Official

Statutory Board (Public) Agenda

AGENDA

18 December 2018 10:00 – 12:45

Venues: Room: ETC Venues, 1st Floor, Yellow Room: 6 Avonmouth St, London SE1 6NX

Present
• Noel Gordon Chair
• Professor Soraya Dhillon MBE Senior Independent Director, Non-Executive Director
• Sir Ian Andrews Non-Executive Director
• Dr Marko Balabanovic Non-Executive Director
• Daniel Benton Non-Executive Director
• Professor Sudhesh Kumar Non-Executive Director
• John Noble CBE Non-Executive Director
• Deborah Oakley Non-Executive Director
• Balram Veliath Non-Executive Director
• Rob Tinlin MBE Non-Executive Director
• Sarah Wilkinson Chief Executive Officer
• Rob Shaw CBE Deputy Chief Executive Officer & Senior Information Risk Owner (SIRO)
• Professor Martin Severs OBE Chief Medical Officer & Caldicott Guardian
• Carl Vincent Chief Financial Officer
• Dr Simon Eccles Chief Clinical Information Officer for Health, Ex-Officio

Additional Attendees
• Wendy Clark Executive Director of Product Development attending for item 3b & 3f
• James Hawkins Director of Strategy (ai) attending for item 3c & 3d
• Tom Denwood Executive Director Data, Insights and Statistics (ai) attending for item 3e

In Attendance
• Dean White Board Secretary and Head of Corporate Governance

Apologies
• None

Status Legend

To Note for information
To Assure or review
Decide or action
<table>
<thead>
<tr>
<th>Reference</th>
<th>Agenda Item</th>
<th>Timing</th>
<th>Status</th>
<th>Sponsored by</th>
<th>Presented by</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 04 01 (P1)</td>
<td>Chair’s Introduction &amp; apologies (oral)</td>
<td>10:00 – 10:05</td>
<td>05 Mins</td>
<td>Chair</td>
<td>Chair</td>
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<tr>
<td>18 04 02 (P1)</td>
<td>Meeting Governance:</td>
<td>10:05 – 10:20</td>
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<td>Chair</td>
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<tr>
<td></td>
<td>a) Declaration &amp; Conflicts of Interests (paper)</td>
<td>10:05 – 10:08</td>
<td>03 Mins</td>
<td>Chair</td>
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<td></td>
<td>b) Minutes of the Part 1 Statutory Board meeting on 17 October 2018 (paper) – to ratify</td>
<td>10:08 – 10:13</td>
<td>05 Mins</td>
<td>Chair</td>
<td>Chair</td>
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<td></td>
<td>c) Matters Arising (oral) – for comment</td>
<td>10:13 – 10:15</td>
<td>02 Mins</td>
<td>Chair</td>
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<td></td>
<td>d) Progress on Action Points (paper) – for information</td>
<td>10:15 – 10:20</td>
<td>05 Mins</td>
<td>Chair</td>
<td>Chair</td>
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<tr>
<td>18 04 03 (P1)</td>
<td>Strategic Delivery &amp; Operational Performance:</td>
<td>10:20 – 12:00</td>
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<td></td>
<td>a) CEO Update (oral)</td>
<td>10:20 – 10:40</td>
<td>20 Mins</td>
<td>CEO</td>
<td>CEO</td>
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<td></td>
<td>b) Board Performance Pack (paper)</td>
<td>10:40 – 11:00</td>
<td>20 Mins</td>
<td>CEO</td>
<td>Chief Financial Officer / Executive Director of Product Development</td>
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<td>c) NHS Digital’s response to the NHS Long-Term Plan (paper)</td>
<td>11:00 – 11:15</td>
<td>15 Mins</td>
<td>Chair</td>
<td>CEO / Director of Strategy</td>
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<td>d) NHSD Response to the Sec of State Vision (paper)</td>
<td>11:15 – 11:30</td>
<td>15 Mins</td>
<td>Chair</td>
<td>CEO / Director of Strategy</td>
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<td></td>
<td>e) Data Processing Services Development Update (paper)</td>
<td>11:30 – 11:50</td>
<td>20 Mins</td>
<td>Chair</td>
<td>Executive Director Data, Insights and Statistics (ai)</td>
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<td>f) GP IT Futures – 2019 Commercial Plan (paper)</td>
<td>11:50 – 12:00</td>
<td>10 Mins</td>
<td>Chair</td>
<td>Executive Director of Product Development</td>
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<td>18 04 04 (P1)</td>
<td>Strategic Governance &amp; Assurance:</td>
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<td>a)</td>
<td>No items this period</td>
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<tr>
<th>18 04 05 (P1)</th>
<th>Committee Reports:</th>
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<tr>
<td></td>
<td>12:00 – 12:25</td>
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<tr>
<td>a)</td>
<td>Assurance &amp; Risk Committee (ARC) Report (oral) 12:00 – 12:10 10 mins Chair Chair of the Committee</td>
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<td>b)</td>
<td>Information Assurance &amp; Cyber Security Committee (IACSC) Report (oral) 12:10 – 12:20 10 mins Chair Chair of the Committee</td>
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<tr>
<td>c)</td>
<td>Investment Committee (IC) Report (oral) 12:20 – 12:25 05 mins Chair Chair of the Committee</td>
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<tr>
<th>18 04 06 (P1)</th>
<th>Any Other Business: (by prior agreement with the Chair)</th>
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<td>12:25 – 12:30</td>
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<tr>
<th>18 04 07 (P1)</th>
<th>Directions &amp; Mandatory Requests for Information:</th>
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<tr>
<td></td>
<td>12:30 – 12:45</td>
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<tr>
<td>a)</td>
<td>Directions for Information:</td>
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<tr>
<td></td>
<td>(i) Collection of Out of Area Placements for Adults in Acute Mental Health Inpatient Services Direction 2018 (paper)</td>
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<td>(ii) Breast &amp; Cosmetic Implant Registry Direction (paper)</td>
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<td>(iii) Breast &amp; Cosmetic Implant Registry Direction (Scotland) (paper)</td>
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<td>(iv) Clinical Waste Management (paper)</td>
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<td>(v) Winter Assurance Collection Directions 2018 (paper)</td>
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<td>(vi) Establishment of Information Systems for NHS Services: Maternity Services Directions 2018 (paper)</td>
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<td>(vii) Access to HSCN for the NHS in Wales (paper)</td>
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b) **Mandatory Requests for Information:**
   - (i) Patient Level Information & Costing System (PLICS) Improving Access to Psychological Therapies (IAPT) Pilot (paper)
   - (ii) Patient Level Information & Costing System (PLICS) Ambulance 2018 (paper)

18 04 08 (P1) **Papers for Information & Comment:**
   - a) Forthcoming Statistical Publications (paper)
   - b) Board Forward Business Schedule 2018-19 (paper)
   - c) Modern Slavery Act – Corporate Statement (paper)

| Close | 12:45 | Chair | Chair |

**Date of next meeting:** Tuesday 23 January 2019, Venue: ETC Venues London.
### Board Meeting – Public Session

<table>
<thead>
<tr>
<th>Title of paper:</th>
<th>Declaration &amp; Conflicts of Interests</th>
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<tbody>
<tr>
<td>Board meeting date:</td>
<td>18 December 2018</td>
</tr>
<tr>
<td>Agenda item no:</td>
<td>NHSD 18 04 03 (a) (P1)</td>
</tr>
<tr>
<td>Paper presented by:</td>
<td>Chair</td>
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<tr>
<td>Paper prepared by:</td>
<td>Executive Office Board Secretariat</td>
</tr>
<tr>
<td>Paper approved by: (Sponsor Director)</td>
<td>Each Board Member is accountable for their declaration of interest</td>
</tr>
<tr>
<td>Purpose of the paper:</td>
<td>NHS Digital is required by its Standing Orders to maintain a publicly available Register of Members' Interests. The Register contains, as they become available, the Declarations of Interest made by Board Members.</td>
</tr>
<tr>
<td>Additional Documents and or Supporting Information:</td>
<td>N/A</td>
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<tr>
<td>Please specify the key risks and issues:</td>
<td>N/A</td>
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<tr>
<td>Patient/public interest:</td>
<td>Corporate Governance Transparency and Openness</td>
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<tr>
<td>Supplementary papers:</td>
<td>N/A</td>
</tr>
<tr>
<td>Actions required by the Board:</td>
<td>For information</td>
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</table>
**History of the subject (compulsory)**

**Previous and proposed discussion by the committee:**

<table>
<thead>
<tr>
<th>Date of meeting</th>
<th>Brief description of the previous discussion</th>
</tr>
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<tbody>
<tr>
<td>28 March 2018</td>
<td>For information only.</td>
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<tr>
<td>06 June 2018</td>
<td>For information only.</td>
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<tr>
<td>18 July 2018</td>
<td>For information only.</td>
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**Past & future timeline (include proposed dates of any publication)**

<table>
<thead>
<tr>
<th>Date of meeting</th>
<th>Update to the Committee on activity &amp; next steps</th>
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<tbody>
<tr>
<td>17 Oct 2018</td>
<td>For information only.</td>
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</table>

**Other key milestones:**

Not Applicable.

**Executive sign off**

<table>
<thead>
<tr>
<th>What level of approval does the paper have for presentation to the Committee?</th>
<th>Not Applicable. Corporate Governance</th>
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## Non-Executive Directors

<table>
<thead>
<tr>
<th>Name</th>
<th>Declared Interest</th>
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<tbody>
<tr>
<td><strong>Noel Gordon</strong></td>
<td><strong>Directorships:</strong>&lt;br&gt;• Chairman, Healthcare UK&lt;br&gt;• Non-Executive Director, NHS England&lt;br&gt;• Chair, Specialised Services Commissioning Committee, NHS England&lt;br&gt;• Non-Executive Director, PSR (Payments Services Regulator)&lt;br&gt;• Chairman of Board of Trustees, Uservoice.org&lt;br&gt;<strong>Other Offices held:</strong>&lt;br&gt;• Member, Life Sciences Industrial Strategy Advisory Board&lt;br&gt;• Member of Council University of Warwick&lt;br&gt;• Member, Audit and Risk Committee, University of Warwick&lt;br&gt;• Member, Development Board, Age UK&lt;br&gt;<strong>Shareholdings as defined in the NHS Digital Corporate Governance Manual:</strong>&lt;br&gt;• Accenture&lt;br&gt;<strong>Other relevant interests:</strong>&lt;br&gt;• Senior Advisor, Aleron</td>
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<td>Name</td>
<td>Declared Interest</td>
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| **Sir Ian Andrews:** Non-Executive Director | **Directorships:**  
• Trustee Chatham Historic Dockyard  
**Employment (other than NHS Digital):**  
• Partner in IMA Partners; providing legal and management consultancy services to government, academia (KCL¹) and Transparency International UK. |
| **Dr Marko Balabanovic:** Non-Executive Director | **Employment (other than with NHS Digital):**  
• Chief Technology Officer, Digital Catapult  
**Shareholdings as defined in the NHS Digital Corporate Governance Manual:**  
• Equal Media Ltd |
| **Daniel Benton:** Non-Executive Director | **Directorships:**  
• Trustee, The Grange Festival  
**Employment (other than with NHS Digital):**  
• Technology Advisor to the Board of TSB  
**Shareholdings as defined in the NHS Digital Corporate Governance Manual:**  
• Accenture  
• Supercarers |
| **John Noble CBE** Non-Executive Director | **Directorships:**  
• Non-Executive Director Nihon Cyber  
**Other Offices held:**  
• Member of Glasswall Solutions UK Advisory Board  
• Member of Reliance UK Advisory Board  
• Member of Nominet Advisory Board  
• Senior adviser to McKinsey Consulting  
• Advisor to FCO through Blacksmith’s Consulting  
• Speaker for the London Speakers Bureau  
**Other relevant interests:**  
• Advisor to Garrison  
• Advisor to Skarbek |
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<th>Name</th>
<th>Declared Interest</th>
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| Deborah Oakley       | • Advisor to Templar Consulting  
| Non-Executive Director | • Reviewing UKBF for Home Office  
|                      | **Directorships:**  
|                      | • Non-Executive Director - Medicines and Healthcare products Regulatory Agency – Term concludes 31 August 2018.  
|                      | **Other Offices held:**  
|                      | • Veritas Investment Management LLP – Investment Manager.  
|                      | The only business of the firm is discretionary investment management on behalf of clients.  
|                      | **Shareholdings (as defined in the NHS Digital Corporate Governance Manual):**  
|                      | • All investments (except for below) are within collective vehicles which are managed by third parties. These collective vehicles may invest in companies which do business with NHS Digital.  
|                      | • A long-standing family shareholding in Accenture. It is valued at greater than £5,000 but represents significantly less than 1% of the issued share capital of Accenture Plc.  
|                      | **Other relevant interests:**  
|                      | • Authorised by the Financial Conduct Authority and hold a CF30 Registration.  
|                      | • Veritas Investment Management LLP may invest client monies in companies which do business with NHS Digital or which may in the future do business with NHS Digital.  
|                      | • My interest as Non-Executive Board member of NHS Digital has been recorded with Veritas Investment Management.  
|                      | • My sister is a Director General in the Department for Digital Culture Media and Sport.  

| Professor Sudhesh Kumar: | Directorships:  
| Non-Executive Director | • Institute of Digital Healthcare, Warwick Manufacturing Group  
|                        | **Employment (other than with NHS Digital):**  
|                        | • Dean, Warwick Medical School  
|                        | **Other offices held:**  
|                        | • Non-Executive Director, University Hospital of Coventry and Warwickshire (UHCW) NHS Trust  
<p>|                        | • Honorary NHS Consultation Physician, (UHCW), Heart of England Foundation Trust and George Elliot Hospitals |</p>
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<th>Name</th>
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<tr>
<td><strong>Rob Tinlin MBE:</strong></td>
<td><strong>Shareholdings:</strong> Medinova Research Limited</td>
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<tr>
<td>Non-Executive Director</td>
<td><strong>Other relevant interests:</strong> Member, Medical School Council</td>
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<td>Member Advisory Board WW (UK)</td>
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<td><strong>Balram Veliath:</strong></td>
<td><strong>Directorships:</strong> Director, Towler Tinlin Associates Ltd</td>
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<tr>
<td>Non-Executive Director</td>
<td><strong>Employment (other than with the NHS Digital):</strong> LGA Associate (carrying out occasional work on health and care related issues)</td>
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<td><strong>Other Offices held:</strong> Non-Executive Director, Crown Office &amp; Procurator Fiscal Service</td>
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<td><strong>Other relevant interests:</strong> Son working as a junior doctor at Ninewells Hospital, Dundee.</td>
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<tr>
<td><strong>Executive Members of the Board</strong></td>
<td><strong>Sarah Wilkinson:</strong> Chief Executive Officer</td>
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<td><strong>Directorships:</strong> Board Member: Audit Risk and Compliance Committee, Kings College London</td>
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<td>Board Member: The Tech Partnership Degrees Board (not currently active)</td>
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<td>Board Member: Advisory Board of the Department of Computing, Imperial College</td>
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<td>Board Member: Advisory Board of the Department of Mathematics, Oxford University</td>
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<td>Non-Executive Director: NatWest Markets</td>
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<td><strong>Contracts Held in last two years:</strong> Prior employment at Home Office as Chief Information Officer</td>
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<td>Name</td>
<td>Declared Interest</td>
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<tr>
<td></td>
<td>(CIO) from February 2015 to July 2017</td>
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<td><strong>Other relevant interests:</strong></td>
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<td>• Regular speaking engagements, some in a professional capacity (to be managed with the support of NHS Digital Comms function) and some private (predominantly focused on technology management, technology education in schools and Women in science, technology, engineering, and mathematics (STEM))</td>
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Rob Shaw CBE:  
Deputy Chief Executive Officer  

- None

Professor Martin Severs:  
Executive Director, Chief Medical Officer and Caldicott Guardian  

**Directorships:**  
• Professor of Health Care for Older People with University of Portsmouth (Honorary)

**Other Offices:**  
In my own time I pursue opportunities to use my clinical informatics expertise and experience to support health research and to further the aims of NHS informatics.  
• I am currently advising a company called Zesty

**Other relevant interests:**  
• Member of Royal College of Physicians, British Geriatrics Society, the Faculty of Public Health Medicine and British Medical Association (BMA)  
• Member of National Data Guardian’s Panel

Carl Vincent:  
Executive Director, Chief Financial Officer  

- None

Ex Officio Board Members

Dr Simon Eccles:  
Chief Clinical Information Officer for Health and Care  

**Directorships:**  
• Wild Goose Lodge LLP

**Employment (other than with NHS Digital):**  
• Consultant in Emergency Medicine, Guys and St Thomas’ NHS Foundation Trust

**Contracts held in last 2 years:**
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<th>Name</th>
<th>Declared Interest</th>
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|      | • Clinical Director for Urgent and Emergency Care, NHS England  
|      | • SRO for U&EC, South East London  
|      | • SRO for Interoperability, NHS England  
|      | • SRO for NHS Mail, DH  
|      | **Other relevant interests:**  
|      | • Wife is a radiologist at Guys and St Thomas’ NHS Foundation Trust |
NHS Digital

Minutes of the Board Meeting

17 October 2018

Part 1 - Public Session

Present
Noel Gordon
Professor Soraya Dhillon MBE
Dr Marko Balabanovic
Daniel Benton
Sir Ian Andrews
Professor Sudhesh Kumar
John Noble CBE
Deborah Oakley
Balram Veliath
Rob Tinlin MBE
Sarah Wilkinson
Professor Martin Severs OBE
Carl Vincent

Chair
Senior Independent Director, Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Chief Executive Officer
Chief Medical Officer & Caldicott Guardian
Chief Financial Officer

Additional Attendees
Ken Baker
Simon Croker
Ian Phoenix
Adam Lewis
Andy Callow

Chief People Officer (ai) attended for item 4d
Principal Business Operational Delivery Manager attended for item 4f
Director of Technology - Citizen Health attended for item 4g
Senior Product Owner attended for item 4g
Programme Head attended for item 4g

In Attendance
Dean White

Board Secretary and Head of Corporate Governance

Apologies
Rob Shaw CBE
Dr Simon Eccles

Deputy Chief Executive Officer &
Senior Information Risk Owner (SIRO)
Chief Clinical Information Officer for Health
1. **Chair’s Introduction and Apologies**  
   
   1.1 The Chair convened a meeting of the NHSD Digital Board and welcomed members of the public and members of NHS Digital staff to the meeting.

   1.2 The Chair reported that he had received apologies from Rob Shaw, Deputy Chief Executive Officer & Senior Information Risk Owner (SIRO) and Dr Simon Eccles, Chief Clinical Information Officer for Health. The Chair confirmed that the meeting was quorate.

2. **Declaration of Interests and Minutes**

   2.1 (a) Declaration & Conflicts of Interests (paper)  
   
   The Chair noted that he had received amended Declarations of Interests from Professor Martin Severs and Balram Veliath. There were no conflicts of interest for the agenda items as listed.

   2.2 (b) Minutes of Board Meeting on 18 July 2018 (paper)  
   
   Subject to minor amendment the Board ratified the minutes of the meeting held on 18 July 2018.

   2.3 (c) Matters Arising (oral)  
   
   The Board requested an update on Winter Preparedness which the CEO offered to provide as part of her update to the Board.

   2.4 (d) Progress on Action Points (paper)  
   
   The Board noted the progress on action points resulting from the previous meetings.

3. **Strategic Delivery & Operational Performance:**

   3.1 (a) CEO Update (oral)  
   
   Sarah Wilkinson, CEO introduced this item. The purpose was to update the Board on CEO priorities within the period. The CEO noted the following:

   1. The Executive Management Team has been working with NHS England to consider the digital and technology implications of the NHS Long-Term Plan and were aiding the development of the 5 Year digital and technology strategy refresh.

   2. The CEO welcomed the Secretary of State’ commitment to re-energising NHS Standards and noted NHS Digital’s response which was to be considered later on the agenda.

   3. Similarly, the CEO was pleased to confirm that good progress was being made in relation to the beta testing of the NHS App, a demonstration of which was to be provided to the Board later on in the session.

   4. In regard to Winter Preparedness, The CEO advised the Board that work was under way to ensure required tracking data flows and processes were refreshed and the team were engaging with NHS Trusts, assessing local readiness and potential risks. In response to a question The CEO confirmed that lessons from last year were being applied such as advising trusts to apply technology change freeze over the Christmas period.
5. The CEO noted that discussions with the Home Office and Department of Health regarding the tracing service MOU remained on-going. Consequently, tracing for Home Office teams remained suspended. Subject to the outcome of these discussions, The CEO advised that NHS Digital planned to consult with stakeholders on any revised model and associated Public Interest considerations.

6. The CEO confirmed that the Wave 1 of the organisational change programme (Org2) was underway. It aimed to re-shape and re-skill the organisation so that it is able to confidently deliver the digital and technical requirements of the NHS. The Org2 programme will place greater focus on staff being co-located in fewer locations and increase the flow of skilled graduates into the organisation. The CEO acknowledged that this was a stressful time for NHS Digital staff and for the managers who tasked with delivering the agreed change. The CEO recognised that a large number of affected staff had made a valued contributions to the NHS over many years and highlighted the duty of care NHS Digital has to ensuring displaced staff are properly supported. In this regard an Out-Placement service provider is being engaged to support each displaced individual. In response to a question The CEO advised that she felt staff had a good understanding for the need for Org2 and management were committed to the strategy.

7. The CEO informed the Board that following a successful beta testing period the new national Opt Out service was schedule to go-live at the end of the month.

8. The CEO concluded her update by advising the Board of two new partnerships under discussion:
   a. Health Data Research UK - a life sciences co-development project.
   b. Great Ormond’s Street Children’s Hospital – incubator project to support the use of data and technology in care delivery.

The Chair thanked the CEO for her update. The following actions were agreed:

1803 03a(i) – Winter Preparedness: The CEO to provide the Board with a status briefing note.

1803 03a(ii) – Org2: Professor Soraya Dhillon (SD) ask The CEO to provide the Board (via the Talent, Renumeration and Management Committee) with a note summarising the process for capturing staff feedback. SD suggested the feedback data be compared to other relevant staff metrics e.g. turnover, absences etc.

### 3.2 Board Performance Pack (paper)

3.2.1 Carl Vincent, Chief Financial Officer introduced this item. The purpose was to provide the Board with a summary of NHS Digital’s performance for August 2018. CV presented the report noted the following key points:

3.2.2 That timing of the October Board session had precluded CV from tabling information for Period 6 (the most recent data) in the pack.

**Programme Delivery:** There remains a tendency for programmes to be overly optimistic but there is now a greater emphasis on programmes measuring delivery of valued outcomes which is helping to increase delivery confidence. Several programmes are reported as Amber / Red. The underlying issue is capacity constraints either within supplier organisations or in the service recipient organisations. Fewer programmes are currently reporting internal programme resourcing as the issue.
**IT Services:** CV highlighted in-period issues concerning SUS+ and GP Systems services supplier TPP. The Board noted its concern regarding the impact on public trust as a consequence of the TPP issue.

**Workforce:** CV confirmed that NHS Digital headcount continued to fall, with a slight increase in the rate of staff turnover during the period to date. CV confirmed that work was still underway to resolve the data discrepancy on the IG mandatory training compliance figures but hoped to have this resolved for the next report. The Security and Health & Safety compliance figures were correct as reported. In response to a question CV advise that reasons for people leaving within the first 12 months of joining NHS Digital varied but primarily centred on: roles not meeting expectations and on-boarding issues, but further work was underway. CV advised that one of the key metrics “advert to start date” was to be revised to “advert to date of offer” so as to create a more reliable and consistent indicator.

The Chair thanked CV and KB for the continued improvement in the workforce information available to TRaMCO and the Board.

**Finance:** CV advised that at mid-year the forecast position had moved from its original revenue over commitment (£19m), to a projected underspend position (£5m). The reasons for this reflected a range of circumstances such as: budget over estimates, slower rate of delivery / spend and in some areas delays obtaining business case approval. In response to a question CV confirmed that the published information did not include allowance for Org2 costs, but they will be incorporated into the Period 6 results and report.

3.2.3 The Chair thanked CV for the presentation and noted the following actions were required:

- **1803 03b(i) - Programme Delivery:** The CEO agreed to provide the Board with a summary stock take of programme deliverables and uptake at the spring Board session.

- **1803 03b(ii) - Workforce Data:** CV with KB to provide via TRaMCO a paper with analysis of which business areas 1st year appointees are leaving from broken down by gender, function and BaME characteristics.

### 3.3

(c) **Corporate Business Plan Q2 Monitoring Report (paper)** NHSD 18 03 03 (c)

3.3.1 Carl Vincent, Chief Financial Officer introduced this item. The purpose was to report on the delivery status against the 2018/19 Business Plan (at month 5).

3.3.2 CV highlighted that as of Period 5, 99 deliverables remained “green” and on-track. 9 deliverables were reported as “red” and several had, with the agreement of the Digital Delivery Board, been superseded or retired from the portfolio. The financial implications of these changes had been reflected in the reported year-end forecast position.

3.3.3 The Chair thanked CV for the presentation and noted that it would be helpful if any learning from the decision to retire or supersede deliverables was feed into the “spring stocktake” paper that the CEO had agreed to provide.

### 3.4

(d) **NHS Digital Workforce Diversity Report 2017/18 (paper)** NHSD 18 03 03 (d)

3.4.1 Carl Vincent, Chief Financial Officer introduced this item and Ken Baker, Chief People Officer (ai) attended for the discussion. The purpose was to report the NHS Digital Workforce Diversity Data for 2017/18.
3.4.2 The Board discussed the findings of the report and noted the plans for further action.

3.4.3 The Chair thanked CV and KB for their presentation.

3.5 (e) The Process for Digital Engagement in the NHS for the Long-Term Plan (paper)

3.5.1 Sarah Wilkinson, CEO introduced and presented this item. The purpose was to provide an update on the development of the NHS Long Term Plan (LTP) and NHS Digital’s involvement in the development of the Plan, including the progress of the work streams to date, and the planned next steps to further develop and refine the plan in the coming weeks.

3.5.2 The CEO advised the Board that through joint working with Simon Eccles, Chief Clinical Information Officer and with input from the individual programmes and workstreams, the digital requirements and potential support needed for the aims of the NHS LTP were being identified. These were now being aggregated and prioritised in order to shape an overall digital proposal and plan.

In response to a question the CEO advised that patient safety was not a specific theme within current consideration but was something that she would be happy to recommend.

It was the CEOs expectation that NHSD will be central to achieving the aims of the final plan and for delivering not just the core infrastructure but delivering more solutions to more individual organisations at scale, and with re-usable infrastructure components and platforms.

NHS Digital will need to support and manage ultra-large-scale data sources such as genomics data and medical images and facilitate high-speed access and analytics needed by a growing range of health IA solutions.

NHS Digital will bring its technical and governance expertise to bear on aspects such as; medical research, life sciences and supporting local organisations adopt the national digital offer.

NHS Digital will work to optimise NHS relationships with technology suppliers, helping to drive and foster innovation and partnership working.

And in line with the Secretary of States vision, there will be a cross-system role managing the enterprise architecture, providing standards leadership, supporting the deployment of national digital and technical solutions at a local level and working with NHS Improvement to enable local organisations to achieve compliance with this vision.

Through the Org2 programme NHS Digital was embarked on a programme to establish the skills and capability to match this ambition and to become an exciting and attractive organisation to work for - leading on health tech development, innovation, training and development, with strong public service values.

3.5.3 The Board thanked the CEO for her presentation and noted:

- It very much appreciated the opportunity to engage in this discussion at an early stage.
- The paper and presentation were very important for NHS Digital as they begin to articulate the vision and direction of the organisation and should be cascaded within the organisation to help communicate the journey that NHS Digital was beginning.
- The need to manage expectations given the gap between the ambition and current capability of the organisation.
• To consider of funding models and risk appetite models might need to change in the face of disruptive innovation.
• Learning from the current challenges, there is a need to help the wider system, through organisations like Health Education England to train staff in the local health and care system to be able to use and benefit from these innovations.

3.6 (f) NHS Digital, Data and Technology Standards Framework (paper) NHSD 18 03 03 (f)

3.6.1 Sarah Wilkinson, CEO introduced this item and Simon Croker (SC), Principal Business Operational Delivery Manager attended for the discussion. The purpose was to provide an update to the Board on the development of the NHS digital, data and technology standards framework in response to the Secretary of States statement at Expo 2018.

3.6.2 SC confirmed that a first release of the new Standards Framework was scheduled for release later that same day in beta form. This would seek to stimulate discussion and feedback which will be captured and feed into weekly workshops seeking to understand the adoption and implementation challenges so as to increase take-up and compliance.

3.6.3 The Board thanked SC for the presentation and noted:
• The importance of extending consultation to a wider audience, particularly tech start-ups and University communication.
• The need to learn about the barriers to adoption of proposed standards.
• And to be clear on where the “bar should be set” and what the aspiration is.

3.7 (g) NHS App and NHS Login Overview and Update (paper) NHSD 18 03 03 (g)

3.7.1 Sarah Wilkinson, CEO introduced this item and Ian Phoenix (IP), Director of Technology - Citizen Health, Adam Lewis (AL), Senior Product Owner and Andy Callow, Programme Head attended for the discussion. The purpose was to show the Board a beta version of NHS Login and the NHS App.

3.7.2 IP confirmed that the system was currently operating as a private beta service and that his would run through to the end of the calendar year. The NHS App represented the first user of the NHS Login functionality, functionality which enables a person to prove who they are so as to grant them access to NHS services and their own health data. Verification is currently a combination of on-line and offline functions. The presentation used a series of video clips to demonstrate a typical user journey through the NHS Login service and gave an illustration of the initial NHS App functionality.

3.7.3 The Board thanked the team for the presentation and demo and noted:
• It was very exciting development, but a significant part of the NHS App functionality depended on local GP practices and their systems being able to interface and surface the necessary local information; appointment slots, results etc. It was highly possible that when the service is extended beyond beta, people’s expectations of the NHS App might not be met.
• There was an implicit additional workload on general practice, which the team confirmed the beta is seeking to measure.
• The Board was reassured to know that the Data Security Centre team are engaged and the security aspects the products are subject to review.
• That the team was working with Comms and GP stakeholders on the development of a robust communications strategy that will kick in next year.

The Chair thanked the team for their great work and for meeting the SoS challenge.

4. **Committee Reports:**

4.1 (a) Assurance & Risk Committee (ARC) Report (oral)  

Deborah Oakley (DO), Non-Executive Director and chair of the Assurance & Risk Committee introduced this item. The purpose was to provide an oral summary of recent business by ARC.

4.2 (b) Information Assurance & Cyber Security Committee (IACSC) Report (oral)  

Sir Ian Andrews (IA), Non-Executive Director and chair of the Information Assurance & Cyber Security Committee introduced this item. The purpose was to provide an oral summary of recent business by IACSC.

5. **Any Other Business (subject to prior agreement with chair)**

5.1 (a) None

6. **Directions & Mandatory Requests for Information:**

(i) General Practice to Diabetic Retinopathy Screening (GP2DRS)

(ii) Individual GP Level Data Direction

(iii) Dissemination of Civil Registration Information

7. **Papers for Information & Comment:**

7.1 (a) Forthcoming Statistical Publications (paper)

The Board noted this paper for information.

7.2 (b) Board Forward Business Schedule 2018-19 (paper)  

The Board noted this paper for information.

8. **Date of Next Meeting**

8.1 The next statutory Board meeting will take place on 18 December 2018.

The Board resolved that pursuant to the **Public Bodies (Admission to Meetings) Act 1960** that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest’ (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960).
### Table of Actions:

<table>
<thead>
<tr>
<th>Action Ref</th>
<th>Action</th>
<th>Action Owner</th>
<th>Target Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1803 03a(i)</td>
<td>Winter Preparedness: The CEO to provide the Board with a status briefing note.</td>
<td>CEO</td>
<td>18 Dec 2018</td>
</tr>
<tr>
<td>1803 03a(ii)</td>
<td>Org2: Professor Soraya Dhillon (SD) asked the CEO to provide the Board (via the Talent, Renumeration and Management Committee) with a note summarising the process for capturing staff feedback. SD suggested the feedback data be compared to other relevant staff metrics e.g. turnover, absences etc.</td>
<td>CEO</td>
<td>18 Dec 2018</td>
</tr>
<tr>
<td>1803 03b(i)</td>
<td>Performance Pack - Programme Delivery: The CEO agreed to provide the Board with a summary stock take of programme deliverables and uptake at the spring Board session. CV provide CEO with any learning from the decision by DDB to retire or supersede deliverables.</td>
<td>CEO / CV</td>
<td>01 March 2019</td>
</tr>
<tr>
<td>1803 03b(ii)</td>
<td>Workforce Data: CV with KB to provide via TRaMCO a paper with analysis of which business areas 1st year appointees are leaving from broken down by gender, function and BaME characteristics.</td>
<td>CV / KB (Julie Pinder)</td>
<td>01 Feb 2019</td>
</tr>
</tbody>
</table>

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**Agreed as an accurate record of the meeting**

**Date:**

**Signature:**

**Name:** Noel Gordon

**Title:** NHS Digital Chair
# Board meeting – Public Session

<table>
<thead>
<tr>
<th>Title of paper:</th>
<th>Progress on Action Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board meeting date:</td>
<td>18 December 2018</td>
</tr>
<tr>
<td>Agenda item no:</td>
<td>NHSD 18 04 03 (d) (P1)</td>
</tr>
<tr>
<td>Paper presented by:</td>
<td>Chair</td>
</tr>
<tr>
<td>Paper prepared by:</td>
<td>Executive Office Board Secretariat</td>
</tr>
<tr>
<td>Paper approved by:</td>
<td>Each action update is submitted and approved by the relevant Executive Director</td>
</tr>
<tr>
<td>Purpose of the paper:</td>
<td>To share an update on open action points from previous meetings for information. To ensure the completion of Board business.</td>
</tr>
<tr>
<td>Key risks and issues:</td>
<td>As stated in the action and commentary</td>
</tr>
<tr>
<td>Patient/public interest:</td>
<td>Corporate Governance best practice</td>
</tr>
<tr>
<td>Actions required by the board:</td>
<td>To note for information</td>
</tr>
</tbody>
</table>
## Action Log

### Board Meeting – Public Session
Progress against meeting action from 18 July 2018

<table>
<thead>
<tr>
<th>Owner</th>
<th>Chief Financial Officer</th>
<th>Agenda Title</th>
<th>Board Performance Pack</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting Ref</td>
<td>NHSD 18 02</td>
<td>Action ID</td>
<td>A3b.1</td>
</tr>
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</table>

### Action Description
Carl Vincent to explore options for presenting the Performance Pack KPI information differently so it is clearer.

<table>
<thead>
<tr>
<th>Due Date</th>
<th>Status</th>
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<tbody>
<tr>
<td>On-going</td>
<td>Open</td>
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</table>

<table>
<thead>
<tr>
<th>Update Date</th>
<th>Action Description</th>
<th>Action Lead</th>
<th>Next Steps</th>
</tr>
</thead>
</table>
| 03/10/2018  | Work is ongoing to improve the presentation and content of the Board Performance Pack.  
In terms of specific KPIs:  
Programme Delivery KPI: changes have been made to remove the less useful data and create more space for commentary about programmes where delivery is at risk. Further improvement work is planned by the Corporate Portfolio Office team that produces this KPI. In particular, programme teams will be supported to improve the robustness of performance data and quality of commentary received via highlights reports, to strengthen the validity of the overall delivery confidence assessments, and to make delivery and finance information more prominent. | Carl Vincent  | The KPIs in the performance pack will be subject to continuous improvement during the next few months and enhancements will be brought on stream as they are finalised and approved.  
Specific tasks include:  
Work with the Corporate Portfolio Office and programme teams to improve the quality of information reported regarding programmes                                                                 |
### Action Log

<table>
<thead>
<tr>
<th>Workforce KPI: in recent months there have been incremental improvements to the Workforce KPI. Further proposals for a new Workforce KPI have been developed and are currently being socialised around key internal stakeholders for input and review. The proposed new KPI includes high-level information about workforce size, shape, flexibility and capability in line with Org2 priorities. However, the KPI requires further work before the information is ready for inclusion in the public Board pack.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Quality KPI: improvements to this KPI are being introduced to align the performance measures with the priorities in the organisation’s revised data quality strategy.</td>
</tr>
<tr>
<td>Data Security: EMT has commissioned work to review and improve the performance information available to the organisation regarding data security / cyber security, and in particular to broaden the focus to security across the health and care system. Performance information is a key element of a recently established corporate intelligence / management information workstream. This work has been scoped and will progress throughout the remainder of 2018/19. Central to this work is the development of better management information to support the organisation’s new directorate structure, but it will also include enhancements to the content and presentation of corporate KPIs. Examples of good practice, both internal and external, are being considered, and we are engaging with external agencies known for innovation and expertise in this field.</td>
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</table>

| Carl Vincent |
| Work led by Robert Coles to review and improve performance data regarding cyber security / data security. |

### Action Status

- **Green** = On-track (either not due or reporting progress towards closure)
- **Amber** = Overdue but progress reported
- **Red** = Overdue no progress reported
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Responsible</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/12/2018</td>
<td>The Data Security dashboard has been reviewed as improved. This now contains richer information about data security and cyber issues, covering national live services, local interventions, innovation delivered through the cyber security programme, and operational activity relating to the Cyber Security Centre. This data is presented in more visual and engaging ways than previously. Work to develop new Workforce KPIs is well advanced. Some of the Workforce KPI data captures operational organisational health issues such as recruitment and absence. Other elements are closely aligned to the objectives of Org2 (such as workforce size, shape and skillsets). This will help the organisation to track its performance in delivering the Org2 changes. Plans are to have refreshed Workforce KPIs ready for pilot release in Q4 2018/19, once Julie Pinder, the new Chief People Officer has had a chance to review. The ownership and accountability for the Workforce KPIs is critical to their successful implementation and adoption across the organisation and this is the focus of current stakeholder engagement within the business. This engagement will need ongoing attention and the KPIs will have a regular review cycle built into the process to help with this. Work in ongoing by the Corporate Portfolio Office in conjunction with the Product Development directorate to develop more meaningful programme delivery performance reporting, underpinned by improvements in the quality and saliency of information provided by programme teams.</td>
<td>Carl Vincent</td>
<td>New Workforce KPIs to be piloted in 2018/19 Q4 for full introduction during 2019/20 Q1 New Programme Delivery KPIs to come on stream for the 2019/20 reporting year.</td>
</tr>
</tbody>
</table>
# Board Meeting – Public Session

Progress against meeting action from 18 July 2018

<table>
<thead>
<tr>
<th>Owner</th>
<th>Chief Financial Officer</th>
<th>Agenda Title</th>
<th>Board Performance Pack</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting Ref</td>
<td>NHSD 18 02</td>
<td>Action ID</td>
<td>A3b.2</td>
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<table>
<thead>
<tr>
<th>Action Description</th>
<th>Due Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carl Vincent to provide the Board with a note clarifying the training compliance data and rates.</td>
<td>Nov 2018</td>
<td>Open</td>
</tr>
</tbody>
</table>

**Update Date** 11/10/2018

The August figures for mandatory training compliance rates are reported in the Workforce section of the Performance Pack, and are as follows:

- Information Governance: 78% compliance against a target of 95%. This is an average taken across two areas of training: GDPR Awareness (86% compliance) and Data Security Awareness (70% compliance). (note that as at 01 October the position was 79% overall compliance for Information Governance, comprising 87% compliance for GDPR Awareness and 71% compliance for Data Security Awareness). The Data Security Awareness training includes legacy modules on information governance, which are being phased out during this year, and more recently introduced modules on data security.

- Initial investigations into the low compliance figure for Information Governance training indicate an issue in the automated reporting process, which may not be recording compliance accurately. This is being addressed by ICT.

<table>
<thead>
<tr>
<th>Action Lead</th>
<th>Next Steps</th>
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<tbody>
<tr>
<td>Ken Baker</td>
<td>A meeting with training ‘owners’ has been arranged to agree consistent arrangements for recording, reporting and following up compliance. Our broad objective is to move to a rolling compliance year, from date of appointment, with a target for green of 100% of those who have reached the anniversary of their appointment at the point of reporting.</td>
</tr>
</tbody>
</table>

**Action Status**

- **Green** = On-track (either not due or reporting progress towards closure)
- **Amber** = Overdue but progress reported
- **Red** = Overdue no progress reported
### Action Log

<table>
<thead>
<tr>
<th>Equality, Diversity and Inclusion: 93% compliance against a target of 95%. This is an average taken across two training modules: Unconscious Bias 1 (94% compliance) and Unconscious Bias 2 (92% compliance). Fire Safety: 94% compliance against a target of 95% For each category of mandatory training the target for green is currently 95%, which allows for staff who are currently 'out of the business' (for example, long-term sickness, maternity leave, secondments)</th>
<th>Fire safety and unconscious bias compliance figures have plateaued out at just below 95%, possibly linked to higher turnover and absence levels. GDPR compliance has remained at 87% but the IG figure has decreased slightly; as well as higher turnover and absence, there has been some confusion between new and legacy training. A revised suite of IG training is due to be released in the near future to replace the current modules, and communications will be issued which will drive compliance rates in this area. A mandatory training governance group, that will report to Julie Pinder, has been formed comprising Claire Kirk (Organisational Development and Learning Manager), Neil McCrirrick (Head of B&amp;OD, Assurance and Risk Management) and the relevant training owners. The remit of the group includes communication and promotion of mandatory training, reporting of compliance rates, following up non-compliance and change control regarding new versions or new training packages. The group will also review compliance targets and the frequency and timing of mandatory training completion and reporting. The group is due to meet for the first time on 13th December, and progress in this area will be reported to EMT and TRaMCo.</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/12/2018 Mandatory training compliance is rated as either green (compliant) or red (not compliant), although the target for compliance is set at 95% to allow for staff who are out of the business on maternity leave, secondment, long-term sickness and other absence. Compliance rates for November were: Fire Safety: 94% Unconscious Bias: 93% GDPR: 87% IG: 67% The GDPR and IG training rates are combined in the KPI to give an average of 77% compliance for IG.</td>
<td>Julie Pinder</td>
</tr>
</tbody>
</table>

### Action Status

<table>
<thead>
<tr>
<th>Green</th>
<th>= On-track (either not due or reporting progress towards closure)</th>
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<tbody>
<tr>
<td>Amber</td>
<td>= Overdue but progress reported</td>
</tr>
<tr>
<td>Red</td>
<td>= Overdue no progress reported</td>
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</table>
## Action Log

### Board Meeting – Public Session

Progress against meeting action from 17 October 2018

<table>
<thead>
<tr>
<th>Owner</th>
<th>Agenda Title</th>
<th>Board Performance Pack</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah Wilkinson, CEO/Carl Vincent, Chief Financial Officer</td>
<td>Performance Pack - Programme Delivery</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Meeting Ref</th>
<th>Action ID</th>
<th>Action Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSD 18 03</td>
<td>1803 03b(i)</td>
<td>Due Date 01 March 2019, Status Open</td>
</tr>
</tbody>
</table>

**Action Description**

Performance Pack - Programme Delivery: The CEO agreed to provide the Board with a summary stock take of programme deliverables and uptake at the spring Board session. CV provide CEO with any learning from the decision by DDB to retire or supersede deliverables.

<table>
<thead>
<tr>
<th>Update Date</th>
<th>Action Lead</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/12/18</td>
<td>Carl Vincent</td>
<td>Put proposal to the DDB and secure their approval of the joint review – aiming for DDB in late December</td>
</tr>
</tbody>
</table>

**Action Status**

- **Green** = On-track (either not due or reporting progress towards closure)
- **Amber** = Overdue but progress reported
- **Red** = Overdue no progress reported
**Action Log**

**ACTIONS CLOSED IN THIS PERIOD**

**Board Meeting – Public Session**

Progress against meeting action from 21 February 2018

<table>
<thead>
<tr>
<th>Owner</th>
<th>Chief Financial Officer</th>
<th>Agenda Title</th>
<th>PHC2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting Ref</td>
<td>NHSD 18 05</td>
<td>Action ID</td>
<td>A4.1.1</td>
</tr>
</tbody>
</table>

**Action Description**

Action: The need to work with Simon Eccles, CCIO and SRO for the PHC2020 portfolio to ensure required benefits aren't compromised by the proposed changes.

Context for the above action is as follows:

CV noted that delivery confidence is improving at the portfolio level and delivery confidence is forecast to improve further. We have been supporting a CCIO/CIO led portfolio prioritisation exercise to ensure that available funding is focussed on the highest value deliverables, including accommodating emerging priorities such as cyber security.

CV confirmed that the cost of known requirements exceeded the available funding and that the cost of emerging requirements would need to be met from within the available budgets. There is no additional funding available. Work is underway to review stated requirements, contingency assumptions, phasing and scope of the portfolio. This may result in some activities such as Digital Diagnostics needing to be re-shaped.

The Board thanked CV for his update and noted the following points:

- The need to quantify the cost and impact of known additional requirements
- The need to agree what requirements will be stopped, deferred or re-designed so there is clarity in the scope of the portfolio and NHS Digital’s commitments.

**Due Date** 06 June 2018  
**Status** Closed

**Action Status**

- **Green** = On-track (either not due or reporting progress towards closure)
- **Amber** = Overdue but progress reported
- **Red** = Overdue no progress reported
### Action Log

- Recognition that local take-up and adoption of PHC2020 solutions appeared to be slow or difficult. The causes needed to be investigated and progress monitored.

Sarah Wilkinson to liaise with Simon Eccles and report back to the Board on the results of the Portfolio Prioritisation review.

<table>
<thead>
<tr>
<th>Update Date</th>
<th>Action Description</th>
<th>Action Lead</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>15/05/2018</td>
<td>Following prioritisation, the CPO and CCIO have been undertaking a joint plan re-baselining exercise with the PHC2020 programmes. This exercise will result in an agreed set of high-level outcome milestones for each programme, with costs attached, that will give clarity over the scope of the PHC2020 portfolio. A separate programme of work between the CPO and CCIO has also been recently commissioned that will refine the forecast benefits and realisation plans for the portfolio.</td>
<td>Sarah Wilkinson</td>
<td>The re-baselined milestones will be approved by the Digital Delivery Board at its June and July meetings. The scope of the benefits programme of work is to be agreed with the SROs.</td>
</tr>
<tr>
<td>04/07/2018</td>
<td>The re-baselining exercise jointly conducted with the CCIO’s office is nearing completion. The first tranche of plans went to June’s SRO group and DDB meetings for approval, with the remainder due in July. A piece of work to refine these outcome-level plans with a set of additional standard, tracking milestones (aligned to the refreshed planning standards) will shortly commence to allow us to better track delivery performance. The benefits remediation workstream is making progress, with conversations with SROs now underway; this is expected to be completed by the end of September.</td>
<td>Carl Vincent</td>
<td>Start the refining of the outcome-level plans to provide further detail; progress the benefits remediation workstream.</td>
</tr>
<tr>
<td>13/08/18</td>
<td>The re-baselining exercise is now complete, and all programmes have revised their outcome deliverables within their budget and each developed a Plan on a Page which have been approved by DDB. The programmes receiving funding from the prioritisation exercise are in various states of developing and getting approval for business cases and these are programmed in for TDIB approval. Further detail is being sought from programmes against an agreed set of common milestones.</td>
<td>Carl Vincent</td>
<td>Complete the refining of the outcome-level plans to provide further detail by the end of September; and complete the benefits remediation workstream for a deep dive by DDB on 25 September</td>
</tr>
</tbody>
</table>

**Action Status**
- **Green** = On-track (either not due or reporting progress towards closure)
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- **Red** = Overdue no progress reported
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<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/10/2018</td>
<td>The benefits remediation workstream continues to make progress and is expected to be completed by the end of September.</td>
<td>Sarah Wilkinson</td>
<td>The follow up action is still valid in that NHS Digital will thereafter be seeking to add additional detail to the plans in the form of agreed dates to a common set of milestones.</td>
</tr>
<tr>
<td>11/12/2018</td>
<td>Plans are not yet fully baselined by DDB. (there has been some delay to this).</td>
<td>Carl Vincent</td>
<td>Closed action.</td>
</tr>
<tr>
<td></td>
<td>All re-baselined deliverable now signed off by DDB, reflected in Business cases as they are updated and approved, and delivery tracked as the BAU process</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Action Status

- **Green** = On-track (either not due or reporting progress towards closure)
- **Amber** = Overdue but progress reported
- **Red** = Overdue no progress reported
## Action Log

### Board Meeting – Public Session

Progress against meeting action from 17 October 2018

<table>
<thead>
<tr>
<th>Owner</th>
<th>Agenda Title</th>
<th>Board Performance Pack</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah Wilkinson, CEO/Carl Vincent, Chief Financial Officer/Julie Pinder, Chief People Officer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meeting Ref</th>
<th>Action ID</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSD 18 03</td>
<td>1803 03b(ii)</td>
<td></td>
</tr>
</tbody>
</table>

### Action Description

Workforce Data: CEO with CV & JP to provide via TRaMCO a paper with analysis of which business areas 1st year appointees are leaving from broken down by gender, function and BaME characteristics.

<table>
<thead>
<tr>
<th>Due Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Feb 2019</td>
<td>Closed</td>
</tr>
</tbody>
</table>

### Update Date | Action Description | Action Lead | Next Steps |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>05/12/2018</td>
<td>This action has been noted and the paper will be presented at the next TRaMCO meeting. It will then be for TRaMCO to decide whether to escalate to the Board.</td>
<td>CV/JP</td>
<td>Recommend action is closed.</td>
</tr>
</tbody>
</table>

### Action Status

- **Green** = On-track (either not due or reporting progress towards closure)
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- **Red** = Overdue no progress reported

---

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Page 31 of 230
Action Log

Board Meeting – Public Session

Progress against meeting action from 17 October 2018

<table>
<thead>
<tr>
<th>Owner</th>
<th>Sarah Wilkinson, CEO</th>
<th>Agenda Title</th>
<th>CEO Update: Winter Preparedness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting Ref</td>
<td>NHSD 18 03</td>
<td>Action ID</td>
<td>1803 03a(i)</td>
</tr>
<tr>
<td>Action Description</td>
<td>Winter Preparedness: The CEO to provide the Board with a status briefing note.</td>
<td>Due Date</td>
<td>Status</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18 Dec 2018</td>
<td>Closed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Update Date</th>
<th>Action Description</th>
<th>Action Lead</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>23/11/2018</td>
<td>The action has been noted and the status brief will be presented at the next round of Board meetings.</td>
<td>CEO</td>
<td>To present status brief at the next round of Board meetings.</td>
</tr>
</tbody>
</table>

Action Status

Green = On-track (either not due or reporting progress towards closure)
Amber = Overdue but progress reported
Red = Overdue no progress reported
## Action Log

**Board Meeting – Public Session**

Progress against meeting action from 17 October 2018

<table>
<thead>
<tr>
<th>Owner</th>
<th>Agenda Title</th>
<th>Action ID</th>
<th>Due Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah Wilkinson, CEO</td>
<td>CEO Update: Org2</td>
<td>1803 03a(ii)</td>
<td>18 Dec 2018</td>
<td>Closed</td>
</tr>
</tbody>
</table>

**Action Description**

Org2: Professor Soraya Dhillon (SD) asked the CEO to provide the Board (via the Talent, Renumeration and Management Committee) with a note summarising the process for capturing staff feedback. SD suggested the feedback data be compared to other relevant staff metrics e.g. turnover, absences etc.

**Update Date**

<table>
<thead>
<tr>
<th>Update Date</th>
<th>Action Description</th>
<th>Action Lead</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>23/11/2018</td>
<td>The action has been noted and a draft will be circulated at the next TRaMCO meeting. Once the draft has been approved it will be presented at the next round of Board meetings.</td>
<td>CEO</td>
<td>To present the draft at the next TRaMCO meeting.</td>
</tr>
</tbody>
</table>

**Action Status**

- **Green** = On-track (either not due or reporting progress towards closure)
- **Amber** = Overdue but progress reported
- **Red** = Overdue no progress reported
## Board Meeting – Public Session
Progress against meeting action from 18 July 2018

<table>
<thead>
<tr>
<th>Owner</th>
<th>Chief Commercial Officer</th>
<th>Agenda Title</th>
<th>Update on National Opt-Out and GDPR Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting Ref</td>
<td>NHSD 18 02</td>
<td>Action ID</td>
<td>A03d.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action Description</th>
<th>Due Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Kay to provide the Board with a note summarising the GDPR assurance work that had been undertaken to ensure suppliers were GDPR compliant.</td>
<td>TBC</td>
<td>Closed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Update Date</th>
<th>Action Description</th>
<th>Action Lead</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/10/2018</td>
<td>No update provided for this action in this reporting period.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/12/2018</td>
<td>As part of the organisation-wide GDPR Programme, the contracts workstream reviewed all commercially-managed supplier contracts and updated all those involving data processing elements. All updates were made to ensure supplier contract clauses were GDPR compliant, with suppliers signing up to GDPR requirements, either as an addendum to the current contract or, where required, a more bespoke approach tailoring specific clauses. Supplier contracts are now being managed and assured with these new GDPR obligations in place. All medium and high value and risk (i.e. gold and silver) NHS Digital supplier contracts now contain necessary wording to comply with GDPR requirements, and 98% of lower value and risk (i.e. bronze) commercially-managed supplier contracts are updated. Work is being undertaken to confirm with other business areas that any other low value (under £25k), low risk agreements are also GDPR compliant. The suite of legal contract templates (along with POSAs for use across government) were also updated for GDPR so all contracts going forward with suppliers contain GDPR complaint clauses. There has been no engagement yet with customers such as DHSC and NHSE on these documents. The Office of the Data Protection Officer are responsible for the development and maintenance of GDPR policies and procedures, and commercial are supporting them in this activity.</td>
<td>Michael Kay</td>
<td>Propose to close the action.</td>
</tr>
</tbody>
</table>

### Action Status

- **Green** = On-track (either not due or reporting progress towards closure)
- **Amber** = Overdue but progress reported
- **Red** = Overdue no progress reported
Board Meeting – Public Session

<table>
<thead>
<tr>
<th>Title of paper:</th>
<th>NHS Digital Board Performance Pack (public)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board meeting date:</td>
<td>18 December 2018</td>
</tr>
<tr>
<td>Agenda item no:</td>
<td>NHSD 18 04 04 (b) (P1)</td>
</tr>
<tr>
<td>Paper presented by:</td>
<td>Carl Vincent, Chief Financial Officer</td>
</tr>
<tr>
<td>Paper prepared by:</td>
<td>David O’Brien, Head of Performance and Improvement</td>
</tr>
<tr>
<td>Paper approved by: (Sponsor Director)</td>
<td>The Performance Pack is approved collectively by EMT in its corporate business management meeting held in advance of the Board papers being issued.</td>
</tr>
<tr>
<td>Purpose of the paper:</td>
<td>To provide the Board with a summary of NHS Digital’s performance for October 2018.</td>
</tr>
<tr>
<td>Additional Documents and or Supporting Information:</td>
<td>No additional documents</td>
</tr>
<tr>
<td>Please specify the key risks and issues:</td>
<td>The corporate performance framework monitors NHS Digital performance including information governance and security.</td>
</tr>
<tr>
<td>Patient/public interest:</td>
<td>The public interest is in ensuring the NHS Digital manages its business in an effective way.</td>
</tr>
<tr>
<td>Supplementary papers:</td>
<td>N/A</td>
</tr>
<tr>
<td>Actions required by the Board:</td>
<td>To Note</td>
</tr>
</tbody>
</table>
### History of the subject (compulsory)

#### Previous and proposed discussion by the committee:

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 October 2018</td>
<td>Board performance pack was discussed by board members. A separate paper will be provided on Programme Delivery in the spring board session. Workforce were requested to provide a paper on leavers within one year by business area.</td>
</tr>
<tr>
<td>18 July 2018</td>
<td>Board performance pack was discussed by board members. Comments for enhancing the performance pack are acknowledged and will be developed in future reports</td>
</tr>
</tbody>
</table>

#### Past & future timeline (include proposed dates of any publication)

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 October 2018</td>
<td>Board performance pack (August data) presented for discussion.</td>
</tr>
</tbody>
</table>

#### Other key milestones:

- 
- 

#### Executive sign off

<table>
<thead>
<tr>
<th>What level of approval does the paper have for presentation to the Committee?</th>
<th>CFO has approved</th>
</tr>
</thead>
</table>
# Contents

<table>
<thead>
<tr>
<th>Report</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Digital Performance Summary</td>
<td>3</td>
</tr>
<tr>
<td>Programme Delivery KPI Report</td>
<td>4</td>
</tr>
<tr>
<td>IT Service Performance KPI Report</td>
<td>5</td>
</tr>
<tr>
<td>Workforce KPI Report</td>
<td>6-7</td>
</tr>
<tr>
<td>Data Quality - Assessment of NHS Digital Datasets KPI Report</td>
<td>8</td>
</tr>
<tr>
<td>Financial Management KPI Report</td>
<td>9</td>
</tr>
<tr>
<td>Financial Summary</td>
<td>10-11</td>
</tr>
<tr>
<td>Appendix 1 - Programme Delivery Dashboard - DTP</td>
<td>12-13</td>
</tr>
<tr>
<td>Appendix 2 - P2020 Programme Delivery Confidence Overview</td>
<td>14</td>
</tr>
<tr>
<td>Appendix 3 - Programme Delivery Dashboard - Legacy Portfolio</td>
<td>15-16</td>
</tr>
<tr>
<td>Appendix 4 - PHC2020 Programme Dashboard: Delivery, Finance and Resourcing</td>
<td>17</td>
</tr>
</tbody>
</table>
**Programme Delivery** is reported as **Amber**. There are no programmes reporting **Red** as Clinical Triage Platform has moved to Amber/Red in line with forecasts. 8 programmes are reporting Amber/Red, which is slightly better than expected due to confidence in both Digital Child Health and SNOMED CT in Primary Care being better than forecast. However, Digitising Community Pharmacy and Medicines is now reporting Amber/Red instead of the forecast Amber/Green.

**IT Service Performance** is reported as **Green** for the second month running due to one availability failure in the month at a non-critical level resulting in 99.98%. 12 out of 12 (100%) of services achieving their response time target resulting in a Green PI for the fourth month running. 12 out of 17 (70.6%) of High Severity Service Incidents achieved their fixed time target resulting in a Red PI status.

**Workforce** is reported as **Amber**. Directly employed and seconded headcount at the end of October was 2,933 FTE. This represents a decrease on last month and back is in line with the current fall in headcount over the months April to August. As a result, employee turnover has increased this month from 7.75% to 8.5%. 16.7% of leavers in the last 12 months had less than 1 year of service. The overall sickness absence rate remains within target, 2.35% for the month.

eEMT reached a decision that Academy Trainees should be funded centrally as it enables work experience assignments based on development need rather than local affordability. It does however increase NHS Digital’s corporate overhead costs.

**Data Quality (DQ)** is reported quarterly and has remained **Amber**. The primary focus in the last quarter was the Data Quality Strategy which was endorsed by EMT in October and has been embedded in NHS Digital and key ALB partners. Clear DQ rules have now been established and DQMI recognised as key DQ metric across the health system.

**Finance** is reported as **Red**. Revenue is forecast to overspend by £5m after making a CFO adjustment of £7.7m. Options need to be agreed to reduce this overspend. Capital is forecast to underspend by £15m, however this may be utilised to fund pressures elsewhere in the Digital Transformation Portfolio.

### Performance This Period

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Owner</th>
<th>Current Period</th>
<th>Current Forecast</th>
<th>Previous Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme Delivery</td>
<td>Wendy Clark</td>
<td>A</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>IT Service Performance</td>
<td>Rob Shaw</td>
<td>G</td>
<td>G</td>
<td>G</td>
</tr>
<tr>
<td>Workforce</td>
<td>Ken Baker</td>
<td>A</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Data Quality</td>
<td>Tom Denwood</td>
<td>A</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Financial Management: NHS Digital</td>
<td>Carl Vincent</td>
<td>R</td>
<td>R</td>
<td>G</td>
</tr>
</tbody>
</table>

### Performance Tracker: Rolling 12 months

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IT Service Performance</td>
<td>G</td>
<td>A</td>
<td>R</td>
<td>R</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>R</td>
<td>A</td>
<td>A</td>
<td>G</td>
<td>G</td>
</tr>
<tr>
<td>Workforce</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Data Quality</td>
<td>N/A</td>
<td>N/A</td>
<td>A</td>
<td>A</td>
<td>N/A</td>
<td>A</td>
<td>N/A</td>
<td>N/A</td>
<td>A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
The overall KPI is reported as Amber. Across all reported programmes, overall delivery confidence for October 2018 was 2.78.

Eight DTP programmes reported a delivery confidence of Amber/Red:

**Clinical Triage Platform** - The overall delivery confidence has moved to Amber/Red based on the agreement of the strategic direction at DUEC Board on 09/10/18. There are significant risks to elements of the final stage of the 111 online rollout (increased Integration) which are also reflected in this RAG status. Programme delivery confidence forecasting to improve to Amber in December.

**Access to Service Information** - The overall delivery confidence remains Amber/Red as the programme is now forecasting an 800k capital overspend and 80k revenue underspend. There are ongoing financial management discussions to address this issue. Programme delivery confidence forecasting to improve to Amber in January.

**Integrating Care** - The overall delivery confidence will remain Amber/Red until the refreshed Programme Business Case has been approved, this is currently scheduled to be presented to TDIB on 21 November 2018. Programme delivery confidence forecasting to improve to Amber in November.

**GP Connect** - The current ability to conclude the first First of Types with EMIS & TPP by December 2018, and for Apointments Management in January 2019 is looking unlikely. This is due to minor issues found in assurance and changes in specification as a result of development feedback for Apointments and the challenges associated with lining up FoT sites in the winter pressures period. A significant amount of work still needs to be undertaken to ensure that first of types can conclude quickly and move into full roll out approval. Microtest have confirmed they do not have the capacity to deliver Apointments and Structured by the agreed milestones. Vision have confirmed that they cannot deliver the agreed milestones. Programme delivery confidence forecasting to improve to Amber in January.

**GP IT Futures** - The overall delivery confidence is Amber/Red given the general complexity, the overall cost and risk associated with delivery. The Review Team felt that the timescales for the programme are very tight with the amount of work required and the next 3 months are of crucial importance to enabling the success of the programme. A common theme running through the Review Team’s findings and recommendations is that senior management need to endorse key artefacts and plans in order to make things happen practically at the delivery level in a very short timescale. Programme delivery confidence forecasting to improve to Amber in December.

**Digitising Community Pharmacy & Medicines** - The overall delivery confidence is Amber/Red due to the dispensing system supplier being unable to deliver a pilot for digital exemption checking by November 18 delaying the delivery to February 2019, this is due to their commitment to deliver the Falsified Medicines Directive on time and the challenges associated with migrating from Transition Network to HSCN by August 2020 and concurred with the programme team assessment that this activity was approximately 6 months behind expectation (per FBC). Based on the latest migration forecast data the programme team anticipates that migration will not now complete until March 2021. Programme delivery confidence remains the same for forecasting months.

**Health & Social Care Network (HSCN)** - The IPA Gateway 4 Review in July 2018 recognised the good work of the programme team, but noted that there was a significant amount of risk remaining in migrating customers off the Transition Network to HSCN by August 2020 and concurred with the programme team assessment that this activity was approximately 6 months behind expectation (per FBC). Based on the latest migration forecast data the programme team anticipates that migration will now complete until March 2021. Programme delivery confidence remains the same for forecasting months.

**Portfolio Level Delivery Confidence**

<table>
<thead>
<tr>
<th>Milestone Description</th>
<th>Type</th>
<th>No.</th>
<th>Key Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>The NHS App - Development of a post MVP backlog to further develop the App</td>
<td>Key Outcomes</td>
<td>2</td>
<td>Digital Referrals &amp; Consultations - Ability to define the business requirements of an NHS e-RS Follow-up service</td>
</tr>
<tr>
<td>Integrating Care - Build/Buy decision reached for an API Management Layer solution</td>
<td>Significant Deliverable Milestones</td>
<td>2</td>
<td>Provider Digitisation - PBC and stakeholder engagement completed</td>
</tr>
</tbody>
</table>

**Programme Delivery**

<table>
<thead>
<tr>
<th>Owner: Wendy Clark</th>
<th>Programme Delivery</th>
<th>Data sourced from Programme Highlight Reports and Milestone Update Reports Submitted in November 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous RAG</td>
<td>2.84</td>
<td>A</td>
</tr>
<tr>
<td>Current RAG</td>
<td>2.76</td>
<td>A</td>
</tr>
<tr>
<td>1 Month Future Forecast RAG</td>
<td>2.53</td>
<td>A</td>
</tr>
<tr>
<td>2 Month Future Forecast RAG</td>
<td>2.34</td>
<td>A</td>
</tr>
<tr>
<td>3 Month Future Forecast RAG</td>
<td>2.19</td>
<td>A</td>
</tr>
</tbody>
</table>

Note: lower scores indicate greater delivery confidence.
Summary
The Oct-18 reporting month saw the overall KPI RAG status remain Green for the second month, due to the sole Availability failure in the month (against PAERS Evergreen in Non-Support Hours only) being at a non-critical level.

For the Response Times Performance Indicator (RPI), the RAG status remains Green for the 4th month running, due to no failures being experienced in the reporting month. 12 of the 17 HSSIs logged in Oct-18 achieved their Fix Time target, resulting in a Red R1 PI status.

The 5 HSSIs Fix Time failures were against 2 DCC NME Severity 2 incidents, 2 EMIS Web Severity 2 incidents and 1 PAERS Evergreen Severity 1 incident.

Availibility

<table>
<thead>
<tr>
<th>KPI</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Availability: All Services in Oct-18</td>
<td>G</td>
</tr>
<tr>
<td>Overall Availability: Non-Support Hours only</td>
<td>G</td>
</tr>
</tbody>
</table>

Fix Times: Higher Severity Service Incidents (HSSIs)

<table>
<thead>
<tr>
<th>KPI</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of HSSIs (HSSIs)</td>
<td>17</td>
</tr>
<tr>
<td>Number of HSSIs achieving Fix Times target</td>
<td>12 of 17</td>
</tr>
<tr>
<td>% HSSIs achieving Fix Times target</td>
<td>70.6%</td>
</tr>
</tbody>
</table>

Insured National Services - Performance Highlights

The following Insourced National Service performance highlights have been noted in the past 12 KPI-reporting months (Nov-17 to Oct-18 inclusive):

- 100% availability achieved (zero unplanned downtime across) all CIS and Spine Core.
- 2.0 response times failure experienced by CIS and Spine Core.
- 2.0 HSSIs logged against CIS and Spine Core.

The following noteworthy highlights were also experienced by Insourced National Services in the Oct-18 calendar month:

- On 01/11/18 a notable landmark was achieved, when the cumulative number of bookings (exc. re-bookings) made on both Choose and Book and e-RS reached 1 billion mark. This compares to 1.03 billion transactions per year for all gov.uk services.

Response Times

100.0%

Incidents of note outside the reporting period

Since the reporting period of Oct-18, there have been the following HSSIs reported which are worthy of note:

- On 01/11/18 - EMIS Patient Access Service - Users who were attempting to log into EMIS Patient Access between 23:05 and 23:50 were unable to do so, as users who were already logged into the resource would not have experienced any impact to service. Service was restored without intervention from EMIS technical teams. EMIS investigated the root cause with further details to be provided in their post incident report. Business impact was users being unable to log into the EMIS Patient Access Service. There were no clinical impact associated with this incident.
- On 04/10/18 - EMIS Web - Between 08:12 and 10:24, multiple users on an EMIS Web patching domain experienced intermittent application crashes when carrying out general tasks. EMIS technical teams carried out a root cause at site level and control server level which resulted in service to end users. Business impact was multiple EMIS Web users experiencing intermittent application crashes. There was no clinical impact associated with this incident.
- On 05/11/18 - EMIS Web - From 06:13, multiple EMIS Web users across 2 patching domains were unable to connect to the EMIS Web application, existing connections were also closed. This was caused by issues following some Windows server updates. The impacted updates were also applied to the servers relocated, which brought both domains back online at 09:29. Business impact was multiple users being unable to access EMIS Web. Clinical impact of this HSSI is still under review, at the time of this KPIs production.
- On 05/11/18 - NHSmtd - From 11:40 and 21:34 on 05/11/18, multiple users were unable to access the NHSmtd Portal. Owing to this, users were unable to access the Critical Care and Acute Support website. The root cause has been identified as a failure of an IPE Storage Array, due to a known bug in the Nineteen Operating System. A upgrade that took place on 25/11/17 had triggered internal data structure conversion processes which consumed excessive memory over time. This failure caused both contributions to go offline. Business impact was in delays users being unable to access the NHSmtd Portal. Owing to this, there was no direct clinical impact. There was an indirect clinical impact of this HSSI as the data was not available for the critical care and acute support teams. As a result, patients were unable to access the Portal. This HSSI took 5 hours and 25 minutes to resolve against a target of 4 hours.

Higher Severity Service Incidents: Achieving Fix Times Target

Performance Indicators

<table>
<thead>
<tr>
<th>KPI</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Services achieving Availability target</td>
<td>99.99%</td>
</tr>
<tr>
<td>No. of Services achieving Response Times target</td>
<td>100%</td>
</tr>
<tr>
<td>Total No. of Services measured for Availability Performance</td>
<td>17</td>
</tr>
<tr>
<td>Total No. of Services measured for Response Times Performance</td>
<td>17</td>
</tr>
</tbody>
</table>

Pack 03b Board Performance Pack
Introduction
Further work is being undertaken to review the workforce KPIs, improve the data quality and reporting consistency, and provide more actionable insight. In particular, we are developing KPIs that will help to track progress on some of the objectives of Org2, including size, shape and skills. The pack will be refreshed in Q4, once the role/scope of the Corporate Reporting Function is confirmed and Julie Pinder, the new Chief People Officer, has had an opportunity to review the new KPI Pack.

FTE
Since March 2018, the total Workforce FTE has generally been reducing, principally through the exit of directly employed staff. The chart on the right shows the change in FTE over the last 12 months, split by permanent employees & secondees and temps and contractors. Since May there have been an average of just over 20 leavers each month (see Employee Movement below).

In addition to these contractors and temps we currently have approximately 550 headcount engaged on a work package. Work is continuing with the Workforce and Commercial teams to better understand the headcount and FTE numbers associated with work packages. Recruitment approvals are being monitored to ensure long-term financial affordability, the increase of key skills and the proposals for change in the organisation. Permanent roles that are advertised are solely for positions for which there will be long-term demand.

A steering group, with owners of mandatory training, has been established to review arrangements for mandatory training, including the training cycle, reporting and compliance.

Summary

Workforce KPIs

FTE

<table>
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<tr>
<th>Month</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
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Key:
- Temp & Contractors
- Employees & Secondees

Employee Movement

Directly employed and seconded headcount at the end of October was 3,046 (2,933.45 FTE). In the last 12 months there have been 232 new starters and 230 leavers - a net increase of 2 employees. This Financial Year, there have been 92 new starters and 169 leavers - a net decrease of 77. The downward trend was interrupted in September by the intake of graduates.

Early Leavers
According to ESR data, 16.7% of the leavers have less than 12 months service. In the last 3 months, there were 74 leavers in total. The Recruitment and OD teams are working together to build candidate and new starter surveys to gauge hiring experience and onboarding from December.

Analysis of our exit questionnaires highlights that ‘Job Satisfaction’ ‘Career Progression’, ‘Feeling Valued’ and ‘Leadership’ (for more senior managers) are the main drivers for people leaving. A recent leavers analysis indicates that the majority of leavers (57%) are deemed to be non-regrettable. We are continuing to develop more understanding of this issue and we will be reviewing our exit questionnaire to enhance our understanding.

Recruitment
As of 1st October, there were 87 active vacancies consisting of 128.1 FTE, including 28 Internal Assignment Opportunities.

The Recruitment Team is currently managing the message of the recruitment pause whilst working collaboratively with HR to shape the Suitable Alternative Employment (SAE) process, ensuring all opportunities are advertised through SAE to allow everyone impacted in Wave 1 the opportunity to apply. We are working closely with our recruitment system provider to shape the future redeployment process as well as understanding how we can create a suite of operational metrics which will feed into the Workforce KPIs. We are working on an updated Recruitment Toolkit to support business queries alongside Recruitment FAQs and specific SLAs that the operational team will be encouraged to use.

The Recruitment Team has also begun shaping a business case for EMT to focus on Employer Brand and how we compete for top talent in 2019.

Mandatory training compliance rates
Target for green is 95%, allowing for staff who are ‘out of the business’. IG = Average of GDPR Awareness (87%) + Data Security Awareness (72%). This is the only mandatory training which requires annual completion; the others require completion every 2 years.

Equality, Diversity & Inclusion = Average of Unconscious Bias 1 (94%) and Unconscious Bias 2 (92%).

A review of the way mandatory training is dealt with is underway with the training owners, to improve reporting and the mechanism for chasing non-compliance. Compliance was previously managed by profession and system changes are being made to enable management by directors.

\[ \text{Turnover} = \frac{\text{Leavers}}{\text{Total Headcount}} \times 100 \]
Attracting and “Growing our Own” Talent

The overall sickness absence rate remains within target, at 2.35% for the month and a rolling average of 2.25%, which is lower than the NHS average rate.

Long term absence has reduced to 1.45%. All ongoing long-term absence cases are being actively managed by the HR Team, with new cases being actioned as they arise. The highest number of long-term absences (in number of days and instances) is for Stress / Mental Health related reasons, which currently accounts for 27% of the total figure. There is a concern that this may increase throughout the Org2.0 process and we are actively promoting the Employee Assistance Programme, Mental Health First Aiders and Resilience training.

Summary

This table shows how recorded time has been allocated for fiscal quarter 2 (July - September updated quarterly). ‘Chargeable’ is time attributed to the project, programme or services (productive time); non-chargeable activity (or non-attributable) includes ‘Absence’ (such as sickness absence, annual leave) and ‘Other’ (such as training, meeting with career managers).

The quality of the data depends on a number of factors, including the accuracy and timeliness of ABR reporting. However, there has been significant effort this financial year to reduce the amount of time recorded against the ‘No access to code’ over the last 12 months. The total number of hours booked to this has now reduced by a third (circa 30,000 hours) and these have been re-costed against the appropriate portfolio item. Where there continues to be individuals with high Non-Chargeable time, initial investigation has shown that this is mostly due to staff not having access to the correct code, this issue is being resolved.

A suggested RAG has been included, however more work is required to establish business rules, linked to a refreshed rate card and, where necessary, exceptions. For example, the Academy comprises apprentices and graduates who will be spending a considerable amount of their time training and external projects.

Summary

An initial demand of 107.5 graduates and university placements and 22 apprentices was requested by directorates for 2019.

The chart (right) now includes the “technical stream” of 61.0 graduates and other university placements for 2019 endorsed by eEMT. This is an increase of 100% on 2018.

Recruitment has commenced to include:
- 25 Data Scientists
- 15 Software Developers
- 21 Digital Specialists (which fall into two distinct categories ‘User Centred Design’ and ‘Product/Service Delivery’)

Centralised Funding: eEMT also reached a decision that Academy Trainees should be funded centrally. This is welcomed as it enables work experience assignments based on development need rather than local affordability. It does however increase NHS Digital’s corporate overhead costs. Therefore, further approvals will be required to determine whether the Academy should proceed with the other posts for graduates and apprentices requested by directorates.

University Partnerships: Over 100 members of staff volunteered to help to create closer relationships with Universities. Groups to support Durham and Cambridge have been contacted by their EMT leads. STEM careers events have been supported by the Academy at Leeds and Exeter and Cambridge Computer Science are in consultation with us to provide their students with Data Science Projects.

Org 2.0: The Academy has created proposals for consultation with the Org2.0 team on preserving career management through a Career Mentor and on how graduates in development may be included within the change waves.
Key actions in last quarter:

- **Strategy**: Strategy endorsed by Extended EMT on 11th October. Focus on: 1) Clearly agreed and communicated DQ rules; 2) Close to real-time feedback as possible; 3) Interest in whole record; 4) Ensuring system ownership of DQ. Sections below are the themes of the strategy.
- **Consistency**: work undertaken with Digital Delivery Centre and Dataset Design Teams to rationalise the data quality rule sets for Mental Health and Maternity datasets for inclusion in DQ Rules Repository. First DQ Governance Board held in October to arbitrate on DQ rules.
- **Efficiency**: Worked with the SUS+ Development Team to deliver a first of type near real-time data quality report, that will be used to evaluate provider experience and behaviours when presented with immediate DQ feedback. Beta version released to pilot trusts in September.
- **Influence**: The Data Quality Maturity Index (DQMI) for Mental Health Services Dataset extended by a further 8 data items at request of NHS England. 20 more data items under review.
- **Influence**: DQMI added to the newly developed Digital, Data & Technology Dashboard within the Model Hospital by NHS Improvement.
- **Influence**: Wording on use of DQMI and Data Quality Improvement Plans (DQIPs) agreed for inclusion in Service Condition 28 of the NHS Standard Contract. Technical Guidance updated to reflect inclusion of DQMI and recommendation of use of DQIPs to address poor provider performance.
- **Engagement**: Attended several commissioner events organised through the Data Services for Commissioners to promote and gain support for use of DQMI and DQIPs.
- **Engagement**: Developed Data Quality Assurance guidance for provider organisations to support Assertion 1.7 of the Data Security & Protection Toolkit.

Actions in next quarter:

- **Consistency**: Aligning data quality rules from NHS England, DSCROs and SUS+ to further promote consistency.
- **Influence**: Working with NHS England and Cerner to develop the DQ elements of the National Population and Public Health Dashboard.
- **Action**: Developing standard DQ report structures and supporting dashboards for use by Data Services Platform.
- **Timeliness**: Developing and implementing extended SUS+ Interchange DQ report.
- **Influence**: Working with Information Asset Owners and policy teams to extend the data items included in the DQMI for respective datasets.
- **Engagement**: Presenting at four Commissioner workshops in December to promote the use of the DQMI and DQIPs in the NHS Standard Contract.

National Average of Dataset Score per Publication

The table below averages together all provider scores per dataset for each publication of the DQMI to show whether national dataset data quality is improving over time. To ensure a fair comparison, the table reports on the same scope for each reporting period.

Impact in last quarter:

- **Strategy**: Strategy embedded across NHS Digital and key ALB partners
- **Consistency**: Governance of DQ rules established and embedded into development process
- **Efficiency**: Clear roadmap in place for migration of datasets to DQ rules repository
- **Influence**: DQMI recognised as key DQ metric across the health system
- **Engagement**: Consistent use of DQMI across contractual and performance frameworks
- **Actions**: Datasets outside of immediate DSP roadmap included in DQ Rule development
- **Engagement**: Single DQ Assurance framework established and adopted by partner organisations

Anticipated impact in next quarter:

- **Wider acknowledgement and support to improving DQ at source from commissioning organisations**
- **Further recognition and usage of DQMI as key data quality metric across the health system**
- **Extension of near real-time DQ reporting to support DQ improvement at source**

Escalation Process Update

The table below shows the number of escalation letters (Formal Letters 1-4) that have been issued in the 2018/19 Q1 and 2018/19 Q2 reporting period, the number of providers that have responded, and the number of providers that have had subsequent letters issued.

### Escalation Activity

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<tr>
<th>DQ Contact Letter</th>
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<th>CEO Letter</th>
<th>ALB Letter</th>
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<td>Responses Received in Period (May-18 to Jul-18)</td>
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<td>32</td>
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Note: The main themes of the letters issued have been to address coverage of MHSDS and discrepancies in reported volumes of Out of Area Placements (OAPs) between the Clinical Audit Platform (CAP) and MHSDS to allow the CAP submission to be decommissioned. The future work will continue with the CAP decommissioning and commence addressing coverage of Emergency Care Data Set (ECDS) necessary to allow decommissioning of the old A&E CDS in May 2019 (covering March 2019 data).
For M7 we are forecasting to overspend by £5m on Revenue. This is being reviewed and challenged.

<table>
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<tr>
<th>KPI Owner</th>
<th>Financial Management</th>
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<tr>
<td>KPI</td>
<td>Carl Vincent</td>
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</table>

**Budget variance:**
Overspend: Green – 0% to (0.5)%
Amber – N/A, Red – > (0.5)%

Underspend: Green – 0% to 3%, Amber – 3% to 5%, Red >5%

**Forecast Accuracy variance:**
Green – 0% to 2%, Amber – 2% to 4%, Red >4%
Financial summary

£(5)m Revenue Overspend

- There is currently just sufficient funding elsewhere in the portfolio to offset this overspend; however, there are significant risks and pressures.
- We have started to review and discuss the options with EMT to reduce forecast spend.

£(7.7)m CFO Adjustment

- We have reduced the CFO adjustment by £13.1m from £(20.8)m at M6 to £(7.7)m in M7.
- We estimate that there is a further £2.9m opportunity on IT & Prof fees; £1.7m of additional capitalisation; and £3.1m of assumed incremental reductions.

Unapproved Overspend

- All unapproved overspends are being challenged, but there are significant pressures of up to £3.6m on the Run/Maintain budget.
- The options to manage the pressures are outlined on the next slide.

DTP – Capital Shortfall

- There is a significant risk around the capitalisation of expenditure within the Digital Transformation Portfolio.
- Capital underspends will be reviewed and released at M8 to help mitigate the risk.
Options to deal with the Run/Maintain forecast overspend of £3.6m

• We are under significant pressure to address our forecast overspend on Run/Maintain delivery. We need to identify options to close the gap. Finance has reviewed current forecasts to identify areas for consideration by EMT, including:

1. Further review of Professional Fees, IT spend (including where these contribute to DSF charges) to identify any forecasts that are over-stated or could slip or be deferred to next year
2. Ensuring that all external income is billed and that we are not supporting externally funded areas from Grant in Aid
3. Ensuring that we maximise capitalisation of costs with appropriate supporting evidence
4. Restricting travel (for R/M only, YTD actual for travel £0.9m, full year forecast £1.5m)
5. Reducing spend on contractors/ temps for the remainder of the year

• It is likely that a combination of the above will be required and we need to consider implications for delivery commitments.

• Finance will work closely with EMT Directors and delivery teams to confirm plans. Specific actions will be owned by EMT Directors and delivery teams and monitored by Finance to inform reporting.
### Appendix 1: DTP Programme Delivery Dashboard - Digital Transformation Portfolio

<table>
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<tr>
<th>Domain</th>
<th>DTP No.</th>
<th>Reporting Month:</th>
<th>Overall Delivery Confidence RAG (November, December &amp; January are forecasts)</th>
<th>Delivery Against Plan</th>
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### Overall Delivery Confidence - PHC2020 (Calculated):

- **October-2018**: A
- **January-2019**: A

The following DTP programme reports and Overall Delivery Confidences, were NOT SRO approved at the time of producing this report [13/11/2018 at 09:00]. 18 Medicines Data, 19 Integrating Pharmacy Across Care Settings, 20 Digital Referrals & Consultations, 21 Provider Digitisation 32 Data & Cyber Security.
## DTP Programmes Dashboard - October 2018

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### Trend Key
- **RAG improvement from previous month**
- **RAG same as previous month**
- **RAG decrease from previous month**

### Non Completion Key
- **NR**: No report provided or report provided but missing RAG in a section for which a RAG should have been provided.
- **N/A**: Data item is not applicable to programme or project (for example, MOUs may not be responsible for Benefits Realisation or be accountable for GDS Spend Approval).
- **TBC**: Data item was not available at the time of report production (for example, discrepancies with budget figures or a lack or information around the progression of an approval).
Appendix 2 - Programme Delivery Confidence Overview

RAGs taken from latest Highlight Reports submitted in mid November, covering October 2018 activity, with forecasts to January 2019

**Overall Delivery Confidence Assessment**

**R**
Successful programme / project delivery appears unachievable. There are major issues which are not manageable. The project/programme may need re-baselining.

**AR**
Successful programme / project delivery is in doubt. Urgent action needed to ensure significant risks and issues are managed.

**A**
Successful programme / project delivery appears feasible. Significant issues exist but appear resolvable.

**ADG**
Successful programme / project delivery appears probable, although constant attention needed to ensure risks do not materialise into major issues threatening delivery.

**G**
Successful programme / project delivery is to time, cost and quality appears highly likely and there are no major outstanding issues that threaten delivery success.

**Pages**
Page 50 of 230
### Appendix 3 - Programme Delivery Dashboard - Legacy Portfolio

**Legacy Programmes Dashboard - October 2018**

<table>
<thead>
<tr>
<th>Reporting Month</th>
<th>Overall Delivery Confidence RAG (September, October, November are forecasts)</th>
<th>Delivery Against Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reporting Month</td>
<td>Aug</td>
</tr>
<tr>
<td>P0546 South Acute Programme</td>
<td>Aug</td>
<td>A</td>
</tr>
<tr>
<td>P0031 CSC LSP</td>
<td>Aug</td>
<td>A/G</td>
</tr>
<tr>
<td>P0301 FGMP</td>
<td>Aug</td>
<td>N/A</td>
</tr>
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</table>

**Delivery Confidence - Legacy Portfolio (Calculated):**

<table>
<thead>
<tr>
<th>Reporting Month</th>
<th>Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>October-2018</td>
<td>A</td>
</tr>
<tr>
<td>January-2019</td>
<td>A/G</td>
</tr>
</tbody>
</table>

The following Legacy programme report and Overall Delivery Confidences, **were NOT** SRO approved at the time of producing this report (13/11/2018 at 09:00): Child Protection-Information Sharing

**Trend Key**

- **NR**: RAG improvement from previous month
- **N/A**: RAG same as previous month
- **TBC**: RAG decrease from previous month

**Non Completion Key**

- **NR**: No report provided or report provided but missing RAG in a section for which a RAG should have been provided
- **N/A**: Data item is not applicable to programme or project (for example, MOUs may not be responsible for Benefits Realisation or be accountable for GDS Spend Approval)
- **TBC**: Data item was not available at the time of report production (for example, discrepancies with budget figures or a lack of information around the progression of an approval)
# Appendix 3 - Programme Delivery Dashboard - Legacy Portfolio

## Legacy Programmes Dashboard - October 2018

<table>
<thead>
<tr>
<th>Legacy Programme</th>
<th>Current year financial forecast against budget</th>
<th>Benefits realisation confidence</th>
<th>Resourcing Against Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jul</td>
<td>Aug</td>
<td>Sep</td>
</tr>
<tr>
<td>P0546 South Acute Programme</td>
<td>G</td>
<td>G</td>
<td>G</td>
</tr>
<tr>
<td>P0031 CSC LSP</td>
<td>R-O</td>
<td>R-O</td>
<td>R-O</td>
</tr>
<tr>
<td>P0004 Child Protection – Information Sharing</td>
<td>G</td>
<td>G</td>
<td>G</td>
</tr>
<tr>
<td>P0301 FGMP</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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</tbody>
</table>

### Delivery Confidence - Legacy Portfolio (Calculated):

<table>
<thead>
<tr>
<th>Period</th>
<th>Delivery Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>October-2018</td>
<td>A</td>
</tr>
<tr>
<td>January-2019</td>
<td>A/G</td>
</tr>
</tbody>
</table>

The following Legacy programme report and Overall Delivery Confidences, were NOT SRO approved at the time of producing this report (13/11/2018 at 09:00): Child Protection - Information Sharing

### Trend Key

- **↑**: RAG improvement from previous month
- **→**: RAG same as previous month
- **↓**: RAG decrease from previous month

### Non Completion Key

- **NR**: No report provided or report provided but missing RAG in a section for which a RAG should have been provided
- **N/A**: Data item is not applicable to programme or project (for example, MOUs may not be responsible for Benefits Realisation or be accountable for GDS Spend Approval)
- **TBC**: Data item was not available at the time of report production (for example, discrepancies with budget figures or a lack of information around the progression of an approval)
<table>
<thead>
<tr>
<th>Programme</th>
<th>Delivery Against Plan</th>
<th>Overall Delivery Confidence</th>
<th>Delivery Against Plan RAG Definitions</th>
<th>Overall Delivery Confidence RAG Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Citizen Identity</td>
<td>A</td>
<td>A</td>
<td>Successful delivery is probable; constant attention needed to ensure no issues do not materialise</td>
<td>Successful delivery to time, cost and quality appears highly likely, no major outstanding issues</td>
</tr>
<tr>
<td>2. NHS.UK</td>
<td>A/G</td>
<td>G</td>
<td>Successful delivery is feasible; significant issues exist but appear manageable</td>
<td>Successful delivery to time, cost and quality appears highly likely, no major outstanding issues</td>
</tr>
<tr>
<td>2b. The NHS App</td>
<td>A</td>
<td>A</td>
<td>Successful delivery to time, cost and quality appears feasible; significant issues exist but appear manageable</td>
<td>Successful delivery to time, cost and quality appears highly likely, no major outstanding issues</td>
</tr>
<tr>
<td>3. Health Applications Assessment &amp; Uptake</td>
<td>A/G</td>
<td>G</td>
<td>Delivery to time, cost and quality appears manageable</td>
<td>Delivery to time, cost and quality appears manageable</td>
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<tr>
<td>4. Widening Digital Participation</td>
<td>G</td>
<td>G</td>
<td>Re-baselining required</td>
<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>16. Personal Health Record</td>
<td>G</td>
<td>G</td>
<td>Delivery is unlikely to be met and may require re-baselining</td>
<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>31. Wave</td>
<td>A/G</td>
<td>A</td>
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<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>5. Clinical Triage Platform</td>
<td>A</td>
<td>R</td>
<td>Milestones unlikely to be met and may require re-baselining</td>
<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>7. Access to Service Information</td>
<td>AR/R</td>
<td>R</td>
<td>Programme / project has been delivered</td>
<td>Programme / project has been delivered</td>
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<tr>
<td>9. GP Operational Systems and Services</td>
<td>N/A</td>
<td>N/A</td>
<td>Milestones unlikely to be met and may require re-baselining</td>
<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>9b. SNOMED CT</td>
<td>A/G</td>
<td>G</td>
<td>Delivery is unlikely to be met and may require re-baselining</td>
<td>Programme / project has been delivered</td>
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<tr>
<td>9GC. GC Connect</td>
<td>A</td>
<td>A</td>
<td>Delivery is unlikely to be met and may require re-baselining</td>
<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>11. GP IT Futures</td>
<td>AR/R</td>
<td>A</td>
<td>Programme / project has been delivered</td>
<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>12. GP Data Implementation</td>
<td>A</td>
<td>A</td>
<td>Programme / project has been delivered</td>
<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>13. Integration Projects</td>
<td>AR/R</td>
<td>A</td>
<td>Programme / project has been delivered</td>
<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>14. Interoperability &amp; Architecture</td>
<td>AR/R</td>
<td>A</td>
<td>Programme / project has been delivered</td>
<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>15. Social Care</td>
<td>G</td>
<td>G</td>
<td>Programme / project has been delivered</td>
<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>17. Digitising Community Pharmacy and Medicines</td>
<td>A/R</td>
<td>A</td>
<td>Programme / project has been delivered</td>
<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>18. Medicines Data</td>
<td>A</td>
<td>A</td>
<td>Programme / project has been delivered</td>
<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>19. Integrating Pharmacy Across Care Settings</td>
<td>A</td>
<td>A</td>
<td>Programme / project has been delivered</td>
<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>20. Digital Referrals &amp; Consultations</td>
<td>A</td>
<td>A</td>
<td>Programme / project has been delivered</td>
<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>21. Provider Digitisation</td>
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<td>A</td>
<td>Programme / project has been delivered</td>
<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>22. Digital Child Health</td>
<td>A</td>
<td>A</td>
<td>Programme / project has been delivered</td>
<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>22b. Digital Maturity</td>
<td>A</td>
<td>A</td>
<td>Programme / project has been delivered</td>
<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>24. Building a Digital Ready Workforce</td>
<td>A</td>
<td>A</td>
<td>Programme / project has been delivered</td>
<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>25. Data Services Platform</td>
<td>A</td>
<td>A</td>
<td>Programme / project has been delivered</td>
<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>26. Data Content and New Data Collections</td>
<td>A/R</td>
<td>A</td>
<td>Programme / project has been delivered</td>
<td>Programme / project has been delivered</td>
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<tr>
<td>30. Health and Social Care Network</td>
<td>A/R</td>
<td>A</td>
<td>Programme / project has been delivered</td>
<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>32. Data and Cyber Security</td>
<td>A</td>
<td>A</td>
<td>Programme / project has been delivered</td>
<td>Programme / project has been delivered</td>
</tr>
<tr>
<td>33. National Opt-Out Model</td>
<td>A</td>
<td>A</td>
<td>Programme / project has been delivered</td>
<td>Programme / project has been delivered</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appendix 4 - DTP Programme Dashboard: Delivery, Finance and Resourcing</th>
<th>Overall Delivery Confidence</th>
<th>Delivery Against Plan</th>
<th>Overall Delivery Confidence RAG Definitions</th>
<th>Delivery Against Plan RAG Definitions</th>
<th>Overall Delivery Confidence RAG Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018/19 Budget for Year</td>
<td>2018/19 Spend to Date</td>
<td>2018/19 Full Year Forecast</td>
<td>Whole Life Budgeted Cost</td>
<td>Whole Life Budgeted Cost</td>
<td>Whole Life Budgeted Cost</td>
</tr>
<tr>
<td>October</td>
<td>September</td>
<td>October</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Budgeted Cost</td>
<td>Budgeted Cost</td>
<td>Whole Life Budgeted Cost</td>
<td>Whole Life Budgeted Cost</td>
<td>Whole Life Budgeted Cost</td>
<td>Whole Life Budgeted Cost</td>
</tr>
<tr>
<td>17 of 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*These numbers are taken at a point in time from the ABR system and show average FTE over the year based on the hours an individual has recorded to each programme / service. These numbers continue to be reviewed by Resource Management, Finance and programmes / services.
<table>
<thead>
<tr>
<th>Title of paper:</th>
<th>Update on the Development of the NHS Long-Term Plan and progress to develop a new strategy for NHS Digital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board meeting date:</td>
<td>18 December 2018</td>
</tr>
<tr>
<td>Agenda item no:</td>
<td>18 04 04 (P1) c</td>
</tr>
<tr>
<td>Paper presented by:</td>
<td>Sarah Wilkinson, CEO</td>
</tr>
<tr>
<td>Paper prepared by:</td>
<td>James Hawkins, Director of Strategy (ai)</td>
</tr>
<tr>
<td>Paper approved by: (Sponsor Director)</td>
<td>(name and designation)</td>
</tr>
<tr>
<td>Purpose of the paper:</td>
<td>To provide an update on NHS Digital’s contribution to the development of the NHS Long Term Plan and progress to develop a future NHS Digital strategy.</td>
</tr>
<tr>
<td>Additional Documents and or Supporting Information:</td>
<td>None</td>
</tr>
<tr>
<td>Please specify the key risks and issues:</td>
<td>None</td>
</tr>
<tr>
<td>Patient/public interest:</td>
<td>Indirect</td>
</tr>
<tr>
<td>Supplementary papers:</td>
<td>No supplementary papers</td>
</tr>
<tr>
<td>Actions required by the Board:</td>
<td>The Board is invited to note the update on the development of the NHS Long-Term Plan and NHS Digital’s involvement.</td>
</tr>
<tr>
<td></td>
<td>The Board is also invited to comment on the proposals to develop a future NHS Digital Strategy.</td>
</tr>
</tbody>
</table>
**Background and Introduction**

Rapid progress to develop the Long-Term Plan for the NHS has continued since the last update to the Board on 18 October. Throughout October and November, proposals have been refined and prioritised – through a process coordinated by NHS England.

At the time of writing, the publication date for the Long-Term Plan has not been finalised.

This paper sets out how NHS Digital has continued to support and inform the development of the plan. NHS Digital Executives have been engaged with workstreams to ensure transformation plans have embedded digital and technology proposals. The digital and technology workstream, which Sarah Wilkinson has jointly led with Dr Simon Eccles, Chief Clinical Information Officer, has been further developed with a focus on digital ambition and alignment with the Department of Health and Social Care (DHSC)’s technology vision.

The NHS Digital strategy team has also started to progress the development of a new strategy for the organisation. This will develop NHS Digital’s priorities and approach for the next five years in response to the Long-Term Plan, the DHSC Technology Vision and wider technology trends.

**Update on the process to develop the Long-Term Plan – NHS Digital’s role**

NHS Digital executive leads have continued to engage their respective NHS Long Term Plan workstreams more widely. During October and November, digital objectives from the workstreams have continued to be debated, challenged and prioritised. NHS Digital have also worked to understand the needs of other Arms-Length Bodies and system partners.

On the 16th October, NHS Digital held a Board Strategy Day. This was an opportunity for the board to discuss the Long-Term Plan workstreams and the evolving role for NHS Digital. Contributions from the board included specific opportunities where digital services could enable the transformation of health and care (for example around digital support for prevention); considerations relating to the technology architecture of the NHS; and in relation to the broader system, including capability and pricing models. NHS Digital executive leads were subsequently able to test these ideas with their respective workstreams and embed them within further submissions where appropriate.

Engagement with non-executives of NHS Digital, NHS England and NHS Improvement has established a shared cross system view of the critical role of digital and technology in the future of health and care. The Chair of NHS Digital convened an initial meeting of a joint digital committee in common for NHS Digital, NHS Improvement and NHS England on 1 November. The purpose of this group will be to provide effective guidance and shared oversight of the digital and technology plans set out in the Long-Term Plan to ensure that we are able to accelerate the uptake of solutions for the benefit of patients and clinicians.

A wider discussion followed the joint Digital Committee in Common later in November, with senior NHS executives. This helped to ensure that there was full alignment across the system on the technology proposals included in the plan. The discussion focused on level of ambition, including the potential for radical transformation of existing operating models. Consideration was given to the expected benefits of transformation (including outcomes, demand and efficiency) and the deliverability of the core proposals.

Throughout the process to develop the plan, NHS Digital has continued to provide costing support in order to help understand required investment, particularly in relation to the specific digital and technology delivery priorities.
Expected digital and technology themes NHS Long Term Plan

Although at the time of writing the Long-Term Plan has not yet published, we anticipate that there will be a number of proposals relating to digital and technology that will support new models of health and care.

We expect that the plan will set out a number of priorities with particular relevance for NHS Digital:

- Continued focus on empowering the patient with digital tools to support prevention, to accelerate channel choices and to support self-management of conditions.

- Continued focus on digital enablement of pathways including maternity, mental health, diabetes, child and adolescent, and end of life care.

- Digital offers for primary care will be promoted.

- The acceleration of the roll out of Local Health and Care Record Exemplars will support several Integrated Care Systems, population health management and streamlining patient pathways.

- The continued focus on the roll out of Electronic Medical Record (EMR) systems.

- A focus on research and innovation through the use of data, in keeping with the goals of the Life Sciences and Industrial Strategy Sector deal published last week.

Approach to developing the NHS Digital Strategy

The DHSC Technology Vision and the NHS Long-Term Plan, when published, will have established a clear set of both the delivery priorities and technology principles for digital, data and technology in health and care. NHS Digital’s role will need to evolve to meet the new challenge. The current NHS Digital Org2.0 transformation programme is underway to ensure we have the right skills to meet this challenge and earn the right to continue to be the digital, data and technology partner for the NHS.

A new NHS Digital strategy will expand on the themes set out in the public board paper on the Long-Term Plan on 18 October. It will set out NHS Digital’s delivery priorities, our approach in key areas such as the operating model to ensure the adoption of key standards based across Health and Social Care.

NHS Digital is principally commissioned by the DHSC NHS England, NHS Improvement and Public Health England for the provision of products, services, support and guidance. Our relationships with a number of Arms-Length Bodies and sectors are critical to our success: including research and life sciences, clinical, patient and third sector organisations. Our future strategy will need to address the ambitions of all of our partners and stakeholders.
The strategy will be further developed following the publication of the Long-Term Plan. During its development there will be regular updates with both the NHS Digital board and the Executive Management Team. There will also be close engagement with partners and stakeholder throughout the process.
<table>
<thead>
<tr>
<th><strong>Title of paper:</strong></th>
<th>NHS Digital’s response to the Secretary of State’s Technology Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Board meeting date:</strong></td>
<td>18 December 2018</td>
</tr>
<tr>
<td><strong>Agenda item no:</strong></td>
<td>NHSD 18 04 04 (d) (P1)</td>
</tr>
<tr>
<td><strong>Paper presented by:</strong></td>
<td>James Hawkins, Director of Strategy (ai)</td>
</tr>
<tr>
<td><strong>Paper prepared by:</strong></td>
<td>Strategy team, NHS Digital</td>
</tr>
<tr>
<td><strong>Paper approved by: (Sponsor Director)</strong></td>
<td>Sarah Wilkinson, CEO</td>
</tr>
<tr>
<td><strong>Purpose of the paper:</strong></td>
<td>To provide an initial assessment of the alignment of programmes in the Digital Transformation Portfolio with the key objectives and principles outlined in the Technology Vision.</td>
</tr>
<tr>
<td><strong>Additional Documents and or Supporting Information:</strong></td>
<td>None</td>
</tr>
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<td><strong>Please specify the key risks and issues:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Patient/public interest:</strong></td>
<td>Indirect</td>
</tr>
<tr>
<td><strong>Supplementary papers:</strong></td>
<td>No supplementary papers</td>
</tr>
<tr>
<td><strong>Actions required by the Board:</strong></td>
<td>The Board is invited to note the implications of the Secretary of State’s Technology vision for the programmes in the Digital Transformation Portfolio and recommendations for potential further action, where NHS Digital will work with our commissioners.</td>
</tr>
</tbody>
</table>
### History of the subject (compulsory)

#### Previous and proposed discussion by the committee:

<table>
<thead>
<tr>
<th>Date of meeting</th>
<th>Brief description of the previous discussion</th>
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</thead>
<tbody>
<tr>
<td>N/A</td>
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<tr>
<td></td>
<td></td>
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#### Past & future timeline (include proposed dates of any publication)

<table>
<thead>
<tr>
<th>Date of meeting</th>
<th>Update to the Committee on activity &amp; next steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/03/2018</td>
<td>Update to the board on outcomes of discussions with commissioners, including any reprioritisation of the portfolio</td>
</tr>
<tr>
<td></td>
<td></td>
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</table>

#### Other key milestones:

- Executive sign off

<table>
<thead>
<tr>
<th>What level of approval does the paper have for presentation to the Committee?</th>
<th>Approved by CEO</th>
</tr>
</thead>
</table>
NHS Digital’s response to the Secretary of State’s Technology Vision

Plan for discussion with our Commissioners

Information and technology for better health and care
A G E N D A

Background to the Technology Vision

NHS Digital’s response to the Technology Vision

– NHS Digital’s role in the delivery of digital services and implementation plan

– Detailed analysis of the Digital Transformation Portfolio

Recommendations and Next Steps
## The SoS Technology Vision identified 4 Priority Areas (1/2): Infrastructure and Digital Services

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infrastructure</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Data safeguarding and cybersecurity measures   | • Ensure that data is held and shared across the system in a safe, secure and legal way  
• Continuously strengthen security, standards, toolkits and independent advisory bodies  
• Adopt the best cybersecurity standards from industry, keeping software networks and systems protected |
| National open standards definition and implementation | • Set national open standards for data, interoperability, privacy and confidentiality, real-data access, cybersecurity and access rules  
• Set clear standards centrally which meet user needs, and mandate throughout the NHS |
| Procure the best technology                    | • Use the best technology available on the market, building good technical solutions internally when the market solutions are weak or poor value-for-money  
• Ensure a fair, open and competitive market in health IT  
• Ensure all new systems purchased meet our standards and upgrade requirements for existing services as soon as procurement cycles allow |
| **Digital Services**                            |                                                                                                                                                                                                          |
| Ensure user needs are central when developing digital services | • Develop person-centred services and consider people’s entire experience, with inclusive services, designed for people with additional needs or low digital literacy  
• Maintain open electronic communication channels with patients e.g. through email, text messaging and app |
| National build of services that the market can’t provide | • Invest in building our own systems where necessary or economically optimal or our users’ needs are unique  
• Utilise NHS data, platforms and microservices within new service architectures to drive commonality and optimise economics |

## Innovation and Skills & Culture

### Innovation

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Objectives</th>
</tr>
</thead>
</table>
| Support innovators to develop safe and effective innovations that meet user needs | - Support researchers, innovators and technology companies to thrive, access support and guidance, and develop products that meet user needs, supporting uptake and adoption of the best services  
- Simplify and clarify rules and opportunities to create a competitive marketplace for innovation, encouraging collaboration and co-development of innovation |
| Promote the testing and iteration of innovations | - Create safe spaces for innovators and clinicians to develop and test products, services, business models and delivery mechanisms, to enable real-world testing  
- Introduce a health-tech regulatory sandbox to enable testing, iteration and de-risk of the most promising innovations |
| Ensure the best innovations are used | - Deliver the AI and Data Grand Challenge mission to use data, AI and innovation, improving diagnosis and care  
- Influence and enforce the highest standards of good practice for the development of emerging technologies, stimulating the market to develop new technologies |

### Skills & Culture

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Objectives</th>
</tr>
</thead>
</table>
| Recruit and retain specialist non-clinical professionals | - Ensure that health and care professionals are supported, making it easier for clinicians and staff to develop new skills, share their work and share their skills with colleagues to help build a technologically capable workforce  
- Empower frontline staff who have proven skills |
| Organisational responsibility for digital maturity | - Ensure organisations have board-level understanding of how data and technology drives their services and strategies  
- Build in-house capabilities to understand the technology that they run, procure the right things and manage commercial arrangements  
- Consider and manage digital maturity in the same way that organisations manage their finances and the quality of their services |
| Build an open culture | - Develop strong management and leadership to transform ways of working and adopt new generation of technology and ideas at pace  
- Encourage local and national organisations to collaborate, share and be transparent about their progress, supporting capabilities around governance and empower employees who have revolutionary ideas, to create a culture of innovation |

The page provides a structured overview of guiding and architectural principles to be adhered to in order to achieve the Technology Vision. Here's a breakdown:

### Guiding Principles

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designed around user needs</td>
<td>• Make every service designed around user needs, whether the needs of the public, clinicians or other staff</td>
</tr>
<tr>
<td>Privacy and security</td>
<td>• Maintain public trust in how we hold, share and use data, with clear and mandated data and cybersecurity standards, guidance and frameworks based on GDPR and consent where appropriate</td>
</tr>
<tr>
<td>Interoperability with open data and technology standards</td>
<td>• Ensure agreed clinical, data and technology standards are open so that anyone can see them and anyone writing code for use in the NHS knows what the standards are before they start and adhere to them</td>
</tr>
<tr>
<td>Inclusive health and care services</td>
<td>• Design for, and with people with different physical, mental health, social, cultural and learning needs, and for people with low digital literacy or those less able to access technology</td>
</tr>
</tbody>
</table>

### Architectural Principles

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Objectives</th>
</tr>
</thead>
</table>
| Tools available in modern browsers              | • Make all digital services available in the browser, according to open web standards, enabling users to use any device and operating system of their choice  
• Benefit from the "evergreen" ecosystem of modern browsers and web technologies |
| Internet first                                   | • Adopt internet first, with internet standards and protocols for our networks and digital services  
• Ensure that applications are internet facing without the need to traverse a corporate or enterprise network to access the application |
| Public cloud first                               | • Run all of our services in the public cloud with no more locally managed servers, increasing resilience, security, enhancing processing needs and ease of upgrades |
| Data layer with registers and APIs              | • Store data once – usually where it is created – and make it available where appropriate, building registers of data and making them accessible over open application programming interfaces (APIs) |
| Best cyber security standards                   | • Adopt the best cyber security standards of industry, including keeping our software, networks and systems up to date, to maintain the confidence of our users and enable secure build and buy |
| Separate layers of the patient record stack     | • Separate contracts and separate approaches for each of the pieces of our patient record stack (hosting, data and digital services), creating a modular ecosystem of digital services and enabling ease of upgrades to layers |
AGENDA

Background to the Technology Vision

NHS Digital's response to the Technology Vision

– NHS Digital’s role in the delivery of digital services and implementation plan

– Detailed analysis of the Digital Transformation Portfolio

Recommendations and Next Steps
• NHS Digital is the primary digital data and technology partner for the health and care system

• On top of running and maintaining core technology platforms, NHS Digital delivers change programmes which are either:
  1. Core infrastructure or central technical services for the system which we oversee end-to-end, commissioning and delivering the service. SRO and programme director – NHS Digital
  2. Change programmes commissioned by NHSE/I. SRO - senior leader from NHSE/I, programme director - NHS Digital
  3. Change programmes commissioned by another ALB (e.g. PHE, BSA, CQC, MHRA) or another external party (HDR UK, academia) or DHSC. SRO – senior leader commissioning organisation, programme director - NHS Digital
  4. On key policy matters we look to DHSC for guidance

• For programmes commissioned by NHSE/I, the SROs work to the CCIO, Simon Eccles. We therefore coordinate extensively with Simon and take guidance from him on objectives, priorities etc for the E/I portfolio as a whole (which is known as the Digital Transformation Program (DTP))

• We have identified the key actions required in response to the Vision, and indicated whether each workstream would be predominantly NHS Digital-led, or whether we would expect the work to be the result of a commission from NHSE/I.
### NHS Digital’s implementation plan: Infrastructure (1/2)

#### Priority Area

<table>
<thead>
<tr>
<th>Data safeguarding and cybersecurity measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DH commissioned</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National open standards definition and implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHS Digital owned (NHSI enforced)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procurement of the best technology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHS Digital owned for NHS Digital procurements</strong></td>
</tr>
<tr>
<td><em>We have no cross-system role</em></td>
</tr>
</tbody>
</table>

#### Objectives

- Ensure that data is held and shared across the system in a safe, secure and legal way. Continuously strengthen security, standards, toolkits and independent advisory bodies.
- Adopt the best cybersecurity standards from industry, keeping software networks and systems protected to:
  - Maintain public trust and the confidence of users
  - Enable secure design, procurement and operation
  - Ensure privacy and security
- National open standards for data, interoperability, privacy and confidentiality, real-data access, cybersecurity and access rules
- Clear standards set centrally across organisations, so that they can make decisions that meet their own local needs
- Standards mandated throughout the NHS which meet user needs
- Use the best technology available on the market and be willing to build internally when the market solutions are weak or poor value-for-money
- Ensure a fair, open and competitive market in health IT
- Ensure all new systems purchased meet our standards and upgrade requirements for existing services as soon as procurement cycles allow

#### NHS Digital implementation plan

- We will expand NHS Digital’s existing Cyber Security Operations Centre (CSOC) and enhance NHS Digital’s current capability to monitor, detect and respond to a variety of security risks and threats across the NHS, and offer expert advice and guidance.
- We will work with CQC, as regulator, in their role in assuring cyber provisions in provider organisations.
- We will continue to enrich NHS Digital’s Data Security and Protection Toolkit which describes the data security standards that must be adhered to by all organisations with access to NHS patient data and systems.
- We will continue to enrich the standards framework published alongside the vision, which sets out the core standards on technology and data by which all IT systems and digital services in the NHS must abide, including NHS Digital.
- We will continue to work with NHS Improvement to design optimal approaches to motivate, support and enforce compliance.
- We will work with the MHRA on the development of new international clinical safety standards with ISO and IEC, though the British Standards Institute.
- We will lead the engagement with the health technology vendors on behalf of the system as a whole to optimise the commercial strategy and procurement process, whether systems are procured nationally or locally.
- We will act as a central voice to guide vendors, support them in optimising their services and ensure that good performance is rewarded but poor performance is also dealt with robustly.

#### Work Status

- Work underway at pace
- Work underway: vision requires acceleration
- New work

---

(1) Work requiring acceleration will necessitate portfolio reprioritisation by the commissioning body, and may have financial implications.
(2) New work will require additional funding.
(3) We look to the CCIO to define and prioritise work within the NHSE/I portfolio.
# NHS Digital’s implementation plan: Infrastructure (2/2)

## Priority Area: Tools available in modern browsers

- **Objectives**
  - Make all digital services available in the browser, according to open web standards, enabling users to use any device and operating system of their choice at no additional costs
  - Benefit from continual security and functionality improvements that come with the “evergreen” ecosystem of modern browsers and web technologies

## Priority Area: Access to data

- **Objectives**
  - Adopt internet first, with internet standards and protocols for our networks and digital services
  - Build a data layer with registers and APIs, storing data once and making them accessible through APIs

## Priority Area: Public cloud first

- **Objectives**
  - Run all of our services in the public cloud with no more locally managed servers, increasing resilience, security, enhancing processing needs and ease of upgrades

## Priority Area: Modular ecosystem of digital services

- **Objectives**
  - Separate the layers of our patient record stack: hosting, data and digital services; with separate contracts and approaches
  - Enable the improvement and upgrade of specific layers without disrupting others or requiring expensive risky and disruptive data migrations
  - Remove the need for a specific workforce to support bespoke systems, enabling the use of specialists

## NHS Digital implementation plan

- We already build all our services to be universally accessible, to work on every browser or device that our users access them on
- We will ensure each new service is accessible through the optimal channel and also through all common browsers
- We will enrich developer.nhs.uk to become an increasingly-valuable portal for technicians across the system to access guidance, software, documentation, support and news
- We will define clear standards expected across the system, including data and infrastructure standards and operational standards, such as security management
- We will support organisations through modelling, guidance, tooling and API management and provision
- We will lead the migration to public cloud, pursing a “cloud-first” strategy across all areas of NHS Digital’s work
- We will provide support and expertise, both technical and commercial, to encourage other organisations across the system to migrate quickly and safely
- We will provide technical architecture oversight to ensure new systems are designed as microservices and platforms wherever possible
- We will define and own coherent enterprise and technology architecture and support commissioners in defining business architecture
- We will enrich developer.nhs.uk to become an increasingly-valuable portal for technicians across the system to access guidance, software, documentation, support and news

---

(1) Work requiring acceleration will necessitate portfolio reprioritisation by the commissioning body, and may have financial implications; (2) New work will require additional funding; (3) We look to the CCIO to define and prioritise work within the NHSE/I portfolio

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**DRAFT: SUBJECT TO AGREEMENT WITH DHSC AND COMMISSIONERS**

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**Page 68 of 230**
Services should be person-centred and consider people’s entire experience, including the infrastructure and processes that surround their interactions.

- Maintain open electronic communication channels with patients e.g. through email, text messaging and apps.
- Services must be inclusive and designed for and with people with additional needs or low digital literacy.

- We will design services around user needs, building on the work on NHS.UK and NHS Login in the Empower the Person portfolio.
- We will focus investment in expanding channels and ways with which users can interact with the NHS. We will continue and strengthen our program of work on Digital Inclusion.

Invest in building our own systems where that is necessary or economically optimal or our users’ needs are unique.

- Utilise NHS data, platforms and microservices within new service architectures to drive commonality and optimise economics.
- Build digital services according to the government’s Digital Service Standard.

- We will continue to build core national infrastructure and appropriate national platforms, products and services for the NHS and to operate them at extraordinary levels of performance and reliability.
- We will build national products and services for multiple interested parties, where demand exists and provision of a single shared solution is optimal for cost and speed.
- We will continue to build to the Digital Service Standards at all times and offer guidance and support on design to all provider organisations as required.

Ensure user needs are central when developing digital services

National build of services that the market can’t provide


NHS Digital’s implementation plan: Approach to Digital Services & Products

Objectives

NHS Digital implementation plan

- We will design services around user needs, building on the work on NHS.UK and NHS Login in the Empower the Person portfolio.
- We will focus investment in expanding channels and ways with which users can interact with the NHS. We will continue and strengthen our program of work on Digital Inclusion.

(1) Work requiring acceleration will necessitate portfolio reprioritisation by the commissioning body, and may have financial implications; (2) New work will require additional funding; (3) We look to the CCIO to define and prioritise work within the NHSE/I portfolio.
## NHS Digital’s implementation plan: Innovation

**Priority Area**

<table>
<thead>
<tr>
<th>Support innovators to develop safe and effective innovations that meet user needs</th>
<th>Promote the testing and iteration of innovations</th>
<th>Ensure the best innovations are used</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHS Digital owned</strong></td>
<td><strong>NHSE/I commissioned</strong></td>
<td><strong>NHS Digital owned</strong></td>
</tr>
</tbody>
</table>

### Objectives

- Supports researchers, innovators and technology companies to thrive, access support and guidance, and develop products that meet user needs
- Support uptake and adoption of the best services
- Simplify and clarify rules and opportunities to create a competitive marketplace for innovation
- Encourage collaboration and co-development of innovation in health and care

- Increase opportunities for real-world testing and iteration
- Create safe spaces for innovators and clinicians to develop and test products, services, business models and delivery mechanisms
- Introduce a healthtech regulatory sandbox to enable testing, iteration and de-risk of the most promising innovations

- Deliver the AI and Data Grand Challenge mission to use data, AI and innovation
- Improve diagnosis and care through artificial intelligence
- Influence and enforce the highest standards of good practice for the development of emerging technologies
- Stimulate the market to develop new technologies that help people live independent

### NHS Digital implementation plan

- **✓** We will work to foster innovation in the delivery of digital, data and technology services, through partnering AHSNs, and Catapults across the system
- **✓** We will support entrepreneurship, through engaging the supplier market and within our own organisation
- **✓** We will look for opportunities to partner with like-minded organisations to create vibrant forums for innovation
- **✓** We will continue and strengthen our relationships with UK Russell Group university Comp Sci functions

- **✓** We will be the go-to partner for researchers cross Academia and Life Sciences, to facilitate and support the research and further deepen the expertise and services that we offer
- **✓** Our Data Services Platform will enable the health and care system to use information more effectively for research into the prevention and treatment of disease
- **✓** We will work with HDR UK and NIHR to establish an innovative world class clinical trials feasibility service, completing the missing link in the UK clinical trials offer

- **✓** We will support increasingly large and complex data sets to support ML and AI, and provide increasingly sophisticated analytics platforms, libraries and services from which we (and others) can compile analytics services
- **✓** We will assess and accredit systems which continually learn and evolve, building deep capabilities in these areas
- **✓** We will constantly seek opportunities to achieve system outcomes through analytics approaches rather than traditional product build
- **✓** We will work to get the most our of the new DRIVE incubator which we have co-founded with GOSH

---

1. Work requiring acceleration will necessitate portfolio reprioritisation by the commissioning body, and may have financial implications;
2. New work will require additional funding;
3. We look to the CCIO to define and prioritise work within the NHSE/I portfolio
### NHS Digital’s implementation plan: Skills and Culture

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Objectives</th>
<th>NHS Digital implementation plan</th>
</tr>
</thead>
</table>
| Recruit and retain specialist non-clinical professionals | • Ensure that skilled professionals working in the health and care system are supported to continuously develop
• Make it easier for clinicians and staff to develop new skills, share their work and share their skills with colleagues to help build a technologically capable workforce
• Empower frontline staff who have proven skills                                                                 | ✓ We will work to ensure we are an attractive employer for technical staff, providing a rich suite of development opportunities
❑ We will continue to nurture our relationships with external providers and partners for the provision of deep expertise in key areas, and for provision of additional resources when we have peaks in demand or guidance in specialist areas
❑ We will identify frontline staff whose skills and competence are evident to us and make them honorary colleagues (badges and certificates and all that jazz)                                                            |
| Organisational responsibility for digital maturity  | • Ensure organisations have board-level understanding of how data and technology drives their services and strategies
• Build in-house capabilities to understand the technology that they run, procure the right things and manage commercial arrangements
• Digital maturity considered and managed by organisations in the same way that they manage their finances and the quality of their services                                                                 | ✓ We will work with HEE in the ongoing delivery of the NHS Digital Academy and continue to advocate for the need for Digital Leadership at Board level
❑ We will continue and conclude our internal restructuring program (Org2.0) which is focussed on increasing the overall technical skills in NHS Digital and focus on graduate recruitment
❑ We will develop our own commercial expertise and assess new commercial models to enable us to engage with external partners in new ways                                                                                                    |
| Build an open culture                              | • Develop strong management and leadership to transform ways of working
• Adopt new generation of technology and ideas at pace and iterate with continuous improvements
• Take an open and collaborative approach to work, encouraging other local and national organisations to collaborate, share and be transparent about their progress
• Support capabilities around governance and empower employees who have revolutionary ideas, to create a culture of innovation                                                                 | ✓ We will act as a Centre of Excellence for digital, data and technology across the system, supporting providers when they experience technical delivery challenges
❑ We will seek to act in partnership with organisations rather than simply to advise
❑ We will ramp up our digital collaboration, sharing and be ever more transparent about the things we do                                                                                                                                     |

---

1. Work requiring acceleration will necessitate portfolio reprioritisation by the commissioning body, and may have financial implications.
2. New work will require additional funding.
3. We look to the CCIO to define and prioritise work within the NHSE/I portfolio.
Background to the Technology Vision

**NHS Digital's response to the Technology Vision**

- NHS Digital’s role in the delivery of digital services and implementation plan
- Detailed analysis of the Digital Transformation Portfolio

Recommendations and Next Steps

Annex
We are assessing the Digital Transformation Portfolio against the Technology Vision in the following order to inform key recommendations for each program:

1. Revisit strategic and benefits alignment to SoS Priorities
2. Review technical adherence / architecture
3. Review delivery approach
4. Re-evaluate scope
5. Continue, finish or migrate

Is the program's strategy clear and does it highly address the SoS Strategic Priorities?

Is there evidence that development is in line with SoS Guiding and Architectural Principles?

Is the program on track to deliver key milestones as set out in the plan?

Is the program scope sufficient to realise the majority of the benefits and ambition in the SoS Technology Vision?

Programme fulfils all of the above criteria
Majority of programmes address SoS Technology Vision Priorities and align to Principles

~90% of programmes highly address Priorities

~80% of programmes are fully aligned to Principles

Level to which programmes address objectives across all Priority Areas

Programme view:

<table>
<thead>
<tr>
<th>Partially addresses</th>
<th>Highly addresses</th>
</tr>
</thead>
<tbody>
<tr>
<td>14%</td>
<td>86%</td>
</tr>
<tr>
<td>6%</td>
<td>94%</td>
</tr>
</tbody>
</table>

Budgeted spend (19-21): £620M

Delivery alignment to Guiding and Architectural Principles

Programme view:

<table>
<thead>
<tr>
<th>Partially aligned</th>
<th>Fully aligned</th>
</tr>
</thead>
<tbody>
<tr>
<td>18%</td>
<td>82%</td>
</tr>
<tr>
<td>5%</td>
<td>95%</td>
</tr>
</tbody>
</table>

(1) NHS Digital View; Under discussion and review with NHS CCIO, NHS CCIO and Department of Health and Social Care
### Analysis of the DTP against the Technology Vision (1)

<table>
<thead>
<tr>
<th>Revisit strategic and benefits alignment to SoS Priorities</th>
<th>Review technical adherence / architecture</th>
<th>Strengthen delivery approach</th>
<th>Extend or reduce scope</th>
<th>Continue, finish or migrate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectives may not fully address SoS Technology Vision Priorities</td>
<td>Delivery not perfectly aligned to SoS Technology Vision Principles</td>
<td>Review resources allocation and/or critical dependencies</td>
<td>Opportunity to expand coverage or further fulfil SoS Technology Vision objectives and on track to deliver</td>
<td>Meets SoS Technology Vision objectives and on track to deliver</td>
</tr>
<tr>
<td>3. Health Apps Assessment &amp; Uptake (£5.7M)</td>
<td>9c. GP Connect (£2.0M)</td>
<td>2a. NHS.UK (£17.3M)</td>
<td>9b. SNOMED CT in Primary Care (£0.1M)</td>
<td>Continue programme</td>
</tr>
<tr>
<td>19. Integrating Pharmacy Across Care Settings (£3.4M)</td>
<td>18. Medicines Data (£10.4M)</td>
<td>7. Access to Service Information (£5.9M)</td>
<td>15. Social Care Integration (£11.1M)</td>
<td>2b. NHS App (£20.6M)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>21. Provider Digitisation (£108.7M)</td>
<td>32. Data and Cyber-Security (£129.5M)</td>
<td>20. Digital Referrals and Consultations (£13.6M)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22a. Digital Child Health (£12.4M)</td>
<td></td>
<td>30. Health and Social Care Network (£140.2M)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22b. Digital Maternity (£3.8M)</td>
<td></td>
<td>Finish / Migrate to BAU</td>
</tr>
</tbody>
</table>

- 3 programmes (£10.1M)
- 4 programmes (£27.0M)
- 7 programmes (£174.6M)
- 5 programmes (£175.2M)
- 9 programmes (£232.9M)

(1) NHS Digital View; Under discussion and review with NHS CCIO and Department of Health and Social Care
Background to the Technology Vision

NHS Digital’s response to the Technology Vision

- NHS Digital’s role in the delivery of digital services and implementation plan
- Detailed analysis of the Digital Transformation Portfolio

Recommendations and Next Steps
Recommendations and Next Steps

• We will review the detailed analysis of the DTP Portfolio assessment against the Technology Vision with colleagues from NHSI/E and DHSC

  – For programmes and services that are under NHS Digital ownership, we will review our recommendations and opportunities to accelerate, re-prioritising if necessary, to address the key goals of the Vision as quickly as possible.

  – For programmes and services commissioned by NHS E/I we will discuss relative prioritisation with the CCIO and act in line with his guidance on next steps.

  – For programmes and services commissioned by other Arms Length Bodies we will discuss prioritisation with those commissioners.

  – We expect to be able to table the agreed outcomes at a future board, including recommendations in relation to specific programmes and potential re-priorisation within the portfolio.
### Board Meeting – Public Session

<table>
<thead>
<tr>
<th><strong>Title of paper:</strong></th>
<th>Data Processing Services Development Update</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Board meeting date:</strong></td>
<td>18 December 2018</td>
</tr>
<tr>
<td><strong>Agenda item no:</strong></td>
<td>NHSD 18 04 04 (e) (P1)</td>
</tr>
<tr>
<td><strong>Paper presented by:</strong></td>
<td>Tom Denwood, Executive Director Data, Insights &amp; Statistics (ai)</td>
</tr>
<tr>
<td><strong>Paper prepared by:</strong></td>
<td>Paul Gilliatt, Associate Director Data Processing Services (ai)</td>
</tr>
<tr>
<td><strong>Paper approved by: (Sponsor Director)</strong></td>
<td>Tom Denwood, Executive Director Data, Insights &amp; Statistics (ai)</td>
</tr>
<tr>
<td><strong>Purpose of the paper:</strong></td>
<td>To update the Board on the development of the Data Processing Services</td>
</tr>
<tr>
<td><strong>Additional Documents and or Supporting Information:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Please specify the key risks and issues:</strong></td>
<td>The delivery of the Data Processing Services is critical to enable the transformation of NHS Digital’s Data, Insights and Statistics Directorate, thereby enabling a more efficient, effective, economical and compliant organisation</td>
</tr>
<tr>
<td><strong>Patient/public interest:</strong></td>
<td>Indirect</td>
</tr>
<tr>
<td><strong>Supplementary papers:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Actions required by the Board:</strong></td>
<td>To note</td>
</tr>
</tbody>
</table>
**History of the subject (compulsory)**

**Previous and proposed discussion by the committee:**

<table>
<thead>
<tr>
<th>Date of meeting</th>
<th>Brief description of the previous discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 March 2017</td>
<td>Update on progress at Outline Business Case stage</td>
</tr>
</tbody>
</table>

**Past & future timeline (include proposed dates of any publication)**

<table>
<thead>
<tr>
<th>Date of meeting</th>
<th>Update to the Committee on activity &amp; next steps</th>
</tr>
</thead>
</table>

**Other key milestones:**

<table>
<thead>
<tr>
<th>Executive sign off</th>
</tr>
</thead>
</table>

| What level of approval does the paper have for presentation to the Committee? | Approved by Executive Director Data, Insights & Statistics (ai) |
Data Processing Services development update

NHS Digital Board, 18 December 2018

Information and technology for better health and care

Tom Denwood, Executive Director Data, Insights & Statistics (ai)
Purpose

- To update the NHS Digital Board on progress with the development of the Data Processing Services, which are critical for the transformation of NHS Digital’s Data, Insights & Statistics Directorate, enabling NHS Digital to deliver its statutory obligations.

- In this presentation:
  - Strategic context, including Life Sciences
  - Overview of the Data Processing Services
  - How this work will enable our Data, Insights & Statistics transformation
  - Information governance, and how we are protecting citizens’ data
  - Our data quality strategy
  - Deliverables and status
  - Conclusion
Published on 5th December; NHS Digital is critical to its delivery:

- **£43m investment to enhance NHS Digital’s core data services**, including more automated processing, less movement and replication of data, and the utilisation of modern solutions on the cloud. This will increase security, reduce the cost and increase the efficiency of NHS Digital services, while continuing to fully respect citizens’ data rights” (page 48)

- Remote Data Access Environment live in beta, enabling external customers to remotely and appropriately access data

- Strategic Partnership Agreement with NHS Digital / Health Data Research UK

- Test and validate algorithms and other AI used in medical devices

- Core standards on technology and data for NHS IT systems and digital services to ensure joined-up, efficient and safer system

- Streamline legal and ethical approvals so that they hold more data in trust, meaning easier, secure access for researchers

- With Oxford data services to support 21st century clinical trials

- NHS App from autumn 2019 to enable patients to become more directly engaged in clinical research
Overview of the Data Processing Services

NHS Digital Data, Insights & Statistics

Data Acquisition | Data Optimisation | Insights & Statistics

Data Access

Data Processing Services

Capture | Process | Utilise

Data landing portal | Data processing, master person and de-id/re-id services | Data access environment

Health and Care Providers

Health and Care Providers

Media
Researchers
Charities
Providers
Public
Commissioners
DH
Politicians
Regulators
ALBs

Page 83 of 230
Enabling our Data, Insights & Statistics transformation

Efficient
✓ Automated capabilities
✓ Streamlined, faster processes
✓ Reduced duplication of tasks
✓ Freeing up resources for value-added work
✓ Reduced burden

Effective
✓ Better access to data
✓ Better quality / linked data
✓ More timely data
✓ Enabling innovative uses of data
✓ Wider product and service offering
✓ Stronger partnerships

Economical
✓ Rationalisation of systems and infrastructure

Compliant
✓ Improved security and transparency
✓ Standardised de-identification capability
✓ Reduced need for data to leave NHS Digital

Responsive to customers
Delivering world class data and analytics
Optimising value for money
Trusted safe haven for health and care data
Information Governance

- Services will be fully compliant with the **Health and Social Care Act 2012**, the **Data Protection Act (DPA) 2018** (including the General Data Protection Regulation), the **common law duty of confidence**, and with the **Information Commissioners Office** for DPA 2018, and **Professional Regulators**

- Scope of the services is bound by NHS Digital’s **statutory duties to collect and process data**, in line with the **Directions** and **Requests** that NHS Digital receives (as publicly available via the Unified register)

- Access to data **strictly governed by existing processes** i.e. Data Access Request Service (DARS) and Independent Group Advising on the Release of Data (IGARD), advised by Confidentiality Advisory Group (CAG)

- Enables more efficient application of **National Data Opt Out** in line with policy

- Enables more efficient response to citizens’ **Subject Access Requests**
How we are protecting citizens’ data

- Enables channel shift from data dissemination to secure data access, **reducing the need for data to leave NHS Digital**
- Greater automation, **reducing the need for NHS staff to access identifiable data**
- Moving data onto modern common technologies **reduces the risks associated with multiple legacy environments**
- Each data asset is **secured independently**, with **access restricted according to purpose** and governed by DARS
- Implemented to **Cloud Security Good Practice Guide** against the **highest data classification** (class V), including penetration testing before go live
- **Data encrypted** in transit and at rest
- Market leading **privacy engineering** solution
Our Data Quality (DQ) strategy

**Consistency** central to achieving strategy – using a single DQ rules repository within the Data Processing Services – enabling publication of rules to providers and vendors

**Efficiencies** realised through DQ processing at point of submission – removing subsequent processing by health partners and customers

**Timeliness** of DQ reporting essential to improving DQ at source – surfacing issues in near real-time supporting immediate action by providers

**Actionable** feedback in a standard, clear and concise format required to focus providers on critical DQ issues at source

**Influence** through contractual and regulatory incentives and levers will ensure providers understand their obligations and the consequences of not taking action

**Engagement** with partners, providers and vendors increased through refocusing NHS Digital resource, enabled by the Data Processing Services
Deliverables and status

**Secure data landing portal:** to transfer specialised and local commissioning data flows from providers to commissioners – *in live use*

**Modern, cloud-based data processing platform:** to standardise the processing of data by NHS Digital – *this is being built for the new versions of the national maternity and mental health datasets, which NHS Digital is required to collect from April 2019*

**Strategic master person service:** to improve the quality of person matching and facilitate improved data linkage – *this will be ready for use from early 2019*

**Strategic de-identification/re-identification solution:** to provide consistent de-identification and controlled linkage and re-identification of data for use across the health and care system – *this has been procured and will be ready for deployment from early 2019*

**Modern, cloud-based data access environment:** to provide secure remote access to data held by NHS Digital – *this is currently in a beta phase, with internal and external users*
Conclusion

➢ The Data Processing Services will enable NHS Digital to deliver its statutory obligations and strengthen its protection of citizens’ data rights

➢ Delivery is progressing well, with strong collaboration across NHS Digital teams

➢ Research clients and other arm’s-length bodies are part of the governance and supportive of the programme

➢ Ongoing focus on driving efficiency, effectiveness, economy and security of NHS Digital’s Data, Insights & Statistics services
# Board Meeting – Public Session

<table>
<thead>
<tr>
<th>Title of paper:</th>
<th>GP IT Futures – 2019 Commercial Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board meeting date:</td>
<td>18 December 2018</td>
</tr>
<tr>
<td>Agenda item no:</td>
<td>NHSD 18 04 04 (f) (P1)</td>
</tr>
<tr>
<td>Paper presented by:</td>
<td>Wendy Clark, Executive Director of Product Development</td>
</tr>
<tr>
<td>Paper prepared by:</td>
<td>Nic Fox, Director, Primary and Social Care Technology</td>
</tr>
<tr>
<td>Paper approved by: (Sponsor Director)</td>
<td>Wendy Clark, Executive Director of Product Development</td>
</tr>
<tr>
<td>Purpose of the paper:</td>
<td>The purpose of the paper is to provide the board with details on:</td>
</tr>
<tr>
<td></td>
<td>- The objectives of GP IT Futures and link to user needs</td>
</tr>
<tr>
<td></td>
<td>- The key elements of the business case</td>
</tr>
<tr>
<td></td>
<td>- The key technical and commercial components of the new Framework</td>
</tr>
<tr>
<td></td>
<td>- The procurement timeline</td>
</tr>
<tr>
<td>Additional Documents and or Supporting Information:</td>
<td>Supporting slides</td>
</tr>
<tr>
<td>Please specify the key risks and issues:</td>
<td>Key risks include:</td>
</tr>
<tr>
<td></td>
<td>- Maintaining procurement timeline</td>
</tr>
<tr>
<td></td>
<td>- Ensuring continuity of GP clinical systems within general practice</td>
</tr>
<tr>
<td></td>
<td>- Ensuring that the strategic aims of the programme are met through the procurement.</td>
</tr>
<tr>
<td>Patient/public interest:</td>
<td>Direct. Patient Facing Services connect to GP Clinical Systems to allow patient access to GP record and to interact digitally with general practice, for example to book GP appointments, order a repeat prescription.</td>
</tr>
<tr>
<td>Supplementary papers:</td>
<td>None</td>
</tr>
<tr>
<td>Actions required by the Board:</td>
<td>To note the key objectives and components of the GPIT Futures Programme and the procurement timeline</td>
</tr>
</tbody>
</table>
History of the subject (compulsory)

### Previous and proposed discussion by the committee:

<table>
<thead>
<tr>
<th>Date of meeting</th>
<th>Brief description of the previous discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not previously considered at a Statutory Board</td>
<td></td>
</tr>
</tbody>
</table>

### Past & future timeline (include proposed dates of any publication)

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Not previously considered at a Statutory Board</td>
<td></td>
</tr>
</tbody>
</table>

**Other key milestones:**

<table>
<thead>
<tr>
<th>New GP IT Futures Framework in place</th>
<th>Summer 2019</th>
</tr>
</thead>
</table>

**Executive sign off**

**What level of approval does the paper have for presentation to the Committee?**

Wendy Clark, Executive Director of Product Development
Background and Purpose

The GP Systems of Choice Framework (GPSoC) currently provides clinical systems to every general practice in England. This will end by December 2019 and is being replaced by a new Framework called GPIT Futures.

The new GP IT Futures Framework is planned to be in place by the Summer of 2019.

Procurement activity is progressing and we are currently in formal market testing.

The purpose of the paper is to provide the board with details on:

- The objectives of GP IT Futures and link to user needs
- The key elements of the business case
- The key technical and commercial components of the new Framework
- The procurement timeline
System alignment

A move to digital-first primary care places new types of demand on its GP systems

- A "whole-system approach" with digital and analytics driving prevention
- Multiple alternative consultation types; e.g., online, phone, face-to-face
- Core GP systems must be fully interoperable with other settings
Key objectives of GP IT Futures

Key objectives of GPIT Futures:

A. Provide clinically safe and genuinely useful digital and data services for patients and general practice, ensuring minimal disruption to care for citizens as new tech standards or suppliers are introduced.

B. Move to open, modern, standards based, cloud native architectures, with consistent technical and data standards, feeding our data layer.

C. Reform the commercial landscape of GP and Primary care IT to provide an open, dynamic and competitive market.

D. Put NHS and patient users at the centre of the design, underpinned by user research and with regular iterations.

Enabling a minimum set of objectives in support of digital-first primary care:

E. Real-time and secure access to GP data for patients and NHS users.

F. Interoperability between systems, enabling seamless, digitised workflows in and between care settings, real time and underpinned by common standards.

G. Relevant, resilient and plural ecosystem of user centred GP and Primary Care IT systems, which evolve with advances in technology and the NHS.

H. Data to be easily and consistently captured to enable comparison of activity and clinical outcomes.

See Supporting Information for Standards and Capabilities that will be provided through GPIT Futures.
### User needs – Supported by GP IT Futures objectives

<table>
<thead>
<tr>
<th>User needs</th>
<th>Supported by objectives</th>
<th>ALL OBJECTIVES</th>
</tr>
</thead>
</table>
| **Patients** | ▪ A: Clinically safe systems  
▪ B: Open modern standards, cloud native architectures  
▪ E: Real time and secure access to GP data  
▪ F: Seamless, digitised workflow between care settings | ▪ A: Clinically safe systems  
▪ B: Open modern standards, cloud native architectures  
▪ C: Reformed commercial landscape  
▪ D: Users at the centre of the design  
▪ E: Real time and secure access to GP data  
▪ F: Seamless, digitised workflow between care settings  
▪ G: Relevant, resilient and plural ecosystems of systems  
▪ H: Standardised data capture on activity |
| **General Practice** | ▪ Access to clinically safe and secure GP IT systems that are modern and user friendly  
▪ Able to seamlessly and safely share data to and from other care settings  
▪ Able to easily purchase clinically assured, open and interoperable systems  
▪ Able to easily add new modular components  
▪ Able to easily switch systems |  |
| **Health and Care System** | ▪ Able to seamlessly and safely share data to and from other care settings  
▪ Able to safely and securely link datasets to inform healthcare planning  
▪ Able to understand productivity and workforce within general practice  
▪ Able to easily purchase clinically assured, open and interoperable systems | ▪ B: Open modern standards, cloud native architectures  
▪ E: Real time and secure access to GP data |
| **Research and Innovation community** | ▪ Able to securely access to GP dataset to link with other data sets for research purposes  
▪ Able to access to data that is coded in standard terminologies  
▪ Able to develop new and innovate apps for patients and clinicians | ▪ H: Standardised data capture on activity |
# Current market position

<table>
<thead>
<tr>
<th>Supplier type</th>
<th>Today</th>
<th>Current challenges</th>
<th>‘Green shoots’ – happening now</th>
</tr>
</thead>
</table>
| Incumbents offering core systems  | Four incumbent suppliers:  
  ▪ EMIS  
  ▪ TPP  
  ▪ Vision  
  ▪ Microtest | ▪ Data held in proprietary systems  
  ▪ Updating data structures is complex  
  ▪ No new competition in the market  
  ▪ Systems not all using modern architectures | ▪ Implementing SNOMED CT  
  ▪ Progressing delivery of GP Connect FHIR standard open APIs  
  ▪ Developing plans to re-platform to Cloud  
  ▪ Developing modular based architecture approaches |
| Potential New entrants offering core systems | Positive engagement with potential new market entrants | ▪ High barriers to entry as must integrate with NHS systems, achieve assurance and commercially viable market share  
  ▪ Practices reluctant to switch as disrupts practice for 3+ months | ▪ Potential new entrants Cloud based, modular, open standards, full data access |
| “Non-core” suppliers / 3rd party innovators | 30 subsidiary suppliers providing capabilities such as patient-facing apps, document management, decision support | ▪ Dependencies on incumbent suppliers for some activities | ▪ ~130 organisations including SMEs & innovators participating in market engagement, providing new capabilities such as appointment analytics, population health, remote monitoring, voice recognition, e-consults, and community/social care integration. |
Business Case

Finance Case
- £423m (excluding optimism bias and contingency) to March 2023

Economic Case
- £1,423m estimated benefits

Key dates
- Summer 2019 – new GPIT Futures Framework live
- 31st December 2019 – Current GPSoC Framework expiry
- 31st March 2023 – end of GPIT Futures business case

Key Risks
- Service continuity in general practice
- Supplier market capability and capacity to support new models of care
- Supplier market capability and capacity to meet new technical and interoperability standards
# Technology Objectives for GP IT Futures

<table>
<thead>
<tr>
<th>Security, compliance and data privacy first</th>
<th>Open access to data via APIs &amp; eventing, feeding our data layer</th>
<th>Modular component capabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loosely-coupled services with federation in mind</td>
<td>Transition to cloud native architectures</td>
<td>Off-the-shelf products where appropriate</td>
</tr>
<tr>
<td>Evolve with objectives and user needs</td>
<td>Vendor and technology / system agnostic</td>
<td>Fix data quality at source</td>
</tr>
</tbody>
</table>

The GP IT Futures technology principles are aligned with the Guiding /Architectural principles from Technology Vision published by the Secretary of State for Health and Social Care. Specifically:
- **User need**
- **Public cloud first**
- **Open APIs**
- **Cyber security**
- **Separating the record stack**
Commercially, a new Buying Catalogue will be launched

The Buying Catalogue offers GPs core solutions and innovative new products and makes transparent to buyers which products meet mandated Interoperability and Overarching / Technical Standards

The Buying Catalogue makes it easier for new suppliers to enter the market

- Allows SMEs to be seen by the right type of purchasers
- Creates a standards-based market maximising transparency and choice and information for buyers (user centred demand)
- Drives insights around demand using analytics e.g. buyer search terms that can be fed back into frameworks and funding decisions
- Is welcomed by SMEs who are lost amongst non-comparable suppliers in G-Cloud and not discoverable
- Is controlled by an overarching “Catalogue Agreement”, which implements and enforces market standards as a condition of market access
- Can support multiple frameworks and purchasing vehicles (e.g. DPS)

The Buying Catalogue sits above the Framework and local call-off contracts
High level procurement plan

This phase of market testing is critical to inform the Invitation to Tender (ITT):

- Lock ‘final list’ of demand for different types of suppliers
- Complete iterative technical and commercial 1-2-1 workshops with incumbent suppliers
- Complete engagement with potential new market entrants
- Agree with suppliers more streamlined assurance and compliance processes
- Further engage the GP profession on the detailed requirements
Supporting Information

Information and technology for better health and care
Standards and Capabilities model

**Capabilities and Standards model:** is a modular view of what is required from suppliers; it is a critical artefact as it the vehicle through which demand is agreed and incentivised.

---

**Overarching Standards** (apply to all capabilities)
- Business Continuity / DR
- Clinical Safety
- Commercial
- Data Migration
- Data Standards
- Training
- Hosting & Infrastructure
- Information Governance
- Non-functional Questions
- Service Management
- Testing Standard

**Capabilities to support general practice business continuity**
- Proposed core capabilities
  - Appointments Management - GP
  - GP Referral Management
  - GP Resource Management
  - Patient Information Management
  - Prescribing
  - Recording Consultations
- Clinical Decision Support
- Communication Management
- Digital Diagnostics
- Document Management
- GP Extracts Verification
- Medicines Verification
  - Reporting
- Scanning
- Telehealth
- Unstructured Data Extraction
- Workflow

**Capabilities to support new ways of working**
-both in general practice and across integrated and federated care settings

- **Care Homes**
  - Personal Health Budget
- **Caseload Management**
  - Personal Health Record
- **Cross-org Appointment booking**
  - Population Health Management
- **Cross-org Workflow Tools**
  - Productivity
- **Cross-org Workforce Management**
  - Risk Stratification
- **Data Analytics**
  - Shared Care Plan
- **Domiciliary Care**
  - Social Prescribing
- **E-consultations (patient to user to professional)**
  - Telecare
- **E-consultations (professional to professional)**
  - Unified Care Record
- **Medicines Optimisation**

---

**Context-specific Standards** (apply to some capabilities)

**INTEROPERABILITY STANDARD**
This standard is made up of a number of different elements. Depending on which capabilities a supplier is offering, different elements will be applicable.

**Common Reporting Standard**
This only applies to Capabilities which have reporting requirements.

**Management Information (MI) Reporting**
This applies to suppliers offering a number of business continuity capabilities.

**Citizen Access Standard**
This standard only applies to Citizen Capabilities to allow Citizens to interact with General Practices.
### Board Meeting – Public Session

<table>
<thead>
<tr>
<th>Title of paper:</th>
<th>Directions &amp; Mandatory Requests for Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board meeting date:</td>
<td>18 December 2018</td>
</tr>
<tr>
<td>Agenda item no:</td>
<td>NHSD 18 04 08 (a) (P1)</td>
</tr>
<tr>
<td>Paper presented by:</td>
<td>Executive Office Secretariat</td>
</tr>
<tr>
<td>Paper prepared by:</td>
<td>Nicola Rhodes, Senior Secretariat Support Manager</td>
</tr>
<tr>
<td>Paper approved by: (Sponsor Director)</td>
<td>Dean White, Board Secretary</td>
</tr>
</tbody>
</table>

#### Purpose of the paper:
Following consideration by the Executive Management Team, NHS Digital’s Accounting Officer has accepted on behalf of NHS Digital’s Board the following Directions and Mandatory Requests:

#### a) Directions for Information:

1. Collection of Out of Area Placements for Adults in Acute Mental Health Inpatient Services Direction 2018
2. Breast & Cosmetic Implant Registry Direction
3. Breast & Cosmetic Implant Registry Direction (Scotland)
4. Clinical Waste Management
5. Winter Assurance Collection Directions 2018
6. Establishment of Information Systems for NHS Services: Maternity Services Directions 2018
7. Access to HSCN for the NHS in Wales

#### b) Mandatory Requests for Information:

1. Patient Level Information & Costing System (PLICS) Improving Access to Psychological Therapies (IAPT) Pilot
2. Patient Level Information & Costing System (PLICS) Ambulance 2018

#### Additional Documents and or Supporting Information:
None applicable
Please specify the key risks and issues: None applicable

Patient/public interest: Corporate Governance

Supplementary papers: As per the Directions and Mandatory Requests listed above.

Actions required by the Board: Submitted to the Board for information.

### History of the subject (compulsory)

#### Previous and proposed discussion by the Board:

<table>
<thead>
<tr>
<th>Date of meeting</th>
<th>Brief description of the previous discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 July 2018</td>
<td>Papers submitted to the Board for Information</td>
</tr>
<tr>
<td>17 October 2018</td>
<td>Papers submitted to the Board for Information</td>
</tr>
</tbody>
</table>

#### Past & future timeline (include proposed dates of any publication)

<table>
<thead>
<tr>
<th>Date of meeting</th>
<th>Update to the Board on activity &amp; next steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 October 2018</td>
<td>All CEO accepted Directions will be submitted to the Public Board as papers for information.</td>
</tr>
<tr>
<td></td>
<td>This item will be a standing agenda on all Public Board meetings.</td>
</tr>
<tr>
<td>18 December 2018</td>
<td>All CEO accepted Directions will be submitted to the Public Board as papers for information.</td>
</tr>
<tr>
<td></td>
<td>This item will be a standing agenda on all Public Board meetings.</td>
</tr>
</tbody>
</table>

#### Other key milestones:

Not Applicable

### Executive sign off

<table>
<thead>
<tr>
<th>What level of approval does the paper have for presentation to the Committee?</th>
<th>CEO acceptance of all Directions and Mandatory requests.</th>
</tr>
</thead>
</table>
## Extension of the Interim Out of Area Placement in Mental Health Services Data Collection

### Executive Management Team Cover Note:

<table>
<thead>
<tr>
<th>Date of EMT meeting:</th>
<th>By email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsor Director:</td>
<td>Tom Denwood, Executive Director (ai) of Data, Insights and Statistics</td>
</tr>
</tbody>
</table>
| Author(s):           | Chris Dew, Information Analysis Lead Manager Clinical Audit and Registries Management Service  
                       | Jane Gaskell, Clinical Audit Manager Clinical Audit and Registries Management Service |
| Recommended Outcome: | Endorsement – To recommend acceptance of the extension to the existing Direction |
| Patient/Public Interest Statement: | Indirect |
| Circulation:         | EMT members |
| Supplementary papers: | • September 2018– DRAFT Appendix A_ Direction _ Extension of the interim Out of Area Placements in Mental Health Services data collection  
                       • Data Protection Impact Assessment – OAPs_ Appendix B  
                       • DPN_Appendix C  
                       • Transparency Checklist - Appendix D |
Final Sign Off for Directions (please note – all of the following sections must be completed along with the cover sheet)

<table>
<thead>
<tr>
<th>Section</th>
<th>Yes ☒</th>
<th>No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Protection Officer Sign-off?</td>
<td>Yes ☒</td>
<td>No ☐</td>
</tr>
<tr>
<td>Unified Asset Register entry obtained? (if answered yes please attach evidence)</td>
<td>Yes ☒</td>
<td>No ☐</td>
</tr>
<tr>
<td>Completed Data Protection Impact Assessment?</td>
<td>Yes ☒</td>
<td>No ☐</td>
</tr>
<tr>
<td>Published transparency communication?</td>
<td>Yes ☒</td>
<td>No ☐</td>
</tr>
<tr>
<td>Will the system storing the data have a System Level Security Policies?</td>
<td>Yes ☒</td>
<td>No ☐</td>
</tr>
<tr>
<td>Yes, CAP has SLSP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will the IAR (Information Asset Register) review be complete before the ‘Go Live’ date?</td>
<td>Yes ☒</td>
<td>No ☐</td>
</tr>
<tr>
<td>Has the financial implications section of the direction briefing paper been assured by Carl Vincent prior to submission?</td>
<td>Yes ☒</td>
<td>No ☐</td>
</tr>
<tr>
<td>(Provision in plan for Finance scrutiny)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1 Executive Summary

The Out of Area Placements in Mental Health Services (OAPs) data collection was established, under a Direction, as an interim collection for 12 months via the Clinical Audit Platform (CAP) and was launched in October 2016. The Direction was extended for the period October 2017 to March 2018 and from April to September 2018. An open-ended extension is requested, (from 1st October 2018 until instructed otherwise).

The Mental Health Services Dataset is the chosen mechanism for the long-term collection of this data. The OAPs interim collection is intended to aid early understanding of data quality issues to inform MHSDS guidance and to allow necessary time for changes to the system. MHSDS started to collect OAPs data in April 2017. Therefore, there has been a period of dual collection since April 2017. However, uptake is low, currently around 53% and it is estimated that OAPs will be required to continue until there is an uptake of 90% in MHSDS, whereupon the OAPs collection will be retired.

2 Background

The Government set a national ambition to eliminate inappropriate OAPs in mental health services for adults in acute inpatient care by 2020/21. Inappropriate OAPs are where patients are sent out of area because no bed is available for them locally which can delay their recovery. It has been essential to introduce a collection of OAPs data to monitor progress towards achieving the ambition and to understand where and why OAPs are happening. Having this information is critical to improving patient care and ultimately eliminating the practice of inappropriately sending patients out of area to receive acute inpatient care.

NHS Digital has been directed by DHSC (formally DH) under section 254 of the Health and Social Care Act 2012 to establish and operate a system for the collection and analysis of the information specified for this service.

A draft copy of the new Direction to take effect from 1st October 2018 is to be found at Appendix A.

The data is collected on the Clinical Audit Platform (CAP). The data collected is at person level, but only disseminated at an aggregated level through publication on the NHS Digital website. The lowest levels of aggregation are provider trust and CCG. The published data is anonymised in accordance with The Anonymisation Standard for Publishing Health and Social Care Data.

The mental health dataset has been able to calculate the distance between a patient’s home address and where they are treated for a number of years. However, the definition of an ‘out of area placement’ adopted by NHS England is fairly complex:

An inappropriate “out of area placement” is defined as a situation in which a person with assessed acute mental health needs, who requires adult mental health acute inpatient care, is admitted to a unit that does not form part of the usual local network.
of services (an inpatient unit that does not usually admit people living in the catchment area of the persons local community mental health service), and where the person cannot be visited regularly by their care co-ordinator.

This definition required the mental health dataset to be updated in April 2017 to collect additional data. Since April 2017 providers have been able to submit data to the mental health dataset but coverage and completion of the required data has not reached the 90% key indicator mentioned above.

Comparison of both datasets for March 2018, indicates MHSDS v2.0 is capturing 53% per cent of records that are submitted to the interim collection. This has increased from 44% in December 2017.

The Mental Health team have contacted those data providers that are submitting to the OAPs collection (in CAP) but have not yet submitted to the MHSDS collection. NHS Digital with DHSC and NHS England have implemented a data quality plan to ensure that MHSDS data quality in this area improves sufficiently to allow for the interim OAPs collection to retired.

To help support providers to submit more accurate data the Mental Health Team has:

- Worked with NHS England and other Arm’s Length Bodies to produce a joint Data Quality Action Plan.
- Utilised the NHS Digital escalation process and issued formal letters to providers not submitting data to the mental health dataset.
- Negotiated additional funding from DHSC to deliver further support to providers.
- Allocated additional resources to improving provider data (via additional analysis and direct contact with providers).

Due to lack of current coverage and reporting in MHSDS v2.0, and v3.0 since April 2018, the DHSC and NHS England would like to extend the collection until further notice. DHSC has provided NHS Digital with an updated Direction to reflect this intent. This extension to the interim collection creates a longer dual collection period with MHSDS v2.0 for providers. However, the extended parallel running will help with data quality over the long term. Data Provision Notices shall be re-issued which will explain this.

3 The Proposal

DHSC have asked that the interim OAPs collection is extended from 1st October 2018 until instructed otherwise. There is no change to the content of the Direction apart from updating its duration.

During this period, further work will be carried out by DHSC and NHS Digital to improve the quality and completeness of OAPs data in MHSDS to enable the interim collection to be discontinued and MHSDS to be used as the definitive source of OAPs data. Plans developed collaboratively by NHSD, NHSE and NHSI include creating a user-friendly comparison tool, disseminating guidance and targeted communications on a regular basis and seeking
feedback on issues and improvements plans. The plan was formally agreed at the Cross-
ALB Mental Health Data Quality Group on 2\textsuperscript{nd} March 2018.

In accordance with the above plan Mental Health Providers identified as having significant
variance in their OAPS data between MHSDS and CAP have been contacted through the
NHS Digital Corporate Data Quality Assurance Escalation Process to understand the
underlying cause of the variance and agree remedial action.

To strengthen MHSDS Data Quality work overall, and to move to a position in which
expectations of future increases can be set, a dedicated group of analysts has now been
established within the Mental Health Team. One of its early priorities is to establish a sound
basis for proposing that MHSDS is a better data source than a separate collection like OAP,
a key indicator for which will be a significantly improved MHSDS take-up. To facilitate this,
the team will make direct contact with providers to expedite resolution of issues where initial
responses have requested assistance or have lacked commitment to resolve the issues.

4 Implications

4.1 Strategy Implications

This proposal aligns with the following NHS Digital strategies and plans:

- \textit{Information and technology for better care, 2015-2020} (specifically with the theme of
  \textit{Make better use of health and care information- chapter 5}),
- Improving the quality, availability and integrity of health data so that front-line staff,
  researchers and decision makers are better informed.
- ‘Manage the system effectively’ pillar of the 2018-19 business plan
- the essence of Data Co-ordination Board by working towards the elimination of
duplicate collections.
- Data

4.2 Financial Implications

DHSC has confirmed that their business case for funding for the extension to run the CAP
collection of OAPs until the end of the 18/19 financial year and continue reporting to June
2019 has been approved. The existing approved POSA work package from July 2018 until
December 2018 is £61,697. The POSA work package for January to June 2019 is £60,402.
These costs follow the standard NHS Digital cost model.

At time of writing, budgets for 2018/19 across DHSC have been assured until March 2019
but have not yet been agreed for April 2019 – September 2019.

4.3 Stakeholder Implications

The DCB has currently approved the collection until April 2019, which reflected a previous
intention to retire the OAPs collection in December 2018. In the light of the MHSDS
collection not achieving the desired collection rate, a further extension will be applied for to align with the open-ended Direction.

The customer for this work is Kathy Smethurst, Deputy Director, Mental Health Policy and Delivery, DHSC. Handover criteria have been agreed with their team which are outlined in the table below:

<table>
<thead>
<tr>
<th>Data item</th>
<th>Criteria</th>
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<tbody>
<tr>
<td>Number of OAP bed days in month, by bed type</td>
<td>MHSDS has 90% of OAP records or higher</td>
</tr>
<tr>
<td>Number of OAPs active at month end, by bed type</td>
<td>MHSDS has 90% of OAP records or higher</td>
</tr>
<tr>
<td>Number of OAP bed days in month that are inappropriate</td>
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</tr>
<tr>
<td>Number of OAPs active at month end that are inappropriate</td>
<td>MHSDS has 90% of OAP records or higher</td>
</tr>
</tbody>
</table>

4.4 Handling

The Direction extension has been reviewed by NHS Digital media teams.

Data Provision Notices shall be re-issued to Chief Executives and Medical Directors of Trusts in scope of this data collection, as per usual process, as well as circulation of a regular email update to providers informing them of the extension. The website for this data collection including the submission timetable will also be updated.

4.5 Workforce Implications

Resources are in place to deliver the extension to the OAPS collection. This is within the Information Analysis and Statistics Profession and the Business and Operational Delivery Profession within DI&S.

5 Risks and Issues

**Legal basis for collection lapsing:** In the event that the new Direction is not completed by 30th September 2018, there is a risk that the collection will need to cease as there will be no legal basis for NHS Digital to continue with the collection. If we recommence with the collection at a later date this will confuse users (especially as this data is now also being collected through MHSDS v2.0 [v3.0 since April 2018]), which will impact on continuation rates and data quality. **Mitigation:** Approval of the Direction extension. **In extremis,** we will need to inform users that the collection has ceased and manage their expectations / re-require them in the collection as to cease for a period of time.
MHSDS of insufficient quality. In the event that MHSDS continues not to meet the data quality criteria required and the direction remains in place, the risk of duplication and inefficiencies in the system remains. Mitigation: DHSC and NHS Digital Mental Health team have implemented a joint data quality plan which aims to significantly improve the completeness and quality of MHSDS data in this area.

Lack of NHS Digital resource. In the event that the service loses further resource as part of business planning or through other means there is a risk of failing to deliver the service which supports the Direction. Mitigation: continue with temporary arrangements for managing this service and ensure necessary resources are included in business planning.

6 Next Steps

Following EMT review, the Direction extension will be accepted, and once a signed version is received from DHSC, an updated version will be published on the NHS Digital website and relevant communications issued.

The POSA Work package will be updated to reflect the extension and associated allocation of agreed funding.

6.1 Management Responsibility

Chris Dew, Information Analysis Lead Manager, Data, Insights and Statistics Directorate
Chris Roebuck, Chief Statistician Data, Insights and Statistics Directorate
Tom Denwood, Executive Director, Data, Insights and Statistics Directorate

7 Actions Required of EMT

To support the recommendation that the Direction extension is accepted.
Appendix A: Draft Directions

Community and Social Care Group
Richmond House
39 Whitehall
London SW1A 2NS

Sarah Wilkinson
Chief Executive
NHS Digital
1 Trevelyan Square,
Boar Lane
Leeds
LS1 6AE

X September 2018

Dear Sarah,

Collection of Out of Area Placements for Adults in Acute Mental Health Inpatient Services Direction (Extension No 3) 2018

I am writing to provide a Direction to the Health and Social Care Information Centre, known as, and hereafter referred to in this Direction as NHS Digital, to continue to operate an informatics support service for the collection of information about out of area placements (OAPs) for adults in acute mental health inpatient services. This Direction, known as the Collection of Out of Area Placements for Adults in Acute Mental Health Inpatient Services Direction (Extension No 3) 2018 comes into force on 1 October 2018 and until instructed otherwise by the Department of Health and Social Care. This Direction is given in exercise of the powers conferred by sections 254(1), (2)(b) and (6), 260(1) and (2)(d), 262(1) and (2)(a), 274(2) and 304(9), (10) and (12) of the Health and Social Care Act 2012\(^1\) (the Act) and 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\(^2\).

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\(^1\) 2012 c.7
\(^2\) S.I. 2013/259

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The Health and Social Care Information Centre is a non-departmental body created by statute, also known as NHS Digital.
Purpose

The Government has set a national ambition to eliminate inappropriate OAPs for adult acute inpatients by 2020/21.

An inappropriate “out of area placement” is defined as a situation in which a person with assessed acute mental health needs, who requires adult mental health acute inpatient care, is admitted to a unit that does not form part of the usual local network of services (an inpatient unit that does not usually admit people living in the catchment area of the persons local community mental health service), and where the person cannot be visited regularly by their care co-ordinator.

Under section 254 of the Act, NHS Digital is Directed to:

- Collect data that includes administrative information, information about the reasons for admission, and diagnostic information about adults who receive acute inpatient care in mental health services. This data will be aggregated at provider and CCG level and all data, in accordance with NHS Digital’s mandatory standards or Anonymisation Standard for Publishing Health and Social Care Data, will be anonymised when published on NHS Digital’s website. The Department has agreed for this information to continue to be published on a monthly basis for a further twelve-month period.

- Share aggregate data at CCG provider level collected under this direction, in accordance with NHS Digital’s mandatory standards or Anonymisation Standard for Publishing Health and Social Care Data, with the Department of Health and Social Care, NHS England, NHS Improvement, NHS organisations and Independent Sector Providers responsible for commissioning and providing acute mental health services in England.

NHS Digital must take steps to ensure that no data collected under this Direction are shared or published by any means which may lead to the identification of an individual.

In accordance with section 254(2)(b) of the Act, the Secretary of State considers that it is in the interests of the health service or of the recipients or providers of adult social care in England for these Directions to be given.

In accordance with s254(5), NHS Digital has been consulted before this Direction has been given.

Yours sincerely,

[To be signed when Direction Letter cleared by NHS Digital EMT]

Kathy Smethurst
Deputy Director, Mental Health Policy and Delivery
Department of Health and Social Care
Extension of the Interim Out of Area Placement in Mental Health Services data collection.

Appendix B : Approved DPIA

(Please see VBR Document Library)
Appendix C: DPN

(Please see VBR Document Library)
Appendix D : Transparency Checklist

(Please see VBR Document Library)
Breast and Cosmetic Implant Registry

Change to Direction to remove patient consent

Executive Management Team Cover Note:

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<th>Date of EMT meeting:</th>
<th>13 September 2018</th>
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<td>Sponsor Director:</td>
<td>Tom Denwood Executive Director (ai) Data, Insights and Statistics</td>
</tr>
<tr>
<td>Author:</td>
<td>Alison Roe, Senior Business and Operational Delivery Manager, Clinical Audit and Registries Management Service</td>
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## Breast and Cosmetic Implant Registry: change to Direction to remove patient consent

### Final Sign Off for Directions (please note – all of the following sections must be completed along with the cover sheet)

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<td>Has the financial implications section of the direction briefing paper been assured by Carl Vincent prior to submission?</td>
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<td>Confirmation received from Marylin Skelton</td>
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Breast and Cosmetic Implant Registry: change to Direction to remove patient consent

1 Executive Summary

NHS Digital is directed by the Department of Health to run the Breast and Cosmetic Implant Registry (BCIR). The purpose of the registry is to provide an early warning system of problems and/or failures of implants and to provide a facility to track and trace patients affected by a product recall. The Direction currently stipulates that patient consent is required for records to be added. This paper covers the proposal to change the Direction to remove the need for patient consent.

2 Background

In 2015 the NHS Digital Board approved the Direction for the establishment and operation of the BCIR. The BCIR for England went live in October 2016.

Under the terms of the Direction, patient consent is required for records to be added to the registry. This has created a barrier to the registry fulfilling its objective to act as an early warning mechanism by identifying outlier cases that could indicate a safety issue for which a recall is necessary. It is imperative that the registry is complete, containing details of all relevant procedures to enable outlier detection and facilitate recall should that be necessary.

A review of the registry was undertaken after the first year’s operation which identified challenges specifically relating to gaining patient consent. Evidence from feedback would suggest that patient consent is currently 83%.

3 The Proposal

Following extensive discussions with the BCIR Steering Group the request was made to DHSC for patient consent to be removed. This has been supported by Simone Bayes and her team (although Simone has recently moved posts) and endorsed by NHS Digital’s Information Governance team. The revised Direction will be signed off by Simon Reeve, Deputy Director Public Health Systems and Strategy. A copy is attached to this paper.

4 Implications

4.1 Strategy Implications

Enabling this change to the Direction will provide a complete set of records to support patient recall and the development of analysis to provide early warning identification.

4.2 Financial Implications

A revision to the Clinical Audit Platform will be required to remove the data item relating to patient consent. This is expected to cost between £2,000 and £3,000.
4.3 Stakeholder Implications

Clinical stakeholders on the Steering Group are supportive of this proposal as it will remove the burden of collecting consent whilst also providing a complete set of records to support patient recall and early warning identification. There have been extensive discussions in the Steering Group meetings held during 2017 and 2018 relating to the benefits of either removing patient consent or including anonymised data in the BCIR. The latter has been ruled out as an appropriate option as this would not support patient recall nor would it support the identification of cases of Breast Implant Related Anaplastic Large Cell Lymphoma which is tracked by the Medicines and Healthcare Regulatory Agency. (Minutes of Steering Group meetings are available if required).

4.4 Handling

Patients will be informed of the BCIR by their surgeon; patient information leaflets provided to clinics will be updated to reflect that consent is no longer required. The leaflet is published on the NHS Digital Website. Communication of the change will be provided by the Clinical Audit and Registries Management Service (CARMS) team to all registered users, clinics and the Professional Bodies on the Steering Group who will also cascade the information to their members.

4.5 Workforce Implications

The existing staff within CARMS that work on the BCIR and the ICT Developers that support the Clinical Audit Platform (CAP) will cover the work. The cost of the adjustment to CAP is stated in section 4.2.

CAP is a web-based system used to collect secondary use data for audits, registries or collections that NHS Digital is contracted for. It holds patient confidential data (identifiable data) that is collected under appropriate legal gateways such as Section 251 or Directions under the 2012 Health and Social Care Act. CAP has separate areas for different audits, registries and collections, allowing different information and functionality to be available to meet the specific requirements of that audit, registry or collection.

Access to CAP is provided only on receipt of a valid registration form which needs to be sent from the organisation’s registered Caldicott Guardian. The users are assigned to the audit / registry / collection and the organisation that the Caldicott Guardian has approved, to ensure they are presented only with data relating to a patient they have a legitimate relationship with. Access requires a unique NHS Digital single sign on account.
5 Risks and Issues

<table>
<thead>
<tr>
<th>Issue</th>
<th>Mitigation</th>
</tr>
</thead>
</table>
| In the event that we do not receive funding for the Registry there is a risk that ongoing delivery is threatened | - Discussions continuing with DHSC to fund the Registry for England  
- We continue to try and identify DHSC colleagues to support the development of a manufacturer levy which would directly fund the Registry |

6 Next Steps

- Acceptance of the revised Direction by NHS Digital
- Sign off by DHSC
- Implementation of Clinical Audit Platform change and communications by CARMS team to stakeholders.

6.1 Management Responsibility

Tom Denwood is Executive Director Data, Insights and Statistics (ai)  
Daniel Ray is Director of Data (DSP, Analytics, Insights, Statistics, and Research Enablement)  
Chris Roebuck is Chief Statistician Data, Insights and Statistics.  
Alison Roe is Operations Manager, Clinical Audit and Registries Management Service.  
Chris Dew, Programme Manager, Clinical Audit and Registries Management Service is the Information Asset Owner.

7 Actions Required of EMT

The paper is being submitted to EMT for acceptance of the revised Direction.
Sarah Wilkinson
Chief Executive,
NHS Digital
1 Trevelyan Square, Boar Lane
Leeds LS1 6AE

Dear Sarah

Breast and Cosmetic Implant Registry Direction (No 2) 2018

I am writing to direct the Health and Social Care Information Centre, now known as NHS Digital and thereafter referred to by this name, to continue to operate the Breast and Cosmetic Implant Registry (BCIR).

This Direction is given in exercise of the powers conferred on the Secretary of State for Health and Social Care by sections 254(1) and (6), and 304(9), (10) and (12) of the Health and Social Care Act 2012 (the Act).

This service supports the implementation of Recommendation 21 of the Keogh Review of the Regulation of Cosmetic Interventions:

“A National Breast and Cosmetic Implant Registry should be established and operational within 12 months. All cosmetic surgery providers need to keep a minimum data set that should be defined by the RCS Inter-specialty Group. This should include details of the implant, the surgeon, the hospital and appropriate outcomes, and these data need to be held in electronic format until the registry is operational. These data should be easily accessible in the case of a product recall”.

The provision of the BCIR also includes the function of informing people who have an implant of any safety risks if the provider of their implant is no longer in business (known as “the Last Resort Purpose”).

The priority is to develop and maintain a breast implant registry. However, the long-term vision is to expand the registry to other types of implant, for example, buttock and calf implants.

In accordance with section 254(2)(b) of the Act, the Secretary of State considers that this information is necessary or expedient to have in relation to his functions in connection with
the provision of health services in England.

The Direction is to be known as the **Breast and Cosmetic Implant Registry Direction (No 2) 2018** and comes into effect on DATE.

Under section 254 of the Act, NHS Digital is directed to:

- host a Breast and Cosmetic Implant Registry to support the collection and storage of patient information relating to implants provided for cosmetic or reconstructive surgery;
- trace NHS numbers, where not available, and where possible to trace for those patients whose NHS number was not initially supplied to allow unique identification within the registry;
- track latest known patient address in the event of a product failure;
- monitor the outcomes achieved by ‘brand’ of prosthesis, hospital and surgeon, and highlight where these fall below an expected performance in order to allow prompt investigation and to support follow-up action;
- undertake the Last Resort Purpose to write to patients to inform them of a product failure in the event of their cosmetic surgery provider no longer being in business, to support the provision of health care, and promotion of health.

The Breast and Cosmetic Implant Registry shall be established for England. NHS Digital should work with the devolved administrations to enable those administrations to request that NHS Digital collect data on their behalf.

**Implementation**

Data can be submitted to the Breast and Cosmetic Implant Registry for implants, including implants received prior to its launch date and will follow a schema agreed between NHS Digital and the Department of Health and Social Care. The initial dataset schema is at Appendix A.

In accordance with section 254(5) of the Act, NHS Digital has been consulted before this Direction has been given.

Please accept this letter as a Direction given under section 254(1) of the Act to NHS Digital to continue to operate the Breast and Cosmetic Implant Registry, details of which are set out in the schedule at Appendix A.

This Direction replaces the Breast and Cosmetic Implant Registry Direction issued on 6th October 2016.

Yours sincerely

Simon Reeve
Deputy Director - Public Health Systems and Strategy
Appendix A
Schedule to Direction
Breast and Cosmetic Implant Registry

System Scope

1. The Service will enable NHS Digital to collect patient identifiable data on implant devices e.g. breast implants which have been inserted into the body for cosmetic or reconstructive surgery.

2. The data shall be securely stored and managed by NHS Digital acting as an agent for the Department of Health and Social Care. No one outside NHS Digital will have access to the registry. The Breast and Cosmetic Implant Registry will track and trace patients where the Medicines and Healthcare Products Regulatory Agency considers the risk to be high and referral back to a surgeon advisable.

3. The priority is to develop and maintain a breast implant registry. However, the long-term vision is to expand the registry to other types of implant, for example, buttock and calf implants.

4. NHS Digital will become the Data Controller for data that is submitted to the registry. The key NHS Digital deliverables are as follows:
   - Develop an appropriate dataset for the Breast and Cosmetic Implant Registry. This will include mapping to existing clinical terminologies and classifications as appropriate.
   - Data will be collected from:
     - Private cosmetic surgery clinics, providing breast augmentation services.
     - NHS Providers of reconstructive and plastic surgery.
   - Trace NHS numbers, where not available, and where possible to trace for those patients whose NHS number was not initially supplied to allow unique identification within the registry.
   - Track latest known patient address in the event of a product failure.
   - Monitor the outcomes achieved by ‘brand’ of prosthesis, hospital and surgeon, and highlight where these fall below an expected performance in order to allow prompt investigation and to support follow-up action.
   - Publish data in line with its responsibilities under the Statistics and Registration Services Act 2007 (SRSA) and relevant professional guidance including the UK Statistics Authority Code of Practice for Official Statistics. NHS Digital may also publish in other forms, manner and times that it considers appropriate.
   - Disseminate data in line with its responsibilities under relevant legislation and guidance.
   - Write to patients to inform them of a product failure in the event of their cosmetic surgery provider no longer being in business. It is recognised that the provision of
a steering group will be essential to the approval of content of the letter(s) and thus a joint responsibility of the parties.
# Breast and Cosmetic Implant Registry (BCIR)

**Request by Scottish Government to enhance the register to include patients in Scotland**

## Executive Management Team Cover Note:

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<th>Date of EMT meeting:</th>
<th>13 September 2018</th>
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<tr>
<td>Sponsor Director:</td>
<td>Tom Denwood, Executive Director (ai) Data, Insights and Statistics</td>
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| Author:             | Alison Roe  
                      Senior Business and Operational Delivery Manager  
                      Clinical Audit and Registries Management Service |
<p>| Recommended Outcome:| Approval of the proposal of the Scottish Government |
| Patient/Public Interest Statement: | Direct |
| Circulation:        | EEMT only |
| Supplementary papers:| BCIR request letter from Scotland draft v4.docx |</p>
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1 Executive Summary

NHS Digital is directed by the Department of Health and Social Care to run the Breast and Cosmetic Implant Registry (BCIR). It is also directed to “work with devolved administrations to enable those administrations to request that NHS Digital collect data on their behalf”.

Therefore, the Scottish Government are requesting that NHS Digital accepts records of patients in Scotland on to the BCIR for the purpose of providing a recall service to NHS Scotland.

2 Background

In 2015 the NHS Digital Board approved the Direction for the establishment and operation of the BCIR. The BCIR for England went live in October 2016.

Under the terms of the Direction, the Scottish Government are requesting that the BCIR is enabled to accept records of patients in Scotland to provide a recall of patients in the event of a device recall by the Medicines and Healthcare products Regulatory Agency (MHRA).

The proposal is fully-costed, and the Scottish Government have confirmed that they have funding for the initial adaptation of the BCIR to accept Scottish patient records and for the ongoing maintenance of the BCIR in proportion to their patient population.

A proposal to amend the Direction to remove the requirement for patient consent is being progressed concurrently with this request. As such, this request proposes to follow the new model and patient consent will not be required.

3 The Proposal

Patient records are submitted to the BCIR by surgical providers who carry out breast reconstruction or cosmetic surgery. Currently the registry only accepts records for patients treated in England. This proposal is to allow records for patients treated in Scotland to be accepted into the registry. In the event of a device recall, the registry will provide the same facility to Scottish providers as it does to English providers by identifying the patient cohort to be recalled.

4 Implications

4.1 Strategy Implications

Enabling this request would be in line with the Direction which instructs NHS Digital to “…work with the devolved administrations to enable those administrations to request that NHS Digital collect data on their behalf”.

4.2 Financial Implications

The required implementation work and associated costs have been fully costed by the Clinical Audit and Registries Management Service as £40,388; the Scottish Government have confirmed that they have the required funding to cover this cost. Costs beyond year 1 are yet to be agreed, in part due to discussions which are currently ongoing in relation to
funding for England. There were originally plans for the BCIR to be self-funded via a levy per implant charged to manufacturers. This would be expected to cover patients in any UK nation participating in BCIR.

4.3 Stakeholder Implications
This service will provide patients and provider organisations in Scotland with a key service to enable the recall of patients in the event of a device failure.

4.4 Handling
Communications with providers of cosmetic surgery in Scotland are being handled via the Scottish Government and NHS Scotland.

4.5 Workforce Implications
The existing staff within CARMS that work on the BCIR and the ICT Developers that support the Clinical Audit Platform will cover the work.

5 Risks and Issues

<table>
<thead>
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<th>Mitigation</th>
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| In the event that we accept the request from Scotland but do not have funding to continue to run the registry for England there is a risk that we cannot afford to run the Registry | - Discussions continuing with DHSC to fund the Registry for England  
- Costs could be revised to charge Scotland more to support their exclusive use of the Registry |
| In the event that Scotland don’t agree funding for future years there is a risk that we cannot continue to host their data in the Registry | - We could extract Scottish data and return it to them if they no longer want to fund their inclusion in the Registry  
- We continue to try and identify DHSC colleagues to support the development of a manufacturer levy which would directly fund the Registry |

6 Next Steps

- Development and approval of Work package and Information Sharing Agreement between NHS Scotland and NHS Digital. We are working with our Commercial Team on an over arching POSA with Scotland; we would expect to have a POSA in place by end of October 2018.
- ICT development work on the Clinical Audit Platform to enable Scottish patient records to be submitted. We anticipate that data will start to be submitted from early 2019 but will only start once this request and funding have been approved.
- Communications by NHS Scotland to Scottish providers
- Launch of Scottish participation in the BCIR at annual plastic surgery event in Scotland, 3rd December 2018.
6.1 Management Responsibility

Tom Denwood is Executive Director Data, Insights and Statistics (ai) 
Daniel Ray is Director of Data (DSP, Analytics, Insights, Statistics, and Research Enablement) 
Chris Roebuck is Chief Statistician Data, Insights and Statistics. 
Alison Roe is the Operations Manager, Clinical Audit and Registries Management Service. 
Chris Dew, Information Analysis Lead Manager, Clinical Audit and Registries Management Service is the Information Asset Owner.

7 Actions Required of EMT

Approval to proceed with the request from the Scottish Government for inclusion of Scottish patient records in the BCIR.
Dear Sarah Wilkinson

Request for collection of Breast and Cosmetic Implant Registry data

I am writing to the Health and Social Care Information Centre (now known and referred to in this letter as “NHS Digital”) to formally request under section 255(1) of the Health and Social Care Act 2012 (the 2012 Act) that NHS Digital establishes and operates a system for the collection and analysis of information relating to the Breast and Cosmetic Implant Registry for all relevant operative procedures carried out in Scotland by either NHS Scotland and the Independent Sector. The Scottish Government considers that the information which could be obtained by NHS Digital complying with this request is information which is necessary or expedient for the Scottish Government to have in relation to the exercise of our functions, or carrying out of activities, in connection with the provision of health care in Scotland. In addition, and for the same reasons Scottish Government has encouraged the Independent Sector to gather such information for patients who undergo procedures privately.

In accordance with section 256(1) of the 2012 Act, this request is a confidential information collection request because we are asking NHS Digital to collect information which enables the identity of an individual to be ascertained. We are able to request the collection of this confidential information because in accordance with section 256(2)(c) the information may lawfully be disclosed to the Scottish Government or to NHS Digital by virtue of Articles 6 (c) and (e) of the EU General Data Protection Regulation, and of the National Health Service (Scotland) Act 1978 (c29) (the 1978 Act), which places a general duty on Scottish Ministers to promote the improvement of the physical and mental health of the people of Scotland and to
do anything which Scottish Ministers consider is likely to assist in discharging that duty.

The system to be established and operated is the Breast and Cosmetic Implant Registry.

The information to be collected is described in the Schedule to this Request and the dataset (v1.1) appended to this Request or subsequent version as published by NHS Digital on their website http://digital.nhs.uk/bcir

In accordance with section 257(4) of the Act, the Scottish Government has consulted with NHS Digital before making this request.

The Scottish Government hereby acknowledges that in submitting this Request under section 255 of the Act, NHS Digital is entitled to charge a reasonable fee pursuant to section 257(3) of the Act in respect of the cost of complying with this Request.

Yours sincerely

Professor AILEEN KEEL CBE  
Professor JASON LEITCH
## Appendix
Breast and Cosmetic Implant Registry Dataset v1.1

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**Executive Management Team Cover Note:**

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<th>Date of EMT meeting:</th>
<th>By email</th>
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<tr>
<td>Sponsor Director:</td>
<td>Tom Denwood, Executive Director (ai) of Data Insights and Statistics</td>
</tr>
<tr>
<td>Author:</td>
<td>Richard Irvine, Head of Data Management</td>
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<td>Recommended Outcome:</td>
<td>EMT’s approval for NHS England to issue the Direction to NHS Digital for collection of the Clinical Waste Management dataset and recommendation that the Accountable Officer accepts the Direction.</td>
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<td>Indirect</td>
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<td>Circulation:</td>
<td>EMT members and their teams</td>
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<td>Supplementary papers:</td>
<td>Clinical Waste Management Directions 2018 (Section 8 and Annex A)</td>
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**Final Sign Off for Directions (please note – all of the following sections must be completed along with the cover sheet)**

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<th>Data Protection Officer Sign-off?</th>
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<tr>
<td>Dear Richard,</td>
<td></td>
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<tr>
<td>This email confirms that Magi Nwolie, from the Office of the Data Protection Officer, has reviewed the “Clinical Waste Management Directions 2018 Direction” and the accompanying EMT brief and is content for these to go forward to EMT.</td>
<td></td>
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<tr>
<td>Kind regards</td>
<td></td>
</tr>
<tr>
<td>Magi</td>
<td></td>
</tr>
<tr>
<td><em>(Ifeoma) Magi Nwolie, LLB(Hons)</em></td>
<td></td>
</tr>
<tr>
<td>Senior Information Governance Specialist</td>
<td></td>
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<tr>
<td>Office of the Data Protection Officer</td>
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<td>Completed Data Protection Impact Assessment?</td>
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<td>Published transparency communication?</td>
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<td>Will the system storing the data have a System Level Security Policies?</td>
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<td>Will the IAR (Information Asset Register) review be complete before the ‘Go Live’ date?</td>
<td>Yes ☒  No ☐</td>
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<tr>
<td>Has the financial implications section of the direction briefing paper been assured by Carl Vincent prior to submission?</td>
<td>Yes ☒  No ☐</td>
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<td>8 Annex A – Direction</td>
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1 Executive Summary

NHS England has directed NHS Digital to take responsibility for the collection of information about clinical waste management arrangements in approximately 50 of the 152 acute trusts in England. This will allow NHS England to monitor contingency plans to manage clinical waste within both hospital and primary care services across the NHS.

This collection is under the Civil Contingencies Act 2004 (CCA) and is supported by an operational process where post-live Direction approval is sought in CCA circumstances, after previous Data Coordination Board out-of-committee approval.

This paper sets out the details of the Direction, actions taken to establish the implications and scope the work associated with fulfilling the Direction; and proposes that NHS Digital accept the Direction.

2 Background

The Environment Agency (EA) advised NHS Improvement (NHSI) of significant compliance issues against Healthcare Environmental Services (HES) relating to waste management. HES run permitted waste management facilities servicing large NHS waste management contracts across all sectors, including acute and primary care. They remove waste from NHS sites and either treat at their own facility or arrange off-site incineration of waste products via third parties. The collapse of HES would significantly impact the management of waste within both hospital and primary care services across the NHS (including the NHS England contract for waste management in primary care). The collection is required to monitor contingency arrangements and ensure patient safety and maintenance of essential services.

Since 28th September 2018, NHS England, supported by NHS Digital has been running daily situation reports (sitreps) and contingency collections to monitor implementation of contingency arrangements. The Secretary of State for Health and Social Care chaired a COBRA meeting regarding this matter.

The Waste Management Clinical Waste Contingency collection commenced on 28th September 2018 following consideration by the Data Coordination Board (DCB) that this activity falls within the remit of the CCA. The Clinical Waste Management sitrep collection followed shortly after on 1st October, also falling within the remit of the CCA.

For both collections data is collected from relevant NHS Trusts daily (7 days a week) and the deadline for submission is 10:00 a.m.

NHS England are now in the process of moving trusts off their contracts with Company X, in three phases, and hence will have a need for ongoing information until at least the end of November while the above activity is carried out.

Reporting on contingency arrangements ahead of any enforcement action by EA or collapse of company X is essential to understand the preparedness of the NHS and assess potential impacts on patient safety and service delivery.
Under the CCA, there is a grace period of 30 days to allow data to flow, and therefore information to be analysed, in advance of a Direction being put in place. The 30-day period covered under CCA will conclude on 27th October 2018. On 23rd October 2018, DCB acknowledged that the collection needed to be extended. The Direction will, therefore, cover the period from 28th October 2018 onwards.

3 The Proposal

As part of this proposal NHS England intend to combine the two collections into one. The new, single collection should be referred to as the Clinical Waste Management collection.

The Clinical Waste Management collection will continue to use the Strategic Data Collection Service (SDCS) which is operated by NHS Digital. SDCS is the solution that has been used for both the contingency collection (from 28th September 2018) and the sitrep collection (from 1st October 2018).

Approximately 50 acute trusts will be required to submit data. The first submission under this Direction will take place on 28th October 2018 and then daily from this point forward. The collection will continue until conclusion of the requirement (expected to be at least 30th November 2018) to best understand the preparedness of the NHS and to assess potential impacts on patient safety and service delivery.

The Clinical Waste Management collection will include the following situation report data items:

- Operational issues concerning clinical waste disposal
- Ability to maintain business critical activities
- Business continuity plan to cover supplier failure
- Facilities for clinical waste storage
- Contingency arrangements for the storage of clinical waste
- Plans to reduce elective activity/ other services
- Problems with scheduled waste collections
- Specific contact for further information

Additionally, the “contingency” data items include detail about compactors, containers, trailers, bins and storage areas.

For further detail, please refer to Annex A – Specification.

The collected data will be processed and then securely transmitted from NHS Digital to NHS England. Analysis will be undertaken by NHS England. It is expected that data will not be published.

A burden assessment has been completed for the collection of all data identified above.
4 Implications

4.1 Strategy Implications

This proposal is aligned to the agreed organisational strategy and business plan for NHS Digital. Accepting this Direction supports the objectives outlined in the NHS Digital data and information strategy, approved by the NHS Digital Board in November 2016. The themes of these objectives are shown in bolded italics below.

The right data will be collected to allow ongoing operational management of the NHS. Providing this new content to NHS England will ensure that NHS Digital meets its customer's needs. These data will be relevant, and NHS Digital will ensure it is robust in performing all of its statutory obligations.

The collection will support NHS England in their monitoring of contingency arrangements and ensuring patient safety and maintenance of essential services.

4.2 Financial Implications

NHS Digital has proposed costs and NHS England have agreed to fund this work. In summary, the costs for collecting and releasing aggregate data will be £12.5k in 2018/2019. This covers all staff costs for the collection, including implementation of the collection. The funds are to be provided by NHS England following approval of a Provision of Service Agreement (PoSA).

4.3 Information Governance Implications

NHS Digital Office of the Data Protection Officer has reviewed and confirmed approval of the Direction.

No sensitive or confidential data types were identified in the Data Protection Impact Assessment (DPIA). The asset register also records this as non-personal data, therefore the collection is considered out of scope of the DPA.

The Data Provision Notice will be published as part of the transparency materials.

4.4 Stakeholder Implications

The following stakeholders will be impacted by this Direction:

- Acute trusts who will be required to supply data through this mechanism
- NHS England who will be using collected data to understand the preparedness of the NHS and to assess potential impacts on patient safety and service delivery; and
- NHS Digital by taking over responsibility for collecting and disseminating (to NHS England) this collection. NHS England is the key client for this work.
4.5 Handling

NHS Digital are already aware of the process they are required to follow. NHS Digital are directed ‘not to publish’ the data, therefore media interest is not expected. NHS England will support NHS Digital in developing ‘lines to take’, should this not be the case, in future.

Subject to approvals and signature by both parties, the Direction will be published on NHS Digital’s website, in line with NHS Digital’s policy.

4.6 Workforce Implications

This will create a slight increase in activity for the NHS Digital Data Management and Data Collection services through 2018/19 Q3 of approximately 0.7 WTE (made up of band 5, 6, 8a and band 8b).

5 Risks and Issues

Risk: There is a risk to patient safety and maintenance of essential services if arrangements are not in place to collect these data and for NHS England to continue monitoring implementation of contingency arrangements.

Mitigation: by the acceptance of this Direction, and provision of resources funded by monies provided from NHS England.

6 Next Steps

Once the EMT have endorsed the Direction, NHS England will issue the Direction to NHS Digital enabling NHS Digital to continue work on the single combined collection. The Direction will come into force on 28th October 2018, to ensure there no interruption in this service following the 30-day grace period set out through CCA arrangements.

6.1 Management Responsibility

Tom Denwood, Executive Director of Data, Insights and Statistics (ai), Data, Insights and Statistics is the accountable executive director. Richard Irvine, Head of Data Management, will have responsibility for the proposal and will be the Information Asset Owner.

7 Actions Required of EMT

The EMT is asked to note and approve the Direction after which the Direction will be signed by Prof. Stephen Powis, National Medical Director, NHS England, and issued to NHS Digital.
NATIONAL HEALTH SERVICE, ENGLAND

The NHS Digital (Establishment of Information Systems for NHS Services: Clinical Waste Management) Directions 2018

The National Health Service Commissioning Board (known as NHS England) gives the following Directions to the Health and Social Care Information Centre, now known as NHS Digital, in exercise of the powers conferred by section 254(1) and (6), and section 304 (9), (10) and (12) of the Health and Social Care Act 2012.

In accordance with section 254(5) of the Health and Social Care Act 2012, NHS England has consulted NHS Digital before giving these Directions.

Citation, commencement and interpretation

1.——(1) These Directions may be cited as NHS Digital (Clinical Waste Management) Directions 2018 and come into force on 28th October 2018

(2) In these Directions—

“the 2012 Act” means the Health and Social Care Act 2012;

“Specification” means the Clinical Waste Management Information System Specification version 1 approved on 22nd October 2018, and annexed to these Directions at Annex A or any subsequent amended version of the same document approved by NHS England which supersedes any previous version.

Establishing and Operating Information systems for “Clinical Waste Management”

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1 The Health and Social Care Information Centre, now known as NHS Digital, is a body corporate established under section 252(1) of the Health and Social Care Act 2012

2 2012 c.7
2.—(1) In accordance with sections 254(1) and 254(6) of the 2012 Act, NHS England directs NHS Digital to establish and operate such systems for the collection or analysis of information described in sub-paragraph (2) from Relevant Organisations, such system to be known as the “Clinical Waste Management” information system.

(2) The information referred to in sub-paragraph (1) is set out in the Clinical Waste Management Information System Specification version 1.

(3) NHS England directs NHS Digital to carry out the activities described in sub-paragraph (1) in accordance with the Specification at Annex A and generally in such a way as to enable and facilitate the purposes that are described in the Specification.

S254(3) - Requirement for these Directions

4.—In accordance with section 254(3) of the 2012 Act, NHS England confirms that it is necessary or expedient for it to have the information which will be obtained through the NHS Digital complying with these Directions in relation to NHS England’s functions in connection with the provision of NHS Services.

Fees and Accounts

5. — Pursuant to section 254(7) of the 2012 Act, NHS Digital is entitled to charge a reasonable fee in respect of the cost of NHS Digital complying with these Directions.

6. — NHS Digital must keep proper accounts, and proper records in relation to the accounts, in connection with the Clinical Waste Management Information System.

Review of these Directions

7. — These Directions will be reviewed when the Specification is amended. This review will include consultation with NHS Digital as required by section 254(5) of the 2012 Act.

Signed by authority of NHS England

Address:
NHS England
Quarry House
Leeds
LS2 7UE

Prof S Powis
Caldicott Guardian

22nd October 2018
ANNEX

Annex A
Specification

(Please see VBR Document Library)
Executive Management Team Cover Note:

<table>
<thead>
<tr>
<th>Date of EMT meeting:</th>
<th>By email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsor Director:</td>
<td>Tom Denwood, Executive Director of Data Insights and Statistics (ai).</td>
</tr>
<tr>
<td>Author:</td>
<td>Richard Irvine, Head of Data Management.</td>
</tr>
<tr>
<td>Recommended Outcome:</td>
<td>EMT’s acceptance of the NHS England Direction to NHS Digital for collection of the Winter Assurance Collection dataset and recommendation that the Accounting Officer accepts the Direction.</td>
</tr>
<tr>
<td>Patient/Public Interest Statement:</td>
<td>None</td>
</tr>
<tr>
<td>Circulation:</td>
<td>EMT members and their teams</td>
</tr>
<tr>
<td>Supplementary papers:</td>
<td>See Section 8 for Direction</td>
</tr>
</tbody>
</table>

**Final Sign Off for Directions (please note – all of the following sections must be completed along with the cover sheet)**

<table>
<thead>
<tr>
<th>Data Protection Officer Sign-off?</th>
<th>Yes ☒ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Dear Richard,</td>
<td></td>
</tr>
<tr>
<td>This email confirms that Magi Nwolie, from the Office of the Data Protection Officer, has reviewed the &quot;Winter Assurance Collection Directions 2018&quot; and the accompanying EMT brief and is content for these to go forward to EMT.</td>
<td></td>
</tr>
<tr>
<td>Kind regards</td>
<td></td>
</tr>
<tr>
<td>Magi</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Yes ☒</td>
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<tr>
<td>------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Unified Asset Register entry obtained?</td>
<td></td>
</tr>
<tr>
<td>IAR0000756</td>
<td></td>
</tr>
<tr>
<td>Completed Data Protection Impact Assessment?</td>
<td>Yes ☐</td>
</tr>
<tr>
<td>Not required as no personal data is to be collected</td>
<td></td>
</tr>
<tr>
<td>Published transparency communication?</td>
<td>Yes ☐</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>Will the system storing the data have a System Level Security Policies?</td>
<td>Yes ☒</td>
</tr>
<tr>
<td>Will the IAR (Information Asset Register) review be complete before the ‘Go Live’ date?</td>
<td>Yes ☒</td>
</tr>
<tr>
<td>Has the financial implications section of the direction briefing paper been assured by Carl Vincent prior to submission?</td>
<td>Yes ☒</td>
</tr>
</tbody>
</table>
Contents

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   4.4 Stakeholder Implications 6
   4.5 Handling 6
   4.6 Workforce Implications 6
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6 Next Steps 6
   6.1 Management Responsibility 6
7 Actions Required of EMT 7
8 Direction 8
1 Executive Summary

NHS England is proposing to direct NHS Digital to take responsibility for the collection of information regarding the expected demand on, and capacity of, Primary Care and Urgent Services through the winter period. This collection will be known as the Winter Assurance Collection.

By collecting these data, it will act to ensure that specifically over Christmas and New Year, NHS England are able to assure readiness of Primary Care and Urgent Care Services to cope with the demand and that sufficient capacity and cover arrangements are in place.

This paper sets out the details of the Direction, actions taken to establish the implications and scope the work associated with fulfilling the Direction; and proposes that NHS Digital accept the Direction.

2 Background

Assurance of primary care readiness for the Christmas and New Year period 2018/19 is in two parts this year:

1. **Primary Medical Care Planning** – covering high-level assurances on key preparations for the period and assessments of readiness in key areas.

   Primary Medical Care includes:
   - General Practice
   - Extended GP Access Hubs (or local equivalent services)
   - GP Out of hours

2. **Other Primary Care** – covering details of additional capacity put in place for each day through the Christmas and New Year period to ensure identified peaks in demand are met.

   Other Primary Care includes:
   - Urgent Dental Care
   - Community Pharmacy

The Christmas and New Year period is defined as: Thursday 20\textsuperscript{th} December 2018 to Monday 7\textsuperscript{th} January 2019 inclusive.

Clinical Commissioning Groups (CCGs) are required to submit data on behalf of the providers within their footprint. In addition to providing assurances at individual CCG-level, returns will be aggregated to provide regional- and national-level assurances of readiness during this period.
3 The Proposal

The information will be monitored through the new Winter Assurance Collection, which is to be set up via the Strategic Data Collection Service (SDCS) and operated by NHS Digital.

CCGs will be required to submit data on delivery of Primary Medical Care and Other Primary Care services from their commissioned providers of these activities.

CCGs will have a period of 15 days (between 16th – 30th November) to submit a completed return. This will be a one-off collection.

The collected data will be processed and then securely transmitted from NHS Digital to NHS England. Analysis is for management purposes and won’t be formally published. However, it will be made available in full under a Freedom of Information request.

4 Implications

4.1 Strategy Implications

This proposal is aligned to the agreed organisational strategy and business plan for NHS Digital. Accepting this Direction supports the objectives outlined in the NHS Digital data and information strategy, approved by the NHS Digital Board in November 2016. The themes of these objectives are shown in **bolded italics** below.

The **right data** will be collected to allow ongoing operational management of the NHS. Providing this **new content** to NHS England will ensure that NHS Digital meets its **customer's needs**. These data will be **relevant**, and NHS Digital will ensure it is robust in performing all of its **statutory obligations**.

This collection forms part of the assurance work to ensure there is sufficient availability of capacity and associated cover to match the expected demand across the primary care and urgent care services throughout the winter period.

4.2 Financial Implications

NHS Digital has proposed costs and NHS England have agreed to fund this work. In summary, the costs for collecting and releasing aggregate data will be £8.5k in 2018/2019. This covers all staff costs for the collection including implementation of the collection. The funds are to be provided by NHS England following approval of a Provision of Service Agreement (PoSA).

4.3 Information Governance Implications

NHS Digital Office of the Data Protection Officer has reviewed and confirmed approval of the Direction, please see the attached email.

No sensitive or confidential data types were identified in the Data Protection Impact Assessment (DPIA). The asset register also records this as non-personal data, therefore the collection is considered out of scope of the DPA.
4.4 Stakeholder Implications

The following stakeholders will be impacted by this Direction:

- CCGs who will be supplying information around plans to ensure primary care and urgent care services run smoothly over the Christmas period.
- NHS England by undertaking monitoring and assurance of these plans; and
- NHS Digital by taking over responsibility for collecting and disseminating (to NHS England) this collection.

4.5 Handling

NHS Digital media team are aware of the process they are required to follow.

It is expected that once data is collected, it will be processed by NHS Digital’s Data Management Service and supplied in the form of aggregate output to NHS England. NHS Digital are directed ‘not to publish’ the data, therefore media interest is not expected. NHS England will support NHS Digital in developing ‘lines to take’, should this not be the case, in future.

4.6 Workforce Implications

This will create a slight increase in activity for the NHS Digital Data Management and Data Collection services in the current financial year (2018/19) of 0.15 WTE (made up of Bands 5, 6, 8a and 8b).

5 Risks and Issues

Risk: Reputational risk to NHS England if arrangements are not in place to collect these data in line with the NHS Five Year Forward View.

Mitigation: by the acceptance of this Direction, and provision of resources funded by monies provided from NHS England.

6 Next Steps

Once the EMT have accepted the Direction, NHS England will issue the Direction to NHS Digital enabling NHS Digital to commence work from as soon as possible, and in time to meet the timescales set out through this work. The collection is due to commence in November 2018.

6.1 Management Responsibility

Tom Denwood, Executive Director of Data, Insights and Statistics (ai), Data, Insights and Statistics is the accountable executive director. Richard Irvine, Head of Data Management, will have responsibility for the proposal and will be the Information Asset Owner.
7 Actions Required of EMT

The EMT is asked to note and accept the Direction after which the Direction will be signed by Prof. Stephen Powis, National Medical Director, NHS England, and issued to NHS Digital.
8 Direction

DIRECTIONS

NATIONAL HEALTH SERVICE, ENGLAND

The NHS Digital (Establishment of Information Systems for NHS Services: Winter Assurance Collection) Directions 2018

The National Health Service Commissioning Board (known as NHS England) gives the following Directions to the Health and Social Care Information Centre¹, now known as and hereafter referred to as NHS Digital, in exercise of the powers conferred by section 254(1) and (6).

In accordance with section 254(5) of the Health and Social Care Act 2012, NHS England has consulted NHS Digital before giving these Directions.

Citation, commencement and interpretation

1.—(1) These Directions may be cited as NHS Digital (Winter Assurance Collection) Directions 2018 and come into force on 1st November 2018

(2) In these Directions—

“the Act” means the Health and Social Care Act 2012;

“the Regulations” means the National Institute for Health and Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013;

“Specification” means the Winter Assurance Collection Information System Specification version 1.0 approved on 1st November 2018, and annexed to these Directions at Annex A or any subsequent amended version of the same document approved by NHS England which supersedes any previous version.

Establishing and Operating Information systems for “Winter Assurance Collection”

2.—(1) In accordance with sections 254(1) and 254(6) of the 2012 Act, NHS England directs NHS Digital to establish and operate such systems for the collection or analysis of information described in

¹ The Health and Social Care Information Centre, now known as NHS Digital, is a body corporate established under section 252(1) of the Health and Social Care Act 2012
sub-paragraph (2) from Relevant Organisations, such system to be known as “Winter Assurance Collection” information system.

(2) The information referred to in sub-paragraph (1) is set out in the Winter Assurance Collection Information System Specification version 1.0.

(3) NHS England directs NHS Digital to carry out the activities described in sub-paragraph (1) in accordance with the Specification at Annex A and generally in such a way as to enable and facilitate the purposes that are described in the Specification.

S254(3) - Requirement for these Directions

4.—In accordance with section 254(3) of the 2012 Act, NHS England confirms that it is necessary or expedient for it to have the information which will be obtained through the NHS Digital complying with these Directions in relation to NHS England’s functions in connection with the provision of NHS Services.

Fees and Accounts

5. — Pursuant to sub-section 254(7) of the 2012 Act, NHS Digital is entitled to charge a reasonable fee in respect of the cost of NHS Digital complying with these Directions.

6.— NHS Digital must keep proper accounts, and proper records in relation to the accounts, in connection with the Winter Assurance Collection Information System.

Review of these Directions

7. — These Directions will be reviewed when the Specification is amended. This review will include consultation with NHS Digital as required by section 254(5) of the 2012 Act.

Signed by authority of NHS England

Address:
NHS England
Quarry House
Leeds
LS2 7UE

Prof S Powis
Caldicott Guardian

17/09/2018
ANNEX

Annex A
Specification

(Please see VBR Document Library)
Establishment of Information Systems for NHS Services: Maternity Services Directions 2018

Executive Management Team Cover Note:

<table>
<thead>
<tr>
<th>Date of EMT meeting:</th>
<th>By email</th>
</tr>
</thead>
</table>
| Sponsor Director:    | Tom Denwood  
                      Executive Director, Data, Insights and Statistics (ai) |
| Author:              | Tom Latham  
                      Business and Operational Delivery Manager  
                      Data Set Development Service  
                      Data, Insights and Statistics |
| Recommended Outcome: | EMT recommends that the Accounting Officer accepts the Direction |
| Patient/Public Interest Statement: | Indirect – reduction in burden of data set submission |
| Circulation:         | EMT only |
| Supplementary papers:| Direction (see Section 8) |

Final Sign Off for Directions (please note – all of the following sections must be completed along with the cover sheet)

<table>
<thead>
<tr>
<th>Data Protection Officer Sign-off?</th>
<th>Yes ☒ No ☐</th>
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<tbody>
<tr>
<td>Unified Asset Register entry obtained?</td>
<td>Yes ☒ No ☐</td>
</tr>
</tbody>
</table>

Yes – see Appendix B
<table>
<thead>
<tr>
<th></th>
<th>Yes ☒ No ☐</th>
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<tr>
<td>Completed Data Protection Impact Assessment?</td>
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The Health and Social Care Information Centre is a non-departmental body created by statute, also known as NHS Digital.
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3. The Proposal
4. Implications
   4.1 Strategy Implications
   4.2 Financial Implications
   4.3 Information Governance Implications
   4.4 Stakeholder Implications
   4.5 Handling
   4.6 Workforce Implications
5. Risks and Issues
6. Next Steps
   6.1 Management Responsibility
7. Actions Required of EMT
Appendix A – Data Protection Officer sign off
Appendix B – Unified Register Entry
8. Maternity Services Direction from NHS England
1. Executive Summary

This paper sets out the background of the Maternity Services Data Set (MSDS) v2.0 Information Standard in order to explain the context behind the Maternity Services Direction which is provided alongside this paper for approval by EMT.

MSDS v2.0 replaces the MSDS v1.5 Information Standard and related direction, which was accepted by the Accounting Officer in June 2015.

2. Background

MSDS v2.0 is a patient-level data set that captures key information at each stage of the maternity care pathway including mother’s demographics, booking appointments, admissions and re-admissions, screening tests, labour and delivery along with baby’s demographics, admissions, diagnoses and screening tests. As a secondary uses data set it re-uses clinical and operational data for purposes other than direct patient care. It specifies the data items, definitions and associated value sets extracted or derived from local information systems and sent to NHS Digital for analysis purposes.

Following a development process which involved extensive stakeholder engagement in the form of workshops, site visits, expert reference group meetings and an online public consultation, the MSDS v2.0 Information Standards Notice (ISN) was approved by the Data Coordination Board (DCB) at their August meeting and published on 14th September. MSDS v2.0 replaces the current version of the data set (v1.5) and includes a number of changes designed to support the NHS England Maternity Transformation Programme and Better Births report. Further updates to the data set are planned in the future to incorporate stakeholder feedback and any further new requirements received, though the developers intend to allow a period of stability for around two years following this release to allow stakeholders to become familiar with the updated structure.

3. The Proposal

NHS Digital has been directed by NHS England under section 254 of the Health and Social Care Act 2012 to establish and operate a system for the collection and analysis of the MSDS information. A direction is already in place to cover MSDS v1.5 and is available on the NHS Digital website. MSDS v1.5 has collected data since June 2015, and all NHS funded maternity providers, except one independent provider, already submit data to the MSDS.

The revised direction is designed to cover the updated data set, as detailed in the embedded Requirements Specification and Technical Output Specification, and replaces the previous artefacts endorsed by EMT in June 2015. The revised specification constitutes a redesign of the existing data set structure and includes 214 new data items and 40 amendments, with 160 old data items retired. The revised direction also ensures that all obligations with respect to GDPR are covered, including data linkage (this has been confirmed by the NHS Digital Office of the Data Protection Officer).

The stakeholders are therefore seeking formal acceptance of the Maternity Services Direction.
4. Implications

4.1 Strategy Implications

MSDS v2.0 will help to support data outcomes for research and oversight by providing more comprehensive data covering all aspects of NHS-funded maternity care. The data set is part of the Sharing Data and Information workstream of the Maternity Transformation Programme, and the data will cover important Better Births initiatives such as continuity of carer and personalised care plans, as well as supporting payment currencies.

The MSDS data will be made available in publications and data visualisation tools, as well in the form of extracts sent to providers and commissioners and accessible to researchers through the Data Access Request Service (DARS).

The structure of MSDS v2.0 is aligned with other data sets developed by the Data Set Development Service, including the Mental Health Services Data Set (MHSDS) and Community Services Data Set (CSDS). Alignment with other data sets facilitates data linkage activity, and the modular approach taken also aligns MSDS with the future Enabling Data Architecture (EnDA) model.

The use of SNOMED CT within MSDS v2.0 conforms and contributes to the Personalised Health and Care 2020 policy, which required local systems to move to using SNOMED CT as the single standard for holding data locally for primary use in all care settings by April 2020. This is also set out in the SCCI0034: SNOMED CT Information Standard.

4.2 Financial Implications

The MSDS v2.0 development is jointly funded by NHS Digital and the NHS England Maternity Transformation Programme through a combination of capital and revenue funding for the 2018-19 financial year. A provision of service agreement (POSA) between NHS Digital and NHS England has been signed off for NHS England to provide the required revenue funding for 2018-19 (£760,464). The remainder of funding for 2018-19 is provided by NHS Digital as capital (£368,814) to deliver the implementation of MSDS v2.0. The NHS Digital funding was approved by the Finance and Commercial Assurance Panel (FCAP) on 3rd October 2018. The funding was approved by FCAP rather than the Technology and Data Investment Board (TDIB) because it is part of business as usual work to ‘maintain’ an existing data set, rather than a programme or project.

There are funding implications for care provider organisations. Providers should expect some resource to be required to uplift data collection to enable extraction of the required data items and should allow for work required to amend their MSDS submissions as part of their standard budget, as agreed with commissioners. This cost is estimated as around £20k per Trust for the first year. However, the longer-term burden on care providers will be reduced through the new data set structure which better replicates clinical systems, and the submission of SNOMED CT codes reducing the need for manual data mapping for the majority of clinical data (e.g. diagnoses, procedures) captured within the data set.
4.3 Information Governance Implications

4.3.1 Impact on individuals’ privacy

The data set collects special categories of personal data as defined in data protection law, it is also owed a duty of confidence. This level of data is also analysed and linked to other information assets. Any requests for release of this level of data is handled through the Data Access Request Service (DARS) which includes relevant assurances before consideration by IGARD. A Data Protection Impact Assessment (DPIA) has been developed to ensure that relevant privacy risks are identified, understood and mitigated, and has been signed off by Claire Corney in the Office of the SIRO.

All publications are anonymised, so are not likely to identify any individuals and are out of scope of data protection laws and the common law duty of confidence.

4.3.2 Informing individuals of their rights

NHS Digital has a legal obligation to process the data and therefore individuals can exercise the following rights:

- Right to be informed
- Right of access
- Right to rectification
- Right to restrict processing – where an individual contests the accuracy of the personal data, processing should be restricted until accuracy has been verified

Individuals have been informed of these rights through transparency material published on the NHS Digital website, which has been reviewed and approved by Claire Corney in the Office of the SIRO. Consideration of any rights will be handled by the appropriate teams within NHS Digital.

4.3.3 Right to object or national data opt-out

The right to object does not apply as NHS Digital has a legal obligation to process the data.

However, patients have a right to set a national data opt-out preference to prevent their data being used for purposes beyond their direct care and treatment. Where an opt-out is received from a patient (or, in the case of a child, their parent or guardian), NHS Digital will exclude the relevant records from any onward dissemination of the data. Individuals have been informed of this right through information published on the NHS Digital website.

4.3.4 Information Asset Owner

The Information Asset Owner (IAO) for the data set is Katharine Robbins, Information Analysis Lead Manager, Community and Mental Health team.

4.3.5 Data controllership

The joint data controllers for MSDS v2.0 are NHS Digital and NHS England.

4.4 Stakeholder Implications

Extensive stakeholder consultation has taken place as part of the development process to ensure that stakeholders are aware and supportive of the changes. MSDS v2.0 will offer richer and more
detailed data for NHS England, who are the key client for the updated data set, and other data requestors. Matthew Jolly (National Clinical Director for the Maternity Review and Women’s Health) is the Senior Responsible Owner of MSDS v2.0 for the purposes of the DCB approvals process and is fully supportive of the changes.

The changes to the data set will also have an impact on care providers and their system suppliers, and a burden assessment has been completed in order to assess this. The total estimated burden across 135 providers is £2.6 million per annum. The burden is expected to reduce over time as more system suppliers adopt SNOMED CT.

The developers of MSDS v2.0 have worked closely with the developers of the maternity record standard, which is being developed by NHS Digital in conjunction with the Professional Records Standards Body (PRSB), to ensure that the data set and data standard are closely aligned. The record standard is for primary use purposes and defines the data that should be captured for direct patient care, whereas the data set provides information for secondary uses and can be seen as a subset of the full maternity record. By aligning the record standard and data set, the information captured and shared by maternity services will meet the clinical needs of the professionals capturing the data and also serve as a more comprehensive data set for secondary purposes.

4.5 Handling
An MSDS v2.0 Implementation and Communication Plan has been created and was reviewed and approved as part of the DCB process. This contains a detailed timeline for implementation, as well as a series of key messages which need to be communicated and the target audiences for these. This plan outlines that the implementation of MSDS v2.0 will take eight months, with data set submissions beginning in May 2019.

In terms of the publication of the directions specifically, subject to approvals and signature by both parties the Direction/Request will be published on the NHS Digital website in line with NHS Digital’s policy. Publication of the direction will be communicated through the monthly Maternity Information Update which is sent to all interested stakeholders. The media team are aware of these plans and have reviewed and approved the draft direction.

4.6 Workforce Implications
NHS Digital has a central reporting system where an anonymised version of the MSDS is held for reporting purposes. Analysts working at NHS Digital will be required to analyse the data in new ways due to the new structure of the data set, as well as to satisfy additional reporting requirements. The relevant analytical teams and IAO have been involved in and are supportive of the v2.0 proposals. There are also support implications for the MSDS v2.0 submission portal, which is changing to the Strategic Data Collection Service (SDCS) rather than the Bureau Service Portal (BSP) which is currently used. This support is being handled by the Digital Delivery Centre (DDC) as part of their service wrap.
5. Risks and Issues

The main risks and issues associated with MSDS v2.0 are those identified during the DCB approvals process, and are as follows:

**Risk:** The annual refresh strategy for the data set restricts the length of time that can be allowed for implementation to around seven months.

*Mitigation:* Through regular engagement with data submitters (e.g. at dedicated events) and provision of additional guidance (e.g. SNOMED CT mapping documents).

**Risk:** Use of new collection platform (SDCS) and other implementation challenges.

*Mitigation:* Assurance provided by SDCS developers and extensive, documented testing and piloting activity prior to go-live.

These risks have also been signed off by NHS England as part of the process for gaining DCB approval.

6. Next Steps

- Data Provision Notice being developed and will require sign-off by the IAO and SIRO
- Stakeholder engagement to take place on an ongoing basis, including stakeholder events in November 2018 and a state of readiness questionnaire circulated in early 2019
- Piloting of the new data set to take place in January/February 2019
- Submissions of v2.0 data to begin in May 2019 (for April 2019 data)

6.1 Management Responsibility

- Executive Director Data, Insights and Statistics (ai): Tom Denwood
- Programme Director Data Content and New Data Collection: Jackie Shears
- Lead developer: Tom Latham, Business and Operational Delivery Manager, Data Set Development Service
- IAO: is Katharine Robbins

7. Actions Required of EMT

EMT are requested to review and approve the provided Maternity Services Direction from NHS England to allow NHS Digital to establish and maintain the collection and analysis of the MSDS v2.0 information.
Appendix A – Data Protection Officer sign off

Magi Nwolie from the Office of the Data Protection Officer has reviewed the direction and this paper, and confirmed that she is content for these to proceed for EMT sign off – see statement and embedded email below:

“This email confirms that Magi Nwolie, from the Office of the Data Protection Officer, has reviewed the “Maternity Services Data Set (MSDS) v2.0 Direction” and the accompanying EMT brief and is content for these to go forward to EMT.”
Appendix B – Unified Register Entry

A Unified Register entry covering the MSDS is listed under reference number IAR0000119. Please see the below screenshot for confirmation of this:
8. Maternity Services Direction from NHS England

NATIONAL HEALTH SERVICE, ENGLAND

The NHS Digital (Establishment of Information Systems for NHS Services: Maternity Services) Directions 2018

The National Health Service Commissioning Board\(^1\) (known as NHS England) gives the following Directions to the Health and Social Care Information Centre, now known as NHS Digital in exercise of the powers conferred by sections 254(1), (3) and (6) of the Health and Social Care Act 2012.

In accordance with section 254(5) of the Health and Social Care Act 2012, NHS England has consulted NHS Digital before giving these Directions.

Citation, commencement and interpretation

1. These Directions may be cited as The NHS Digital (Establishment of Information Systems for NHS Services: Maternity Services) Directions 2018 and shall come into force on 1 October 2018.

2. In these Directions–

   “The 2012 Act” means the Health and Social Care Act 2012\(^2\);
“Relevant Organisation” means an organisation type that is listed under “applies to” in the Specification;

“DCB” means the Data Coordination Board;

“Specification” means the Maternity Services Data Set Version 2.0 – Requirements Specification dated 14/09/2018

“Technical Output Specification” means the Maternity Services Data Set (MSDS) v2.0 Technical Output Specification dated 17/08/2018

Establishing and Operating the Maternity Services Information System

3. (1) Pursuant to its powers under sections 254(1) and 254(6) of the 2012 Act, NHS England directs NHS Digital to establish and operate a system for the collection and analysis of the information described in sub-paragraph (2) from the Relevant Organisations, such system to be known as “the Maternity Services Information System”.

(2) The information referred to in sub-paragraph (1) is the information described in the Technical Output Specification.

(3) NHS England directs NHS Digital to carry out the activities described in sub-paragraph (1) in accordance with the Specification and generally in such a way as to enable and facilitate the purposes that are described in the Specification at Annex A.

S254(3) - Requirement for these Directions

4. In accordance with section 254(3) of the 2012 Act, NHS England confirms that it is necessary or expedient for it to have the information which will be obtained through NHS Digital complying with these Directions in relation to NHS England’s functions in connection with the provision of NHS Services.

Fees and Accounts

5. Pursuant to sub-section 254(7) of the 2012 Act, NHS Digital is entitled to charge NHS England a reasonable fee in respect of the cost of NHS Digital complying with these Directions and NHS England acknowledges such right and agrees to meet such reasonable fee charged by NHS Digital.

6. NHS Digital must keep proper accounts, and proper records in relation to the accounts, in connection with the Maternity Services Information System.
Review of these Directions

7. These Directions will be reviewed when the Specification is amended. This review will include consultation with the NHS Digital as required by section 254(5) of the 2012 Act.

Signed by authority of NHS England

Prof S Powis  
Caldicott Guardian

[INSERT DATE]
EMT briefing paper – Direction to cover Maternity Services Data Set (MSDS) v2.0

Annex A – Maternity Services Data Set Version 2.0 Requirements Specification
(Please see VBR Document Library)

Annex B – Maternity Services Data Set (MSDS) v2.0 Technical Output Specification
(Please see VBR Document Library)
Health and Social Care Network (HSCN)

Devolved Nation access request - Wales

Executive Management Team Cover Note:

<table>
<thead>
<tr>
<th>Date of EMT meeting:</th>
<th>20 September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsor Director:</td>
<td>Rob Shaw, Deputy Chief Executive</td>
</tr>
<tr>
<td>Author:</td>
<td>Tom Paterson, Programme Manager, HSCN</td>
</tr>
<tr>
<td>Recommended Outcome:</td>
<td>Accept the request to extend Health &amp; Social Care Network (HSCN) connectivity to Wales.</td>
</tr>
<tr>
<td>Patient/Public Interest(^1) Statement:</td>
<td>Indirect. The HSCN is not directly accessible to patients or the public although it is used by frontline organisations providing direct care services.</td>
</tr>
<tr>
<td>Circulation:</td>
<td>Standard. No special instructions.</td>
</tr>
<tr>
<td>Supplementary papers:</td>
<td>HSCN Request Letter - The Velindre NHS Trust v0.5</td>
</tr>
</tbody>
</table>

Final Sign Off for Directions (please note – all of the following sections must be completed along with the cover sheet)

| Data Protection Officer Sign-off? (if answered yes please attach evidence) | Yes ☒ No ☐ |

1. Direct (for example, part of a service that will be used by patients or the public)
2. Indirect (for example, a reduction in administrative burden which frees up more time for direct patient care)
3. Realisable only in the medium or longer term (for example, where part of a longer term programme)
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Unified Asset Register entry obtained? (if answered yes please attach evidence) | Yes ☒ No ☐ | - IAR0000394 - HSCN Customer Contact Information  
- IAR0000395 - HSCN Connection Agreements  
- IAR0000524 - HSCN Network Analytics Service (NAS)  
- IAR0000538 - HSCN Network Monitoring Service (NMS)  
- IAR0000548 - HSCN Trust Funding Information |
| Completed Data Protection Impact Assessment?                             | Yes ☒ No ☐ | - IAR0000524 - HSCN Network Analytics Service (NAS) – DPIA Final  
- IAR0000538 - HSCN Network Monitoring Service (NMS) – DPIA Final |
| Will the system storing the data have a System Level Security Policies? (before the information asset collection) | Yes ☒ No ☐ | - SLSP0000106  
- SLSP0000107 |
| Will the IAR (Information Asset Register) review be complete before the ‘Go Live’ date? | Yes ☒ No ☐ | - IAR0000394 - HSCN Customer Contact Information  
- IAR0000395 - HSCN Connection Agreements  
- IAR0000524 - HSCN Network Analytics Service (NAS)  
- IAR0000538 - HSCN Network Monitoring Service (NMS)  
- IAR0000548 - HSCN Trust Funding Information |
| Has the financial implications section of the direction briefing paper been assured by Carl Vincent prior to submission? | Yes ☒ No ☐ | |
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6 Next Steps 7
  6.1 Management Responsibility 7
7 Actions Required of EMT 7
1 Executive Summary

The Health and Social Care Network (HSCN) is a wide area data network that has been established to provide a reliable, efficient and flexible way for health and social care organisations to access and exchange electronic information.

A request, based upon section 255 the Health and Social Care Act 2012 (H&SCA) has been received from the Velindre NHS Trust, acting as the agent of NHS Wales, to make HSCN available to care providers in Wales (via the NHS Wales Informatics Service national managed gateway).

It is recommended that this request should be accepted as NHS providers in Wales require access to the HSCN to maintain existing access to digital applications and services and the resulting arrangements will effectively replicate those that have operated without issue on the predecessor wide area data network, the Transition Network.

2 Background

The Health and Social Care Network (HSCN) is a wide area data network that has been established to provide a reliable, efficient and flexible way for health and social care organisations to access and exchange electronic information.

The HSCN is a key transitional stage in achieving the vision of making digital health and social care services ubiquitously available over the internet. In providing both public and private connectivity over one connection it:

i) supports organisations and services move to internet and cloud-based architectures while also
ii) provides highly performant access to the critical digital services upon which health and care relies that are not currently available on the internet and
iii) helps organisations protect themselves against network related cybersecurity threats.

All consumers connected to the legacy network that HSCN replaces, the Transition Network, are required to procure replacement services and migrate to the HSCN as soon as possible and not later than 31 August 2020.

Among these consumers are the three devolved administrations of Wales, Scotland and Northern Ireland each of whom connect to the Transition Network via a network gateway.

The Department of Health & Social Care issued a direction for NHS Digital to establish and operate the HSCN in England on 19 October 2017 with an expectation that devolved administrations would subsequently request access, based upon section 255 of the Health and Social Care Act 2012 (the Act), should they require it.

A section 255 request has been received from the Velindre NHS Trust, acting as the agent of the Welsh Government, to make HSCN available to care providers in Wales via the NHS
Wales Informatics Service national managed gateway. A copy of the request can be found in Appendix A.

In line with established protocol for such matters the request has been prepared in close collaboration between the Velindre Trust (Steve Ham), NHS Wales Informatics Service (Paul Williams) and the HSCN Programme (Tom Paterson). As well as the Office of the Data Protection Officer (Magi Nwolie and Joanne Treddenick), NHS-D Legal (Liz Britton) all of whom confirm the legal basis is suitable. The Department of Health and Social Care (Victoria Cave) has confirmed that the Secretary of State does not intend to utilise his powers under the Act to direct NHS Digital to comply or not to comply with the request.

3 The Proposal

The proposal is to extend access to HSCN beyond England’s borders by providing the necessary network connectivity to Wales, via a CNSP, which as a by-product would result in summary IP related information being collected from all network traffic that traverses this national gateway.

The Health and Social Care Act 2012 provides a mechanism under section 255 for health and care organisations, including devolved administrations, to make a request for NHS Digital to collect or analyse specified information. The specific information is to be collected via the HSCN Network Analytics Service (NAS), which collects meta data about each digital conversation that takes place on HSCN. Typically, the meta data includes source and destination IP addresses, protocol used, port, time and size but not the content of the conversation.

This request letter is a pre-migration dependency prior to any physical or logical migration taking place from the TN to HSCN. The high-level process flow is described below:

i. Devolved nation access request letter submitted and accepted by NHS Digital
ii. HSCN Connection Agreement(s) signed
iii. A TN-HSCN migration procurement is run and awarded to a successful CNSP
iv. Migration of the national gateway to HSCN planned and completed successfully
v. The legacy TN service(s) are ceased

The EMT is asked to consider and accept the final draft of the “HSCN Request Letter - The Velindre NHS Trust” (attached in Appendix A) from the Velindre NHS Trust to NHS Digital.
4 Implications

4.1 Strategy Implications
Acceptance of this request will support the NHS Digital strategy objective of ensuring the timely migration of consumers from the Transition Network to HSCN.

4.2 Financial Implications
The cost impact to NHS Digital of supporting this request is negligible as NHS Wales will fund the costs associated with connecting into the HSCN and their connection will be one of circa 12,000 that rely on the central infrastructure that NHS Digital funds.

4.3 Stakeholder Implications
Acceptance of this request has minimal to no stakeholder implications as it is essentially replicating existing arrangements in place on the Transition Network.

4.4 Handling
Engagement in relation to this request will be handled by the HSCN programme team on behalf of NHS Digital and by the Velindre NHS Trust on behalf of NHS Wales. There are no media or public handing requirements associated with this request.

4.5 Workforce Implications
The workforce impact to NHS Digital of supporting this request is negligible as the NHS Wales gateway will be one of circa 12,000 connection that NHS Digital is migrating to HSCN and overseeing the subsequent service provision.

5 Risks and Issues

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk - migration of the NHS in Wales to HSCN is delayed or prevented by the absence of authority to provide access.</td>
<td>Seek authority to connect NHS Wales organisations to the HSCN via the NHS Wales Informatics Service national managed gateway, via this request.</td>
</tr>
<tr>
<td>Risk - access to or performance of applications is impacted during migration or subsequent live service</td>
<td>NHS Digital will ensure robust support is provided during migration and live service to minimise the risk and impact of any issues that may occur.</td>
</tr>
</tbody>
</table>
6 Next Steps

Devolved Nation – Wales
1. Approve attached request letter – Sept 2018
2. Raise BT TACO request – Sept 2018
3. Migrate Wales’s NWIS managed national gateway from TN to HSCN – Sept 2018

Devolved Nations – Scotland and Northern Ireland
4. Raise and submit request letters – Sept 2018
5. End customers sign the relevant Connection Agreement(s) – by Oct 2018
6. Present to Core EMT – Oct 2018
7. Migrate the two national gateways from TN to HSCN – Jan / Feb 2019

6.1 Management Responsibility

Director responsible: Dermot Ryan, Director for the Health and Social Care Network programme

Executive Director: Rob Shaw, Deputy Chief Executive – NHS Digital

7 Actions Required of EMT

The EMT is asked to consider and accept the final draft of the “HSCN Request Letter - The Velindre NHS Trust” request letter to NHS Digital, which would allow HSCN connectivity services to Wales, via the NWIS managed national gateway.
Annex A – Draft request letter

Ms Sarah Wilkinson
Chief Executive
NHS Digital
1 Trevelyan Square
Boar Lane
Leeds
LS1 6AE

2nd July 2018

Dear Ms Wilkinson,

Section 255 Health and Social Care Act 2012: HSCN Connectivity Services for NHS Wales.

I am writing to the Health and Social Care Information Centre (now known and referred to in this letter as “NHS Digital”) to formally request under section 255(1) of the Health and Social Care Act 2012 (the 2012 Act), that NHS Digital establishes and operates a system for the collection and analysis of information relating to the Health and Social Care Network (HSCN).

The system to be established and operated is the provision of HSCN Connectivity Services for NHS Wales, the purpose of which is to enable the NHS in Wales continued access to the applications and services available within the Transition Network (TN). Connectivity access is currently provided via the NHS Wales / TN Gateway, which is provided by the NHS Wales Informatics Service (NWIS), a non-statutory organisation hosted by the Velindre NHS Trust.

The Velindre NHS Trust is an NHS Body as defined in section 275 of the National Health Service Act 2006 and are an NHS trust established under section 18 of the National Health Service (Wales) Act 2006. The Velindre National Health Service Trust (Establishment) Amendment Order 2002 confers the following powers onto the Velindre NHS Trust:

"to manage and provide to or in relation to the health service in Wales a range of information technology systems and associated support and consultancy services, desktop services, web development, telecommunications services, healthcare information services and services relating to prescribing and dispensing".

The Welsh Government have arrangements in place with Velindre Trust to enable NWIS to deliver these functions via a hosting agreement for NWIS activities. NWIS activity is funded by and accountable to Welsh Government and NWIS activity is overseen by the NHS Wales Informatics Management Board (NIMB). The board oversees the delivery and operation of national information and technology programmes and services. All Health Boards, NHS Trusts and the Welsh Government are represented at NIMB.
The information to be collected is set out within the NHS Digital documentation - IAR0000524 - HSCN Network Monitoring Service (NAS) - DPIA_Final (Section 5.3) dated 11/04/2018 and IAR0000538 - HSCN Network Monitoring Service (NMS) - DPIA_Final (Section 5.3) dated 06/04/2018. As the legal, statutory body, the Velindre Trust requests that NHS Digital carry out the collection and analysis in accordance with this documentation or with any subsequent final version of the same documents created by NHS Digital in compliance with the Health and Social Care Information Centre (HSCN Services) Direction 2017.

The Velindre NHS Trust considers that the information which could be obtained by NHS Digital complying with this request is information which is necessary or expedient for the Velindre NHS Trust to have in relation to the exercise of the Trust’s functions in connection with the provision of health care information services in Wales.

In accordance with section 256(1) of the 2012 Act, this request is a confidential information collection request because the Velindre Trust is asking NHS Digital to collect information which enables the identity of an individual to be ascertained. The Velindre Trust can request the collection of this confidential information because in accordance with section 256(2)(b) it is information that it could lawfully require individuals using HSCN to disclose to it under the Velindre National Health Service Trust (Establishment) Amendment Order 2002.

Welsh Government have instructed Velindre Trust to make this request, and in accordance with section 257(4) of the 2012 Act, the Velindre Trust has consulted with NHS Digital before doing so.

The Velindre Trust hereby acknowledges that in submitting this request under section 255 of the 2012 Act, NHS Digital is entitled to charge a reasonable fee pursuant to section 257(3) of the 2012 Act in respect of the cost of complying with this request to establish and operate a system to collect and analyse information relating to HSCN’s Connectivity Services data.

Yours,

Mr Steve Ham

Prif Weithredwr
Ymddiriedolaeth GIG Felindre
2 Charnwood Court
Parc Nantgarw
Caerdydd
CF15 7QZ
Ffôn: 029 20196175
WHTN: 01875 6175
e-bost: steve.ham2@wales.nhs.uk

Chief Executive
Velindre NHS Trust
2 Charnwood Court
Parc Nantgarw
Cardiff
CF15 7QZ
Phone: 029 20196175
WHTN: 01875 6175
e-mail: steve.ham2@wales.nhs.uk
Patient Level Information and Costing System (PLICS) Improving Access to Psychological Therapies (IAPT) pilot Mandatory Request

Executive Management Team Cover Note:

<table>
<thead>
<tr>
<th>Date of EMT meeting:</th>
<th>16 October 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsor Director:</td>
<td>Tom Denwood, Executive Director (ai) of Data, Insights and Statistics</td>
</tr>
<tr>
<td>Author:</td>
<td>John Winter, Programme Manager, Data Content and New Data Collections</td>
</tr>
<tr>
<td>Recommended Outcome:</td>
<td>Acceptance of the 'PLICS IAPT pilot' Mandatory Request</td>
</tr>
<tr>
<td>Patient/Public Interest¹ Statement:</td>
<td>Indirect – It supports NHS Improvement’s Costing Transformation Programme (CTP) which will deliver cost information that more accurately reflects a patient’s treatment and is produced consistently across all licensed healthcare providers. Understanding the cost of patient care will help providers to improve the efficiency of their services and to deliver better, more efficient outcomes.</td>
</tr>
<tr>
<td>Circulation:</td>
<td>EMT membership</td>
</tr>
<tr>
<td>Supplementary papers:</td>
<td>‘Mandatory Request PLICS IAPT 2017-18 FINAL DRAFT UNSIGNED 28 09 2018 TD amends’</td>
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</table>
### PLICS IAPT pilot Mandatory Request

**Final Sign Off for Directions (please note – all of the following sections must be completed along with the cover sheet)**

<table>
<thead>
<tr>
<th><strong>Data Protection Officer Sign-off?</strong></th>
<th>Yes ☒ No ☐</th>
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<tbody>
<tr>
<td><strong>Unified Asset Register entry obtained?</strong> (if answered yes please attach evidence)</td>
<td>Yes ☒ No ☐</td>
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<tr>
<td>UAR entry ref: IAR0000161 (IAR0000161)</td>
<td></td>
</tr>
<tr>
<td><strong>Completed Data Protection Impact Assessment?</strong></td>
<td>Yes ☒ No ☐</td>
</tr>
<tr>
<td><strong>Published transparency communication?</strong> Transparency information covering PLICS is already published. A sentence to explicitly refer to the use of the IAPT data set will be added to the transparency information, further to acceptance of this Mandatory Request and prior to the data collection commencing.</td>
<td>Yes ☒ No ☐</td>
</tr>
<tr>
<td><strong>Will the system storing the data have a System Level Security Policies?</strong> (before the information asset collection)</td>
<td>Yes ☒ No ☐</td>
</tr>
<tr>
<td><strong>Will the IAR (Information Asset Register) review be complete before the ‘Go Live’ date?</strong></td>
<td>Yes ☒ No ☐</td>
</tr>
<tr>
<td><strong>Has the financial implications section of the direction briefing paper been assured by Carl Vincent prior to submission?</strong></td>
<td>Yes ☒ No ☐</td>
</tr>
</tbody>
</table>
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PLICS IAPT pilot Mandatory Request

1 Executive Summary

This paper requests EMT acceptance of the attached Mandatory Request.

PLICS data is an enabler for the overall sector Costing Transformation Programme to deliver productivity and efficiency savings identified in the NHS Five Year Forward View, through a step change in the quality of costing information. It will enable improvements in cost management and efficiency; cost benchmarking, sector development and price system efficiency.

The Mandatory Request asks NHS Digital to continue to establish and operate a system for the collection and analysis of PLICS IAPT (Improving Access to Psychological Therapies) data (also known as talking therapies), for up to 21 Trusts (the scope of the pilot).

The PLICS IAPT pilot data collection is planned to commence on 19/11/2018.

2 Background

NHS Improvement’s Costing Transformation Programme will improve the quality of costing information in the NHS, with patient-level costing (PLICS) and a single annual cost collection. Its importance was re-affirmed by NHS Improvement Board Director Jeremy Marlow via email on 25th September 2018.

By 2020, the Costing Transformation Programme will deliver cost information that more accurately reflects a patient’s treatment and is produced consistently across all licensed healthcare providers. Understanding the cost of patient care will help providers to improve the efficiency of their services and to deliver better, more efficient outcomes.

PLICS is being planned and implemented in an incremental manner, both by staging delivery across sectors (Acute, Mental Health, Ambulance and Community) and increasing scale within a sector. As such, there is a conscious separation and staggering of PLICS mandatory requests and associated project delivery, which has been planned for and agreed with NHS Improvement (the customer) via the project.

Building on the successful delivery and learning from PLICS Acute collections (2016, 2017, 2018) and the PLICS Mental Health pilot collection (late 2017/early 2018) this further Mandatory Request asks NHS Digital to collect PLICS IAPT data for up to 21 Trusts.

1 Transforming patient-level costing in the NHS: https://improvement.nhs.uk/resources/transforming-patient-level-costing/
PLICS IAPT pilot Mandatory Request

This pilot collection will be the first time that PLICS IAPT data has been collected by NHS Digital.

IAPT activity and outcome data is already held by NHS Digital.

In a continuation though of PLICS deliveries to date, this work will similarly involve:

- Patient identifiable data collection
- Data linkage
- Data quality and validation
- Data supply, to provide pseudonymised PLICS data to NHS Improvement, compliant with the ICO’s “Anonymisation: managing data protection risk” code of practice, for processing and analysis.

The data will be collected and processed by NHS Digital via existing tried and tested tools and infrastructure, during 2018 i.e. Secure Electronic File Transfer (SEFT), Strategic Data Collection Service (SDCS) and the Data Management Service (DMS). These systems will be further developed to receive this dataset, enable the large data volumes required by PLICS data and carry out the required data validations and processing.

PLICS is expected to utilise the services offered by the Data Services Platform (DSP) in future as these become available and the team is actively engaged with colleagues from DSP/DDC to provide knowledge and develop joint plans to enable this.

3 The Proposal

Building on the successful delivery and learning from PLICS Acute collections (2016, 2017, 2018) and the PLICS Mental Health pilot collection (late 2017/early 2018) this further Mandatory Request asks NHS Digital to collect PLICS IAPT data for up to 21 Trusts.

NHS Improvement requests NHS Digital to:

1. Collect PLICS data directly from Trusts;

2. Provide the potential to link PLICS data, with data from the IAPT dataset and other relevant activity and outcome data held by NHS Digital to be agreed between NHS Digital and NHS Improvement via data specifications;

3. Ensure validation and quality of the data;

4. Provide pseudonymised PLICS data to NHS Improvement for processing and analysis, to be agreed via data specifications.
PLICS IAPT pilot Mandatory Request

This will be a one-off, pilot data collection exercise, in FY18/19. If the pilot is successful, it is reasonable to assume it will be expanded from FY19/20.

4 Implications

4.1 Strategy Implications

This data collection will support NHS Improvement’s Costing Transformation Programme and will be used to enable NHS Improvement to perform its pricing and licensing functions, under the Health and Social Care Act 2012, more effectively.

Within NHS Digital, this work fits with our strategy and purpose to be the organisation that collects and disseminates health and care data on behalf of the system. Work to support this PLICS collection and data processing has been included in the NHS Digital Business Planning round for FY18/19.

The milestone PLICS Data Collection Full roll-out – complete’ is included in the “P2020 Ministerial Commitments, Key Outcomes and Key Milestones” with a date of 31/12/2019. This Mandatory Request is a key part of achieving that overall aim.

It is beneficial for the system overall to use existing NHS Digital tools, technology and knowledge, to collect these data. It makes sense to build upon the collective learning of NHS Digital and NHS Improvement working together on PLICS over the last two years through the Data Content and New Data Collections Programme, leveraging that experience as the scale of PLICS increases and informing future opportunities presented through the Enabling Data Architecture work.

4.2 Financial Implications

Funding has been allocated through FY18/19 Business planning with a total of £1.46M revenue for PLICS.

However, the business planning work did not confirm the £540K capital funding to deliver the capital elements of the PLICS work in FY18/19 at that time.

A Business Justification for PLICS in FY18/19 was submitted to the Technology and Data Investment Board (TDIB) with approval on 25/07/2018 for £1.46M revenue and £540K capital (with TDIB agreeing the portfolio could absorb the £540K capital pressure).

The work to complete implementation of this Mandatory Request will be undertaken in FY18/19. The forecast cost of this work is £398,895 and is affordable from within the funding approved in FY18/19.
4.3 Information Governance Implications

4.3.1 Impact on individuals’ privacy
A Data Protection Impact Assessment (DPIA) has been completed for PLICS and covers the proposed PLICS IAPT data collection and processing by NHS Digital.

4.3.2 Informing individuals of their rights
Transparency information covering PLICS is already published on the NHS Digital website and covers rights of the individual. A sentence to explicitly refer to the use of the IAPT dataset will be added to the transparency information, further to acceptance of this Mandatory Request and prior to the data collection commencing.

4.3.3 Right to object or opt-out
Under section 255 and 256 of the Health and Social Care Act 2012 (HSCA) Monitor (as a principal body, known as NHS Improvement) has submitted a Mandatory Request to NHS Digital, requesting it to establish and operate systems for the collection and analysis of PLICS data.

NHS Digital shall comply with the legal obligation (mandatory requests issued by NHS Improvement) to collect and process PLICS data.

With the above in mind and in line with the published transparency information for PLICS under the heading ‘The legal basis for collecting this data’ is “Legal Obligation (Requested to establish information system), Management of health and social care systems”. As such, individuals do not have the right to object to the data being processed or used.

National Data Opt-Out – The data that NHS Digital collect from providers to support the patient costing and activity data processing, is collected under Section 259 powers of the Health and Social Care Act 2012. As such PLICS data is treated as a mandatory legal requirement, which means it falls outside of the national data opt-out and the requirement to seek consent.

Any onward release by NHS Digital would however be subject to the national data opt-out policy and opt-outs would be applied should the onward release fall into scope of the national data opt-out policy. As the PLICS data to be issued to NHS Improvement through this pilot will be pseudonymised, the National Data Opt-Out will not apply to that data.

4.3.4 Information Asset Owner
The Information Asset Owner (IAO) for PLICS is Tia Cheang.

4.3.5 Data controllership
Under the Health and Social Care Act 2012, NHS Digital must comply with a Mandatory Request and as section 6(2) of the Data Protection Act 2018 states:

“For the purposes of GDPR, where personal data is processed only for purposes for which it is required by an enactment to be processed and by means by which it is required by an enactment to be processed, the person on whom the obligation to process the data is imposed by the enactment (or, if different, one of the enactments) is the controller.”
PLICS IAPT pilot Mandatory Request

- NHS Improvement has determined the purpose of the processing making NHS Improvement a controller.

- The Mandatory Request is the ‘enactment’, which requires NHS Digital to process data in accordance with the purpose, making NHS Digital a controller as well.

Therefore, NHS Digital and NHS Improvement are joint controllers for the processing carried out for PLICS.

4.3.6 Other considerations
At the start of 2018, NHS Digital planned with NHS Improvement, to work towards a single overarching Mandatory Request for all PLICS collections, to be updated at regular points with a technical annex to align with the staged implementation, as described earlier.

Due to the additional requirements of GDPR in the first half of 2018 and scale and pace of NHS Improvement’s ambition, including the prioritisation of Acute PLICS collection, separate Mandatory requests have been pursued to de-risk delivery. The PLICS Project team plan to revisit this approach in 2019, with support of IG expertise to work through the potential mechanism for this.

4.4 Stakeholder Implications
NHS Improvement is listed as a ‘Platinum Client’ as part of NHS Digital’s ‘client-oriented structure’ (announced in Dec 2017).

NHS Improvement has a high-level of ambition for PLICS delivery in 2018 (and beyond) and a high-level of expectation of NHS Digital, to effectively support and enable the aims and objectives of the CTP. Work to date has been positively received and commented on, and a strong partnership approach is in evidence. However, NHS Improvement want us to go faster, further and utilise the DSP as soon as possible.

Accepting this Mandatory Request will support on-going partnership working with NHS Improvement.

There are other major stakeholders interested in PLICS e.g. NHS England and it is expected that other ALBs and academic/research organisations will also have an interest in PLICS data over time.

4.5 Handling
There are no specific communications requirements or media handling considerations in relation to this Mandatory Request.
PLICS IAPT pilot Mandatory Request

NHS Improvement is managing the communications with affected Trusts, as part of its Costing Transformation Programme.

NHS Digital will:

- Provide technical expertise as an input to NHS Improvement communications (where required), to implement the required systems and de-risk the data collection process
- Issue some complementary communications where required by NHS Digital governance and processes along with operational emails to Trusts, to enable the data collection process.

The Mandatory Request has been reviewed by the NHS Digital Media Team.

Subject to acceptance and signature by both parties, the Mandatory Request will be published on the NHS Digital Website in line with NHS Digital’s policy.

4.6 Workforce Implications

The programme/project delivery aspects of this work will be managed by existing PLICS Project Team resource, under the headcount allocation of the Data Content & New Data Collections Programme.

Since 1st April 2018, a NHS Digital PLICS Business Team has started to be established within the existing Secondary Care Team to allow NHS Digital to utilise its data analysis expertise and start to build PLICS knowledge and capability in the longer term.

A contract is in place with BJSS for a Statement of Work between August and November 2018 to provide additional Data Manager development and testing capacity for PLICS. An extension to this contract is in progress; a further two month’s work post November is forecast to be required to deliver the requirements of this pilot.

5 Risks and Issues

- Risk – failing to achieve the data processing timescales due to lack of key resources.
  
  Mitigation – mitigated within the Data Content and New Data Collections programme by a Statement of Works (SoW) for additional capacity who started on 06 August 2018 (1 x SAS Developer, 1 x SQL Developer, 1 x Functional Test Engineer), which is planned to be extended. This risk can be further mitigated via continued prioritisation of PLICS delivery within DI&S and the wider business.
PLICS IAPT pilot Mandatory Request

- **Risk** – delivering a solution which is not fully fit for purpose.
  *Mitigation* – mitigated by NHS Digital and NHS Improvement working closely, to refine the expected data volumes, elaborating technical requirements and implementing the systems needed using the agile partnership approach, which has worked very effectively for the previous collections.

- **Risk** – NHS Digital infrastructure will not cope with the large PLICS data volumes.
  *Mitigation* – mitigated in the short term via additional dedicated PLICS infrastructure capacity, ongoing iterative volumetric modelling using experience from the pilot, implementing processing enhancements to improve the efficiency of the data processing and a move to a more proactive approach to capacity management for the PLICS collection. This is being mitigated in medium to longer term by factoring PLICS data volumes into DSP planning.

- **Risk** – PLICS Business team does not have the capacity or capabilities to provide operational support.
  *Mitigation* – mitigated by that team liaising with the project team and existing IAPT SME already in the business, along with relevant prioritisation of this work.

### 6 Next Steps

- **August 2018 to January 2019** – NHS Digital technical systems and processes designed, built and tested, based on existing knowledge and skills developed during previous collections

- **November 2018** – In-scope Trusts issued with an approved Data Provision Notice (DPN)

- **November 2018** – NHS Digital systems ready to collect data

- **November 2018** – Data collection window opens (Trusts submit data to NHS Digital)

- **November 2018 to January 2019** – Processing and dissemination of PLICS data to NHS Improvement

- **December 2018 to January 2019** – Data Analysis. Data re-submission period (in the event of material data quality issues)

- **January 2019 to February 2019** – Dissemination of final PLICS data to NHS Improvement
PLICS IAPT pilot Mandatory Request

6.1 Management Responsibility
Tom Denwood – Executive Director of Data, Insights and Statistics (ai)

Programme/Project Delivery
- Jackie Shears – Programme Director, Data Content and New Data Collections
- John Winter – Programme Manager, Data Content and New Data Collections.

PLICS Business Team
- Tia Cheang – Head of Secondary Care Analysis and NHS Digital PLICS Information Asset Owner (IAO)
- Netta Hollings – Lead Information Manager (Secondary Care).

NHS Improvement
- Colin Dingwall, Costing Transformation Programme Director, is NHS Improvement’s signatory.

7 Actions Required of EMT

The Mandatory Request is required to ensure NHS Digital has a legal basis for the collection and landing of the data.

It is therefore recommended that the NHS Digital EMT accept the Mandatory Request, to enable the receipt of the data.
Dear Sarah Wilkinson

NHS Improvement’s Mandatory Request to NHS Digital – Patient Level Costing Information Systems (PLICS) Improving Access to Psychological Therapies (IAPT) pilot

I am writing to the Health and Social Care Information Centre (now known as and referred to in this letter as “NHS Digital”) on behalf of Monitor (referred to in the rest of this letter as “NHS Improvement”).

Under sections 255(1), 256(1)(a) and 256(2)(a) of the Health and Social Care Act 2012 (“HSCA”) we hereby request that NHS Digital establishes and operates a system for the collection and analysis of PLICS IAPT data from Trusts in accordance with this request.

I have set out below full details of the relevant functions of NHS Improvement, and the drivers for and benefits of our Costing Transformation Programme to which the collections are a key enabler.

**NHS Improvement’s functions**

Under Chapter 4, Part 3 of the HSCA, NHS Improvement working with NHS England, is responsible for developing, publicising and enforcing the national tariff, which sets out the price payable by commissioners for NHS services.

NHS Improvement is also responsible for licensing providers of NHS services under Chapter 3, Part 3 of the HSCA. The licence includes a set of standard licence conditions, including:

- conditions applicable to foundation trusts relating to governance arrangements (e.g. there is a requirement for licensees to establish and implement systems and/or...
processes to ensure compliance with licensee’s duty to operate efficiently, economically and effectively); and

- conditions that enable us to fulfil our duties in partnership with NHS England to set prices for NHS care by requiring providers to collect costing information.

Three licence conditions relate to costing:

**Pricing condition 1: Recording of information.** Under this licence condition, we can require licence holders to record information, including cost information, in line with our published guidance. Such information must be recorded using our ‘approved reporting currencies’ and in accordance with our Approved costing guidance.

**Pricing condition 2: Provision of information.** Having recorded the information in line with pricing condition 1, licence holders can be required to submit this information to us, as well as other information and reports we may require for our pricing functions.

**Pricing condition 3: Assurance report on submissions to NHS Improvement.** It is important for price setting that the information submitted is accurate. This condition allows us to require licence holders to submit an assurance report confirming that the information they have provided is accurate.

Although NHS trusts do not have to hold a provider licence, they too must comply with the requirements of these licence conditions under the NHS Trust Development Authority’s regime for NHS trusts.

NHS Improvement has a general power under paragraph 15 of Schedule 8 in the HSCA to do anything which appears to it to be necessary or expedient for the purposes of, or in connection with, the exercise of our function.

**Costing Transformation Programme**

Understanding how providers spend money is essential in tackling short-term deficits; supporting the development of new models of care and reducing the variation in resource utilisation.

Benchmarking using current Reference Cost data cannot identify precisely where there is potential for efficiency gains. Such data is limited in its ability to reflect the complexity of patient care and identifying cost variation between individual patients. By introducing a standardised method of reporting cost information at patient level this can be rectified. This is known as PLICS.

NHS Improvement’s Costing Transformation Programme (CTP), was established to implement PLICS across Acute, Mental Health, Ambulance and Community providers. The programme entails:

- introducing and implementing new standards for patient level costing;
▪ developing and implementing one single national cost collection to replace current multiple collections;

▪ establishing the minimum required standards for costing software and promoting its adoption; and

▪ driving and encouraging sector support to adopt Patient Level Costing methodology and technology.

The information gathered from this programme will be used to enable NHS Improvement to perform its pricing and licensing functions under the HSCA more effectively. It will:

▪ inform new methods of pricing NHS services;

▪ inform new approaches and other changes to the design of the currencies used to price NHS services;

▪ contribute to NHS Improvement’s strategic objective of a ‘single national cost collection by 2020’;

▪ inform the relationship between provider characteristics and cost;

▪ help trusts to maximise use of their resources and improve efficiencies, as required by the provider licence;

▪ identify the relationship between patient characteristics and cost;

▪ support an approach to benchmarking for regulatory purposes.

**Mandatory request**

Under sections 255(1), 256(1)(a) and 256(2)(a) of the HSCA, we hereby request that NHS Digital establishes and operates a system for the collection and analysis of PLICS data, from up to 21 Trusts.

The identities of the Trusts from whom PLICS data is to be collected is set out in Annex B.

Together all such Trusts are referred to in this request as “Commissioned Provider Trusts”.

In the event that any of the “Commissioned Provider Trusts” are not able to participate in this data collection exercise, then NHS Improvement shall provide an updated Annex B to NHS Digital at the earliest opportunity.

The term "PLICS data" is used in this request to refer to the data set out in Annex A.
The system to be established and operated under this request will need to have the following functionality:

- **Data collection** – the ability for Commissioned Provider Trusts to submit PLICS data direct to NHS Digital;

- Potential to link PLICS data, with data from the IAPT dataset and other relevant activity and outcome data held by NHS Digital to be agreed between NHS Digital and NHS Improvement via data specifications;

- **Data quality and validation**; and

- **Data supply** – the functionality to provide pseudonymised PLICS data to NHS Improvement for processing and analysis, to be agreed between NHS Digital and NHS Improvement via data specifications.

There are four ‘levels’ of data requiring collection by NHS Digital as part of the Costing Transformation programme, collectively these will form the data extract requested by NHS Improvement.

The four levels referred to above are:

- Reconciliation tables
- **Message Header Information**
- Activity Records; and
- Activity Costs Records.

The detail of what is included for each of the above is found in Annex A.

This data collection exercise is expected to take place over the period of November 2018 to March 2019 (inclusive).

The collection year begins on 1 April 2017 and ends on 31 March 2018. All attended IAPT appointments within the collection year are in scope of this collection.

Only those activity cost records for resources used and activities undertaken within the collection year should be included, regardless of when the referral started or ended.

Where an individual has not explicitly consented to their data being used for secondary purposes and the provider did not flow the records for this patient within IAPT then this data should also be excluded from the PLICS data flowing to NHS Digital under this request.
Unless it is deemed by the NHS Improvement Costing Transformation Programme Director that the system for the collection and analysis of PLICS established and operated pursuant to this request is ineffective at any point during this programme of works and NHS Improvement formally withdraws this request in writing to NHS Digital, NHS Improvement shall continue to request NHS Digital to collect and analyse PLICS data from Commissioned Provider Trusts in accordance with this request.

We have set out above how the collection of PLICS data is relevant to our pricing functions. In accordance with section 255(4)(b) we consider that the information which could be obtained by complying with the request is information which it is necessary or expedient for NHS Improvement to have in relation to its discharge of its duties:

a) in relation to the pricing of health care services provided for the purposes of the NHS; in particular, its duty to prepare and publish the national tariff (section 116 and 118 of the HSCA);

b) in relation to the licensing of providers of NHS services; in particular, its duty to oversee and enforce the licence (see Part 3 of Chapter 3 of the HSCA); and

c) generally, in relation to the exercise of its functions, in particular its duty under section 62(1) of HSCA in exercising its functions to protect and promote the interests of people who use health care services by promoting provision of health care services which is economic, efficient and effective, and maintains or improves the quality of the services.

“Monitor” is listed as a “principal body” under section 255(9) of the HSCA. This request therefore meets the requirements for a mandatory request under section 255(4) of the HSCA and is a confidential collection request in accordance with section 256(1)(a) and 256(2)(a) of the HSCA. Prior to making this request, NHS Improvement has liaised and worked with NHS Digital as required by 257(4) of the HSCA and recognises this request must go through an established system of approvals within NHS Digital.

In making this mandatory request, NHS Improvement also requests that, pursuant to section 262(4) and (5) of the HSCA:

1. NHS Digital exercises the powers it has (and may choose which of its powers to exercise at its sole discretion) to disseminate the information which it obtains by complying with this request, so as to provide information to a Commissioned Provider Trust to enable it to re-identify the individuals who were the subject of the PLICS data which that Trust had submitted.

2. NHS Digital does not exercise the power conferred by section 261(4) of the HSCA in relation to the information which it obtains by complying with this request, other than to disseminate information to such persons, for such purposes and at such times as may be agreed between NHS Digital and NHS Improvement. Such consent to disseminate data shall not be unreasonably withheld by NHS Improvement and would only be withheld where NHS Improvement considers that use of the data would be either;
a) detrimental to the aims of the Costing Transformation Programme or,
b) detrimental to NHS Improvement performing its pricing and licensing functions under the HSCA.

NHS Improvement recognises that in submitting this request under section 255 of the HSCA, NHS Digital is entitled to charge a reasonable fee pursuant to section 257(3) in respect of the cost of complying with this request from NHS Improvement.

Finally, NHS Improvement understands that these collections are subject to confirmation of funding and resources, in line with NHS Digital’s business planning cycle and wider health and care system budgetary management (for example, NIB funding).

Yours sincerely

Colin Dingwall, Costing Transformation Programme Director
Annex A

Costing Transformation Programme Data Extract Requirements

NHS Digital is being asked to collect the below information, which collectively form the extract requested by NHS Improvement:

1) Reconciliation table
   - The message header
   - The final audited accounts table
   - The services / cost group main table

2) Patient level table
   - The message header
   - The activity records
   - The activity cost records

1) Reconciliation table

**Message Header**

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation identifier (Code of submitting organisation)</td>
<td>Organisation identifier (Code of submitting organisation) is the organisation identifier of the organisation acting as the physical sender of a data set submission.</td>
</tr>
<tr>
<td>Financial year</td>
<td>The reporting period for financial data</td>
</tr>
<tr>
<td>Reporting period start date</td>
<td>The start of the reporting period the extract covers</td>
</tr>
<tr>
<td>Reporting period end date</td>
<td>The end of the reporting period the extract covers.</td>
</tr>
<tr>
<td>Date and time data set created</td>
<td>The date and time the extract was created</td>
</tr>
<tr>
<td>Patient level costing care activity type code</td>
<td>The data set the extract covers</td>
</tr>
</tbody>
</table>

**Final audited accounts table**

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final audit accounts ID</td>
<td>Identifier which describes the financial transactions charged to the statement of comprehensive income</td>
</tr>
</tbody>
</table>
Service and cost exclusions

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service ID</td>
<td>Identifier to report services excluded from the data set</td>
</tr>
<tr>
<td>Total Cost</td>
<td>The unit costs on a full absorption basis, which should equal the sum of patient facing and support costs for each resource reported in the service cost exclusions</td>
</tr>
</tbody>
</table>

2) Patient level Table

**Message Header**

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation identifier (Code of submitting organisation)</td>
<td>Organisation identifier (Code of submitting organisation) is the organisation identifier of the organisation acting as the physical sender of a data set submission.</td>
</tr>
<tr>
<td>Financial year</td>
<td>The reporting period for financial data</td>
</tr>
<tr>
<td>Reporting period start date</td>
<td>The start of the reporting period the extract covers</td>
</tr>
<tr>
<td>Reporting period end date</td>
<td>The end of the reporting period the extract covers</td>
</tr>
<tr>
<td>Date and time data set created</td>
<td>The date and time the extract was created</td>
</tr>
<tr>
<td>Patient level costing care activity type code</td>
<td>The data set the extract covers</td>
</tr>
<tr>
<td>Patient level costing submission record count</td>
<td>The total number of activity records included in the monthly extract</td>
</tr>
<tr>
<td>Patient level costing monthly extract total cost</td>
<td>The total sum of the costs within the monthly extract</td>
</tr>
</tbody>
</table>
## Activity Records

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation identifier (Code of provider)*</td>
<td>Organisation identifier (Code of provider) is the Organisation identifier of the organisation acting as a health care provider.</td>
</tr>
<tr>
<td>Local patient identifier (extended)</td>
<td>A identifier used to identify a PATIENT uniquely within a Health Care Provider</td>
</tr>
<tr>
<td>NHS number</td>
<td>The primary identifier of a person within the NHS in England and Wales.</td>
</tr>
<tr>
<td>NHS number status indicator code</td>
<td>Codes in this field indicate whether the patients' NHS number is present, and if it is verified. If the NHS number is absent, the indicator gives the reason why.</td>
</tr>
<tr>
<td>Person birth date</td>
<td>The date on which a person is born or is officially deemed to have been born</td>
</tr>
<tr>
<td>Postcode of usual address</td>
<td>Post code of usual address.</td>
</tr>
<tr>
<td>Person stated gender code</td>
<td>Person stated gender code is self declared or inferred by observation for those unable to declare their person stated gender.</td>
</tr>
<tr>
<td>Service request identifier*</td>
<td>The unique identifier for a SERVICE REQUEST for the Health Care Provider. This ID will be used to link PLICS data to IAPT data already submitted to NHS Digital.</td>
</tr>
<tr>
<td>Appointment date*</td>
<td>The date of an APPOINTMENT. In the case of a PATIENT attending an Out-Patient Clinic without prior notice or APPOINTMENT, the PATIENT will be given an Out-Patient Appointment.</td>
</tr>
<tr>
<td>Appointment time*</td>
<td>The time of an APPOINTMENT.</td>
</tr>
<tr>
<td>Attended or did not attend*</td>
<td>An indication of whether an APPOINTMENT for a CARE CONTACT took place.</td>
</tr>
<tr>
<td>Mental health care cluster code*</td>
<td>The allocation of the MENTAL HEALTH CARE CLUSTER CODE by the CARE PROFESSIONAL. The determination of the MENTAL HEALTH CARE CLUSTER CODE may or may not have involved the use of the National Tariff Payment System clustering algorithm.</td>
</tr>
</tbody>
</table>

* These data items are described in the national data set Improving Access to Psychological Therapies Data Set version 1.5 and will be records already submitted in monthly IAPT submissions during 2017/18.
## Activity Cost Records

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient level costing collection activity identifier</td>
<td>Unique identifier to report activities, which are measurable amount of work performed using resources to deliver elements of patient care. Patient activity can be recorded and reported through various feeding systems.</td>
</tr>
<tr>
<td>Patient level costing collection activity count</td>
<td>The number or duration of activities undertaken, eg number of tests or duration on ward</td>
</tr>
<tr>
<td>Patient level costing collection resource identifier</td>
<td>Unique identifier to report resources, which are components used to deliver activities, such as staffing, supplies, systems and facilities</td>
</tr>
<tr>
<td>Patient level costing collection total cost</td>
<td>The unit costs on a full absorption basis, which should equal the sum of patient facing and support costs for each resource reported separately</td>
</tr>
</tbody>
</table>
## Annex B

Commissioned Provider Trusts from whom PLICS data is to be collected

<table>
<thead>
<tr>
<th>Organisation code</th>
<th>Trust Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>RXT</td>
<td>BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>RV3</td>
<td>CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>RJ8</td>
<td>CORNWALL PARTNERSHIP NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>RYG</td>
<td>COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST</td>
</tr>
<tr>
<td>RWV</td>
<td>DEVON PARTNERSHIP NHS TRUST</td>
</tr>
<tr>
<td>RWK</td>
<td>EAST LONDON NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>RXV</td>
<td>GREATER MANCHESTER WEST MENTAL HEALTH NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>RV9</td>
<td>HUMBER NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>RXY</td>
<td>KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST</td>
</tr>
<tr>
<td>RT5</td>
<td>LEICESTERSHIRE PARTNERSHIP TRUST</td>
</tr>
<tr>
<td>RP7</td>
<td>LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>RW4</td>
<td>MERSEY CARE NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>RAT</td>
<td>NORTH EAST LONDON NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>RLY</td>
<td>NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST</td>
</tr>
<tr>
<td>RTV</td>
<td>NORTH WEST BOROUGHHS HEALTHCARE NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>RHA</td>
<td>NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>RNU</td>
<td>OXFORD HEALTH NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>RPG</td>
<td>OXLEAS NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>RT2</td>
<td>PENNINE CARE NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>RW1</td>
<td>SOUTHERN HEALTH NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>RKL</td>
<td>WEST LONDON MENTAL HEALTH NHS TRUST</td>
</tr>
</tbody>
</table>
## Executive Management Team Cover Note:

<table>
<thead>
<tr>
<th><strong>Date of EMT meeting:</strong></th>
<th>20 September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sponsor Director:</strong></td>
<td>Tom Denwood, Executive Director (ai) of Data, Insights and Statistics</td>
</tr>
<tr>
<td><strong>Author:</strong></td>
<td>John Winter – Programme Manager, Data Content and New Data Collections</td>
</tr>
<tr>
<td><strong>Recommended Outcome:</strong></td>
<td>Acceptance of the ‘Patient Level Information and Costing Systems (PLICS) Ambulance’ Mandatory Request</td>
</tr>
<tr>
<td><strong>Patient/Public Interest(^1) Statement:</strong></td>
<td>Indirect – It supports NHS Improvement’s Costing Transformation Programme (CTP) which will deliver cost information that more accurately reflects a patient’s treatment and is produced consistently across all licensed healthcare providers. Understanding the cost of patient care will help providers to improve the efficiency of their services and to deliver better, more efficient outcomes.</td>
</tr>
<tr>
<td><strong>Circulation:</strong></td>
<td>Extended EMT membership</td>
</tr>
<tr>
<td><strong>Supplementary papers:</strong></td>
<td>‘Final DRAFT mandatory request UNSIGNED as issued 30 AUG 2018 CD name add’</td>
</tr>
</tbody>
</table>
**Final Sign Off for Directions** (please note – all of the following sections must be completed along with the cover sheet)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes ☒</th>
<th>No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data Protection Officer Sign-off?</strong>&lt;br&gt;(if answered yes please attach evidence)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unified Asset Register entry obtained?</strong>&lt;br&gt;(if answered yes please attach evidence)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UAR entry ref: IAR0000161</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Completed Data Protection Impact Assessment?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Published transparency communication?</strong>&lt;br&gt;Note: Transparency information covering PLICS is already published. A sentence to explicitly refer to Ambulance Trusts (as a data source) will be added to the transparency information, further to acceptance of this Mandatory Request and prior to the data collection commencing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Will the system storing the data have a System Level Security Policies?</strong>&lt;br&gt;(before the information asset collection)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Will the IAR (Information Asset Register) review be complete before the ‘Go Live’ date?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Has the financial implications section of the direction briefing paper been assured by Carl Vincent prior to submission?</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Contents

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   4.2 Financial Implications 6
   4.3 Stakeholder Implications 7
   4.4 Handling 7
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1 Executive Summary

This paper requests EMT acceptance of the attached Mandatory Request.

PLICS data is an enabler for the overall sector Costing Transformation Programme\(^1\) to deliver productivity and efficiency savings identified in the NHS Five Year Forward View, through a step change in the quality of costing information.

It will enable improvements in cost management and efficiency; cost benchmarking, sector development and price system efficiency.

The Mandatory Request asks NHS Digital to establish and operate a system for the collection and analysis of PLICS data, from up to 7 ambulance providers.

The PLICS Ambulance data collection will be a pilot and is planned to commence on 05/11/2018.

2 Background

NHS Improvement’s Costing Transformation Programme will improve the quality of costing information in the NHS, with patient-level costing (PLICS) and a single annual cost collection.

By 2020, the Costing Transformation Programme will deliver cost information that more accurately reflects a patient’s treatment and is produced consistently across all licensed healthcare providers. Understanding the cost of patient care will help providers to improve the efficiency of their services and to deliver better, more efficient outcomes.

PLICS is being planned and implemented in an incremental manner, both by staging delivery across sectors (Acute, Mental Health, Ambulance and Community) and increasing scale within a sector. As such, there is a conscious separation and staggering of PLICS mandatory requests and associated project delivery, which has been planned for and agreed with, NHS Improvement (the customer) via the project.

Building on the successful delivery and learning from PLICS Acute collections (2016, 2017, 2018) and the PLICS Mental Health pilot collection (late 2017/early 2018) this further Mandatory Request asks NHS Digital to collect PLICS Ambulance data for the first time, from a cohort of up to 7 providers during 2018.

\(^1\) Transforming patient-level costing in the NHS: https://improvement.nhs.uk/resources/transforming-patient-level-costing/
As with PLICS deliveries to date, this will involve:

- Patient identifiable data collection
- Potential data linkage
- Data quality and validation
- Data supply, to provide pseudonymised PLICS data to NHS Improvement for onward processing and analysis.

The ambulance sector is somewhat different to other sectors for which PLICS data has been collected; the ambulance service may not know the identity of the patient they are treating, and all patient data may not be recorded in the ambulance service systems. To address this, the intention, agreed between NHSD, NHSI and Ambulance trusts, is to cost at an incident level and collect patient-level information relating to each incident where possible. The incident level costs would then be split to determine the costs of patient(s) involved. This approach will be further informed by the pilot.

The data will be collected and processed by NHS Digital via existing tried and tested tools and infrastructure, during 2018 i.e. Secure Electronic File Transfer (SEFT), Strategic Data Collection Service (SDCS) and the Data Management Service (DMS). These systems will be further developed to receive this new dataset, enable the large data volumes required by PLICS data and carry out the required data validations and processing.

PLICS is expected to utilise the technologies and services offered by the Data Services Platform (DSP) in future as these become available and the team is actively engaged with colleagues from DSP/DDC to provide knowledge and develop joint plans to enable this.

3 The Proposal

Building on the successful delivery and learning from PLICS Acute collections (2016, 2017, 2018) and the PLICS Mental Health pilot collection (late 2017/early 2018) this further Mandatory Request asks NHS Digital to collect PLICS Ambulance data for the first time, from a cohort of up to 7 providers.

NHS Improvement requests NHS Digital to:

1. Collect PLICS data directly from Ambulance Provider Trusts;

2. Provide the potential to link PLICS Ambulance data with relevant activity and outcome data held by NHS Digital to be agreed between NHS Digital and NHS Improvement via data specifications;

3. Ensure validation and quality of the data;
An NHS Improvement Mandatory Request to NHS Digital – Patient Level Information and Costing System (PLICS) Ambulance

4. Provide pseudonymised PLICS data to NHS Improvement for onward processing and analysis, to be agreed via data specifications.

This will be a one-off, pilot data collection exercise, in FY18/19.

4 Implications

4.1 Strategy Implications

This data collection will support NHS Improvement’s Costing Transformation Programme and will be used to enable NHS Improvement to perform its pricing and licensing functions, under the Health and Social Care Act 2012, more effectively.

Within NHS Digital, this work fits with our strategy and purpose to be the organisation that collects and disseminates health and care data on behalf of the system.

Work to support this PLICS collection and data processing has been included in the NHS Digital Business Planning round for FY18/19.

The milestone PLICS Data Collection Full roll-out – complete’ is included in the “P2020 Ministerial Commitments, Key Outcomes and Key Milestones” with a date of 31/12/2019. This Mandatory Request is a key part of achieving that overall aim.

It is beneficial for the system overall, to use existing NHS Digital tools, technology and knowledge, to collect these data.

It makes sense to build upon the collective learning of NHS Digital and NHS Improvement working together on PLICS over the last two years through the Data Content and New Data Collections Programme, leveraging that experience as the scale of PLICS increases and informing future opportunities presented through the National Data Architecture work.

4.2 Financial Implications

Funding has been allocated through FY18/19 Business planning of £1.46 Million revenue to PLICS.

However, the business planning work did not confirm the £540K capital funding to deliver the capital elements of the PLICS work in FY18/19 at that time.

A Business Justification for PLICS in FY18/19 was submitted to the Technology and Data Investment Board (TDIB) with approval on 25/07/2018 for £1.46 Million revenue and £540K capital (with TDIB agreeing the portfolio could absorb the £540K capital pressure).
The work to complete implementation of this Mandatory Request will be undertaken in FY18/19. The forecast cost of this work is £370,290 and is affordable from within the funding approved in FY18/19.

4.3 Stakeholder Implications

NHS Improvement is listed as a ‘Platinum Client’ as part of NHS Digital’s ‘client-oriented structure’ (announced in Dec 2017).

NHS Improvement has a high-level of ambition for PLICS delivery in 2018 (and beyond) and a high-level of expectation of NHS Digital, to effectively support and enable the aims and objectives of the CTP. Work to date has been very positively received and commented on, and a strong partnership approach is in evidence.

Accepting this Mandatory Request will support on-going partnership working with NHS Improvement.

There are other major stakeholders interested in PLICS e.g. NHS England and it is expected that other ALBs and academic/research organisations will also have an interest in PLICS data over time.

4.4 Handling

There are no specific communications requirements or media handling considerations in relation to this Mandatory Request.

NHS Improvement is managing the communications with affected Trusts, as part of its Costing Transformation Programme.

NHS Digital will:

- Provide technical expertise as an input to NHS Improvement communications (where required), to implement the required systems and de-risk the data collection process
- Issue some complementary communications where required by NHS Digital governance and processes along with operational emails to Trusts, to enable the data collection process.

The Mandatory Request has been reviewed by the NHS Digital Media Team.

Subject to acceptance by EMT and further to final signatures from NHS Improvement and NHS Digital, the signed Mandatory Request will be published on the NHS Digital website.
4.5 Workforce Implications

The programme/project delivery aspects of this work will be managed by existing PLICS Project Team resource, under the headcount allocation of the Data Content & New Data Collections Programme.

Since 1st April 2018, an NHS Digital PLICS Business Team has started to be established within the existing Secondary Care Team to allow NHS Digital to utilise its data analysis expertise and start to build PLICS knowledge and capability in the longer term.

5 Risks and Issues

- Risk – failing to achieve the collection timescales due to lack of key resources at the required time due to internal resourcing pressures (particularly in the case of timely access to specialist, scarce and shared resources, such as Data Management Service Developers, Database Administrators and IG expertise).

  Mitigation – mitigated via continued prioritisation of PLICS delivery within DI&S and the wider business.

- Risk – delivering a solution which is not fully fit for purpose.

  Mitigation – mitigated by NHS Digital and NHS Improvement working closely to refine the expected data volumes, elaborating technical requirements and implementing the systems needed using the agile partnership approach, which has worked very effectively for the previous collections.

- Risk – NHS Digital infrastructure will not cope with the large PLICS data volumes.

  Mitigation – mitigated in the short term via additional dedicated PLICS infrastructure capacity, ongoing iterative volumetric modelling using experience from other PLICS collections, implementing processing enhancements to improve the efficiency of the data processing and a move to a more proactive approach to capacity management for the PLICS collection. This is being mitigated in medium to longer term by factoring PLICS data volumes into DSP planning.

- Risk – PLICS Business team does not have the capacity or capabilities to provide operational support where required and analytical knowledge of this new type of PLICS data.

  Mitigation – mitigated by close working between teams to share learning and can be further mitigated by continued prioritisation of this work.
An NHS Improvement Mandatory Request to NHS Digital – Patient Level Information and Costing System (PLICS) Ambulance

- Risk – that NHS Digital and one or more Ambulance Trusts form a different view on what is 'commercially sensitive', in the event that NHS Digital receive a Freedom of Information (FOI) Act request regarding the data collected, with the result that Trusts do not approve a response as per the NHS Digital FOI process.

  Mitigation – mitigated by the limited scope of this pilot, the fact this is a one-off collection and potential for escalation to EMT member for resolution.

6 Next Steps

- August to November 2018 – NHS Digital technical systems and processes designed, built and tested, based on existing knowledge and skills developed during previous collections

- October 2018 – In-scope Trusts issued with an approved Data Provision Notice (DPN).

- November 2018 – NHS Digital systems ready

- November 2018 – Data collection window opens (Trusts start to submit data to NHS Digital)

- November to December 2018 – Data collection and dissemination of PLICS data to NHS Improvement

- December 2018 to January 2019 – Data Analysis. Data re-submission period (in the event of material data quality issues)

- December 2018 to January 2019 – Dissemination of final PLICS data to NHS Improvement

6.1 Management Responsibility

Tom Denwood – Executive Director of Data, Insights and Statistics (ai)

Programme/Project Delivery

- Jackie Shears – Programme Director, Data Content and New Data Collections
- John Winter – Programme Manager, Data Content and New Data Collections.

PLICS Business Team

- Tia Cheang – Head of Secondary Care Analysis and NHS Digital PLICS Information Asset Owner (IAO)
- Netta Hollings – Lead Information Manager (Secondary Care).
NHS improvement

- Colin Dingwall, Costing Transformation Programme Director, is NHS Improvement’s signatory.

7 Actions Required of EMT

The Mandatory Request is required to ensure NHS Digital has a legal basis for the collection and landing of the data.

It is therefore recommended that the NHS Digital EMT accept the Mandatory Request, to enable the receipt of the data.
<table>
<thead>
<tr>
<th><strong>Title of paper:</strong></th>
<th>Forthcoming Statistical Publications</th>
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<td>18 December 2018</td>
</tr>
<tr>
<td><strong>Agenda item no:</strong></td>
<td>NHSD 18 04 09 (a) (P1)</td>
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<td><strong>Paper presented by:</strong></td>
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<tr>
<td><strong>Paper prepared by:</strong></td>
<td>Chris Roebuck, Chief Statistician</td>
</tr>
<tr>
<td><strong>Paper approved by:</strong> (Sponsor Director)</td>
<td>Tom Denwood, Executive Director of Data, Insights and Statistics</td>
</tr>
<tr>
<td><strong>Purpose of the paper:</strong></td>
<td>This paper describes NHS Digital Official (and National) Statistics publications planned for publication in December 2018 and January 2019, and web coverage for those publications released in September and October 2018.</td>
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<td><strong>Additional Documents and or Supporting Information:</strong></td>
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Executive Summary

This paper describes:

- NHS Digital Official (and National) Statistics publications planned for publication in December 2018 and January 2019;
- Web coverage for those publications released in September and October 2018.
- Please note the November publications were detailed in the previous Board paper, and the web-coverage data is not yet available at the time of production of this paper and so will be presented in the next Board paper.

Background

As at 01 April 2018, NHS Digital is responsible for 75 active (currently published or planned for future release) series of Official Statistics of which 23 are designated as National Statistics, which means that the UK Statistics Authority (UKSA) recognises them as being compliant with the Code of Practice for Statistics.

During the 2017/18 financial year, NHS Digital published 274 statistical reports.

Official Statistics are expected to evolve and improve over time, to meet the changing needs of our users, to improve their quality and utility and to respond to changes in their administrative and management data sources.

“Experimental statistics” are new Official Statistics that are undergoing evaluation. A key part of this evaluation is user engagement whereby NHS Digital invites readers to comment on the publications, which helps to inform future releases.

Most NHS Digital Official Statistics are published annually or more frequently. Generally, each edition is similar in content to previous versions but any substantial changes are noted below (note: no such changes are yet planned).

National Statistics are identified below with [NS], publications with a planned press announcement are identified below with [PAS], and published releases of management information are prefixed with [MI].

The planned releases reflect the work with NHS Digital users of statistics, to have some, but not all statistical publications focussed on Tuesdays and Thursdays in the week.
Forthcoming and recently released publications
Official and National statistics

December 2018

New releases:
06/12/2018 Appointments in General Practice October 2018

Biennial: None planned for December 2018

Annual:
04/12/2018 Health Survey for England 2017
19/12/2018 Breast Screening Programme, England Provisional Statistics 2017-18

Biannual: None planned for December 2018

Quarterly:
06/12/2018 Data on written complaints in the NHS 2018-19 Quarter 2
06/12/2018 Female Genital Mutilation July-September 2018
06/12/2018 Statistics on Women’s Smoking Status at Time of Delivery: England Quarter 2, July 2018 to September 2018
13/12/2018 CCG Outcomes Indicator Set December 2018 release
20/12/2018 General and Personal Medical Services, England Final 30 September 2018, experimental statistics
20/12/2018 NHS Staff Earnings Estimates September 2018, Provisional Statistics

Monthly:
12/12/2018 Patients Registered at a GP Practice December 2018
12/12/2018 Recorded Dementia Diagnoses November 2018
13/12/2018 Community Services Statistics for Children, Young People and Adults August 2018
13/12/2018 Mental Health Services Monthly Statistics Final September, Provisional October 2018
13/12/2018 Out of Area Placements in Mental Health Services September 2018
13/12/2018 Provisional Accident and Emergency Quality Indicators for England October 2018, by provider
13/12/2018  Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data April 2018 - October 2018
13/12/2018  Psychological Therapies: reports on the use of IAPT services, England September 2018 final, including reports on the IAPT pilots and quarter 2 2018-19 data
20/12/2018  [MI] National Data Opt-Out December 2018
20/12/2018  Learning Disability Services Monthly Statistics Provisional Statistics (AT: November 2018, MHSDS: September 2018 Final)
20/12/2018  NHS Sickness Absence Rates August 2018, Provisional Statistics
20/12/2018  NHS Workforce Statistics September 2018

January 2019

New releases:  None planned for January 2019

Biennial:  None planned for January 2019

Annual:  None planned for January 2019

Biannual:  

Quarterly:
10/01/2019  NICE Technology Appraisals in the NHS in England (Innovation Scorecard) To June 18
31/01/2019  Statistics on NHS Stop Smoking Services in England July 2018 to September 2018

Monthly:
03/01/2019  Maternity Services Monthly Statistics September 2018, Experimental statistics
10/01/2019  Appointments in General Practice November 2018
10/01/2019  Community Services Statistics for Children, Young People and Adults September 2018
10/01/2019  Mental Health Services Monthly Statistics Final October, Provisional November 2018
10/01/2019  Provisional Accident and Emergency Quality Indicators for England November 2018, by provider
10/01/2019  Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data April 2018 - November 2018
10/01/2019  Psychological Therapies: reports on the use of IAPT services, England October 2018 final, including reports on the IAPT pilots
15/01/2019  Patients Registered at a GP Practice January 2019
15/01/2019  Recorded Dementia Diagnoses December 2018
18/01/2019  Learning Disability Services Monthly Statistics Provisional Statistics (AT: December 2018, MHSDS: October 2018 Final)
24/01/2019  NHS Sickness Absence Rates September 2018 Provisional Statistics
24/01/2019  NHS Workforce Statistics October 2018
Clinical Audits

Clinical Audits are not currently classed as Official Statistics. The Code of Practice for Statistics is followed as best practice during the production cycle but the release practices differ.

December 2018
13/12/2018  National Diabetes Audit NDA Transition Report 14-16

January 2019
None planned for January 2019
User activity

The following tables show web figures for Official (and National) Statistics released by NHS Digital in September and October 2018. Clinical Audits are not included.

**Unique page views** are the number of times the publication page was viewed during the two-week period following its release. Note that one user could generate more than one unique visit.

Bars in the tables below indicate the scale of interest generated by each publication.
## September 2018

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*Data for 4 publications on the 27th of September 2018 is currently missing, we are investigating the cause with Google Analytics.*
October 2018

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Recommendation
None – for information only.

Implications

Strategy Implications
These publications and their associated web coverage results form part of objective five of our strategy, “Making better use of health and care information” whereby we “are part of the Government’s Statistical Service and adhere to the UK Statistics Authority’s Code of Practice for Statistics. We publish data and statistics in formats that cannot be used to identify individual patients, service users or citizens.”

Financial Implications
There are no financial implications of this resolution/proposal.

Stakeholder Implications
This is for information purposes only, for stakeholders to review forthcoming publications and the media and web attention of those previously published.

Handling
There are no handling implications of this resolution/proposal.

Risks and Issues
There are no associated risks and issues as this is for information only.

Corporate Governance and Compliance

Management Responsibility
Tom Denwood, Executive Director of Data, Insight and Statistics (ai) is the sponsor director accountable for these publications. The senior manager with overall responsibility is Chris Roebuck, Chief Statistician.

Actions Required of the Board
None – for information only.
### NHS Digital – Public Board Meeting Forward Business Schedule 2018-19 (December 2018)

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<th>Date</th>
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<td>CEO Review Date: 29 June 2018</td>
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**Board Business and Governance**

- **Draft Submission Deadline:**
  - 27 May 2018
  - 04 July 2018
  - 02 September 2018
  - 04 December 2018
  - 09 January 2019
- **CEO Review Date:**
  - 29 June 2018
  - 02 October 2018
  - 04 December 2018
  - 09 January 2019
- **Paper Deadline:**
  - 02 September 2018
  - 04 December 2018
  - 09 January 2019
- **Location:**
  - Digby, Hill and Bevan, 1 Trevelyan Square, Leeds, LS1 6AE
  - London: ETC Venues
  - TBC

**Statutory Business Items**

- **Annual Report and Accounts – final for sign off (paper)**
- **NHS Digital Business Plan**
- **Corporate Governance Manual (CV) – Final for sign off - origin 21/02/18 mins**
- **Annual review of TRaMCo effectiveness (paper). Origin 21/02/18 mins**
- **NHS Digital Workforce Diversity Report 2017/18 (IH)**

**Governance and Assurance**

- **Corporate Business Plan Q1 Monitoring Report**
- **Corporate Business Plan Q2 Monitoring Report**
- **Development of a Long-Term Plan for the NHS (IH)**
- **Corporate Business Plan Q3 Monitoring Report**
- **Origin Board request from the 17 Oct 2018 meeting: Workforce Data: CV with KB to provide via TRaMCo a paper with analysis of which business areas 1st year appointees are leaving from broken down by gender, function and BAME characteristics (CV/JP)**
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**Strategy and Capability**

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**Dates TBC**
NHS Digital slavery and human trafficking statement for 2018/19

The Health and Social Care Information Centre (HSCIC), known as NHS Digital, was set up by the Department of Health and Social Care in April 2013 and is an executive non-departmental public body.

It exists to help patients, clinicians, commissioners, analysts and researchers. Its goal is to improve health and social care in England by making better use of technology, data and information.

With an operating budget of around £340 million, and a team of 2,500 staff, it provides national information, data and IT systems for health and social care services.

Current policies and initiatives

NHS Digital recognises the requirement of supporting the Government’s objective to eradicate modern slavery and human trafficking and recognises the significant role NHS Digital has to play in both combatting it and supporting victims.

Specifically, NHS Digital is committed to ensuring that its supply chains and business activities are free from ethical and labour standards abuse.

Steps taken by NHS Digital to date include:

People

- confirming the identities of all new employees and their right to legally work in the United Kingdom;
- all staff are appointed subject to references, health checks, immigration checks and identity checks. This ensures that NHS Digital can be confident, before staff commence, that its staff have a legal right to work within NHS Digital;
- NHS Digital has a set of values and behaviours that staff are expected to comply with, and all candidates are expected to demonstrate these attributes as part of the selection process;
- adopting the national pay, terms and conditions of service, NHS Digital has the assurance that all staff will be treated fairly and will comply with the latest legislation. This includes the assurance that staff received, at least, the National Minimum Wage from 1 April 2015;
- NHS Digital has various employment policies and procedures in place designed to provide guidance and advice to staff and managers but also to comply with employment legislation, which are accessible to all staff via NHS Digital’s intranet.
- NHS Digital’s Equality and Diversity, Grievance, Respect and Dignity at Work policies and procedures additionally give a platform for our employees to raise concerns about poor working practices;
- NHS Digital recognises and acknowledges that diversity and inclusion are key corporate social responsibilities and is committed to creating and ensuring a non-discriminatory and respectful working environment for its staff;
• NHS Digital has incorporated its diversity and inclusion objectives into the annual business plan and reviews them regularly to ensure that NHS Digital policies and practices promote and support diversity and inclusion both as an employer and service provider; and

• All NHS Digital staff are required to undertake mandatory staff training in relation to diversity and inclusion.

Whistleblowing in the NHS

• NHS Digital subscribes to the independent whistleblowing charity ‘Protect’. NHS Digital was one of the early signatories for their ‘First 100 Campaign’ to support their whistleblowing Code of Practice. Governance arrangements are well embedded within NHS Digital.

• NHS Digital's Whistleblowing Staff policy additionally gives a platform for employees to raise concerns for further investigation and offers support to individuals that have suffered fiscal or professional detriment as a result of whistleblowing.

Procurement and our supply chain

• NHS Digital Commercial addresses Modern Slavery in its supply chain through the three P's;

  I. Policies to prevent, detect and eradicate modern slavery within their own operations and the operations of suppliers and business partners

  II. Processes to identify key vulnerabilities and taking a risk management approach to ethical commercial practice.

  III. Planning for situations where corrective action is needed where issues have been identified via audit reports, whistleblowing, media reports etc.

• NHS Digital standard Terms and Conditions require suppliers to comply with relevant legislation.

• A large proportion of the goods and services procured are sourced through Government supply frameworks and contracts also require suppliers to comply with relevant legislation.

• Social Value considerations are included in specifications and evaluation criteria where this is appropriate and legal to do so.

Review of effectiveness

NHS Digital intends to take further steps to identify, assess and monitor potential risk areas in terms of modern slavery and human trafficking, particularly within supply chains.

In 2018/19, NHS Digital will also:

• support its staff to understand and respond to modern slavery and human trafficking, and the impact that each and every individual working at NHS Digital can have in keeping present and potential future victims of modern slavery and human trafficking safe;
• develop staff awareness of the Modern Slavery Act 2015 and reporting mechanisms if a case of modern slavery or human trafficking is suspected i.e. access to training on how to identify those who are victims of modern slavery and human trafficking and inform them of the appropriate action to take if they suspect a case of modern slavery or human trafficking;

• embed Social Value best practice into commercial processes which will achieve improved Social Value awareness and compliance across all our commercial activities; and

• impact assess all new or reviewed policies for diversity and inclusion compliance.

Sarah Wilkinson, Chief Executive Officer, NHS Digital, December 2018

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and applies to NHS Digital. The Board approved this statement at its meeting on 18th December 2018.