

BOARD PAPER - NHS ENGLAND

Title: NHS England and Health and Social Care Information Centre

From: Tim Kelsey, National Director for Patients and Information

Purpose of Paper:

To inform the Board of NHS England's partnership with the Health and Social Care Information Centre (HSCIC).

Actions for the Board:

1. To note:
 - new governance arrangements for informatics;
 - the development of the Memorandum of Understanding (MOU) between NHS England and HSCIC;
 - the establishment of the Operational Information for Commissioning Programme (OICP) and the Data Services for Commissioners (DSC) Programme; and
 - the development of a future data strategy for NHS England and health and care more widely, as a key National Information Board initiative.
2. To approve the establishment of an NHS England Data Board.

NHS England and Health and Social Care Information Centre

Context

1. On advice from the Cabinet Office, the Department of Health (DH), NHS England and HSCIC have recently strengthened accountability and governance for national informatics programmes.
2. Details of the new arrangements are contained in annexes A and B but, in short, the **National Information Board** (currently chaired by Tim Kelsey as National Information Director) determines the strategic priorities for the health and adult social care sector, which are then transitioned into funded programmes by the **Informatics Programme Management Board** (chaired by Will Cavendish as the DH Informatics Accountability Officer). Finally, the **Informatics Assurance Group** supports the Department's Informatics Accountability Officer in securing system-wide assurance and providing assurance to the Cabinet Office, HM Treasury and, ultimately, parliament with regard to the provision of an informatics capability for the health and care sector in England.
3. These arrangements were developed with non-executive directors from NHS England (Ed Smith) and the HSCIC and with senior colleagues at the DH. They are already bringing improved discipline and programme oversight to health and care informatics and in turn will ensure that the Board of NHS England has an appropriate degree of assurance regarding the delivery of benefits, especially those relating to NHS England's mandated responsibilities.
4. The HSCIC is an arms-length body that was established by the Health and Social Care Act 2012. It employs 2,100 staff and has an annual running cost of circa £235m with an additional £700m funding for technology programmes. Through to the end of the current Comprehensive Spending Review, period the HSCIC has an annual programme budget of approximately £1 billion.
5. The HSCIC is a member of the National Information Board; along with NHS England and the DH, it shares responsibility for system leadership in data and technology. The HSCIC has two overriding priorities:
 - a. First, to be the primary statutory safe haven for the extraction and management of patient data that are required for the production of national statistics and for commissioning, regulatory and research purposes.
 - b. Second, to be a centre of excellence for the delivery and project management of national technology and related infrastructure for

health and care. The HSCIC has statutory responsibilities, some of them in conjunction with NHS England and the Department of Health, for the setting of information and technology standards, including information governance standards and standards for data security.

6. Only NHS England or the Secretary of State can direct the HSCIC to collect data relating to health and care.* NHS England is therefore one of the HSCIC's key stakeholders. Equally, NHS England relies on the HSCIC to satisfy its corporate requirement for routine information. The HSCIC has statutory powers to collect, process, and store identifiable data that NHS England, as a commissioner, has no legal basis to undertake itself. Therefore, NHS England is reliant on the HSCIC to conduct these functions when it directs the HSCIC to do so. The National Director for Patients and Information (P&I) leads for NHS England on the relationship with HSCIC.
7. The HSCIC and NHS England have developed a Memorandum of Understanding (MoU) that will build on the good progress being made, and formalise the business relationship between the two organisations. This agreement has been approved by the HSCIC Board and the Chief Finance Officer. In particular, the MoU will:
 - a. Outline each organisation's obligations, in terms of a customer/supplier relationship, for those services and programmes that NHS England pays the HSCIC to deliver;
 - b. Set out the requirement for SMART[†] commissioning specifications, including key performance indicators, quality measures and assurance processes;
 - c. Provide an overview of the controls in place to help assure delivery; and
 - d. Contain a set of principles and approaches that will set out shared ways of working (e.g., ensuring that each organisation shares with the other all press notices and other stakeholder engagement activity that could be mutually relevant).

ACTION: To note the development of the Memorandum of Understanding between NHS England and HSCIC

8. NHS England and the HSCIC have identified five principal areas of focus in developing a successful partnership. See Box 1.

Box 1: Priorities for successful partnership between NHS England and the HSCIC

* CQC, NICE and Monitor can issue mandatory requests to the HSCIC

[†] *Specific, Measurable, Assignable, Realistic and Time-related*

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| <ul style="list-style-type: none"> i. Specifying NHS England's commissioning requirements for data from the HSCIC so that problems of access to that data are rapidly overcome; ii. Working to resolve the information governance standards to enable NHS commissioners to access data iii. Developing and directing HSCIC to ensure that its technical and professional capabilities will meet the future data requirements of health and care and deliver programmes such as care.data iv. Ensuring effective commissioning and delivery of NHS England's digital and technology programmes. v. Working with the Department of Health to deliver system leadership on transforming use of data and technology in health and care, and ensuring delivery of the National Information Board's <i>Framework for Action</i> and the commitments of the <i>Five Year Forward View</i>. |
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Specifying NHS England's commissioning requirements for data from the HSCIC so that problems of access to that data are rapidly overcome

8. NHS England has recently established the Operational Information for Commissioning Programme (OICP) led by the Chief Finance Officer to improve the availability and use of information for commissioning. Annex D includes more detail on the focus of this programme

ACTION: To note the establishment of the Operational Information for Commissioning Programme

Working to resolve information governance standards to enable NHS commissioners to access data

9. The *Data Services for Commissioners* programme (DSfC) is a collaboration with HSCIC to ensure that commissioners have a sound legal basis to access all of the information required to fulfill their responsibilities at all stages of the commissioning cycle. SRO for this programme is the National Director for Transformation and Corporate Operations. Work is currently underway to refine how the OICP and DSfC programmes relate to each other. As we develop this clarity, so the exact descriptions of these two programmes will be refined. Annex E describes this programme in more detail

ACTION: To note the establishment and progress of the Data Services for Commissioners Programme

10. **Developing and directing HSCIC to ensure that its technical and professional capabilities will meet the future data requirements of health and care and deliver programmes such as care.data**

NHS England is leading a range of initiatives aimed at improving NHS data. These programmes include the care.data programme to collate high quality data across entire pathways of care (see Annex F); the 100,000 Genomes project to link genotypic and phenotypic data in the pursuit of new cures and treatments;

our programme of national clinical audits; our work on open data and transparency.

11. Through these programmes, we work closely with the HSCIC and other partners such as Public Health England and Genomics England to ensure that they meet the data needs of patients, clinicians, commissioners and regulators in developing new models of care, facilitating the development of new medicines and treatments, and maximising new opportunities from developments in genomics and proteomics. Linked data are vital for sophisticated commissioning; however, some of the data are currently siloed away in clinical audits, disease registries, and third party data sets, hence the importance of initiatives such as care.data.
12. NHS England has a wide range of levers at its disposal to improve NHS data, levers that the organisation should deploy both proactively and reactively. The Chief Data Officer's team within the Patients and Information Directorate is developing NHS England's future data strategy as part of our contribution to the broader data strategy for secondary uses in health and care that is being designed by the National Information Board. This strategy, built on detailed research with all data users in health and care – from patients and service users to commissioners, providers and researchers – will be published for consultation by NIB in June 2015. This is a key deliverable of the *Five Year Forward View* and an essential pre-requisite for the development and evaluation of new models of care.

ACTION: To note the development of an NHS England and National Information Board data strategy

13. The HSCIC has committed to developing a more accountable 'customer account management' function for NHS England, through the establishment of a new *HSCIC Customer Forum*, the purpose of which is to act as a single customer voice for NHS England for those services it commissions from HSCIC. This forum meets bi-monthly to check progress and to escalate finance and performance issues with the HSCIC.
14. NHS England is in turn also proposing to be more co-ordinated in its directions to HSCIC. In particular NHS England proposes to establish a data board to oversee NHS England's requirements, powers and responsibilities in relation to information standards and collections.
15. Under the Health and Social Care Act 2012, NHS England has a number of powers in relation to information standards and collections. The full list is available at Annex C but they include the powers power to publish information standards, to direct the HSCIC to establish a collection, and to direct the HSCIC to disregard a non-mandatory request for a collection.

16. NHS England requires a mechanism for deploying these powers in an effective, timely, and coordinated manner. The proposed NHS England Data Board would be chaired by National Director for Patients and Information. Its purpose would be to:
- a. Review and prioritise all of NHS England's requirements in relation to new or amended collections of data, including automated extractions. *For 2015/16 these will include new requirements to track mental health access standards, and population based bed days per thousand measures;*
 - b. Oversee NHS England's responsibilities and the use of its powers in relation to information standards and collections;
 - c. approve information standards on behalf of NHS England following assurance from the SCCI;
 - d. oversee the process for producing of Directions to the HSCIC and make recommendations to the executive team and, where appropriate the board, for the approval of Directions.
17. All requests from commissioners to establish, amend, or discontinue a collection of data from any part of the NHS should therefore come through this proposed NHS England Data Board.

ACTION: The board is asked to approve the establishment of the NHS England Data Board

18. **Ensuring effective commissioning and delivery of NHS England's digital and technology programmes.**

NHS England has mandated responsibility to deliver a number of technology and information programmes and services, including the provision of online access to GP records and other digital transactions; the adoption of core digital standards to enable interoperability of patient records in health and care – initially between urgent and emergency services and general practices; and the improvement of public and professional information through channels such as NHS Choices. NHS England commissions such programmes almost exclusively from the HSCIC. The customer/supplier relationship between the two organisations is crucial to the successful achievement of ambitions set out in the *Five Year Forward View*, such as transforming access to digital services for patients, citizens and professionals.

19. A comprehensive list and description of the digital and technology programmes and services which NHS England has responsibility for can be provided on request but in summary these comprise:

- a. Data and information programmes, such as care.data
 - b. Digital Patient Services, such as NHS Choices
 - c. Transactional Patient Services, such as e-Referrals and Electronic Prescriptions Services (EPS)
 - d. Integration programmes, such as Child Health Information System (CHIS) and Summary Care Record (SCR)
 - e. Business Systems programmes, such as Health and Justice Information System and Armed Forces Information System.
20. Following recent changes in informatics governance and accountabilities, the ownership of national infrastructure programmes and services such as Spine and N3 (PSNH) have moved from NHS England to HSCIC and DH, respectively.

Working to deliver system leadership on transforming use of data and technology in health and care, and ensuring delivery of *Personalised Health and Care 2020* - the National Information Board's *Framework for Action* - and the commitments of the *Five Year Forward View*.

23. *Personalised Health and Care 2020* was launched in November 2014 by the National Information Board, which comprises national organisations in health and care, local government, clinical leaders and civil society. It details a series of commitments to improved digital and data services in health and care which underpin the *Five Year Forward View*.

NHS England is co-chairing three of nine implementation programmes:

- improving patient and public access to digital services
- delivering digital interoperability in NHS funded services by 2018 for urgent and primary care services and 2020 for all others, and
- improving availability and access to comprehensive linked data for the analysis of patient outcomes.

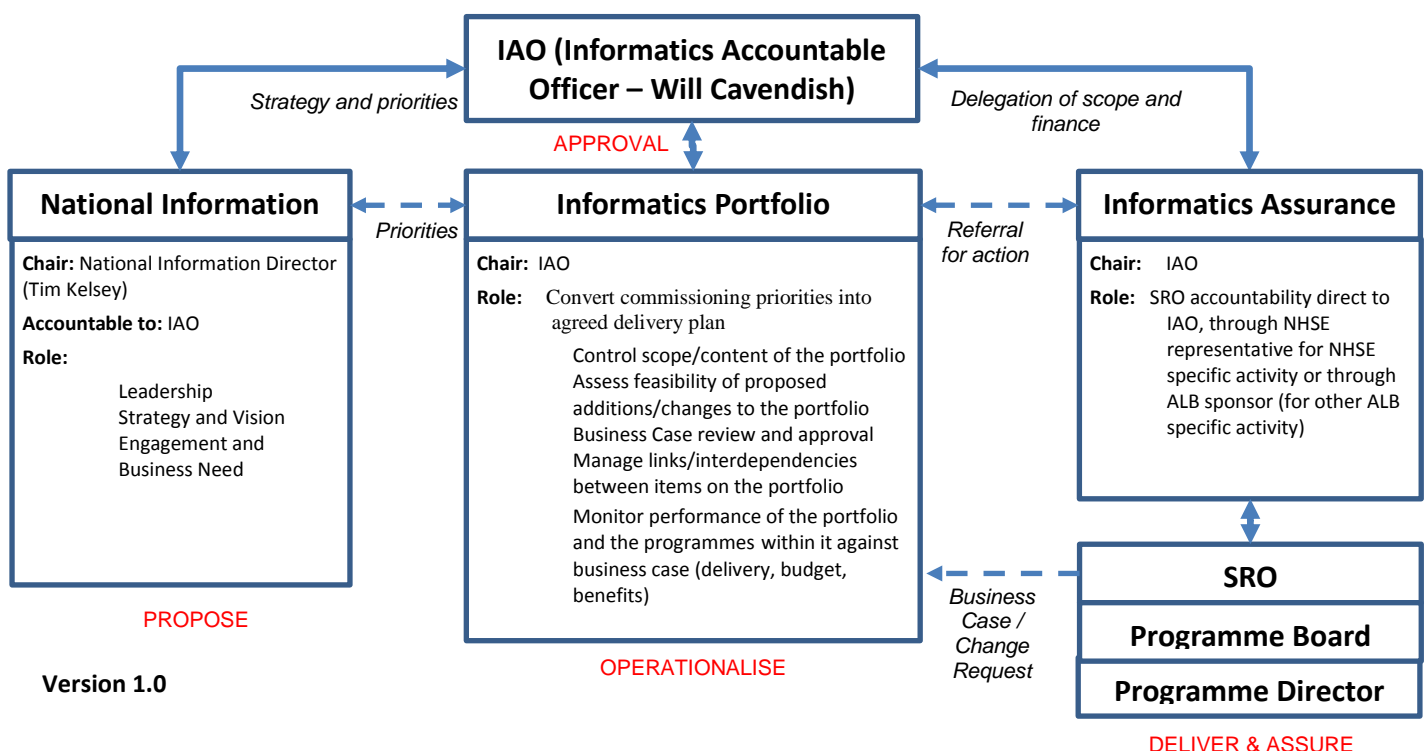
A detailed paper on this work will be presented to a future Board meeting.

Tim Kelsey
National Director for Patients and Information

ANNEX A – Summary of Boards: Roles and Responsibilities

Board	Purpose	NHS England / HSCIC roles and relationship
National Information Board (NIB)	To provide overall leadership and strategic direction on informatics capability for the health and care system in England (as recently detailed, for example, in the NIB Framework for Action)	NHS England and HSCIC are joint partners on the Board, providing strategic insight
Informatics Portfolio Management Board (IPMB)	The primary purpose of the Informatics Portfolio Management Board is to convert the Information Strategy and commissioning priorities defined by the NIB into an effective delivery plan.	NHS England is represented on this Board as a key commissioner of programmes. The HSCIC is represented as key delivery organisation for the informatics portfolio
Informatics Accountability Group (IAG)	The primary purpose of the Informatics Assurance Group is to support the Department's Informatics Accountable Officer (IAO) in securing system wide assurance (and providing such assurance as required to Cabinet Office, HM Treasury and, ultimately, Parliament) with regard to the provision of an informatics capability for the health and care system in England.	NHS England SROs are held to account for delivery of specific programmes alongside HSCIC programme directors. There is an expectation of partnership working between the organisations

ANNEX B – Governance Structure



ANNEX C - NHS England's Legal Duties with regard to Information Standards under the Health and Social Care Act 2012

- **Section 250** of the Act provides NHS England (NHS Commissioning Board) with the authority to prepare and publish an information standard.
- **Section 251** requires consultation to take place prior to the publishing of an information standard, and allows for existing standards (i.e. those developed by other standards development organisations) to be adopted.
- **Section 254** enables NHS England to “direct” the HSCIC to establish and operate a system for the collection or analysis of information.
- **Section 255** enables NHS England to “direct” the HSCIC not to comply with a non-mandatory request. Mandatory requests come from principal bodies (section 255[9]): Monitor, CQC, NICE or any such other persons as may be prescribed in regulations).
- **Section 255** also enables NHS England to “direct” the HSCIC to comply with a request made by an individual outside of England.
- The HSCIC is required to publish a code of practice in relation to confidential information. **Section 263** requires the HSCIC to consult with NHS England prior to publishing the code, and must not publish the code without the approval of NHS England.
- Under **section 265**, NHS England can request the HSCIC provide advice or guidance on any matter. This request is obligatory on the HSCIC.
- **Section 268** allows for NHS England to influence the approval mechanism of quality indicators – the HSCIC is responsible for the establishment, maintenance and publishing of a database of quality indicators.
- **Section 274** provides further details relating to NHS England's power to give directions to the HSCIC or other health body.

ANNEX D - The Operational Information for Commissioning Programme

The OICP focuses on five key areas.

- i. Creating coherent, reliable and timely, basic activity trend information for all our commissioning streams. This includes addressing serious, and, in many cases, long-standing, issues of coverage, granularity, data quality, time lags and access to data, and developing the delivery of a ‘joined up’ narrative between financial and operational insights;
- ii. Developing a comprehensive and fully integrated suite of management information (a “single version of the truth”), covering activity, finance, performance metrics and outcomes to enable commissioning teams to operate effectively;

- iii. Establishing the systems and processes to enable NHS England to gather, transform and deliver information in an efficient and effective way;
- iv. Establishing a joined-up team within the Finance Directorate to deliver operational information for commissioning, working closely with other internal colleagues and with the wider NHS; and
- v. Working to equip users of the information to become more effective consumers of the information we provide.

ANNEX E - The Data Services for Commissioner's Programme

The enactment of the Health and Social Care Act 2012 required significant changes to how personal confidential data (PCD) could be used for commissioning purposes. A joint working group led by the Department of Health (DH), with members from Caldicott Review Team, NHS England, Public Health England (PHE) and HSCIC was established in January 2013. The group reviewed the information governance impacts of the Act and concluded that the widespread flows of PCD data that were previously essential to support commissioning would not be legal post April 2013. The Act requires all PCD required other than for direct care should be managed and sourced only by HSCIC. The review concluded that the complexity of local flows required for commissioning could not be managed adequately by the HSCIC in the short term.

In response, the Data Services for Commissioners (DSfC) was established in May 2013 as a joint programme between HSCIC and NHS England to implement the recommendations of the review. The immediate priority for the programme was to secure a temporary legal basis for flows of data deemed to be essential for commissioning, such as for invoice validation and risk stratification while working on the development of a permanent "end state". The initial recommendations of the review in regard to this "end state" have subsequently been deemed unfeasible and the Department of Health has asked the HSCIC and NHS England to develop and deliver an alternative sustainable solution within a two year period that avoids the need for further changes to legislation and regulations.

The proposed solution requires HSCIC to handle and automate the majority of national and common local data flows that necessary for commissioning services, and to provide these flows as linked and de-identified data sets to commissioning organisations.

The programme includes the following elements:

- Delivery of a new set of HSCIC services, including flexible and responsive linkage service; a national tariff system that can handle local tariff and business rules; a national de-identification system and re-identification service with virtual role-based access controls; and new data standards for

all commissioning data sets to which all providers of healthcare services must adhere.

- Capture all current national and local data flows that support commissioning, and develop standardised and automated flows for these data through the HSCIC
- Implementation of a change programme to transition the people, processes and information systems so that commissioners (CCGs and NHS England) and their data processors (CSUs and other third parties) are able to use de-identified data provided by the HSCIC to undertake their statutory duties.
- Transition from the current arrangement of Data Services for Commissioners Regional Officers (DSCROs) operating with CSU seconded staff to a HSCIC model and the HR changes necessary if staff transfers are required. NHS England has however not yet agreed this is indeed an appropriate strategy

ANNEX F - The Care.data Programme

The care.data programme is commissioned by NHS England from the HSCIC on behalf of the health and care system. It aims to increase the range and detail of information that is collected across all NHS-funded services for purposes beyond direct care. The plan is to connect information together securely and to make it available to those who plan NHS services, as well as to researchers, medical charities and businesses that support the NHS to improve services. The first phase of the care.data programme is to collect and connect information securely from hospitals and GP practices.

The programme has been re-designed in the wake of concerns about (a) who might have access to these linked data and for what purposes, and (b) the effectiveness of communications to the public explaining how their data can improve clinical performance and their rights to opt out of the initiative. NHS England is very grateful for the challenge provided by the care.data advisory group, chaired by Ciaran Devane, which has helped shape the new approach.

As part of the Care Act 2014, new legislative provisions have confirmed that access to these de-identified data will only be allowed for the provision of health and care and the promotion of health. The data cannot be shared for purely commercial purposes such as insurance or direct marketing. In addition, the HSCIC has committed to full transparency and audit of all third party access to the data. A *Secure Data Facility* at the HSCIC offices will allow approved analysts access to the data. An applicant's track record in handling confidential data will influence the HSCIC's decisions to share the information with them.

Six pathfinder CCGs in four areas of England have volunteered to test the new approaches to public and clinical engagement. Dame Fiona Caldicott, has agreed to

advise the care.data programme board and Senior Responsible Owner on the implementation of the programme. Dame Fiona's panel will evaluate whether the success criteria for the pathfinder stage have been met. Given the importance of this programme to effective commissioning – and the improvement of patient outcomes – there are no artificial deadlines.