

Health and Social Care Information Centre (ENDPB)

Board Meeting – Public Session

Title of Paper:	CEO Report on business activity
Board meeting date:	30 May 2013
Agenda Item No:	HSCIC 13 03 03(a)
Paper presented by:	CEO
Paper prepared by:	Board Secretary
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If paper is to be included in the Private Board please complete justification below:	
Justification for inclusion in Private Board:	
Purpose of the paper:	This report from the Chief Executive provides an update on key developments and issues not covered elsewhere on the meeting agenda
Actions required by the Board:	To note for information

CEO Report on business activity – May 2013

Purpose

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

Operational Activity

2. New linkage of HES-MHMDS: The HES-MHMDS linkage has been launched. This will provide the ability to undertake national (within England) analysis along acute patient pathways for mental health service users, thereby enabling a much deeper understanding of mental health service users' interactions with acute secondary care. For example, analysis of the data could reveal how many patients, in contact with specialist mental health services, have been admitted to hospital for self-harm or have attended A&E - and from there it will be possible to start assessing whether they are receiving appropriate levels of care.
3. Local Health and Wellbeing Survey of Young People: DH has commissioned the HSCIC Surveys team to procure and manage a brand new fully-funded national survey. Costs are expected to be in the region of £3.5m over the years FY2012/13 – FY2015/16. The Local Health and Well-Being Survey of Younger People (LHWBS) 2014 will be the first in what is hoped to be a series of population based postal surveys that will collect data on a range of factors such as smoking, emotional well-being, diet and physical activity in 15 year olds. It will produce indicators as specified in the Public Health Outcome Framework (PHOF) and provide data to enable local authority level analysis. The target achieved sample size for LHWBS 2014 is 1,000 15 year olds for each Upper Tier Local Authority, which equates to a sample of approximately 150,000 across England. This makes the survey and dataset unique as there are no other surveys of this age group and size. The 2014 survey is England only but it is hoped that future surveys may also cover Northern Ireland, Scotland and Wales. The survey is currently out to procure and it is hoped to award the contract during June. This new survey adds to an increasing programme of directly-funded population surveys which the team deliver in addition to the two that are funded annually through GIA (the Health Survey for England and the young people's Smoking, Drinking & Drug Use Survey).
4. Zero Based Review of Adult Social Care Statistics: The HSCIC expects to announce the outcome of its Zero Based Review of Adult Social Care Statistics by the end of May 2013. This work was commissioned by the DH/ADASS Outcomes and Information Development Board in 2010. Further to a consultation exercise and close working with colleagues from local authorities and national organisations such as DH, the revised Safeguarding Adults Return and Deprivation of Liberty Safeguards Returns were announced in 2012 for commencement in 2013/14. The latest announcement will provide new collections for 2014/15 on finance and activity, underpinned by an Equalities and Classifications Framework. The collections will be included on CLG's Single Data List and further to an impact assessment, DH will provide funding to councils to implement the changes. DH will also provide £1m to the HSCIC in the current year to include stakeholder engagement and development of collection and analysis systems.
5. Open Source Technology: HSCIC researchers have contributed to an award winning paper on open source technology that was published internationally this month. Denise Down and Gill Foley from the HSCIC, in collaboration with Professor Kiran Fernandes and researcher Natalie Liao, of the Durham University Business School looked at two related projects in two large UK universities that demonstrated how Open Source technologies can help advances when they are used for collaboration, such as in online communities, between the different parts of the healthcare system. The paper was also awarded the Online Computer Library Centre award for the paper with the highest-rating at the 15th International Symposium on Health Information Management Research (ISHIMR 2011). The paper can be found at: International Journal of Health Information Management Research. Reference: Liao, N., Fernandes, K., Down, D. & Foley, G. (2013). Facilitating the Adoption of Open Source Technologies for UK Health Care: An Ecosystem Framework. International Journal of Health Information Management Research1(1): 37-47.

Strategy and Policy

6. Misleading article published in the Guardian: On Saturday 18th May the Guardian newspaper published a misleading and inaccurate article under the headline ‘£140 could buy private firms data on NHS patients’. The article infers that the HSCIC is selling personal confidential information to private health firms which would allow them *to identify potentially millions of patients and then access their health records, detailing intimate medical histories, under a new national arrangement in the NHS....* This is not true and indeed the published list of approvals they have based their story on is from the Data Access Advisory Group, an independent group which considers applications for pseudonymised data only. The HSCIC ensures when asked to provide personal confidential data that there is a lawful basis to do so, generally either patient consent or s251 support provided by the Secretary of State following advice from the Confidentiality Advisory Group.
7. This article has, not surprisingly, led to concern among some patients and patient groups. The HSCIC web pages were reviewed immediately to ensure that they provide appropriate assurance should patients seek further information on this issue and more patient focused web pages are being developed to provide better information for patients on what the HSCIC holds, how their confidentiality and privacy are protected and the benefits to them as individuals and to the public at large of analysing their information. A rebuttal and correction has been sought from the Guardian with limited success but it is understood that letters have been written to the Guardian to set the records straight including one from the chair of the Data Access Advisory Group. At the time of writing these have not been published.
8. Providing Access to Personal Confidential Data: The HSCIC has been assisting NHS England to establish the legal basis for personal confidential data to flow to Commissioning Support Units (CSUs) and Clinical Commissioning Groups (CCGs). A successful short term application for s251 support to the Confidentiality Advisory Group (CAG) enabled the HSCIC to provide access to data held in the Secondary Uses Service for CSUs and some named CCGs since the end of April but no other personal confidential data has been flowing to these organisations from the HSCIC or the regional office providing Data Services for Commissioning. A series of Frequently Asked Questions posted on the HSCIC website has provided advice to health organisations on alternative approaches that avoid the use of patient confidential data where possible for specific purposes.
9. The HSCIC has also supported NHS England in a further, successful application for s251 support to allow the transfer of data from the HSCIC to commissioning organisation Accredited Safe Havens. The Secretary of State for Health, after receiving advice from CAG, has approved this application, in part and subject to a series of conditions, until October 2013. NHS England will have an option in October to provide a report to CAG for consideration, which will identify the requirements for any continuing and or amended support. The requirement that NHS England report to CAG in October arises because the landscape is changing and it is anticipated that work will be underway to reach an ‘end state’ that reduces the need to process and handle personal confidential data.
10. Induction of staff seconded from CSUs into the Data Services for Commissioning has been progressing well and has provided an opportunity to ensure that all are aware of the IG responsibilities. Further IG training and awareness is planned for coming weeks.
11. Launch of a shared commitment to integrated care and support: Recognising the changing health and care needs of an aging society, and mindful of the commitment to improve the integration of care and support services, a “shared commitment” has been signed by 14 national organisations to deliver better, sustainable integrated care¹. It is a “call to arms” for national and local organisations to take urgent and sustained action to make integrated care a reality, with particular emphasis on the commissioning process, and the centrality of the needs of patients/service users. The commitment document is aimed mainly at those organisations active at operational level on the commissioning and delivery of care, including care quality standards practitioner behaviours.

¹ See <https://www.gov.uk/government/news/national-partners-make-commitment-to-join-up-health-and-social-care>

12. Linked to this is an invitation for expressions of interest for health and social care integration pioneers. This is focussed on local transformational change, but there is a strong emphasis on audit and evidence. The HSCIC was not approached to sign up to the commitment document, but is now investigating how we can support the programme in some way (for example, helping evaluate the bids, act as data hub for the programme). This would be a useful opportunity for the HSCIC to raise our profile on integration, especially with local authorities in regard to adult social care services.
13. Independent Review of Public Sector Information: In October 2012, the Government commissioned an independent review of public sector information². Stephan Shakespeare Chair of the Data Strategy Board and CEO of YouGov, was asked to lead the review, and he has now published his report³. The aim of the Review is to provide advice to the Government on moving beyond Open Data and Transparency towards a more explicit strategy for promoting economic growth. It explores the growth opportunities of, and how to widen access to, the wealth of information held by the public sector, and stresses the need for citizens' interests to be at the heart of the agenda. The Review makes 9 recommendations to government, involving:
- The production and implementation of a National Data strategy covering Public Sector Information in its entirety;
 - A policy for publishing information that allows for the publication of data in a timely way, with an opportunity to improve the data;
 - A review of current governance arrangements to ensure there is clear leadership and ownership of this agenda;
 - A review of the organisational structures (especially the use of Trading Funds for Ordnance Survey, the Met Office and others);
 - A clear, pragmatic policy on privacy and confidentiality;
 - A focused programme of investment in capacity and skills;
 - A review of ways to gather evidence of the social and economic value of opening up Public Sector Information and data;
 - Systematic and transparent use of Public Sector Information in the formulation, implementation, monitoring and adaptation of government policy and service delivery;
 - The development of a "mixed economy" model of public data, encouraging two-way sharing of information between the public and the commercial sectors.
14. Health data features prominently in the Review and data published by the HSCIC is included as a case study in an appendix. The role of the HSCIC on the Open Data agenda is recognised widely. The Government's response to the Review is due to be published in the summer and will have significant implications for the way the HSCIC delivers core data services. I have therefore asked Mark Davies, the Executive Director for Clinical and Public Assurance to chair a small working group to ensure the HSCIC is represented and engaged in this work and is ready to react promptly to the Government's response.
15. Information Services Commissioning Group: The ISCG had a successful meeting on 30 April. Agenda items covered the Caldicott review, NHS Confederation's interim report on the management of burden, as well as various ISCG business items, relating to the establishment of the subgroups. Our involvement in the subgroups is increasing but there is still a lot of ground to cover, as NHS England is keen to ensure that there is full buy-in and support from the ISCG members.
16. As a consequence there are a growing number of Information and Data Services activities where decisions are required in order to proceed. Many of these involve funding or sponsorship, and so are legitimate commissioner decisions. The HSCIC is working closely with NHS England and the sponsor team to minimise any risks to work commitments while these decisions are being made.

² Defined by the Department for Business, Innovation and Skills/ Advisory Panel on Public Sector Information as "the wide range of information that public sector bodies collect, produce, reproduce and disseminate in many areas while accomplishing their public tasks."

³ See <https://www.gov.uk/government/publications/shakespeare-review-of-public-sector-information>

Transformation Activity

17. The Transformation Programme for the HSCIC is being initiated and a Programme Mandate has been produced. An organisation development framework is being used to structure the change programme and the Leadership Forum met at the end of April to propose the Vision, Purpose and initial Values for the organisation and to undertake an initial assessment of organisational 'health'. Directorate level purpose and objectives are now being finalised and directorate transformation leads are being appointed to lead directorate level transformational activity.

Communications and Media

18. The HSCIC business plan for 2013/14 has been published on the website, and has been also sent to key stakeholders in the Health and Social Care system. Communication activity will support key elements of the plan:
 - In order to specifically promote key aspects of the organisation's role, a targeted programme of participation in external events and conferences is planned through the year. Since the last board meeting the following has taken place and been well received
 - 30 April 2013 – Delivering the National Outcomes Frameworks, a conference chaired by John Varlow, Director of Information Services
 - 14 May 2013 – The Changing Landscape of Information Governance in Health and Social Care Services, whose keynote address was delivered by Clare Sanderson, Director of Solution Design, Standards and Assurance, on "*Harnessing the Power of Big Data*"
 - 22 May 2013 At the Data Quality and Clinical Coding for Improvement conference in Manchester, Dr Andy Spencer, National Clinical Lead for Hospital Specialities, led a session on '*Improving clinical data recording: Progress made by the HSCIC*'
 - Work is underway to promote phase 2 training for the new Calculating Quality Reporting Service (CQRS). The CQRS, together with the General Practice Extraction Service (GPES) is replacing the Quality Management and Analysis System (QMAS), the system currently used to calculate payments to GPs under the Quality & Outcomes Framework. Following successful delivery of phase 1 training earlier this year, the HSCIC is supporting the delivery of phase 2 CQRS training for every GP practice in England, ahead of the new service going live in the summer.

Media

19. Media enquiries for the last 2 months are running about 80% higher than the equivalent period a year ago. This has not been driven by any one 'issue' but a general increase in interest in data queries, information about systems programmes and general work of the HSCIC. Media coverage this month has included the new Anonymisation Standard that HSCIC has devised which applies to all organisations that publish information about publicly commissioned health and social care activity and outcomes. It will help organisations meet some of the challenges set out in Dame Fiona Caldicott's report on information governance published on 26 April.
20. Coverage continues to be generated from the planned schedule of 'regular' publications which in turn highlight where remedial activity can be focused. Examples in May included Hospital re-admission rates published by HSCIC which have raised a 'cause for concern' for those areas with the highest rates and the Daily Mail mapping obesity-related information for England using statistics sourced from the HSCIC. It reported Derby has the highest proportion of residents needing weight reduction surgery (e.g. gastric bands and stomach-stapling), and East Midlands has the highest number of hospital admissions for obesity-related illnesses.

Social Media

21. Increasingly, informatics professionals are using social media to exchange and develop ideas, develop requirements and discuss trends. An initial proof of concept around Open Data established that the HSCIC user base is active on social media channels - the HSCIC established itself quickly as

a leading presence (via the NHS Innovation Expo 2013), and in doing so gained significant reach as people saw the quality of content (videos, images and calls to action) published. The HSCIC is also contributing to discussions, pointing followers at useful datasets in response to indirect queries. This is now being piloted across further business areas and the findings will be used to develop social media across the HSCIC.

Alan Perkins
CEO

May 2013