

Statutory Board (Public) Agenda

AGENDA

05 February 2020 10:00 – 12:30

Venues: 136b & 137b, Skipton House, London

Present

Noel Gordon	Chair
Professor Soraya Dhillon MBE	Senior Independent Director, Non-Executive Director
Daniel Benton	Non-Executive Director
Professor Sudhesh Kumar OBE	Non-Executive Director
Deborah Oakley	Non-Executive Director
John Noble CBE	Non-Executive Director
Dr Marko Balabanovic	Non-Executive Director
Balram Veliath	Non-Executive Director
Rob Tinlin MBE	Non-Executive Director
Sarah Wilkinson	Chief Executive Officer (CEO)
Carl Vincent	Chief Financial Officer (CFO)
Professor Jonathan Benger	Chief Medical Officer (CMO)

Matthew Gould CMG MBE	NHSX CEO – Ex Officio
Dr Simon Eccles	NHSX Deputy CEO – Ex Officio

Additional Attendees

Neil Bennett	Director of Services attending for item 2b
Jackie Gray	Executive Director, Information Governance attending for item 2b
Tom Denwood	Executive Director, Data, Insights and Statistics (ai) attending for item 2b
Julie Pinder	Chief People Officer, attending for item 2b
Ian Lowry	Director of Medicines and Pharmacy attending for item 2b & 3a
James Palmer	Programme Head attending for item 3a

In Attendance

Dean White	Board Secretary & Head of Corporate Governance (minute taker)
------------	---

Apologies

None

Status Legend

To Note for information	
To Assure or review	
To Decide or action	

<u>Reference</u>	<u>Agenda Item</u>	<u>Timing</u>	<u>Status</u>	<u>Sponsored by</u>	<u>Presented by</u>
19 05 01 (P1)	Meeting Governance:	10:00 – 10:10			
	a) Welcome & Introductions (verbal)			Chair	Chair
	b) Register & Declaration of Interests (paper)			Chair	Chair
	c) Minutes of the Part 1 Statutory Board meeting on 18 December 2019 (paper) – to ratify			Chair	Chair
	d) Matters Arising (verbal)			Chair	Chair
	e) Progress on Action Points (paper)			Chair	Chair
19 05 02 (P1)	Strategic Delivery & Operational Performance:	10:10 – 11:25			
	a) CEO Update (verbal)		15 Mins	Chair	CEO
	b) Performance Pack - Reporting period up to 30 November 2019 (paper)		60 Mins	Chair	CEO
	1. Programme Delivery			CEO	Director of Medicines and Pharmacy
	2. Data Services Delivery			CEO	Executive Director, Data, Insights and Statistics (ai)
	3. Live Services			CEO	Director of Services
	4. Information Governance			CEO	Executive Director, Information Governance

	5. Workforce			CEO	Director, Chief People Officer
	6. Finance			CEO	Executive Director, Chief Financial Officer (CFO)
19 05 03 (P1)	Strategic Governance & Assurance:	11:25 – 12:05			
	a) Adult Social Care (paper)		30 Mins	CEO	Director of Medicines and Pharmacy
	b) Coronavirus Update (Verbal)		10 Mins	CEO	CEO
19 05 04 (P1)	Committee Reports:	12:05 – 12:25			
	a) Audit & Risk Committee (ARC) Report (verbal)		5 Mins	Chair	Chair of the Committee
	b) Information Assurance & Cyber Security (IACSC) Report (verbal)		5 Mins	Chair	Chair of the Committee
	c) Investment Committee (IC) Report (verbal)		5 Mins	Chair	Chair of the Committee
	d) Talent Management & Remuneration Committee (TRaMCo) Report (verbal)		5 Mins	Chair	Chair of the Committee
19 05 05 (P1)	Any Other Business: (by prior agreement with the Chair)	12:25 – 12:30			
	a) None			Chair	Chair
19 05 06 (P1)	Directions & Mandatory Requests for Information: Following consideration by the Executive Management Team, the Accounting Officer has accepted on behalf of NHS Digital's Board the following Directions and Mandatory Requests:				

	a) Directions for Information:				
	(i) 111 Coronavirus Sitrep Daily Data Collection				
	b) Mandatory Requests for Information:				
	(i) None				
19 05 07 (P1)	Papers for Information & Comment:				
	a) Forthcoming Statistical Publications (paper)				
	b) CCIO7 Briefing Paper (paper)				
	c) Board Forward Business Schedule 2019-20 (paper)				
	Close	12:30			Chair

Date of next meeting: 18 March 2020

Venue: 136b & 137b, Skipton House, London

Board Meeting – Public Session

Title of paper:	Register of Interests
Board meeting date:	05 February 2020
Agenda item no:	NHSD 19 05 01 (b) (P1)
Paper presented by:	NHS Digital Chair
Paper prepared by:	Board Secretariat
Paper approved by: (Sponsor Director)	Each Board Member is accountable for their declaration of interest
Purpose of the paper:	<p>NHS Digital is required by its Standing Orders to maintain a publicly available Register of Members' Interests.</p> <p>The Register contains, as they become available, the Declarations of Interest made by Board Members.</p>
Additional Documents and or Supporting Information:	N/A
Please specify the key risks and issues:	N/A
Patient/public interest:	<p>Corporate Governance</p> <p>Transparency and Openness</p>
Supplementary papers:	N/A
Actions required by the Board:	For information

History of the subject (compulsory)

Previous and proposed discussion by the committee:	
Date of meeting	Brief description of the previous discussion
23 January 2019	For information only.
06 March 2019	For information only.
05 June 2019	For information only.
17 July 2019	For information only.

Past & future timeline (include proposed dates of any publication)	
Date of meeting	Update to the Committee on activity & next steps
17 Oct 2018	For information only.
18 December 2018	For information only.
Other key milestones:	
Not Applicable.	

Executive sign off	
What level of approval does the paper have for presentation to the Committee?	Not Applicable. Corporate Governance

NHS Digital Board Register of Interests February 2020-2021

Name	Declared Interest
Non-Executive Directors	
Noel Gordon: Chair	Directorships: <ul style="list-style-type: none"> Chairman, Healthcare UK Non-Executive Director, NHS England Non-Executive Director, PSR (Payments Services Regulator) Co-Chair, IamYlam Employment held other than with NHS Digital: <ul style="list-style-type: none"> N/A Other Offices held: <ul style="list-style-type: none"> N/A Former positions and or contracts held in the 2 years prior to joining NHS Digital: <ul style="list-style-type: none"> Member, Life Sciences Industrial Strategy Advisory Board Member, Development Board, Age UK Member of Council, University of Warwick Member, Audit and Risk Committee, University of Warwick Chairman of Board of Trustees, Uservice.org Relevant Shareholdings (as per ROI Policy): <ul style="list-style-type: none"> Accenture Other relevant or familial interests: <ul style="list-style-type: none"> Senior Advisor, Aleron
Professor Soraya Dhillon MBE: Non-Executive Director - Senior Independent Director	Directorships: <ul style="list-style-type: none"> Non-Executive Director Health Education England Employment held other than with NHS Digital: <ul style="list-style-type: none"> N/A Other offices held: <ul style="list-style-type: none"> Member the Advisory Committee on Clinical Excellence Awards for London North West London Governor at Northwood College for Girls

Name	Declared Interest
	<p>Former positions and or contracts held in the 2 years prior to joining NHS Digital:</p> <ul style="list-style-type: none"> • Academic Manager, Office of the Vice Chancellor, University of Hertfordshire until December 2018 • Non-Executive Director Hillingdon Hospital NHS Foundation Trust <p>Relevant Shareholdings (as per ROI Policy):</p> <ul style="list-style-type: none"> • N/A <p>Other relevant or familial interests:</p> <ul style="list-style-type: none"> • Daughter is SPR ST7 Obstetrics and Gynaecology North West London
<p>Dr Marko Balabanovic: Non-Executive Director</p>	<p>Directorships:</p> <ul style="list-style-type: none"> • N/A <p>Employment held other than with NHS Digital:</p> <ul style="list-style-type: none"> • Chief Technology Officer, Digital Catapult until end November 2019; Head of Innovation and AI, Medopad Ltd from start December 2019 <p>Other offices held:</p> <ul style="list-style-type: none"> • N/A <p>Former positions and or contracts held in the 2 years prior to joining NHS Digital:</p> <ul style="list-style-type: none"> • N/A <p>Relevant Shareholdings (as per ROI Policy):</p> <ul style="list-style-type: none"> • Equal Media Ltd <p>Other relevant or familial interests:</p> <ul style="list-style-type: none"> • N/A
<p>Daniel Benton: Non-Executive Director</p>	<p>Directorships:</p> <ul style="list-style-type: none"> • Trustee, The Grange Festival <p>Employment held other than with NHS Digital:</p> <ul style="list-style-type: none"> • N/A <p>Other offices held:</p> <ul style="list-style-type: none"> • N/A <p>Former positions and or contracts held in the 2 years prior to joining NHS Digital:</p> <ul style="list-style-type: none"> • Technology advisor to TSB Board

Name	Declared Interest
	<p>Relevant Shareholdings (as per ROI Policy):</p> <ul style="list-style-type: none"> • Accenture • Supercarers <p>Other relevant or familial interests:</p> <p>N/A</p>
<p>John Noble CBE Non-Executive Director</p>	<p>Directorships:</p> <ul style="list-style-type: none"> • Non-Executive Director Nihon Cyber <p>Employment held other than with NHS Digital:</p> <ul style="list-style-type: none"> • N/A <p>Other Offices held:</p> <ul style="list-style-type: none"> • JP Noble Ltd • Member of Glasswall Solutions UK Advisory Board • Member of Reliance UK Advisory Board • Member of Nominet Advisory Board • Member of Lucideus Technology Advisory Board • Senior Advisor to McKinsey Consulting • Advisor to FCO through Blacksmith's Consulting • Speaker for the London Speakers Bureau <p>Former positions and or contracts held in the 2 years prior to joining NHS Digital:</p> <ul style="list-style-type: none"> • Member of XQ Cyber Advisory Board <p>Relevant Shareholdings (as per ROI Policy):</p> <ul style="list-style-type: none"> • N/A <p>Other relevant or familial interests:</p> <ul style="list-style-type: none"> • N/A
<p>Deborah Oakley Non-Executive Director</p>	<p>Directorships:</p> <ul style="list-style-type: none"> • None <p>Employment held other than with NHS Digital:</p> <ul style="list-style-type: none"> • Veritas Investment Management LLP – Investment Manager. <p>Other offices held:</p> <ul style="list-style-type: none"> • N/A <p>Former positions and or contracts held in the 2 years prior to joining NHS Digital:</p>

Name	Declared Interest
	<ul style="list-style-type: none"> • Non-Executive Director - Medicines and Healthcare products Regulatory Agency. • Non-Executive Director - The Royal Free London NHS Foundation Trust. <p>Relevant Shareholdings (as per ROI Policy):</p> <ul style="list-style-type: none"> • 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. <p>Other relevant or familial interests:</p> <ul style="list-style-type: none"> • 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.
<p>Professor Sudhesh Kumar OBE: Non-Executive Director</p>	<p>Directorships:</p> <ul style="list-style-type: none"> • None <p>Employment held other than with NHS Digital:</p> <ul style="list-style-type: none"> • Dean, Warwick Medical School <p>Other offices held:</p> <ul style="list-style-type: none"> • Non-Executive Director, University Hospital of Coventry and Warwickshire (UHCW) NHS Trust <p>Former positions and or contracts held in the 2 years prior to joining NHS Digital:</p> <ul style="list-style-type: none"> • Institute of Digital Healthcare, Warwick Manufacturing Group • Honorary consultant physician at George Eliot Hospital <p>Relevant Shareholdings (as per ROI Policy):</p> <ul style="list-style-type: none"> • Medinova Research Limited <p>Other relevant or familial interests:</p> <ul style="list-style-type: none"> • Member, Medical School Council • Member Advisory Board WW (UK)

Name	Declared Interest
Rob Tinlin MBE: Non-Executive Director	Directorships: <ul style="list-style-type: none"> Director, Towler Tinlin Associates Ltd Employment held other than with NHS Digital: <ul style="list-style-type: none"> LGA Associate (carrying out occasional work on health and care related issues) Other Offices held: <ul style="list-style-type: none"> Non-Executive Director, Crown Office & Procurator Fiscal Service Former positions and or contracts held in the 2 years prior to joining NHS Digital: <ul style="list-style-type: none"> N/A Relevant Shareholdings (as per ROI Policy): <ul style="list-style-type: none"> N/A Other relevant or familial interests: <ul style="list-style-type: none"> My son is working as a junior doctor at an NHS London Trust.
Balram Veliath: Non-Executive Director	Directorships: <ul style="list-style-type: none"> BBC Director, Quality, Risk and Assurance Employment held other than with NHS Digital: <ul style="list-style-type: none"> N/A Other offices held: <ul style="list-style-type: none"> N/A Former positions and or contracts held in the 2 years prior to joining NHS Digital: <ul style="list-style-type: none"> N/A Relevant Shareholdings (as per ROI Policy): <ul style="list-style-type: none"> Royal Bank of Scotland Other relevant or familial interests: <ul style="list-style-type: none"> N/A
Executive Members of the Board	
Sarah Wilkinson: Chief Executive Officer	Directorships: <ul style="list-style-type: none"> Board Member: Audit Risk and Compliance Committee, Kings College London Board Member: Advisory Board of the Department of Computing, Imperial College

Name	Declared Interest
	<ul style="list-style-type: none"> • Board Member: Advisory Board of the Department of Mathematics, Oxford University • Non-Executive Director: NatWest Markets <p>Employment held other than with NHS Digital:</p> <ul style="list-style-type: none"> • N/A <p>Other offices held:</p> <ul style="list-style-type: none"> • N/A <p>Former positions and or contracts held in the 2 years prior to joining NHS Digital:</p> <ul style="list-style-type: none"> • Prior employment at Home Office as Chief Information Officer (CIO) from February 2015 to July 2017 <p>Relevant Shareholdings (as per ROI Policy):</p> <ul style="list-style-type: none"> • N/A <p>Other relevant or familial interests:</p> <ul style="list-style-type: none"> • 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))

Name	Declared Interest
Carl Vincent: Chief Financial Officer	Directorships: <ul style="list-style-type: none"> N/A Employment held other than with NHS Digital: <ul style="list-style-type: none"> N/A Other offices held: <ul style="list-style-type: none"> N/A Former positions and or contracts held in the 2 years prior to joining NHS Digital: <ul style="list-style-type: none"> N/A Relevant Shareholdings (as per ROI Policy): <ul style="list-style-type: none"> N/A Other relevant or familial interests: <ul style="list-style-type: none"> N/A
Jonathan Benger: Interim Chief Medical Officer	Directorships: <ul style="list-style-type: none"> N/A Employment held other than with NHS Digital: <ul style="list-style-type: none"> Employed by: University Hospitals Bristol NHS Foundation Trust Seconded to: University of the West of England, Bristol Additional Contract with: North Bristol NHS Trust Honorary Contract with: South Western Ambulance Service NHS Foundation Trust Other offices held: <ul style="list-style-type: none"> Trustee, Great Western Air Ambulance Charity Senior Investigator, National Institute for Health Research Former positions and or contracts held in the 2 years prior to joining NHS Digital: <ul style="list-style-type: none"> Formerly National Clinical Director for Urgent and Emergency Care, NHS England and NHS Improvement; May 2013 to July 2019 Relevant Shareholdings (as per ROI Policy): <ul style="list-style-type: none"> N/A Other relevant or familial interests: <ul style="list-style-type: none"> N/A

Name	Declared Interest
Ex Officio Board Members	
<p>Matthew Gould CMG MBE</p> <p>CEO of NHSX, Ex Officio member of the NHS Digital Board</p>	<p>Directorships:</p> <p>Employment held other than with NHS Digital:</p> <ul style="list-style-type: none"> • CEO of NHSX (Director General, DHSC; National Director NHS England) <p>Other offices held:</p> <ul style="list-style-type: none"> • Chair of Governors, Sarratt Church of England Primacy School • Visiting Professor of Cyber Security Policy, University of Leeds <p>Former positions and or contracts held in the 2 years prior to joining NHS Digital:</p> <ul style="list-style-type: none"> • Director General, Digital and Media Policy, Department for Digital, Culture, Media and Sport <p>Relevant Shareholdings (as per ROI Policy):</p> <ul style="list-style-type: none"> • N/A <p>Other relevant or familial interests:</p> <ul style="list-style-type: none"> • Brother is an interim CFO at Locum's Nest
<p>Dr Simon Eccles:</p> <p>Chief Clinical Information Officer for Health and Care</p>	<p>Directorships:</p> <ul style="list-style-type: none"> • Wild Goose Lodge LLP <p>Employment held other than with NHS Digital:</p> <ul style="list-style-type: none"> • National Chief Clinical Information Officer for Health & Care (DHSC, NHSE, NHSI) • Consultant in Emergency Medicine, Guys and St Thomas' NHS Foundation Trust <p>Other offices held:</p> <ul style="list-style-type: none"> • N/A <p>Former positions and or contracts held in the 2 years prior to joining NHS Digital:</p> <ul style="list-style-type: none"> • 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 <p>Relevant Shareholdings (as per ROI Policy):</p> <ul style="list-style-type: none"> • N/A

Name	Declared Interest
	Other relevant or familial interests: My wife is a radiologist at Guys and St Thomas' NHS Foundation Trust

NHS Digital

Public Board Meeting

Minutes of Meeting: 18 December 2019

Part 1 - Public Session

Present:**Title**

Noel Gordon	Chair
Professor Soraya Dhillon MBE	Senior Independent Director, Non-Executive Director
Daniel Benton	Non-Executive Director
Professor Sudhesh Kumar OBE	Non-Executive Director
Deborah Oakley	Non-Executive Director
John Noble CBE	Non-Executive Director
Dr Marko Balabanovic	Non-Executive Director
Balram Veliath	Non-Executive Director
Rob Tinlin MBE	Non-Executive Director

Rob Shaw CBE	Deputy Chief Executive Officer & Senior Information Risk Owner (SIRO)
Carl Vincent	Chief Financial Officer (CFO)
Professor Jonathan Benger	Chief Medical Officer (CMO)

Additional Attendees

Jackie Gray	Executive Director, Information Governance attending for item 2b
Tom Denwood	Executive Director, Data, Insights and Statistics (ai) attending for item 2b
Julie Pinder	Chief People Officer, attending for item 2b
Ian Lowry	Director of Medicine and Pharmacies attending for item 2b & 2c
Dermott Ryan	Programme Director attending for item 2d

In Attendance

Dean White	Board Secretary & Head of Corporate Governance (minute taker)
Eva Beazley	Weva Limited, Leadership Consultant attending for the full meeting
Fred Lloyd-George	CEO Chief of Staff

Apologies

Sarah Wilkinson	NHS Digital Chief Executive Officer
Matthew Gould	NHSX Chief Executive Officer – Ex Officio
Dr Simon Eccles	NHSX Deputy CEO – Ex Officio

1. **Meeting Governance:** **NHSD 19 04 01**
 - 1.1 (a) Welcome & Introductions (verbal) **NHSD 19 04 01 (a)**

The Chair convened a meeting of the NHS Digital Board and welcomed members of the public and NHS Digital Staff to the meeting.

The Chair welcomed Professor Jonathan Benger, the newly appointed Chief Medical Officer (CMO) to the Board.

The Chair advised that apologies had been received from; Sarah Wilkinson, Matthew Gould and Simon Eccles.

The Chair noted that this was the last meeting of the Board for Rob Shaw (RS) who was retiring from NHS Digital at the end of December. The Chair thanked RS on behalf of the Board for the huge contribution he had made over many years to NHS Digital and the wider NHS.
 - 1.2 (b) Declaration & Conflicts of Interests (paper) **NHSD 19 04 01 (b)**

The Chair asked Board members to advise the Board Secretary of any changes to their Register of Interests. There were no conflicts of interest noted for the Agenda items as tabled.
 - 1.3 (c) Minutes of the Part 1 Statutory Board meeting on 16 October 2019 (paper) – to ratify **NHSD 19 04 01 (c)**

The minutes of the meeting held on 16 October 2019 were agreed as correct and approved by the Chair.
 - 1.4 (d) Matters Arising (verbal) **NHSD 19 04 01 (d)**

There were no matters arising.
 - 1.5 (e) Progress on Action Points (paper) **NHSD 19 04 01 (e)**

The Board noted the progress on action points resulting from previous meetings. The Chair confirmed that action 1902 02(ii) could be closed.
2. **Strategic Delivery & Operational Performance** **NHSD 19 04 02**
 - 2.1 (a) CEO Update (verbal) **NHSD 19 04 02 (a)**

The Chair introduced this item and noting the apologies of the CEO asked Rob Shaw (RS), Deputy Chief Executive Officer & Senior Information Risk Owner to present the CEO's update. The purpose was to advise the Board of business matters arising in the previous reporting period.

RS thanked the Chair and;

 - Confirmed the appointment of Professor Jonathan Benger and Mr. Jem Rashbass to the Executive Management Team.
 - Advised of the good progress being made by the GP IT Futures Programme and confirmed that arrangements will be in place by 31st December to ensure

business continuity for GPs.

- Informed the Board that work was underway with NHSX to agree and secure funding for the 2020/21 financial year.
- Noted the good progress being made on organisational change (Org2), and the generally positive feedback which had been received from staff on the updated organisational change support arrangements.
- Confirmed that NHS Digital would be applying a system change freeze over the Christmas period and had recommended to other NHS organisations that that take similar precautions.
- Confirmed that good progress was being made with business continuity testing within NHS Digital, with a recent unannounced fall-over test of the Leeds Whitehall office proving very successful.

The Chair thanked RS on behalf of the Board for his update.

2.2 (b) Performance Pack (Reporting Period Up To 31 October 2019) (paper) NHSD 19 04 02 (b)

RS introduced this item advising that the reports covered NHSD business activity up to October 2019. In addition to those present, Jackie Gray (JG), Executive Director of Information Governance, Julie Pinder (JP), Chief People Officer, Tom Denwood (TD), Executive Director, Data, Insights and Statistics (ai) & Ian Lowry (IL), Director of Medicines & Pharmacies attended for their specific items.

2.2.1 **Programme Delivery: Ian Lowry (IL)**

IL provided the Board with a synopsis of programme delivery progress since October 2019, noting:

- That overall Delivery Confidence has improved in comparison to the previous month. This was due to two programmes reporting an improved position: (1) Digitising Community Pharmacy & Medicines, as the programme anticipates the imminent completion of a key deliverable and (2) Medicines Data which moved from Amber/Red to Amber/Green as it starts to report on revised (post-prioritisation) scope.
- A further 5 programmes had been rescoped as a consequence of prioritisation and this will result in an improved status in the next period. The remaining 24 programmes are unchanged since last month.
- October saw the closure of two programmes: (1) National Data Opt Out (also known as Digital Citizen Data Choice and Transparency) and (2) SNOMED CT in Primary Care.
- IL confirmed that the GP IT Futures contract replaces the existing GPSOC contract on the 1st January 2020. GP IT Futures introduces new standards and opportunities for the adoption of digital and tech in General Practice.

The Board thanked IL and noted:

1. That 95% compliance with the new standards by existing suppliers will be achieved by 31st December 2019.
2. That it was positive to see a number of programmes being completed and transferred into a live service mode.

3. That the Social Care Pathway initiative, which is sponsored by NHSD has given rise to 15 project proposals. The Chair asked that thought be given to how the learning from any pilots is communicated to the wider social care community and secondly, thought given to how the results might be “industrialised” for adoption at scale.
4. The Chair asked IL to provide the Board, if possible, with a paper on the take up / use / benefits of the services delivered by the DTP programme and to capture lessons which could be applied to the new portfolio of work. RS / IL agreed to consider how a paper might be developed in conjunction with NHSX colleagues.

Action 1904 02b(ii) – Programme Delivery: Ian Lowry agreed to consider providing a paper (in conjunction with NHSX colleagues) on the take up / use / benefits of the services delivered by the DTP, showing the programme delivery lessons which have been learned and which could be applied to the new portfolio of work.

2.2.2 Data Services Delivery: Tom Denwood (TD)

TD provided the Board with a synopsis of data services delivery progress since October 2019, noting:

- The October 2019 reporting month saw the overall KPI RAG status remain Amber across the reporting areas within Data Services.
- The Data Access Request Service (DARS) continues to receive high volumes of requests however, requests have decreased slightly compared with the same period last year. This is primarily to do with the one-off impact of Data Services for Commissioners migration in 2018 and the ONS agreement to extend their own terms of use from 12 months to 36 months, reducing the need for DARS users to re-apply to use ONS data each year.
- In October 2019, DARS did not meet the target for 80% of applications to be processed using a precedent; due to a number of older applications being completed which were novel / contentious and therefore, could not use the precedent model.
- PowerBI dashboard and HTML publication usage is increasing year on year. NHS Digital is aiming to move to lower frequency but more impactful publications, and to ensure these are increasingly targeted on areas of emerging relevance.
- In response to a question TD confirmed that NHSD will be moving away from PDF publications to HTML webpages supported by downloadable data and Power BI visualisations to increase accessibility of the outputs in response to user needs.
- The new Customer Survey KPI highlights the results of the DIS Customer Satisfaction Survey. The data is presented on a rolling 12-month period and shows that 76.7 % of respondents were satisfied or extremely satisfied with the service provided by NHS Digital.
- October 2019 saw the survey receive 36 responses in total and a satisfaction rating of 86.11%. The Customer Satisfaction Survey has been collected and used by operational teams since August 2017 and is a recent addition to this performance pack.

The Board thanked TD and noted:

1. That succession plans for the DARs management were being developed ahead of Org2 Wave 3.
2. That the profile of DARs users is; 40s university / research use; 20% CCG / LA use and 20% use by other orgs.
3. That the new HDR UK Research Data Gateway Portal is likely to create an increase in traffic flow to DARs.
4. Suggested that TD look to split out complex precedent applications from the less complex so to avoid the response timescales being skewed.
5. That IACSC plans to review the DAR service and will be assessing the security standards that users of the service have to meet.

2.2.3 Live Services Performance: Rob Shaw (RS)

RS introduced this item, noting the that KPI targets for Live Services were, given the operational context, deliberately challenging. RS was therefore extremely pleased to report the very high level of service availability achieved in the period, 99.999%.

RS noted:

- IT Service Performance remained Green in October 2019. 100% of services (128 of 128) achieved their Availability target.
- The Performance Indicator (PI) for Higher Severity Service Incident (HSSI) and Fix Times remained Amber in October 2019. 92% of the reported HSSIs (11 of 12) achieved their Fix Time target.
- The Response Times PI remained Red in October 2019, due to a single critical level failure being experienced by DXC's Lorenzo service.
- 91% of services (20 of 22) achieved their Response Times target.
- IT Service Continuity Management (ITSCM) performance improved to Amber / Green in October 2019, due to four out of the six KPI metrics achieving a Green RAG status.
- RAG status performance improved in October 2019 from Amber to Green for Silver Services with ITSCM plans reviewed and approved. RAG statuses remain identical across the remaining KPI metrics.
- Business Continuity work is ongoing to address all gaps, in particular the number of services versus the number of plans approved and tests undertaken for these services.

The Board thanked RS and:

1. Asked that in the next report, the report shows which organisation is operationally accountable for each service and when reporting incidents to identify where clinical responsibility for the incident resides i.e. with NHSD or with another body.

Action 19 04 02b(iii) – Live Services: Neil Bennett to revise the report to show which organisation is operationally accountable for each service and when reporting incidents to identify which organisation has clinical responsibility for the incident.

2.2.4 Information Governance: Jackie Gray (JG)

JG introduced this item, noting:

- The RAG status is Green for the reported period as an acceptable proportion

of FOIA Requests and all Data Subject Access Requests (DSARs).

- 159 FOIA requests had been received and completed within the statutory deadline resulting in a compliance rate of 100.0%.
- All the Data Subject Access Requests (DSARs) had been responded to within the statutory deadlines resulting in a compliance rate of 100%.

The Board thanked JG and:

1. Noted that a workshop had been scheduled for January to review the IG KPIs to test whether they accurately capture the status of the programme and wider operational context.
2. Asked for the report to indicate if there were common sources of enquiry and or underlying themes to the FOIARs / DARS.

Action 19 04 02b(iv) – Information Governance: Jackie Gray revise the IG report to show the sources of enquiry and or underlying themes from FOIARs / DSARS.

2.2.5 **Workforce: Julie Pinder (JP)**

JP introduced this item noting:

- The overall assessment level remains Amber.
- During October NHSD moved into the implementation phase of the Wave 2 of organisational change. The proposals for change were updated based on consultation feedback and published to staff as formal action plans for change, this included the start of the selection and assessment phase.
- That two incidents had occurred during Wave 2 implementation which had impacted on a small number of staff.
- The plans outline the future requirements for each profession / directorate in terms of skills, capabilities and affordability against a March 2021 profile.
- To support the implementation of the plans there has been an enhanced change offer with proactive change management programmes for line managers, consultation managers and employees and selection and outplacement support are now available. Wave 2 HR drop-in sessions and on-site presence has been available weekly across all core sites throughout the summer.
- The organisational change Question and Answer portal continued to be popular with 1,272 questions raised and a current 91 % response rate within 48 hours.
- Highlighted the creation of a People Plan, which has taken account of the employee voice and generated an action plan to tackle common issues.

The Board thanked JG and noted:

1. The improved feedback from staff subject to Wave2 but advised that the consequences of Wave 3 for all staff should not be underestimated.
2. Were encouraged to note that learning from Wave 1 and Wave 2 was having a positive impact.
3. That of the employees placed at risk in Wave 1 and Wave 2, circa 50 people had secured re-deployment.
4. The importance of reminding staff of the goals for Org2; the importance of

delivering a capable, flexible and affordable workforce and creating a great place to work.

5. Expressed its appreciation to JP and EMT for the efforts being made to build on the learning and feedback.

2.2.6 **Finances: Carl Vincent (CV)**

CV introduced this item noting that at month 7:

- Finance performance is reported as Green and the risk of overspending is now extremely low.
- The capital position is reported as Amber because the forecast is now 16% below budget.
- However, there is a risk of further reductions in expenditure resulting in a year-end underspend for both revenue and capital.
- The prioritisation process has ended, and all funding changes have been reflected in revised targets except for £3.6m of Revenue and £2.8m of Capital for CCIO7.
- The delivery teams are working in a challenging environment because across a large number of programmes either: a) their funding was confirmed very late in the financial year (past the mid-year point in many cases), b) their scope has been changed and the revised scope is not yet wholly clear, and/or c) approvals have been delayed and in some cases are still not in place.
- CV advised that finance is working urgently to ensure updated forecasts are robust and delivery is not unduly delayed by the need for financial approvals.
- CV has further implemented monthly “challenge and review meetings” with Executive Directors for the largest delivery areas (PILS, DIS, and PD), monthly with Directors within the most challenging demand-lead directorates, and ad hoc deep dives in the areas that have the highest risk. Discussions focus on the robustness of forecasts, and potential opportunities to utilise underspends on value for money activities that are not currently planned.
- There are a few critical areas that need urgent approval to proceed and CV and delivery teams are working with colleagues in NHSX to complete the approvals process as quickly as possible.
- NHS Digital is also in discussion with NHSX to identify opportunities to utilise any identified Capital underspend to support the wider system.
- CV advised that operational overheads were being controlled with a £10m year on year reduction being achieved in the year to date.

The Board thanked CV for his update and noted:

1. That NHS Digital was working closely with NHSX in preparing for 2020/21.
2. That any spending proposals are constrained by the lack of a multi-year spending agreement with HM Government. Therefore, any proposals with spending commitments beyond 2020/21 will be subject to the new Government and the anticipated 2020 Spending Review.

2.4 (c) Medicines and Pharmacy – Delivery and Opportunities (paper)

NHSD 19 04 02 (c)

Ian Lowry, Director of Medicine and Pharmacies (IL) introduced this item. The purpose was to sight the Board on the work of the programmes to facilitate greater integrated care and medication interoperability to support data sharing, enhancements to the Electronic Prescription Service and the need to further explore potential future work as programmes close-down.

IL noted the following:

- The Medicines and Pharmacy portfolio is part of the ‘Supporting the Clinician’ pillar and is building on existing national capability to create a national medication management ecosystem.
- That it will improve patient safety and provide structured data to support secondary uses (research, commissioning, spend, population health management).
- The initial foundations of the proposed ecosystem were delivered by Release 2 of the Electronic Prescription Service; enabling structured prescription data to be digital transferred from prescriber to dispenser and from dispenser to the NHS BSA for reimbursement of the medication supplied to the patient.
- EPS now handles 2 million electronic prescription items per day (approx. 70% of all prescriptions), 33 million patients have nominated a pharmacy for dispensing and the system is saving £130 million per annum.
- Continued development to deliver additional value through; adoption of electronic signatures, the expansion of the service to cover emergency care settings and controlled drugs, defining and setting standards to improve data and promoting the use of the Summary Care Record by all pharmacies.
- Highlighted the success and positive progress being made on enabling flu notifications to be sent from pharmacies to GPs, in collecting structured medication data and exploratory work in secondary care settings looking at the stock and flow of hospital pharmacy services.

The Board thanked IL for the update and noted:

1. That it would be helpful to capture information as to the level of cost savings achieved by EPS.
2. The importance of understanding the relationship between these developments and the proposed NHSX CCIO7 programme.
3. Whether and how this capability might be used alongside the NHS App to support “Yellow Card” reporting processes.
4. The need to consider the impact of new models of care on the conceptual medication model shown in the accompanying paper (Appendix A).
5. The need to identify the new opportunities which this capability can support and or deliver.

Action 19 04 02c(i) – Medicines and Pharmacy / CCIO7: Dr Simon Eccles to provide the Board with briefing on CCIO7 at its next meeting (February 2020).

The Chair advised that plans were in hand for the Board to experience first-hand how the programme was making a difference with a planned trip to a Pharmacy Fulfilment Centre and visit to Coventry and a visit to Warwick University Hospital Foundation Trust.

Dermot Ryan, Programme Director (DR) introduced this item. The purpose was to provide the board with an update on the activity NHS Digital has undertaken support impacts related to Brexit and Winter.

DR noted the following:

- NHS Digital has undertaken a significant amount of work to prepare for the UK's exit from the EU. This includes activity to ensure that NHS Digital is prepared for events that may impact our own operations but also that we are well positioned to support the wider health and care system should this be required.
- The new Government has stated that the EU Withdrawal Bill will pass through Parliament by 31st January 2020. The political declaration that accompanies the EU withdrawal bill sets out the broad parameters for a future trading relationship with the EU but will require elaboration over the course of 2020. Trading relationships with other nations or bloc's will also take their own different forms over a similar timeframe.
- There is the potential for NHS Digital to be asked to support the development of these trade agreements, most likely in the form of collecting and/or providing data to support impact assessments and negotiation positions.
- A meeting between the DHSC Director responsible for future trade agreements and the Head of Brexit explored the potential requirements of NHS Digital in the development of trading agreements.

The Board thanked DR for the update and noted:

1. That NHS Digital held no personal data outside of the UK and mechanisms were in place to review any proposal to do so.
2. That NHS Digital was working closely with NHS England in preparing for the winter period and is ready and able to stand-up services if the winter proved to be challenging.

3. **Strategy Governance & Assurance:** **NHSD 19 04 03**

3.1 a) Annual Review of Terms of Reference for the Board and Sub Board Committees: **NHSD 19 04 03 (a)**

The Chair of the Information Assurance and Cyber Security Committee (IACSC) introduced a revised set of Terms of Reference and confirmed that IACSC were content with the revised ToRs.

The Board approved their adoption.

4. **Committee Reports:** **NHSD 19 04 04**

4.1 (a) Audit & Risk Committee (ARC) Report (verbal) **NHSD 19 04 04 (a)**

Deborah Oakley, ARC Chair (DO) introduced this item. The purpose was to provide feedback on items discussed at the Audit and Risk Committee meeting on 13 November 2019.

DO noted:

- That the meeting had been attended by Mike Newbury, the National Audit Office Director of Financial Audit and advised that the NAO had confirmed their intention to outsource elements of their delivery work to the private sector. DO

advised that this would have a bearing on the work the NAO undertook for NHS Digital and there was a risk of a clash between the timing of the NAO procurement exercise and the timing of NHS Digital's year-end procedures. In response to a question CV confirmed that he was monitoring the situation and was in regular contact with the NAO.

- In response to a further question CV confirmed that with the agreement of the House of Commons Library and subject to the capacity of the Web Team, NHS Digital would adopt a "Digital First" approach to the production of the 2019/20 Annual Report and Accounts.
- ARC had considered the Strategic Risk Register and Risk Appetite KPIs and advised that these topics will be considered by the Board early in the New year.
- That ARC had undertaken a deep-dive review of Org2 and received and update from Dr Amir Mehrkar, Senior Clinical Lead in regard to the Clinical Governance Service proposals.
- Received a further report on key suppliers and contract monitoring arrangements, noting that ARC had been impressed with the controls that are now in place.
- Highlighted that ARC will be undertaking a deep-dive review of legacy tech infrastructure at its next meeting in January.

The Board thanked DO for the committee update.

4.2 (b) Information Assurance & Cyber Security (IACSC) Report (verbal) NHSD 19 04 04 (b)

John Noble, IACSC Chair (JN) introduced this item. The purpose was to provide feedback on items discussed at the Information Assurance & Cyber Security Committee meeting on 16 November 2019.

JN noted the following:

- The operating context is one of an increased incidence of ransomware attacks around the world.
- That IACSC plans to undertake a deep-dive review of the DARS data supply-chain arrangements.
- That NHS Digital is working closely with the NCSC in maintaining a high state of preparedness for any future attack.

The Board thanked JN for the committee update.

4.3 (c) Investment Committee (IC) Report (verbal) NHSD 19 04 04 (c)

Daniel Benton (DB), IC Chair introduced this item. The purpose was to provide feedback on items discussed at the recent Investment Committee meetings.

DB noted the following:

- The past period had been very busy with three meetings held since the previous Board meeting in October. This was a result of business cases and investment proposals being delayed by Brexit and Prioritisation.
- The suggestion to review the sequencing of IC alongside TDIB with a view to de-couple the two meetings.

The Board thanked DB for the committee update.

- 4.4 (d) Talent Management & Remuneration Committee (TRaMCo) Report (verbal) NHSD 19 04 04 (d)

Noel Gordon, (NG) TRaMCo Chair introduced this item. The purpose was to provide feedback on items discussed at the recent Talent Remuneration & Management Committee meeting.

NG noted the following:

- Received and reviewed information on Org2.
- Reviewed a draft of the People Plan and accompanying actions which are aligned to the NHS People Plan.
- That Rob Tinlin and Balram Veliath have concluded the Culture Task and Finish work but will maintain their close involvement with Org2.

The Board thanked NG for the committee update.

5. Any Other Business (subject to prior agreement with chair) NHSD 19 04 05

- 5.1 Retirement of Rob Shaw CBE NHSD 19 04 05 (a)

On behalf of the Board the Chair noted its sincere thanks to Rob Shaw (RS) and expressed its admiration and appreciation of the exemplary stewardship that RS had demonstrated over many years. The Board wished him every success in his future career.

6. Directions & Mandatory Requests for Information NHSD 19 04 06

- 6.1 (a) Directions for Information (paper) NHSD 19 04 06 (a)

The Board noted the CEO's approval of the following Directions and Mandatory Requests:

- (i) NHS Health Check General Practice Data
- (ii) Workforce Information
- (iii) EU Exit
- (iv) BSA Medicines Data
- (v) Medicines Spend & Use Data Discovery

- 6.2 (b) Mandatory Requests for Information (paper) NHSD 19 04 06 (b)

- (i) NCIP Theatres Dataset

7. Papers for Information & Comment: NHSD 19 04 07

- 7.1 (a) Forthcoming Statistical Publications (paper)

The Board noted this paper for information.

7.2 (b) Board Forward Business Schedule 2019-20 (paper)

The Board noted this paper for information.

8. Motion

NHSD 19 04 08

- 8.1 *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:

Action Ref	Description	Action Owner	Target Date
1904 02b(ii)	Programme Delivery: Ian Lowry agreed to consider providing a paper (in conjunction with NHSX colleagues) on the take up / use / benefits of the services delivered by the DTP, showing the programme delivery lessons which have been learned and which could be applied to the new portfolio of work.	Ian Lowry	March 2020
19 04 02b(iii)	Live Services: Neil Bennett to revise the report to show which organisation is operationally accountable for each service and when reporting incidents to identify which organisation has clinical responsibility for the incident.	Neil Bennett	March 2020
19 04 02b(iv)	Information Governance: Jackie Gray revise the IG report to show the sources of enquiry and or underlying themes from FOIARs / DSARS.	Jackie Gray	March 2020
19 04 02c(i)	Medicines and Pharmacy / CCIO7: Dr Simon Eccles to provide the Board with briefing on CCIO7 at its next meeting (February 2020).	Dr Simon Eccles	February 2020

Agreed as an accurate record of the meeting	
Date:	
Signature:	
Name:	Noel Gordon
Title:	NHS Digital Chairman

Action Log

AA

Board meeting – Public Session

Title of paper:	Progress on Action Points
Board meeting date:	05 February 2020
Agenda item no:	NHSD 19 05 01 (e) (P1)
Paper presented by:	Chair
Paper prepared by:	Executive Office Board Secretariat
Paper approved by: (Sponsor Director)	Each action update is submitted and approved by the relevant Executive Director
Purpose of the paper:	To share an update on open action points from previous meetings for information. To ensure the completion of Board business.
Key risks and issues:	As stated in the action and commentary
Patient/public interest:	Corporate Governance best practice
Actions required by the board:	To note for information

Action Log



Board Meeting – Public Session

Progress against meeting action from 18 December 2019

Owner	Ian Lowry, Director of Medicine and Pharmacies	Agenda Title	Programme Delivery		
Meeting Ref	NHSD 1904	Action ID	02b(ii)		
Action Description				Due Date	Status
Ian Lowry agreed to consider providing a paper (in conjunction with NHSX colleagues) on the take up / use / benefits of the services delivered by the DTP, showing the programme delivery lessons which have been learned and which could be applied to the new portfolio of work.				March 2020	Open
Update Date	Action Description		Action Lead	Next Steps	
20/01/2020	Currently discussing with NHSD Central PMO to consider the best approach for a considerable task.		Ian Lowry		

Action Log

Board Meeting – Public Session

Progress against meeting action from 18 December 2019



Owner	Jackie Gray, Executive Director, Information Governance	Agenda Title	Information Governance		
Meeting Ref	NHSD 1904	Action ID	02b(iv)		
Action Description				Due Date	Status
Jackie Gray to revise the IG report to show the sources of enquiry and or underlying themes from FOIARs / DSARS.				March 2020	Open
Update Date	Action Description	Action Lead	Next Steps		
07/01/2020	The team producing the IG KPI pack have been notified of the request and are assessing what information is currently collected which could be used to meet the request.	Lesley Tillotson	We will aim to identify data which can be used, categories/descriptions and trial this in the March EMT/Board report in the Private IG Pack initially.		

Action Log

Board Meeting – Public Session

Progress against meeting action from 05 June 2019



Owner	Neil Bennett, Director of Services	Agenda Title	Performance Pack – Live Services		
Meeting Ref	NHSD 1901	Action ID	02c(i)		
Action Description			Due Date	Status	
Rob Shaw to review the risk associated with accelerated transitioning of development work into live service with insufficient run and maintain funding and consider potential early-warning indicators and feed this into the future Strategic Risk discussions.			July 2019	Open	
Update Date	Action Description		Action Lead	Next Steps	
10/07/2019	Financial impacts of prioritization and acceleration of transition to live are still being assessed with greater clarity on the financial positions being required in order to truly assess the risk, any risks associated with this will be sent to either SRO or service owner to accept. In the interim, draft early-warning indicators have been developed and are being refined.		Rob Shaw	<ul style="list-style-type: none">- Gain clarity on financial impacts of ‘accelerate to live’ decisions from prioritisation- Refine early-warning indicators	
18/09/2019	Scrutiny of prioritisation decision and impact on financial position is ongoing on a per service basis as they go through the transition to live process. Any risks or descoping of activity is capture as a part of the transition approvals and will be agreed with Product Owners (when in place).		Rob Shaw / Neil Bennett	Continue to scrutinise financial position as each service progresses through the transition pipeline. Incorporate early warning indicators into service health heatmap.	
23/09/2019	Agreement reached with NHSX that as well as a Run/Maintain budget, all programmes going into live service will be required to specify a change budget.		Rob Shaw	Action to stay open until the November Board, given the “transition to live” activity in response to prioritisation. Continue to scrutinise financial position as each service progresses through the transition pipeline. Incorporate early warning indicators into service health heatmap.	

Action Log



01/11/2019	We continue to push NHSX to provide Service/Product Owners for all services transitioning into Live. As part of service acceptance, we are checking the run and maintain funding is sufficient to safely run all services at the point of transition and ongoing. There is also an assessment whether future change funding needs to be allocated, should new features be required to the service.	Rob Shaw	We have done an assessment of all services currently migrating into live service from the outcome of the Prioritisation exercise, and will continue to do this as programmes make the transition into live during the rest of the financial year and will look not only at in year but also future years funding as we look at the business planning for 20/21.
17/01/2020	All services transitioning continue to be assessed at point of transfer to ensure sufficient budget exists to effectively manage and operate them in live. 20/21 Budget discussions are ongoing with particular focus on run and maintain budgets for services transitioning. NHS X are still to provide Product Owners for services.	Neil Bennett	We will continue to assess position as programmes transition to ensure adequate funding. We will continue to work with NHS X to support them in appointing Product Owners.

Action Log

Board Meeting – Public Session

Progress against meeting action from 18 December 2019



Owner	Dr Simon Eccles, NHSX Deputy CEO – Ex Officio	Agenda Title	Medicines and Pharmacy / CCIO7		
Meeting Ref	NHSD 1904	Action ID	02c(i)		
Action Description				Due Date	Status
Dr Simon Eccles to provide the Board with briefing on CCIO7 at its next meeting (05 February 2020).				05 February 2020	Closed
Update Date	Action Description	Action Lead	Next Steps		
17/01/2020	A briefing on CCIO7 has been provided as a paper for information at the 5 th February Board.	Simon Eccles	Action closed.		

Action Log

Board Meeting – Public Session

Progress against meeting action from 18 December 2019

Owner	Neil Bennett, Director of Services	Agenda Title	Live Services		
Meeting Ref	NHSD 1904	Action ID	02b(iii)		
Action Description				Due Date	Status
Neil Bennett to revise the report to show which organisation is operationally accountable for each service and when reporting incidents to identify which organisation has clinical responsibility for the incident.				March 2020	Closed
Update Date	Action Description	Action Lead	Next Steps		
17/01/2020	All KPI reports from December onward now include the requested information.	Neil Bennett	No further action required		

Board Meeting – Public Session

Title of paper:	NHS Digital Board Performance Pack (public)
Board meeting date:	05 February 2020
Agenda item no:	NHSD 19 05 02 (b) (P1)
Paper presented by:	<p>Programme Delivery – Director of Medicines and Pharmacy</p> <p>Data Services - Executive Director, Data, Insights and Statistics (ai)</p> <p>Live IT Services - Director of Services (ai)</p> <p>Information Governance - Executive Director, Information Governance</p> <p>Workforce - Director, Chief People Officer</p> <p>Finance - Executive Director, Chief Financial Officer</p>
Paper prepared by:	Akatu Ikwue, Senior Performance and Analytics Manager
Paper approved by: (Sponsor Director)	The Performance Pack is approved collectively by EMT in its corporate business management meeting held in advance of the Board papers being issued.
Purpose of the paper:	To provide the Board with a summary of NHS Digital's performance for November 2019.
Additional Documents and or Supporting Information:	No additional documents
Please specify the key risks and issues:	The corporate performance framework monitors NHS Digital performance including information governance and security.
Patient/public interest:	The public interest is in ensuring the NHS Digital manages its business in an effective way.
Supplementary papers:	N/A
Actions required by the Board:	To Note

CEO Approval of paper (compulsory)

Is CEO Review and or Clearance required?	Yes
Version Control:	V.01
Date paper approved by CEO:	30/01/2020
Version number of paper approved by CEO:	V.01

History of the subject (compulsory)

Previous and proposed discussion by the committee:	
05 August 2019	Board performance pack was discussed by board members.

Past & future timeline (include proposed dates of any publication)	
Other key milestones:	

Executive sign off	
What level of approval does the paper have for presentation to the Committee?	CEO

Board Performance Pack

November 2019 Data



Information and technology
for better health and care

www.digital.nhs.uk

enquiries@nhsdigital.nhs.uk

[@nhsdigital](https://twitter.com/nhsdigital)

Copyright ©2019 NHS Digital
NHS Digital is the trading name of the Health and Social Care Information Centre

Contents

NHS Digital Performance Summary	3
Programme Delivery KPI Report - Public	4
Data Services KPI Report - Public	5-8
Live IT Service Performance KPI Report - Public	9
Live Services IT Service Continuity Management - Public	10
Information Governance KPI Report - Public	11-12
Workforce KPI Report - Public	13-14
Financial Performance KPI Report - Public	15
Appendix 1: Programme Delivery Dashboard - Digital Transformation Portfolio	16

NHS Digital Performance Summary

Performance this period

KPI	Owner	Current RAG	Previous Forecast	Future Forecast
Programme Delivery	Ian Lowry	A	A	A
Data Services	Tom Denwood	A	A	A
Live IT Service Performance	Neil Bennett	G	G	G
Live Services IT Service Continuity Management	Neil Bennett	A/G	A/G	A/G
Information Governance	Jackie Gray	G	G	G
Workforce	Julie Pinder	A	A	A
Financial Performance	Carl Vincent	G	G	G

Executive Summary

Programme Delivery

Overall Delivery Confidence is relatively static. Three programmes are reporting an improved position moving from Amber to Amber/Green: (1) Digital Child Health (2) NHS.UK and (3) Digital Referrals and Consultations. This is predominantly driven by increased confidence in delivery to time and / or costs. One programme (Provider Digitisation) has moved from Amber/Green to Amber, which is due to a requirement to distribute Global Digital Exemplar expansion funding within this financial year and identified risks in resource.

Two programmes continue to report as Amber/Red (GP IT Futures and GP Data Implementation). This is primarily driven by low confidence in achieving the current baselined dates of key deliverables.

Data Services

The November 2019 reporting month saw the overall KPI RAG status remain Amber across the reporting areas within Data Services.

Power BI dashboard and HTML publication usage is increasing year on year. NHS Digital is aiming to move to lower frequency but more impactful publications, and to ensure these are increasingly targeted on areas of emerging relevance. We are moving away from PDF publications to HTML webpages supported by downloadable data and Power BI visualisations to increase accessibility of the outputs in response to user needs.

The Data Access Request Service (DARS) continues to receive high volumes of requests however, requests have decreased slightly compared with the same period last year, primarily to do with the one-off impact of Data Services for Commissioners migration in 2018. During November 2019, 81.25% of applications were processed under a precedent thereby meeting the 80% target.

Live IT Service Performance

IT Service Performance remains Green in November 2019. 99% of services (124 of 125) achieved their Availability target.

A single non-critical level availability failure was experienced by NHS Digital's e-Referral Service (e-RS).

The Performance Indicator (PI) for Higher Severity Service Incident (HSSI) Fix Times improves to Green in November 2019. 95% of the reported HSSIs (18 of 19) achieved their Fix Time target. The single Fix Time failure was against an NHS Digital e-RS related Severity 2 incident.

The Response Times PI remains Red in November 2019, due to a single critical level failure being experienced by DXC's Lorenzo service. 91% of services (20 of 22) achieved their Response Times target.

Live Services IT Service Continuity Management (ITSCM)

ITSCM performance remains Amber/Green in November 2019, due to four out of the six KPI metrics achieving a Green RAG status, with the other two KPI metrics achieving an Amber RAG status (an identical performance as in October 2019).

Work is ongoing to address all gaps, in particular the number of services versus the number of plans approved and tests undertaken for these services.

Information Governance

145 Freedom of Information Act Requests (FOIARs) complied with the statutory deadline resulting in a compliance rate of 98.6%. All of Data Subject Access Requests (DSARs) were responded to within the statutory deadlines resulting in a compliance rate of 100%. The RAG status is Green for the reported period as an acceptable proportion of FOIARs and all DSARs were responded to within the related statutory timescales. At the time of the report the forecasted RAG status is expected to remain Green as there are no indicators currently presenting that require a change to be reflected.

Workforce

Chief People Officer overall assessment level remains Amber.

The Org2 programme continues to deliver to agreed implementation plan for Wave 2. We continue to offer the improved change wrapper and the organisation change question portal in Wave 2 is continuing to be popular with 1,342 questions raised (as at 05 December 2019) and a current 89.52% response rate within 48 hours. During this period we have also developed a draft people plan, following an intense listening exercise with the organisation, which we are actively consulting the organisation on the content of. Additionally, we have launched our flagship leadership development programme, Management Matters, in collaboration with Mindgym and we have 500 places for colleagues to participate to March 2020. Evaluation to date is incredibly positive and we plan to continue this roll out through 2020.

Financial Performance

Finance performance is reported as Green because the risk of over spending is extremely low, and the capital position is reported as Amber/Green on the basis that the forecast underspend has reduced since last month as remedial effort to reduce the probability of underspend has been effective. Finance and delivery areas are working intensively to achieve our financial target - between break even and 2% year end underspend. There remains a significant possibility of further reductions in forecast expenditure by a number of deliver areas, which would increase our underspend, but we are working proactively across NHS Digital and with NHSX to mitigate this risk.

The Revenue forecast outturn reports an underspend of £4.8m, 1.3%, including the current impact of displaced staff resulting from the Prioritisation decisions. The Capital forecast outturn reports an underspend of £12.5m.

A number of spend opportunities are being considered to utilise available underspends to accelerate delivery and/or de-risk future delivery. These are being considered in conjunction with NHSX.

12 month rolling performance summary

KPI	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Programme Delivery	A	A	A	A	A	A	A	A	A	A	A	A
Data Services	A	A	A	A	A	A	A/R	A/R	A/R	A	A	A
Live Services IT Service Performance	R	G	A	R	A	G	A	A	G	G	G	G
Live Services IT Service Continuity Management									A	A	A/G	A/G
Information Governance	G	G	G	G	G	G	G	G	G	G	G	G
Workforce	A	A	A	A	A	A	A	A	A	A	A	A
Financial Performance	R	A	A/G	A/G	G	A/G	A/G	A/G	A/G	G	G	G

Owner: Ian Lowry	Public: Programme Delivery - November 2019	Previous RAG	2.54	A
		Current RAG	2.48	A
		1 Month Future Forecast RAG	2.35	A
		2 Month Future Forecast RAG	2.08	A
		3 Month Future Forecast RAG	2.04	A/G



Overall Delivery Confidence

Overall Delivery Confidence is relatively static. Three programmes are reporting an improved position moving from Amber to Amber/Green: (1) Digital Child Health (2) NHS.UK and (3) Digital Referrals and Consultations. This is predominantly driven by increased confidence in delivery to time and / or costs. One programme (Provider Digitisation) has moved from Amber/Green to Amber, which is due to a requirement to distribute Global Digital Exemplar expansion funding within this financial year and identified risks in resource.

Two programmes (highlighted below continue to report as Amber/Red (GP IT Futures and GP Data Implementation). This is primarily driven by low confidence in achieving the current baselined dates of key deliverables.

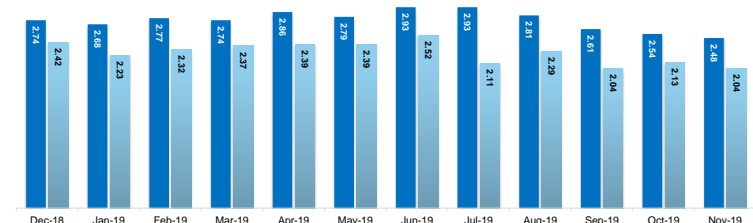
Widening Digital Participation and Personal Health Record are formally in the process of closing, with their closure reports endorsed at the Delivery Assurance Board (DAB) in November and will be presented at the Digital Delivery Board in December. A further five programmes: (Digitising Community Pharmacy Medicines, Cyber Security, Integrating Pharmacy Across Care Settings (IPACS), Medicines Data and SNOMED) are working towards presenting to DAB in January / February 2020 to formally close, in line with the outcomes of prioritisation. Although Medicines Data and IPACS are progressing with closure activities, they have some deliverables that will be transitioned into the new portfolio structure and closure could therefore be delayed until the recipient programme is established.

Several programmes: NHS.UK, Booking Referrals and Management, Urgent and Emergency Care (Access to Service Information, Appointment Booking and Clinical Triage Platform), have had new / additional funding provisionally approved in the form of Programme Business Cases or Investment Justifications with caveats following submission to the Technology Digital Investment Board in November. The volume of approvals is in-line with expectations, as new scope is defined as part of the prioritised portfolio.

February's forecast anticipates an improved position with 64% of programmes forecasting a Green or Amber/Green position. This does need to be balanced with a tendency for optimism in forecasting future delivery confidence.

Portfolio Level Delivery Confidence

■ Actual (this month) ■ Forecast (three months ago)
Lower score indicates higher confidence in delivery



The below programmes are currently reported as Amber/Red for Overall Delivery Confidence.

GP IT Futures Amber/Red RAG rating for Overall Delivery Confidence The programme is creating a new environment for the supply of IT to general practice that will support GP federations, enable new care models and help local partnerships transform their services.	The programme continues to track at Amber/Red for delivery confidence despite good progress on the Transition work streams. There are several major risks contributing to the maintained Amber/Red delivery confidence, as follows: - Supplier delays in submitting information required to demonstrate they meet the standards & capabilities and subsequently the resource capacity of the organisation to deliver within an increasingly constrained timeframe. - The dependency on the completion of development activity for a minimum launch scope Buying Catalogue service ready for day one. - The programme's dependency on a minimum set of suppliers achieving compliance of Catalogue solutions in order to externally launch the Buying Catalogue / first Digital Care Services Framework. - Non-compliance for day one standards and roadmap items for Microtest and Vision. The programme is continuing to focus on the completion of compliance activities for the priority list of suppliers which will inform the external launch date for the new framework in January 2020.
GP Data Implementation Amber/Red RAG rating for Overall Delivery Confidence The programme is increasing the availability of operational data for general practice performance management, commissioning and research.	The delivery confidence remains Amber/Red until the revised Full Business Case is approved and funding confirmed. This is anticipated to conclude in January 2020 following approval from the Investment Committee and Technology Digital Investment Board. There is significant risk that programme delivery timelines could be delayed if stakeholders are not ready and comfortable for the programme to move into the public domain. Senior stakeholder checkpoints are planned, and engagement post purdah will inform risk likelihood.

Key Programme Control Assessment

Delivery Against Plan

Two programmes are reporting an improved position for Delivery Against Plan (Access to Service Information and Digital Referrals and Consultations) as deliverables have now been agreed / re-baselined. Two programmes have decreased (Provider Digitisation, GP IT Futures). Commentary for the Red status of GP IT Futures can be found under the Overall Delivery Confidence sections in this report. The remaining 23 programmes are unchanged since last month.

Three programmes (NHS.UK, Digital Child Health and Digital Maternity) have submitted a request for approval for milestone changes in December and it is anticipated that an improved position for Delivery Against Plan will be reported from January. Previously approved milestone submissions are now reflected across reporting and are detailed in latest programme highlight reports.

Finance Forecast Against Budget

Programmes are reporting against post prioritisation budgets following the confirmation of the allocated revenue and capital funds for the financial year 2019-20.

Benefit Realisation Confidence

Several programmes are revising their benefits, or are planning to, as both part of prioritisation and general good practice, therefore the RAGs in this key control are likely to change.

Resourcing Against Plan

Three programmes have reported an improved position for Resourcing with two moving from Amber to Green (Access to Service Information and Screening). One programme (Digital Child Health) has moved from Red to Amber and whilst some key resources remain unfilled, plans are in place to try mitigate this. One programme (GP IT Futures) has decreased from Amber to Red due to resource constraints and pressure to deliver key activities.

Achievements in November 2019

Social Care

Following successful evaluation of the development phase, 15 local authorities and their partners participating in the development phase have been selected to progress to the implementation phase from December 2019 to January 2021. The number of partners chosen was dependent on budget and the outcomes of the development phase. Recommendations were agreed by the Social Care Programme Board on the 19 November 2019.

Building a Digital Ready Workforce

In partnership with the Royal College of General Practitioners and Royal College of Physicians, the Building a Digital Ready Workforce programme established a clinical informatics professional body (Faculty of Clinical Informatics) in 2017, which aims to raise levels of competence and conduct across the profession and improve clinical informatics input to health and care services. The Faculty has now attracted over 500 members from across the clinical professions and we are supporting it as it develops its infrastructures.

Health and Social Care Network (HSCN)

All NHS Digital migrations have completed, this means all applications including Spine are now accessible via HSCN. The gateway for Northern Ireland, which all Northern Ireland health services sit behind, has now been successfully migrated to HSCN, meaning that health and care organisations can now get better value for connectivity to Health and Social Care Systems.

Owner: Tom Denwood

Public: Data Services - November 2019

The November 2019 reporting month saw the overall KPI RAG status remain Amber across the reporting areas within Data Services.

Power BI dashboard and HTML publication usage is increasing year on year. NHS Digital is aiming to move to lower frequency but more impactful publications, and to ensure these are increasingly targeted on areas of emerging relevance. We are moving away from PDF publications to HTML webpages supported by downloadable data and Power BI visualisations to increase accessibility of the outputs in response to user needs.

The Data Access Request Service (DARS) continues to receive high volumes of requests, however requests have decreased slightly compared with the same period last year, primarily to do with the one-off impact of Data Services for Commissioners migration in 2018. During November 2019, 81.25% of applications were processed under a precedent thereby meeting the 80% target.

Previous RAG	A
Current RAG	A
Forecast RAG	A

Dataset Coverage - Monthly (Target = 95%)

Period	Submission Window	Status	ECDS	APC	CSDS	DIDS ¹	IAPT	MHSDS	MSDS	OP
Nov-19	Nov-Dec 19 (DID Sep-Feb)	Open	88.24%	38.81%	0.00%	9.50%	0.00%	11.00%	6.90%	36.71%
Oct-19	Oct-Nov 19 (DID Sep-Feb)	Open	98.52%	96.29%	48.40%	75.10%	94.82%	62.07%	69.23%	93.77%
Sep-19	Sep-Oct 19 (DID Sep-Feb)	Closed	99.26%	98.38%	53.20%	85.20%	96.55%	66.36%	100.00%	96.55%
Aug-19	Aug-Sep 19 (DID Aug-Jan)	Closed	98.50%	97.80%	52.40%	99.40%	97.40%	67.00%	100.00%	95.70%
Jul-19	Jul-Aug 19 (DID Jul-Dec)	Closed	99.30%	97.60%	52.00%	99.40%	97.41%	69.90%	100.00%	96.20%
Jun-19	Jun-Jul 19 (DID Jun-Nov)	Closed	97.80%	97.78%	51.60%	100.00%	98.28%	73.00%	100.00%	96.16%
Rolling Average	Jun-18 to May-19	Closed	82.61%	97.36%	48.33%	99.40%	98.26%	54.54%	97.82%	95.78%

ECDS = Emergency Care Dataset, APC = Admitted Patient Care, CSDS = Community Services Dataset, DIDS = Diagnostic Imaging Dataset, IAPT = Improving Access to Psychological Therapies, MHSDS = Mental Health Services Dataset, MSDS = Maternity Services Dataset, OP = Outpatients

Dataset Coverage

A

Overall Coverage: The table on the left now shows the two current open submissions windows (see note below regarding DIDS), the most recent four closed submission windows and a rolling average for the previous 12 months. The November 2019 submission window has only been open since 01 December 2019 hence the relatively low coverage scores. The exception being ECDS which allows providers to submit data on a daily or weekly basis.

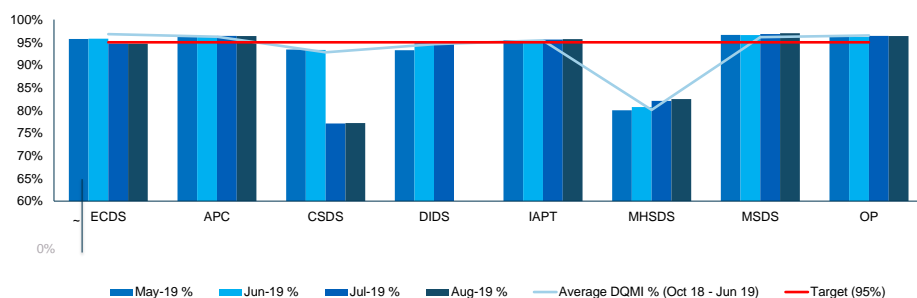
CSDS: CSDS has been Red since the decision was made to reset the denominator from an average of 137 based on previous submissions to a fixed denominator of 250 at the start of 2019-20, following work by the team and NHS England to identify who should be submitting the dataset. The team continue to work with NHS England to refine the list of submitters and the denominator may reduce as providers are identified as not in scope for submission. A restructure of the wider Community & Mental Health Team will enable the CSDS team to better utilise resources to address coverage.

MHSDS: Since the introduction of the SDCS Cloud portal as part of the Data Processing Service, new providers continue to register to submit the dataset but have not yet commenced submission of the dataset. The number of registered providers is used as the denominator for this metric. Although the number of providers submitting the dataset in September has increased by 5.3%, the number of registered providers increased by 9.7%, resulting in a drop in coverage from the June peak of 73%. The dedicated Mental Health DQ Team along with NHS England continue to support new providers to submit good quality MHSDS data for the first time.

Note:

¹ the submission window for DIDS is three months compared with the standard two months for other datasets. Currently July 2019 is still open for DIDS and improvements in the coverage score will be reflected in the next report.

DQMI Scores



Data Quality Maturity Index

A

The extension of the Data Quality Maturity Index (DQMI) for **Community Services** to include an additional six data items introduced in the August publication has now had its experimental label removed and as a result the average DQMI score for the dataset has dropped from 93.3% to 77.1%. This is in line with the level of reduction seen whilst the additional data items were published as experimental.

The current DQMI for **Mental Health Services** published in November 2019 and covering August 2019 data is used to track performance against the Mental Health Services Data Quality Clinical Quality Innovation Scheme (CQUIN). The CQUIN requires providers to meet a threshold of 95% to receive full payment and 90%-94.9% to receive half payment. Anything below 90% attracts no payment. In April 2019 only five (6%) of 89 providers subject to the CQUIN had met the 95% threshold, in August 2019 this has increased to 20 (22%) with a further 22 (25%) achieving a score between 90%-94.9%. The second set of DQMI scores to be used for CQUIN payment purposes will be published in January 2020 covering the October 2019 reporting period.

All other datasets continue to track at or above the 95% threshold.

Statistical Publications

Figure 1 - Percentage of Statistical Publications with PowerBI Dashboards and HTML Publication Pages

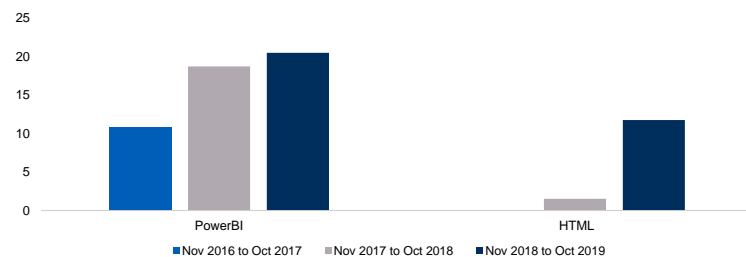


Figure 1

- The ability to produce HTML Publication pages was introduced in April 2018.
- PowerBI Dashboard and HTML Publication usage is increasing year on year.
- NHS Digital is aiming to gain more impact from its publications. We are moving away from PDF publications to HTML webpages supported by downloadable data and Power BI visualisations to increase accessibility of the outputs in response to user needs.

Figure 2 - Total Unique Publication Views and Downloads 14 Days After Publication Date by Rolling Year



Figure 2

- Page views have increased year on year. downloads were at the lowest in 2017-18 and the highest in the current year.

Figure 3 - Average Duration in Weeks From Data Provider Submission End Date to Publication Date by Rolling Year



Figure 3

- The time between submission end date and publication date has decreased in successive rolling years.
- Data provider submission end date is the cut off point for providing the data. In setting this cut off there is a trade off between timeliness and accuracy, but it allows for measurement of time for NHS Digital to capture and process the data and generate the report.
- In this experimental visualisation, data is presented for the eleven monthly series of official statistics publications which have been running for three years.
- The aim is to work towards more automation and less commentary on higher frequency publications, providing more interactive dashboards to replace these regular releases of similarly structured data. This will reduce lag for all publications, and especially for the higher frequency publications, thereby better meeting user needs. We anticipate a further major reduction in processing time when the benefits from Data Processing Service and Data Access Environment is fully realised.
- The April and May 2019 editions of Recorded Dementia Diagnoses were each delayed by three weeks due to supplier data collection issues. This has contributed to the lag in 2018-19 remaining an average of 4.1 weeks, as in 2017-18.

Figure 4 - Statistical Publications by Rolling Year

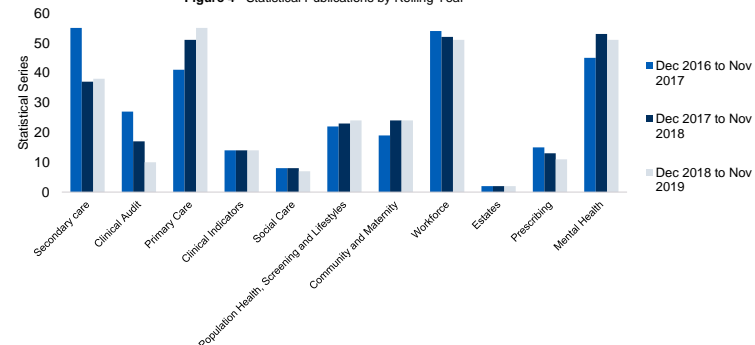
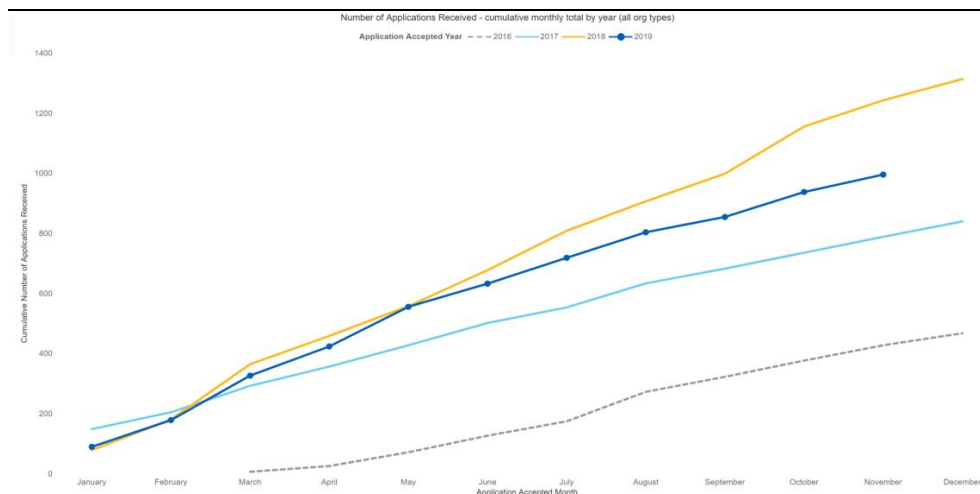


Figure 4

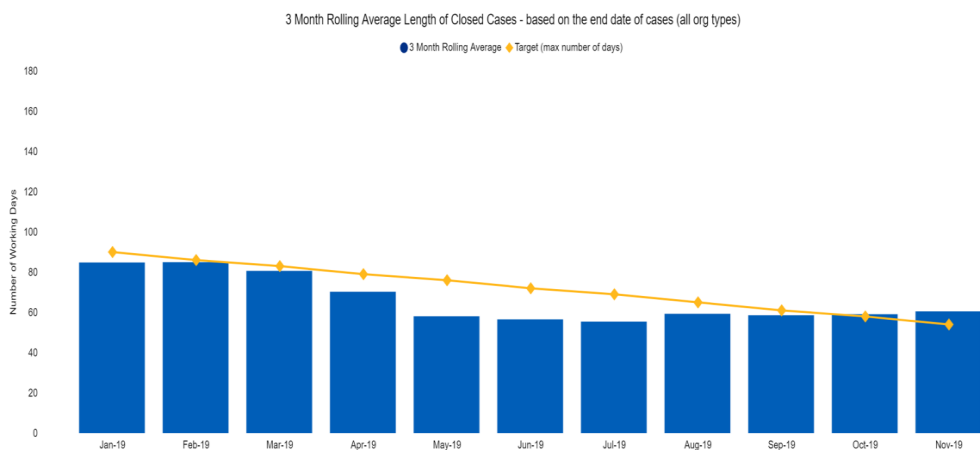
- The target is that all publication are published by 9.30am on the pre-announced publication date. In November, a total of 29 publications were published at 09:30 am, all of which were published by the pre-announced publication date, therefore, the 100% target was met.
- There were 302 publications from 96 statistical series in the 2016-17 rolling year, 285 publications from 89 series in 2017-18 and 301 publications from 87 series in 2018-19.



DARS Applications - Cumulative monthly total by year

N/A

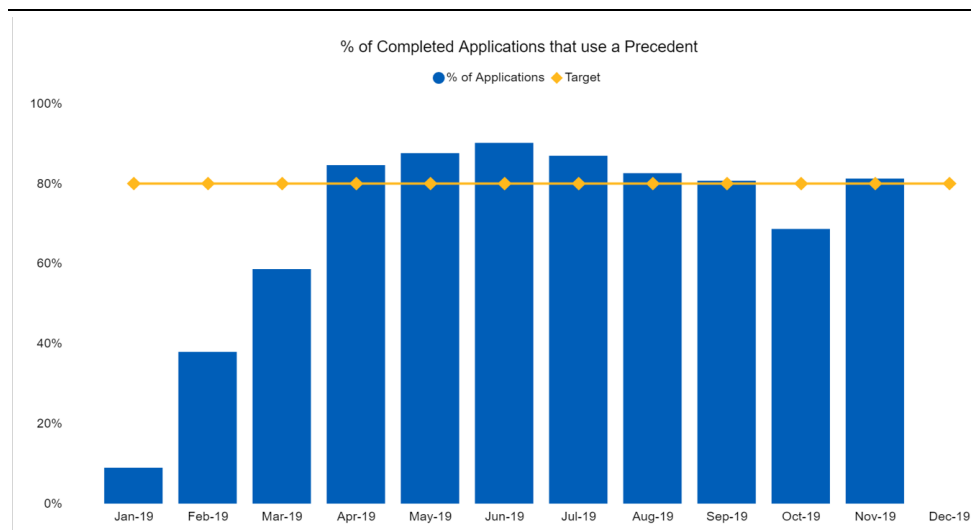
- The number of new applications is down compared to last year, however we have seen an increase during November. Overall numbers have reduced slightly (primarily due to the one-off impact of Data Services for Commissioners migration in 2018). Workload is being mitigated by the issuing of longer-term agreements, with the general casemix becoming increasingly more complicated.
- We are continuously onboarding new data sets into Data Access Request Service (DARS) and over the next three months expect applications submitted to increase in line with the availability of these new data sets.



DARS Elapsed Time - Application to Agreement

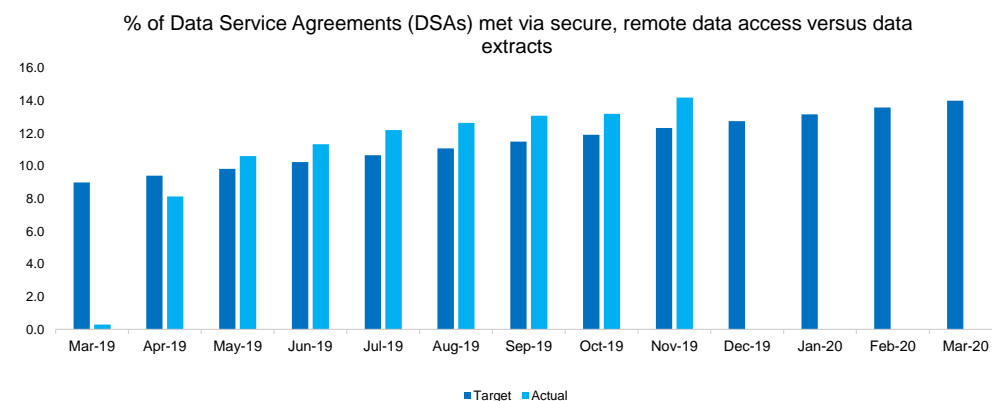
A/G

- The target shown is an average for all applications through DARS (both precedent and non-precedent combined). It is to be expected that applications that go through as precedent applications will be handled more quickly than those which are more complex, and are novel or contentious. The improvement in average time is initially driven by the increased use of precedents, but other work is underway which will improve other application times (noting that there will be a lag in impact of any change).
- This KPI is based on a three month rolling average for length of closed cases and covers all organisation types. It starts when the application is accepted with DARS following triage and ends when the Director signs the data sharing agreement (DSA). The target aims to see a percentage reduction in the length of time from application to completion.
- The three month rolling average for November 2019 has broadly remained consistent at 60 working days. We anticipate a slight increase in December 2019 by virtue of work on a number of long standing (non-precedent) applications being closed.


DARS Applications using a Precedent

G

- In January 2019, DARS introduced the concept of "precedents" into the approval process which enables NHS Digital senior staff to approve agreements based on a set of agreed criteria. Where a precedent is used, the application does not need to be examined by The Independent Group Advising on the Release of Data (IGARD).
- Typically, precedents are templated common application types (e.g. CCG, Local Authorities) or renewals of agreements previously reviewed by IGARD.
- We currently have 13 new precedents in development, which we expect will increase the number of applications that use a precedent.
- There was a sharp increase at the start of the year due to Local Authorities and CCG applications being renewed (these all used precedents on their applications).
- During November 2019, 81.25% of applications were processed under a precedent, thereby meeting the 80% target.
- This target will increase by 1%, month on month, throughout 2020.


DPS - % of Data Sharing Agreements (DSAs) met via secure, remote data access versus data extracts

G

- The number of DSAs met via secure, remote access is on track to meet the target of 96 for 2019-20.
- The 14.2% actual in November represents 92 DSAs - these are mainly migrated HDIS users.
- The target rises to 50% of DSAs in 2020/21 and 87% in 2021-22 as more datasets are planned to be added into DAE.

Note: please note that these three measures are experimental. The NHS Digital CEO has asked the team to identify better ways to provide a more holistic overview of how data services is transforming.

Owner: Neil Bennett

Public: Live Services IT Service Performance - November 2019

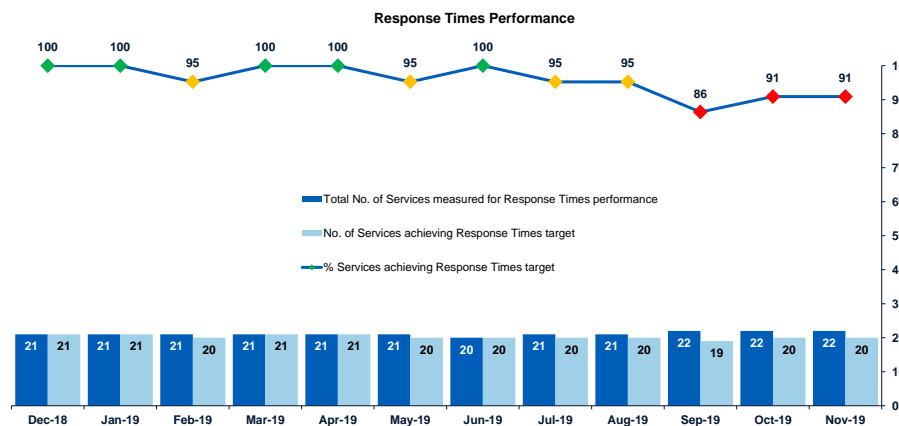
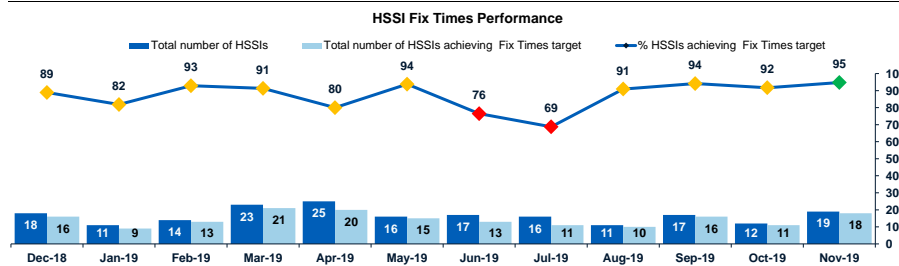
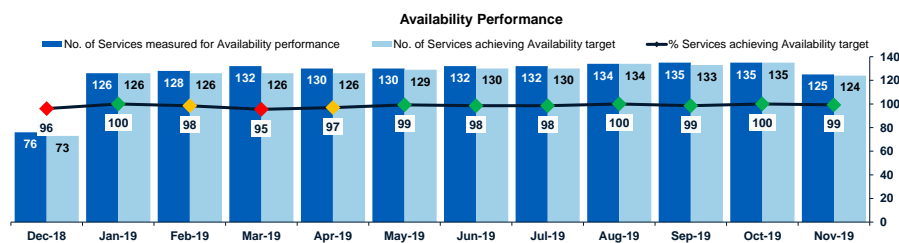
Summary: The November 2019 reporting month saw the overall KPI RAG status remain Green, due to 124 of 125 measured services having met their Availability target at the time of this KPI's production (11 December 2019).

A single non-critical level availability failure was experienced by NHS Digital's e-Referral Service (e-RS).

18 of the 19 HSSIs logged in November 2019 achieved their Fix Time target, resulting in this PI's RAG status improving to Green.

The single Fix Time failure was against an NHS Digital e-RS related Severity 2 incident.

For the Response Times PI, the RAG status remains Red, due to a single critical level failure being experienced by DXC's Lorenzo service in November 2019.



Caveat 1: Every month, all data in this KPI is to be confirmed / subject to change, at the time of report production. This is due to the KPI being produced prior to Service Review meetings being held with all Suppliers, at which time the content of their latest monthly PMRs (Performance Monitoring Reports) is still to be agreed with NHS Digital Service Owners and the latest PMR formally signed off. Any RAG status changes in the previous reporting month + fluctuations in the numbers across all three PIs are due to retrospective changes made, due to some Supplier PMRs not being received until after the final submission deadline, last month.

Caveat 2: Every month, the colour (RAG status) of each data point, on the % Services achieving target line of the Availability Performance and Response Times Performance graphs, is based upon the severity of any failures experienced and not upon the % of services achieving target (which the HSSI Fix Times Performance graph is based upon). This therefore means that it is possible for the % values to be the same/higher month on month, on the Availability and Response Time graphs, but for the RAG colours on each data point to be worse.

99.99% Overall Availability for All Services in November 2019	Previous RAG	G
	Current RAG	G
	Forecast RAG	G
Availability Performance		G

As at 11 December 2019, 124 of 125 services have met their availability target in November 2019, resulting in the overall KPI RAG status remaining Green.

NHS Digital's e-Referral Service (e-RS) experienced a non-critical Availability failure in November 2019, due to the maximum permitted downtime allowance of 16 hours per month being exceeded by 4 hours and 48 minutes. The excess permitted downtime was accrued as a result of remedial activities that were required, in response to performance issues and error messages being experienced by end users, following the migration of e-RS to the Amazon Web Services (AWS) Cloud.

Several periods of slow performance and error messages were experienced by end users, initially on Sunday 10 November 2019, with further intermittent performance issues and error messages being experienced between Monday 11 November 2019 and Friday 15 November 2019. Each issue was quickly identified, with three emergency Requests for Change (RFCs) being deployed overnight on Tuesday 12 and Wednesday 13 November 2019 and between 03:15 and 05:00 on Friday 15 November 2019, which fully resolved all issues.

NHS Digital is operationally responsible for the e-Referral Service.

HSSI Fix Times Performance

G

19 HSSIs were logged in November 2019, seven higher than in October 2019 and above the rolling 12-month average of 17.

These HSSIs included eight Clinical Safety incidents.

18 of the 19 HSSIs logged in November 2019 achieved their Fix Time target, resulting in this PI's RAG status improving to Green.

NHS Digital e-RS experienced a single Severity 2 Fix Time failure in November 2019. This relates to the HSSI that was logged in relation to the performance issues between 11 November 2019 and Friday 15 November 2019, as referenced in the **Availability Performance** section above. This HSSI took three days, 20 hours and 30 minutes to fix, against a target of 16 hours. Please also note that another Severity 2 HSSI (for the initial e-RS performance issues on 10 November 2019) was resolved within its Fix Time target.

NHS Digital is operationally responsible for these HSSIs.

Response Times Performance

R

As at 11 December 2019, 20 of the 22 measured services have achieved their Response Times target. A single critical level failure resulted in this PI's RAG status remaining Red.

DXC's Lorenzo service experienced a non-critical level failure in November 2019 on one of the two Lorenzo instances (LOR5201). Lorenzo also experienced a critical level failure on the second instance (LOR6201), which was due to the failure of two User Action (UA) response time metrics. For LOR5201, there was one UA failure (loading web client pages for medication management view). For LOR6201, there were two UA failures (loading content banners and loading web client pages for medication view). The response time failures for Lorenzo span across multiple different UA metrics. While the root cause does differ for each failed UA, the underlying issue can be linked to the failure of an underlying Stored Procedure associated with the UA. DXC are proactively monitoring failing UAs, investigating and applying emergency fixes as appropriate.

There was one HSSI reported for the LOR6201 instance re. response time performance for end users. The HSSI was fixed within target and no clinical safety impact was reported. DXC Technology is operationally responsible for the Lorenzo service.

Insourced Services – Highlights

The following Insourced Service performance highlights have been noted in the past 12 KPI reporting months (December 2018 to November 2019 inclusive):

- 100% availability achieved (zero unplanned downtime accrued) across all Spine Core component systems in all months except September 2019
- 100% availability achieved across all Care Identity Service (CIS) component systems in all months except August 2019
- 100% availability achieved by NHS Digital's Message Exchange for Social Care and Health (MESH) service in all months
- NHS Digital's NHS.UK service achieved its availability target in all months
- key Exeter-led services such as the Breast Screening Information Service and Pathways - Directory of Service achieved their availability target in all months except December 2018

The following highlights were also experienced by Insourced Services in the November 2019 calendar month:

- e-RS successfully migrated to the Amazon Web Services (AWS) cloud over the weekend of 09 and 10 November 2019. The business benefits of the migration to the AWS Cloud include cost reduction, greater security, reliability, flexibility and availability, along with better performance and scalability.
- 100% availability achieved across all Spine Core, CIS and Secondary Uses Service (SUS+) component systems
- 100% availability achieved by NHS Digital's Strategic Data Collection Service (SDCS) Cloud, Data Processing Service (DPS) Core and Data Access Environment (DAE) service
- 100% availability achieved by NHS Digital's General Practice Data Collector (GPDC) service
- 100% availability achieved by 32 of the 33 Data, Insight & Statistics (DI&S) services
- all 20 Exeter-led services achieved 100% availability in November 2019

Incidents of note outside the reporting period

Since the reporting period of November 2019, there have been the following HSSI(s) reported which are worthy of note:

02 December 2019 - Lorenzo: Users at Hull and East Yorkshire and Royal Derby Trust experiencing performance (slowness) issues within Lorenzo. Multiple Lorenzo users who are located at Hull and East Yorkshire and Royal Derby NHS Trust experienced severe slowness when undertaking general activities within the system. The impact was intermittent and was observed between different time periods on 02 December 2019. DXC Technology is operationally responsible for this HSSI.

03 December 2019 - Docman 10: Intermittent slowness issues reported by multiple Docman 10 end users. Between 07:36 and 14:35, Advanced received a total of 96 end user reports advising of intermittent slowness when undertaking general activities within Docman 10. End users reported seeing slower than usual transaction times when attempting to file items within Docman, as well as when attempting to print documents. Advanced is operationally responsible for this HSSI.

Owner: Neil Bennett

Live Services IT Service Continuity Management (ITSCM) - November 2019

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

Business Continuity / Disaster Recovery (BC/DR) tests summary:

In November 2019 tests were successfully completed on the following services:

- EMIS Patient Access
- Redcentric (Hosting provider)

A DR test on Vision3 (GP System) failed to achieve its success criteria in November 2019 and will be repeated in January 2020.

The following tests are scheduled to be completed in December 2019:

- Spine Core

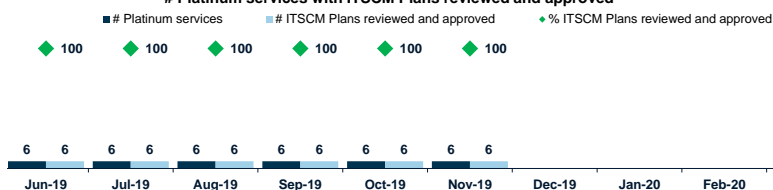
Executive Summary: Overall RAG status remains Amber/Green due to four out of the six KPI metrics achieving a Green RAG status, with the other two KPI metrics achieving an Amber RAG status (an identical performance as in October 2019).

Work is ongoing to address the gaps. There are a number of Data, Insight and Statistics (DI&S) services where the requirement and capability for testing is being determined. This process is ongoing and the ITSCM team are working through the services in conjunction with the Service Management Cell and technical teams. Some datasets are migrating to the Data Processing Service (DPS) in which case the DI&S services in their current guise will be retired.

Similarly, the DPS range of services are all Silver and subject to ongoing Ready for Operations (RfO) testing as part of delivery and ongoing early life support. In addition some services have either migrated or are being migrated to new platforms such as Azure / Amazon Web Services (AWS). ITSCM plans are being documented and testing scheduled either as part of RfO or in live where this has not taken place.

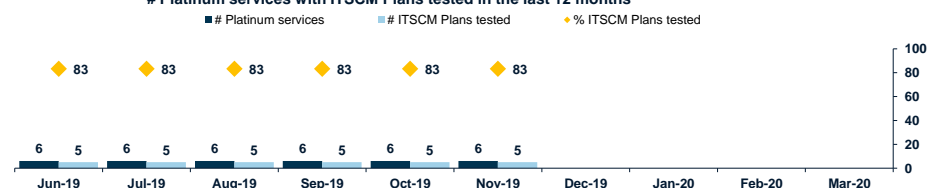
G	Plans reviewed and approved RAG	Platinum Services	Plans tested RAG	A
----------	--	--------------------------	-------------------------	----------

Platinum services with ITSCM Plans reviewed and approved



Commentary: All Platinum services have approved ITSCM plans in place.

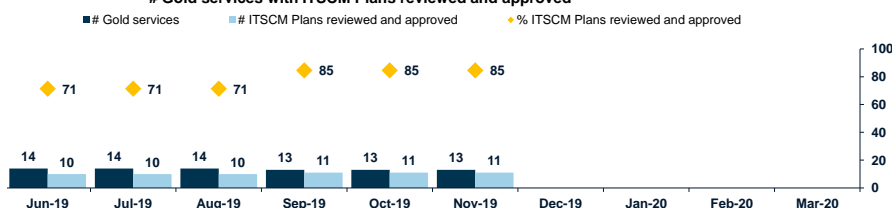
Platinum services with ITSCM Plans tested in the last 12 months



Commentary: The single Platinum service that has not been tested in the last 12 months is Lorenzo. This is counted as a single service with two instances. A DR test of the LOR6201 instance scheduled for 11 September 2019 was cancelled due to a Trust withdrawing agreement to the date. It is now being scheduled for April 2020, subject to Trust agreement. A LOR5101 will be tested as part of a technical infrastructure upgrade. Timescales are to be agreed for this. DXC Technology is operationally responsible for the Lorenzo service.

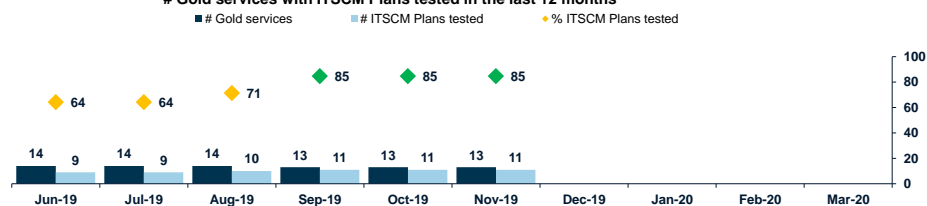
A	Plans reviewed and approved RAG	Gold Services	Plans tested RAG	G
----------	--	----------------------	-------------------------	----------

Gold services with ITSCM Plans reviewed and approved



Commentary: There are two Gold services that have not had Plans reviewed and approved: Customer Relationship Management (CRM) and Single Sign On (SSO) – both plans are in draft.

Gold services with ITSCM Plans tested in the last 12 months



Commentary:

The two Gold services that have not been tested in the last 12 months are:

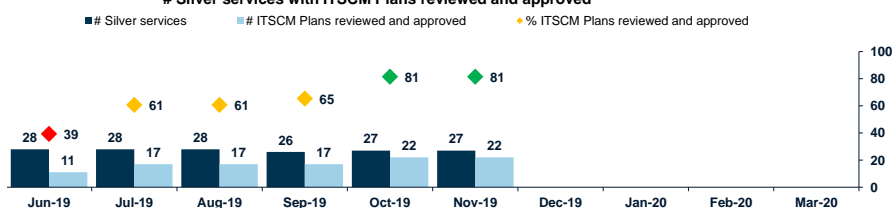
CRM – a technical walkthrough test is being planned to take place in January 2020.

SSO – a test will not be undertaken prior to migration to AWS, as the same resources would be required and acceleration of migration is the priority

NHS Digital is operationally responsible for CRM and SSO.

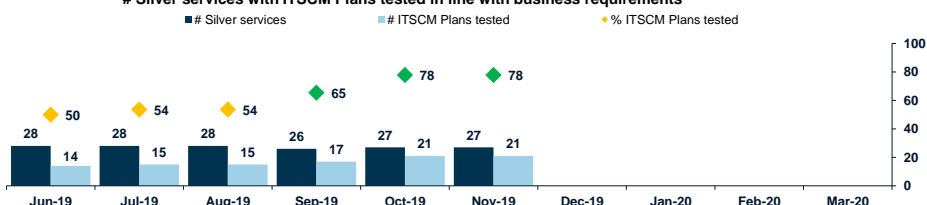
G	Plans reviewed and approved RAG	Silver Services	Plans tested RAG	G
----------	--	------------------------	-------------------------	----------

Silver services with ITSCM Plans reviewed and approved



Commentary: The services that have not had Plans reviewed and approved are in the DI&S workspace and the Cyber Alerts service. The Cyber Alerts service is moving onto the NHS Digital Cloud Platform in Q1 2020.

Silver services with ITSCM Plans tested in line with business requirements



Services not tested are:

Cancer Waiting Times (CWT) – Testing will be undertaken as part of a move to a new Cloud platform incorporating improved disaster recovery and resilience.

Strategic Data Collections Service (SDCS) Classic - to be scheduled.

SDCS Cloud, Data Access Environment (DAE), and Data Processing Services (DPS) core services – resilient design tested prior to go-live, further testing is being scoped.

SAS Visual Analytics (VA) – no testing will be scheduled prior to its retirement from service, now expected to be early 2020.

NHS Digital is operationally responsible for each of the above services.

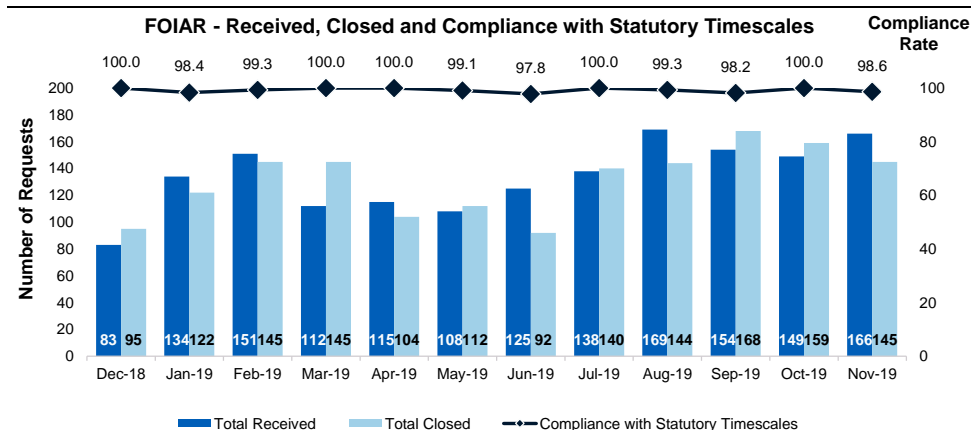
Owner: Jackie Gray

Public Board: Information Governance (IG) Management Information Pack - November 2019

The IG Sub-Directorate provides advice and guidance to ensure NHS Digital's responses to Freedom of Information Act Requests (**FOIAR**) and The General Data Protection Regulation (**GDPR**) Data Subject Access Requests (**DSAR**) meet the statutory requirements and timescales for compliance. This is normally 20 working days for FOIARs and one month for DSARs. In each case there are circumstances when an extension may be permitted.

This page provides an overview of the number of FOIARs and DSARs received and closed each month and NHS Digital's compliance with statutory timescales. It covers a rolling 12 month period from 01 December 2018 to 31 November 2019.

Previous RAG	G
Current RAG	G
Forecast RAG	G



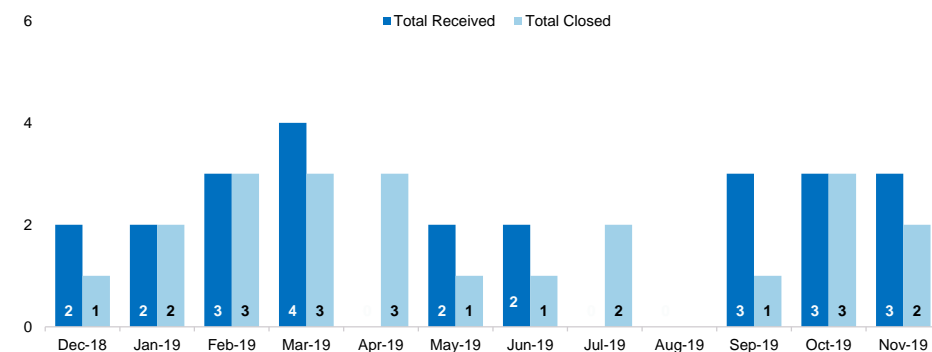
FOIARs 12 months to 30 November 2019

Average number of FOIARs received per month - 134

Average time for complying - 13 days

Average rate of compliance with statutory timescales - 99%

FOIAR Internal Reviews, Received and Closed December 2018 to November 2019

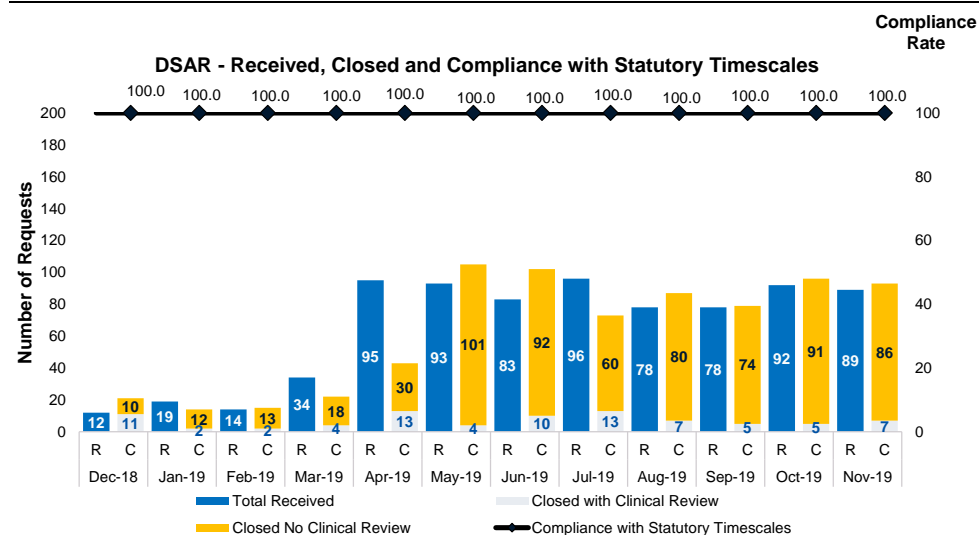


FOIARs Internal Reviews 12 months to 30 November 2019

Average number of internal reviews* - two received and closed every month

Average timescales for responding - 18 days

*Where an FOIAR requestor is not content with the response they have received they can request an internal review of the original decision.



DSARs 12 months to 30 November 2019

Average number of DSARs received per month - 65

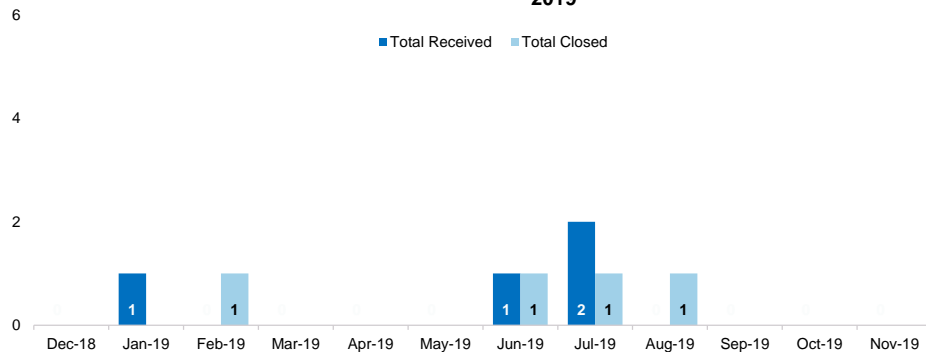
Average time for complying - 23 days

Average rate of compliance with statutory timescales - 100 %

Average number of DSAR clinical reviews¹ - 7

¹ A clinical review is undertaken by NHS Digital's Caldicott Guardian when the disclosure contains health data that could increase the likelihood of serious harm to the physical or mental health of any individual if the relevant health data were to be disclosed. This is a legal requirement under GDPR.

DSAR Internal Reviews, Received and Closed December 2018 to November 2019



DSARs Internal Reviews 12 months to 30 November 2019

Average number of internal reviews* - one received and closed every three months

Average timescales for responding - six days

*Where a DSAR requester is not content with the response they have received they can request an internal review of our decision.

Owner: Julie Pinder

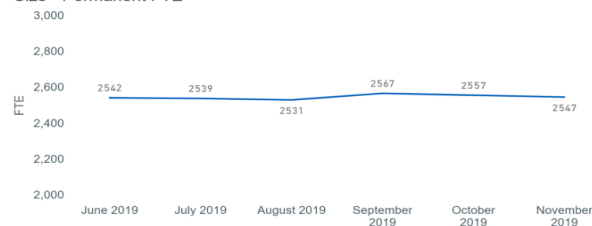
Public: Workforce (Transformation) - November 2019

Chief People Officer overall assessment level remains Amber.

The Org2 change programme continues to track to planned implementation timelines. Change support is in place across the organisation for colleagues as they go through this programme of change. We have recently launched our leadership development programme Management Matters and are currently consulting on our future People Plan.

Previous RAG	A
Current RAG	A
Forecast RAG	A

Size - Permanent FTE

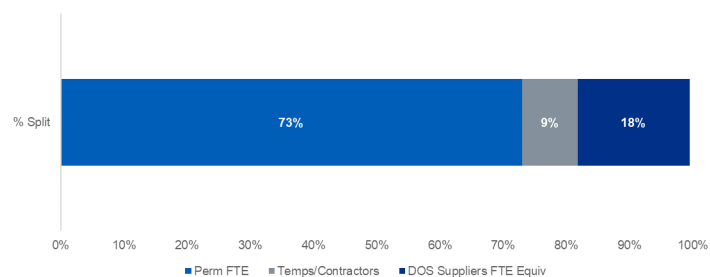


Size - Permanent + Academy

We continue to balance the increase in skill and capability in many professional areas alongside carefully managed exits through a blend of permanent and fixed term appointments and continued investment in our graduate and apprenticeship programmes.

G

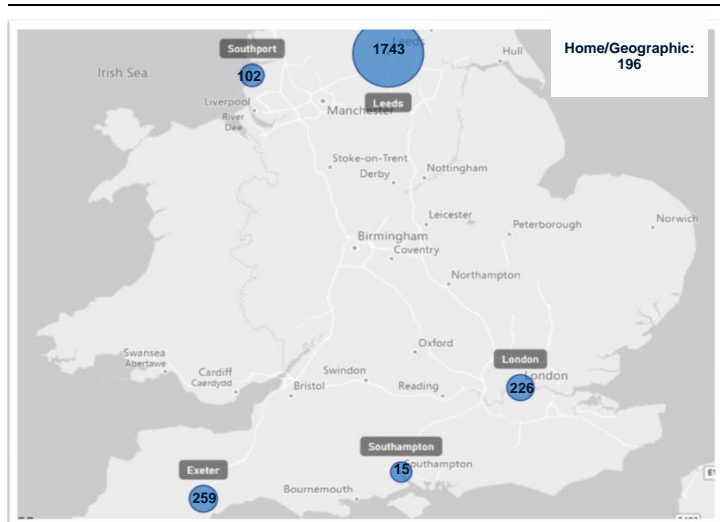
NHSD Flexibility



Workforce Flexibility

In line with our strategic direction we are moving to a blended workforce of permanent temporary and work package to enhance our flexibility and manage overall affordability.

G



Location - Permanent + Academy

A

The visuals show the Full Time Equivalent (FTE) by location.

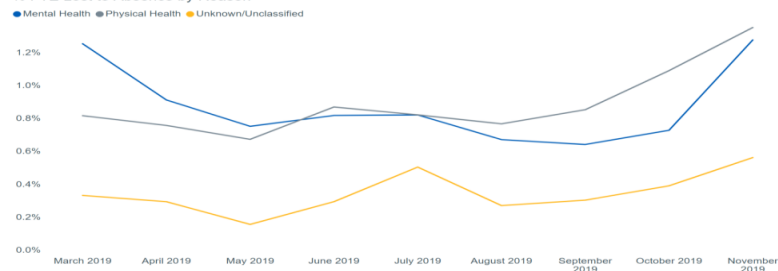
Our location footprint has reduced as a result of implementation of our location strategy. Sites at Redditch, Reading and Washington have now closed and there will be no NHS Digital presence in those locations by the end of December 2019. There are a small number of employees that are transitioning from closed locations.

There will be a further reduction in footprint as a result of the planned closure of the Southampton Office.

Owner: Julie Pinder

Public: Workforce KPI (Organisational Health) - November 2019

% FTE Lost to Absence by Reason

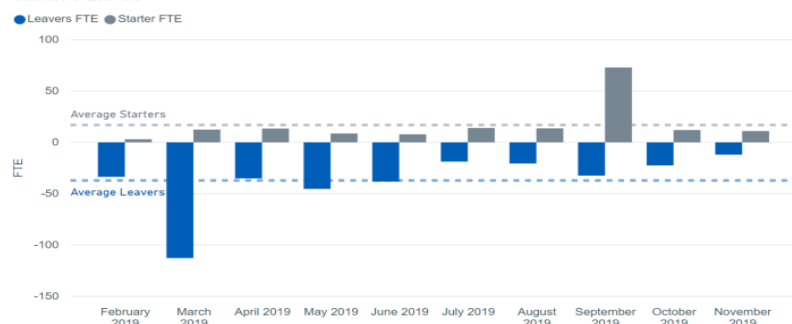


Absences

A

We are investing in supporting staff in coping with issues of mental health through our Wellbeing Strategy which includes a free and confidential Employee Assistance Programme and a number of trained Mental Health First Aiders across the various locations.

Starters & Leavers



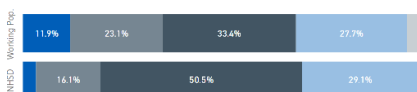
Turnover

A

The numbers of starters has remained constant for the past four months with the exception of September which saw a spike due to the induction of Academy starters.

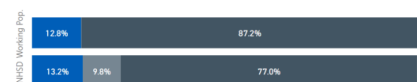
Age

16-24 25-34 35-49 50-64 65+



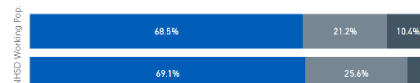
Ethnic Origin

BAME Not Shared White



Disability Status

No Not Disclosed Yes



Gender

Female Male



Diversity

A

At an organisational level we are exceeding Black Asian and Minority Ethnic (BAME) representation against the working population, however we need to increase representation in senior grades. We are making some progress on female representation but again need to do more in relation to pipeline for senior grades. There is also have significantly more work to do to enhance our representation of disabled colleagues.

Our Academy strategy will work towards changing the age demographic alongside the work we are doing to reach out into the education system and work with students from a younger age.

Owner: Carl Vincent

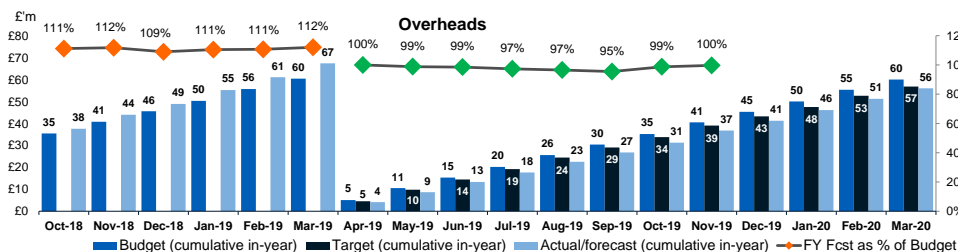
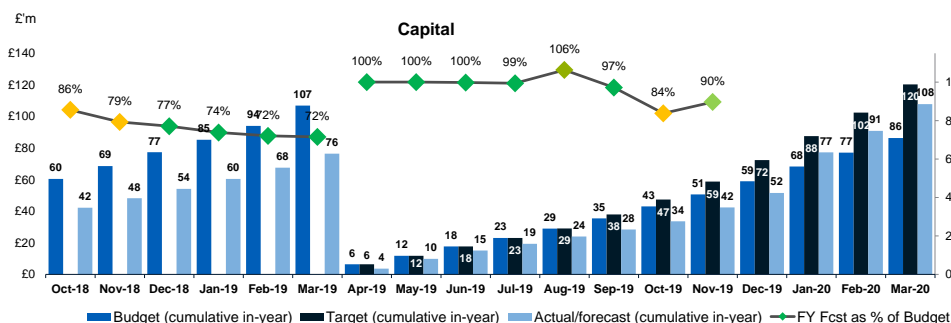
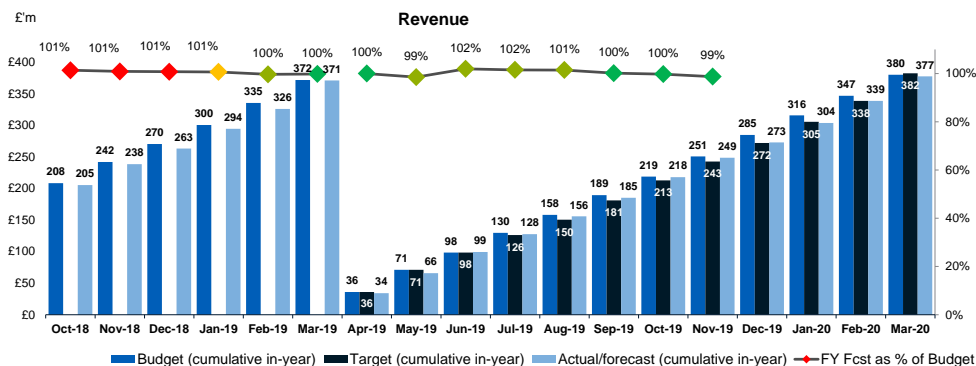
Public: Financial Performance - November 2019

Finance performance is reported as Green because the risk of over spending is extremely low, and the capital position is reported as Amber/Green on the basis that the forecast underspend has reduced since last month as remedial effort to reduce the probability of underspend has been effective. Finance and delivery areas are working intensively to achieve our financial target - between break even and 2% year end underspend. There remains a significant possibility of further reductions in forecast expenditure by a number of delivery areas, which would increase our underspend, but we are working proactively across NHS Digital and with NHSX to mitigate this risk (see below for actions being taken).

Whilst Prioritisation funding has all been allocated to the relevant organisation and delivery area (with the exception of £0.5m of Capital relating to CCI07) there remain a number of challenges for delivery. Across a large number of programmes: a) their funding was confirmed very late in the financial year (past the mid year point in many cases), b) their scope has been changed and is not wholly clear, and/or c) approvals have been delayed and in some cases are still not in place. We are working urgently to ensure forecasts are robust and delivery is not unduly delayed by the need for financial approvals.

The CFO has implemented challenge and review meetings: monthly with Executive Directors for the largest delivery areas (PILS, DIS, and PD), monthly with Directors within the most challenging directorates, and adhoc deep dives in the areas that have the highest risk. The discussions focus on the robustness of forecasts, and potential opportunities to utilise underspends on value for money activities that are not currently planned. Spend opportunities are being drawn up and considered in conjunction with NHSX.

There are a few critical areas that need urgent approval to proceed and the CFO and delivery teams are working with colleagues in NHSX to proceed with this process as quickly as possible.



Previous RAG	G
Current RAG	G
Forecast RAG	G

Revenue	G
---------	---

Budgets have increased by a net £2.4m through adjustments in M4 to M8 to reflect the impact of savings and funding of pressures agreed through Prioritisation and funding to/from NHS Digital through the mandate transfer.

As a result of these changes, our expected Grant In Aid (GIA) is now £382.3m. However, this is still subject to change through the remainder of the year as we continue to work through spend opportunities in order to support delivery and achieve a balanced position for the portfolio with NHSX.

Revenue is running £(6)m over Target (-2.5%) year to date, predominantly driven by delays in being able to recognise external income alongside costs where agreements are outstanding; however, it is expected that this will be resolved by year-end.

The full year forecast is £377.5m, £4.8m (1.3%) under Target. We are forecasting underspends within Change (£2.7m) (Data Content/Data Architecture & Structured Medicines relating to additional funding agreed as part of Prioritisation, offset by the cost of displaced staff also as a result of Prioritisation decisions), Run/Maintain (£1.2m) (Screening/NHAI and Citizen ID) and non-directorate (£0.3m) (relating to recovery resulting from reduced Overhead expenditure).

A number of spend opportunities are being considered to utilise available underspends to accelerate delivery and/or de-risk future delivery, plus we agreed to support NHSX achieve a balanced position using our underspends because they overcommitted as part of the prioritisation process.

Capital	A/G
---------	-----

The capital GIA for the year is expected to be £120.3m (unchanged from M7).

Year to date expenditure is running 28% under budget (£16.2m) year to date, predominantly due to the budget phasing of expected capital licence purchases for Cyber. For the full year we are forecasting £107.8m, a net £12.5m underspend, predominantly driven by Change programmes which are forecasting to underspend by £11.2m. This has reduced from £20.5m at M7. Following the forecasted underspend in Cyber relating to Perimeter Security, the programme have been able to progress with purchases of Splunk licences, which were previously unaffordable within their 2019-20 budget, reducing their underspend by £11m to £1m.

The largest underspends of the remaining £10.2m relate to Screening (£3.8m), NHS App (£1m), GPIT Futures (£1.2m) and Data Content (£1.2m) based on deliverability of scope within the remaining 19/20 periods; all of these areas received additional funding through Prioritisation. On Run/Maintain we are forecasting a £2.6m underspend (after covering the £2.8m of over-commitment with which we started the year).

We are forecasting £65.3m of capital over the last four months of 2019-20 compared to £42.4m year to date. We have started to see the step change in spend in programmes/services where additional funding was received in M6 from Prioritisation.

Overheads	G
-----------	---

Overhead costs are running 6% under budget (£2.4m) year to date, with a full year forecast of £56m, £0.8m underspend (1%) against targets that have been reduced since the start of the year by £3.2m.

Overhead targets have been further reduced by £1.7m at M8 to reflect known areas of underspend on Org2, Corporate Information Systems, EMT and Estates.

There has been a slower ramp up of resources to support Org 2 delivery; and training costs are around £0.6m underspent year to date; however, it is still expected that £3m will be spent full year on training.

Full year we are forecasting underspends in Strategy, Policy and Governance (following a re-planning of activities within the Communications function) and in Corporates Services (EMT & Estates).

Appendix 1 - Public: Programme Delivery Dashboard - Digital Transformation Portfolio

Programme Delivery Dashboard - Digital Transformation Portfolio



Data last refreshed
10 December 2019 at 05:53

November 2019 Reporting Period

			Overall Delivery Confidence RAG (Dec, Jan and Feb are forecasts)						Delivery Against Plan			Financial Forecast Against Budget			Benefits Realisation Confidence			Resourcing Against Plan			Risk Potential Assessment (RPA) Rating	
Prog. code	Programme name		Sep	Oct	Nov	Dec	Jan	Feb	Sep	Oct	Nov	Aug	Sep	Oct	Sep	Oct	Nov	Sep	Oct	Nov	RPA	
	35	Structured Medications	N/A	N/A	A	A	G	G	N/A	N/A	A	N/A	N/A	A	N/A	N/A	G	N/A	N/A	A	TBC	
DCHM	22a	Digital Child Health	A	A	A/G	A/G	A/G	A/G	A	A	A	A	A	A	A	A	G	A	R	A	H	
DCHM	22b	Digital Maternity	A/G	A/G	A/G	A/G	A/G	A/G	A	A	A	A	A	G	G	G	G	A	A	A	M	
ETC	1	Citizen Identity	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	H	
ETC	2b	The NHS App	A	A	A	A	A/G	A/G	A	A	A	A	A	A	A	G	G	A	A	A	H	
ICP	19	Integrating Pharmacy Across Care Settings	A/G	A/G	A/G	A/G	A/G	G	A	A	A	G	G	G	G	G	G	A	G	G	M	
INF	30	HSCN	A	A	A	A	A	A	A	A	A	G	G	G	G	G	G	G	G	G	H(G)	
LC	21	Provider Digitisation	A/G	A/G	A	A	A	A	G	G	A	A	A	A	G	G	G	A	A	A	H	
PC	9c	GP Connect	A	A	A	A	A	A	A	A	A	G	G	G	G	G	G	G	G	G	M	
PC	11	GP IT Futures	A/R	A/R	A/R	A/R	A/R	A/R	A	A	R	A	G	G	A	A	G	A	G	R	H(G)	
PC	12	GP Data Implementation	A/R	A/R	A/R	A/R	A	A	R	A	A	A	RO	RO	A	A	A	A	A	A	H	
PGCL	4	Widening Digital Participation	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	L	
SC	15	Social Care	A/G	A/G	A/G	A/G	G	G	A	A	A	G	G	G	G	G	G	G	G	G	M	
SCN	34	Screening	G	G	G	G	G	G	A	A	A	A	A	A	A	A	A	N/A	A	G	TBC	
ST	14	Integrating Care	A	A	A	A	A/G	A/G	A	A	A	RO	A	A	G	G	G	G	G	G	H	
ST	16	Personal Health Record	G	G	G	G	G	G	G	G	G	G	G	G	G	N/A	G	G	G	G	L	
ST	26	Data Content and New Data Collections	A	A	A	A	A	A	A	A	A	RU	A	A	A	A	A	A	A	A	M	
THEE	24	Building a Digital Ready Workforce	A/G	A/G	A/G	A/G	A/G	A/G	A	A	A	G	A	G	A	A	G	A	G	G	M	
TL	2	NHS.UK	A	A	A/G	A/G	G	G	A	G	G	A	A	A	A	G	G	A	A	A	H(G)	
TL	7	Access to Service Information	A	A	A	G	N/A	N/A	A	A	G	RO	RO	RO	A	A	A	A	A	G	M	
TL	17	Digitising Community Pharmacy and Medicines	A	A/G	A/G	N/A	N/A	N/A	A	A	A	G	G	G	G	G	G	A	G	G	M	
TL	20	Digital Referrals and Consultations	A	A	A/G	A/G	A/G	A/G	A	A	G	A	A	A	A	A	A	G	G	G	H	
TL	25	Data Processing Services	A	A	A	A	A	A	A	A	A	G	G	G	G	G	G	G	G	G	M(G)	
TL	32	Data and Cyber Security	A/G	A/G	A/G	A/G	G	G	A	A	A	A	G	G	A	A	A	G	G	G	H	
TL and ST	3	Health Apps Assessment and Uptake	A	A	A	A	A	A	A	A	A	A	A	A	G	G	G	A	A	A	M	
TL and ST	18	Medicines Data	A/R	A/G	A/G	A/G	A/G	A/G	R	A	A	A	G	G	R	A	R	A	G	G	M	
UEC	5	Clinical Triage Platform	A	A	A	G	G	G	A	A	A	A	A	A	A	A	A	A	A	A	H(G)	

RPA Key: H = High / H(G) = High and included in the GMPP (Government Major Projects Portfolio) / M = Medium / M(G) = Medium and included in the GMPP / L = Low

BRAM is currently onboarding and will be reported on in early 2020.

BRAM = Booking, Referrals & Appointments Management DCHM = Digital Child Health & Maternity ETC = Empowering the Citizen ICP = Integrating Community Providers INF = Infrastructure LC = Local Capability
PC = Primary Care PGCL = Programme Closing SCN = Screening SC = Social Care ST = Standards THEE = Transition to Health Education England TL = Transition to Live UEC = Urgent & Emergency Care

Overall Delivery Confidence - (Calculated):

Current Rag - Nov 19 **2.48**

Forecasted RAG - Feb 20 **2.04**

The following Digital Transformation Portfolio programme Reports and Overall Delivery Confidences, were not SRO approved at the time of producing this report (09/12/2019 at 09:00am): 1. Citizen Identity, 2. NHS.UK, 2b. The NHS App, 3. Health Apps Assessment and Uptake, 4. Widening Digital Participation, 5. Clinical Triage Platform, 7. Access to Service Information, 16. Personal Health Record, 20. Digital Referrals and Consultations, 21. Provider Digitisation, 22a. Digital Child Health, 22b. Digital Maternity, 25. Data Processing Services, 26. Data Content and New Data Collection, 32. Data and Cyber Security, 35. Structured Medications

Trend Key

- ▲ RAG improvement on previous month
- RAG the same as the previous month
- ▼ RAG decrease from the previous month

Board Meeting – Public Session

Title of paper:	Adult Social Care – Scaling up effective digital initiatives
Board meeting date:	05 February 2020
Agenda item no:	NHSD 19 05 03 (a) (P1)
Paper presented by:	James Palmer, Programme Head NHS Digital
Paper prepared by:	James Palmer, Programme Head NHS Digital
Paper approved by: (Sponsor Director)	Ian Lowry, Director of Medicines & Pharmacy
Purpose of the paper:	This paper outlines how the NHS Digital Social Care Programme is working in partnership with Adult Social Care, including Local Authorities and Care Providers, to support the digital transformation of the sector at a scale beyond pilots.
Additional Documents and or Supporting Information:	None
Please specify the key risks and issues:	<p>The care provider sector needs support to bolster their data and cyber security in order to enable effective integration and interoperability.</p> <p>Unlike the NHS, there are currently limited mechanisms to mandate change from the large customer and supplier base. This means that scaling up digital projects in adult social care, such as standards, is reliant on the sector working voluntarily to adopt them.</p>
Patient/public interest:	Direct and indirect public interest is covered by the initiatives within the paper.
Supplementary papers:	<p>Annex A - Local investment 2017 – 2020 NHS Digital Social Care Programme</p> <p>Annex B - Digital Social Care Pathfinders – Implementation Stage 2020/2021</p> <p>Annex C - Overview of use cases</p> <p>Annex D – the electronic Redbag (eRedbag)</p> <p>Annex E – Digital Discharge Service and Standard</p>

Actions required by the Board:

1) NHS Digital Board to take opportunities to promote the learning from the Social Care Programme, noting the report recommendations, in appropriate venues to support immediate access to the sector to the products and services available and to inform longer term strategies (for example at the Digital Committee in Common).

2) To receive an update on the Digital Social Care Pathfinders on completion, to include realised benefits in June 2021.

CEO Approval of paper (compulsory)

Is CEO Review and or Clearance required?	Yes
Version Control:	1.0
Date paper approved by CEO:	30/01/2020
Version number of paper approved by CEO:	1.0

History of the subject (compulsory)

Previous and proposed discussion by the committee:	
Date of meeting	Brief description of the previous discussion

Past & future timeline (include proposed dates of any publication)	
Date of meeting	Update to the Committee on activity & next steps
Other key milestones:	

Executive sign off	
What level of approval does the paper have for presentation to the Committee?	CEO

Adult Social Care

Scaling up effective digital initiatives

Published 05/02/2020

Information and technology
for better health and care

Copyright © 2019 Health and Social Care Information Centre.
NHS Digital is the trading name of the Health and Social Care Information Centre.

Contents

Executive Summary	3
Background	3
Recommendation	5
Implications	7
Strategy Implications	7
Financial Implications	7
Stakeholder Implications	7
Communication Implications	7
Risks and Issues	7
Corporate Governance and Compliance	7
Management Responsibility	7
Actions Required of the Board	7
Overview of the Adult Social Care Sector	8
Digital Social Care Pathfinders	9
Overview	9
Themes and solutions	10
Scale Up	10
Benefits	11
Implementation phase	13
Target Operating Model and Digital Roadmap	14
Data Security and Cyber Protection	15
Annex A - Local investment 2017 – 2020 NHS Digital Social Care Programme	17
Annex B - Digital Social Care Pathfinders – Implementation Stage 2020/2021	30
Annex C - Overview of use cases	33
Annex D – the electronic Redbag (eRedbag)	34
Annex E – Digital Discharge Service and Standard	36

Executive Summary

This paper outlines how the NHS Digital Adult Social Care Programme is working in partnership with Adult Social Care, including Local Authorities and care providers, to support the digital transformation of the sector at a scale beyond pilots.

The delivery of better data and cyber security in the sector will enable the development of common standards for information and interoperability, using open principles and transparent supplier arrangements. This will provide a foundation to enable the sector to scale up projects which have already been proven at small scale, saving time and increasing quality of care and services across the system.

Background

The Adult Social Care Programme is targeted at improving the digital maturity of the adult social care sector (e.g. local authorities, domiciliary care and care homes), increasing the potential for sharing information with NHS settings and improving care across an integrated system. The five-year initiative has been running within the Digital Transformation Portfolio since 2015 and has five core components:

- A foundation project focussed on the design, testing and implementation of a service called Digital Discharge. Digital Discharge uses information, technical standards and NHS infrastructure to exchange critical structured information between health and Local Authority social care. This information is required by statute when a patient is discharged from hospital and existing paper-based systems are slow, unreliable and contribute to delayed transfers of care. This service will be live in 21 local authorities by March 2021, including the entire Manchester and Lancashire regions.
- Over 60 innovation projects that were designed to stimulate and demonstrate what is possible within the sector in the short to medium term, to identify key benefits, and to quantify the potential return on the investment.
- From those projects, and others, identifying the products with the greatest potential and working with local areas through a discovery phase aimed at considering options for scale up at a reasonable cost. NHS Digital is now working with those areas through implementation and delivery - known as the "Digital Social Care Pathfinders".
- Maintaining strong strategic relationships with the Local Government Association¹, stimulating the care provider sectors capacity through Digital Social Care, and encouraging suppliers to move towards common standards, working closely with the Care Software Providers Association (CASPA)².

¹ <https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/informatics/local-investment-programme>

² <https://caspa.care/>

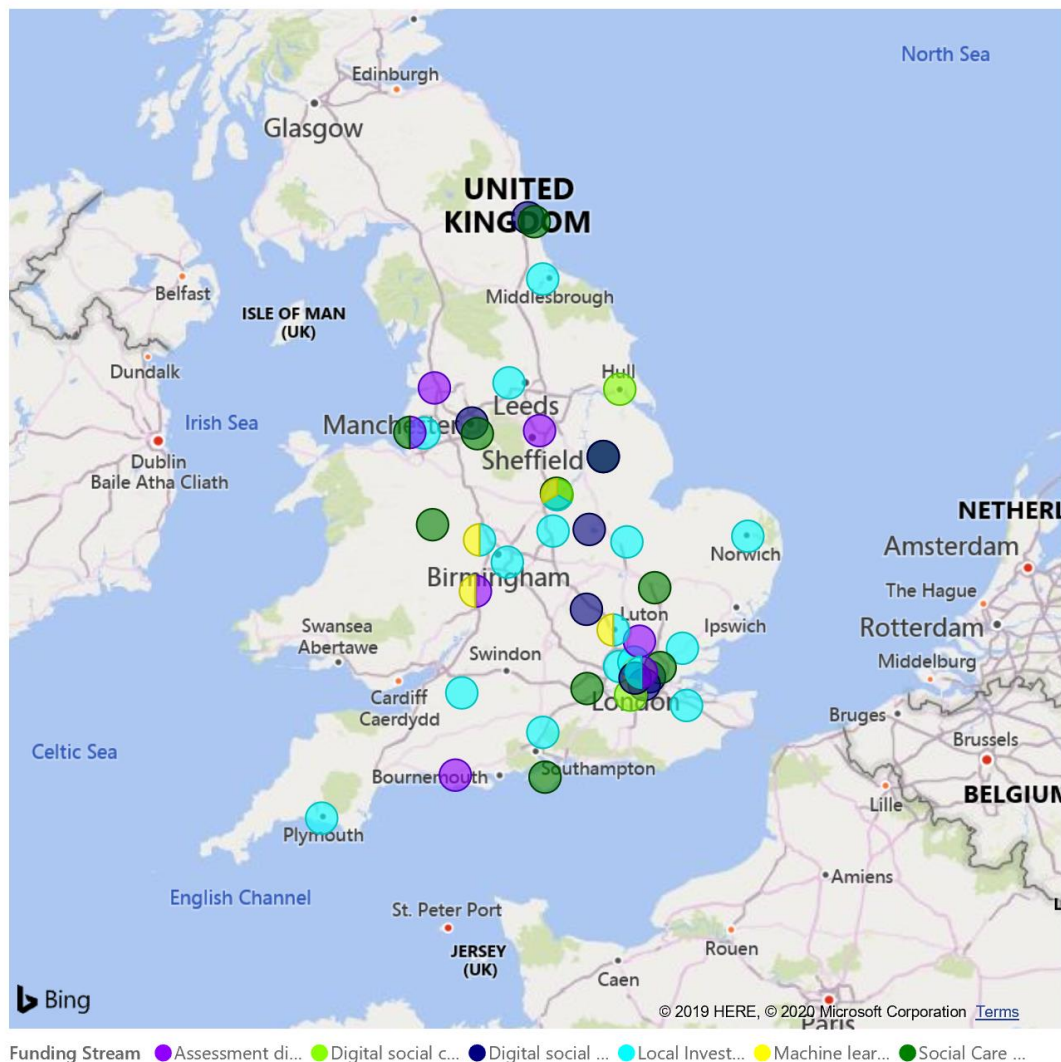
- Identifying key issues which affect Digital Maturity across the sector and co-ordinating a response to mitigate these shared difficulties. Resolutions to date have included support for increasing maturity in data security and protection, supporting the adoption of secure email and NHSmail and creating a specialist resource for the social care sector, Digital Social Care³. which provides key resources which support and enable organisations to develop their digital maturity.

This paper focusses on the Digital Social Care Pathfinders element of the programme, with a detailed look at four of the projects and the mechanisms that have been identified to scale them to a wider level. There is also a brief overview of what has been learnt to date in relation to benefits.

Annex A contains details all the local investment through the Social Care Programme. The figure below illustrates where activity has been supported since 2016 (note does not include current Digital Social Care Pathfinders)

³ <https://www.digitalsocialcare.co.uk/>

NHS Digital support for the social care sector



Recommendation

- 1) NHS Digital Board to note that NHS Digital's investment in local initiatives, and the development of scalable opportunities in the Digital Social Care Pathfinders project, has created a strong information asset from which a digital maturity strategy can be developed, supporting the government's aspirations for the NHS and adult social care.
- 2) NHS Digital Board to endorse both the use cases and the standards to support them, as priority themes to include within future strategies. These have the potential to deliver widescale change within the social care sector and to create a platform for integration with health.
- 3) NHS Digital Board to recognise the importance of supporting data and cyber security within care providers, and to note that achieving this is key to the future delivery of the

digitisation of social care. This is required to provide a secure foundation for interoperability with health and to increase digital maturity so that new technology can be best exploited.

- 4) NHS Digital Board to appreciate that there are complexities around the adoption of standards and for scaling up key projects in adult social care, because it is not currently possible to mandate uptake or to co-ordinate contracts for IT suppliers. , Further consideration needs to be given to develop proposals outlining how the adoption of standards can be accomplished given the size and complexity of the care provider Sector in particular, and how the ongoing need to monitor compliance can be achieved .
- 5) NHS Digital Board to encourage the continuation of the sector-led approach of the NHS Digital programme, including supported engagement with care providers and Local Government, ensuring that the user need is maintained within products developed.
- 6) NHS Digital Board to note the potential of the Digital Discharge Service and the 'Digital Redbag' initiatives to deliver immediate cross system benefits.

Implications

Strategy Implications

The Adult Social Care Programme was commissioned within the Digital Transformation Portfolio in 2016 and will close in March 2021.

Financial Implications

There are no NHS Digital financial implications within this paper.

Stakeholder Implications

Stakeholder involvement has been embedded within the Adult Social Care Programme from its inception and governed by a Board that has representation from Local Government, care providers, Department for Health and Social Care, the social work profession and NHSx.

Communication Implications

Following the board, and in partnership with NHSx and the social care sector, there will be a communications campaign on the Social Care Pathfinder projects.

Risks and Issues

The care provider sector needs support to bolster their data and cyber security in order to enable effective integration and interoperability.

Unlike the NHS, there are currently limited mechanisms to mandate change from the large customer and supplier base. This means that scaling up digital projects in adult social care, such as standards, is reliant on the sector working voluntarily to adopt them.

Corporate Governance and Compliance

Not appropriate for this paper.

Management Responsibility

Ian Lowry - Director - Product Development Directorate

James Palmer – Programme Head - Product Development Directorate

Actions Required of the Board

- 1) NHS Digital Board to note the report recommendations and to take opportunities to promote the learning from the Adult Social Care Programme, supporting the sector to access the products and services available and informing longer term strategies (for example at the Digital Committee in Common).
- 2) To receive an update on the Digital Adult Social Care Pathfinders on completion, to include realised benefits in June 2021.

Overview of the Adult Social Care Sector

The size and complexity of the adult social care sector, and the variances in how it is commissioned and paid for, limit the use of the same mechanisms that health deploys to scale up best practice – such as exemplars and mandating through NHS England.

It is helpful to consider a few key facts about the sector, taken from the Skills for Care 2019 report on the size and structure of social care sector in England care providers⁴:

Care Providers (includes both care homes and domiciliary care)

- There are 18,500 care providers running 39,000 establishments
- 62% of these organisations are small, with fewer than five members of staff
- 58% of these organisations are non-residential
- There are 1.62 million jobs in the sector, with 59% of these jobs being privately (self) funded (e.g. not paid for by Local Authorities). This includes 41,000 nurses.

Local Authorities

- There are 152 Local Authorities with responsibility for publicly funded social care.

Whilst there are a few exceptions to this, care providers act as independent organisations delivering adult social care services, with Local Authorities, the NHS and individuals acting as commissioners.

It is important to recognise that a great proportion of adult social care is privately funded by individuals (known as self-funders) and not local authorities, and that the vast majority of the recipients of private social care will also receive health care within the NHS. The interface between care providers and the NHS is a key tension, and one which technology can support.

The Social Care Programme's Pathfinders work has been developed to test routes to scale up potential solutions, taking a sector led approach to identify both the issues technology can tackle, and the potential solutions. The Pathfinders operate in an environment that promotes open behaviours, common standards and transparent commercial arrangements.

There are currently very few routes to mandating and controlling the digitisation of social care, so any change must be driven by the sector with an understanding of the benefits. Whilst there may be a future role for the CQC and there is some best practice market and contract management from NHS and Local Authority organisations working collaboratively, the involvement of the whole Care Sector has been a key element of the Social Care Programme.

For example, consider the challenge in adopting a national information standard across health and care, for the core information at hospital admission from someone in a care home. For NHS systems, NHS Digital could mandate this through core contracts, but

for the adult social care sector, it would require the sponsorship of:

⁴ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/The-size-and-structure-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

- 152 Directors of adult social care, their commercial leads, their IT leads and their politicians.
- In the region of 20,000 senior care homeowners and managers.
- Voluntary adoption within 200 plus Social Care System suppliers.

The programme has had some success in this area with the Digital Discharge Service and the Assessment Discharge and Withdrawal Standard (page 15 and Annex E), which will be live in 21 Local Authorities by the end of 2020, including the Lancashire and Manchester regions. Our learning from this work is now being embedded into the Pathfinder's processes.

Digital Social Care Pathfinders

Overview

Digital Social Care Pathfinders aim to support existing, successful, projects within the social care sector to scale up to have a greater impact and to produce a range of national products that will allow other organisations to adopt at a reasonable cost. It is the last major funding element of the Social Care Programme.

The national products vary according to the issue being addressed. However common themes are:

- professional and technical information standards to provide the basis for improved digital maturity and better information sharing
- machine learning/AI algorithms and methods to replicate predictive analytics
- arrangements with suppliers to work in an open manner and commit to consistent pricing for wider adoption.

Case studies, blueprints and evaluation are being produced, but these are not viewed as end products in their own right.

The Pathfinder opportunity was aimed at “Not for Profit” care providers (that is care homes and domiciliary care) and local authorities and was in the form of an NHS England Grant launched in the spring of 2019. In May 2019, 59 bids were received, and 26 organisations were funded to proceed to a 4-month development stage.

During this period the 26 areas had the opportunity to develop their scaled-up proposals – with subject matter expert support from NHS Digital on product development, user involvement, benefits realisation and supplier management.

In November 2019, a gateway review assessed the 26 proposals in detail; and 16 areas were identified to proceed to implementation. Those areas that were most successful focussed on user experience and worked in partnership with others to consider collaboration and common factors.

Implementation of the successful proposals is now underway, with projects expected to have delivered a regional level change by the end of March 2021, alongside the publication of guidance on how other areas can access these products easily and affordably, and the underpinning standards.

The list of current Pathfinder in implementation is included in Annex B.

Themes and solutions

The technical solutions, the suppliers involved, and the local application of them vary greatly across the areas.

For example, one area is looking to provide social care providers with a portal into the NHS Trust system and another area is creating a shared record to be accessed by health and social care professions, which includes LHCRE areas.

The projects may be different, but the issues that they are tackling – and the information that is needed to do so has a great deal of commonality. These are, in simplified terms, the following:

- Standard information sent from social care about a person into a health setting at admission
- Viewing of a standardised set of social care information by health
- Viewing of a standardised set of core health information by social care.
- Location finder – NHS identifying a person's responsible local authority
- Alerts to notify social care where a person is in the health system
- Single referral and discharge process from hospital to social care
- Consented use of data for prevention via the use of artificial intelligence for point of care.
- Use of anonymised data via the use of advanced predictive analytics for strategic planning purposes

An illustration summary of use cases seen by the programme can be found in Annex C.

Scale Up

The investment in the pathfinders will see digitisation at a level not seen previously. Whilst previous work focussed on one care home, one NHS trust and one local authority, the Pathfinders are working across regions with multiple organisations.

The intention is to leave a legacy where this can continue and that other local areas are able to implement these solutions if they choose to.

The challenge the programme has set itself is to ensure that through this investment common standards are identified, endorsed and published by the appropriate national bodies by March 2021.

We want to work with the Pathfinders to demonstrate the benefits of using these standards, to encourage wider adoption and local investment by other organisations within the health and social care system.

The conditions of our grant funding also stipulate that work with third part suppliers must:

- comply with GDS standards of openness, with a focus on the standards for information flows and inputs and outputs for AI work.
- make public how other customers can access services and products that have been developed, ensuring that implementation and annual revenue costs are fair.

- provide assurance that any profit made is not obtuse and above average industrial profit margins, for a reasonable period after public investment.

All areas that have been chosen for funding have committed to working towards this and have already demonstrated steps towards this during discovery, with further details expected to be received in March 2020 as a condition for future funding.

Annex D provides a detailed look at a “eRedbag” Pathfinder.

Annex E provides a detailed look at the “Digital Discharge Service” Pathfinder.

Benefits

One of the key outcomes from the Social Care Programme will be an improved understanding of the benefits of digitisation for social care.

Benefits capture and realisation has been prioritised throughout the life of the programme and are beginning to provide evidence for use in the future.

Most of the benefits result in professionals either having more information to make decisions or having more time, as a direct result of conveying information that was previously not easily available to a health or social care setting.

It is clear there are quality benefits being delivered, however the cash benefits resulting on the actions that are taken, often in varying and unique clinical situations, are very difficult to capture.

Benefit returns are being completed on a quarterly basis and we are beginning to see a clear picture of benefits being delivered, for example:

- Risk reduction – incidents of harm avoided or mitigated and fewer information governance errors.
- Improved data protection and security of the information care homes hold
- Knowledge – better information on which to base decisions, better communication between organisations.
- Care quality – improvements in services provided and a reduction in discharge delays caused by lack of information
- Care experience – improved satisfaction of service users and their families in the services they receive
- Staff morale – satisfaction and engagement of staff leading to improved services

Table 1 – Benefits examples

Product/service	Summary Description	Example benefit highlight identified (not exhaustive)	Approximate cost
Digital Discharge Service (Wirral and other areas)	Digitisation of the statutory information flow required at the point of discharge. System to system structured exchange	£24 saved per applicable discharge (approx. 5000 per annum per trust= £120k)	£75k implementation £10k annual – not including business change per Local Authority/NHS Trust.
Electronic Redbag (Sutton and other areas)	Digitisation and standardisation of the information that is currently in paper from the Redbag scheme.	Reduction by one day in the average length of hospital stay for care home residents, saving £250 per day (£283k across South West London per annum). 6.5% reduction in readmission rate at £3100 per admission (£226k across South West London per annum).	£200 per care home bed implementation cost. £50 annual cost per care home.
Remote monitoring and AI population health (Bexley)	Care home residents and their carers can record observations and communicate remotely. Data links to Clinical Portal and GP systems, for direct care. Data inputted into population health system for machine learning support at population, cohort and individual level.	60% fewer GP call outs to care home over a seven-month period, saving £28k. Fewer conveyances and admissions to hospital, saving over £56k over seven months.	£18k per care home per annum
Acoustic Monitoring and AI (Friends of the elderly)	With consent, residents monitored acoustically during sleep. Behaviour is recorded and with AI applied, learns normal behaviour and supports reduced staff intervention through smart reporting and alerts.	55% reduction of night-time falls 67% fewer agitated episodes at night 70% fewer chest infections Staff time saved per bed equivalent to £2000 per annum	£300 per bed per annum

These are indicators, looking deeper there are a greater range of benefits. The Digital Discharge Service, our foundation project, is delivering the expected benefits relating to staff time, duplication and information accuracy and is expected to be valued at **£24 per relevant hospital discharge**.

For the Wirral, this is an **immediate benefit of £125k per annum** where they have seen, on average, 85% of Assessment Notices are accepted and 95% of Discharge Notices with an average response time of less than 24 hours to be triaged and allocated to the most appropriate discharge pathway.

It has ensured Wirral are compliant with the Care Act and has helped to streamline the overall referral pathway into a single integrated triage function. Further benefits have also been identified, including reduction in printing costs, less administration time spent manually recording notices and a reduction in duplication.

The pathways are helping us to understand accurate volumes, times and pressure points within the overall health and care system. These include:

- identifying wards with strong performance in triggering the process at an earlier stage, avoid delays in the assessment process (and vice versa)
- identifying busy periods for generating discharge notices, and the focusing of resources within the discharge teams at peak times.
- reducing in the number of errors and rejections by the local authority
- reducing the average response time from the local authority
- real-time responses with more meaningful feedback for discharge planning (and for the patient)

Longer term benefits are also expected, related to reduced length of stay, reduced infection, reduced escalation of need etc.

For each of the Pathfinder areas, we are expecting to produce a similar narrative of support – alongside evaluation and lessons learnt for others to use, some of which are already published.

Implementation phase

The implementation phase started in November 2019, and areas have been quick to mobilise, with the work expected to be delivered by March 2021. NHS Digital has a live procurement underway to select a delivery partner develop the critical piece of work relating to standards, working with all pathfinder areas.

We will continue to work on the ground with the Pathfinder areas and to support them with product development, benefits realisation and supplier management.

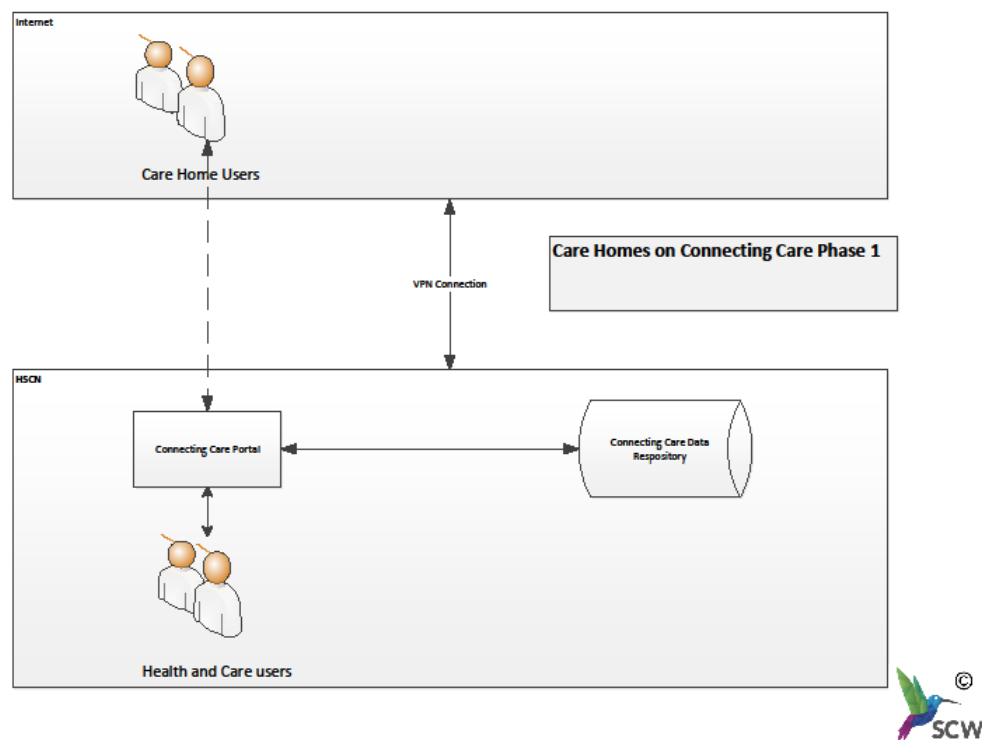
We will also be ensuring collaboration takes place and will work with our partners in the LGA and the care provider sector to bring others into the conversation so that the sector has a growing understanding of the opportunities available.

Target Operating Model and Digital Roadmap

The current Social Care Programme will end in March 2021, having delivered a range of products that can immediately support the NHS, local authorities and the care provider sector to deliver efficiencies and improved care through a widened use, and sharing, of information for direct care.

The target operating model for information sharing that is being delivered as part of the Pathfinder work in South Gloucestershire as shown in Figure 1 below, could illustrate a future where care providers have access to, and can contribute to, a singular core health and social care record for an individual.

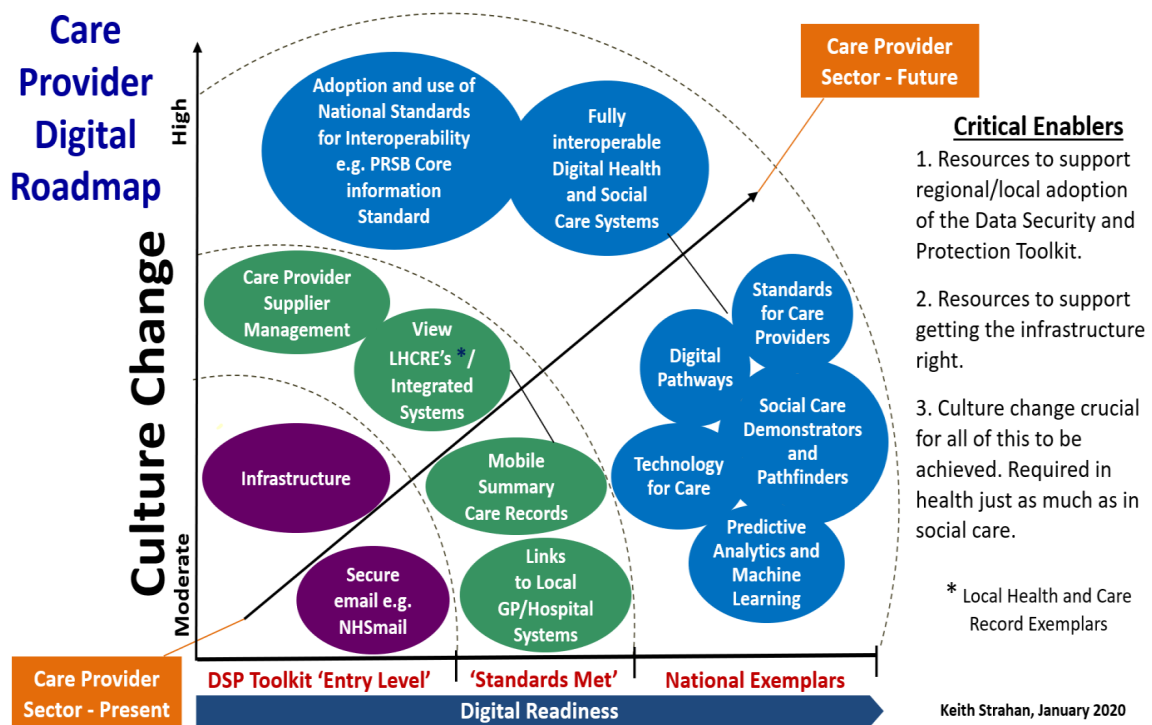
Figure 1 – South Gloucestershire TOM



The Digital Social Care team is developing a Core Capabilities Model for adult social care provider system suppliers. There is a growing sector recognition that there could be a core social care record could be viable.

This model would the potential to create the foundations for the future, rather than being driven by transactional information flows, with the sector led approach and their ownership of the strategy continuing to be a key driver for change.

Figure 2 Care Provider Digital Roadmap



Data Security and Cyber Protection

The Social Care Programme recognised early on that as the adult social care sector uses technology more, a framework to support this and keep data safe and secure, was necessary to avoid or minimise any disruption to care and support.

Since 2017 NHS Digital has been leading a project with the Care Provider Alliance to provide this framework. This has included producing national cyber security and information governance guidance for social care providers and making it accessible to the sector⁵.

This collaborative project also greatly influenced the development of the DSP Toolkit and its customisation for adult social care providers when it transformed from the old IG Toolkit in 18/19 and again for subsequent annual updates.

As a direct result of this work, 'Entry Level' compliance of the toolkit, specifically introduced for social care, is a manageable first step for small organisations unfamiliar with data security issues.

It is also a useful step on the way to achieve the critical 'Standards Met' level, where compliance indicates that all mandatory requirements have been met. This level demonstrates that adult social care organisations are ready to participate in a wide range of secure, interoperable digital solutions.

⁵ <https://www.digitalsocialcare.co.uk/protecting-my-information/data-security-and-protection-toolkit/>

Over time, this will have a positive impact e.g. reducing medication errors in care homes⁶ and for whole system working.

This initiative has raised the profile of adult social care and the importance of care providers e.g. representatives are now on the NHSx Data Security and Protection strategy group.

The benefits of this work are extensive and will help establish a safe and secure foundation for digital integration between health and adult social care now and in the future.

None of the Pathfinder projects, or the future operating model, can be delivered without the confidence that the care provider sector has an appropriate level of data and cyber security to allow the NHS to integrate and to truly abolish the need for fax and paper.

Good data security is the foundation on which a range of digital solutions can be built, delivering immediate operational benefit. For example, NHSmail, secure e-mail, access to the Summary Care Record, controlled access to the NHS Trust system and access to a GP system care provider portal. These do not deliver a single long-term solution but will deliver the benefits outlined above.

It is notable that within the Pathfinder programme, but outside of NHS Digital contracts, the sector is now working together to produce its own support to achieve Standards Met.

However, whilst progress has been made (see Figure 3) it still represents a fraction of the sector, with Cabinet office supported work demonstrating the level of direct support required for the smallest care homes to achieve the required level of security⁷.

Figure 3 - DSPT toolkit uptake 23 December 2019 (comparative figures for 30 September in brackets)

DSPT Progress	Entry Level	Standards Met/ Exceeded	Total Published
Care Home sites:	835 (514)	1,005 (752)	1,840 (1,266)
Dom Care Sites:	80 (38)	47 (33)	127 (71)

The figures include both 2018/19 and 2019/20 submissions.

⁶ <https://www.cqc.org.uk/news/stories/medicines-health-adult-social-care-learning-risks-sharing-good-practice-better-outcomes>

⁷ https://ipc.brookes.ac.uk/about-ipc/news/Data_Cyber_News.html

Annex A - Local investment 2017 – 2020 NHS Digital Social Care Programme

Council name	SCP funding source	Project focus
Local Investment Programme 2017-18		
Stockton-on-Tees Borough Council	Local Investment Programme 2017-18	Online care plan tool share with all professionals (with consent) in order that clients only need to tell their story once.
Liverpool City Council	Local Investment Programme 2017-18	Developing digital medication adherence records to be used in Liverpool's care homes.
Nottinghamshire County Council	Local Investment Programme 2017-18	Shared comprehensive record system to allow social care staff access to real-time acute, mental health, primary and community health information.
Solihull Metropolitan Borough Council	Local Investment Programme 2017-18	Providing mental health professionals with effective mobile technology to access real time information management.
Luton Borough Council	Local Investment Programme 2017-18	Enabling residential/nursing homes to access electronic shared care records with health services.
Central Bedfordshire Council	Local Investment Programme 2017-18	Enabling residential/nursing homes to access electronic shared care records with health services.
Plymouth City Council	Local Investment Programme 2017-18	Enabling supported living providers to access care management data, including reporting activity/cost information.
Sefton and Knowsley Council	Local Investment Programme 2017-18	Proof of concept study with software provider to support a digital pathway to manage homecare provision across Liverpool.
City of Wolverhampton Council	Local Investment Programme 2017-18	Project to introduce shared data across five councils in the West Midlands, covering delayed transfers of care and reason for hospital admission.
Peterborough City Council	Local Investment Programme 2017-18	Aligning systems using the same social care database (Mosaic) to support integrated working across council boundaries.
London Borough of Hackney	Local Investment Programme 2017-18	Linking council, health and VCS datasets to identify residents with specific long-term conditions to generate uptake in a new digital CBT tool.

Council name	SCP funding source	Project focus
City of Bradford Metropolitan District Council	Local Investment Programme 2017-18	Improve information, advice and guidance web offer by developing a virtual assistant service on their Connect to Support platform.
Leicestershire County Council	Local Investment Programme 2017-18	Developing Leicestershire's methodology for measuring and supporting prevention and non-medical interventions by mapping the customer experience and creating user personas.
Norfolk County Council	Local Investment Programme 2017-18	Customer service client referral system to generate, track and follow up social care client referrals to local organisations.
Kent County Council	Local Investment Programme 2017-18	Creating a digital tool for assessing individuals' outcomes of voluntary sector care navigation approach.
Harrow Council	Local Investment Programme 2017-18	Extend My Community ePurse system (which supports purchasing social care/equipment via personal budgets) to people with personal health budgets (PHBs).
Essex County Council	Local Investment Programme 2017-18	Piloting video calls as part of care packages amongst individuals in the short-term support and reablement service.
Barnet Council	Local Investment Programme 2017-18	Assistive technology to support 18 service users with complex learning disabilities based in supported living facilities and to train the workforce to look for assistive technology when planning all care.
Hampshire County Council	Local Investment Programme 2017-18	Trialling the use of Amazon Echo (voice-activated home audio speaker) with 50 adult social care service users.
Bath and North East Somerset	Local Investment Programme 2017-18	Piloting a range of assistive technology (AT) apps and devices within their reablement and rehabilitation service.
Social Care Digital Innovation Programme 2018/19		
Cambridgeshire County Council	Social Care Digital Innovation Programme 2018/19 Discovery only	Developing a digital offer for medicine management support by exploring integration of care delivery with health and local pharmacies and creating a tool that matches medical adherence equipment with user needs.

Council name	SCP funding source	Project focus
⁸ London Borough of Havering	Social Care Digital Innovation Programme 2018/19 Discovery only	Addressing the recruitment and retention problems within the health and social care market through exploring portability of employment checks and evidence of statutory and mandatory training being completed.
Haringey Council	Social Care Digital Innovation Programme 2018/19 Discovery only	The project will explore different ways of meeting needs working with care providers, users and carers to increase the role of digital and assistive technology in individuals' care plans.
South Tyneside Council	Social Care Digital Innovation Programme 2018/19 Discovery only	Service users with a learning disability and/or autism feel not listened to or understood - this project will explore how digital technologies can be used to improve communication and exchange of ideas between clients with learning disabilities and their social worker.
Bracknell Forest Council	Social Care Digital Innovation Programme 2018/19 Discovery and Implementation	Exploring how to make it easier for all people, including those not readily able to navigate websites, to connect to community initiatives by building a bridge between community information available and residents.
Isle of Wight Council	Social Care Digital Innovation Programme 2018/19 Discovery and Implementation	Discovering the potential role for robotics by testing public perceptions and understanding what objections people may have to robotics being deployed as part of the care and support solution.
Lincolnshire County Council	Social Care Digital Innovation Programme 2018/19	Giving the individual control of the financial assessment process through exploring a digital self-service approach and addressing the barriers to such an approach.

⁸ Project not funded due to IPR issue

Council name	SCP funding source	Project focus
	Discovery and Implementation	
Shropshire Council	Social Care Digital Innovation Programme 2018/19 Discovery and Implementation	Combining large data sets and applying predictive analytics, machine learning and data modelling to better understand current demand, predict and prevent future demand and to inform commissioning plans.
Stockport Metropolitan Borough Council	Social Care Digital Innovation Programme 2018/19 Discovery and Implementation	Supporting people to remain in their own home through exploring technology solutions and increasing the take-up of the effective products, including products linking into monitoring centres or viewed by family carers.
Sunderland City Council	Social Care Digital Innovation Programme 2018/19 Discovery and Implementation	Developing a scorecard to test the effectiveness of assistive technology and designing a platform to present all the data collected by the products.
Nottingham City Council	Social Care Digital Innovation Programme 2018/19 Discovery and Implementation	Exploring the behaviour change required for providers and citizens to deliver a new outcome focused model for services supporting adults with learning disabilities.
Wirral Council	Social Care Digital Innovation Programme 2018/19. Discovery and Implementation	Enhancing the role that information/digital technology play in helping people with autism developing their own solutions The project will also explore the role of biometric technology to pre-empt care needs. Understanding anxiety levels in non-verbal adults and what the causes are, implement strategies to support the individuals to reduce stress.
Digital social care Demonstrators 2018/19		

Council name	SCP funding source	Project focus
Westminster City Council	Digital social care demonstrators of health information into adult social care 2018/19	Discharge from hospital to adult social care (ASC) homecare and residential services by using apps, Skype.
Newham Council ⁹	Digital social care demonstrators of health information into adult social care 2018/19	Pilot in 2 nursing homes clinical information access via EMIS Web, Data Security and Protection (DSP) Toolkit and NHSmail.
Rutland County Council	Digital social care demonstrators of health information into adult social care 2018/19	Improve digital maturity of ASC Providers. Proposal includes WIFI to 28 residential homes, SKYPE, DSP Toolkit, TPP's EPR solution.
Haringey Council ¹⁰	Digital social care demonstrators of health information into adult social care 2018/19	Create a Health to Adult Social Care Provider Data Standard.
Lincolnshire County Council	Digital social care demonstrators of health information into adult social care 2018/19	Support and training to residential homes to access NHSmail, DSP toolkit. Pilot with 40 digitally engaged care providers.
Lewisham Council	Digital social care demonstrators of health information into adult social care 2018/19	Create a portal for GP's and District Nurses to access Local Authority systems and 2 electronic forms for GP's and nurses to share information and create referrals.
North Tyneside Council ¹¹	Digital social care demonstrators of health	Using Medical Discharge Summary to discharge to care homes via secure email (NHSmail).

⁹ Project terminated early

¹⁰ Project terminated early

¹¹ Project terminated early

Council name	SCP funding source	Project focus
	information into adult social care 2018/19	
Manchester City Council	Digital social care demonstrators of health information into adult social care 2018/19	Giving adult social care teams access to the trusts EPR system in real time to reduce Delayed Transfers of Care.
Milton Keynes Council	Digital social care demonstrators of health information into adult social care 2018/19	Discharging and referring patients by building an online form (FirmStep) that the Discharge Team can use on the local authority website.
Sutton Council	Digital social care demonstrators of adult social care information into health 2018/19	Digitisation and transmission of 'This is Me' content held on Person Centred Software system at a Care Home.
Hull City Council	Digital social care demonstrators of adult social care information into health 2018/19	Social Care Intervention radar – a live intervention list for health care professionals, showing patients that have social care interventions or alerts triggered.
Nottinghamshire County Council	Digital social care demonstrators of adult social care information into health 2018/19	System to system messaging, from data held on Adult Social Care System (Mosaic) to Emergency Department.
Islington Council	Proof of Concept Machine learning/predictive analytic data use for adult social care early intervention and prevention 2018/19	Build a novel dataset for structured/unstructured data to identify key predictors of ASC needs using predictive models.

Council name	SCP funding source	Project focus
City of Wolverhampton Council	Proof of Concept Machine learning/predictive analytic data use for adult social care early intervention and prevention 2018/19	Use predictive analytic models for early identification of adults with complex morbidities to design/improve intervention programmes.
Central Bedfordshire Council	Proof of Concept Machine learning/predictive analytic data use for adult social care early intervention and prevention 2018/19	Use predictive analytic models for early identification of adults with complex needs (e.g. frailty/Learning Disability) to design/improve intervention programmes and optimise services.
Worcestershire County Council	Proof of Concept Machine learning/predictive analytic data use for adult social care early intervention and prevention 2018/19	Develop predictive analytic models to predict demand for council funded social care and self-funder pickups to target advice effectively for self-funders.
Nottinghamshire County Council	Proof of Concept Machine learning/predictive analytic data use for adult social care early intervention and prevention 2018/19	Develop predictive analytic models to identify people at an early stage of high risk of care admission, to reduce long term residential care and prolong people living at home longer with targeted interventions.
Luton Borough Council	Proof of Concept Machine learning/predictive analytic data use for adult social care early	Support prevention via an e-Frailty index with relevant data from telehealth /telecare systems that can populate adult social care system (LiquidLogic).

Council name	SCP funding source	Project focus
	intervention and prevention 2018/19	
Assessment Discharge Withdrawal (ADW) First of Type 2018/19		
Dorset County Council	Assessment discharge withdrawal 2018/19	Implementation of Assessment Discharge and Withdrawal standard and the technology to support structured information exchange that supports the statutory digital exchange of information between NHS Hospital Trusts and Local Authorities as part of the discharge from hospital process. (Fast follower for Servelec).
London Borough of Hackney	Assessment discharge withdrawal 2018/19	Implementation of Assessment Discharge and Withdrawal standard and the technology to support structured information exchange that supports the statutory digital exchange of information between NHS Hospital Trusts and Local Authorities as part of the discharge from hospital process. Lead (First of Type for Servelec).
Lancashire County Council	Assessment discharge withdrawal 2018/19	Implementation of Assessment Discharge and Withdrawal standard and the technology to support structured information exchange that supports the statutory digital exchange of information between NHS Hospital Trusts and Local Authorities as part of the discharge from hospital process. (Fast Follower for LiquidLogic).
Wirral Council	Assessment discharge withdrawal 2018/19	Implementation of Assessment Discharge and Withdrawal standard and the technology to support structured information exchange that supports the statutory digital exchange of information between NHS Hospital Trusts and Local Authorities as part of the discharge from hospital process. (Fast Follower for LiquidLogic).
¹² Worcestershire County Council	Assessment discharge withdrawal 2018/19	Worcestershire withdrew following technical software incompatibility issues.
Hertfordshire County Council	Assessment discharge withdrawal 2018/19	Implementation of Assessment Discharge and Withdrawal standard and the technology to support structured information exchange that supports the statutory digital exchange of information between NHS Hospital Trusts and Local Authorities as part of the discharge from hospital process. (Lead First of Type for Liquidlogic).
Rotherham Metropolitan Borough Council	Assessment discharge withdrawal 2018/19	Implementation of Assessment Discharge and Withdrawal standard and the technology to support structured information exchange that supports the statutory digital exchange of information between

¹² Project Withdrawn

24

Copyright © 2019 Health and Social Care Information Centre.
 NHS Digital is the trading name of the Health and Social Care Information Centre.

Council name	SCP funding source	Project focus
		NHS Hospital Trusts and Local Authorities as part of the discharge from hospital process. (Fast Follower for LiquidLogic).
SCDIP 2019-21		
Essex County Council	SCDIP 2019-21 Discovery only	Exploring real-time prediction and/or monitoring of falls testing technology used in other fields.
Leeds City Council	SCDIP 2019-21 Discovery only	Digitally integrating care homes into the health and care system to ensure personalised, joined up care.
Newcastle City Council	SCDIP 2019-21 Discovery only	Exploring how community equipment provided at the right time to maximise independence.
Norfolk County Council	SCDIP 2019-21 Discovery only	A new process for booking and allocating appointments for social workers, care managers and therapists.
North East Lincolnshire	SCDIP 2019-21 Discovery only	Improving home care communications, rostering, tracking of visits, outcomes and costs.
Richmond and Wandsworth	SCDIP 2019-21 Discovery only	Identifying informal carers and developing awareness of the local offer of support and services.
Windsor and Maidenhead	SCDIP 2019-21 Discovery only	Improving reablement for adults leaving acute hospitals through assistive technology.
Cambridgeshire County Council	SCDIP 2019-21 Discovery and Implementation	Enhancing the independence of those with learning disabilities in the community during their transition to adult social care.
London Borough of Camden	SCDIP 2019-21 Discovery and Implementation	Using technology to provide travel assistance and establish long term independent travel.
Derbyshire County Council	SCDIP 2019-21 Discovery and Implementation	Designing and testing a remote assessment process for some adaptations in domestic environments.

Council name	SCP funding source	Project focus
Kirklees Council	SCDIP 2019-21 Discovery and Implementation	Providing direct citizen access to real-time information held about care needs and services.
North Somerset Council	SCDIP 2019-21 Discovery and Implementation	Using technology to support identifying and proactively manage hydration in care homes.
London Borough of Southwark	SCDIP 2019-21 Discovery and Implementation	Exploring better management and prevention of falls.
SCDIA 2019-21		
Kirklees Council	SCDIA 2019-21	A digital approach to Liberty Protection Safeguards. Co-funding local authorities are Royal Borough of Windsor & Maidenhead, Bristol City, Coventry and Dorset.
Halton Borough Council	SCDIA 2019-21	A digital approach to multi-agency domiciliary care medicine management. Co-funding local authorities include Sunderland City, Warrington Borough, Kent County and Newcastle City Council.
Suffolk County Council	SCDIA 2019-21 Discovery phase only	A virtual reality / augmented reality home assessments process. ¹³
Social Care Pathfinders 2019-21		
Buckinghamshire County Council	Social Care Pathfinders 2019-21 Development only	Standard information to describe Community Services for all customer facing directories.
Darlington Borough Council	Social Care Pathfinders 2019-21 Development only	Extending ADW across the region.

¹³ Project decommissioned due to the lack of engagement by the identified technical supplier.

Council name	SCP funding source	Project focus
Durham County Council	Social Care Pathfinders 2019-21 Development only	Enabling trained Care Home staff to send clinical observation data to relevant clinical staff, to support clinical decision making.
Hertfordshire County Council	Social Care Pathfinders 2019-21 Development only	Wider use of MIG and Summary Social Care Record Standard.
Kent County Council	Social Care Pathfinders 2019-21 Development only	Development of Carer App
Leeds City Council	Social Care Pathfinders 2019-21 Development only	Extension of Care Record to Social Care Locations.
Lincolnshire County Council	Social Care Pathfinders 2019-21 Development only	Rollout of NHSmail and standardised information flows, including pharmacies.
London Borough of Barking and Dagenham	Social Care Pathfinders 2019-21 Development only	Extending the LA One view system to do predictive modelling on premature frailty and the independence of people living with one or more long term conditions.
Luton Council	Social Care Pathfinders 2019-21 Development only	Extending ADW across the region.
National Care Forum	Social Care Pathfinders 2019-21 Development only	Model Tech Suites for care providers.
Nottinghamshire County Council - Predictive	Social Care Pathfinders 2019-21 Development only	Extending the Predictive Analytics work completed with health data to include daily social care data feeds.

Council name	SCP funding source	Project focus
Bristol City Council	Social Care Pathfinders 2019-21 Development and Implementation	Real Time Co-ordination of packages of care and digital workflows across our Integrated Care Bureau.
Friends of the Elderly	Social Care Pathfinders 2019-21 Development and Implementation	Roll out of Acoustic Monitoring Tech.
Hf Trust	Social Care Pathfinders 2019-21 Development and Implementation	Roll out of My Health Guide for Learning Disabilities across large user group
Lancashire County Council	Social Care Pathfinders 2019-21 Development and Implementation	Implementation of ADW messaging and integration with local health care record
Leicestershire County Council	Social Care Pathfinders 2019-21 Development and Implementation	Rollout of NHSmail and Access to EPR to care providers. Scale during programme is 60% of Leicestershire care homes accredited (200+)
London Borough of Bexley	Social Care Pathfinders 2019-21 Development and Implementation	Prevention of escalation of need through remote monitoring and data analytics. Scale during programme is 1 LA with potential for STP footprint.
London Borough of Islington	Social Care Pathfinders 2019-21 Development and Implementation	Free Text for predictive analytics across large region. Scale during programme is 4 local authorities across North Central London.
Manchester City Council	Social Care Pathfinders 2019-21 Development and Implementation	Extending ADW across the region. Scale during programme is 11 local authorities.
Nottinghamshire County Council - Interoperability	Social Care Pathfinders 2019-21 Development and Implementation	Developing current interoperability standards across health and social care in partnership with national programmes. Scale during programme is in Nottinghamshire (7 CCG's, 1 LA and 3 Trusts).

Council name	SCP funding source	Project focus
South Gloucestershire Council	Social Care Pathfinders 2019-21 Development and Implementation	Extending Connecting Care to Care Homes, and Digital Red Bag. Scale during programme is 3 Local Authorities and a number of care homes.
Sutton Council	Social Care Pathfinders 2019-21 Development and Implementation	Expansion and standardisation of the digital red bag. Scale during programme is 20% care homes across SW London and national capability.
Westminster City Council	Social Care Pathfinders 2019-21 Development and Implementation	Expansion of care information exchange to care providers, local authorities and carers. Scale during programme is 4 Local Authorities and 2 Trusts with potential for whole NWL region.
Wirral Council	Social Care Pathfinders 2019-21 Development and Implementation	Extending ADW functionality. Scale during programme is national.
Wolverhampton City Council	Social Care Pathfinders 2019-21 Development and Implementation	Extend range of data for AI and machine learning e.g. delayed discharges, housing, education, police and crime, socio-economic factors, the environment, private sector. Scale during programme is across 2 local authority areas with potential to extend across STP footprint.
Worcestershire County Council -Predictive	Social Care Pathfinders 2019-21 Development and Implementation	Extending AI and Data Modelling to include Telecare and Assistive Tech Data. Scale during programme is across 2 local authority areas with potential to extend across STP footprint.

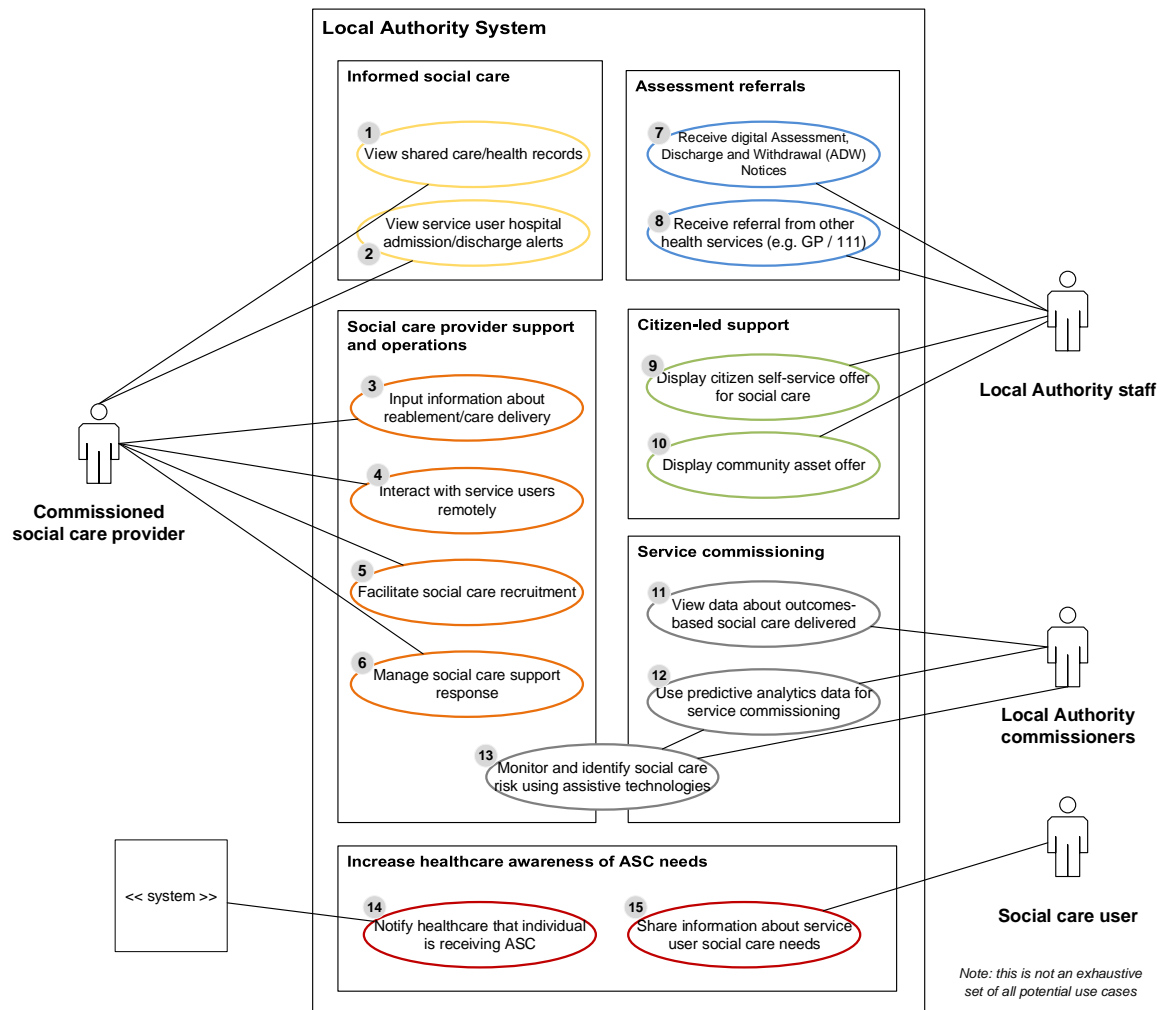
Annex B - Digital Social Care Pathfinders – Implementation Stage 2020/2021

Organisation	Summary of proposal	Key products	Scale during programme	Standard(s) being produced/Theme
South Gloucestershire County Council	Extending Connecting Care to Care Homes, and Digital Red Bag	Blueprint for accessing shared information with Care and Standardising the Digital Red Bag. Published commercial offer for rest of sector	3 Local Authorities, number of care homes	Extending Connecting Care to Care Homes, including a Digital Red Bag data set, collaborating with Sutton and HF Trust. Scale during programme is 3 Local Authorities and a numerous care home. Links to Reasonable Adjustments Flag and the National Record Locator.
Sutton Council	Expansion and standardisation of the digital red bag	Standard information flow and technical capability to share via national app with open coding. Published commercial offer for rest of sector.	20% Care Homes across SW London, national capability	Expansion and standardisation of the eRedBag, collaborating with South Gloucester and HF Trust. Scale during programme is 20% care homes across SW London and national capability. Links to Reasonable Adjustments Flag and the National Record Locator.
Nottinghamshire County Council (Interoperability)	Developing current interoperability standards across health and social care in partnership with national programmes	Blueprint for other areas interoperability solutions with Social Care alongside use cases Published commercial offer for rest of sector.	Nottinghamshire (7 CCGs, 1 LA, 3 Trusts)	Location finder – health identifying a person's responsible local authority Viewing of a standardised set of Social Care Information by Health Alerts to notify where a person is in the health system
Leicestershire County Council	Rollout of NHSmail and Access to SystmOne EPR to care providers	Use cases/methods/how to guides - particular focus on EPR access barriers Standards for min. information to be shared Published commercial offer for rest of sector	60% Lancashire Care Homes accredited (200+)	Viewing of a standardised set of Core Health information by social care.
Lancashire County Council	Implementation of ADW messaging and integration with local health care record	Messaging format updated published for national use and wider regional application Published commercial offer for rest of sector	4 Local Authorities and 5 Trusts	Single Referral and Discharge from hospital (including ADW)

Organisation	Summary of proposal	Key products	Scale during programme	Standard(s) being produced/Theme
Bexley Council	Prevention of escalation of need through remote monitoring and data analytics – linking with Health data.	Blueprint, including wider use of MESH and link with ATERMIS and clinical algorithms Published commercial offer for rest of sector	1 Local Authority, potential for STP footprint	Prevention via use advanced predictive analytics
Friends of the Elderly	Roll out of Acoustic Monitoring Tech on wide scale, combined with ML to learn sleep patterns and integrated into care record	Blueprint including clinical Algorithms Integration product (Monitoring into care record). Published commercial offer for rest of sector	350 service users, potential for 700 Care Homes (at further cost)	Use of assistive or remote technology
Worcestershire County Council	Extending AI and Data Modelling to include Telecare and Assistive Tech Data for identifiable data.	Solution available for other predictive x consumers and access to learning/blueprints Published commercial offer for rest of sector	Across two Local Authority Areas potential to extend across STP footprint	Prevention via use advanced predictive analytics
Hf Trust	Roll out of My Health Guide for Learning Disabilities across large user group	Standard, to link in with eRedBag. Blueprint for adoption. Published commercial offer for rest of sector	National across 700 users	Standard Information sent from Care about a person into health setting (including use with in the eRedbag). Collaborate with Sutton and South Gloucester about the 'About Me' information held in records. Links to Reasonable Adjustments Flag and, potentially, the National Record Locator.
Manchester City Council	Extending ADW across region	Messaging format updated published for national use and wider regional application Published commercial offer for rest of sector	11 Local Authorities	Single Referral and Discharge from hospital (including ADW)
Westminster Council	Expansion of care information exchange to care providers, local authorities and carers.	Development of Servelec Mosaic and Connexions, with pricing available for others to use. Published commercial offer for rest of sector	4 Local Authorities and 2 Trusts, potential for whole NWL region	Viewing of a standardised set of Social Care Information by Health Viewing of a standardised set of Core Health information by social care.

Organisation	Summary of proposal	Key products	Scale during programme	Standard(s) being produced/Theme
Bristol City Council	Single Referral System (including statutory discharge) from Health to Social Care. Location Alerts to Social Care from health	Processes, data maps, service selection criteria, data security, user manuals and protection materials will be shared as part of the blueprint. Published commercial offer for rest of sector.	Across Bristol, North Somerset and South Gloucestershire (BNSSG) Sustainability and Transformation Partnership (STP)	Single Referral and Discharge from hospital (including ADW). Alerts to notify where a person is in the health system.
Islington Council	Free Text for predictive analytics across large region	Redaction tool for Social Care Text Blueprint for Use of free text terminology and algorithms.	4 Local Authorities across North Central London	Prevention via use advanced predictive analytics
Wolverhampton Council	Extend range of data for AI and machine learning e.g. delayed discharges, housing, education, police and crime, socio-economic factors, the environment, private sector.	Solution available for other predictive x consumers and access to learning/blueprints Published commercial offer for rest of sector	Cross two Local Authority Areas potential to extend across STP footprint	Prevention via use advanced predictive analytics
Wirral	Extending ADW functionality	Messaging format updated published for national use and wider regional application	National	Single Referral and Discharge from hospital (including ADW)

Annex C - Overview of use cases



Annex D – the electronic Redbag (eRedbag)

The Redbag is a physical object that follows a person from a Care Home into a Hospital at admission.

It contains personal belongings for that person and is accompanied by standardised information pertinent to care (in paper form). Health professionals immediately have access to the information they need and are also alerted that this is a person from a care home by the red bag on their bed. When the patient is discharged, updated, standardised documentation accompanies the patient from hospital to the care home.

It is now in operation, using paper-based information, in 120 CCGs covering 80% of the country.



The project does not want to take away the simplicity of the initiative, but the paper nature of the information has many challenges – not least ensuring they are up to date. The potential benefits of considering digitisation of the information are:

- Less time spent on administration and duplication leads to more timely care and more time for direct care
- More time for direct care leads to better quality care

- Easy access to up to date information leads to better 'hand overs' across teams and the system, and therefore, joined-up care
- Better joined-up care leads to safer care
- Quicker discharge

In partnership with NHS Digital, Sutton digitised the information elements of the eRedbag and transferred it from three local Care Homes into their local hospitals Electronic Patient Record in structured and document form.

During implementation we will work with them to deliver

National eRedBag Professional Standard

- Agreed set of data items developed with PRSB and other Pathfinders (who are also using this information with different technical solutions, including integration with the South West LHCRE)
- Free to access and open to all
- Relevant to digitally mature and less mature care homes

Products for Implementers – “Top tips and templates”

- How to guide for commissioners, including at STP level
- How to guide for care software providers
- How to guides for digitally mature and less mature care homes

Products for Users – “What’s in it for me?”

- How to guide for acute staff
- How to guide for ambulance staff
- How to guide for community staff

Products for Benefactors – “What to expect”

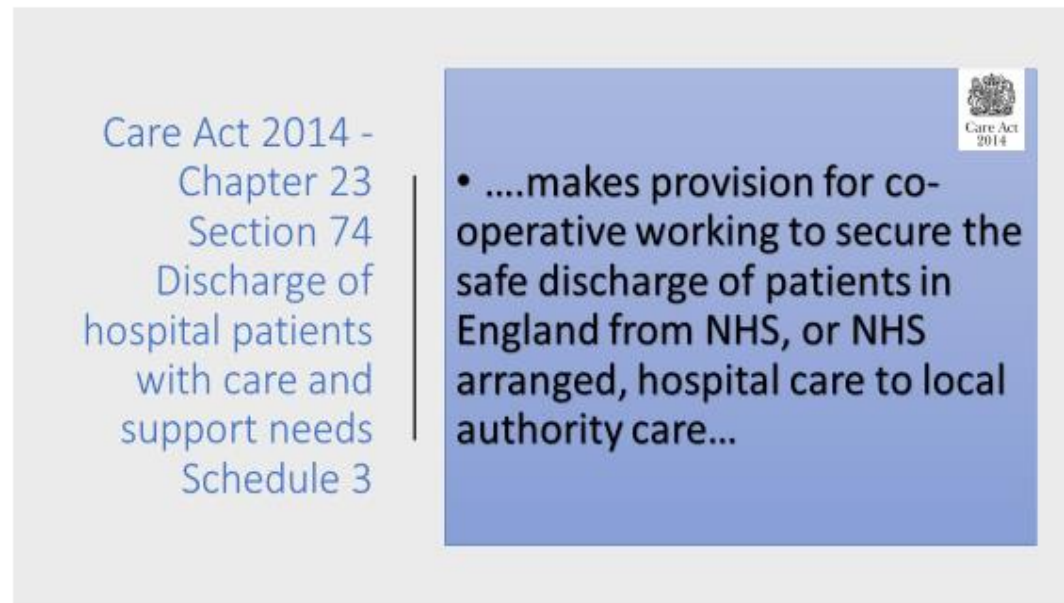
- Guide for residents and family members

A Technical Solution ready for national rollout:

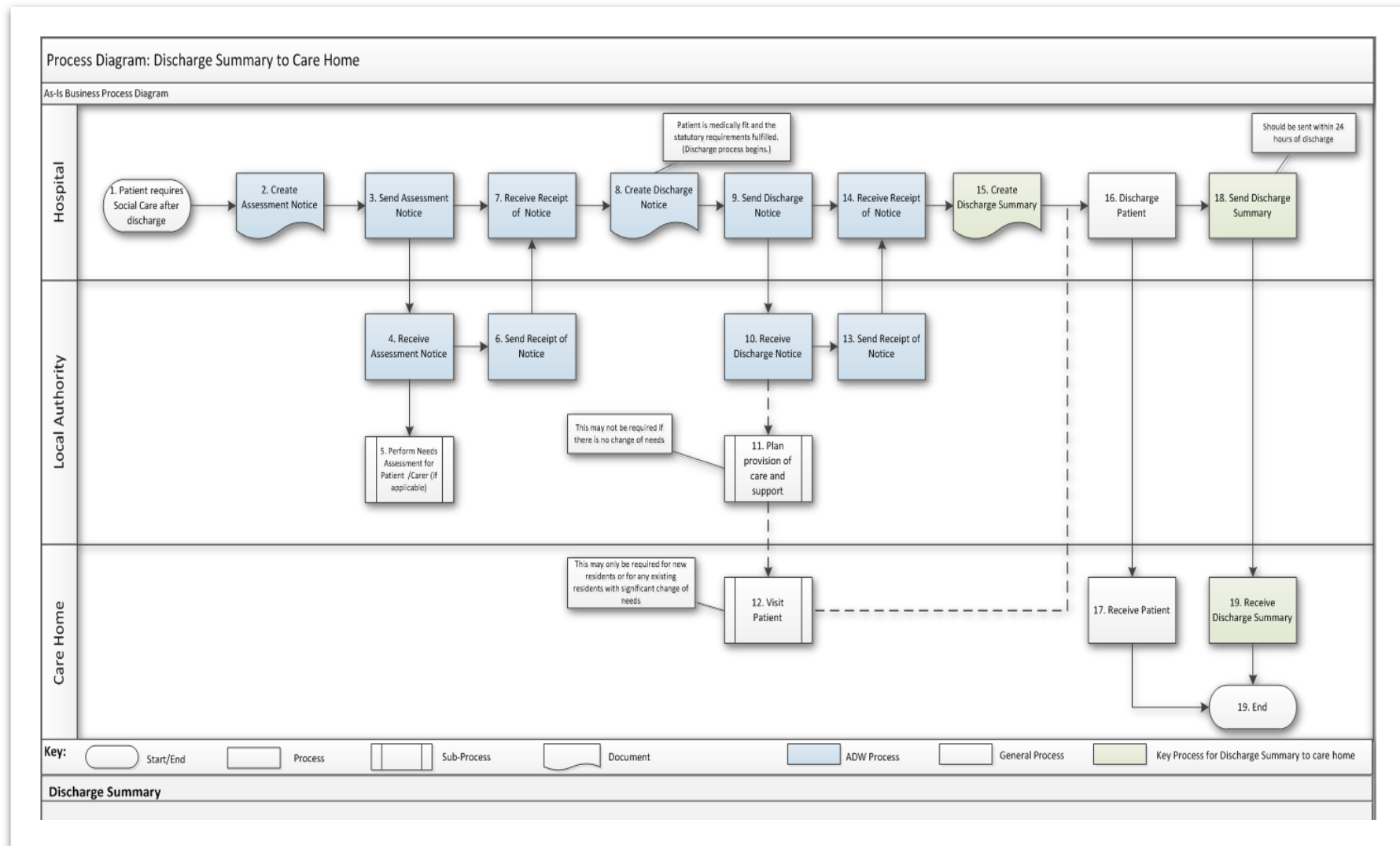
- Over 70,000 care home beds have electronic systems ready to connect (via two leading Care Suppliers)
- Utilising relevant national infrastructure to support e.g. Reasonable Adjustments Flag, National Record Locator, etc.
- Potential to include Ambulance services through spine mini service

Annex E – Digital Discharge Service and Standard

This service is driven by the statutory requirement for Hospitals to inform Local Authorities that an individual is about to be discharged and may require social care. It must happen before discharge can happen, and has a statutory information set that must be transferred securely.



Fax has been employed in a great scale to do this, on average it results in four faxes between hospitals and authorities but can be more. The boxes in the chart below show the Assessment, Discharge and Assessment Process (ADW) which the service replicates.



NHS Digital has created an information standard reflecting the statutory requirements, a FHIR technical standard and messaging specification for use with the Spine's Messaging service for social care and Health (MESH).

Link to the standard, and messaging service technical information:

<https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/scci2075-assessment-discharge-and-withdrawal-notice-between-hospitals-and-social-services>

<https://digital.nhs.uk/services/message-exchange-for-social-care-and-health-mesh>

<https://developer.nhs.uk/downloads-data/>

Through first of types we have assured Local Authority and Health System Suppliers to integrate the structured messaging into common IT systems. This is now live in the Wirral, Lancashire be operation in Dorset, Hackney and Hertfordshire by Spring 2020.

By March 2021 the standard will include an agreed wider information set, enabling single referral, and will be operation in the following areas across a similar geographic patch in the North West of the country. This is an exciting opportunity to test the benefits that are applicable to those patients who are working across boundaries.

Blackburn with Darwen Borough Council, Blackpool Council Bolton Council, Cheshire East Council, Cheshire West & Chester Council, Cumbria County Council, Knowsley Council, Lancashire County Council, Liverpool City Council, Rochdale Council, Rotherham Council, St Helens Council, Sefton Council, Stockport Council, Tameside Council, Trafford Council.

It is notable that the cost of development and first of type was in the region of £3m for five areas, and the Pathfinders will £800k for 16 areas. This cost is likely to continue to reduce as more suppliers adopt the service.

Benefit	Impact (term)
<i>Compliance with Care Act for ADW notices</i>	Short
<i>Reduced rate of delayed transfers of care attributable to Social Care</i>	Short
<i>Efficient ADW process</i>	Short
<i>Improved patient experience: Reduced median LoS (Length of Stay)</i>	Medium
<i>Improved Acute hospital ability to cope with demand</i>	Medium
<i>Reduced rate of Hospital acquired Infection</i>	Medium
<i>Improved citizen outcome: Reduced rate of Hospital acquired Infection</i>	Medium

In addition to the statutory information which was based on a minimum viable product, NHS Digital are working with local areas to expand the information that is covered by the standard; with the aim of moving towards not only a discharge process but also a referral process. This can only be achieved through iterative; user need based development.

Board Meeting – Public Session

Title of paper:	Directions & Mandatory Requests accepted by NHS Digital
Board meeting date:	05 February 2020
Agenda item no:	NHSD 19 05 06 (a) (P1)
Paper presented by:	Executive Office Secretariat
Paper prepared by:	Clare Kiernan, Senior Secretariat Support Manager
Paper approved by: (Sponsor Director)	Dean White, Board Secretary & Head of Corporate Governance
i. Purpose of the paper:	<p>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:</p> <p>Directions for Information:</p> <p>i. 111 Coronavirus</p>
Additional Documents and or Supporting Information:	None
Please specify the key risks and issues:	None
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:

Date of meeting	Brief description of the previous discussion
18 July 2018	Papers submitted to the Board for Information
17 October 2018	Papers submitted to the Board for Information
06 March 2019	Papers submitted to the Board for Information
05 June 2019	Papers submitted to the Board for Information
16 October 2019	Papers submitted to the Board for Information

Past & future timeline (include proposed dates of any publication)	
Date of meeting	Update to the Board on activity & next steps
17 July 2019	<p>All CEO accepted Directions will be submitted to the Public Board as papers for information.</p> <p>This item will be a standing agenda on all Public Board meetings.</p>
Other key milestones:	
Not Applicable	

Executive sign off	
What level of approval does the paper have for presentation to the Committee?	CEO acceptance of all Directions and Mandatory requests.

DIRECTIONS

NATIONAL HEALTH SERVICE, ENGLAND

The NHS Digital (Establishment of Information Systems for NHS Services: **111 Coronavirus Daily Sitrep Data** Directions 2020

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), section, 260(2)(d) and section 304(9), (10) and (12) of the Health and Social Care Act 2012².

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 (111 Coronavirus Daily Sitrep Data Directions 2020) and come into force on the date signed.

(2) In these Directions—

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

“**Specification**” means **111 Coronavirus Daily Sitrep Data Collection Specification** version 1 attached to these Directions or any subsequent amended version of the same document, (provided this remains within the confines of the scope set out in these Directions) approved in writing by NHS England which supersedes any previous version.

“**Relevant Organisation**” means 111 providers.

Establishing and Operating Information Systems for “111 Coronavirus Daily Sitrep Data Collection” Data

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 and analysis of information described in sub-paragraph (2) from Relevant Organisations, such system to be known as “**111 Coronavirus Daily Sitrep Data**” Information System.

(2) The information referred to in sub-paragraph (1) is set out in the 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.

(4) In accordance with section 260(2)(d) of the 2012 Act, NHS England directs NHS Digital not to publish information obtained by complying with these Directions.

Analysis and Reporting

4 – (1) Pursuant to NHS England’s powers under 254(1) and 254(6) of the 2012 Act, NHS Digital is further directed to analyse the data collected pursuant to these Directions, in accordance with the Specification.

(2) In accordance with section 261(2)(e) of the 2012 Act, NHS Digital may exercise its power to disseminate information to NHS England under s261(1) to support the purpose of these Directions, as set out in the Specification.

Requirement for these Directions

5.—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

6 — 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.

7.— NHS Digital must keep proper accounts, and proper records in relation to the accounts, in connection with the **111 Coronavirus Daily Sitrep Data Collection** Information System.

Review of these Directions

8. — 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.

Duration

9. —NHS Digital is directed to operate the **111 Coronavirus Daily Sitrep Data Collection** Information System (the Directed Function) unless and until instructed in writing by an authorised officer of NHS England on reasonable notice to suspend and/or permanently cease the Directed Function. Where a Directed Function is to cease, such written request will also contain a direction to revoke these Directions in accordance with the timescales and arrangements to be agreed with NHS Digital.

Signed by authority of NHS England

Address:
NHS England
Quarry House
Leeds
LS2 7UE



Prof S Powis
Caldicott Guardian

January 2020

ANNEX

Annex A

Specification

Specification - 111
Coronavirus Daily Si

Directions

Executive Management Team Cover Note: 111 Coronavirus Daily Sitrep Data Directions 2020

Date of EMT meeting:	By email		
Sponsor Director:	Jem Rashbass, Executive Director of Data Services Directorate		
Author:	Richard Irvine, Head of Data Management.		
Recommended Outcome:	EMT's approval for NHS England to issue the Directions to NHS Digital for collection of 111 Coronavirus Daily Sitrep and recommendation that the Accounting Officer accepts the Directions		
Patient/Public Interest Statement:	Indirect		
Circulation:	EMT		
Summary of data to be collected and from whom:	Non-identifiable data about 111 coronavirus activity levels.		
	Aggregate data ¹	Non-personal ²	Non-confidential ³
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Will information be disseminated? If so to whom?	To the NHS England National Emergency Preparedness, Resilience and Response Unit, via the NHS England and NHS Improvement Performance Analysis Team		
Supplementary papers:	<ul style="list-style-type: none"> 111 Coronavirus Daily Sitrep Directions Specification – 111 Coronavirus Daily Sitrep 		
Date that Direction or Request is effective from:	From the date signed		

¹ **Aggregate data** - counts, e.g. the number of operations carried out for condition Z, but could be identifying information if there are small numbers of individuals with condition Z

² **Non-personal data** - information that does not relate to individuals

³ **Non-confidential data** - information that does not relate to individuals and is not otherwise sensitive, e.g. it is not commercially confidential

Checklist for Directions and Requests (please note – all of the following sections must be completed along with the cover sheet)

Data Protection Officer sign-off?	<p>Yes <input checked="" type="checkbox"/></p> <p>Wed 29/01/2020 11:48</p> <p>Dear Richard,</p> <p>This email confirms that I have reviewed the papers for this direction and am content for them to go forward to CoreEMT.</p> <p>Best wishes</p> <p>Magi</p> <p>Magi (Ifeoma) Nwolie LLB(Hons) Principal IG Specialist and Associate Data Protection Officer (DPO) DPO and IG Compliance Team magi.nwolie@nhs.net 07901 711083 0113 397 4479 nhsdigital.dpo@nhs.net</p>
Unified Asset Register entry obtained?	<p>Yes <input checked="" type="checkbox"/></p> <p>IAR0000860</p>
Completed Data Protection Impact Assessment Screening Questionnaire?	<p>Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>Completed and confirmed no personal data will be collected</p>
Will the system storing the data have a System Level Security Policy?	<p>Yes <input checked="" type="checkbox"/></p>
Has the financial implications section of the direction briefing paper been assured by Carl Vincent prior to submission?	<p>Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>There are no financial implications</p>
Has consultation been carried out with relevant organisations?	<p>Yes <input checked="" type="checkbox"/></p>
Has a Data Provision Notice (DPN) been drafted?	<p>Yes <input checked="" type="checkbox"/></p>
If information is being disseminated, which power under the Health and Social Care Act 2012 is being used?	<p>Dissemination of information to NHS England under section 261(2)(e) of the Act</p>
Are there any restrictions on publication or dissemination?	<p>Publication Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
	<p>Dissemination Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

Contents

1	Executive Summary	4
2	Background	4
3	The Proposal	4
3.1	Collection, analysis and linkage	4
3.2	Publication and dissemination	5
4	Implications	6
4.1	Strategy Implications	6
4.2	Financial Implications	6
4.3	Information Governance Implications	6
4.4	Stakeholder Implications	6
4.5	Handling	7
4.6	Workforce Implications	7
5	Risks and Issues	8
6	Next Steps	8
6.1	Management Responsibility	8
7	Actions Required of EMT	8
8	Annex A – Directions	9

1 Executive Summary

NHS England is proposing to direct NHS Digital to take responsibility for the collection of Coronavirus activity from NHS 111 providers.

The Integrated Urgent Care (IUC) policy team and NHS England National Emergency Preparedness, Resilience and Response Unit (EPRR) need oversight of 111 coronavirus activity levels. This collection will help the NHS to understand the current state of the system and understand where future support and interventions may be required to ensure continued safe patient services.

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

2 Background

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). A novel coronavirus (nCoV) is a new strain that has not been previously identified in humans.

Coronaviruses are zoonotic, meaning they are transmitted between animals and people. Common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.

At the point of writing there are currently no confirmed cases in the UK or of UK citizens abroad, and the risk to the public is low. The government is monitoring the situation closely and will continue to work with the World Health Organization (WHO) and international community.

3 The Proposal

Acceptance of the 111 Coronavirus Daily Sitrep Directions will help the NHS to understand the current state of the system and understand where future support and interventions may be required to ensure continued safe patient services.

3.1 Collection, analysis and linkage

3.1.1 The directing organisation

The Directions will be issued by NHS England.

3.1.2 Collection

- The following aggregate counts will be collected from all (15 organisations) 111 providers, as follows:

111 Coronavirus collection Directions

- Number of callers self-declaring they are unwell and have been in the region in the last 14 days.
 - Number of self-declaring callers transferred to a clinician
 - Number of self-declaring callers resulting in an ambulance disposition
 - Number of self-declaring callers resulting in an A&E disposition
 - Number of self-declaring callers resulting in a speak to PC disposition
 - Number of self-declaring callers resulting in a referral to any other service
 - Number of self-declaring callers resulting in a self-care disposition
 - Number of self-declaring callers resulting in any other outcome
 - Number of calls resulting in coronavirus SG/SD code
- The information will be collected from 111 Providers, split by contract area, using NHS Digital's Strategic Data Collection Service (SDCS).
 - Data will be collected from relevant organisations each working day (i.e. Monday to Friday). There may, in future, be a need to expand to cover weekends, but this is not part of the current requirement.
 - Each day the collection runs, organisations will need to make their submission between 8:00 and 09:00, and organisations will be reporting activity relating to the previous day – so on Wednesday morning, for example, organisations will be reporting activity for the 24 hour period ending at midnight Tuesday night. On a Monday, organisations will need to report for Friday, Saturday and Sunday. This is in line with current practice for 111 providers and falls in line with the Daily 111 reporting cycle.
 - The collection is expected to commence daily from Friday 31 January 2020.
 - Collected data will then be loaded into NHS Digital's Data Management Environment (DME) where all subsequent processing will take place.
 - Data will be disseminated, via NHS Digital's Secure Electronic File Transfer (SEFT) Solution to the NHS England National Emergency Preparedness, Resilience and Response Unit, via the NHS England and NHS Improvement Performance Analysis Team.

3.1.3 Linkage

No linkage will be required.

3.1.4 Analysis

Once data has been collected, validated and processed, NHS Digital will disseminate data to the NHS England and NHS Improvement Performance Analysis Team who will provide basic analysis for the NHS England National Emergency Preparedness, Resilience and Response Unit. This analysis will help the NHS to understand the current state of the system and understand where future support and interventions may be required to ensure continued safe patient services. NHS Digital is not therefore required to undertake this analysis.

3.2 Publication and dissemination

3.2.1 Publication

By virtue of Health and Social Care Act 2012 section 260(2)(d), none of the collected information is to be published – this is restricted confidential information to be collected and shared with NHS England for analysis being carried out by NHS England in advance of any response required by the NHS.

111 Coronavirus collection Directions

3.2.2 Dissemination

Information relating to 111 Coronavirus activity will be shared with NHS England National Emergency Preparedness, Resilience and Response Unit, via the NHS England and NHS Improvement Performance Analysis Team under sections 261(1) and (2)(e) of the Health and Social Care Act 2012.

4 Implications

4.1 Strategy Implications

There are no direct strategy implications.

4.2 Financial Implications

There are no direct financial implications. The activity will be conducted within existing resource.

4.3 Information Governance Implications

This proposal has been reviewed and received sign-off from the Office of the Data Protection Officer.

4.3.1 Impact on individuals' privacy

No personal data, sensitive or confidential data types were identified in the Data Protection Impact Assessment (DPIA) screening questionnaire. Whilst there may be small numbers but there is no risk of disclosure of personal data given the nature of the data being collected. The asset register also records this as non-personal data, therefore the collection is considered out of scope of data protection legislation.

4.3.2 Information Asset Owner

The Information Asset Owner (IAO) for the linked dataset is Richard Irvine, Head of Data Management.

4.3.3 Unified Register

The 111 Coronavirus dataset is recorded on the Unified Register and carries a reference of IAR0000860.

4.3.4 Data Provision Notice

Due to the timescales for commencing the collection, the small number of providers, and that this is an aggregate collection, 111 provider organisations will be contacted directly regarding the instruction to supply data for the 111 Coronavirus Daily Sitrep under s259 of the Health and Social Care Act 2012. A Data Provision Notice (DPN) will however be produced and published with the Direction for Transparency.

4.4 Stakeholder Implications

The following stakeholders will be impacted by this Direction:

111 Coronavirus collection Directions

- 111 Providers – who will be supplying data;
- NHS England by undertaking monitoring of 111 Coronavirus activity;
- Professor Stephen Powis by requesting these Directions; 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.

4.4.1 Consultation

The NHS England Integrated Urgent Care (IUC) policy team have consulted with 111 providers, the NHS England National Emergency Preparedness, Resilience and Response Unit (EPRR) and NHS Digital in advance of this collection.

Other options for obtaining information have been explored, such as deriving data from existing flows, e.g. Pathways data or the Emergency Care Dataset (ECDS).

Further options will continue to be reviewed as the collection progresses.

4.5 Handling

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

Once data is collected, it is processed by NHS Digital's Data Management Service and supplied in the form of aggregate output to NHS England. The aggregated data will be supplied to NHS England under section 261(4) of the Health and Social Care Act 2012.

NHS Digital are directed 'not to publish' the data it obtains, therefore media interest relating to publication of findings is not expected, accepting that the prohibition on publication only applies to NHS Digital. However, lines to take will be agreed as media interest in the number of cases in the UK may be high. In addition, NHS Digital's Freedom of Information (FOI) team will be briefed regarding the prohibition should there be any FOI requests for this information.

4.6 Workforce Implications

The implications to the workforce are minimal.

The Data Management Service has mature processes in place to ingest, link and process data, with associated sunk technology costs. This Service supports approximately 200 active national dataflows and in excess of 12,000 disseminations of data each year and this activity falls within the pattern of existing delivery.

Therefore, this will create a slight increase in activity for the NHS Digital Data Management Service during financial year 2019/20 (and possibly 2020/21), but as this is a one-off activity it will be absorbed by the service. In addition, this creates a slight increase in activity for Executive Leadership support to agree governance.

5 Risks and Issues

Risk: Reputational risk to DHSC, NHS England and NHS Improvement if arrangements are not in place to prepare for increase in activity as a result of Coronavirus.

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

Risk: There is a risk that the cost of running this collection could rise exponentially, either if there is a requirement to continue for a substantial period, or if changes to the collection process are frequently requested.

Mitigation: through planning and the acceptance of this Direction, NHS Digital have received assurance from NHS England that full requirements have been gathered and the approach has received final approval.

6 Next Steps

Once the Accounting Officer has accepted the Directions following a recommendation from Core EMT, NHS England will issue the Directions to NHS Digital enabling NHS Digital to launch the collection work in time to meet the timescales set out through this work.

6.1 Management Responsibility

Jem Rashbass, Executive Director of Data Services Directorate 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 Core EMT is asked to note and recommend that the Accounting Officer accepts these Directions after which the Directions will be signed by NHS England and issued to NHS Digital.

8 Annex A – Directions



DIRECTIONS

NATIONAL HEALTH SERVICE, ENGLAND

The NHS Digital (Establishment of Information Systems for
NHS Services: **111 Coronavirus Daily Sitrep Data**
Directions 2020

The National Health Service Commissioning Board (known as NHS England) gives the following Directions to the Health and Social Care Information Centre⁴, now known as and hereafter referred to as NHS Digital, in exercise of the powers conferred by section 254(1) and (6), section, 260(2)(d) and section 304(9), (10) and (12) of the Health and Social Care Act 2012⁵.

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 (111 Coronavirus Daily Sitrep Data Directions 2020) and come into force on the date signed.

(2) In these Directions—

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

“**Specification**” means **111 Coronavirus Daily Sitrep Data Collection Specification** version 1 attached to these Directions or any subsequent amended version of the same document, (provided this remains within the confines of the scope set out in these Directions) approved in writing by NHS England which supersedes any previous version.

⁴ 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

⁵ 2012 c.7

111 Coronavirus collection Directions

“**Relevant Organisation**” means 111 providers.

Establishing and Operating Information Systems for “111 Coronavirus Daily Sitrep Data Collection” Data

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 and analysis of information described in sub-paragraph (2) from Relevant Organisations, such system to be known as “**111 Coronavirus Daily Sitrep Data**” Information System.

(2) The information referred to in sub-paragraph (1) is set out in the 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.

(4) In accordance with section 260(2)(d) of the 2012 Act, NHS England directs NHS Digital not to publish information obtained by complying with these Directions.

Analysis and Reporting

4 – (1) Pursuant to NHS England’s powers under 254(1) and 254(6) of the 2012 Act, NHS Digital is further directed to analyse the data collected pursuant to these Directions, in accordance with the Specification.

(2) In accordance with section 261(2)(e) of the 2012 Act, NHS Digital may exercise its power to disseminate information to NHS England under s261(1) to support the purpose of these Directions, as set out in the Specification.

Requirement for these Directions

5.—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

6 — 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.

7.— NHS Digital must keep proper accounts, and proper records in relation to the accounts, in connection with the **111 Coronavirus Daily Sitrep Data Collection** Information System.

Review of these Directions

8. — 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.

Duration

9. —NHS Digital is directed to operate the **111 Coronavirus Daily Sitrep Data Collection** Information System (the Directed Function) unless and until instructed in writing by an authorised officer of NHS England on reasonable notice to suspend and/or permanently cease the Directed Function. Where a Directed Function is to cease, such written request will also contain a direction to revoke these Directions in accordance with the timescales and arrangements to be agreed with NHS Digital.

Signed by authority of NHS England

Address:
NHS England
Quarry House
Leeds
LS2 7UE

Prof S Powis
Caldicott Guardian

January 2020

Document filename:	Specification for 111 Coronavirus Daily Sitrep Data Collection		
Project / Programme	Project		
Document Reference	TBC		
Project Manager	Richard Irvine	Status	Draft
Owner		Version	0.2
Author		Version issue date	[Publish Date]

111 Coronavirus Daily Sitrep Data Collection Specification

Document management

Revision History

Version	Date	Summary of Changes
0.1	28/01/2020	First draft
0.2	29/01/2020	Minor changes to publication section

Reviewers

This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
Richard Irvine	Head of Data Management	28/01/2020	0.1
Magi Nwolie	Principal IG Specialist and Associate DPO	28/01/2020	0.1

Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version

Glossary of Terms

Term / Abbreviation	What it stands for

Document Control:

The controlled copy of this document is maintained in the NHS Digital corporate network. Any copies of this document held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Purpose of document

This document sets out the requirements for the 111 Coronavirus Daily Sitrep data collection and should be read alongside the:

- 111 Coronavirus Daily Sitrep Directions issued by NHS England.

Purpose of the collection

The Integrated Urgent Care (IUC) policy team and Emergency Preparedness, Resilience and Response (EPRR) team need oversight of 111 coronavirus activity levels. This collection will help to understand the current state of the system and understand where future support and interventions may be required to ensure continued safe patient services.

Data collection

Scope

England

Source

All 111 providers. The data will be collected by provider, split by contract area, in the same way as the weekly 111 Minimum Data Set (MDS).

Category

The following aggregate counts will be collected from all (15 organisations) 111 providers, as follows:

1. Number of callers self-declaring they are symptomatic and have either travelled to the defined WH-CoV risk area or been in direct contact with a diagnosed case of coronavirus within the last 14 days
2. Of those callers included in question 1, the number transferred to a clinician
3. Of those callers included in question 1, the number resulting in an ambulance disposition
4. Of those callers included in question 1, the number resulting in an A&E disposition
5. Of those callers included in question 1, the number resulting in a Primary Care disposition
6. Of those callers included in question 1, the number resulting in a referral to any other service
7. Of those callers included in question 1, the number of resulting in a self care disposition
8. Of those callers included in question 1, the number resulting in any other outcome

Note that the data items 3 to 8 should sum to the value submitted for data item 1. The Integrated Urgent Care Aggregate Data Collection (IUC ADC) Disposition Code (Dx) mapping document (which can be found here <https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-111-minimum-data-set/>) should be used to map Dx codes to data items 3 to 8 above in the following way:

Daily 111 Coronavirus line number	Daily 111 Coronavirus data item	IUC ADC Line number	IUC ADC description
3	Of those callers included in question 1, the number resulting in an ambulance disposition	45	Number of emergency ambulance dispositions at the end of the service advisor input
4	Of those callers included in question 1, the number resulting in an A&E disposition	46	Number of callers recommended to attend an ED at the end of the service advisor input
5	Of those callers included in question 1, the number resulting in a Primary Care disposition	48	Number of callers recommended to contact primary care services at the end of the service advisor input - bookable
		49	Number of callers recommended to contact primary care services at the end of the service advisor input - non-bookable
		50	Number of callers recommended to speak to primary care services at the end of the service advisor input
6	Of those callers included in question 1, the number resulting in a referral to any other service	54	Number of callers recommended to attend another service at the end of the service advisor input
7	Of those callers included in question 1, the number of resulting in a self care disposition	55	Number of callers recommended self-care at the end of the service advisor input
8	Of those callers included in	Any caller not captured elsewhere	

Frequency

Data will be collected from relevant organisations each working day (i.e. Monday to Friday). There may be a need to expand to cover weekends, but this is not part of the current requirement.

Each day the collection runs, organisations will need to make their submission between 8:00 and 09:00, and organisations will be reporting activity relating to the previous day – so on Wednesday morning, for example, organisations will be reporting activity for the 24 hour period ending at midnight Tuesday night. On a Monday, organisations will need to report for Friday, Saturday and Sunday.

The collection is expected to commence daily from Friday 31 January 2020.

Analysis

Internal processing

NHS Digital will validate the data

Data linkage

No linkage will be carried out

Consultation

The NHS England Integrated Urgent Care (IUC) policy team have consulted with the NHS England National Emergency Preparedness, Resilience and Response Unit (EPRR) and NHS Digital in advance of this collection.

Other options for obtaining information have been explored, such as deriving data from existing flows, e.g. Pathways data or the Emergency Care Dataset (ECDS). Further options will continue to be reviewed as the collection progresses.

Dissemination/Sharing

Regular Dissemination/Sharing

The data will be disseminated via NHS Digital's Secure Electronic File Transfer (SEFT) Solution to the NHS England and NHS Improvement Performance Analysis Team who will provide basic analysis for the NHS England National Emergency Preparedness, Resilience and Response Unit. This analysis will help the NHS to understand the current state of the system and understand where future support and interventions may be required to ensure continued safe patient services.

Data Access Request Service (DARS)

None

Publication

Data to be published

None, this is a restricted confidential analysis being carried out in advance of any response required by the NHS.

Data prohibited from being published

By virtue of Health and Social Care Act 2012 section 260(2)(d), none of the information obtained under the Direction is to be published – this is a restricted confidential collection, and analysis will be carried out by NHS England in advance of any response required by the NHS.

System Delivery Function

No new systems are required, the information will be collected from 111 Providers using NHS Digital's Strategic Data Collection Service (SDCS).

The collected data will be loaded into NHS Digital's Data Management Environment (DME) where all subsequent processing will take place.

Change control process

Changes to this Specification will be managed in conjunction with NHS England within the confines of the Direction.

Board Meeting – Public Session

Title of paper:	Forthcoming Statistical Publications
Board meeting date:	05 February 2020
Agenda item no:	NHSD 19 05 07 (a) P1
Paper presented by:	N/A - For information
Paper prepared by:	Chris Roebuck, Chief Statistician
Paper approved by: (Sponsor Director)	Tom Denwood Executive Director of Data, Insights and Statistics.
Purpose of the paper:	This paper describes NHS Digital Official (and National) Statistics publications planned for publication in February and March 2020 and web coverage for those publications released in November and December 2019.
Additional Documents and or Supporting Information:	N/A
Please specify the key risks and issues:	N/A
Patient/public interest:	Overview of NHS Digital Statistical Publications
Supplementary papers:	N/A
Actions required by the Board:	For information

CEO Approval of paper (compulsory)

Is CEO Review and or Clearance required?	Yes
Version Control:	1.0
Date paper approved by CEO:	30/01/2020
Version number of paper approved by CEO:	1.0

History of the subject (compulsory)

Previous and proposed discussion by the committee:	
Date of meeting	Brief description of the previous discussion

Past & future timeline (include proposed dates of any publication)	
Date of meeting	Update to the Committee on activity & next steps
Other key milestones:	

Executive sign off	
What level of approval does the paper have for presentation to the Committee?	CEO

Official



NHS Digital Statistical Publications

Author: Chris Roebuck

Published 05 February 2020

**Information and technology
for better health and care**

Copyright © 2019

Health and Social Care Information Centre.

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

Contents

Executive Summary	3
Background	3
Forthcoming and recently released publications	4
Official and National statistics	4
User activity	6
November 2019	7
December 2019	8
Highlighted publication from period	9
Recommendation	10
Implications	10
Strategy Implications	10
Financial Implications	10
Stakeholder Implications	10
Handling	10
Risks and Issues	10
Corporate Governance and Compliance	10
Management Responsibility	10
Actions Required of the Board	10

Executive Summary

This paper describes:

- NHS Digital Official (and National) Statistics publications planned for publication in February 2020 and March 2020;
- Web coverage for those publications released in November and December 2019.

Background

As at 01 April 2019, NHS Digital is responsible for 85 active (currently published or planned for future release) series of Official Statistics of which 34 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 2018/19 financial year, NHS Digital published 287 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).

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.

User activity figures are provided two months in arrears, November and December 2019, as the web data is still being collected for the previous and current month, January and February 2020.

Forthcoming and recently released publications

Official and National statistics

February 2020

New releases: Emergency Department (ED) attendance following Pathways NHS111 calls

Biennial: None planned for February 2020

Annual:

04/02/2020 Statistics on Alcohol, England 2020

13/02/2020 Finalised Patient Reported Outcome Measures (PROMs) in England for Hip and Knee Replacement Procedures (April 2018 to March 2019)

27/02/2020 Personal Social Services: Staff of Social Services Departments, England 2019

Biannual:

27/02/2020 Independent Healthcare Provider Workforce Statistics September 2019, Experimental

27/02/2020 NHS Vacancy Statistics England February 2015 - December 2019, Experimental Statistics

Quarterly:

13/02/2020 Provisional Quarterly Patient Reported Outcome Measures (PROMs) in England for Hip and Knee Replacement Procedures (April 2019 to September 2019)

20/02/2020 NHS Outcomes Framework Indicators February 2020 release

27/02/2020 Female Genital Mutilation October 2019 - December 2019

27/02/2020 General Practice Workforce 31 December 2019

27/02/2020 NHS Dental Statistics for England 2019-20, Biannual Report [PAS]

27/02/2020 Statistics on Women's Smoking Status at Time of Delivery: England Quarter 3, 2019-20

Monthly:

13/02/2020 Community Services Statistics for Children, Young People and Adults October 2019

13/02/2020 Out of Area Placements in Mental Health Services November 2019

13/02/2020 Mental Health Services Monthly Statistics Final November, Provisional December 2019

13/02/2020 Patients Registered at a GP Practice February 2020

13/02/2020 Provisional Accident and Emergency Quality Indicators for England December 2019, by provider

13/02/2020 Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data April 2019 - December 2019 (M09)

13/02/2020 Psychological Therapies: reports on the use of IAPT services, England November 2019 Final including reports on the IAPT pilots

13/02/2020 Recorded Dementia Diagnoses January 2020

- 13/02/2020 Summary Hospital-level Mortality Indicator (SHMI) Deaths associated with hospitalisation, England, October 2018 - September 2019
- 20/02/2020 Learning Disability Services Monthly Statistics (AT: January 2020, MHSDS: November 2019 Final)
- 27/02/2020 Appointments in General Practice January 2020
- 27/02/2020 Maternity Services Monthly Statistics November 2019, experimental statistics
- 27/02/2020 NHS Sickness Absence Rates October 2019, Provisional Statistics
- 27/02/2020 NHS Workforce Statistics November 2019

March 2020

New releases: None planned for March 2020

Biennial: None planned for March 2020

Annual:

05/03/2020 General Ophthalmic services workforce statistics 31 December 2019

Biannual: None planned for March 2020

Quarterly:

19/03/2020 CCG Outcomes Indicator Set March 2020 release

05/03/2020 Data on written complaints in the NHS 2019-20 Quarter 3

26/03/2020 NHS Staff Earnings Estimates December 2019, Provisional Statistics

Monthly:

12/03/2020 Community Services Statistics for Children, Young People and Adults November 2019

12/03/2020 Mental Health Services Monthly Statistics Final December 2019, Provisional January 2020

12/03/2020 Out of Area Placements in Mental Health Services December 2019

12/03/2020 Patients Registered at a GP Practice March 2020

12/03/2020 Provisional Accident and Emergency Quality Indicators for England January 2020, by provider

12/03/2020 Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data April 2019 - January 2020 (M10)

12/03/2020 Psychological Therapies: reports on the use of IAPT services, England December 2019 Final including reports on the IAPT pilots and Quarter 3 2019-20 data

12/03/2020 Recorded Dementia Diagnoses February 2020

12/03/2020 Summary Hospital-level Mortality Indicator (SHMI) Deaths associated with hospitalisation, England, November 2018 - October 2019

19/03/2020	Learning Disability Services Monthly Statistics (AT: February 2020, MHSDS: December 2019 Final)
26/03/2020	Appointments in General Practice February 2020
26/03/2020	Maternity Services Monthly Statistics December 2019, experimental statistics
26/03/2020	NHS Sickness Absence Rates November 2019, Provisional Statistics
26/03/2020	NHS Workforce Statistics December 2019

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.

February 2020

06/02/2020	National Diabetes Audit Care Processes and Treatment Targets, January to September 2019
13/02/2020	National Diabetes Audit Diabetes Prevention Programme- Quarterly Report: January to September 2019.

March 2020

None planned for March 2020

User activity

The following tables show web figures for Official (and National) Statistics released by NHS Digital in November and December 2019. 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.

Figures are extracted from Google Analytics only after 2 weeks have passed since the last publication of the month, as historically that is when most publications “views” level off, and it allows us to compare against previous releases.

November 2019

Publication	Date	Unique page views within 2 weeks
General Pharmaceutical Services, in England 2008/09 - 2018/19	07/11/2019	219
Prescribing for diabetes in England, 2008/09 - 2018/19	07/11/2019	185
Summary Hospital-level Mortality Indicator (SHMI), Deaths associated with hospitalisation, England, July 2018 - June 2019	14/11/2019	453
Autism Statistics, Autism Statistics	14/11/2019	629
Community Services Statistics, July 2019	14/11/2019	121
Mental Health Services Monthly Statistics, Final August, Provisional September 2019	14/11/2019	556
Out of Area Placements in Mental Health Services, August 2019	14/11/2019	197
Psychological Therapies: reports on the use of IAPT services, England, August 2019 Final including reports on the IAPT pilots	14/11/2019	378
Prescribing Costs in Hospitals and the Community, 2018 - 2019	14/11/2019	412
Patients Registered at a GP Practice, November 2019	14/11/2019	681
Provisional Accident and Emergency Quality Indicators for England, September 2019, by provider	14/11/2019	222
Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data, April 2019 - September 2019 (M06)	14/11/2019	215
Recorded Dementia Diagnoses, October 2019	19/11/2019	538
NHS Outcomes Framework Indicators, November 2019 release	21/11/2019	1281
Learning Disability Services Monthly Statistics, (AT: October 2019, MHSDS: August 2019 Final)	21/11/2019	292
Cervical screening programme, England, 2018-19	21/11/2019	592
Mental Capacity Act 2005, Deprivation of Liberty Safeguards, England, 2018-19	21/11/2019	1630
NHS Sickness Absence Rates, July 2019, Provisional Statistics	21/11/2019	395
NHS Workforce Statistics, August 2019	21/11/2019	1216
Female Genital Mutilation, July-September 2019	28/11/2019	407
Maternity Services Monthly Statistics, August 2019, experimental statistics	28/11/2019	240
Mental Health Bulletin, 2018-19 Annual report	28/11/2019	521
Statistics on Drug Misuse, England, 2019	28/11/2019	1113
Statistics on Women's Smoking Status at Time of Delivery: England, Quarter 2, 2019-20	28/11/2019	484
Appointments in General Practice, October 2019	28/11/2019	282
General Practice Workforce, September 2019	28/11/2019	846
General Practitioner Workforce in Alternative Settings, July 2019 - September 2019, Experimental Statistics	28/11/2019	90
NHS Vacancy Statistics England, February 2015 - September 2019, Experimental Statistics	28/11/2019	698

December 2019

Publication	Date	Unique page views within 2 weeks
Health Survey for England, 2018	03/12/2019	2703
Data on written complaints in the NHS, 2019-20 Quarter 2	05/12/2019	164
Safeguarding Adults, England, 2018-19	10/12/2019	786
Deferred Payment Agreements, 2018-2019	10/12/2019	75
CCG Outcomes Indicator Set, December 2019 release	13/12/2019	247
Summary Hospital-level Mortality Indicator (SHMI), Deaths associated with hospitalisation, England, August 2018 - July 2019	13/12/2019	391
Community Services Statistics, August 2019	13/12/2019	94
Mental Health Services Monthly Statistics, Final September, Provisional October 2019	13/12/2019	464
Out of Area Placements in Mental Health Services, September 2019	13/12/2019	223
Psychological Therapies: reports on the use of IAPT services, England, September 2019 Final including reports on the IAPT pilots and Quarter 2 2019-20 data	13/12/2019	328
Patients Registered at a GP Practice, December 2018	13/12/2019	488
Recorded Dementia Diagnoses, November 2019	13/12/2019	328
Provisional Accident and Emergency Quality Indicators for England, October 2019, by provider	13/12/2019	118
Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data, April 2019 - October 2019 (M07)	13/12/2019	94
Learning Disability Services Monthly Statistics, (AT: November 2019, MHSDS: September 2019 Final)	19/12/2019	117
Appointments in General Practice, November 2019	19/12/2019	245
Breast Screening Programme, England, Provisional Statistics 2018-19	19/12/2019	98
NHS Sickness Absence Rates, August 2019, Provisional Statistics	19/12/2019	161
NHS Staff Earnings Estimates, September 2019, Provisional statistics	19/12/2019	108
NHS Workforce Statistics, September 2019	19/12/2019	488

Highlighted publication from period

In each paper we will highlight a specific publication that took place over the period. This month we are highlighting:

Health Survey for England 2018 – Published 3rd December 2019

The Health Survey for England (HSE) is a long running survey that has been monitoring trends in the nation's health and care since 1993. It provides information about adults (age 16 and over) and children (age 0 to 15) living in private households in England. The survey consists of an interview, followed by a visit from a nurse who takes some measurements and blood and saliva samples. In 2018, just over 10,000 adults and children were interviewed, with nearly 6,000 having a nurse visit. These surveys release a range of health-related information and are used by many customers including those working in public health, the NHS, policy, academic research, the media and charities.

Some of the headlines from the 2018 publication included:

- 43% of adults and 16% of children had at least one longstanding medical condition.
- 17% of men and 18% of women aged 16 and over had ever had asthma diagnosed.
- 19% of men and 28% of women aged 65 and over had some unmet need with at least one Activity of Daily Living (these include 9 common activities such as: using the toilet, dressing and undressing, taking medicine).
- 27% of adults reported were classified as 'inactive', doing less than 30 minutes moderate or vigorous activity per week.
- Current smoking prevalence among adults has declines from 27% in 1993 to 17% in 2018

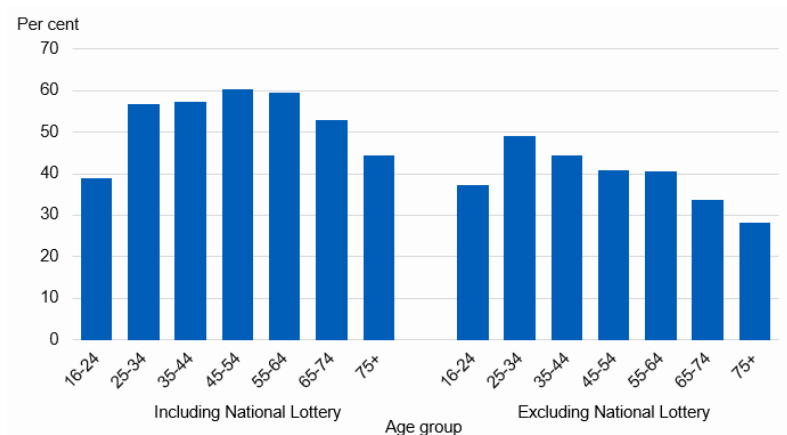


Figure 1: Gambling activity - participation variation by age

In 2018, 54% of adults had participated in some form of gambling activity, including the National lottery, during the previous 12 months. This falls to 40% when gambling on the National Lottery is excluded.

Recommendation

None – for information only.

Implications

Strategy Implications

These publications and their associated web coverage 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

All Official and National statistics publications adhere to the UK Statistics Authority’s Code of Practice for Statistics which fulfil our obligations as a producer of Official and National statistics.

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.

Board Meeting – Public Session

Title of paper:	CCIO7 Briefing
Board meeting date:	05 February 2020
Agenda item no:	NHS 19 05 07 b (P1)
Paper presented by:	Simon Eccles, NHSX Deputy CEO – Ex Officio
Paper prepared by:	Simon Eccles, NHSX Deputy CEO – Ex Officio
Paper approved by: (Sponsor Director)	Simon Eccles, NHSX Deputy CEO – Ex Officio
Purpose of the paper:	To update the Board on action ref NHSD 19 04 02c (i) from the 18 December 2019 Board meeting
Additional Documents and or Supporting Information:	N/A
Please specify the key risks and issues:	N/A
Patient/public interest:	N/A
Supplementary papers:	N/A
Actions required by the Board:	To note

CEO Approval of paper (compulsory)

Is CEO Review and or Clearance required?	Yes
Version Control:	0.1
Date paper approved by CEO:	31/01/2020
Version number of paper approved by CEO:	0.1

History of the subject (compulsory)

Previous and proposed discussion by the committee:	
Date of meeting	Brief description of the previous discussion

Past & future timeline (include proposed dates of any publication)	
Date of meeting	Update to the Committee on activity & next steps
Other key milestones:	

Executive sign off	
What level of approval does the paper have for presentation to the Committee?	

CCI07 Briefing to NHS Digital Board

Document Control

The controlled copy of this document is maintained by NHSX. Any copies of this document held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validation.

Document Filename	Core Interoperability Systems and Services		
Version	1.0	Status	Draft
Programme	Architecture, Standards and Interoperability		
Lead	Ian Townend	SRO	Gareth Thomas
Owner	Simon Eccles		
Lead Author(s)	Ian Townend, Lead Architect, NHSX		

Revision History

Version	Change notes	Author
0.1	Initial draft	IT
1.0	Incorporating comments from GT	IT

Contents

Overview	4
SNOMED CT	4
NHS Number	4
Medications	5
Bookings, Referrals and Appointments Management	5
Pathology	6
Observations	6
Staff ID and Staff Passport	6

Overview

The CCI07 are a set of interoperability priorities identified by the CCIO. These items are:

- NHS Number
- SNOMED CT
- Medications
- Pathology
- Booking, Appointments and Referrals
- Observations
- Staff ID

SNOMED CT

SNOMED CT is the only terminology available that provides clinical terms to support structured recording in patient records. It is an international terminology and the NHS has been instrumental in its creation and contributes to its maintenance and development.

Work has progressed well within general practice and all suppliers are now making use of SNOMED either through dual coding or primary use of SNOMED.

The next phase of work will focus on mental health. This was selected for a number of reasons:

- It is one of the NHSX priority areas
- There are a limited number of suppliers
 - Some of these suppliers overlap with the primary care market
- Work has already commenced via the Mental Health Services Dataset team

The work which has taken place so far has been focussed on support to improve the quality of the data submitted within the Mental Health Services Dataset (MHSDS). This has taken place through a number of workstreams outlined below and included awareness raising for the SNOMED ISN.

Work is focussed into streams for:

- Implementation
- Subset development
- Education and best practice guidance
- Awareness raising and support
- ALB collaboration e.g. CQC programme to address coding across mental health settings
- Data quality and data analysis
- Terminology server

NHS Number

Use of the NHS Number is already prevalent across the NHS at the point of sharing information. The overall objective of this element is to move the NHS forward to a point where the NHS Number is readily available and used at the point of care as the primary identifier attached to all clinical data on the patient.

Work is focussed into streams for:

- Update – understanding uptake of the NHS Number
- Access – ensuring access to the NHS Number and PDS is enabled
- Ubiquitous use – ensuring that the NHS Number is the primary identifier reducing the use of local identifiers
- Process – ensuring that the processes for obtaining an NHS Number are fit for purpose

Medications

The overall objective of this element is to establish a standard, fully computable interoperable medication message structure.

This can be used to support the transmission of medicines related information between care settings, support supply and related workflows and provide a standard for data extraction components.

Moving medication information around the system to support patient care has been identified as an essential element in the drive to support improvements in care delivery, efficiency, safety and patient experience. This should encompass information about a patient's complete prescription in a standard form – namely the medicine description and related formulation and dosing information.

Work is focussed into streams for:

- Messaging – dose syntax and FHIR resource development
- dm+d – improvements to the product itself and rollout across wider settings
- EPS iteration – improvements to EPS and expansion into other care settings

Bookings, Referrals and Appointments Management

The implementation of any to any appointment booking across all care settings. The primary objective is to provide an approach for the implementation of consistent appointment booking and scheduling across the wider care system. This will include the ability to book and view future appointments and the ability to amend appointments at different care settings. This includes the capability to access a patient's appointment history including those attended, cancelled or failed, at the point of care.

Across the NHS there are many patient appointments that are made across a number of care settings. These appointments are often resource inefficient and involve increased workload for staff. In many cases appointments are missed, not appropriate, require amending or in many cases cannot be made due to the system's inability to allow booking.

Work is focussed into streams for:

- Discovery – future direction for booking services
- Data mining and integration – analysis of appointments and bookings data and integration to the services
- Standards development – development of new FHIR standards for processes such as booking
- Alpha and beta implementations – implementations with service users

Pathology

The pathology work stream was created in 2018 with the overarching objective of sharing `basic` pathology results across health and care. In 2018-19, this programme of work defined three broad areas of information standards to meet future NHS needs for interoperability and secondary uses (e.g. analytics, Carter recommendations).

- Codes for test request & result names - Unified Test List (UTL) – catalogue of names of Pathology/lab test requests and results, based on SNOMED CT
- Unambiguous representation of Units of Measure – based on UCUM
- Messaging profile – based on HL7 FHIR

These information standards are also aligned to the standards that have been recommended by NHSX and are being consulted for feedback on by NHS Digital. The programme is also building links with the Royal College of Pathology to review work to date, consider new work streams (e.g. microbiology) and plan for implementation of new standards

Observations

This objective for this element is the definition and exchange of structured observations from clinical systems. The initial work identified the individual observations associated with the National Early Warning Score (NEWS2) and Paediatric Early Warning Score (PEWS). This work defines the data elements, terminology and structured messaging requirements for the different types of observations.

Work is focussed into streams for:

- Content development – FHIR and SNOMED specifications
- Supplier engagement – engaging with key suppliers of eObs solutions
- Implementation – working with provider organisations and other work programmes to make use of the standards
- Defining the future clinical observations which will be addressed by the programme

Staff ID and Staff Passport

The overall objective of this element 7 is the establishment of a single, consistent electronic staff identifier that can be used to identify staff across the Health and Care System. This will facilitate the capability for single sign-on to appropriate systems and enable assurance of staff read/write access to systems.

Clinical Staff undergo several identity and professional validation checks throughout their career. No one approach captures all aspects of identity in relation to ownership of the identity, professional and legal credentials and access to both local and national systems in a consistent manner. The purpose of this programme is to provide a set of modern methods for all of these aspects of identity to be captured and validated. These can then be exploited for clinical safety gains, productive time gains, and to support a flexible, portable workforce.

Work is focussed into streams for:

- Defining the inter-relationships and strategies across the different components of identity (NHS ID; Staff passporting; Active Directory; Single sign on technologies)
- Technology integration – feeds from other sources such as GMC, ESR and implementation of FIDO registration
- Implementation in clinical systems – uptake of the NHS Identity service
- User journeys – staff passport journeys
- Understanding relationships to and commitments within the NHS People Plan
- Standards development – standardisation of the staff passport

Board Meeting – Public Session

Title of paper:	Public Board FBS Schedule 2019-20
Board meeting date:	05 February 2020
Agenda item no:	NHSD 19 05 07 b (P1)
Paper presented by:	Board Secretariat
Paper prepared by:	Board Secretariat
Paper approved by: (Sponsor Director)	N/A
Purpose of the paper:	This paper details the Public Board meeting forward business schedule for the financial year 2019-20. Please note this schedule is subject to change.
Additional Documents and or Supporting Information:	N/A
Please specify the key risks and issues:	N/A
Patient/public interest:	Relevant to this meeting
Supplementary papers:	N/A
Actions required by the Board:	Indirect – Corporate Governance

CEO Approval of paper (compulsory)

Is CEO Review and or Clearance required?	NO
Version Control:	N/A
Date paper approved by CEO:	N/A
Version number of paper approved by CEO:	N/A

History of the subject (compulsory)

Previous and proposed discussion by the committee:	
Date of meeting	Brief description of the previous discussion

Past & future timeline (include proposed dates of any publication)	
Date of meeting	Update to the Committee on activity & next steps
Other key milestones:	

Executive sign off	
What level of approval does the paper have for presentation to the Committee?	

						Public Board Forward Business Schedule 2019-2020								
						Agenda								
Date of Meeting	Venue	Draft Submission	CEO Review	Paper Deadline	Publication Date	Title	Executive Director Sponsor	Business Lead	Paper or verbal Item	Time Requested	Paper and cover sheet received	Origin of Request	Additional Attendees	Notes
05 February 2020	TBC	15 January 2020	16 January 2020	22 January 2020	29 January 2020	Board Business and Governance								
						Register of Interests – for information	Chair	Secretariat	Paper	TBC	No	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.	No	
						Minutes of previous meeting – to ratify	Chair	Secretariat	Paper	TBC	No	Standard Board Governance Item	No	
						Matters Arising – for comment	Chair	N/A	verbal	TBC	N/A	Standard Board Governance Item	No	
						Progress on Action Points – for information	Chair	Secretariat	Paper	TBC	No	To share an update on open action points from previous meetings for information.	No	
						Statutory Business Items								
						Governance and Assurance								
						Business Plan Update	James Hawkins	Akatu Ikwe, Head of Business Intelligence	Paper	TBC	No	To report on the delivery status of the NHS Digital Business Plan 2018-19 and budget position	TBC	This item will be covered in the finance section of the performance pack.
						Social Care	Ian Lowry	James Palmer	Paper	TBC				
						NHS Login - Single Sign On	Andrew Meyer	TBC	Paper	TBC				
						Strategic Operational Delivery and Performance								
						Board Performance Pack	James Hawkins	Akatu Ikwe, Head of Business Intelligence	Paper	30 mins	No	To provide the Board with a summary of NHS Digital's performance	TBC	
						CEO Update	CEO	CEO	verbal	TBC	N/A	To update the Board on CEO priorities within the period.	N/A	
						Fit-4-2020 Update	Julie Pinder	Julie Pinder	TBC	30 mins				A high-level update on our overall progress on the Fit-4-2020 agenda, encompassing the Org program to date and associated initiatives (such as talent management and training) and the commitments remaining during 2020 to achieve our target organisations' capability
						Strategy and Capability								
						System wide Support and Engagement								
						Committee Reports								
						Reports from Sub-Committees (ARC, IACSC & IC)	Committee Chair	N/A	verbal	TBC	N/A	Regular item provided to update the Board on items discussed at each Committee	No	
						Directions								
						Mandatory Requests								
						Papers for Information Only								
						Forthcoming Statistical Publications	Tom Denwood Executive Director of Data, Insights and Statistics.	Chris Roebuck, Chief Statistician	Paper	TBC	No	This paper describes NHS Digital Official (and National) Statistics publications planned for publication.		
Board Forward Business Schedule 2019-20	Chair	Secretariat	Paper	N/A	No	Standard item provided at each meeting to highlight items scheduled as future meetings	N/A							
Key Meetings														
Information Assurance Cyber Security Committee – 05 February 2020 (TBC)														

						Statutory Board – 05 February 2020								
						Assurance & Risk Committee – 05 February 2020 (TBC)								
						Investment Committee – 12 February 2020								
						Board Business and Governance								
						Register of Interests – for information	Chair	Secretariat	Paper	TBC	No	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.	No	
						Minutes of previous meeting – to ratify	Chair	Secretariat	Paper	TBC	No	Standard Board Governance Item	No	
						Matters Arising – for comment	Chair	N/A	verbal	TBC	N/A	Standard Board Governance Item	No	
						Progress on Action Points – for information	Chair	Secretariat	Paper	TBC	No	To share an update on open action points from previous meetings for information.	No	
						Statutory Business Items								
						Corporate Governance Manual 2020/21	Carl Vincent, Chief Financial Officer	Secretariat	Paper	TBC	No	Standard Board Governance Item	No	
						20/21 Budget and Business Plan	James Hawkins/Carl Vincent	Akutu Ikwe, Head of Business Intelligence	Paper	TBC	No	To report on the delivery status of the NHS Digital Business Plan 2018-19 and budget position	TBC	
						Governance and Assurance								
						Risk Appetite	James Hawkins	Steve Treece	Paper	TBC				
						Strategic Operational Delivery and Performance								
						Board Performance Pack	James Hawkins	Akutu Ikwe, Head of Business Intelligence	Paper	30 mins	No	To provide the Board with a summary of NHS Digital's performance	TBC	
						CEO Update	CEO	CEO	verbal	TBC	N/A	To update the Board on CEO priorities within the period.	N/A	
						2020-21 Book of Work	CEO	CEO	TBC	TBC				
						GP Data for Planning and Research	Tom Denwood Executive Director of Data, Insights and Statistics.	Eva Simmonds (Programme Head); Martin Warden (Programme Director)	Paper	TBC				
						Strategy and Capability								
						System wide Support and Engagement								
						Committee Reports								
						Reports from Sub-Committees (ARC, IACSC & IC)	Committee Chair	N/A	verbal	TBC	N/A	Regular item provided to update the Board on items discussed at each Committee	No	
						Directions								
						Mandatory Requests								
						Papers for Information Only								
						Forthcoming Statistical Publications	Tom Denwood Executive Director of Data, Insights and Statistics.	Chris Roebuck, Chief Statistician	Paper	TBC	No	This paper describes NHS Digital Official (and National) Statistics publications planned for publication.		
						Board Forward Business Schedule 2019-20	Chair	Secretariat	Paper	N/A	No	Standard item provided at each meeting to highlight items scheduled as future meetings	N/A	
						Key Meetings								
						Investment Committee – 11 March 2020								
						Board Strategy Session 2 – 17 March 2020								
						Statutory Board – 18 March 2020								
						Talent, Remuneration & Management Committee – 23 March 2020								