

The HSCIC's strategy 2015 – 2020

Information and technology for better care

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The purpose of this paper

1. This paper updates the Board on our strategy for 2015 to 2020. It provides details of the consultation exercise carried out in February 2015 and summarises the feedback we have received. It also outlines the next steps for our internal and external engagement activities.

Context

2. Our draft strategy was published at the beginning of February 2015.
3. It was shared with our staff, our national partners, and a number of key stakeholders. It was also distributed it through wider networks to reach local Trusts, Clinical Commissioning Groups, local authorities and clinical networks. This was supplemented with some social media activity to publicise the strategy.
4. We have now updated the strategy in the light of comments received, and this is attached for final approval by the Board.

A summary of the feedback we received on our draft strategy

5. In total, we received 47 responses, from a range of stakeholders and partners.
6. Broadly, the comments that we received were supportive of the ambition and direction set out in the document. A number of people expressed concern about the feasibility of achieving the ambitions in the timescale as set out. Others recognised that the detail in terms of commitments, deliverables and milestones will sit beneath the strategy itself, and they are keen to see that detail.
7. The two issues that featured most prominently in the comments we received are:
 - The importance of gaining and keeping public trust regarding the sharing and use of data;
 - The need for a more rounded strategy for data that goes beyond the current scope of the national collections and services, and includes consideration of knowledge and insight.
8. We are grateful to our national partners for their responses to the strategy. They commented specifically on:
 - The importance of getting our partnering right – all are keen to understand more about the implications of the strategy (especially regarding data supply) and expressed a desire to have more detailed discussions on this;
 - The value of the alignment with the National Information Board's Framework for Action;

- A number of respondents commented that the strategy should cover the HSCIC's statutory and legal responsibilities;
- All were keen to understand how we will improve the timeliness and quality of our data collections, as these are critical to their own business;
- They welcome the commitment to help exploit the information revolution. Whilst there is agreement about the importance of the focus on the citizen and the care professional, they emphasise also the need for data flows to support others such as commissioners and regulators in their work;
- They are keen to take advantages of opportunities to collaborate, both through the NIB and separately on areas of common interest –especially where there are opportunities for sharing data;
- There were comments about the need to look beyond the boundaries of the NHS – many care providers are not in the NHS or public sector.

9. We were especially grateful for the numerous comments from research and academic organisations, highlighting the importance of building better relationships with the research community. We note that:

- Some suggested that we need to do more to highlight the benefits that accrue from the use of data, to inform people's thinking regarding their preferences for data sharing;
- Reflecting concerns that different arrangements exist for different parts of the system, many commented on the importance of getting a system-wide service for managing citizens' preferences for sharing data, which is applied consistently across the health and care system;
- They are keen to understand more about how we will modernise our services to cope with increased demand for data, and want to understand more about the policy context – for example regarding accredited safe havens
- They would welcome access to a wider range of data using sources that are not currently available nationally – such as feedback and comment from patients themselves
- One proposed that the HSCIC should have a structured R&D programme with the academic community

10. It remains the case though that the strategy does not reach all of our audiences as well as we would like, especially local government. A Chief Executive of a county council felt that the strategy was too passive in parts and pointed out that local authorities would welcome more help and support.

11. A small number of people used the consultation anonymously to register their concerns about the use of personal data.

The updated strategy

12. We have edited the strategy in the light of the comments received. The main change is to the ordering of the sections. In particular, the section on “ensuring that every citizen’s data is protected” is now first, rather than the fifth section. A number of people argued that putting this first gave a clearer message about its importance.
13. The tone and style of the draft document has been preserved, which means that it does not provide the level of detail that many of our respondents suggested. We will therefore consider other ways of making the detail available to a wider audience.

Our plans for external engagement

14. The strategy will be published on our website following its approval by the HSCIC Board. In view of the pre-election period, we do not intend to carry out any additional external communications.
15. We will send our revised strategy to all the key stakeholders who received the draft document, and to those who took the time to offer comments in response to the draft strategy.
16. The covering letter will emphasise the following messages:
 - We will act on the important concerns about citizens having trust and confidence in the way data is shared and used
 - We must radically change the way we work with our partners and stakeholders to better understand their business requirements and improve our responsiveness to our customers
 - We will speed up delivery and grow our capacity to provide innovative solutions, working more closely with industry and the market
 - We will provide influential leadership on how we can provide and stimulate the use of technology and data to modernise and transform care services.
17. It is important that we arrange follow-up meetings with our national partners where they have requested more detailed discussions about opportunities for collaboration or aspects of our strategy that are critical to their business. This will be a timely opportunity to help establish our new account management approach.
18. We are also reflecting on how we will increase our engagement with the research and academic community in the light of the feedback we have received.

Our plans for internal engagement

19. In order for the HSCIC to be successful in delivering our strategy, we must ensure that our workforce is fully engaged in the strategy and has a clear understanding of its implications for our health and social care partners. Our staff have a valued role to play to support the use of technology and data to improve care.

20. We are especially keen to build on the staff engagement prior to the publication of the draft strategy. We will do this through the All Hands conferences, webexes and directorate meetings. We are producing some additional material to support this, including a "strategy on a page" aide-memoire. The next publication of Insight will cover a number of key issues from our strategy and this will be supplemented by personal communications and videos from the Chief Executive.

Next steps

21. We will now:

- a. Publish the strategy;
- b. Act on the engagement plans set out above;
- c. Ensure alignment across our strategy and our business plan;
- d. Arrange individual meetings with our national partners who have expressed a wish to have more detailed discussions on the strategy;
- e. Consider how best to present the more detailed narrative about the detailed actions that will underpin each section of the strategy;
- f. Ensure that our new Strategic Account Management function covers local government/social care and research and academic organisations as a matter of priority.

Actions Required of the Board

22. The Board is asked to note and comment on the contents of this paper.