

# Health and Social Care Information Centre

## Business Plan 2015/16

First draft v0.3

First Draft v0.3  
20 01 2015  
David O'Brien

Intentionally Blank

First Draft v0.3

## Contents

To be developed

First Draft v0.3

## 1. INTRODUCTION

### Who we are and what we do

The **Health and Social Care Information Centre** (HSCIC) is an independent public service, established in April 2013 as an executive non-departmental public body of the Department of Health. We provide a range of technology and information services for health and care services that are used by the public, patients, carers and service users, as well as care professionals. Our services are also used by research, industry and commercial organisations.

The establishment of the HSCIC was a clear signal of the importance of a consolidated approach to health and care informatics. The HSCIC is the key data and technology delivery partner for the health and care system. However, we do not work in isolation. The Health and Social Care Act 2012 brought about significant structural reform of the health and care system, and we work closely with many organisations across a range of sectors. Notably, HSCIC is a key partner within the National Information Board (NIB) which provides strategic leadership and co-ordination of health and care informatics.

**(insert or refer to a stakeholder map or sector wide diagram)**

### Key Achievements in 2014/15

Some of our key achievements during 2014/15 include:

- Publication of the Code of Practice for managing confidential information across the health and care system
- Completion of the landmark Partridge Review of data releases by the former Information Centre. Implementation of the recommendations arising from the review, which include devising and implementing a new system of access which better protects information and over time will lead to a more streamlined and consistent process for customers.
- Successful implementation of Spine 2, part of the essential national infrastructure that holds the demographic information of 80 million people and supports many data and technology functions for the health sector.
- Achievement of 99.97% average availability across all technology services delivered under the remit of the national service management function.
- NHS Choices: website traffic increased from 18m to 24m unique visits per calendar month.
- MyNHS was launched, the new transparency vehicle for performance data across health and social care hosted by NHS Choices.
- Summary Care Record created for 80% of the population, with over one million views per year.
- Production of a Publications Strategy
- Implementation of internal transformation projects concerning workforce, recruitment, resource management and financial management.
- Development of stronger HSCIC offer to local authorities with responsibility for adult social care services

## 2. STRATEGIC CONTEXT

HSCIC is at the heart of new strategic approach to health and care informatics. This new approach will provide national infrastructure, services and standards where appropriate: the electronic glue that allows different parts of the health and care sector to work together. Elsewhere it will support local approaches to solutions, programmes and applications, as long as these meet nationally specified technical and professional standards. This new approach is set out in strategies published recently by NHS England and by the National Information Board:

- NHS England's **Five Year Forward View** assesses the challenges for future health and care services, explains why changes are needed, and sets out a vision of what those changes are likely to involve. It calls for an 'information revolution' to achieve sustainable high quality and patient-centred care.
- The National Information Board's 'framework for action' - **Personalised Health and Care 2020** - sets out how clinicians, patients and citizens can benefit from opportunities offered by digital technology and better use of information.

The HSCIC will play a major role in delivering Personalised Health and Care 2020, either as the lead organisation or in partnership with others. Detailed implementation plans for these objectives are still in development. Appendix 4 presents an indicative high-level timescale for proposals assigned to HSCIC in either a lead or supporting capacity. Known specific actions for HSCIC are built into the 2015/16 deliverables set out in Appendix 3 of this plan.

### HSCIC Strategy

HSCIC's role is to **orchestrate** the use of technology and information across the health and care system to deliver sustainable improvements in productivity, efficiency, and the quality of care in order to:

- Enable the world's best market for health and well being apps
- Support 21<sup>st</sup> century access to information and services
- Create the world's richest 'big data' asset on population, health and social care
- Get more out of the portfolio of local and national systems
- Encourage a better focus on benefits

The HSCIC strategy sets out **five** major objectives for the organisation. Each of these objectives requires us to work across health, public health and social care services. We must also look beyond the usual boundaries of the health and care system. Locally, there are new partnerships evolving, with involvement from a range of organisations working to serve the population of a particular health economy or community. This requires a shift in what we do and how we work.

The five strategic objectives for HSCIC are:

1. **A shared approach to digital care services:** establish an overall architecture for the sector's technology and data services, with a framework of standards which will encourage innovation and the development of new, digitally enabled care services for citizens.
2. **National data and technology services:** build and operate the national technology and data services, where there is a clear advantage in doing so, to underpin a national, integrated approach to the delivery of health and social care services.
3. **Supporting organisations to get the best out of technology:** support local care organisations maximise the benefits of their current investment in information technology and where appropriate support them make decision on future investments and implementations.

4. **Ensuring that the citizen's data is safe:** assure the quality, safety and security of the data and information flows across the health and social care sector, so that citizens willingly share their data, in the knowledge that it will be kept confidential and secure and only shared when appropriate and with their consent.
5. **Making information available for the benefit of all:** analyse, use and publish data and information about the health and social care sector, which will support policy-makers in their decision-making, care professionals make better, safer decisions, citizens better informed choices about their own care and provide research organisations with the data they need.

To deliver these five strategic objectives we need to change the organisation and the way it operates. In this sense we have a sixth strategic objective of **transforming the way we work**, looking aspects of the organisation such as internal systems and processes, service management and delivery models, and engagement with customers and the wider sector, including patients.

The detailed information in Appendix 3 indicates how HSCIC will operationalise these strategic objectives during 2015/16. Appendix 8 shows how these HSCIC strategic objectives align with the governmental (Department of Health) priorities for the health and care system. Appendix 9 shows how these HSCIC strategic objectives align with the National Information Board priorities as presented in Personalised Health and Care 2020.

## Benefits

By implementing our strategy and business plan the HSCIC will deliver benefits to the health and care system. These benefits include:

- The world's richest 'Big Data' asset: a growing national information resource that can be used widely by all
- Factual, impartial and trusted statistics to help health and care services
- Essential technology and information infrastructure to support the NHS and the health and social care system
- Information and support to patients, citizens, carers and advocates on their choices for health and social care
- Information to support evidence-based commissioning, healthcare planning and policy, and to support the assurance of health services
- Frameworks, tools and services that help protect the security of patient information
- Reduced data and bureaucracy burden on the NHS and health and social care system

**(Insert or refer to a diagram that maps HSCIC activity to benefits for the wider health and care system)**

## Issues and Debates: Challenges to Delivery

HSCIC works in a context of issues and debates which presents challenges to the delivery of our operational and strategic priorities. Some of the most significant issues and debates are summarised below. Our strategy document addresses these in more detail. Note, however, that each area of challenge also brings opportunities for the organisation.

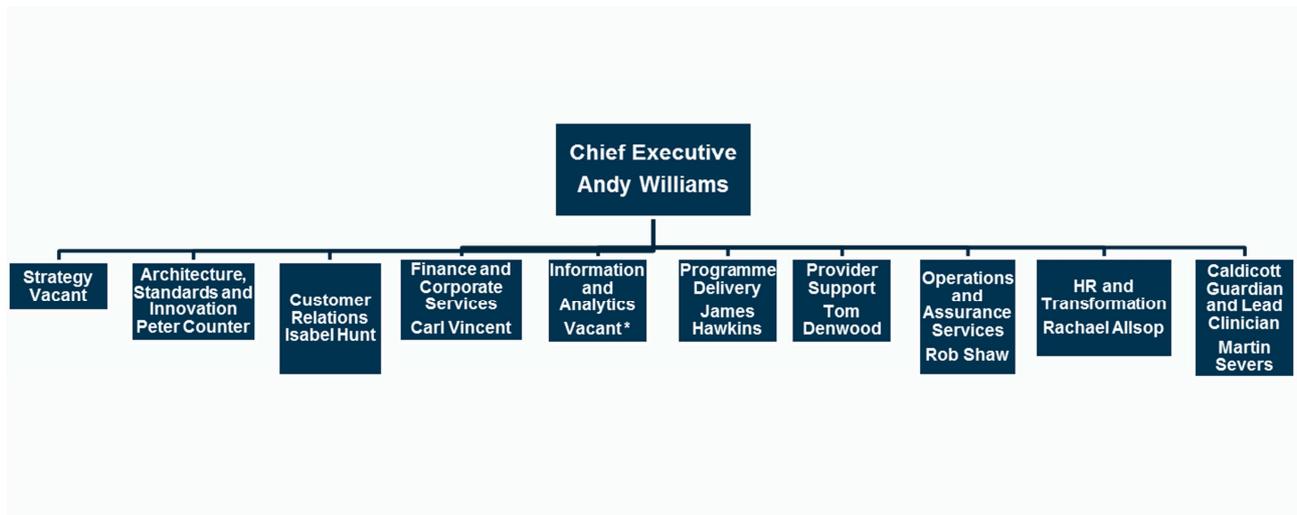
- **NHS Funding Gap:** without changes to the way services are delivered the NHS faces a funding gap of £20-£30bn by 2020. Funding scarcity could result in resources prioritised for frontline care rather than support functions. However, this presents opportunities to HSCIC, as better use of technology and information is key to sustainable and affordable provision.
- **Public Sector Spending Constraints:** like all parts of the public sector, the HSCIC must manage with less government funding. In 2015/16, HSCIC will receive £Xm of Grant in Aid compared to £Xm in 2014/15. Commissioning bodies face similar reductions and so could have less money to invest in HSCIC work. We will need to focus our resources on statutory duties, government priorities, and delivery of the National Information Board framework. However, this presents opportunities for HSCIC to unlock savings through innovation both internally and for the wider system. For example, HSCIC's operating model for Spine 2 is forecast to deliver improved performance and costs savings compared to the previous external provider.
- **Public Expectations and Technological Advancement:** more people want to access services and information through mobile devices and the internet. Many people expect service providers to use and share information in ways that improve the quality and timeliness of care and enhance the patient experience. The health and care system has been slow to embrace the opportunities brought by technology: many adults use the internet to purchase goods and services, but only 2% use the internet to contact their family doctor.
- **Integration of Health and Social Care:** HSCIC's remit includes adult social care, and although we already deliver activities relating to social care these are less visible than our health-related functions. HSCIC must improve its social care offer. In so doing, we can develop opportunities for closer integration between health and care providers: smarter use of technology and information can drive joined-up care for citizens and unlock efficiency savings for providers and commissioners.
- **Public Trust:** HSCIC wants to develop pioneering approaches to managing and utilising data and information. We have the legal powers and technical tools to do this, but we must first gain and retain public trust. We need to demonstrate that patient data is safe in our hands. ,.
- **Data Sharing:** We believe there is appetite and opportunity to share data to improve the health and care system. Slicker data sharing between providers can support enhanced patient experiences. Data assets for clinical research can support advances in diagnosis and treatment. However, we must balance such opportunities with robust controls about how, why and with whom data is shared. Crucially we must convince patients that we will only share their data in a secure and controlled manner, and only when we have their consent to do so.
- **UK General Election 2015:** there will be a general election in May 2015. During the pre-election period HSCIC, like many public bodies, faces restrictions about what it can do. The post-election period could bring uncertainty about our work, particularly if government priorities change. Whatever the election outcome, we are confident that optimum use of technology and information will be an essential feature of sustainable health and care provision.

### 3. ABOUT THE ORGANISATION

#### Structure

The HSCIC is a national organisation, with a presence in 19 locations across England. The Head Office is based in Leeds, with main five hub locations of Exeter, Southport, Newcastle, Redditch and London.

The diagram below shows the top-level structure of the organisation



HSCIC is organised into eight 'executive' directorates plus one 'clinical' directorate. These are:

- **Operations and Assurance Services:** ensures that systems and programmes are technically and clinically safe and secure, and that services are availability and fully resilient. The directorate also ensures that critical national technical infrastructure is developed, maintained and upgraded in a safe, secure and cost effective manner.
- **Programmes Delivery:** leads programmes and projects of transformational change to deliver health and social care digital services. The directorate's portfolio is diverse and includes operational services such as NHS Choices and NHS Mail.
- **Provider Support:** supports health and care providers to deliver safer, better and more efficient patient-centred care. The directorate supports local providers to build their digital maturity, enabling them to deliver integrated, high quality services that meet local needs.
- **Information and Analytics:** manages the collection, analysis, dissemination and publication of data and information. The directorate provides useful, trusted and accessible data products to a range of users, including government, researchers, interest groups, patients and the public.
- **Architecture, Standards and Innovation:** provides technical specialists and architects to projects and programmes, develops and maintains major clinical standards for the UK, and manages the innovation centre and innovation programmes.
- **Human Resources and Transformation:** supports the transformation of HSCIC into a high performing organisation that is an outstanding place to work, through delivery of optimal human resources services and development of the capability and capacity of the workforce.
- **Finance and Corporate Services:** provides the full range of financial, governance and administrative functions which support the organisation to improve performance, manage risk, operate the work portfolio, strengthen controls and successfully deliver plans and strategies.
- **Customer Relations:** ensures that HSCIC is customer focussed with a strong brand and reputation. The directorate is the focus of communications, customer relations and insight activity, ensuring that stakeholders inform service delivery and organisational development.

- **Clinical Directorate:** provides clinical expertise and advice to inform the HSCIC's leadership, processes, and outputs, ensuring that decision-making, product development and delivery have strong clinical input. The directorate also play an important role in information governance.

Appendix 2 presents further information about the strategic objectives for each directorate.

## Organisational Values

Our values form the foundation for everything that happens in the HSCIC: they focus on **how** we work as individuals and teams across the organisation to deliver our strategy and plans. Our values were developed through input from colleagues across our organisation, and are:

- **People Focused:** we value and promote positive relationships with colleagues, customers and the public and are responsive to their needs
- **Trustworthy:** we act with integrity, impartiality and openness and in the best interests of the public
- **Professional:** we deliver on our commitments by applying the highest levels of expertise, conduct and personal responsibility
- **Innovative:** we actively embrace change and bring new ideas to deliver excellent services for our customers and better outcomes for the public

## Workforce Strategy

Our staff will be key to our success. We aim to be a high performing, quality driven organisation, recognised as an employer of choice in which our staff are:

- Members of professional groups and actively engaged in communities of practice - inspired by and updated with the wider knowledge, intelligence and experience of their Professional Bodies.
- Paid fairly, taking account of national and local labour market conditions, and provided with flexible reward options.
- Supported to achieve, accountable for their outputs, and expect performance to be routinely reviewed relative to their peers, with consequences for both good and poor performers.
- Managed by a smaller cadre of really good line managers who are recruited and developed to have the skills, interest and motivation to manage others in fewer management layers.
- Flexible and dynamic and want to take on new assignments and challenges whilst increasingly having more flexible working opportunities to balance business and personal needs.
- Responsible for their own development and supported with investment in professional, technical, managerial and leadership development.
- Engaged with our values and strategy and are strong advocates for our organisation.

Key work to operationalise our workforce strategy during 2015/16 includes:

- Targeted recruitment activity for hard to fill roles
- Further development of dynamic resource pools and collaborative recruitment
- Development programmes for leaders and managers
- 'Grow our own' strategy: internships, apprenticeships, graduates
- Further embedding of professional groups and organisational values

## Equalities and Diversity

HSCIC is committed to a culture where all individuals receive fair and equal treatment in all aspects of employment and the benefits of working within a diverse workforce. Our Equality and Diversity policy sets out how HSCIC complies with the Equality Act 2010, including the Public Sector Equality Duty. The HSCIC policy states that:

- The organisation recognises that a diverse workforce and an environment in which individual differences and the contributions of staff are recognised and valued are important to the performance and success of the organisation.
- Every worker is entitled to a working environment that promotes dignity and respect to all and the HSCIC is committed to eliminating discrimination and encouraging diversity amongst our workforce.
- We expect all of our staff to maintain a culture where individuals receive fair and equal treatment and a positive work environment - free of harassment and victimisation. Working together and respecting each other's contribution is at the heart of what we do.
- The HSCIC is committed to developing a workforce whose diversity reflects the communities in which it operates.

## Transforming the HSCIC

We are changing how we manage our internal business. We will empower staff to work flexibly across the organisation, with HSCIC operating as a professional services organisation. We are:

- Creating conditions to enable teams to work in agile and responsive ways, with the necessary professionalism, integrity and rigour, but less constrained by unnecessary bureaucracy
- Encouraging innovation in all aspects of our work, with staff able to bring forward new ideas
- Adopting an organisation-wide approach to support digitisation and automation, and adapting our service management model to bring consistent standards across all of our services so that our customers and stakeholders know what they can expect
- Introducing a new account management function to align ourselves with the business needs of our customers, with social care and local government being an early priority for this function
- Introducing new systems and processes to support our staff better in their financial planning and resource scheduling.

This section on finance is mostly the material presented in the 2014/15 business plan. Updated material will be inserted in this 2015/16 plan as the budget process progresses and the financial picture becomes clearer

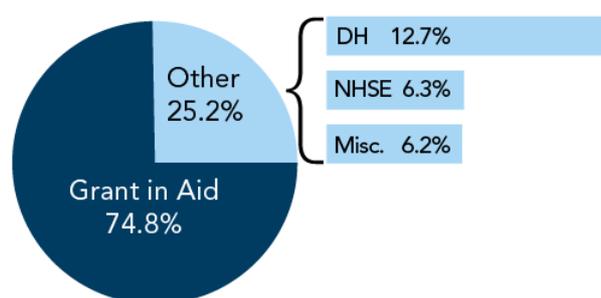
## 4. FINANCIAL INFORMATION

### Financial Context

The activities described in this business plan will be delivered at a time of financial restraint across the public sector. HSCIC has a responsibility to contribute cost savings to the wider governmental efficiency targets. Major commissioning bodies also face funding reductions and so could have less money available to invest in HSCIC programmes and services.

### Sources of Funding

The HSCIC is primarily funded by grant-in-aid (GiA) received from the government (Department of Health) for core and statutory activities, including national data collections, surveys, staff costs to support programmes and support services. Additional income comes from commissioning bodies to directly fund specific work, the largest customers being Department of Health and NHS England. The graph below shows the proportion of these funding streams for the financial year XXXX:



This graphic contains financial information for 2014/15 as it was presented in the 2014/15 business plan

The graphic will be updated with 2015/16 figures as the budget-setting process progresses.

### Forecast Expenditure

For the financial year 2015/16 the HSCIC has set an overall operating budget of £XXXm. Of this, £XXXm is Grant in Aid received from the government, and the remainder is made up of other income other sources. In addition, for 2015/16 HSCIC has a capital investment budget of £Xm. The tables below show a breakdown of the HSCIC revenue and capital budgets for 2015/16.

	2014/15 £'000	2015/16 £'000	
<b>Income</b>			
Grant in Aid (GiA)	(154,800)		
GiA - non-cash	(13,175)		
Other income - DH	(28,628)		
Other income - NHS England	(14,125)		
Other income	(13,935)		
<b>Total Income</b>	<b>(224,663)</b>	<b>(204,362)</b>	
<b>Staff Costs</b>			
Permanent	126,887	120,102	111,922
Contractors/ Agency	14,982	10,255	8,669
<b>Non-Staff costs</b>			
Professional/ Legal fees	27,770	19,098	17,747
Information technology	15,910	15,772	15,362
Travel & Subsistence	4,746	4,312	3,724
Accommodation	12,594	15,656	12,836
Marketing, training & events	1,765	1,574	1,377
Office Services	2,994	2,730	2,593
Other	3,841	1,687	1,630
Depreciation	13,175	13,175	13,175
<b>Total Costs</b>	<b>224,663</b>	<b>204,362</b>	<b>189,034</b>
<b>(Surplus) / Deficit</b>	<b>0</b>	<b>0</b>	<b>0</b>

This table contains financial information for 2014/15 as it was presented in the 2014/15 business plan

The table will be updated with 2015/16 figures as the budget-setting process progresses.

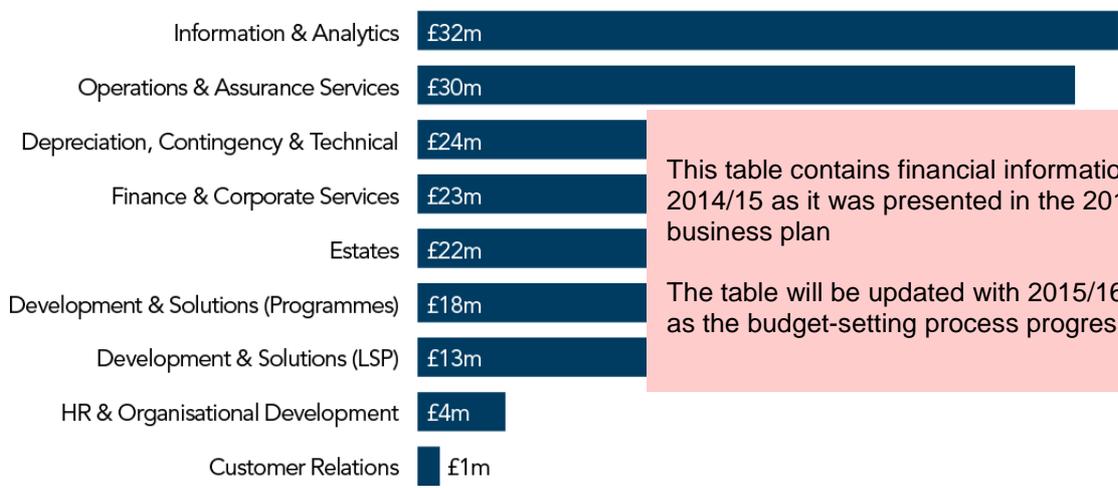
Capital Expenditure	2014/15 £'000	2015/16 £'000	2016/17 £'000
Office refurbishments and Leeds move in 2015/16	412	100	100
General IT equipment upgrades and replacement	3,347	300	300
NHAIS - Headcount Capitalisation	244	0	0
Upgrade the National Monitoring Service	200	0	0
SSD - Refresh of time expired hardware	464	0	0
SSD - Perpetual Oracle licences for SSD Live services	206	0	0
SSD - Headcount capitalisation	543	0	0
Service management tool replacement	10	0	0
Maternity & Childrens Datasets	1,600	200	200
National Clinical Content licensing	110	140	110
Clinical Audit project continuing	650	500	350
HES Capital Outlay - Oracle Costs	1,500	0	0
HES - SAS Additional Server/Costs	235	0	0
IC projects - capitalised costs inc GPES	0	0	0
Benefits - Basic tool for disseminating data	100	0	0
Other inc unidentified software and licences	4,879	7,598	7,285
<b>Total</b>	<b>14,500</b>	<b>15,000</b>	<b>16,000</b>

This table contains financial information for 2014/15 as it was presented in the 2014/15 business plan

The table will be updated with 2015/16 figures as the budget-setting process progresses.

### Apportionment of funds by Directorates

The following chart shows how the HSCIC revenue budget for 2015/16 is apportioned across individual directorates.



This table contains financial information for 2014/15 as it was presented in the 2014/15 business plan

The table will be updated with 2015/16 figures as the budget-setting process progresses.

### Supporting the Wider Informatics Programme

In addition to the operating expenditure of this organisation, the HSCIC also supports the management and governance of the Informatics Programme expenditure accounted for in the Department of Health. Responsibility for this expenditure is external to HSCIC: it rests with the Department of Health and the respective programme leaders (known as Senior Responsible Owners). However, HSCIC provides financial reporting and assurance to ensure that these funds are utilised and controlled in an effective and appropriate manner.

## Forms of Business

HSCIC enters into agreements with other ALBs, key partners and commissioners to agree the ways in which to work together for the benefit of the overall health and care system. We also ensure that all our work is covered by formal agreements with commissioners which define the work, the funding arrangements and other terms and conditions. These agreements with each commissioner make it easier to see the full schedule of commissioned work. This supports prioritisation and planning, brings more consistent terms and conditions, and provides an efficient and effective system for adding, modifying and ceasing work in future.

## Staffing Establishment

X% of HSCIC revenue expenditure supports staffing costs. The following table shows the planned staffing establishment at the end of FY 2015-16.

### Permanent Staff in Post @ 31st March 2015

AfC Grade	Number of staff	WTE
2	2	2
3	19	18
4	110	108
5	207	199
6	220	215
7	410	399
8a	435	425
8b	403	393
8c	209	201
8d	90	83
9	29	28
Non AfC	261	236
<b>Total</b>	<b>2,395</b>	<b>2,306</b>

This table contains establishment information for 2014/15 as it was presented in the 2014/15 business plan

The table will be updated with 2015/16 figures as the budget-setting and business planning process progresses.

## Strategic Efficiency Initiatives

To succeed in a period of scarcer funding we will need to focus our resources on statutory duties, government priorities, and delivery of the National Information Board framework. In addition, we will review areas of potential cost savings, including the following:

- **Staff costs.** The aims for Workforce Strategy are to create a workforce that is both effective and efficient. Through better planning and other measures we will also be driving down contractor expenditure wherever possible.
- **Buildings costs.** We currently have nineteen locations across the country, and we operate from four separate sites in Leeds alone. We will undertake some rationalisation in the short term, but are also developing a locations strategy to ensure we secure the best value estate possible to deliver our services, as well as ensuring we use the estate in the most efficient way.
- **Procurement.** We spend a substantial amount with third party suppliers to support our key delivery areas (e.g. surveys) and support services (e.g. IT). We will challenge our suppliers to improve the efficiency and effectiveness of their own expenditure.
- **Technical and allocative efficiency.** We will be exploring options for delivering services and programmes in a more efficient way, such as taking opportunities to utilise spare capacity in our locations that have relatively low cost capacity. We also expect to reduce our involvement in activities that are not high priority, or are best delivered in different ways, and we already plan to exit from the LSP programme over the medium term.

## 5. HOW THE HSCIC OPERATES

### Governance

HSCIC is an executive non departmental public body, accountable to the Secretary of State for Health for discharging its functions, duties and powers effectively, efficiently and economically. The **HSCIC Board** is the senior decision making structure of the organisation, accountable to the public, Parliament and the Secretary of State for Health. It is led by the Chair and comprises non-executive and executive directors.

The Board is supported by three main committees, each chaired by a Non-Executive Director:

- The **Assurance and Risk Committee** ensures there are arrangements in place to identify, evaluate and report on the effectiveness of risk management, other internal assurance controls, and the efficient use of resources.
- The **Information Assurance and Cyber Security Committee** ensures arrangements are in place to manage information assurance and cyber security risks and threats across the organisation.
- The **Remuneration Committee** reviews, approves and advises on matters relating to pay, including remuneration packages, performance related pay awards and redundancy.

### Performance Management

In order for the HSCIC to be successful and deliver on our statutory obligations and commitments to stakeholders as well as our strategic objectives we have designed an organisation-wide performance management framework. During 2015/16 we will continue to develop, enhance and embed what has already been designed and is being used in terms of:

- Key Performance Indicators reported in performance packs for at Board, EMT and directorate level. These performance packs contain a mix of financial and non-financial performance information, key risks and issues and delivery against strategic commitments.
- Business Plan Monitoring reported quarterly at corporate and directorate levels.
- Progress reporting of other key work, such as cyber security, organisational development and transformation, innovation and burden reduction

Appendix 5 presents the HSCIC corporate performance framework. Many elements of the performance framework are reported to public meetings of the Board and are available on the HSCIC website. In this respect they support open and transparent governance and constitute an important channel of accountability to the public.

### Risk Management

HSCIC operates a strategic risk management model organised around a set of 'Big Eight' risk areas. Supporting each of the Big Eight risk areas is a hierarchy of individual risks managed at corporate, directorate, service and programme levels. Appendix 6 presents the Big Eight risk headings. During 2015/16 the HSCIC will develop a more integrated risk and assurance model in order to strengthen and streamline its internal risk and assurance arrangements.

Risk management practice within HSCIC is supported by comprehensive governance framework, including a policy, strategy and guidance. An internal audit review during 2014/15 found that this framework represents good practice. During 2015/16 HSCIC will further enhance risk management capability and effectiveness across the organisation.

## APPENDIX 1: HSCIC Statutory Requirements

Our statutory requirements are set out in the Health and Social Act 2012 and the Care Act 2014.

### HSCIC Statutory Requirements

- 1 Collect, analyse and present national data on health and care taking due regard of information standards published (under section 250 of the Act) or guidance issued by the Secretary of State or NHS England
- 2 Establish and operate systems for the collection or analysis of information as directed by the Secretary of State for Health or NHS England
- 3 Process mandatory or non-mandatory requests from other bodies/persons to set up a system for the collection or analysis of information
- 4 Prepare and publish a code in respect of the practice to be followed in relation to the collection, analysis, publication and other dissemination of confidential information concerning, or connected with, the provision of health services or of adult care in England
- 5 Publish a register containing details of the information the HSCIC collects or may derive from a collection, for example, following analysis of the information
- 6 Establish, maintain and publish a database of quality indicators in relation to the provision of health services and adult care in England
- 7 From time to time assess the extent to which information it collects meets the information standards published under section 250 (so far as they are applicable) and publish a record of the results of the assessment
- 8 Carry out functions in relation to issuing GPs with doctor index numbers
- 9 Exercise such systems delivery functions of the Secretary of State or (as the case may be) NHS England as may be specified

## **APPENDIX 2: HSCIC Directorates' Strategic Objectives**

First Draft v0.3

## OPERATIONS AND ASSURANCE SERVICES

The Operations and Assurance Services (OAS) directorate is responsible for ensuring that systems and programmes are delivered in a technically and clinically safe and secure manner. Once systems are in the live environment the directorate ensures that they maintain high levels of availability and are fully resilient. The directorate also ensures that upgrades to the Spine, a core component of the **critical national technical infrastructure**, are developed and applied in a safe, secure and cost effective manner.

The Director of Operations and Assurance Services is the HSCIC's Senior Information Risk Officer (SIRO), and the directorate also has responsibility for the provision of the organisation's corporate ICT capability. Given these functions, the OAS directorate will play a fundamental role in the delivery of Personalised Health and Care 2020, particularly in building and sustaining public trust in the collection, storage and use of sensitive personal data.

### Strategic objectives for 2015/16

1. Ensure that consistently high-quality, high availability services are delivered to the health and social care system to support the public and care professionals in accessing data and information when and where it is required.
2. Deliver a programme of work to meet the Secretary of State's requirement to improve data and system security across health and social care, and implement and maintain an effective Cyber Security programme and strategy which responds to the evolving nature of threats to the health and social care sector and helps to build and sustain public trust.
3. Provide expert and professional support and advice to internal HSCIC and external customers on Information Governance and IG systems, security, burden management and standards to build public trust and confidence, and ensure best value for taxpayers.
4. Work with other Arms-Length Bodies, partners and stakeholders across the health and care system to develop a centre of expertise for information governance and knowledge-sharing networks that contribute to the continual improvement of health and care services.
5. Migrate the Secondary Uses Service (SUS) from BT to HSCIC and ensure the annual Payment by Results release is delivered.
6. Determine the requirement for the enhancement of SUS 2015-2017 in conjunction with the National Tariff Service programme and implement this.
7. Successfully deliver the Care Identity Service transition within the timescales of the Spine Extension Business Case.
8. Put in place the foundations required to decommission the National Health Application and Infrastructure Services (NHAIS) systems.
9. Develop the service model and capability for supporting nationally rolled-out mobile applications and authentication methods to facilitate mobile working.
10. Reduce timescales for connectivity to national systems by simplifying requirements and adapting new approaches for the application of assurance.
11. Promote a safety culture and strongly embed clinical safety into the NHS, Professional Royal College and academic networks by providing support and information to encourage all appropriate health organisations and industry partners to adopt the Information Standards Board safety standards ISB 0129 and ISB 0160.
12. Deliver against the HSCIC Corporate ICT Strategy, which has been agreed with the Corporate Information Steering Group, and which meets the business needs of the organisation.

## PROGRAMME DELIVERY

The Programme Delivery directorate leads programmes and projects of transformational change to deliver health and social care digital services that are so straightforward and convenient that all those who can use them will choose to do so whilst those who cannot are not excluded. The directorate's current portfolio is diverse and includes programmes, projects, operational services and resource assignments that we are delivering on behalf of the health and social care system.

]

### Strategic objectives for 2015/16

1. Contribute to transforming health and social care services by delivering our existing portfolio of projects, operational services and commitments on time, within budget and to the required quality to exceed customer expectations.
2. To transform the directorate structure and way of working to become a more proactive problem solver for the wider system rather than simply being reactive to the work we are commissioned to deliver. Specifically:
  - a) implement a proposal for change to redesign the directorate structure to be able to respond to the National Information Board Framework to deliver patient digital transactions and enable them to make the right health and care choices.
  - b) encouraging a greater focus on benefits through delivery of the corporate benefits risk mitigation plan
3. Align the directorate's portfolio with the key strategic themes identified in the Personalised Health and Care 2020. Specifically:
  - a) exploiting / sweating current assets to optimise benefits realisation to support innovation and growth
  - b) in liaison with system partners publish proposals to consolidate NHS e-Referrals, appointment booking and repeat prescription ordering with NHS Choices
  - c) publish proposals for linking 111 with NHS Choices
  - d) develop NHS Choices to provide a core common platform for all care providers that is capable of customisation to reflect the specific needs of different localities and communities
  - e) initiation and delivery of a Citizen Identity project in liaison with key partners
  - f) implement proposals for enhancement and extension of the My NHS service on NHS Choices
  - g) digital Maturity Index key indicators for NHS trusts will be published via NHS Choices
  - h) commence national roll out of SCR into Community Pharmacy and develop plans to provide access to health and social care settings such as social care

4. Support the strengthening of the HSCIC's offer to social care through:
  - a) introducing an internal "community of interest/practice" group to improve our internal co-ordination and information-sharing
  - b) drawing up a "roadmap" that sets out the requirements for information standards in social care to support the implementation of the Care Act and accelerate progress on integration
  - c) developing a "digital maturity" framework for local authorities that supports local innovation and integration, and includes guidance on transitioning and implementing the NHS Number, secure exchange of information, cross-government networks and information governance
  - d) delivery of a Social Care Informatics project to manage our internal co-ordination in advance of the introduction of our account management function
  
5. Continue to foster an environment and culture that actively develops, promotes professionalism across the directorate to support successful delivery. Specifically:
  - a. implementation of effective dynamic resourcing and collaborative recruitment to facilitate a move towards a people centric resourcing model that maximises staff skills, experience and knowledge
  - b. ensuring high quality PDRs for all staff including provision of professional training linked to the career path for our professional group
  - c. reduce staff attrition and demonstrate a high retention rate of talented staff
  - d. establish high employee satisfaction by demonstrating we listen and respond appropriately to staff views on how things need to be shaped / developed by delivering an agreed action plan which clearly sets out what we are doing and deliver against it.

## **PROVIDER SUPPORT**

The purpose of the Provider Support directorate is to:

- Actively support health and social care providers to deliver safer, better and more efficient (economic) patient-centred care. We will do this by helping to shape the operating environment and supporting providers to build their digital maturity and enable integrated, high quality services that will help providers meet local business challenges.
- Support our customers/providers and our Senior Responsible Owner (SRO) to deliver the commitments from the Local Service Provider (LSP) and South Local Clinical System contracts, to gain maximum benefit, and then to safely exit contracts and support their transition to locally managed services starting mid-way through 2015/16.

### **Strategic objectives 2015/16**

1. Safe LSP Exit and transition to local arrangements (BT Oct 2015, CSC July 2016)
2. Relentless focus on benefits by continuing to drive benefits throughout and beyond the LSP transition
3. Delivery of effective local support to provider and Health and Social Care integrations
4. Create new service opportunities by engaging with provider consortia and ALB's (e.g. TDA work)
5. Provide effective collaborative support to enable NIB apps work-stream via HSCIC expertise
6. Maintain high performing teams that are motivated, empowered (and accessing opportunities enabled through dynamic resourcing) during the change

## INFORMATION AND ANALYTICS

The purpose of the Information and Analytics Directorate is to:

- Operate a system for the collection, analysis, dissemination and publication of information in the interests of the health service in England or of the recipients or providers of adult social care in England.
- Provide useful, trusted and accessible figures to a wide range of other users, including Government, researchers, interest groups, patients and the public, to support scientific investigation, patient choice and public debate.
- Ensure that customer and user engagement, satisfaction and requirements drive the delivery of data and information services.
- Support the utilisation, optimisation and realisation of benefits by policy, customers and users in health and social care organisations.

### Strategic objectives for 2015/16

1. Demonstrate a reduction in the burden of data collections on the front line by, through working in partnership with ALBs in line with the MOUs that will be developed following the agreement of the concordat.
2. Make information, including on patient outcomes, more accessible, including through consulting on the development and implementation of a publication strategy and data asset utilisation.
3. Make data more accessible, through the development of a scalable Data Management Environment, coupled with a repeatable, secure and transparent data access process.
4. Establish HSCIC as key national provider of national assured indicators.
5. Drive better value through services for clinical audit, through the implementation of a revised operating model which focuses on data collection and analysis.
6. Deliver the agreed directorate business portfolio of products and services to agreed time, cost and quality, including, The National Casemix Office, Care.Data, Data Services for Commissioners and the National Tariff Service.
7. Complete HSCIC Strategic Transformation Activities.
8. Improve Data Quality, by assessing the quality of data we receive, publishing the results of these assessments and by providing advice and guidance on data quality best practice and innovation to data providers

## **ARCHITECTURE, STANDARDS AND INNOVATION**

This new directorate was created to provide leadership of and accountability for the Architecture, Standards and Innovation work in the HSCIC.

- The Technical Architects team (TAID) acts as a resource pool providing technical specialists and architects to projects and programmes. The team also provides technical governance through the Architecture Governance Group which reviews technical designs.
- The Standards team (ISD) develops and maintains major clinical standards for the UK and provides implementation support and tooling. It also supports the SCCI standards approval process.
- The Innovation Team manages the innovation centre, runs the innovation ideas process and manages current innovation projects.

### **Strategic objectives for 2015/16**

1. Develop the HSCIC as the centre of competence for Technical Architecture, Information Standards and Innovation for the Health and Social Care Sector
2. Establish resources, teams and projects to deliver the commitments in the HSCIC Strategy and NIB Framework
3. Develop positive external relationships and reputation within and across the health sector
4. Work with the Interoperability Board to develop new standards for the interoperability of care documents and records
5. Establish a team to implement SNOMED CT and related pharmacy standards, and the interoperability standards
6. Develop the SCCI Support service into a fully operational service in support of our strategic commitments
7. Establish a fully operational Innovation Centre and working processes for development of innovative ideas

## **HUMAN RESOURCES AND TRANSFORMATION**

The purpose of the Human Resources and Transformation directorate is to transform the HSCIC into a high performing organisation that is recognised as an outstanding place to work, through delivery of optimal human resources services and development of the capability and capacity of the workforce.

### **Strategic objectives 2015/16**

1. Secure an appropriate workforce.
2. Transform the organisation to become a high performing organisation.
3. Develop the informatics skills base.
4. Provide effective and efficient support to the HSCIC's business through the provision of an agreed level of HR Services, delivered through a transformed HR Directorate.

First Draft v0.3

## **FINANCE AND CORPORATE SERVICES**

The Finance and Corporate Services directorate delivers a broad range of professional services across the HSCIC: Portfolio Management; Corporate Planning and Performance; Financial Services, Commercial Expertise alongside Business Services. The directorate:

- Ensures cohesion and cross-directorate working resulting in common processes and a single version of the corporate “truth” underpinned by robust Corporate Information Systems aligned to the strategy.
- Ensures delivery of statutory duties for effective financial and corporate governance.
- Delivers the estate and supporting business services infrastructure.
- Provides executive and administrative support to the Board, its committees and members
- Manages and assures the organisational pipeline of work under our business and portfolio management remit.
- Provides commercial expertise and services to both internal and external programmes of work
- Provides oversight across all Directorate through efficient and robust processes, generated from good practice, to improve performance and governance through the application of challenge at the appropriate level of challenge from a ‘critical friend’ (measured through combination of performance indicators)

### **Strategic objectives for 2015/16**

1. Ensure sound financial management
2. Implement system of assurance to support delivery of organisational objectives
3. Drive improved efficiency and value for money
4. Effective management of resources across the organisation including the management of specialist resources
5. Commercial delivery to HSCIC

## **CUSTOMER RELATIONS**

The purpose of the Customer Relations directorate is to be the first point of contact with all HSCIC customers, ensuring that the views of our customers inform the delivery of our services and the development of our organisation. To ensure that HSCIC is a dynamic, customer focused and vibrant organisation the Customer Relations directorate will develop and build excellent customer relationships and quickly build the organisation's reputation as the information, data and technology partner for the health and social care sectors. The directorate will:

- Lead the outward face of the HSCIC and build highly effective customer focused relationships with both industry and stakeholder organisations to ensure HSCIC supports them to make better decisions make better use of taxpayers' money and deliver of high quality services to patients and the public.
- Feed market intelligence to our business and portfolio planning activities, informing development of our products and services and will actively market our portfolio of products and services to our existing and potential customers.
- Establish the HSCIC as an engine of social and economic opportunity by maximising engagement with industry and stakeholder organisations. The Directorate will lead our Communications function, will positively develop our brand and will lead all interactions with the media.

### **Strategic objectives for 2015/16**

1. Build highly effective customer relationships with both customer and stakeholder organisations to ensure HSCIC supports them in delivering high quality services to patients and the public;
2. Build HSCIC's market intelligence capability and approach so that customer insight informs the development of all our new and existing products and services;
3. 'Market' HSCIC's portfolio of products and services to existing and potential customers;
4. Protect and build HSCIC's reputation as a trusted, innovative and dynamic information, data and technology partner for the health and social care sectors;
5. Review and refresh HSCIC's internal communications and delivery;
6. Develop and embed HSCIC's approach to public engagement, so that our activities are informed by the needs and requirements of key stakeholder groups;
7. Develop the new Directorate into a dynamic, proactive and professional team supporting the wider strategic ambitions of the HSCIC.

## APPENDIX 3: DELIVERABLES AND COMMITMENTS FOR 2015/16

The content of this appendix is based on initial business plan submissions received from HSCIC directorates. It should be treated with caution and as only indicative of very early planning intentions.

Note that deliverables are organised under the six headings relating to the HSCIC strategic objectives.

The number and articulation of deliverables will be refined as the planning and budget-setting processes progress during early 2015.

The next major change to this section will be in the second week of February following internal peer review and quality assurance processes

## 1. A SHARED APPROACH TO DIGITAL CARE SERVICES

Establish an overall architecture for the sector's technology and data services, with a framework of standards which will encourage innovation and the development of new, digitally enabled care services for citizens

(Architecture, Standards and Innovation)

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
Exercise such systems delivery functions of the Secretary of State or (as the case may be) NHS England as may be specified	Releases of Classifications, Terminologies, and NHS Data Dictionary core services in support of delivery functions;  Support the SCCI board providing timely and effective work across the lifecycle of requests	ASI	Standards Service heads	releases of each standards on the agreed frequencies or dates;	Service environment stability as provided by HSCIC ICT Services and the internal Support Service  Ongoing licensing of SNOMED CT  Capacity within service areas is available to service demand from SCCI
Develop the HSCIC as the centre of competence for Technical Architecture, Information Standards and Innovation for the Health and Social Care Sector	Ensure that effective technical governance is in place across all projects  Ensure that effective Standards governance is in place across all projects and programmes  Establish the Design Authority to function effectively as a powerful voice in the system  embed the role of the HSCIC TA team in the technical governance of the sector  Ensure that recruitment is up to a level that sustains the workforce and copes with planned fluctuation and increase in demand	ASI	Technical Governance	TBC	Appropriate and effective corporate governance is in place to support  Design Authority becomes a design making body  Agreement of a process with HR which attracts the right calibre of recruit
Establish resources, teams and projects to deliver the commitments in the HSCIC Strategy and NIB Framework	Ensure that there are Standards implementation initiatives in place aligned to the NIB Information Strategy  The HSCIC will consult with clinical leaders and other stakeholders and publish a plan by December 2015 for the progressive opening up of connectivity with and use of the NHS infrastructure to all care providers and service users, subject to accreditation	ASI	Strategy Delivery	TBC	HSCIC Strategy being completed and agreed  Funding impact assessments  partnership working with the MHRA

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
	The HSCIC will, in partnership with the Medicines and Healthcare Products Regulatory Agency (MHRA), produce proposals to ensure that reporting standards are implemented in all information systems in hospital, pharmacy and other sectors				
Develop positive external relationships and reputation within and across the health sector	<p>Document current relationships</p> <p>Participate in account planning with new Customer Relations directorate</p> <p>Through clear articulation of HSCIC purpose with external stakeholders increase the visibility of the role of the HSCIC within the health and social care system. Build strong personal relationships with key stakeholders</p>	ASI	External Relationships	TBC	Fully functional Customer Relations Directorate with which to interface?
Work with the Interoperability Board to develop new standards for the interoperability of care documents and records	<p>Develop PRSB headings into agreed implementable standards with messaging and clinical coding structures</p> <p>Develop and publish maturity model and associated guidance</p>	ASI	Interoperability	TBC	
Establish a team to implement SNOMED CT and related pharmacy standards, and the interoperability standards	<p>Build implementation team</p> <p>Develop supporting material</p> <p>Develop implementation plans and support plans</p> <p>Establish communication and reference mechanisms</p>	ASI	SNOMED Implementation	TBC	
Develop the SCCI Support service into a fully operational service in support of our strategic commitments	<p>Support the SCCI board providing timely and effective work across the lifecycle of requests</p> <p>Ensure SCCI support service has clear, optimised processes</p> <p>Ensure SCCI reputation is good and satisfaction is high</p>	ASI	SCCI Support	TBC	Organisational changes take place necessary to support operation of the SCCI Support Service

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
<p>Establish a fully operational Innovation Centre and working processes for development of innovative ideas</p>	<p>Establish a centre for Innovation</p> <p>Establish ongoing processes and systems to ensure that innovation and improvement ideas are captured, developed, prioritised and implemented</p> <p>Establish relationships with other innovation teams and initiatives across the sector</p> <p>NIB Commitment: In partnership with the AHSNs, the London Health Commission, the HSCIC, NHS England and PHE will together support the development of five further Technology for Care innovation centres, where possible based on existing, successful local centres, such as the Catapult centres</p>	<p>ASI</p>	<p>Martin Spotswood (Innovation)</p>	<p>TBC</p>	<p>Successful recruitment and expansion of the service</p>

First Draft v0.3

## 2. NATIONAL DATA AND TECHNOLOGY SERVICES

Build and operate the national technology and data services, where there is a clear advantage in doing so, to underpin a national, integrated approach to the delivery of health and social care services.

(Operations and Assurance)

Deliverables and Commitments	Key milestones for FY 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
Transition HSCIC delivered services to be managed under the mature National Service Integration and Management (SIAM) function, to ensure an appropriate level of management, control and visibility to support the delivery of high quality services.	All priority services, agreed at the SIAM Project Board, to be transitioned under central SIAM operational Management by December 2015.	OAS	Neil Bennett	December 2015	
Implement a Service Design function capable of delivering new business requests against a managed Portfolio of Services.	All new business requests to have accompanying service designs that are conformant to the SIAM framework.	OAS	Neil Bennett	April 2015	
	All new Service Designs to be under the formal governance of the HSCIC Service Design Meeting.	OAS	Neil Bennett	April 2015	
	All new Service Designs to be consistent in their structure, implementation and operation.	OAS	Neil Bennett	April 2015	
	All existing HSCIC delivered services to have Service Designs that are consistent and conformant as above.	OAS	Neil Bennett	December 2015	
Implement a Business Relationship Management function across the NHS and Social Services to drive forward the HSCIC Service Management Portfolio aligned with HSCIC's broader corporate approach to account management, and ensure that customer requirements fully considered.	Central Contacts database developed in partnership with the Contact Centre customer management approach.	OAS	Neil Bennett	April 2015	
	Contacts in place for 95% of NHS Organisations.	OAS	Neil Bennett	July 2015	
	Actively engaged with 75% of NHS Organisations.	OAS	Neil Bennett	December 2015	
	Contacts in place for X% of Social Care Organisations.	OAS	Neil Bennett	December 2015	

Deliverables and Commitments	Key milestones for FY 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
	All agreed new business requests with a delivery date prior to March 2016, completed.	OAS	Neil Bennett	March 2016	
	Draft security standards in support of innovative delivery of new technologies and sustaining trust in the HSCIC's services.	OAS	Peter Hall	September 2015	
	Feed into the corporate work to align all HSCIC returns required of the business by aligning corporate IGC returns required of business with other non IG returns where appropriate.	OAS	Peter Hall	December 2015	
	Completed Security Operations function Service Catalogue Delivery.	OAS	Peter Hall	March 2016	
	Work with Informatics Workforce Development to ensure effective and coherent IG training and professional development across the sector.	OAS	Peter Hall	December 2015	
Confirm the requirements for SUS system enhancements, and for R16.	Requirements agreed with Monitor and NHS England.	OAS	Andy Burn	September 2015	
	Business case approved by DH.	OAS	Andy Burn	September 2015	
	Detailed requirements agreed with supplier	OAS	Andy Burn	November 2015	
Develop and implement SUS system enhancements and R16.	Code base ready for testing.	OAS	Andy Burn	December 2015	
	Implementation of R16.	OAS	Andy Burn	March 2016	
Provide Spine development services in support of the HSCIC delivery programmes and to increase the number of external organisations able to connect and develop services on behalf of health and social care providers.	Deliver a Self-Service Toolset for suppliers to self-manage message replay and issue investigation.	OAS	Ian Lowry	April 2015	
	Develop a technical solution to provide Female Genital Mutilation Risk indication.	OAS	Ian Lowry	May 2015	
	Further developments in the Summary Care Record Application and Alert Viewer. Application to support SCR Programme and wider Privacy Officer/Caldicott Guardian business needs.	OAS	Ian Lowry	June 2015	

Deliverables and Commitments	Key milestones for FY 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
	Spine Services Transformation to Target Operating Model.	OAS	Ian Lowry	September 2015	
	Procure and Transition to the replacement DTS service.	OAS	Ian Lowry	October 2015	
Develop identity verification solutions in support of Health and Social Care workers and patient/citizen Identity in support of policy objectives.	Deliver the Visitor and Migrant Application in support of the DH cost recovery programme.	OAS	Ian Lowry	April 2015	
	Delivery of CIS application improvements including: Strategic Temporary Access Card, central reports, Alerts and Notifications, Organisation groups and Strategic workflow.	OAS	Ian Lowry	October 2015	
	Develop and deliver the CHRIS replacement.	OAS	Ian Lowry	February 2016	
Reduce timescales for connectivity to national systems by adapting new approaches for the application of assurance.	Virtual Private Network technically available.	OAS	Debbie Chinn	September 2015	
	Rollout of 'Start Up' function across OAS to allow assurance to be tailored collaboratively and innovatively and provide a 'one stop shop' for all OAS services.	OAS	Debbie Chinn	September 2015	
	Service wrap for VPN.	OAS	Debbie Chinn	December 2015	
Implement a revised assurance approach which meets the risk appetite of SROs and the HSCIC Board.	Consult, plan and implement agreed revisions.	OAS	Debbie Chinn	March 2016	
Agree the business cases required to redevelop the non-outsourced developments of the National Health Application & Infrastructure Services (NHAIS).	Develop Strategic Outline Case (SOC) for the redevelopment of the Primary Care Registration Management system.	OAS	Sean Walsh	June 2015	
	Develop Full Business Case (FBC) for the redevelopment of the Primary Care Registration Management system.	OAS	Sean Walsh	December 2015	
	Develop Strategic Outline Case (SOC) for the redevelopment of the Bowel Screening Service.	OAS	Sean Walsh	June 2015	

Deliverables and Commitments	Key milestones for FY 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
	Develop Full Business Case (FBC) for the redevelopment of the Bowel Screening Service.	OAS	Sean Walsh	December 2015	
	Develop Strategic Outline Case (SOC) for the redevelopment of the National Cervical Screening Service.	OAS	Sean Walsh	June 2015	
	Develop Full Business Case (FBC) for the redevelopment of the National Cervical Screening Service.	OAS	Sean Walsh	December 2015	
	Migrate first service users to new portal.	OAS	Sean Walsh	March 2016	
Support nationally rolled out mobile applications.	Rollout nationally a mobile application.	OAS	Sean Walsh	December 2015	
	Develop proof of concept mobile application for Android or Windows.	OAS	Sean Walsh	December 2015	
Move from Oracle to Postgress for database development on new services.	Go live with first iteration Proof of Concept service based on Postgress instead of Oracle.	OAS	Sean Walsh	June 2015	
Clinical Safety Training – interim training provision until full Procurement of clinical safety training.	Continue to deliver the interim safety training until such a date of full procurement.	OAS	Sebastian Alexander	June 2015	
Procurement of New Clinical Safety Training with a partner organisation.	Procurement of a new Clinical Safety Training course with a partner organisation.	OAS	Sebastian Alexander	September 2015	
Ensure that clinical safety standards are incorporated into the emerging technologies (Personal and Professional) health and wellbeing records and apps and assistive devices.	Ensure personal health and wellbeing records and apps and assistive device are aware of the clinical safety.	OAS	Sebastian Alexander	March 2016	
To work with Royal College networks and academic establishments to promote and endorse the clinical safety standards.	To establish networks between Royal colleges and HSCIC.	OAS	Sebastian Alexander	March 2016	
Deliver against the Corporate ICT Strategy.	Establish the care.data Pathfinders and Data Management Environment (DME) with an assured and managed service.	OAS	Michael Flintoft	April 2015	

Deliverables and Commitments	Key milestones for FY 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
	Remove Server 2003 from the HSCIC Corporate Network prior to the end of support in July 2015.	OAS	Michael Flintoft	June 2015	
	Flexible/Remote Working to be enhanced to meet the HSCIC's business requirements.	OAS	Michael Flintoft	August 2015	
	Complete the data centre migrations from Harrogate to Plymouth.	OAS	Michael Flintoft	March 2016	
	Undertake a review of the services required for the Information and Analytics directorate.	OAS	Michael Flintoft	March 2016	

(Programmes Delivery)

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
The HSCIC to provide the NHS Choices service	TBC	PDD	James Hawkins	March 2016	
<b>Primary Care IT</b>					
GP Systems of Choice Replacement	A minimum of twenty integrated services delivered using the GPSoC replacement interface	PDD	Kemi Adenubi	March 2016	Cross supplier co-operation to develop and deliver integrated services under the auspices of the GPSoC replacement contract.
	Patient access to their coded medical records will be available electronically in line with the provisions of the 2015/16 GMS contract for GPs.	PDD	Kemi Adenubi	December 2015	Agreement with GP professional bodies and NHS England on the way in which the contractual requirements will be implemented. Supplier capacity to implement the services as specified.

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
	GPSoC services catalogue for Additional and Interoperable Services in place and in use by local organisations	PDD	Kemi Adenubi	June 2015	GPSoC Replacement procurements concluded Supplier services available Development and implementation capability to support the catalogue
GP2GP	New requirements to deliver a Large Messaging Solution, Reduction of Paper Printing and a Returning Patient solution (V 2.2a and b requirements) to achieved Full Roll Out Approval by all clinical system suppliers	PDD	Kemi Adenubi	December 2016	All clinical system suppliers will be capable of developing new GP2GP requirements for V2.2a and b functionality. Suppliers will be able to deliver to the agreed timescales defined in the GPSoC contract. The GP2GP team will have enough testing resource to complete testing and clinical assurance activities in-line with the required delivery timescales.
	58% of joining patients will have their record transferred electronically.	PDD	Kemi Adenubi	December 2016	GP Practices will apply appropriate measures to ensure GP2GP is utilised appropriately for requesting patient electronic health records and subsequently integrating these.
	75% of Requests made via GP2GP will result in a record being successfully integrated within 3 working days.	PDD	Kemi Adenubi	March 2016	New requirements to deliver a Large Messaging Solution, Reduction of Paper Printing and a Returning Patient solution (V 2.2a and b requirements) will be delivered by clinical system suppliers in-line with delivery timescales. GP practices will apply business processes that will maximise the use of GP2GP and integrate received records Clinical system suppliers applying measures to promote appropriate usage of GP2GP in practices.
Calculating Quality Reporting Service	Calculate QOF payments and provide 5 Enhanced Services for GPs for FY14/15.	PDD	Martin Warden	Apr 2015	GPES will provide the achievement data from GP practices for calculating QOF payments

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
	Calculate payments for 15 Enhanced Services for fy15/16	PDD	Martin Warden	March 2016	GPES will provide the achievement data from GP practices for calculating payments for enhanced services Enhanced Services will come on stream throughout the year. The timing will be dependent on completion of NHSE requirements and GPES team GP Clinical IT System Suppliers' resource capacity Manual entry of achievement using CQRS may be required for some Enhanced Services in the absence of data from GPES
GPES	To extract data for care.data Pathfinder	PDD	Martin Warden	April 2015	Care.data end to end technical solution for landing data is in place by April 2015
	To commence the monthly extract of data for FY15/16 QOF to support GP payments	PDD	Martin Warden	May 2015	The timing will be dependent on completion of the GP contract negotiations with NHSE by December 2014 and GPES team and GP Clinical IT System Suppliers' resource capacity being in place to deliver the extract
	To extract data for all FY15/16 Enhanced Services	PDD	Martin Warden	October 2015	Enhanced Services will come on stream for GP's throughout the year. The timing will be dependent on completion of NHSE requirements and GPES team and GP Clinical IT System Suppliers' capacity
Electronic Prescription Service	To deploy EPS Release 2 to 65% of GP practices in England	PDD	Kemi Adenubi	March 2016	Local resources is available to support business change and deployment activity
	EPS Release 2 utilisation to average 51% in live GP practices	PDD	Kemi Adenubi	March 2016	Local resources are available to support business change and deployment activity.
	All pre-requisites in place, as agreed with stakeholders, to support the use of EPS2 without nominations	PDD	Kemi Adenubi	March 2016	Successful implementation of changes to the service model, improvements to pharmacy business continuity provisions and the introduction of legislation and contract changes in GP and pharmacy contracts.

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
<b>Cross-Government Projects</b>					
Health and Justice Information Services (HJIS)	HJIS FBC (Phase 1: residential estate) drafted, approved by the SRO and submitted to NHS England for approval.	PDD	Alex Elias	August 2015	The assurance and approvals process does not delay delivery of the FBC.
	HJIS Phase 1 (residential detention) contract signed	PDD	Alex Elias	November 2015	The assurance and approvals process does not delay delivery of the FBC and implementation of the service.
	HJIS OBC (Phase 2: temporary estate) drafted, approved and submitted to NHS England for approval.	PDD	Alex Elias	May 2015	Dependent on outcomes of <i>Discovery, Feasibility and Alpha</i> activity which, subject to approval to commence, is due to report Spring 2015, and on NHS England providing affordability statement for Phase 2. Milestone date is indicative until plan is baselined following above activity
Offender Health IT (OHIT)	OHIT prescribing functionality developed, deployment processes defined, and NHS England engagement and awareness completed.	PDD	Alex Elias	July 2015	Participation from NHS England Area Teams in scheduled engagement events
	OHIT remaining roll out of residential detention estate completed	PDD	Alex Elias	Mar 2016	Assumption: There are 4 additional sites for rollout Dependency: NHS England are required to secure funding for these systems (through LSP) and supporting infrastructure (through Area Teams).
	OHIT Registration Authority / smartcard rollout complete	PDD	Alex Elias	Mar 2016	NHS England Area Teams commission IT providers to deliver RA and smartcard implementation at a local level.
Child Protection Information Service (CPIS)	Achieve 80% Local Authority Take up of CPIS	PDD	Alex Elias	December 2015	Achieve 80% of local authorities connected to CP-IS system and sending live data. This was scheduled for April 15 but this is now a more realistic timescale and in line with new business case projections for benefits.

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
	Achieve 34% benefits realisation	PDD	Alex Elias	March 2016	Achieve the benefits in line with the current iteration of the Business Case
	Complete controlled project closure and transition to operations / service	PDD	Alex Elias	March 2016	NHS England assume responsibility for on-going delivery and benefits management HSCIC operational team will continue to facilitate the management and assurance of remaining Suppliers through the Common Assurance Process until Apr 18
Defence Projects (inc CORTISONE support, DMS Connectivity)	Partnership working agreement in place between MoD and HSCIC with appropriate working model to enable resource allocation to support (income generating)	PDD	Alex Elias	April 2015	Adjustments to (likely the) overarching DH-MoD MOU Working model/processes in place to prioritise the pipeline of work and allocate appropriate HSCIC resources to deliver
	Support the delivery of MOD documentation pertaining to NHS Connectivity for the MOD Initial Gate Business Case for the CORTISONE programme	PDD	Alex Elias	August 2015	HSCIC resource is available Clarity on MoD concentrating the development and assurance process for the Business Case
	Ensure alignment of NHS initiatives (NHS connectivity) with the MoD's CORTISONE programme and ensuring provision of programme support from HSCIC in place. Alignment objectives and all outputs to be delivered against a Terms of Engagement containing a suite of objectives.	PDD	Alex Elias	November 2015	HSCIC resource is available and that they can act as a conduit to other HSCIC resources as appropriate
Female Genital Mutilation Prevention (FGMP)		PDD	Alex Elias		No milestones defined for 15/16 due to the Female Genital Mutilation Prevention project only covering the period Sept 14 to March 15. FY15/16 milestones will be dependent on outcome of scoping project.
Social Care Informatics Scoping Project		PDD	Alex Elias		No milestones defined for 15/16 due to the Social Care Informatics project. FY15/16 milestones will be dependent on outcome of scoping project.

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
ISTV Implementation Plan Support [Information Sharing to Tackle Violence]	The provision of project and programme management services to the Department of Health	PDD	Alex Elias	July 2015	NHS England have appointed a replacement SRO who will need to establish themselves into the role quickly in order to make progress. A future strategy for ISTV still needs to be defined.
	Provide a mechanism for monitoring and reporting on the conformance of type 1 A&E departments to the ISTV information standard.	PDD	Alex Elias	February 2015	The establishment of a HSCIC hosted web portal. The establishment of the VRN's network by NHSE in January in order to engage with Trusts and gather local intelligence
	Engage and support VRN's as required	PDD	Alex Elias	January 2015	The establishment of the VRN's network by NHSE in January
Mental Health Data Collection and Analysis for Department of Health		PDD	Alex Elias		Milestones will become known once the scoping project has progressed.
Information Sharing for Parents (ISP)	The provision of project management services for the duration of the project	PDD	Alex Elias	March 2016	Ministerial expectations to be set in regard to the timeframes for delivery The approval of an information standard from the SCCI
	Establish Demonstrator sites	PDD	Alex Elias	April 2015	Dependency on agreement from Trusts to participate and development from maternity system suppliers
	SCCI final approval for ISP information standard	PDD	Alex Elias	July 2015	Dependency on approval of testing outcomes from demonstrator sites
	Implementation of ISP information standard	PDD	Alex Elias	Mar 2016	Dependency on approval of ISP information standard
<b>Other Programme Delivery Directorate Projects</b>					
NHS e-Referral Service	NHS e-RS initial phase software development complete and Go live / Transition to NHS e-RS complete.	PDD	Ben Gildersleve	TBC	Requirement for a support model for NHS e-RS to be in place prior to go-live. Spine 2 CIS is delivered on time in Feb 15 otherwise potential that data migration will prove more complex or time consuming than anticipated.

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
	Achieve 75% utilisation of Choose and Book.	PDD	Ben Gildersleve	March 2016	Local NHS organisations and key stakeholders have capacity and capability to support current and future implementation and business change.
	Commence future phase NHS e-RS Software Development.	PDD	Ben Gildersleve	January 2015	Approval of Phase 1 Future Development ICT spend and the Future Development Full Business Case. Any delay to approvals impacts the ability of the programme to commence development and delivery. Approval of Phase 1 Future Development ICT Spend approval now dependent upon Government Digital Services Assessment scheduled for July 14. Programme unable to re-plan for procurement and development prior to outcome of assessment
Summary Care Record	Complete the creation of Summary Care Records for all citizens who want one	PDD	Richard Ashcroft	December 2015	GP compliance with their contractual requirement to upload records On-going supplier compliance and service availability across GP system suppliers and Spine 2 services
	Drive up the utilisation of SCR to 40k views per week (2 million views per year)	PDD	Richard Ashcroft	December 2015	High level support from key NHS stakeholders across all urgent and emergency care settings On-going supplier compliance and service availability across GP system suppliers and Spine 2 services
	Commence national roll out of SCR into Community Pharmacy and develop plans to provide access to health and social care settings as set out in the NIB framework (such as social care)	PDD	Richard Ashcroft	December 2015	Funding provision for Community Pharmacy rollout Current Proof of Concept is successful and issues are resolved Professional and patient buy in to their data being used in environments outside the original Summary Care Record scope
NHSmail 2	Put NHSmail 2 into live service.	PDD	Mark Reynolds	June 2015	The milestone is dependent upon timely approval of the NHSmail 2 Full Business Case.

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
	Close the current NHSmail operational service	PDD	Mark Reynolds	March 2016	The milestone is dependent upon timely approval of the NHSmail 2 Full Business Case.
N3 / Health and Social Care Networks (formerly Public Sector Network for Health)	HSCN Procurement Funding and Sourcing Strategy understood	PDD	Phil Gooch	May 2015	Dependency on Programme Business Case approval. Dependency on technical alphas outputs/ evaluation.
	HSCN Programme fully resourced. Successful recruitment of permanent resources to replace external resources	PDD	Phil Gooch	July 2015	Assumption: Knowledge transfer will take place
	Commencement of exit and transition from N3	PDD	Phil Gooch	Mar 2016	Dependent on Outline Business Case(s) approval. Dependent on procurement approach and strategy
	Successful procurement of the network blueprint team and clear outputs against the future strategy of HSCN to inform an OBC regarding service transformation	PDD	Phil Gooch	April 2015	Dependent on Outline Business Case(s) approval. Dependent on procurement approach and strategy
NHS Choices	NHS Choices Managed Service creation of API based development programme	PDD	Cleveland Henry	April 2015	Dependent on Business Case Investment Approval Dependent on Commercial / Procurement Strategy
	NHS Choices Transformation – all new developments and delivery will comply with Digital by Design standards	PDD	Cleveland Henry	August 2015	Dependent on Business Case Investment Approval Dependent on NHS Choices Organisational Change Dependent on Digital by Default Service Standard Assessment by GDS
	Service benchmarking – NHS Choices will be rated in the top quarter against International Health Information Exchange	PDD	Cleveland Henry	December 2015	Dependent on sourcing appropriate independent measurement criteria i.e. Gartner If NHS Choices is already in the top Quarter then deliverable will need to be changed to state 'remain in top quarter'

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
e-Procurement	eProcurement FBCs (procurement justifications) approved	PDD	Beth Gildersleve	October 2015	Dependency: DH OBC approval granted during Q4 14/15 Assumption: there will be one FBC's for each of the 6 eProcurement components
	NHS Spend Analysis and Price Benchmarking Service (Data Factory) working prototype developed in-house	PDD	Beth Gildersleve	May 2015	Dependency: DH OBC approval granted during Q4 14/15 Assumption: Prototype development can commence post OBC approval
Service Identifier Interoperability	Proof of Concept, 'quick wins' and data analysis completed	PDD	Mandy Williams	30 Apr 15	Dependent on adequately resourcing the project
Citizen Identity	TBC	PDD	Kemi Adenubi (TBC)	TBC	Dependent on approval of NWC and Project Brief

### 3. SUPPORTING ORGANISATIONS TO GET THE BEST OUT OF TECHNOLOGY

Support local care organisations maximise the benefits of their current investment in information technology and where appropriate support them make decision on future investments and implementations.

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
CSC Provider Support Contract	Exit and Transition: Provide tools and facilitation to all impacted NHS organisations.	PSD	Mary Barber	March 2016	
	Exit and Transition: Proven methods for data repatriation available for all impacted services and NHS organisations have plans to enact data repatriation.	PSD	Mary Barber	March 2016	
	Exit and Transition: All impacted NHS organisations have plans in place to enact data repatriation.	PSD	Mary Barber	March 2016	
	The safe deployment of the Lorenzo product including to new clinical settings	PSD	Mary Barber	March 2016	
BT LSP Contract	Acute trust deployments complete	PSD	Derm Ryan	May 2015	
	Community and mental health product development complete	PSD	Derm Ryan	May 2015	
	Target date for final trust exit	PSD	Derm Ryan	October 2015	
	Decommissioning and programme closure	PSD	Derm Ryan	March 2016	
Benefits	To meet the SRO's commission to have a robust process for maximising and reporting benefits in place through the development of a toolset to enable NHS organisations to manage benefits.	PSD	Sarah Jackson Rob Longstaff	July 2016 (NME) October 2015 (London & South)	
	Drive benefits beyond LSP Contract exit and shift from benefits reporting to benefits realisation.	PSD	Sarah Jackson Rob Longstaff	July 2016 (NME) October 2015 (London & South)	
	To support development of case studies, deep dives and reports on benefits delivered to contextualise benefits.	PSD	Sarah Jackson Rob	March 2016	

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
			Longstaff		
South Community and Child Health Programme	Implementations completed at all SCP trusts	PSD	Derm Ryan	December 2015	
	All SCP projects transitioned to 'BAU'	PSD	Derm Ryan	March 2016	
	Benefit delivery – break-even on central funding vs. benefit delivery	PSD	Derm Ryan	October 2015	
	Benefits: £20M actual benefits delivered	PSD	Derm Ryan	March 2016	
South Ambulance Programme	Quarterly reporting cycle providing robust and accurate benefits and financial information including actuals	PSD	Derm Ryan	April 2015	Quarterly reporting cycle providing robust and accurate benefits and financial information including actuals
	Ambulance trusts becoming more self-sufficient with increasingly light touch central support required	PSD	Derm Ryan	July 2015	Ambulance trusts becoming more self-sufficient with increasingly light touch central support required
	Implementation completed for both ambulance trusts	PSD	Derm Ryan	December 2015	Implementation completed for both ambulance trusts
South Acute Programme	All 6 Collaborative Full Business Cases approved	PSD	Derm Ryan	August 2015	All 6 Collaborative Full Business Cases approved
	Consolidated Full Business Case for the programme completed	PSD	Derm Ryan	September 2015	Consolidated Full Business Case for the programme completed
	Memorandum of Understanding in place between DH and each provider	PSD	Derm Ryan	August 2015	Memorandum of Understanding in place between DH and each provider
	Quarterly cost/benefit reporting cycle in place for each provider	PSD	Derm Ryan	May 2015	Quarterly cost/benefit reporting cycle in place for each provider
PACS (NME)	Continue exit from NME PACS programme with a target completion date of June 2016	PSD	Mary Barber	March 2016	
PACS (London)	All London trusts transitioned to replacement supplier PACS/RIS systems. i.e. all trusts have successfully completed their procurements and deployments	PSD	Derm Ryan	July 2015	
	All London trusts have localised their data from the central data store	PSD	Derm Ryan	July 2015	

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
Technology Fund Programme	To ensure all successful Integrated Digital Care Fund Tranche 1 projects (2013/14 to 2014/15) are robustly tracking benefits	PSD	Tim Magor	Jun 2015	
	To ensure all successful Integrated Digital Care Fund Tranche 2 projects (2014/15 to 2015/16) have agreed Statements of Planned Benefits	PSD	Tim Magor	July 2015	
	To develop and agree with NHS England provider support arrangements for enabling award recipients under the Technology Funds to optimise and report benefits beyond 2015/16	PSD	Tim Magor	September 2015	
	To govern and assure that Nurse Technology Fund 2 projects are robustly deploying and drawing down 2015/16 capital allocations in line with the agreed Memorandum of Understanding	PSD	Tim Magor	March 2016	
	To govern and assure that all Integrated Digital Care Fund Tranche 2 projects are robustly deploying and drawing down 2015/16 capital allocations in line with the agreed Memorandum of Understanding	PSD	Tim Magor	March 2016	
Busting Bureaucracy	Complete BB reviews in CCGs	PSD	Peter Kidd	June 2015	Willingness of CCG's to participate. Approval to publish.
	Produce a case study detailing the outcome of work with the 2 Acute Trusts in reducing burden and bureaucracy.	PSD	Peter Kidd	August 2015	Continued participation and delivery of the BB programme by the Trusts.
	Complete BB reviews in Local Authorities and publish findings.	PSD	Peter Kidd	October 2015	Willingness of Local Authorities to participate. Approval to publish.
Proton Beam Therapy	Complete discovery phase and reach agreement on the scope of HSCIC services to be provided with Trusts, DH, NHS England and HSCIC	PSD	Derm Ryan	April 2015	
	Provide services in line with agreement	PSD	Derm Ryan	March 2016	

#### 4. ENSURING THAT THE CITIZEN'S DATA IS SAFE:

Assure the quality, safety and security of the data and information flows across the health and social care sector, so that citizens willingly share their data, in the knowledge that it will be kept confidential and secure and only shared when appropriate and with their consent.

Deliverables and Commitments	Key milestones for FY 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
Deliver a Cyber Security Programme for the HSCIC to build and sustain public trust, and to ensure cost appropriate technologies are utilised in the services and systems which HSCIC deliver and manage.	Protective Monitoring procurement.	OAS	Peter Hall	June 2015	
Deliver an enhanced IG and Security Operations function to manage and enhance the systems and services delivered by HSCIC, including delivery of new security standards and architectures, and designing and delivering an over-arching approach to improving security for the care system which is aligned with the NIB Framework for Action to ensure utilisation of cost appropriate technologies, and sustaining public trust in our services.	Review IG Toolkit process / requirements to ensure business / HSCIC can meet obligations.	OAS	Peter Hall	August 2015	
	Review IG Training Plan to establish requirements in terms of which modules staff must complete by when for approval by the SIRO.	OAS	Peter Hall	August 2015	
	Establish coherent set of core information requirements relating to data and systems to support transparency.	OAS	Peter Hall	May 2015	
	Scope of Assuring Data Security framework agreed and implementation initiated.	OAS	Peter Hall	June 2015	
	Review IG Compliance arrangements to incorporate strategy, policies review, requests processes, to ensure the HSCIC meets statutory obligations in relation to responding to requests e.g. FOI.	OAS	Peter Hall	September 2015	
	Draft security standards in support of innovative delivery of new technologies and sustaining trust in HSCIC services.	OAS	Peter Hall	September 2015	
	Feed into the corporate work to align all HSCIC returns required of the business by aligning corporate IGC returns required of business with other non IG returns where appropriate.	OAS	Peter Hall	December 2015	

Deliverables and Commitments	Key milestones for FY 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
	Completed Security Operations function Service Catalogue Delivery.	OAS	Peter Hall	March 2016	
Ensure that the organisation operates efficiently and generates high quality products and services which build public confidence and trust by providing resources necessary for HSCIC Directorates to adopt ISO 9001 Quality Management, ISO 27001 Information Security Management and where appropriate ISO 20000 Information technology – Service Management, and assure that adoption.	Audit arrangement in place and security expert in post.	OAS	Peter Hall	April 2015	
	Security training in place.	OAS	Peter Hall	June 2015	
Further develop the IG Alliance to: <ul style="list-style-type: none"> <li>- Create a single authoritative source of information and guidance for the health and care sector.</li> <li>- Provide support to front line health and care staff, managers and their organisations to help them handle personal information confidently in the best interests of patients and service users.</li> <li>- Develop the capacity and capability of the IG profession through knowledge sharing networks and provision of support through expert knowledge, advice and other resource.</li> </ul>	Deliver guidance pipeline; answer queries, collate and publish short guidance on subjects identified by stakeholders.	OAS	Peter Hall	December 2015	
	Deliver products e.g. Standard for Pseudonymisation, Records Management Code of Practice and others as requested.	OAS	Peter Hall	December 2015	
	Deliver active strategic network of local; regular meetings to support key staff in provider organisations, to ensure understanding of IG issues and effective participation in their solution.	OAS	Peter Hall	December 2015	
	Work with Informatics Workforce Development to ensure there are effective and coherent IG training and professional development available across the health and care sector.	OAS	Peter Hall	December 2015	
Review and update the assurance for information security and governance (IG Toolkit revise) to ensure it reflects the requirements of the new health and social care system, ensuring use of technology is optimised to deliver this efficiently and transparently.	Deliver prototype.	OAS	Peter Hall	November 2015	

Deliverables and Commitments	Key milestones for FY 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
<p>Provide support to Dame Fiona Caldicott's independent IG Oversight Panel (IIGOP2) to provide advice, challenge and scrutiny to the health and care system on IG related matters, helping to build public trust and confidence in terms of the handling and sharing of patient data across the health and social care system. Integrate with the IGA.</p>	<p>Provide support function to IIGOP panel and information gathering.</p>	<p>OAS</p>	<p>Peter Hall</p>	<p>March 2016</p>	

First Draft v0.3

## 5. MAKING INFORMATION AVAILABLE FOR THE BENEFIT OF ALL

Analyse, use and publish data and information about the health and social care sector, which will support policy-makers in their decision-making, care professionals make better, safer decisions, citizens better informed choices about their own care and provide research organisations with the data they need.

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
Delivery of statistical and publication services for the directorate.	TBC	IA	John Varlow	March 2016	
Delivery of indicator assurance, reporting and publication, identifying opportunities for consolidation and improving public access, as recommended by the Francis review.	TBC	IA	John Varlow	March 2016	
Implement appropriate operating models, underpinned by transferring (where necessary) to appropriate service models.	TBC	IA	John Varlow	March 2016	
Actively engage with the SCCI process, ensuring HSCIC are appropriately represented on the SCCI committee, management board and operational group.	TBC	IA	John Varlow	March 2016	
Continued development of the Information Analysis and Statistics Professional group, implementing the competency framework, generic job adverts and the training and development framework.	TBC	IA	John Varlow	March 2016	
Re design and develop new national commissioning service.	Since the recent ministerial change of direction, a new requirement has been identified to develop short, medium, long term solution to provide commissioning services.	IA	Phil Bowker		
Manage, maintain and stabilise current Data Services for Commissioner services.	Management of 10 DSCRO requirements for dataflows. Manage NHSE, CSU, CCG relationships. Manage continually changing commissioning environment.	IA	Phil Bowker		

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
Manage DAIS IG process to reduce DSA sign off backlog and then incorporate/align into corporate DARS process.	TBC	IA	Phil Bowker		
Develop and maintain efficient data collection, extraction and transformation processes and infrastructure, minimising the burden on service providers.	Operate existing collections and transformations Develop and implement improved processes and infrastructure Automate data handling, from source to generation of data assets Build an inventory of data extracts, collections and assets	IA	John Madsen		
Measure and report the quality of data collected and provided by the HSCIC, focusing on improving data quality in provider organisations.	Develop and implement the HSCIC Data Quality Policy Establish data quality standards with stakeholder organisations Publish data quality indicators for national data sets	IA	John Madsen		
Maintain and improve the quality and utility of national demographic data	Migrate processes from legacy systems onto PDS Rationalise demographic tracing services Implement quality systems	IA	John Madsen		
Management of the Secondary Uses Service (SUS) programme and delivery of the National Tariff System (NTS) programme.	Develop a strategic solution for the implementation of national tariff policy in the NHS. Deliver a more configurable and flexible system to remove complexity from NHS business processes and to reduce the number of "workarounds" Ensure that the strategic solution for national tariff policy accurately reflects stakeholder requirements.	IA	Graham Spearing	April 2017	

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
Design and deliver the required infrastructure, software, supporting services and operating model for the first phase of the Strategic Capability Platform (name to be confirmed).	TBC	IA	Eve Roodhouse		
Complete the evaluation of the pathfinder stage. Plan and commence implementation of a phased wider roll out for the care.data primary linked dataset.	TBC	IA	Eve Roodhouse		
Secure approval and progress x number (to be agreed with National Information Board (NIB)) of datasets for care.data.	TBC	IA	Eve Roodhouse		
Progress and deliver the Maternity and Children's Datasets (MCDS).	TBC	IA	Eve Roodhouse		
Design, evolve and operationalise currency based products to support implementation of current and emerging policy	HRG4 (4+) Payment Grouper Suite 2016/17 (Includes Engagement and Consultation Groupers to enable 'Payment') HRG4+ Reference Cost Grouper 2015/16 Implement mechanisms of pricing policy within the national tariff system	IA	Ginny Jordan	FY 15/16	Effective decision making by policy colleagues Internal Capacity / capability resources availability Effective clinical & corporate governance and financial probity Sufficient stakeholder engagement Effective data sharing processes
Develop applications that encapsulate emerging patient service redesign in accordance with emerging policy	Bespoke software products and analytics to support the costing, billing, commissioning of Prescribed Specialised Services Mechanisms/tools for calculating tariffs relating to Improving Access to Psychological Therapies subject to national policy) Derivation of payment pathways to enable the maternity reimbursement pathway within	IA	Ginny Jordan	FY 15/16	Effective decision making by policy colleagues Internal Capacity / capability resources availability Effective clinical & corporate governance and financial probity Sufficient stakeholder engagement Effective data sharing processes

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
	<p>the SUS-Exeter system.</p> <p>Develop methodologies/frameworks to ensure non-CDS / standard / mandated datasets will enable the analytical assessment of Data Services for Commissioning and Prescribed Specialised Services</p>				
<p>Investigate currency design that enable funding flows across service and care settings</p>	<p>Policy agreement to develop community currencies for pilot in Reference Costs 2015/16.</p> <p>Engage with the clinical community to finalise design requirements for a catalogue of community currencies for piloting with the Service.</p> <p>Agree timescales for community currency refinement and further development to implement national Community Health Groups.</p> <p>Establish products to enable data linkage and metrics to facilitate understanding of and future enhancements to Community Health Groups.</p>	<p>IA</p>	<p>Ginny Jordan</p>	<p>FY 15/16</p>	<p>Effective decision making by policy colleagues</p> <p>Internal Capacity / capability resources availability</p> <p>Effective clinical and corporate governance and financial probity</p> <p>Sufficient stakeholder engagement</p> <p>Effective data sharing processes</p>

## 6. TRANSFORMING THE WAY WE WORK

(HR and Transformation)

Deliverables and commitments	Key milestones 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
<b>Secure an appropriate workforce</b>					
Commence and embed targeted recruitment activity on agreed career ladders for specialist / hard to fill roles.	Approve scope and specific roles Define plan for routes to market Develop mechanism for monitoring framework	HR	Ken Baker	April 2015 June 2015 June 2015	Approved recruitment strategy Career ladders and job descriptions defined for specialist / hard to fill roles Pay and Reward Policy finalised inc development of strategic RRP. Agreement of pay aligned to those career ladders / job descriptions Further labour market analysis attained
Embed a collaborative recruitment approach on Programme and Project Delivery roles	Develop 12 month recruitment plan	HR	Ken Baker Jenny Allen	May 2015	Job descriptions evaluated Agreement of pay aligned to career ladders
Implement Values Based Recruitment (VBR) more widely across organisation	Agree full 12 month roll out plan for VBR ( April 2015)	HR	Ken Baker	December 2015	Approved recruitment strategy Framework of behavioural indicators completed Interviewers trained. Pilot VBR undertaken with nominated directorates
Embed the HSCIC employer value proposition (EVP)		HR	Ken Baker	December 2016	Approved recruitment strategy EVP working group up and running Communication materials developed Work in conjunction with Communications team on organisation identity Corporate careers website up and running Appropriate media channels established Further labour market analysis attained
Continue to support the organisation in workforce planning	Framework for HR and Finance monitoring workforce planning agreed ( April 2015)	HR	Jenny Allen	March 2016	Continued joint working incl KPI development with HR, Finance, and Procurement. Agreed approach to understanding the establishment figure. Agreed processes incl Approvals

Deliverables and commitments	Key milestones 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
Resolve outstanding known pay anomalies	Define the as is position and the remainder of the work (April 2015)	HR	Ken Baker	March 2016	Agreed Pay and Reward Policy Toolkit developed to provide further detailed processes to support the anomalies identified through Professional groups, Organisational change etc.
Resolve further outstanding pay arrangements other than AfC e.g. BT TUPE	Define the as is position and the remainder of the work (April 2015)	HR	Ken Baker	December 2015	Choices, Civil Service and Clinical Pay all resolved. Lessons learned applied.
Implement Reward programme of work	Launch Benefits programme. (April 2015)	HR	Ken Baker	September 2015	Pay and Reward Policy agreed. Agreed an initial roll out of staff benefits i.e. buying & selling annual leave / car lease, etc. Scope defined on staff recognition i.e. events / scheme.
<b>Transform the HSCIC to become a high performing organisation.</b>					
Support the on-going implementation of the Dynamic Resource Pools	Operationalise Operations and Assurance directorate pool Communications and stakeholder engagement blueprint consultation underway.	HR	Nic Fox	June 2015	Operating model complete approved and communicated. Appropriate consultation undertaken Mapping to JDs/ Job titles undertaken ESR data quality activity complete ABR implemented. Clarity on financial management approach.
Embedding Professional Groups into BAU		HR	Tim Roebuck	March 2016	Career ladders completed Job Descriptions agreed Agreed Pay and Reward Policy Toolkit developed to provide further detailed processes to support the anomalies identified
Continuous embedding of the values into the organisation	Communication plan agreed and approved for Values (June 2015)	HR	Tim Roebuck	March 2016	Initial campaigns undertaken Values incorporated significantly into communications activity externally. Values incorporated into PDR processes. Values feature in the new HSCIC strategy. Values incorporated into induction and welcome pack

Deliverables and commitments	Key milestones 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
Launch / embed leadership development programme	Scope ready for implementation of Leadership development ( May 2015) Inaugural new leadership "forum" established ( May 2015). Leadership plan of activities underway	HR	Nic Fox	June 2015	Scope and strategy of leadership development completed ( incl:clarity on career ladders defined i.e. mgt leadership and "leader in field") Link to Talent Management clear and piloted and ready for roll out.
Embed wider implementation of Talent Management (or alternative term)	Full roll out of Talent Management for 8Cs ( June 15)	HR	Tim Roebuck	March 2016	Talent Management pilot delivered and lessons learned complete. Consultation and communication complete Clear links with the Leadership development and management development approaches Specific and appropriate management training defined and complete for full implementation. Project manager appointed to create and ensure delivery of roll out plan and compliance – monitoring ongoing risks and issues.
Embed continuous improvement in Performance Management process	Incentivisation strategy approved ( May 2015)	HR	Tim Roebuck	April 2015	Clarity on links to Talent Management Confirm incentivisation strategy linking pay to performance utilising AfC (with Ken Baker) Identify any lessons learned giving rise to further functional, technical or process improvements. Establish quality control measures. 360 'pilot' feedback
Commence mandatory HSCIC Management development programme.	Policy training becomes embedded in a manager's online induction ( April 2015)	HR	Tim Roebuck	June 2015	Spans of control being reviewed/ flatter structure. Clarity on journey between management, leadership development and how this links with talent management. Management development programme is designed for next FY. Organisation commitment Financial Investment approval into mandatory programme
Complete busting internal bureaucracy programme	Progress report on initiatives commenced.	HR	Nic Fox	March 2016	Initiatives commenced Governance and ownership agreed according to the initiative.

Deliverables and commitments	Key milestones 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
Implement a fuller Health and Well-being strategy		HR	Ken Baker	December 2015	Initial promotion and health and wellbeing initiatives implemented
Implement a Corporate Social Responsibility Programme of work		HR	Justine Brightwell	September 2015	Principles of CSR strategy and scope agreed Strong links and endorsement with Customer Relations directorate
Embed staff engagement strategy		HR	Ken Baker	March 2016	
<b>Developing the Informatics Skills and Capacity</b>					
NIB FRAMEWORK: Establish an active national reference group on Workforce Informatics Capacity and Capability development (WICC)	Draft and agree Terms of Reference for the Group Agree membership Set-up the group and turn into BAU	HR	Ira Laketic-Ljubojevic	June 2015	There is agreement within the system
NIB FRAMEWORK: Introduce a new knowledge and skills framework for all levels of health, care and social care workforce to embrace information, data and technology in the context of a rapidly changing digital environment:	Set up a working group between HSCIC (DISC), HEE and SfC with ToR for the work (invite others, if required) Plan the work Draft knowledge and skills framework Draft informatics competences for top leaders Agree framework by the WICC, in preparation for the launch and roll out from 2016/17 Agree top leaders informatics competences by the WDC	HR	Ira Laketic-Ljubojevic	April 2016	There is clarity and agreement, within the HSCIC and the system, to progress the work There is capacity in the team to deliver commitments There is sufficient funding and support available
NIB FRAMEWORK: Work with national and local partners to agree a revised definition of the health, care and social care informatics profession:	Secure approvals and funding for both commissions Commission the revision of the definition for the Health and	HR	Ira Laketic-Ljubojevic	April 2016	There is clarity and agreement, within the HSCIC and the system, to progress the work There is capacity in the team to deliver commitments

Deliverables and commitments	Key milestones 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
HSCIC will commission the revision of the Health and Social Care Informatics profession (for 'Informatics Specialists') definition to facilitate an agreement, as well as a review of the Health and Social Care Informatics Career Framework.	<p>Social Care Informatics profession (to be produced in the 12 month since the procurement)</p> <p>Commission a comprehensive evaluation of the HICF (to take place when the revised definition of the profession is agreed)</p> <p>Implement Phase 1 of the 'five year strategy for the embedding and mainstreaming of the career framework and informatics profession across Health and Care'</p> <p>Incorporate inclusive design in HICF, as per the 'Using digital technologies to address health and wellbeing inequalities – a vision'</p>				There is sufficient funding and support available
<p>NIB Framework:</p> <p>Develop proposals for a new federation for the health and care informatics profession</p>	Implementing year one of the Health and Social Care Informatics Professionalism: a three year strategy	HR	Ira Laketic-Ljubojevic	March 2016	<p>There is clarity and agreement, within the HSCIC and the system, to progress the work</p> <p>There is capacity in the team to deliver commitments</p> <p>There is sufficient funding and support available</p>
Further development wider implementation and development of "grow your own" strategy across organisation.	<p>Internship programme developed</p> <p>Initial graduates in post</p> <p>Apprentices in post ( support mechanism established / lessons learned for managers)</p> <p>Relationships with universities established and agreed placements</p> <p>Plan in place for follow up work placement programme</p>	HR	Ken Baker, Ira Laketic-Ljubojevic	March 2016	<p>Senior leadership engages and actively supports the programme implementation</p> <p>Initiatives are mainstreamed</p>

Deliverables and commitments	Key milestones 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
Instigate 'Professional Services Organisation' programme of work	<p>Agree programme of work and the plan for Phase 1</p> <p>Start implementing relevant elements from the Health and Social Care Informatics Professionalism: a three year strategy</p>	HR	Nic Fox, Ira Laketic-Ljubojevic	March 2016	<p>There is clarity and agreement, within the HSCIC, to progress the work</p> <p>There is capacity in the team to deliver commitments</p> <p>There is sufficient funding and support available</p> <p>Both senior leadership attitude and the internal culture is congruent in relation to informatics professionalism agenda within the HSCIC</p>
Progression of transferred responsibilities (from NHS England) around informatics leadership capability development	<p>Discuss and agree what elements are progressing in the 2015/16</p> <p>Plan activities and include them, wherever possible, into the existing over-arching initiative and programmes of work</p>	HR	Ira Laketic-Ljubojevic	March 2016	<p>There is clarity and agreement, both within the HSCIC and the system, to progress the work</p> <p>There is capacity in the team to deliver commitments</p> <p>There is sufficient funding and support available</p>
<b>Provide effective and efficient support to the HSCIC's business</b>					
Achieve SLAs agreed on delivery of HR service	<p>Agree reporting of performance to the organisation ( April 2015</p> <p>Launch 2<sup>nd</sup> phase of SLAs ( )</p> <p>Agree 3<sup>rd</sup> set of SLAs. ( )</p>	HR	Jenny Allen	<p>March 2016</p> <p>June 2015</p> <p>March 16</p>	<p>SLAs agreed and established</p> <p>Service description rolled out</p> <p>CRM used to indicate SLAs adherence</p>
Continue HR support to directorates on organisational change incl insourcing and outsourcing	<p>Updated plan produced for 12 months on organisational change.</p> <p>Identify any potential changes for 16/17.</p>	HR	Jenny Allen	March 2016	<p>Proposals for change defined and understood.</p> <p>Agreed Pay and Reward policy</p> <p>Approach, process agreed for pay and reward, job evaluation.</p>
Monitor and respond appropriately to the revised National Shared Services programme requirement for 2016-2018.	<p>Establish appropriate links internally and externally ( April 2015)</p>	HR	Jenny Allen	June 2015	<p>Agreed HSCIC position for Shared Services contract break at 2016.</p>
Deliver appropriate Training and Development in addition to continued management of CSL contract	<p>Establishment of an eLearning platform for training that is particular to the HSCIC.</p> <p>Management development</p>	HR	Tim Roebuck	March 2016	<p>Improve the quality and richness of existing management information in conjunction with finance team</p>

Deliverables and commitments	Key milestones 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
	programme. Follow up on Induction / management development				Establish industry benchmarks/notional value for eLearning Position agreed for mandatory training within Corporate Information Systems Regularise account management meetings with directorate training leads. Migrate to CRM

(Customer Relations)

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
Maintain a robust and up to date channel for communicating key corporate documents and statistical publications to the general public		CR	Martin Liddament	April 2016	Cyber security Receiving documents in good time
Create a revitalised corporate visual identity to underpin a refreshed suite of customer facing materials (product/service literature, electronic communications, customer correspondence, presentations etc.) with better use of images, design and graphics to 'tell our story'.		CR	Dave Shapland		
Create a staff communication plan aligned to supporting the delivery of HSCIC's new strategy.		CR	Chris Hewitt		
Lead the development of the HSCIC corporate brand build recognition in our target markets.		CR	Dave Shapland / Isabel Hunt		
Overhaul and simplify the corporate website realigned around HSCIC's core customer groups and their requirements.		CR	Martin Liddament		

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
<p>Integration of the customer contact centre to the Directorate and then maintain and deliver support across the whole HSCIC.</p> <ul style="list-style-type: none"> <li>Continue to identify other first points of contacts within the HSCIC.</li> <li>Integrate these pockets of customer contact into Contact Centre (one point in one point out) to aids</li> <li>Further encourage business teams to use the Contact Centre as their first point of contact, ensuring capture of inbound traffic but also any outbound initiatives so these can be captured on the customer and organisation record.</li> </ul>		CR	Jane Moore		
<b>To build highly effective customer relationships with industry and stakeholder organisations</b>					
Develop a stakeholder relationship strategy for HSCIC.		CR	Isabel Hunt		
Manage the HSCIC relationship with Tech UK; lead the development of effective and mutually supportive relationships nationally for the HSCIC with key strategic partners.		CR	Isabel Hunt		
Establish an account management function and embed ways of working for the new team both within the Directorate and with other key teams within HSCIC, including the contact centre.		CR	Isabel Hunt		
<b>Build HSCIC's market intelligence capability and approach so that real customer insight informs products and services.</b>					
Establish a market intelligence/insight function to provide research and customer insight to inform the development of HSCIC's products and services.		CR	TBC		
Review and refresh HSCIC's approach to capturing customer requirements to ensure our products and services adapt to changing market and customer needs.		CR	TBC		

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
Establish close relationships with other ALB's insight and intelligence teams to share 'best practice' and a syndicated approach to capturing market information.		CR	TBC		
Establish mechanisms for obtaining clinical opinion to advise and inform HSCIC activities.		CR	TBC		
'Horizon scan' for legislative, technological and social trends that will affect HSCIC's products and services.		CR	TBC		
<b>Market HSCIC's portfolio of products and services to existing and potential customers</b>					
Develop and implement marketing plans for HSCIC's core products and services underpinned by effective and consistent marketing collateral.		CR	TBC		
Re-orientate HSCIC's external website around key customer groups and provide clear product and service information, specifications and relevant case study materials.		CR	Martin Liddament		
Work with the Information and Analytics Directorate on a review, rationalisation and refresh of existing statistical reports to align output more closely with customer requirements.		CR	TBC		
<b>Protect and build HSCIC's reputation and actively build its credibility as the information, data and technology partner for the health and social care sectors.</b>					
Research the social care sector: identify key stakeholders, intermediaries and opinion informers to support the delivery of both account management and communication plans for increased focus in this sector.		CR	TBC		
Implement a proactive external communications plan for 15/16 covering stakeholder engagement/communications, political affairs, media relations and PR.		CR	Eileen Phillips		

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
Develop a portfolio of positive case studies (print, online, video) to underpin HSCIC's PR activities.		CR	Dave Shapland / Lindsay Rooney		
Review and re-focus HSCIC's programme of external events and speaker engagements in support of both this objective and the product/service marketing plans.		CR	Dave Shapland / Lindsay Rooney		
<b>Develop and embed HSCIC's approach to patient and public engagement across the organisation</b>					
Establish HSCIC's interface with the new Health and Wellbeing Boards and other parts of the Health system dedicated to representing public views.		CR	TBC		
Understand and monitor public perceptions of health concerns, particularly in regard to the wider use of personal health data and provide clear and accessible information about HSCIC's role in providing the provision of data.		CR	TBC		
Develop and embed a wide range or approaches to public and patient engagement across HSCIC in support of corporate and programme initiatives.		CR	TBC		
Provide the HSCIC with a point of expertise for public engagement and research.		CR	TBC		

(Finance and Corporate Services)

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
Statutory accounts and annual report published	DH consolidation pack by [April 15 and June 15 – tbc] Board approval by [June 2015 –tbc]	FCS	Richard Lawes	June/July 2015	Developing integrated systems & processes across corporate functions Ongoing requirements from DH/ HMT and CO

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
Maintain Organisational financial integrity	Throughout year	FCS	Richard Lawes	March 2016	Developing integrated systems & processes across corporate functions Ongoing requirements from DH/ HMT and CO
Service Ownership of some Corporate Information System projects (including) <ul style="list-style-type: none"> <li>1. Shared Business Services Replacement</li> <li>2. Other CIS projects (e.g. IABR, Resource Management, Expense System)</li> </ul>	Options Appraisal Approved by EMT FBC Approved Contract Awarded  Options Appraisal /EMT approval Implementation	FCS	Andrew Griffiths	April 15 Sept 15  Spring 2015 Autumn 2015	Dependent on Cabinet Officer ISSC suppliers delivering working products that are fit for purpose Key Assumption is that ALB's within the DH family retain control of supplier choice  Dependent on EMT approval and adequate funding
Business Case Development and Approvals process Deliver an improved HSCIC function that embeds sensibly within the developing system –wide requirements. Lead changes to ensure a robust but efficient and timely methodology and process that is clear to Programmes.	Implement interim improvement arrangements  Improve recruitment of permanent staff and reduce reliance on contractors Sept 2015  Embed new ways of working Sept 2015	FCS	Richard Lawes	April 2015  April- Sept 2015  Sept 2015	Dependent on agreement of approach with EMT and IPEG in Dec 2014 / Jan 2015.  Successful resourcing  DH/HMT/CO process changes
Portfolio Management – <ul style="list-style-type: none"> <li>1. Deliver an effective portfolio management office (IPMO). Deliver any agreed improvements resulting from, the quarterly service review.</li> <li>2. Develop and Mature the Portfolio Database across the organisation to support pipeline management, Activity Based Recording and Resource Management.</li> </ul>	Successful service review	FCS	John Willshire	End Q1, Q2, Q3, Q4	Successfully resourcing the revised portfolio office structure Stable stakeholder requirements and realistic expectations
Business Intelligence <ul style="list-style-type: none"> <li>1. Develop and Mature the Risk &amp; Assurance Policies and procedures</li> </ul>		FCS	John Willshire		

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
<p>to support the delivery of the overarching strategy and organisational deliverables.</p> <ol style="list-style-type: none"> <li>2. Implement Recommendations following the Strategic Review of the R&amp;I Tracking Database.</li> <li>3. Embed and mature Service Level Agreements with Commissioners throughout 15/16 while profiling costs for each piece of work delivered through GIA.</li> <li>4. Enhance business planning tracking and delivery reporting</li> </ol>					
<p>HSCIC Estate Strategy</p> <ol style="list-style-type: none"> <li>1. Roll out office design across the estate that encourages working arrangements that best meet business areas</li> <li>2. Locations Strategy</li> <li>3. Rationalise use of buildings used on a service managed or hosted arrangement basis</li> </ol> <p>Engage with the Department of Health &amp; Leeds City Council to develop a strategic estate plan for Leeds</p>	<p>Roll out of new office design principles</p> <p>Exit Vantage service managed management</p> <p>Review of host office requirements</p> <p>Exit from Host arrangements where not required</p> <p>Review of other managed service offices to secure reductions where possible through relocation of work</p> <p>Outline estate strategy proposal</p>	FCS	Andrew Griffiths	<p>March 2016</p> <p>June 2015</p> <p>July 2015</p> <p>September 2015- March 2016</p> <p>Autumn 2015</p> <p>Autumn 2015</p>	<p>Assumption: Adequate funds available.</p> <p>Dependent upon necessary work being done to embed culture change</p> <p>Dependent on necessary consultation by business areas to allow changes to take place</p> <p>Clear workforce strategy to determine future need along with the availability of suitable alternative office accommodation</p> <p>Dependent on clarity on broader future estate requirements by DH/CO to allow a strategy to develop and potential impact of GE</p>
<p>Commercial Delivery to HSCIC</p> <ol style="list-style-type: none"> <li>1. Commercial negotiation of safe &amp; value for money transition from LSP contracts.</li> <li>2. Develop a commercial operating model to support provider sector access to clinical systems.</li> <li>3. Develop and implement a category management strategy.</li> <li>4. Deliver effective commercial</li> </ol>	<p>Issue BT Supplier Notice of requirement for continuation of service not later than 30 June 2015 if required (4 months' notice)</p> <p>Transact "closure agreement" with BT following Exit from BT services 31 October 2015</p>	FCS		<p>June 2015</p> <p>January 16</p>	<p>Assumes safe and orderly exit in accordance with agreed Exit Plan.</p> <p>Dependent upon approval of related business justification, trusts' completion of exit activities and replacement supplier capacity.</p>

Deliverables and commitments	Key milestones for 2015/16	Lead Directorate	Owner	Target completion date	Key assumptions and dependencies
<p>support for HSCIC programmes, services and other functions while securing formal relationships with major customers</p> <p>5. Implement a contract management system.</p>					
<p><b>Flexible and Responsive Workforce</b></p> <ol style="list-style-type: none"> <li>1. Dynamic Resource Pools</li> <li>2. Collaborative Recruitment</li> <li>3. Activity Based Recording</li> <li>4. Capacity Management System</li> <li>5. Dynamic Programme &amp; Service Prioritisation</li> </ol>	<p>Establishment of four resource pools and a Central Resource Function</p> <p>Embed the Operating Models across resource Pools</p> <p>ABR Pilot</p> <p>ABR and Capacity Management Go Live</p>	FCS	<p>John Willshere</p> <p>Richard Lawes</p> <p>Steve McDonald</p>	<p>Sept 15</p> <p>June 2015</p> <p>Oct 15</p>	<p>Resource pools are established as planned</p> <p>EMT Approval/Contract Awarded/Resource Pools and Operating Model in operation by March 15</p>
Develop and mature Benefits Management operating models		FCS	John Willshere		Need to ensure work on the wider system, Benefits approach is supported and internal work is compatible with this. Additionally sufficient progress must be made in spite of the pace of system wide development.
Establish an integrated assurance & risk framework which ensures the key areas of risk, assurance and programme governance deliver a seamless and coordinated source of advice for the organisation in particular support the ARC in this area	Unified framework and operating arrangements in place	FCS	<p>John Willshere</p> <p>Andrew Griffiths</p>	Summer 2015	Framework will need to encompass a wide range of stakeholders (risk, governance, information management, information security, audit, and some of the current policies are still in development

## APPENDIX 4: Personalised Health and Care 2020 - HSCIC Headline Actions

HSCIC leading



HSCIC supporting



Personalised Health and Care 2020: 'Our Proposals'		14/15	Quarter 1	Quarter 2	Quarter 3	Quarter 4	15/16	tbc
<b>Enable me to make the right health and care choices</b>								
ii	Publish proposals to consolidate NHS e-Referrals, appointment booking and repeat prescriptions on NHS Choices			June				
iii	Publish proposals for linking the 111 service with NHS Choices and to create a seamless public information service				Sept			
v	Launch an apps innovation prize process in mental health							In 2015
vi	Publish the roadmap and standard that care organisations will need to meet in order to access core transaction services		April					
vii	National experiment to give patients a personalised care record							
viii	Sponsor initiatives to develop and provide technology and data services to support new ways of delivering care services							
<b>Give care professionals the data they need</b>								
ii	NHS Number: work with commissioners and providers across the care system to agree how to universally adopt the NHS number							
viii	GS1 Standard: develop a joint approach to implement the GS1 standard across the health and care system						April 2016	
ix	Establish a working group to review opportunities for integration between local government and NHS infrastructure and data assets		April					
x	Reporting standards implemented in hospital, pharmacy and other sectors: adverse drug reactions, device defects, and counterfeits							
xi	HSCIC will consult on ways of supporting carers to access digital records						April 2016	
xii	HSCIC will consult and publish a plan for opening up connectivity with and use of NHS infrastructure to all providers and service users					Dec		

## Appendix 4 (continued)

Personalised Health and Care 2020: 'Our Proposals'		14/15	Quarter 1	Quarter 2	Quarter 3	Quarter 4	15/16	tbc
<b>Ensure that information is used to improve the quality of care</b>								
vii	Create a new indicator library service which provides access to all the quality-assured nationally agreed indicators							
viii	HSCIC will publish for consultations proposals to deliver an enhanced suite of data services		April					
ix	Publish data quality standards for all NHS care providers					Oct		
<b>Make the quality of care transparent</b>								
i	Develop proposals for further developing the range and depth of data made available to the MyNHS service on NHS Choices	End 2014						
ii	Set out proposals for enhancement of the MyNHS service on NHS Choices	March 2015						
<b>Building and sustaining public trust</b>								
v	HSCIC will publish enhanced data security standards and requirements for all publically funded providers of care					Oct		
vii	HSCIC will re-launch the IG Toolkit to reflect enhanced information governance and data security requirements					Oct		
<b>Bring forward life-saving treatments and support innovation and growth</b>								
i	Set up a working group with Genomics England and others to ensure the NHS is capable of supporting the future agenda on genomics etc							
ii	Publish a prospectus for GPSoC procurements and 'software as a service' clinical systems			June				
vi	Support the development of five further Technology for Care innovation centres							

## Appendix 4 (continued)

Personalised Health and Care 2020: 'Our Proposals'		14/15	Quarter 1	Quarter 2	Quarter 3	Quarter 4	15/16	tbc
<b>Support care professionals to make the best use of data and technology</b>								
i	Introduce a new knowledge and skills framework for all levels of the health, care and social care workforce							
iii	Establish a framework contract and panel of suppliers to provide easily accessible support on digital strategies, process re-engineering etc.							
iv	Work with national and local partners to agree a revised definition of the health, care and social care profession						April 2016	
<b>Ensure best value for taxpayers</b>								
ii	Support the creation of local buying consortia to support Trusts to make the best possible procurement decisions						April 2016	

APPENDIX 4: HSCIC Corporate Performance Framework 2015/16

 <b>CORPORATE PERFORMANCE FRAMEWORK 2015/16</b>			Quarterly Monitoring	Annual Reporting	Other Reporting Routes
Performance Packs (KPIs)					
HSCIC Board	Executive Management Team	Directorates			
Programme Achievement	Programme Achievement	Programme Delivery	Business Plan Quarterly Progress Reports Knowledge Management	HSCIC Annual Report Business Plan Annual Delivery Report Innovation Burden Reduction	Transformation Programme Staff Survey Cyber Security Programme Partridge Review Progress
IT Service Performance	IT Service Performance	Operations and Assurance			
Organisational Health	Organisational Health	Human Resources			
Reputation	Reputation	Information and Analytics			
Finance: HSCIC	Finance: HSCIC	Finance and Corporate Services			
Finance: DH Revenue	Finance: DH Revenue	Customer Relations			
Finance: DH Capital	Finance: DH Capital	Provider Support			
Information Governance	Information Governance	Architecture, Standards and Innovation			
Risk Management	Risk Management				
Cyber Security	Information Quality Data Quality Cyber Security				

## APPENDIX 5: HSCIC Risk Management Framework - The 'Big Eight'

High Level Description of 'Big 8' Risk Areas	Risk Owner	Key Mitigations and Controls
1 We fail to deliver on our statutory and legal obligations.	Director of Finance and Corporate Services	tbc
2 We fail to protect data and/or succumb to IT/Cyber security threats.	Caldicott Guardian and Lead Clinician	tbc
3 We fail to secure a positive, responsive and trustworthy reputation for data security, data quality and data dissemination.	Director of Information and Analytics	tbc
4 We fail to demonstrate delivery of benefits from the programmes and services we offer.	Director of Programme Delivery	tbc

## Appendix 5 (continued)

High Level Description of 'Big 8' Risk Areas	Risk Owner	Key Mitigations and Controls
<p>5 We are unable to deliver our commitments due to an inability to secure an appropriate workforce.</p>	<p>Director of Human Resources and Transformation</p>	<p>tbc</p>
<p>6 We fail to maintain operational continuity of systems and infrastructure we are charged to deliver.</p>	<p>Director of Operational and Assurance Services</p>	<p>tbc</p>
<p>7 We fail to maintain effective relationships with stakeholders.</p>	<p>Director of Customer Relations</p>	<p>tbc</p>
<p>8 We fail to design and deliver systems that work or deliver as anticipated.</p>	<p>Chief Technology Officer</p>	<p>tbc</p>

## APPENDIX 7: HSCIC Programmes and Projects Definitions

(to be completed)

Programme or Project	Funding Organisation	HSCIC Lead Directorate	Description and Purpose
BT Local Service Provision: London and South	DH	PSD	Upgrading information technology in NHS provider organisations so that they can implement the electronic patient record at the point of care.
Calculating Quality Reporting Service	NHSE	PDD	Calculates, reports and approves outcome-related achievement and payments to GP practices and NHS England area teams.
Care.Data	Multiple	IA	A programme to capture and link data from primary and secondary care to increase transparency and improve patient outcomes
Child Protection – Information Sharing	NHSE	PDD	Provides child protection information to NHS emergency and urgent care services
CSC Local Service Provision	DH	PSD	Upgrading information technology in NHS provider organisations so that they can implement the electronic patient record at the point of care.
Data Management Environment	HSCIC	IA	Standardised, secure method for storing, auditing, assuring and governing data held by HSCIC
Data Services for Commissioners	NHSE	IA	Infrastructure, systems and services to enable effective data provision to health and care commissioning organisations
Defence Medical Services	NHSE	PDD	Supporting Defence Medical Services to deliver the full capability of their care records system, including integration with NHS systems and services
Electronic Transfer of Prescriptions	HSCIC	PDD	Electronic prescription service for GP practices and pharmacies which makes prescribing and dispensing more efficient and convenient for staff and patients
Female Genital Mutilation Prevention	DH	PDD	Information collection and sharing by the NHS on Female Genital Mutilation
General Practice Extraction Service	HSCIC	IA	Extracts information from general practice IT clinical systems for a range of purposes, it is also part of the process for providing payments to GPs and CCGs

## Appendix 7 (continued)

Programme or Project	Funding Organisation	HSCIC Lead Directorate	Description and Purpose
GP2GP	HSCIC	PDD	A computerised system to manage the electronic transfer of patient records between GP practices
General Practice System of Choice	DH	PDD	Provision and delivery of clinical information technology systems for GP practices
Health and Justice Information Services	NHSE	PDD	Information services to support commissioning and provision of healthcare in all places of detention and sexual assault referral centres in England
Health and Social Care Network	DH	PDD	Provision of a wide area network to meet the information needs of health, public health and social care services
Information Services for Parents	HSCIC		Bite-size video clips which provide parents with information about pregnancy and care for babies
Maternity and Children Dataset	DH	IA	Collection and reporting of data concerning maternity, child health and adolescent mental health services
N3	DH	PDD	The national network for the NHS, providing IT infrastructure, internet protocol networking services, secure connectivity and broadband capacity
National Tariff System	NHSE	IA	National solution and enabling products to support payment by results functionality for hospitals providing NHS care
NHS Choices	DH	PDD	NHS Choices is a website that provides a comprehensive information service to enable patients and the public to take control of their health
NHS e-Procurement	HSCIC	PDD	Infrastructure and systems to support electronic procurement within the NHS
NHS e-Referral	DH	PDD	An electronic referral service that improve patient experiences and outcomes and support progress towards a paperless NHS
NHS Mail 2	DH	PDD	Replace the existing NHS email system and transition users and services onto the new solution

## Appendix 7 (continued)

Programme or Project	Funding Organisation	HSCIC Lead Directorate	Description and Purpose
Offender Health IT	NHSE	PDD	Deployment of a clinical information technology system to all prisons in London and the South of England area.
Picture Archiving and Communications System	DH	PSD	Enables x-ray and scan images to be stored electronically and viewed on screens, helping to improve diagnosis methods
South Acute Programme	NHSE	PSD	Collaborative approach to procurement of clinical information technology systems by NHS organisations in the South of England area
South Ambulance Programme	NHSE	PSD	Procurement of clinical information technology systems for Ambulance Trusts in the South of England area.
South Community and Child Health Programme	NHSE	PSD	Procurement of clinical information technology systems for Community and Child Health Trusts in the South of England area
Spine2	DH	OAS	Spine is a collection of national applications, services and directories that support the NHS in the exchange of information across national and local NHS systems
Summary Care Record	HSCIC	PDD	A system that provides information to care professionals in emergency and urgent care settings where no information about a patient is currently held
Secondary Uses Services	NHSE	OAS	The single source of comprehensive data to support a range of analysis and reporting about health and care service provision

**APPENDIX 8: Alignment of HSCIC Strategic Objectives with Department of Health Goals**  
 (matrix yet to be populated)

Department of Health Goals		HSCIC Strategic Objectives					
		HSCIC 1	HSCIC 2	HSCIC 3	HSCIC 4	HSCIC 5	HSCIC 6
		A shared approach to digital care services	National data and technology services	Supporting organisations to get the best out of technology	Ensuring that the citizen's data is safe	Making information available for the benefit of all	Changing the way HSCIC works
DH Goal One: Living and ageing well							
DH 1.1	Preventing people from dying prematurely						
DH 1.2	Transforming care outside of hospital						
DH 1.3	Social care reforms: integrating health and social care						
DH 1.4	Improving treatment and care of people with dementia						
DH Goal Two: Caring better							
DH 2.1	Improving the standard of care throughout the system						
DH 2.2	A step change in the way technology and information is used						
DH 2.3	Parity of esteem between mental and physical health						
DH Goal Three: Preparing for the future							
DH 3.1	Improving productivity, sustainability and value for money						
DH 3.2	Contributing to economic growth						
DH 3.3	Developing organisational capability and resilience						

**APPENDIX 9: Alignment of HSCIC Strategic Objectives with National Information Board Priorities**  
 (matrix yet to be populated)

NIB Priorities: Personalised Health and Care 2020		HSCIC Strategic Objectives					
		HSCIC 1	HSCIC 2	HSCIC 3	HSCIC 4	HSCIC 5	HSCIC 6
		A shared approach to digital care services	National data and technology services	Supporting organisations to get the best out of technology	Ensuring that the citizen's data is safe	Making information available for the benefit of all	Changing the way HSCIC works
NIB 1	Enable citizens to make the right health and care choices						
NIB 2	Give care professionals the data they need						
NIB 3	Make the quality of care transparent						
NIB 4	Build and sustain public trust						
NIB 5	Bring forward life-saving treatments, and support innovation and growth						
NIB 6	Support care professionals to make the best use of data and technology						
NIB 7	Ensure best value for taxpayers						