a complete and robust picture of expectations for the remainder of the year to ensure full collection of income expectations for 2013/14; This is also being used to take forward discussions with other organisations to agree the income streams for the coming year.

Graph information

Graph 6 shows the monthly trend of non-GiA income for the organisation for the original budget and the latest forecast (10 months of actual income and 2 months of expected income).

2013/14 FINANCIAL DETAIL as at January 2014

Statement of Comprehensive Net Expenditure

	10 Months ending 31 January 2014			12 Months ending 31 March 2014		
	REVENUE			REVENUE		
	Budget YTD	Actual YTD	Var Fav-(Adv)	Budget 13/14	F'cast 13/14	Var Fav-(Adv)
	£'m	£'m	£'m	£'m	£'m	£'m
Grant in Aid	(144.2)	(142.5)	1.6	(173.0)	(173.0)	0.0
Income	(36.7)	(35.7)	1.1	(48.3)	(44.7)	3.6
Income	(180.9)	(178.2)	2.7	(221.3)	(217.7)	3.6
Permanent Staff	107.6	94.6	(13.0)	129.3	115.8	(13.5)
Non Permanent Staff	9.5	10.8	1.4	11.3	13.3	2.0
Staff Costs	117.0	105.4	(11.7)	140.6	129.0	(11.5)
Professional Fees	24.0	16.6	(7.4)	29.8	21.6	(8.2)
Information Technology	9.2	7.8	(1.4)	10.8	9.5	(1.3)
Travel & Subsistence	4.5	3.4	(1.1)	5.4	4.2	(1.2)
Accommodation	9.5	9.5	0.0	11.2	11.5	0.2
Marketing, Training & Events	1.2	1.1	(0.1)	1.5	1.4	(0.1)
Office Services	2.6	2.5	(0.2)	3.1	2.9	(0.2)
Other	1.5	6.0	4.4	7.7	6.3	(1.5)
Depreciation / Amortisation	9.2	7.6	(1.5)	11.0	10.4	(0.6)
Non Staff Costs	61.7	54.4	(7.3)	80.7	67.9	(12.8)
Internal Recharge - Estates	(0.0)	(0.1)	(0.0)	(0.1)	(0.1)	0.0
Internal Recharge - IT	0.1	0.0	(0.1)	0.2	0.0	(0.2)
Internal Recharge - Staff	(0.1)	(0.1)	(0.1)	(0.2)	(0.4)	(0.2)
Internal Recharges	0.0	(0.2)	(0.2)	(0.1)	(0.5)	(0.4)
Total Cost	178.8	159.6	(19.1)	221.2	196.5	(24.7)
(Surplus)/ Deficit	(2.1)	(18.6)	(16.5)	(0.1)	(21.3)	(21.1)

FINANCIAL RESULTS TO 31st JANUARY 2014

	12 Months Ending 31 March 2014											
	REVENUE											
	Actual Apr	Actual May	Actual Jun	Actual Jul	Actual Aug	Actual Sep	Actual Oct	Actual Nov	Actual Dec	Actual Jan	F'cast Feb	F'cast Mar
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
	(14.4)	(14.4)	(14.2)	(14.4)	(14.7)	(13.2)	(14.2)	(14.2)	(14.2)	(14.6)	(15.5)	(15.0)
	(4.0)	(4.0)	(2.4)	(2.4)	(3.2)	(4.5)	(4.4)	(4.2)	(3.0)	(3.6)	(4.4)	(4.6)
	(18.3)	(18.3)	(16.7)	(16.7)	(17.9)	(17.7)	(18.6)	(18.4)	(17.3)	(18.2)	(19.9)	(19.6)
	9.0	9.0	8.9	9.2	9.9	9.6	9.7	9.7	9.9	9.8	10.7	10.6
	0.9	0.9	1.2	1.0	1.3	1.1	1.1	1.1	0.9	1.4	1.1	1.3
	9.9	9.9	10.1	10.1	11.1	10.7	10.8	10.8	10.7	11.2	11.8	11.9
	2.4	2.4	2.4	3.2	0.4	1.0	1.3	1.8	0.4	1.1	2.3	2.8
	0.5	0.5	0.8	0.6	1.5	0.7	1.0	0.6	0.8	0.8	0.8	1.0
	0.2	0.2	0.3	0.3	0.5	0.2	0.5	0.4	0.4	0.3	0.4	0.4
	0.9	0.9	0.9	0.9	1.4	1.0	0.9	0.9	0.9	0.9	1.0	1.0
	0.0	0.0	0.1	0.1	0.2	0.1	0.2	0.2	0.1	0.1	0.2	0.2
	0.2	0.2	0.3	0.2	0.3	0.3	0.2	0.3	0.3	0.2	0.2	0.2
	1.5	1.5	0.6	(0.0)	(0.0)	(0.4)	0.6	0.4	1.6	0.1	0.1	0.2
	0.8	0.8	0.5	0.7	0.7	0.7	0.7	0.7	0.8	1.1	1.4	1.4
	6.7	6.7	6.0	6.1	4.9	3.7	5.4	5.2	5.3	4.5	6.3	7.2
	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	(0.0)	(0.0)	0.1	(0.1)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)
	(0.0)	(0.0)	0.1	(0.1)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)
	16.6	16.6	16.2	16.1	16.0	14.4	16.2	16.0	16.0	15.7	17.9	18.9
	(1.8)	(1.8)	(0.5)	(0.7)	(1.9)	(3.3)	(2.4)	(2.4)	(1.3)	(2.5)	(2.0)	(0.7)