

Health and Social Care information Centre (ENDPB)

Board Meeting

Public Session

Title of Paper:	CEO Report on Business Activity
Board meeting date:	18 September 2013
Agenda Item No:	HSCIC 13 08 04 (a)
Paper presented by:	CEO
Paper prepared by:	Board Secretary
Paper approved by (Sponsor Director)	Alan Perkins, CEO
Purpose of the paper:	This report from the Chief Executive provides an update on key developments and issues not covered elsewhere on the meeting agenda
Patient/Public Interest:	Information on organisational activity
Actions required by the Board:	To note for information

CEO Report on Business Activity – September 2013

1 Purpose:

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

2 Strategy

- 2.1 Work has started to develop a new strategy for the HSCIC, which is intended to:

- Signal our ambition to establish our profile and reputation as a respected national informatics organisation that is recognised as an outstanding place to work;
- Explain how we will fulfill our statutory responsibilities for the health, public health and social care informatics system;
- Demonstrates our commitment to work collaboratively with our partners, stakeholders and customers on all aspects of our strategy, in a way that supports the interests of the public, care professionals and the system as a whole;
- Inform the discussions with our partners and customers for the next business planning round.

The strategy is focused around four key themes:

- Acting in the public interest by ensuring the robustness, effectiveness and the security of the information and data which flows across the whole health and care system;
- Developing and delivering the critical infrastructure that is used nationally;
- Making available the information that citizens need to manage their own health and care and that organisations use to deliver, safe high quality care services;
- Contributing to the development of the health and care informatics industry and the wider UK economy.

There has already been extensive discussion across our organisation, and this will continue as the document is finalised. Our Leadership Team has been involved in shaping the document, which is helping to ensure that our Transformation Programme is aligned with the strategic direction in terms of scope and scale of ambition. Taken together, the commitments set out an ambitious programme which will require sustained effort across the whole organisation. The strategy will be presented to the Board in October.

3 Information and Data Services

- 3.1 **Data Services for Commissioners (DS4C):** NHS England commissioned the HSCIC to deliver the new DS4C, initially for a 12-month period from 01 April 2013. The service is being delivered by staff seconded into the HSCIC from Commissioning Support Units (CSUs) who were a part of the Data Management Integration Centre (DMIC) and they will work from their local offices. The first phase of the secondment process is now complete. Monthly highlight reporting and individual management meetings are being initiated to ensure a good two-way communication with each of the offices.
- 3.2 The HSCIC have completed all the actions required of the HSCIC in response to the 16 May Confidentiality Advisory Group (CAG) approval. All CSUs have lodged their request to become Accredited Safe Havens (ASH) and achieved Information Governance (IG) Toolkit level 2; the outstanding activity for the CSUs is to complete the Data Sharing Contract and Data Sharing Agreements as stipulated in the s251¹ approved by CAG. Some Clinical Commissioning Groups (CCG), those which are not aligned with CSUs, have similarly commenced but not completed the ASH registration process. NHS England is drafting a 'Direction' to allow the HSCIC and Data Service for Commissioners Regional Offices (DSCRO) to collect local data flows. NHS England will be submitting three s251 requests to CAG in September/October.
- 3.3 **Data Linkage and Extract Service:** A range of new products have been developed following the successful linkage of Hospital Episode Statistics (HES) to the Diagnostic Imaging Dataset (DID).

¹ Section 251 of the NHS Act 2006 (originally enacted under Section 60 of the Health and Social Care Act 2001), allows the common law duty of confidentiality to be set aside in specific circumstances where anonymised information is not sufficient and where patient consent is not practicable.

HES contain approximately one billion records on patients attending accident and emergency units, being admitted for treatment or attending outpatient clinics. The DID is a collection of data on NHS-funded diagnostic imaging tests, such as MRI scans and x-rays, which is extracted from NHS providers' radiological information systems. Making the DID available and linking it to HES enables the analysis of acute secondary care pathways for patients receiving diagnostic imaging tests in England. This analysis will help to identify trends and variation in patient outcomes and could be used to improve services for patients. The data sets are linked using patient identifiable fields in both data sets and 96.2% of records have been successfully matched. The Data Linkage and Extract Service team is currently preparing a publication which will be released in October 2013.

4 Programmes Delivery

- 4.1 **GPSoc Replacement:** The current General Practice Systems of Choice (GPSoc) framework is the contractual vehicle for supplying the clinical IT systems used in GP practices. A replacement framework is currently being procured which will deliver patient facing services such as online appointment booking, record viewing and repeat prescriptions. The framework will also offer suppliers the opportunity to offer additional services such as patient arrival systems and interoperable services between GP clinical IT systems and systems in other care settings.
- 4.2 **Summary Care Record:** Momentum continues to build for the Summary Care Record (SCR). During September, the number of people with an SCR will rise above 30 million and the number of sites across England that are viewing and gaining benefit is nearing 400. A draft plan has been developed to deliver additional information to the SCR. This is something that the service wants and that NHS England recently endorsed in 'Safer Hospitals, Safer Wards'.
- 4.3 **NHS e-Referral Service:** NHS e-Referral Service (Choose and Book successor) awarded a contract to BJSS in July 2013, to complete the initial phase of e-RS software development. Rapid progress has been made, with Sprint Zero being completed by end of August, and Sprint One underway due for completion in September. Go live is targeted at late 2014. BJSS will work alongside the e-Referral Service team to develop a new platform for the service, using agile methodology and open source software.
- 4.4 **NHS Choices / Health and Social Care Digital Service: NHS Choices Transition:** The TUPE transfer of NHS Choices Capita staff to the HSCIC was executed as planned on the 31 July and the HSCIC will now operate the service through to 31 March 2014 or until directed to transfer the service to the new service provider or providers. NHSE are developing their proposals for the new service, the Health and Social Care Digital Service (HSCDS) formerly the Integrated Customer Service Platform (ICSP). HSCIC has been commissioned by NHSE to manage the delivery of HSCDS.

5 Local Service Provider Delivery

5.1 South Local Clinical Systems – South Acute, Community and Child Health, and Ambulance Programme:

- 5.1.1 **Acute:** The first of six procurements for new clinical systems, to be run as part of the South Acute Programme, is officially underway. The "SmartCare" collaborative group, which comprises NHS Gloucestershire Hospitals NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust, and Northern Devon Healthcare NHS Trust, published their Official Journal of the European Union notice on 20 August. The project, which aligns with the Secretary of State's paperless NHS agenda will see these organisations collaboratively procure an integrated clinical information system, which will replace out-dated legacy and paper based processes.
- 5.1.2 **Community and Child Health:** Following the business case approvals all nine Trusts have now signed contracts with their provider - TPP SystemOne. Dorset HealthCare University NHS Foundation Trust was the first organisation in the south of England to take delivery of the new system, enabling District nurses, health visitors and community matrons in Dorset to keep medical records up-to-date 'on the go' as they visit patients in their homes.

5.1.3 **Ambulance:** The business case for this is progressing through the approvals process with the Trusts hoping to sign their contracts during 2013/14.

5.1.4 **CSC Local Service Provider contract:** New software modules of the Lorenzo Electronic Patient Record system were deployed at University Hospitals of Morecambe Bay NHS Foundation Trust (Maternity) and Birmingham Women's NHS Foundation Trust (Advance Bed Management) over the last two months and continue to operate well. The next new Lorenzo site (Tameside Hospital NHS Foundation Trust) is on track for go-live in autumn 2013. This is the first of four planned deployments under the Interim Agreement between the Department of Health and CSC. HSCIC is playing a supporting role in providing expert advice to trusts and oversight to the Department.

5.2 **BT Local Service Provider contract:**

5.2.1 In early September 2013 BT and HSCIC supported Kingston Hospital NHS Foundation Trust go-live with a significant Electronic Patient Record system upgrade, deploying Cerners PowerInsight Data Warehouse. The latter combines clinical, management operational and financial data to facilitate strategic decision making, and enables the Trusts executives/managers to review data from different business viewpoints.

5.2.2 Croydon Health Services NHS Trust is continuing to progress with its 'greenfield' go-live of Cerner Millennium, via the BT contract, during Autumn 2013.

5.2.3 The BT delivered Community and Mental Health product RiO Release 2 (that delivers mobile working, integration with the Summary Care Record, enhanced ePrescribing, Integration Tool Kit compliance and support for Urgent Care settings), after extensive testing, is due to have its 'first of type' go-live in Autumn 2013 at North East London Foundation Trust. Once successfully proven, it will become available for all those sites across London and the South where RiO is currently deployed.

5.3 **Busting Bureaucracy Campaign:** An increasing interest in the need to reduce burden and bureaucracy across the whole health and care system is being witnessed; this is, in part, being bolstered by the Secretary of State's decision to commission the NHS Confederation to carry out a study into the causes of burden and bureaucracy. NHS Confederation recognises the important system-wide role that the HSCIC has to play. Their interim report was published in March 2013, and they are now working on the final report which will be published in November 2013.

The Secretary of State has specifically asked the HSCIC to run a "Busting Bureaucracy" campaign. This will build on the work that NHS Confederation have already done. It will be run during September 2013, and will involve a number of acute Trusts. A letter (jointly signed by the HSCIC and NHS Confederation) has been sent to all Trust CEOs inviting them to volunteer to participate. The audit will have two components. One will focus primarily on front line care; the other will look at data submitted nationally and to commissioners.

With NHS Confederation, the HSCIC will arrange a conference in the autumn to launch the final report and the findings of the audit. It will also incorporate the HSCIC's plans for strengthening and establishing its role. It is important that the HSCIC signals its intentions for the way it will discharge its functions regarding burden and bureaucracy, as interest and expectations are high. A more detailed report will be brought to the Board in November, which will describe the audit work in more detail and set out the HSCICs plans for future work.

6 **Transformation Activity**

6.1 Work on the Transformation Programme continues in parallel with the development of the HSCIC Strategy. A suite of Transformation Initiatives have been developed and these have been tested with staff through August.

6.2 The HSCIC Leadership Forum met for the fourth time in September and undertook work to develop organisational values in support of the emergent strategy. The Transformation Initiatives and high

level plan will be considered by the Transformation Programme Board in September, and will subsequently report to the Board in October.

7 Communications and Media

- 7.1 As demonstrated by an almost doubling year on year in numbers of media enquiries, following the creation of the HSCIC, as well as on average a 70 to 90 per cent increase in national, regional and specialist media referencing HSCIC work, the organisation's new role is already bringing greater public scrutiny.
- 7.2 At the end of August The Times and The Daily Mail followed up on HSCIC figures relating to years lost due to preventable conditions (the difference in years between premature deaths and expected lifespan). The figures indicate that about 50,000 people die an average of 20 years too soon each year which could be prevented if they were healthier, lived in better housing and had regular check-ups with doctors.
- 7.3 Coverage was also given to an important new HSCIC system that will come into play in 2015 known as 'The Child Protection-Information Sharing project'. This has been commissioned by the Department of Health and will involve children who are identified as vulnerable by social services being flagged to NHS staff if they attend an A&E.
- 7.4 Hospital food has been topical following the Campaign for Better Hospital Food and regional papers referenced HSCIC figures on spending on hospital food and drink.
- 7.5 Issues of data use and protection remain a topic of great public interest .Columnist Polly Toynbee writing in the Guardian on care.data wrote: "the latest big data trawl by the state is undoubtedly designed for our good" and how materials would be informing patients in GP surgeries how "their records will soon be streamed electronically to the new Health and Social Care Information Centre, for use in medical research, for comparing NHS treatments and for commissioners to assess local need."
- 7.6 The HSCIC's NHS Safety Thermometer is in the running for an E Health Insider award for the 'Best use of IT to promote patient safety'. This is because it is now used across all types of care providers, including hospitals, community care and nursing homes, as a simple tool to evaluate the reduction of harms in any setting. Since July 2012 over 700 care provider organisations are now using the tool to record over 2.3 million patient assessments. Far more important than any award, however, is the fact that during the previous 13 months provider organisations using the tool have reported an overall 20% improvement in the number of 'harm free' patients.

Alan Perkins
CEO

September 2013