

**Framework Agreement  
between the Department of Health and the Health and Social Care Information  
Centre (HSCIC) 2013/14**

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## 1. Purpose of this document

1.1. The purpose of this document is to define the critical elements of the relationship between the Department of Health and the Health and Social Care Information Centre (HSCIC). The document is focused on:

- How the Department and the HSCIC will work in **partnership** to serve patients, the public and the taxpayer; and
- How both the HSCIC and the Department discharge their **accountability** responsibilities effectively.

## 2. The HSCIC's purpose

2.1 The HSCIC is an executive non-departmental public body established under the Health and Social Care Act 2012. It is the focal point for the collection, analysis, linking, secure storage and publication of the core data resources for health and social care. It also delivers informatics systems providing the expertise necessary to support the continuation of existing national systems as well as delivery critical services such as informatics standards delivery.

2.2 The HSCIC discharges its functions by:-

- Maintaining the critical national infrastructure that supports care delivery which is managed by the HSCIC;
- Providing key services that support commissioning and reimbursement;
- Supporting the Department of Health and customer NHS Trusts in their use of Local Service Provider contracts;
- Ensuring the proper management of HSCIC information assets, protecting individual privacy as required;
- Making data available in formats that encourage its use;
- Helping people understand the robustness of the information they are using;
- Approving and accrediting local and national IT systems against technical and clinical safety standards and delivering a suite of in house systems and services;
- Supporting the commissioning and use of information standards and supporting care services to apply consistent and robust practices locally.

## 3. Governance

3.1. The HSCIC is led by a board made up of:

- a non-executive chair appointed by the Secretary of State for Health;
- at least five further non-executive members, also appointed by the Secretary of State;
- a chief executive officer, the first of whom is appointed by the Secretary of State; and
- any other executive board members appointed by the non-executive members: the total number of executive members must be fewer than the number of non-executive members.

- 3.2. The Permanent Secretary has appointed a Senior Departmental Sponsor (SDS) who will act as the HSCIC's designated, consistent point of contact within the Department. The SDS will act as the link at executive level between the HSCIC and the senior officials of the Department, and also with ministers. Whilst the SDS role is facilitative and recognises the need for direct engagement between HSCIC and other parts of the Department and ministers, it also supports the Permanent Secretary in holding the HSCIC to account and providing assurance on its performance. The SDS is currently the Director General for Information and Group Operations. The SDS will be supported by a Departmental sponsor team, which will be the principal day-to-day liaison between the Department and the HSCIC.

#### *Process for setting objectives*

- 3.3. The process for setting objectives for HSCIC will be undertaken annually. The objectives will be set out in a letter from the SDS to the Chief Executive of the HSCIC before the start of the financial year and will be published. The letter will be reviewed annually and re-published where any changes or additions are made.
- 3.4. The HSCIC will produce a strategy covering a 3-5 year period. The HSCIC will reach agreement with the Department and other relevant ALBs on its strategy. To facilitate comment, the strategy will be shared and discussed in advance of clearance by the HSCIC's board. The HSCIC will be made aware of any concerns the Department or relevant ALBs may have over the content of the plan. The HSCIC will also produce a business plan each year demonstrating how it will meet its legal duties and deliver its objectives. The Department will provide guidance to support this process, which will include target budgets covering administration, programme, revenue and capital funding. The HSCIC will reach agreement with the Department on its business plan. To facilitate comment from the Department, including relevant ministers, the business plan will be shared and discussed in advance of clearance with the HSCIC's board. The HSCIC will be made aware of any concerns the Department may have over the content of the plan.

#### *Discharge of statutory functions*

- 3.5. The HSCIC will ensure that it has appropriate arrangements in place for the discharge of each of the statutory functions for which it is responsible and is clear about the legislative requirements associated with each of them, specifically any restrictions on the delegation of those functions. It will ensure that it has the necessary capacity and capability to undertake those functions, and will ensure that it has the statutory power to take on a statutory function on behalf of another person or body before it does so. HSCIC will also ensure that there is periodic audit<sup>1</sup> of the discharge of its statutory functions so that the delivery of them remains effective, efficient and legally compliant.

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<sup>1</sup> HSCIC should include a review of this in its three-year audit cycle, but ensure that they take steps to sufficiently assure themselves on an annual basis and include details of this within their governance statement

## *Directions*

- 3.6. Under the terms of the Health and Social Care Act 2012 (section 254) the Secretary of State or NHS England may direct the HSCIC to establish and operate a system for the collection or analysis of information of a description specified in the direction.
- 3.7. The HSCIC will ensure that the Department is kept aware of any Directions, and their impact, which may be received from NHS England and of the impact of any Directions received from the Department. This will include the impact on costs and on deliverables already included in the annual business plan.
- 3.8. The Department sponsor team will liaise with Department policy leads wishing to issue Directions to the HSCIC and the HSCIC to ensure that they are issued in an effective and efficient manner.
- 3.9. The HSCIC will maintain a record of all Directions issued as part of its corporate governance responsibilities.

## *Cross-government clearance*

- 3.10. In addition to internal governance, cross-government clearance is required for major new policy decisions of the type set out in Cabinet Office guidance.<sup>2</sup> Although such cases are likely to be small in number, the Secretary of State will be responsible for obtaining clearance and the HSCIC will adhere to any conditions applied through the clearance process. There will also be cases where the Secretary of State must consult Cabinet colleagues before giving the Government's view, even if collective agreement is not required. In such cases, the HSCIC will supply the Secretary of State with any information he or she needs in a timely fashion.

## **4. Accountability**

### *Secretary of State*

- 4.1. The Secretary of State is accountable to Parliament for the health system (its "steward"), including the HSCIC. The Department of Health supports the Secretary of State in this role. This involves:
  - setting national priorities and monitoring the whole system's performance to ensure it delivers what patients, people who use services and the wider public need and value most;
  - setting budgets across the health system, including for the HSCIC
  - setting objectives for the HSCIC;

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<sup>2</sup> Guide to Cabinet and Cabinet Committees, [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/224997/Guide to Cabinet Committees 2012.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224997/Guide_to_Cabinet_Committees_2012.pdf) (pages 6-9)

- supporting the integrity of the system by ensuring that funding, legislation and accountability arrangements protect the best interests of patients, the public and the taxpayer;
- accounting to Parliament for the HSCIC's performance and the effectiveness of the health and care system overall.

#### *The Principal Accounting Officer and the HSCIC's Accounting Officer*

- 4.2. The Department of Health's Permanent Secretary is the Principal Accounting Officer (PAO) and so is accountable in Parliament for the general performance of the health and care system in England, including the HSCIC. This requires that they gain assurance that the HSCIC is discharging its statutory duties and meeting its objectives. In this way the PAO is able to report to Parliament an informed account of the Department's stewardship of the public funds it distributes and for which it holds overall accountability.
- 4.3. The Department's Permanent Secretary, as the Department's PAO, has appointed the HSCIC's Chief Executive as its Accounting Officer (AO). The AO may be called to Parliament to account for the performance of the HSCIC. The PAO can also be held to account in Parliament since the PAO's oversight should allow him or her to assess the adequacy of HSCIC's stewardship of public funds and discharge of its duties. This assessment includes making judgments about whether the HSCIC is operating to adequate standards of regularity, propriety, feasibility and value for money (assessed for the Exchequer as a whole).
- 4.4. The PAO's oversight of the HSCIC's performance relies upon the provision of information, and processes to enable both parties to review performance.
- 4.5. The information provided to the Department by the HSCIC includes (not an exhaustive list):
  - reports prepared for each HSCIC board, which will meet at least six times a year in public, on performance, including in relation to finance, workforce, procurement, programme delivery, and parliamentary accountability, supported by qualitative information
  - assurance reports prepared for the board providing assessment against the objectives in the business plan, including risk management, statutory financial statements, in-year and year-end performance against budgetary controls, cash inflows and outflows on a monthly basis.
- 4.6. The processes in place to enable the Department and the HSCIC to review performance include:
  - Quarterly accountability meetings chaired by the SDS (or exceptionally, their deputy) with sponsor team and other Departmental officials as required, and the HSCIC's chief executive with appropriate members of the HSCIC's executive team, focussing on strategic issues or issues of delivery that the SDS believes it is appropriate to bring to the meeting.

- Additional regular meetings with Departmental specialists, including finance, audit, human resources, procurement
  - Regular, informal contact between the HSCIC and the Department's sponsor team.
- 4.7. The HSCIC's Annual Report will include reference to the discharge of their statutory functions and progress made towards their objectives.
- 4.8. The HSCIC is responsible for the delivery of its objectives and the Department will limit the circumstances in which it will intervene in its activities. The following constraints do, however, apply:
- i All funds allocated to the HSCIC must be spent on the statutory functions of the HSCIC if any funds are spent outside the statutory functions of the HSCIC the Department could seek adjustments to the grant in aid for running costs (administration) to compensate;
  - ii The Secretary of State may remove any non-executive member from the Board on the grounds of incapacity, misbehaviour or failure to carry out their duties as a non-executive member;
  - iii If the Secretary of State considers that the HSCIC is significantly failing in its duties and functions, then the Secretary of State is able to intervene and issue directions to the HSCIC. In the first instance, the Secretary of State could direct the HSCIC about how it carries out its functions. If the HSCIC failed to comply with such directions, he could either discharge the function himself, or make arrangements for another body to do so on his behalf. The Secretary of State will always publish the reasons for any intervention.

## **5. The HSCIC's Board**

- 5.1. The HSCIC is governed by its board. The board's role is to establish and take forward the strategic aims and objectives of HSCIC, consistent with its overall strategic direction and within the policy and resource framework determined by the Secretary of State. The board's role is as described in the corporate governance code for central government departments<sup>3</sup> and includes holding its executive management team to account and ensuring the organisation is able to account to Parliament and the public for how it has discharged its functions.
- 5.2. The board is led by a non-executive Chair, who is responsible to the Secretary of State for ensuring that the HSCIC's affairs are conducted with probity, and that the HSCIC's policies and actions support it in the discharge of its functions and duties efficiently and effectively and meet the HSCIC's objectives, including those set out in its business plan. The Senior Departmental Sponsor will ensure that there is an annual objective setting and review process in place for

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<sup>3</sup> The corporate governance guidelines (available at <https://www.gov.uk/government/publications/corporate-governance-code-for-central-government-departments>) are written for central government departments, although, as it says in the guidelines, "the principles in the Code generally hold across other parts of central government, including departments' arm's length bodies".

the Chair. The Chair, chief executive and non-executive directors will be responsible for appointing the executive directors.

- 5.3. The HSCIC's Chair and non-executive directors will be appointed by the Secretary of State. Appointments will be transparent, will be made on merit, and are regulated by the Commissioner for Public Appointments
- 5.4. The responsibilities of the chief executive are:
- Safeguarding the public funds and assets for which the chief executive has charge;
  - Ensuring propriety, regularity, value for money and feasibility in the handling of those funds;
  - The day-to-day operations and management of the HSCIC;
  - Ensuring that the HSCIC is run on the basis of the standards (in terms of governance, decision-making and financial management) set out in *Managing Public Money*, including seeking and assuring all relevant financial approvals;
  - Together with the Department, accounting to Parliament and the public for the HSCIC's financial performance and the delivery of its objectives;
  - Accounting to the Department's Permanent Secretary, who is PAO for the whole of the Department of Health's budget, providing a line of sight from the Department to the HSCIC;
  - Reporting quarterly to the PAO on performance against the HSCIC's objectives, to be discussed at one of the formal quarterly accountability meetings chaired by the Senior Departmental Sponsor.
- 5.5. The responsibilities of the board as a whole include supporting the Accounting Officer in ensuring that the HSCIC exercises proper stewardship of public funds, including compliance with the principles laid out in *Managing Public Money*, and ensuring that total capital and revenue resource use in a financial year does not exceed the amount specified by the Secretary of State.
- 5.6. The board should ensure that effective arrangements are in place to provide assurance on risk management, governance and internal control. The board must set up an Audit Committee<sup>4</sup>, chaired by an independent non-executive member with significant experience of financial leadership at board level. Other members need not be main board members but should be able to demonstrate relevant sectoral experience at board level. The committee should have at least four members, although this can be fewer if the board feel that is justified, and at least half of these should be main board members. The internal and external auditors must be invited to all meetings and be allowed to see all the papers.

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<sup>4</sup> Known in the HSCIC as the Assurance & Risk Committee

## 6. Partnership working

6.1. The Department and the HSCIC will work together, and with the Department's other arm's length bodies, in the interests of patients, people who use services and the public to maximise the health and wellbeing gain for the population, working to the values set out in the NHS Constitution. To support this, the HSCIC and the Department will follow an 'open book' approach. In the case of issues with an impact on the development or implementation of policy, the Department can expect to be kept informed by the HSCIC. In the same way, the Department will seek to keep the HSCIC apprised of developments in policy and Government. There are likely to be some issues where the Department or the HSCIC will expect to be consulted by the other before the Department or the HSCIC makes either a decision or a public statement on a matter. The Department and the HSCIC will make clear which issues fall into this category in good time. The sponsor team will be responsible for ensuring that this works effectively. However particular arrangements apply to access to pre-publication statistics, which are described fully in Annex A, paragraphs 25-27.

### *Shared Principles*

6.2. To support the development of this relationship, the Department of Health and HSCIC have agreed to a set of shared principles:

- Working together for patients, people who use services and the public, demonstrating our commitment to the values of the NHS set out in its Constitution.
- Respect for the importance of autonomy throughout the system, and the freedom of individual organisations to exercise their functions in the way they consider most appropriate.
- Recognition that the Secretary of State is ultimately accountable to Parliament and the public for the system overall. HSCIC will support the Department in the discharge of its accountability duties, and the Department will support HSCIC in the same way.
- Working together openly and positively. This will include working constructively and collaboratively with other organisations within and beyond the health and social care system.

6.3. To support the Secretary of State and the PAO in their accountability functions, in addition to the HSCIC's annual report, the Secretary of State has the power to require HSCIC to provide to him or her such reports and information relating to the exercise of its functions as the Secretary of State may require. If necessary, the Senior Departmental Sponsor's team will be responsible for prioritising these requests for information.

### *Emergency preparedness, resilience and response*

- 6.4. The HSCIC will work with the Department, Public Health England, NHS England and other organisations involved in civil resilience to develop and resource effective, tested and coordinated plans to manage incidents and emergencies, including any necessary changes to the supply of goods and services.

### *Public and Parliamentary Accountability*

- 6.5. The Department and its ALBs share responsibility for accounting to the public and to Parliament for policies, decisions and activities across the health and care sector. Accountability to Parliament will often be demonstrated through parliamentary questions, MPs' letters and appearances before parliamentary committees. Accountability to the public may be through the publication of information on the HSCIC's website, as well as through responses to letters from the public and responses to requests under the Freedom of Information Act.
- 6.6. The Department and its ministers remain responsible to Parliament for the system overall, so will often have to take the lead in demonstrating this accountability. Where this is the case, the HSCIC will support the Department by, amongst other things, providing information for ministers to enable them to account to Parliament. In its turn, the Department will provide leadership to the system for corporate governance, including setting standards for performance in accountability.
- 6.7. The HSCIC will, however, have its own responsibilities in accounting to the public and to Parliament, and its way of handling these responsibilities will be agreed with the Department. In all matters of public and parliamentary accountability the Department and its ALBs will work together considerably, cooperatively and collaboratively, and any information provided by the HSCIC will be timely, accurate and, where appropriate, consistent with information provided by the Department. To facilitate this, the Department and the HSCIC have agreed a public and parliamentary accountability protocol that sets out how they will work together to secure the confidence of the public and Parliament, and to maintain the service levels that MPs and the public have come to expect.

## **7. Transparency**

- 7.1 The HSCIC is an open organisation that will carry out its activities transparently. It will demonstrate this by proactively publishing on its website its annual report and key information on areas including pay, diversity of the workforce, performance, the way it manages public money and the public benefits achieved through its activities, and by supporting those who wish to use the

data by publishing the information within guidelines set by the Cabinet Office<sup>5</sup>. The annual report will include a governance statement, which is reviewed by the Senior Departmental Sponsor. The HSCIC will hold open board meetings in line with the Public Bodies (Admission to Meetings) Act 1960.

- 7.2 To underpin the principles of good communication, ‘no surprises’ and transparency, the HSCIC and the Department will put in place arrangements for managing communications. Further details are provided in Annex A.
- 7.3 The HSCIC’s executive and non-executive board members will operate within the general principles of the corporate governance guidelines set out by HM Treasury<sup>6</sup>. They will also comply with the Cabinet Office’s Code of Conduct for Board Members of Public Bodies<sup>7</sup> and with the rules on disclosure of financial interests contained in the provisions on the membership of the HSCIC’s board.
- 7.4 The HSCIC will develop a code of conduct for all staff which will comply with the principles in the Cabinet Office’s model code for staff of executive non-Departmental public bodies<sup>8</sup>, which includes guidance on conflicts of interest, political activity and restrictions on lobbying.
- 7.5 The HSCIC will take all necessary measures to ensure that:
- patient, personal and/or sensitive information within its care and control is well managed and protected through all stages of its use, including through compliance with the Data Protection Act
  - it provides public assurance in respect of its information governance practice by completing and publishing an annual information governance assessment using an agreed assessment mechanism
  - it meets its legal obligations for records management, accountability and public information by compliance with relevant standards, including government and NHS codes of practice on confidentiality, security and records management.
- 7.6 The HSCIC’s Senior Information Risk Owner and Caldicott Guardian will work together to ensure that both patient and other personal information are handled in line with best practice in government and the wider public sector.

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<sup>5</sup> The guidance is available on the Gov.UK website:

<http://www.gov.uk/government/topics/government-efficiency-transparency-and-accountability>

<sup>6</sup> The corporate governance guidelines (available at

<http://www.gov.uk/government/publications/corporate-governance-code-for-central-government-departments> are written for central government departments, although, as it says in the guidelines, “the principles in the Code generally hold across other parts of central government, including departments’ arm’s length bodies”.

<sup>7</sup> <http://www.bl.uk/aboutus/governance/blboard/Board%20Code%20of%20Practice%202011.pdf>

<sup>8</sup> [http://www.civilservice.gov.uk/wp-content/uploads/2011/09/5\\_public\\_body\\_staffv2\\_tcm6-2484.pdf](http://www.civilservice.gov.uk/wp-content/uploads/2011/09/5_public_body_staffv2_tcm6-2484.pdf)

## *Sustainability*

- 7.7 As a major public sector body, the HSCIC has a key role to play in driving forward the government's commitment to sustainability in the economy, society and the environment. As a minimum, the HSCIC should comply with the Greening Government Commitments<sup>9</sup> that apply to all government departments, executive agencies and non-departmental public bodies, set out in the action plan for driving sustainable operations and procurement across government. Reporting will be via the Department (including the consolidation of relevant information in the Department's annual resource account), and the Department will ensure that the HSCIC is aware of the process for this.

## *Whistleblowing*

- 7.8 HSCIC, as with the Department and all its ALBs, should have whistleblowing policies and procedures in place that comply with the Public Interest Disclosure Act 1998 and best practice guidance<sup>10</sup>. It should prohibit the use of confidentiality clauses that seek to prevent staff from speaking out on issues of public interest.

## **8. Audit**

- 8.1 The Comptroller and Auditor General will audit the HSCIC's annual accounts and will lay them before Parliament, together with his report.
- 8.2 The Comptroller and Auditor General may also choose to conduct a value-for-money audit of any aspect of the HSCIC's work: the HSCIC will cooperate fully with the NAO in pursuing such audits, and give them full access to all relevant files and information.
- 8.3 The HSCIC is responsible for establishing and maintaining internal audit arrangements in accordance with the Public Sector Internal Audit Standards. The HSCIC's internal audit function should report to its Audit and Risk sub-committee, and should consider issues relating to HSCIC's adherence to its business plan. The Department's Audit and Risk Committee remit includes risk management, corporate governance and assurance arrangements in all its subsidiary bodies and so the HSCIC's Audit and Risk Committee should work closely with the Departmental committee.

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<sup>9</sup> <http://sd.defra.gov.uk/documents/Greening-Government-commitments.pdf>

<sup>10</sup>

<http://www.nhsemployers.org/EmploymentPolicyAndPractice/UKEmploymentPractice/RaisingConcerns/Pages/Whistleblowing.aspx>

## **9. Delegations and financial management**

- 9.1 Details of the HSCIC's financial arrangements, including funding allocation, in-year reporting, preparation of accounts, and the accounting officer's responsibilities in relation to financial management and the HSCIC's accounts, are provided in Annex B.
- 9.2 HSCIC's overall revenue and capital resources are set out in a formal budget allocation letter issued by the Department, providing detail of the budgetary limits as per HM Treasury guidance, which HSCIC must not breach without specific agreement with the Department
- 9.3 The HSCIC's delegated authorities are issued to it by the Department (on behalf of HM Treasury), including those areas where the HSCIC must obtain the Department or HM Treasury's written approval before proceeding. The HSCIC will adhere to these delegated authorities
- 9.4 The HSCIC must demonstrate that it is delivering its functions in the most efficient manner, and must provide timely returns to the Department where these are required either by it or by other departments within central government.
- 9.5 The HSCIC, as with all public bodies and government departments, must operate within any relevant set of efficiency controls. These controls may affect areas of spend such as information communications technology (ICT), marketing and advertising, procurement, consultancy, the public sector estate, recruitment, major projects or strategic supplier management. The Department will ensure that the HSCIC is kept informed of any efficiency controls in operation.
- 9.6 As part of the government's approach to managing and delivering public service at a reduced cost base, the HSCIC, as with all other arm's length bodies and the Department, will in future endeavour to receive its back office support, including finance and accounting, HR, payroll, procurement and ICT, internal audit, through a shared or standardised service approach. Details of the services between the HSCIC and the service provider will be set out in contract or, where appropriate, a service level agreement (SLA), subject to the overarching business requirements of the organisation.
- 9.7 A shared or standardised value for money approach will also apply to the use of estate. The HSCIC will comply with guidance on property and asset management, as set out in Cabinet Office guidelines on use of the estate as set out under National Property Controls.
- 9.8 The Health and Social Care Act 2012 and the National Institute for Health and Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013 enable HSCIC to charge for the exercise of certain functions conferred on it by directions of NHS England. Further details are in Annex B

## 10. Risk management

- 10.1 The HSCIC will ensure that it deals with the risks that it faces in an appropriate manner, according to best practice in corporate governance, and develop a risk management strategy in accordance with the Treasury guidance *Management of Risk: Principles and Concepts*<sup>11</sup>. It will adopt and implement policies and practices to safeguard itself against fraud and theft, in line with HM Treasury guidance<sup>12</sup>. It should also take all reasonable steps to appraise the financial standing of any firm or other body with which it intends to enter into a contract or to give grant or grant-in-aid.
- 10.2 The HSCIC will develop a reporting process to assure each meeting of its board, which will meet at least six times a year in public, of financial and operational performance against the HSCIC business plan. This assurance report will include information on risks and how they are being managed in accordance with the Treasury guidance mentioned above. The information prepared will be shared with the Department to enable the Department to assure itself on risk management. The HSCIC and the Department will agree a process and trigger points for the escalation of risks to the DH Audit and Risk Committee (ARC), where those risks will have a potentially significant impact on the HSCIC, DH or the wider system that requires a co-ordinated response.
- 10.3 The HSCIC will have effective and tested business continuity management (BCM) arrangements in place to be able to respond to disruption to business and to recover time-critical functions where necessary. In line with Cabinet Office guidelines, the BCM system should aim to comply with ISO 22301 Societal Security – Business Continuity Management Systems.
- 10.4 Risks to the wider system that arise from the HSCIC's operations, identified by HSCIC, DH or another body, will be flagged in the formal quarterly accountability meetings chaired by the SDS. Such risks may also be flagged by the HSCIC's Board and escalated to the DH ARC for consideration. It is the responsibility of the HSCIC and its sponsor to keep each other informed of significant risks to, or arising from, the operations of the HSCIC within the wider system.

## 11. Human resources

- 11.1 The HSCIC is responsible for recruiting staff, but will comply with any departmental or government-wide recruitment controls. The Department will ensure that the HSCIC is made aware of any such controls. Very senior managers in the HSCIC are subject to the Department of Health pay framework for very senior managers in arm's length bodies, and may be subject to additional governance as specified by the Department. The Department will ensure that the HSCIC is aware of any such requirements or restrictions.

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<sup>11</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/220647/orange\\_book.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/220647/orange_book.pdf)

<sup>12</sup> [http://webarchive.nationalarchives.gov.uk/20130129110402/http://hm-treasury.gov.uk/d/managing\\_the\\_risk\\_of\\_fraud\\_guide\\_for\\_managers.pdf.pdf](http://webarchive.nationalarchives.gov.uk/20130129110402/http://hm-treasury.gov.uk/d/managing_the_risk_of_fraud_guide_for_managers.pdf.pdf)

- 11.2 The HSCIC must obtain the approval of the Secretary of State in respect of policies relating to remuneration, pensions, allowances or gratuities.
- 11.3 In relation to remuneration, the HSCIC, as with all executive non-departmental public bodies, is subject to the pay remit process, which regulates the pay setting arrangements for its staff (those who are not very senior managers). The pay remit provides a framework within which the HSCIC sets:
- The pay envelope for the year
  - Pay strategies
  - Pay reporting
- 11.4 HM Treasury has delegated the approval of executive non-departmental public bodies' pay remits to parent departments. The HSCIC is therefore required to submit its pay remit proposals to the Department for approval.
- 11.5 Very senior manager remuneration is subject to the recommendations of the Senior Salaries Review Body
- 11.6 In relation to pensions, the organisational pension scheme is the NHS Pensions scheme, which is administered by the NHS Business Services Authority and has rules set down in legislation.
- 11.7 Like all departments and arm's length bodies, the HSCIC will be required to follow any requirements for disclosure of pay or pay-related information.
- 11.8 Subject to its financial delegations, the HSCIC is required to comply with the Department's and HM Treasury's approval processes in relation to contractual redundancy payments and any non-contractual payments. All novel or contentious payments require the Department's and HM Treasury's approval. Special severance payments are always considered novel or contentious (this includes any proposal to make a payment as a result of judicial mediation).

### *Equalities*

- 11.9 The public sector equality duty requires HSCIC (as a public body) to have due regard to the need to:
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

11.10 The provisions of the Equality Act 2010 (Specific Duties) Regulations 2011 require the HSCIC, as a public body, to:

- Annually, publish information to demonstrate compliance with the Public Sector Equality Duty. This information must include, in particular, information relating to persons who share a relevant protected characteristic who are its employees (provided the organisation has 150 or more employees) and other persons affected by its policies and procedures.
- Prepare and publish one or more objectives it thinks it should achieve to meet the Public Sector Equality Duty.<sup>13</sup>

## **12 Relations with the Department's other arm's length bodies**

12.1 The HSCIC will work in partnership with the Department and its other arm's length bodies, in the interests of patients, people who use services and the public, to maximise the health and wellbeing gain for the population, and working to the values set out in the NHS Constitution. HSCIC's relations with other arms length bodies will include, but will not be exclusive to, relations taking place under the auspices of the Informatics Services Commissioning Group (ISCG).

12.2 The Department and its arm's length bodies have complementary but distinct roles within the system to ensure that service users receive high quality services which deliver value for public money. Details of the working arrangements with these bodies will be agreed and set out in partnership agreements.

## **13 Review**

13.1 The Department will regularly review the HSCIC's performance at formal accountability meetings. In addition, the Department will undertake an in-depth review of the HSCIC as well as its other arm's length bodies on at least a triennial basis.

13.2 This agreement will be reviewed every three years, or sooner upon request of either party.

13.3 HSCIC is established by the Health and Social Care Act 2012. Any change to its core functions or duties, including mergers, significant restructuring or abolition would therefore require further primary legislation. If this were to happen, the Department would then be responsible for putting in place arrangements to ensure a smooth and orderly transition, with the protection of patients being paramount. In particular, the Department is to ensure that, where necessary, procedures are in place in the HSCIC so the Department can obtain independent assurance on key transactions, financial commitments, cash flows, HR arrangements and other information needed to handle the

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<sup>13</sup> This was required by 6 April 2013, and is required every four years thereafter

transition effectively and to maintain the momentum of any ongoing and / or transferred work.

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## **ANNEX A**

### **Communications Protocol**

#### **General**

1. This annex sets out the principles that govern how the HSCIC and the Department of Health will work together to deliver effective and coherent communications in the spirit of common purpose.
2. To ensure that communication activities deliver real benefit for patients, the public, communities, stakeholders and the system itself, these principles will underpin all communications activities, creating an integrated communications approach for the health and care system as a whole.
3. To support this, the HSCIC Director of Communications will take part in the cross-system Arm's Length Bodies Directors of Communications forum that will take ownership of the cross-system communications approach. The HSCIC and the Department of Health will also ensure that relevant senior officials from their communications teams meet regularly, build effective working relationships and design detailed working practices.
4. The general principles underpinning the approach to communications to be followed by the HSCIC and the Department will be:
  - Mutual respect, co-operation and 'no surprises'
  - Value for money and avoiding duplication
  - A shared responsibility to promote and protect the public's health, aligning these activities where appropriate
  - The most effective communication using the most appropriate voice

#### **Communications strategy and planning**

5. The HSCIC and the Department will develop annual communications strategies setting out their communications objectives and priorities. Where objectives are the same, the organisations will work together to ensure the associated activities are coherently aligned and add value to each other.
6. The ALB Directors of Communications forum will play a key role in ensuring communications strategies and planning across the health and care system are aligned and coherent.
7. As agreed by the Public Expenditure Committee (Efficiency and Reform) – PEX(ER) – major paid-for communications activity will also be incorporated into the annual health communication and marketing plans developed by the 'Health Hub'. The Hub structure has been developed across government to ensure value for money, reduce duplication and share expertise. The annual Health Hub communications and marketing plan is a requirement of the Cabinet Office's annual cross-government Proactive Communications Plan.
8. In addition, PEX(ER) agreed to a cross-government freeze on paid-for communications activity and a process managed by the Cabinet Office's Efficiency and Reform Group (ERG) to manage this. The process, and details of the operation of the control, will be communicated [to you] separately by the Department.

## **Media Handling**

9. The HSCIC will establish and maintain independent relationships with all those interested in, or affected by its work, including the media. It will have responsibility for dealing with media enquiries received relating to its work and the way in which it exercises its functions.
10. The Department and the HSCIC will keep each other informed of plans for media announcements. When it comes to the attention of either party that the media or any other organisation is intending to make public information related to the HSCIC or its work, they will, where possible, bring this matter to the attention of the other.
11. The Department and the HSCIC will, where possible, bring to the attention of communications leads in each organisation issues creating media interest and expected media coverage which relates to the work of the Department or the HSCIC.

## **Announcements**

12. To support the principle of partnership working described in the framework agreement and the commitment to 'no surprises', the HSCIC and the Department will share a schedule of relevant planned announcements weekly or fortnightly as appropriate. These should be treated "in-confidence" by the receiving parties and care taken with onward circulation.
13. The HSCIC and the Department will endeavour to give each other as much notice as possible to enable early discussions on all aspects of the announcement with relevant policy and communications leads from each organisation.
14. The HSCIC and the Department will also share, in confidence and principally for information, a near-final draft of any relevant report to be published, including conclusions, any executive summary and recommendations.

## **Publications**

15. 'Publications' in this section refers to documents such as annual reports, anything relating to the structure or operation of the organisation, and statutory reports such as accounts. It does not include green or white papers or any other significant statements of Government policy. In these cases the Department will commit to the principle of 'no surprises' wherever possible and endeavour to share drafts with HSCIC officials for comment where appropriate.
16. There are separate arrangements for publication of official statistics and these are described in the Statistics section below.
17. To support the principle of partnership working described in the framework agreement and the commitment to 'no surprises', the HSCIC and DH will share a schedule of relevant forthcoming publications weekly or fortnightly as appropriate.
18. The HSCIC and the Department will, except in exceptional circumstances, share publications with each other ten working days before publication for information and to allow clarification of any issues that may arise. Officials will liaise as necessary to provide briefing on the publication. The HSCIC and the Department will, whenever

possible, send a final copy of the publication to each other's officials at least three days before publication. In exceptional circumstances, this period may be shorter and both parties will endeavour to allow as long as possible in such cases.

19. Where the HSCIC and the Department cannot resolve an issue relating to the detail in a publication due for release, the organisation publishing the document will respond to the querying organisation in writing before publication explaining why the comments cannot be taken on board in the final copy of the document.
20. When it comes to the attention of the Department or the HSCIC that another Government Department or public body is intending to publish a report concerning the other party and its work, they will, wherever possible, bring this matter to the other's attention.

### **Digital and channel strategy**

21. The Department and the HSCIC will develop annual digital strategies setting out their digital communications objectives and priorities. These strategies will follow the principles set out in the annual cross-Government digital strategy.
22. The Department and the HSCIC will use digital channels as their default channels for communications and services following the "digital first" channel strategy for health and care and the direction of travel set in the May 2012 Information Strategy for health and care, 'The Power of Information'.

### **Campaign activity**

23. Any major, public-facing campaign activity should be incorporated into the annual health communication and marketing plans developed by the Health Hub and agreed through the ERG process.
24. The HSCIC will discuss this activity with the Department in advance and ensure that appropriate opportunities are given to inform the thinking and ensure a strategic fit with other campaigns across the health and care system. This will avoid unnecessary duplication and inefficient use of resource.

### **Statistics**

25. Pre-announcement of statistical publications:
  - a. The planned month of any statistical publications should normally be announced at least 12 months in advance. The precise date should be announced or confirmed at least 4 weeks in advance. To support the principle of co-operation, the HSCIC should inform the Department's Statistics Team of any changes to planned publication dates for Official Statistics.
26. Sharing data in their final form for briefing:
  - a. Official statistics in their final form, including any press release for publication of official statistics, will be shared with those officials and Ministers for whom pre-release access has been agreed no earlier than 24 hours before the formal time of publication. Access for briefing purposes is limited to requirements to brief Ministers or others who may be required to comment at the time of publication. A list of people should be agreed 10 working days in advance, by the Head of

Profession for statistics at the HSCIC, who will consult with the DH Head of Profession if they judge necessary (current Departmental models for pre-release access may be consulted as a guide). The HSCIC is permitted in some circumstances to grant pre-release access to journalists under the legislation. In practice it has never done so. It would only do so in exceptional circumstances, and then only after informing the Department of its intention in advance and considering any views expressed in response.

## 27. Sharing pre-publication data for other purposes

- a. Official statistics may also, with the agreement of the Head of Profession for official statistics at the HSCIC, be shared before publication for other purposes as set out below:
  - i. With Department analytical staff where those staff are directly involved in producing the statistics,
  - ii. With named Department analysts and subject specialists, where in the opinion of the HSCIC there would be added value derived from their expert Quality Assurance (QA),
  - iii. Where Department officials apply to the HSCIC for access for a specified management purpose (if, for example, it is evident that patient health or public finances would be protected by granting such access).
  - iv. Where up-to-date data are needed for inclusion in a Departmental publication planned for release at the same time or shortly after the statistics are to be published.
- b. In all cases where pre-release access is agreed, the purpose, timings and names of individuals should be agreed in advance by the HSCIC Head of Profession for statistics. All pre-release access will be documented, and lists of people granted access will be made available on request. Where pre-release access has been granted, the pre-publication uses of the data will not exceed the stated purpose.

## **ANNEX B**

### **Finance and Accounting**

1. The Framework Agreement sets out the governance and accountability arrangements between the Department of Health and NHS England. This annex provides additional detail on the finance and accounting arrangements which complements the Framework Agreement itself.

### **Annual Expenditure Limits**

2. The Secretary of State will give HSCIC its budget for the year in a letter to be sent to the HSCIC Chief Executive from the Department's Senior Departmental Sponsor (SDS). The Secretary of State will give HSCIC grant-in-aid funding for the year (see paragraph 9.2 in the Framework Agreement). The grant-in-aid will normally be paid in monthly instalments on the basis of written applications showing evidence of need. HSCIC will comply with the general principle, that there is no payment in advance of need. Cash balances accumulated during the course of the year from grant-in-aid or other Exchequer funds shall be kept to a minimum level consistent with the efficient operation of the HSCIC. Grant-in-aid not drawn down by the end of the financial year shall lapse. Subject to approval by Parliament of the relevant Estimates provision, where grant-in-aid is delayed to avoid excess cash balances at the year-end, the Department will make available in the next financial year any such grant-in-aid that is required to meet any liabilities at the year end, such as creditors.
3. As Accounting Officer, the Chief Executive must ensure that, in any financial year, HSCIC's spending in each of the following categories does not exceed the limit set by the Secretary of State for that year:
  - revenue (non ring-fence);
  - revenue (ring-fence);
  - capital;
  - annually managed expenditure; and
  - technical accounting/budgeting.
4. The Accounting Officer must also ensure that:
  - HSCIC's total spending on administration in any financial year does not exceed the budget provided without specific agreement from the Department; and that
  - in any given year the cash usage of HSCIC does not exceed the cash limit (allotment) for HSCIC plus any payments received which are used to offset expenditure that would have otherwise scored against this limit.

5. Each of the controls referred to in paragraphs 2 and 3 above must be met individually.
6. In addition to their specific financial responsibilities, the HSCIC Board have a shared responsibility to facilitate the effective financial management of the health system, including delivery of the controls imposed upon the system by HM Treasury. Effective partnerships developed with other relevant bodies, particularly NHS England, Public Health England will be the key to this.

### **Information systems: charging**

7. The HSCIC is able to charge NHS England a reasonable fee in respect of the cost of complying with a direction given by NHS England for HSCIC to establish and operate an information collection or analysis system under section 254 of the 2012 Act. Similarly, if NHS England gives a direction to HSCIC under regulation 32 of the National Institute for Health and Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013, S.I. 2013/259, requiring HSCIC to exercise such systems delivery functions of NHS England as are specified in the direction, the direction must permit HSCIC to charge NHS England a reasonable fee in respect of the cost of complying with the direction. If the Secretary of State gives HSCIC a direction under regulation 32 requiring HSCIC to exercise a systems delivery function of the Secretary of State, the direction may include provision about payments to HSCIC for things done in carrying out the direction.
8. HSCIC may charge for anything it does pursuant to its additional functions in section 270 of the 2012 Act, and calculate the charge on an appropriate commercial basis. However the carrying out of HSCIC's additional functions must be connected with the collection, analysis, publication or other dissemination of information and must not to a significant extent interfere with the performance by HSCIC of any statutory function.

### **Business Planning**

9. HSCIC will be requested to produce a business plan each year (see paragraph 3.4 of the Framework Agreement). The plan should be costed: supporting guidance issued by the Department will provide the format and level of financial detail needed. Indicative financial budgets for both administration and programme funded activity will be discussed from the outset of business planning, incorporating any requirement to deliver overall efficiencies relevant to the Department and its arm's length bodies. The plan will include the funding for which the HSCIC is directly responsible. Programme funds which are owned by the Department of Health or other sponsoring body, such as NHS England, and spent on behalf of that body may be included in the business

plan to give context on the systems and services delivered and the support being provided; such detail will not be included without prior agreement.

10. The business plan will need to identify detailed revenue, capital and cash forecasts for grant-in-aid funded activity, and also equivalent expenditure associated with any other income sources. It will need to clearly identify the distinction between costs and income falling inside and outside the administration budget regime.

## **Accounts**

11. In relation to financial reporting, the Department is required by HM Treasury to report in-year financial performance and forecasts for all its arm's length bodies, by Estimate Line, and in a specified format, to a strict timetable. HSCIC is required to comply with Departmental plans and schedules which enable the Department to meet HM Treasury deadlines, and the Department's overall financial planning to meet HM Treasury spending controls through the Shared Financial Planning Agreement.
12. HSCIC must prepare annual accounts for each financial year ending 31 March, and interim accounts for shorter periods if required. In relation to these accounts, HSCIC must:
  - ensure that accounts are prepared according to the form, content, methods and principles prescribed by the Secretary of State in his annual group accounting instructions;
  - submit these accounts (both unaudited and audited) to the Department by a date to be specified by the Secretary of State; and
  - submit these accounts to the Comptroller and Auditor General (C&AG) for audit as soon as reasonably practicable after the year end (or, in the case of any interim account, as soon as reasonably practicable after the end of the interim period to which that interim account relates).
13. HSCIC must publish an annual report of its activities together with its audited accounts after the end of each financial year. Information on performance against key financial targets is within the scope of the audit and should be included in the notes to the accounts. The report and accounts are to be signed by HSCIC's Accounting Officer and laid before Parliament by HSCIC and made available on HSCIC's website, in accordance with the guidance in the Government Financial Reporting Manual (FRoM). A draft of the report should be submitted to the Department in line with the published timetable.

15. The Accounting Officer must also ensure that HSCIC participates fully in all agreement of balances exercises initiated by the Department, and in the form specified by the Department, and that it agrees income and expenditure and payables and receivables balances both with other organisations within the Department's resource accounting boundary and, for the purposes of the Whole of Government Accounts (WGA), with other government bodies outside that boundary. In doing so, HSCIC should seek to agree all outstanding balances but in any case should keep within any level of materiality set by the Department.

## **Audit**

16. Section 8 of the Framework Agreement sets out the high level requirements for audit.
17. To meet the requirements for internal audit, HSCIC must:
- ensure the Department is satisfied with the competence and qualifications of the Head of Internal Audit and the requirements for approving appointments in accordance with Public Sector Internal Audit Standards;
  - prepare an audit strategy, taking into account the Department's priorities, and forward the audit strategy, periodic audit plans and annual audit report, including HSCIC's Head of Internal Audit's opinion on risk management, control and governance as soon as possible to the Department; and
  - keep records of fraud and theft suffered by HSCIC and notify the Department of any unusual or major incidents as soon as possible.
18. The department is committed to the development of a group assurance model for DH and its arm's length bodies. HSCIC has agreed, in principle, that its internal audit provision will be delivered as part of a shared service once the contract period for its initial provider has expired. HSCIC will engage with the Department in the development of the group assurance model.
19. The Department's group internal audit service has a right of access to all documents prepared by HSCIC's internal auditor, including where the service is contracted out (until such time when the contract expires, after which Group Internal Audit will provide the audit service – including having access to all previous audit documentation).
20. For external audit, the Comptroller and Auditor General (C&AG) audits HSCIC's annual accounts. In the event that HSCIC has set up and controls subsidiary companies, HSCIC will, in the light of the provisions in the Companies Act 2006, ensure that the C&AG is appointed auditor of those company subsidiaries that it controls and/or whose accounts are consolidated within its

own accounts. HSCIC shall discuss with the Department the procedures for appointing the C&AG as auditor of the companies.

21. The C&AG:

- will consult the Department and HSCIC on whom – the National Audit Office or a commercial auditor – shall undertake the audit(s) on his behalf, though the final decision rests with the C&AG;
- has a statutory right of access to relevant documents including, by virtue of section 25(8) of the Government Resources and Accounts Act 2000, those held by another party in receipt of payments or grants from HSCIC;
- will share with the Department information identified during the audit process and the audit report (together with any other outputs) at the end of the audit, in particular on issues impacting on the Department's responsibilities in relation to financial systems within HSCIC;
- will, where asked, provide the Department and other relevant bodies with regulatory compliance reports and other similar reports which the Department may request at the commencement of the audit and which are compatible with the independent auditor's role.

22. The C&AG may carry out examinations into the economy, efficiency and effectiveness with which HSCIC has used its resources in discharging its functions. For the purpose of these examinations the C&AG has statutory access to documents as provided for under section 8 of the National Audit Act 1983. In addition, HSCIC is to provide, in conditions to grants and contracts, for the C&AG to exercise such access to documents held by grant recipients and contractors and sub-contractors as may be required for these examinations; and is to use its best endeavours to secure access for the C&AG to any other documents required by the C&AG which are held by other bodies.

### **Delegated Authorities**

23. Paragraph 9.5 of the Framework Agreement requires HSCIC to abide by any relevant cross-Government efficiency controls. The Secretary of State has approved the establishment of revised controls for HSCIC, applicable specifically to and only for its expenditure on transition activities concerned with developing itself as a new organisation, where these activities will by their very nature be critical to the success of the system-wide reforms. These controls will be communicated to HSCIC.
24. Once the budget has been approved by the Department and subject to the Secretary of State's instructions and any other processes set out in this document, HSCIC has authority to incur expenditure approved in the budget without further reference to the Department, on the following conditions:

- HSCIC will comply with its delegated authorities, which cannot be altered without the prior agreement of the Department, noting that authority to approve novel, contentious or repercussive proposals cannot be delegated from HM Treasury; and
  - inclusion of any planned and approved expenditure in the budget will not remove the need to seek formal departmental approval where any proposed expenditure is outside the delegated limits or is for new schemes not previously agreed.
25. HSCIC must obtain the Department's prior written approval before entering into any undertaking to incur expenditure outside its delegations or not provided for in its business plan as approved by the Department. In addition, the Department's prior written approval is required when:
- incurring expenditure for any purpose that is or might be considered novel or contentious, or which has or could have significant future cost implications;
  - making any significant change in the scale of operation or funding of any initiative or particular scheme previously approved by the Department;
  - making any change of policy or practice which has wider financial implications that might prove repercussive or which might significantly affect the future level of resources required; or
  - carrying out policies that go against the principles, rules, guidance and advice in Managing Public Money.
26. For major projects, HSCIC will participate in the Department's common assurance and approval process.

## ANNEX C

### Wider guidance

The following general guidance documents and instructions apply to HSCIC. The Department may require HSCIC to provide additional management information on an ad hoc basis. Where this is the case, the Department will provide HSCIC with clear reasons for the request and will allow as much time as possible to comply with the request.

### General

- Appropriate adaptations of sections of *Corporate Governance in Central Government Departments: Code of Good Practice* and its related guidance  
<https://www.gov.uk/government/publications/corporate-governance-code-for-central-government-departments>
- *Managing Public Money*  
<https://www.gov.uk/government/publications/managing-public-money>
- *Code of Conduct for Board Members of Public Bodies*  
[http://www.civilservice.gov.uk/wp-content/uploads/2011/09/code-of-conduct\\_tcm6-38901.pdf](http://www.civilservice.gov.uk/wp-content/uploads/2011/09/code-of-conduct_tcm6-38901.pdf)
- *Code of Practice for Ministerial Appointments to Public Bodies*  
<http://publicappointmentscommissioner.independent.gov.uk/wp-content/uploads/2012/02/Code-of-Practice-2012.pdf>
- *The Parliamentary and Health Service Ombudsman's Principles of Good Administration*  
<http://www.ombudsman.org.uk/improving-public-service/ombudsmansprinciples/principles-of-good-administration>
- Consolidation Officer Memorandum, and relevant DCO letters
- *The NHS Records Management code of practice*  
<https://www.gov.uk/government/publications/records-management-nhs-code-of-practice>
- Other relevant guidance and instructions issued by HM Treasury in respect of Whole of Government Accounts
- Other relevant instructions and guidance issued by the central departments
- Any statutory duties that are applicable to the HSCIC
- Specific instructions and guidance issued by the Department, including requests for information
- Any departmental plans to ensure continuity of services
- Recommendations made by the Public Accounts Committee, or by other Parliamentary authority, that have been accepted by the Government and relevant to the HSCIC.

## Audit and Risk

- *Public Sector Internal Audit Standards (PSIAS)*  
<https://www.gov.uk/government/publications/public-sector-internal-audit-standards-good-practice-guidance>
- *Management of Risk: Principles and Concepts*  
[http://webarchive.nationalarchives.gov.uk/20130129110402/http://www.hm-treasury.gov.uk/psr\\_managing\\_risk\\_of\\_fraud.htm](http://webarchive.nationalarchives.gov.uk/20130129110402/http://www.hm-treasury.gov.uk/psr_managing_risk_of_fraud.htm)

## Finance

- *Government Financial Reporting Manual (FReM)*  
<https://www.gov.uk/government/publications/government-financial-reporting-manual>
- Fees and Charges Guide, Chapter 6 of *Managing Public Money*
- Departmental Banking: A Manual for Government Departments, Annex 5.7 of *Managing Public Money*
- Relevant Dear Accounting Officer letters;
- *Regularity, Propriety and Value for Money*  
[http://webarchive.nationalarchives.gov.uk/20130129110402/http://www.hm-treasury.gov.uk/d/Reg\\_Prop\\_and\\_VfM-November04.pdf](http://webarchive.nationalarchives.gov.uk/20130129110402/http://www.hm-treasury.gov.uk/d/Reg_Prop_and_VfM-November04.pdf)
- *Improving spending control*  
<https://www.gov.uk/government/publications/improving-spending-control>

## HR

- Model Code for Staff of Executive Non-departmental Public Bodies (Cabinet Office)  
[http://www.civilservice.gov.uk/wp-content/uploads/2011/09/5\\_public\\_body\\_staffv2\\_tcm6-2484.pdf](http://www.civilservice.gov.uk/wp-content/uploads/2011/09/5_public_body_staffv2_tcm6-2484.pdf)
- *DH Pay Framework for Very Senior Managers in Arms-Length*  
<https://www.gov.uk/government/publications/pay-framework-for-very-senior-managers>

## FOI

- Relevant Freedom of Information Act guidance and instructions (Ministry of Justice)

## Estates and Sustainability

- *Greening Government Commitments*  
<http://sd.defra.gov.uk/documents/Greening-Government-commitments.pdf>
- Government Property Unit *National Property Controls and standards for office accommodation* (available from DH)
- *The Department of Health's Property Asset Management procedures* (available from DH)

## Information Governance and Security

- *The NHS Information Governance Toolkit*  
<https://nww.igt.hscic.gov.uk/>
- HMG IA Standard No. 6: *Protecting Personal Data and Managing Information Risk* (available from DH)
- *HM Government's Security Policy Framework*  
<https://www.gov.uk/government/publications/security-policy-framework>
- *Information Security Management: NHS Code of Practice*  
<https://www.gov.uk/government/publications/information-security-management-nhs-code-of-practice>
- *Confidentiality: NHS Code of Practice*  
<https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice>

## Transparency

- *The Prime Minister's commitments on transparency*  
<http://webarchive.nationalarchives.gov.uk/20130109092234/http://number10.gov.uk/news/letter-to-government-departments-on-opening-up-data/>

## ANNEX D

### Relationships With Other Bodies

In order to deliver its functions efficiently and effectively, and to support alignment across the whole system, the Health and Social Care Information Centre (HSCIC) will work closely with its sponsors in the Department of Health (DH) and with DH Arms Length Bodies (ALBs) as follows:

- **Care Quality Commission (CQC):** HSCIC may be required by CQC to collect information where necessary to allow CQC to fulfil its statutory duties, subject to the constraints in the Health and Social Care Act 2012 or made in regulations.
- **Health Education England (HEE)** the HSCIC will support HEE to provide oversight and leadership on workforce planning and commissioning, education and training through the collection, analysis and provision of workforce data.
- **Health Research Agency** HSCIC will work with HRA on issues to do with the collection, analysis, dissemination and publication of information for research
- **Local authorities, social care employers** HSCIC will work with these organisations to help ensure that HSCIC's work reflects their needs and priorities.
- **Medicines and Healthcare Products Regulatory Agency (MHRA)**  
HSCIC will work with MHRA to help ensure that HSCIC's work reflects its needs and priorities.
- **Monitor** HSCIC may be required by Monitor to collect information where necessary to enable Monitor to fulfil its statutory duties, subject to the constraints of the Health and Social Care Act 2012 or made in regulations
- **NHS England** HSCIC may be directed by NHS England to collect information where necessary to fulfil its statutory duties, subject to the constraints in the Health and Social Care Act 2012 or made in regulations. Details of the working arrangements with NHS England will be agreed and set out in a Memorandum of Understanding (MoU)
- **NHS Trust Development Agency (NHS TDA)** HSCIC will work with the NHS TDA to help ensure that HSCIC's work reflects its needs and priorities.
- **NICE** HSCIC will develop indicators with NICE for the Quality and Outcomes Framework and the Clinical Commissioning Group Outcomes Indicator Set (CCGOIS). NICE will be able to require the HSCIC to collect information

where necessary to allow NICE to fulfil its statutory duties, subject to the constraints in the Health and Social Care Act 2012 or made in regulations

- **Public Health England (PHE):** The Secretary of State for Health will be able to direct the HSCIC to collect information on behalf of PHE (as an Executive Agency of DH). The HSCIC will remain the default collector of national data but where PHE collects data for public health purposes, it shall submit data in a form that allows linkage with other datasets. The HSCIC and PHE shall work together to implement a survey and data collection strategy to improve the value and quality of public health data sets, and develop tailored data sets for particular areas of interest in response to public health requirements.

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