



A strategy for the Health and Social Care Information Centre 2013 - 2015

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Foreword from Kingsley Manning

Data, and the information and knowledge that flow from it, all underpin the delivery of modern health and social care services. The delivery of safe, high quality care by clinical and social care professionals is dependent on shared electronic records, which provide the data to support the planning and commissioning of cost-effective services. Through the use of this data in research and by the life science industries, they also make a vital contribution both to the development of new treatments and to the economic wellbeing of the country as a whole. And in the future this data will provide the foundation for a transformation of our health and care services.

These services are facing unprecedented challenges driven by inexorable demographic changes and economic circumstances. The sustaining of high-quality, comprehensive services, largely free at the point of need, will only be possible through a radical transformation of services. Those services will have to focus on prevention and self-care, whilst delivering a fundamental improvement in the productivity of care professionals. Data and the information and knowledge that flows from it, will be the key driver that will be able to enable and power these changes.

The Health and Social Care Information Centre (HSCIC), established in April 2013 by the Health and Social Care Act 2012¹, is responsible for collecting, transporting, storing, analysing and disseminating the nation's health and social care data. The HSCIC is responsible for providing a trusted, safe haven for some of an individual's most sensitive information. It is also responsible for building and delivering the technical systems that enable that data both to be used to support that individual's care and to deliver better, more effective care for the community as a whole. This document sets out how we are going to fulfil these responsibilities.

This document sets out our priorities for the next 18 months, which will see us:

- Ensure that we sustain the citizen's trust that their data is being collected, stored and used, safely and appropriately;
- Continue to provide the key technology and information services that support our partners in the delivery, commissioning and regulation of health and social care services;
- Deliver on the Secretary of State's ambitious objectives to give citizens and care professionals, greatly enhanced access to care records and information services across the health and care system;
- Contribute to the development of the health and care informatics industry and the wider UK economy.
- Consolidate and develop our own organisation, so that it becomes the world's leading institution for health and care informatics.

But this is not enough. We need to put in place a strategy for the longer term development of our data and information systems. This must be for the whole of the health and social care system, including clinical, social, and informal care provided by the NHS, social care services, the voluntary and independent sectors as well by individuals themselves and their

¹ <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

carers. In contrast with recent experience, this strategy will not be prescriptive but enabling, recognising that the impact of technology and changing cultural practices is both unpredictable and uncertain. Our objectives must be to build a data and information ecosystem that encourages innovation in service provision, removing and reducing the barriers to service redesign and which places the individual at its centre.

Some of the key elements of this new strategy are already underway, such as the rebuilding and reprocurement of components of the information infrastructure. We will ensure that this reprovision looks to the future rather than to the past.

England and the UK, has uniquely amongst the leading industrial nations, the largest, most complete, and most comprehensive, system for collecting and using health and care data. Our responsibility, with our partners, is to ensure that that asset is fully used to improve the individual's care, the services for the wider community and the economic well-being of the nation as a whole.

Kingsley Manning

Chair

October 2013

1 Introduction

High quality services in health and social care continue to depend on the skill and compassion of a dedicated workforce. Yet, in today's world, skill and compassion are not enough. For optimum results, services also need to be supported by systems to ensure that accurate, relevant information about patients and service users is available wherever and whenever it is required.

1.1 Unlocking the power of integration

Modern technology has great capacity to improve the service for people who need help from several health and social care organisations. In principle, freely flowing data should provide the key to creating truly integrated services, as well all providing individuals with the information they need to care better for themselves. There is no contradiction between tight security to prevent people's personal confidential information falling into the wrong hands and efficient storage and transmission systems to make it available to the right people at the right time.

Experience has demonstrated the weakness of centrally driven initiatives to promote the wide-scale adoption of new technologies in the health and care sectors. Such approaches over recent years have resulted in data and information systems which reflect the needs of the care organisations themselves rather than those of the individual, and which place almost insurmountable barriers to the flow of data and information between care settings, and to the individuals themselves. This approach inhibited innovation and gave an unnecessary advantage to technology suppliers and care organisations with the capacity to operate at large scale, leaving many smaller suppliers and care organisations, including informal carers, outside our data and information systems.

That unsatisfactory state of affairs led to a change in legislation to build a single agency with a system-wide perspective, which could oversee the flows of data and ensure that the parochial interests of individual organisations do not stand in the way of the overall public interest. The Health and Social Care Information Centre (HSCIC) was set up in April 2013 to be that agency. This document provides an early statement of our long-term strategic intent.

1.2 The Health and Social Care Information Centre

The HSCIC is an independent public service, established as an executive agency of the Department of Health. We provide a range of technology and information services that are used by patients, service users, the public at large, health and care professionals, and by research, industry and commercial organisations across England. These services support the commissioning, design and delivery of health and social care services and provide information and statistics that are used to inform decision-making and choice. They are key to delivering the ambitions of the DH's Information Strategy, which was published in May 2012, the Secretary of State's own technology priorities and those commitments in NHS England's Mandate that have informatics implications.

The HSCIC took over the work done by the former Health and Social Care Information Centre, NHS Connecting for Health, and the informatics functions of SHAs, all of which both ceased to exist on March 31st 2013; we maintain oversight of the local delivery functions of Local Service Providers in the NHS; and since June 2013 we also have responsibility for NHS Choices. We employ just over 2100 staff, based in 19 locations around the country.

Our annual budget is £250 million and we oversee some £1 billion, which is spent on national programmes on behalf of the Department of Health.

The key powers, duties and responsibilities of the HSCIC, as set out in the Health and Social Care Act (2012), include:

- The collection, storage and analysis of national healthcare, public health and social care data, including Patient Identifiable Data;
- Acting as the custodian of National and Official Statistics for health, public health and social care;
- Assessing and assuring the quality of the data it collects;
- Managing any programme or technical services for the health and care system, as directed by the Secretary of State for Health or NHS England;
- Establishing and operating systems for the collection or analysis of information as directed by the Secretary of State for Health or NHS England;
- Publishing a code of practice for the collection, analysis, publication and other dissemination of confidential information concerning, or connected with, the provision of health services or of adult social care in England;
- Publishing a register of the collections and the contents of each collection that the HSCIC manages;
- Establishing and publishing a database of quality indicators in relation to the provision of health services and adult social care in England;
- Assessing 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;
- Working with other national bodies to deliver year on year reduction in administrative burden on the front line.

We have a system-wide perspective, ensuring that all aspects of the care-giving processes can interact efficiently, securely and in the interests of improved outcomes for those receiving care services.

As an Executive Agency of the Department of Health, the HSCIC must demonstrate that the organisation discharges its duties responsibly and openly. This is done through an independent Board² of Executive and Non-executive directors who support the Chief Executive. The Chief Executive is the Accountable Officer for the HSCIC, ultimately answerable to the Secretary of State and Government.

² <http://www.hscic.gov.uk/article/2622/HSCIC-board>

More information about our responsibilities and governance structures is provided in Annex A and further material is available on our website³ and in our business plan for 2013/14.⁴

1.3 Our Ambition: A Strategy for Service Transformation

The HSCIC's data and technology services underpin the delivery of publicly funded health and social care services across England. It is therefore essential in 2014/15 that we maintain those programmes.

At the same time, we have a responsibility to work with our partners to agree a longer-term strategy for the development of these data and technology services. This strategy must support and enable the transformation of health and social care over the next decade. As the key strands of this strategy become clear, we will realign our activities, including the renewal of the national infrastructure, to correspond with the emerging strategic priorities.

Data and the information and knowledge that flows from it, have a fundamental role to play in transforming health and social care services. Too often in the past, the predominant focus of attention has been on acute services provided by hospitals. In the future, we expect to see technology used as a unifying force. If services are to be commissioned according to pathways of care, then the service user must be recognised as the centre of attention.

It is the person receiving care who matters, not the place where care is delivered, or the organisation responsible for managing it. So the system must be able to record and share information from all care settings. This requires the health and care system to invest effort and resources in those areas where there is currently a shortage of national information – such as social care and community services, which have not benefited so much as the acute hospitals from large investments in information and technology. We must redress this historic imbalance. Only then can we effectively redesign care services to unlock the potential for reducing both the demand for services and the unit cost of delivering them. That potential will only be realised if the technology enables:

- A shift towards prevention and self-care;
- Greater integration of services, across clinical, social and personal care and between formal and informal providers;
- The redistribution of skills with the resulting redrawing of the boundaries between the care professions;
- Greatly enhanced flexibility as to the location for care delivery.

The capacity for technology to contribute to a transformation of care services will depend on the complementary actions of commissioners, regulators, professional bodies and service providers. Our task, with our partners, is to build a data and information eco-system to support these groups and minimise the barriers to the radical changes they need to promote.

³<http://www.hscic.gov.uk/>

⁴ http://www.hscic.gov.uk/media/11860/HSCIC-business-plan-2013-14/pdf/80305_HSCIC_Business_plan_V1.0.pdf

Over the next 18 months we will therefore develop, with our partners, a national technology and data strategy to inform that long term view, which recognises recent experience and future requirements, to be published in Summer 2015. It will:

- Centre on the individual, with the objective of decoupling the individual's data and information from the originating care setting;
- Minimise any barriers to the flow of that data and information between care settings, so supporting both the integration of services and the ability of individuals to manage their own care;
- Make that data and information readily available in appropriate care settings, and at the lowest possible cost, so supporting the development of new innovative data-enabled service solutions, at the lowest possible scale;
- Ensure that the recording and accessing of that data and information is increasingly independent of the device on which the data was originally collected, whilst sustaining appropriate levels of security;
- Encourage all care providers, including those in social care, community care and the voluntary sector, as well as major acute hospitals, to make their own, informed, technology choices from a dynamic and innovative supplier sector.

The strategy will set out a coherent architecture for technology and data services for the new health and care system. It will be supported by workstreams which focus on:

- Encouraging innovative information solutions to support integrated care across health and social care;
- Supporting the procurement of new systems for primary care and smaller hospitals;
- Reducing the barriers to interoperability, by improving connection to the national N3 network, the national broadband network for the NHS; and by reducing the burden created by the demands of information governance on care service providers;
- Providing lower cost access to data and analysis capability for service innovators and information intermediaries, enabling them to utilise our expanding data resources to create and offer innovative solutions;
- Establishing a coordinated approach to supporting research and the life science industries;
- Improving public access to – and understanding of – the data, information and knowledge that is available, as part of the development of the Health and Social Care Digital Service;
- Creating an Innovation Hub with industry and academic partners to explore the potential and impact of new technologies.

1.3 Working with the Public and the Professions

Whilst we have the key stewardship role for the development and delivery of the national data and technology services, we act in partnership with the Department of Health, NHS England and the other national bodies. Our work must be informed and guided by a much wider group of stakeholders, including service users, professional groups and suppliers.

The sensitivity and importance of data, both to an individual's care and to the delivery and development of health and social care services, demands that the HSCIC involves the public and professional stakeholders in all aspects of its work. This must include providing an external perspective on the way it collects and uses data, ensuring that it makes that data and information available in ways which are helpful and informative and ensuring that the development of services is informed by the everyday experience of individual patients and care users.

The cornerstone for this will be a new Independent Advisory Council, comprising equal numbers of citizens and care professionals who will work under an independent chair to assess and assure our functions on health, public health and social care. It will meet in public twice each year. It will review key corporate documents and policies and will advise on important policy matters.

We will explore how this Council will work in collaboration with other similar bodies, including the potential for sharing infrastructure or expertise where there are efficiencies to be gained by doing so.

To pave the way for this Advisory Council, we will set out a new strategy for Patient and Public Involvement, which will underpin the way the HSCIC designs and delivers new services and products. It will also consolidate the arrangements for engagement and involvement with health and care professionals' groups and networks.

1.4 The HSCIC's priorities for 2013/15

This document sets out how the HSCIC will fulfil our responsibilities during 2013/2015. Our commitments are grouped under these four priorities:

- **Promoting trust through secure and interoperable services** - acting in the public interest by ensuring the robustness, effectiveness and the security of the information and data which flows across the whole health and care system;
- **Delivering the national technology services** - developing and delivering the critical infrastructure that is used nationally;
- **Providing information to support better care** - making available the information that citizens need to manage their own health and care and that organisations use to deliver, safe high quality care services;
- **Supporting the wider economy** - contributing to the development of the health and care informatics industry and the wider UK economy.

This document also provides details of our transformational programme for our own organisational development which underpins this work and is aimed at consolidating the HSCIC as a high performing organisation that is recognised as an outstanding place to work.

2. Promoting Trust through Secure and Interoperable Services

Our health and social care system can only work well if citizens are willing to share confidential information with the people looking after them. This sharing contributes to better, safer direct care for the individual service user. Moreover, the use of lots of such information in a suitably anonymised form contributes to more effective planning, commissioning and regulation of care. The result is better care for the community as a whole. It is therefore vital that we sustain the confidence of citizens that their data is being handled and used appropriately. This will become ever more important as the volume and breadth of the data we extract and collect increases.

Information for the health and social care service is only of use if it is secure, timely and accurate. The recording and collection of data must impose the minimum possible burden on those delivering care at the front line that is compatible with ensuring safety and quality. We must also demonstrate the utility of the data and the benefits it delivers both for individuals and the wider community, by making understanding and access as easy as possible.

2.1 Keeping Data Secure

The HSCIC has a key role to play, in respect of the information governance and security arrangements that are in use by all organisations across the health and care system as a whole. Our role is instrumental in ensuring that the health and social care system has the confidence and the trust of the public at large regarding the security and the use of the data that we hold.

We do this by:

- Maintaining appropriate levels of confidentiality both within the HSCIC and in the systems and services we provide for the wider health and care system, in order to protect all data, and especially personal confidential data, as described in the Guide to Confidentiality⁵ which we published in September 2013;
- Ensuring that the national systems and services which underpin information delivery are safe, secure and available across the whole health and social care system;
- Helping the health and social care system to maintain and improve the quality of information and data that individuals and organisations rely on;
- Improving access to data and information across the whole health and care sector, while at the same time making sure that the security of personal confidential data is not compromised;
- Publishing the standards by which organisations can apply to become accredited safe havens in order to enable controlled access to information that has been de-identified;

⁵ <http://www.hscic.gov.uk/media/12822/Guide-to-confidentiality-in-health-and-social-care/pdf/HSCIC-guide-to-confidentiality.pdf>

- Supporting the implementation of the Government's response to the report of Dame Fiona Caldicott's Information Governance Review, commonly referred to as the Caldicott2 Review.⁶;
- Managing the on-going development of the Information Governance (IG) Toolkit⁷ which all health and care organisations are required to complete each year.

Our role is one of influence, leadership and stewardship. We must therefore be seen as a paragon of best practice, and we must set our vision beyond the organisational boundaries of the NHS, to reflect the way that care is delivered.

By March 2015, we will

1. Act as lead agent on the implementation of the Department of Health's response to the Caldicott 2 report;
2. Review and streamline our own internal IG processes to ensure that they contribute to the reduction and management of the administrative burden on the front line;
3. Provide support to Dame Fiona Caldicott's independent IG Oversight Panel to provide advice, challenge and scrutiny to the health and care system on IG-related matters;
4. Consult on and publish the Code of Practice for the handling of Personal Confidential Data, following the publication in September 2013 of the Guide to Confidentiality in Health and Social Care
5. Ensure that there are clear standards and criteria for the approval of accredited safe havens;
6. Carry out an annual review of our own internal information governance and security arrangements (including cyber-security), advised by a Non-Executive Director;
7. Review the IG Toolkit to ensure it reflects the requirements of the new health and social care system.

2.2 Improving Data Quality

Each data provider is responsible for ensuring that the quality of the data it collects is fit for its primary use. This should result in data submitted to the HSCIC being of high quality. We have a statutory duty to assess the quality of the data we receive and to publish our findings so that:

- Data providers have the opportunity to resolve any issues with the data, resubmit it and investigate ways of improving their processes;

⁶ <https://www.gov.uk/government/publications/caldicott-information-governance-review-department-of-health-response>

⁷ <https://nww.igt.hscic.gov.uk/>

- People and organisations wishing to use that data can understand any strengths or limitations regarding the quality of the data and decide on its fitness for their specific purposes.

We do not work in isolation. We work collaboratively to develop data quality assurance for our customers, who include the public and other key stakeholders, such as NHS England, the regulators and the Royal Colleges.

We intend that our data quality assurance role will support the continuous improvement of data quality by assessing and reporting on the quality of data we receive and by providing advice and guidance on data quality best practice and innovation. We will do this by:

- Developing and implementing data quality assessment and reporting processes and systems based on explicit customer requirements, to ensure that customers know what they will get and data suppliers know what is expected;
- Assessing the extent to which current and future collection systems comply with national data standards, e.g. validation of data on entry and schemas on transmission; and working with key stakeholders, including system suppliers, to fill any gaps identified and to improve design, build and test processes so that future compliance is improved;
- Identifying best practice and innovation in data quality assurance; sharing it with customers and data providers; and facilitating and monitoring its adoption and effectiveness;
- Collaborating with customers and other key stakeholders in the development of a national data quality assurance framework, including the provision of data quality education, training and development via a dedicated service; agreeing data quality assurance governance roles and responsibilities; and making them open and transparent to all.

By March 2015, we will

1. Publish details of the routine data quality activities for each service area, in order to build confidence in the wider use of national data;
2. Publish draft quality standards for the major care sectors and consult on their applicability and appropriateness;
3. Provide all of the organisations which submit data to the HSCIC with a report setting out how their current data quality compares with other organisations of similar type and with current mandatory data standards;
4. Assess our current processes for assessing and reporting on data quality with a view to improving consistency of input, internal process and output;
5. Consult on proposals for reporting activity to other organisations, such as the regulators, or publishing reports where it considers an organisation's data quality to be unacceptable to the extent that the usefulness of the data is questionable;

6. Consult with customers and other key stakeholders and implement a national data quality assurance framework;
7. Investigate best practice and innovation in data quality assurance, including international standards, and evaluate their suitability for adoption in health and social care;
8. Publish the data quality standards for the major care sectors agreed during consultation and indicate the direction of, and process for, future changes in those standards;
9. Publish the performance of the care providers in each major care sector against those standards;
10. Extend the range of guidance available to organisations submitting data to the HSCIC, including that developed through investigation into best practice and innovation;
11. Introduce a new framework contract which offers a dedicated data quality education, training and development service for local organisations help them take action to improve their data quality.

2.3 Improving Interoperability through Information Standards

All public bodies and providers of care must have due regard to the need for all organisations working in health, public health and social care to adopt clear standards to enable them to pass information around the system securely, to deliver services in a seamless and integrated way.

We are the main development and delivery partner for NHS England and the Department of Health on information, data and technical standards. We maintain the Interoperability Toolkit. We also accredit local systems and advise commercial organisations on how to interface with the national services. We will review the way we do this, as new technologies allow for more open systems, which will need to be underpinned by the right standards.

Standards are increasingly applied to management, services, health, safety and the environment. They:

- Help disseminate technologies and best practice;
- Contribute to economic performance - it has been estimated that about 1% of annual growth may be from standards based activity;
- Define key features of business concerned with product or service performance, safety, reliability and quality.

It is widely acknowledged⁸ that the widespread use of common information standards and recording practices can bring a host of potential benefits. These include:

- Reduced burden;
- Fewer transcription and transformation errors;
- Increased data quality;
- Greater potential for integration of services;
- Commissioning across a care pathway;
- Better use of the data by professionals and citizens, patients and service users;
- Greater interoperability of data creating less professional need for re-recording and greater ability to validate existing data and only record new data.

More needs to be done to ensure that the standards are capable of supporting integrated care that is delivered by non-NHS organisations. We are keen to explore these issues from the point of view of organisations from the independent sector, the Third and voluntary sector, and especially social care. The concept of personalisation has changed the way that social care is commissioned and delivered, to the extent that it is no longer appropriate to design a standards model for the NHS and assume that it translates to other settings.

We will act to address the barriers to greater integration of care and support services. We will work closely with the system leaders, to understand the operational requirements, and with the IT systems suppliers, to ensure that solutions can be put in place that facilitate greater integration.

By March 2015, we will

1. Audit the current provision of information standards in order to identify gaps that must be addressed to ensure system-wide interoperability;
2. Introduce a new independent Appraisal and Advisory Service for information standards which will provide assurance on the main functional stages of the life and assurance cycles of information standards and collections so that decision making is properly informed and due diligence demonstrated;
3. Review the Interoperability Toolkit to increase its relevance across the system as a whole and for the information marketplace;
4. Ensure that information standards and collections are managed on a system wide basis through the Informatics Services Commissioning Group, with all member organisations bound by a collective Memorandum of Understanding;

⁸ See for example the recommendations from the Francis review, the Information Strategy, and the NHS Confederation interim report to the Secretary of State 22nd March 2013: 'Bureaucracy and regulatory review: a report of early findings and recommendations'

5. Develop an information standard compliance accreditation scheme that allows those procuring and using systems to know whether or not they meet agreed standards;
6. Assess the extent to which current and future collection systems comply with national data standards and improve design, build and test processes to ensure compliance with current and future data standards is improved.

2.4 Minimising the Burden on the Front Line

The HSCIC has a statutory duty to ensure that the amount of time and effort involved in administration and bureaucracy is kept to a minimum to allow health and care professionals to devote as much time as possible to providing care to people who need it. The NHS Confederation has done some important work on this – their report acknowledges that there is a need for the national information asset, but there must be a better appreciation of:

- The volume of data that is required by the national data collections;
- The effort that goes into collecting, processing and validating the data;
- The value of the asset that it creates.

We must ensure that the work associated with the collection and submission of national data collections does not detract from direct care and services. The Information Strategy set out the strategic intention that we act as the main hub for managing the national data collections from health, public health and social care. We do not manage all of the collections ourselves, but we have an oversight role for the system as a whole.

We have a key role to play across the health and social care system to reduce or broker reductions in the burden of gathering and submitting data for national collections across the health and care system – not just those submitted to the HSCIC, but also those generated for other purposes, such as regulation or local commissioning.

In the future, all organisations requiring data to be collected from care providers must work through the HSCIC to ensure that the requirements: have a clear business purpose; are underpinned by the use of information standards; and that the administrative burden involved in the collection process is kept to a reasonable level. The new arrangements will also allow for service providers to charge for the provision of information to national organisations which have not been through this process.

The Secretary of State has asked all the national bodies to collaborate on the reduction of administrative burden, through a shared protocol. Accordingly, to support this protocol, the HSCIC will agree Memoranda of Understanding with each of the national bodies. The Memoranda will establish service levels for meeting their data requirements and targets for reducing the impact on direct care organisations. As part of these Memoranda, we will commit to a set of core standards that will underpin our performance. As a minimum, they will address:

- Rapid and responsive turnaround of the information it receives so that it is available for use within an agreed timeframe;
- Reporting on the accuracy and completeness of the data it provides and the information it publishes.

Initially, in 2013/14, this work has started with the national information requirements mainly from acute trusts. During 2014/15, it will be expanded to include all care settings, and to include information exchanges between local commissioners and providers of services,

including services managed by Commissioning Support Units and our Data Services for Commissioners.

By March 2015, we will

1. Work with our partners to implement a national protocol which demonstrates our collective commitment to collaborate to manage and reduce the burden and bureaucracy for service providers;
2. Implement common data services that can be used by our partners to accelerate the adoption of more efficient methods for data collections and extractions;
3. Agree Memoranda of Understanding and the core performance standards with our key customers;
4. Publish on our website a range of tools that can be used for self-assessment and benchmarking purposes;
5. Identify opportunities for consolidating reporting and publication of indicators and information into standard formats which can be made available to all.
6. Contribute to the strategic planning for achieving a paperless health and care system;
7. Increase the use of standard data formats for routine outputs and reports to improve our own efficiency and stimulate wider use of these outputs for local analytical or reporting purposes;
8. Extend the national campaign to other care settings and to consider the impacts on local health economies.

3. Delivering the National Technology Services

The HSCIC is the major partner for the NHS, public health and adult social care in delivering information technology, infrastructure and systems.

Our technology services and products include:

- The **N3** network, used to support safe and secure communications across and between healthcare organisations, and other organisations involved in care services;
- The national **Spine** service, and its supporting transaction management, directory services and identity management services;
- **NHSMail**, providing secure email, calendar, and other services including SMS;
- The **GP2GP service**, which uses the Spine infrastructure to enable secure and reliable transmission of electronic patient health records between GP practices using compliant clinical systems;
- The **Summary Care Record** and the infrastructure used to store it;
- **Choose and Book**, now being redesigned as the e-Referrals service, for managing referrals from GPs for patients needing hospital appointments and providing patients with choice of date, time and location of their appointment;
- The **NHS number** programme;
- The **NHS Choices** website;
- The **Personal Demographics Service**, which replaced the National Strategic Tracing Service as the authoritative repository for demographic data for the NHS;
- **Electronic Transmission of Prescriptions (ETP)** which supports the safe and efficient transfer of prescriptions between GPs and pharmacies;
- The **Secondary Uses Service** which holds data about hospital activity and which supports **Payment by Results** and many other data and analytics products, including the **Hospital Episodes Statistics** service;
- Services designed to support particular patient cohorts – such as the sharing of **Child Protection** information, or issuing **NHS numbers for babies**, or **health services for offenders** in prison.
- The **GP payments service** calculates and pays over £7.2bn in GP payments annually;
- **Cervical Screening** manages over 3.5 million screening invitations and saves approximately 1,300 lives every year;
- **Breast Screening** manages more than 2 million screening invitations and detects more than 13,500 invasive cancers every year;
- **Bowel Cancer Screening** has issued over 8.6m test kits and detected 14,693 cancers;
- **Patient Registration** manages over 56.9 million patient records, 12.3 million GP transactions per year, and 6 million amendments;
- The **Open Exeter Portal** manages more than 500 million transactions per month and supports 90,000 NHS and Department of Health users;
- **Ophthalmic Payments** manages more than £360 million in payments annually and manages over 1.9 million transactions per month.

We do not manage the national services and infrastructure in their entirety and we do not expect to bid to provide other technology services in addition to this nationally commissioned work.

3.1 Addressing the Future Requirements for National Technology Services

Work is underway to review the current portfolio of national services to ensure that it is consistent with the way the new health and care system is evolving, and can provide a richer set of transactional services than are currently available, to meet the Secretary of State's own interests in improving the use of information and technology. It must also be able to work across a wider range of care settings.

The Secretary of State has set out his expectation that the strategic priorities must:

- Enable and support people to access and interact with their individual health records online;
- Facilitate the widespread adoption of modern, safe standards of electronic record-keeping;
- Relaunch the Choose and Book service to make eReferrals available to patients and health professionals for all secondary care by 2015;
- Enable primary care providers to offer the facility to book GP appointments and order repeat prescriptions online;
- Support hospitals to implement ePrescribing services for their patients;
- Ensure that integrated digital care records become universally available at the point of care for all clinical and care professionals;
- Encourage and facilitate the widespread adoption of the Electronic Transfer of Prescriptions programme;
- Commission nationally-provided NHS IT infrastructure including the Spine (the national system which enables services to be shared across NHS care settings), N3 (the underpinning network) and NHSmail (the secure email service).

All of this supported by the **Safer Hospitals; Safer Wards Technology Fund**⁹ which sees the investment of a significant amount of capital funding to enable NHS Trusts to accelerate their deployment of digital systems. More funds will be released in 2014/15, which will prioritise the integration of services with adult social care.

This process of review and renewal will inevitably take account of the changes in technologies and their uses, as is already happening with the new e-referrals service. It can also take advantage of new ways of procuring and contracting for services.

Fundamentally, it presents an opportunity to develop and implement a more cohesive and coherent approach both within the NHS and beyond NHS boundaries. Much of the current infrastructure provision is aimed only at the NHS. This will not be adequate for the public or for clinicians and care professionals, as they work increasingly across organisational

⁹ <http://www.england.nhs.uk/2013/05/22/tech-fund/>

boundaries. We will review the current arrangements, paying particular attention to the need to support integration across health and social care settings.

By March 2015, we will

1. Publish a directory of the current infrastructure;
2. Progressed the reprocurement work associated with the key national technology services and infrastructure, including the replacement of the Spine, a new public service network for health to replace N3, a new NHSMail service, the replacement of the GP Systems of Choice framework, and the new e-Referrals service to replace Choose and Book;
3. Actively support the programmes and their Senior Responsible Owners to ensure that there is clarity about the benefits and value to be derived from the scope, functionality and content of all national services and programmes;
4. Set up a programme to help system providers, starting with the social care system providers, gain access to the national infrastructure, based on the use of the NHS number;
5. Agree with our partners in the Informatics Services Commissioning Group a national technology strategy for the development of the key national technology and data services;
6. Draw up a plan for addressing the gaps and inconsistencies to ensure that there is coherence across the entire national health and care system;
7. Support the use of the Technology Fund to deliver of maximum benefits across the health and care system;
8. Agree with our partners a set of standards for interoperability to be applied progressively to all new enterprise systems, enforced through the requirements for accreditation to the Spine services;

3.2 Managing the Transition of the Local Service Provider Contracts

A significant component of our current portfolio involves the management of the legacy of the Local Service Provider contracts on behalf of the Department of Health, from the now dismantled National Programme for IT. An assurance review was conducted in the spring of this year. It made a number of recommendations aimed at reducing the risks attached to these contracts and ensuring that NHS service providers were supported in getting the benefit from the systems and the wider investment that has been made in the contracts and, as the ownership of the contracts transfers from the HSCIC into local arrangements, ensure a safe and secure exit as each contract expires.

We are now planning for the withdrawal of those services and functions as these contracts expire. This must be handled carefully, to ensure that there is a clear focus on protecting business continuity for the services as they are transferred to Trust-led contracting arrangements.

By March 2015, we will

1. Support the DH in its delivery on the remaining obligations of LSP contracts;
2. Help NHS trusts get the benefits from systems and the investment;
3. Support a safe and secure exit and transfer of services to providers in preparation for the end of their contracts;
4. Make sure the Southern Local Systems Programme delivers successfully;
5. Help staff through this transition, and ensure that everybody is in a position to support the delivery of better health and social care;
6. Support the safe and secure transfer of services from the BT contract to Trust-led contracting arrangements;
7. Continue our work to support the safe and secure transfer of services from the CSC contract to Trust-led contracting arrangements in 2016/17;
8. Help NHS trusts get the benefits from systems and the investment.

3.4 A Coherent Architecture for the National Services

We have a responsibility for ensuring that the design and delivery of the national information and data infrastructure works coherently across the health, public health and social care system. We do this directly for those elements that are delivered by the HSCIC, and indirectly, through the setting of standards and oversight of the system-wide architecture, for systems provided by other organisations active in the commissioning or delivery of health, public health and social care services.

This work involves:

- Ensuring a resilient, coherent and cohesive business and technical architecture;
- Facilitating the innovative use of the best available, cost effective technology;
- Enabling the health, public health and care system to squeeze greater value from the national infrastructure;
- Employing the most effective development and delivery techniques;
- Maintaining an appropriate level of resources to mitigate both development and operational risks;
- Developing mutually supportive relationships with existing and new suppliers.

By March 2015, we will

1. Assess the implications for the system-wide architecture arising from the separate *Safer Wards, Safer Hospitals* initiative, the NHS Technology Fund, and the Integrated Care Pioneer programmes;
2. Establish an involvement programme with technology providers, research institutions and academics, to explore the nature of over-the-horizon technologies and their potential impact on health and care;

3. Explore with other national organisations whether there are opportunities for significant economies of scale by sharing technical infrastructure and support. Draw up proposals for such services only when requested by other organisations, where there is mutual benefit to do so, and the benefits are agreed upfront;
4. Contribute to the leadership and system-wide stewardship activities to ensure that the health, public health and care system adapts to meet the high standards, requirements and expectations of the public at large;
5. Extend our support for local health and care organisations in their use of Open Source software, especially for their Electronic Patient Records;
6. Review the implications of the extended use of Open Source for the HSCIC's own business model, regarding the ongoing management and development of the national services it manages;
7. Develop and publish for consultation a 10 year strategic technology futures framework that majors on integration across social care into healthcare services, ensures that there is greater use of Cloud technologies, Open Source, and other new developments, as well as increased use of standards for interoperability.

3.5 Working with the Market

The success of this renewal programme depends on effective relationships with the information and ICT market.

We work collaboratively with the market so that we can work to support the new requirements, particularly in regard to the use of Open Source software and the development and use of Application Programming Interfaces. This will have implications for the operating model that is used to manage and develop the national infrastructure in the future. It illustrates why our role on the information and technical standards is so important.

Our future relationship with the market involves:

- Contracts with smaller financial values, covering shorter duration;
- Significant reductions in procurement timescales;
- Increasing use of Government frameworks;
- New approaches to engaging and driving the market, with particular emphasis on engaging with Small to Medium Enterprises and creating competitive market tensions not only during procurement, but throughout the delivery of a service;
- Less reliance on multi-national operators acting as prime contractors;
- Where possible leveraging services from other Government departments.

By March 2015, we will

1. Set out and consult on the overarching principles that will inform the way the renewal programme is handled;
2. Manage the disaggregation of contracts and redevelopment activities as they are currently applied to programmes and services;

3. Adopt more agile and value-driven procurement approaches, using supply profiling models, analysis and benchmarking;
4. Establish new partnering relationships with the ICT supply industry;
5. Ensure that there is a consistent approach to the use of agile development techniques across the HSCIC;
6. Starting with the new Spine service, implement the new delivery model using the Service Integration and Management (known as SIAM) approach;
7. Consult on and publish a standard development methodology.

4 Providing Information to Support Better Care

4.1 Publishing Accessible Information for the Public and Professionals

We need to do more to help people make greater use of the data, information and reports that we publish. We will ensure that the key messages relating to data in our reports and publications are clear and intelligible so that the public can find out the key facts without the need for sophisticated analytical skills or tools.

We are an active member of the Government Statistical Service (GSS)¹⁰. We adhere to the UK Code of Practice for Official Statistics, which ensures a high quality, consistent and unified statistical service that meets the needs of government and society and is both trustworthy and trusted.

We will work with partners to agree a new publications strategy, which responds to the needs and interests of citizens and care professionals. It will be aimed at stimulating more national interest and debate, and helping people navigate the information landscape. We will focus our analytical effort on basic analyses that are generally useful, and illustrative analyses that encourage, inform and inspire people to look further. We will not carry out specialised or bespoke analyses. These will be left to the information market place.

We will address the concerns that data may sometimes be used inappropriately, or that misleading conclusions may be inferred from the data. We expect to have a stronger voice when there is evidence that our data may have been inappropriately used. This is intended to be a constructive contribution that aims to inform the general debate about informatics capacity and skills. There will, of course, be occasions where there is a need to issue communications to correct media coverage when our data has been wrongly used. In such situations, we will ensure there is effective liaison with other interested parties to ensure that external communications are coherent.

By March 2015, we will

1. Consult on a new publications strategy, seeking input from customers, users and the public, with a view to publishing information and reports in a more meaningful way;
2. Make available an online searchable catalogue listing the national data assets and how to access them;
3. Use the new Independent Advisory Group to advise on the clarity and usefulness of our publications;
4. Consolidate our role regarding Official, National and Experimental Statistics, as recommended by the Francis Review, by increasing the range of statistics which are published as Official, National or Experimental Statistics;

¹⁰ A professional community of organisations including most UK government departments, involved in the collection, analysis and dissemination of Official Statistics to meet the needs of government, business, and the public. Collectively, the GSS delivers objective, relevant, high quality statistical information and advice to help decision-making not just across health and social care, but throughout society. See <http://www.statisticsauthority.gov.uk/national-statistician/government-statistical-service>

5. Pilot new publication techniques and produce reports and outputs tailored for particular purposes or interests;
6. Simplify the arrangements for accessing our aggregated and non-identifiable data;
7. Review the content and structure of the website to ensure it can support the new publications strategy;
8. Agree a social media strategy to support our dissemination activities.

4.2 Making Data More Accessible

Care.data will see the introduction of a new data and information service for care professionals and the public. It will provide access to more granular data about services, including patient-level data in a secure pseudonymised format.

It is anticipated also that there will be a greater use of data from different national and local sources. In particular, we expect that our data linkage service will be used more widely to create new information assets, combining information from different sources. It is already being used to combine information from acute and mental health services.

To help organisations access and analyse the large volumes of data that will become available, we will introduce a new service to enable organisations to access our infrastructure and analytical tools for their own purposes. In return for a modest fee, organisations will be able to hire processing capacity in a secure environment, to use our data, often alongside data from other sources.

By March 2015, we will

1. Work with the expert user group to advise on the future development of the data-linkage services, and specifically to agree an annual programme for creating and publishing new linked data sets and reports to reduce the need for standalone reports;
2. Exploit new data sources and linked data files by releasing data, publishing standard statistics and illustrative analyses to inspire others to develop more complex analyses;
3. Publish data outputs as required under direction by NHS England and other partners;
4. Design and implement a new service which enables external organisations to access HSCIC infrastructure for their own data processing purposes;

4.3 Providing National, Assured Indicators

We support the development and use of national indicators and metrics to measure performance and progress on outcomes. Indicators are commissioned by different organisations, for different purposes. Sometimes they form part of a national suite of indicators, such as those used in the Quality and Outcomes Framework to measure performance in primary care. Sometimes they are commissioned separately, as is the case with the Summary Hospital-Level Mortality Indicator. There are also many indicators that are in use across the system for routine benchmarking purposes.

By March 2015, we will

1. Launch its new improved portal for accessing a searchable library of indicators, methods and underlying data used across health, public health and social care;
2. Act on the recommendation from the Francis Review, by improving public access to indicators on outcomes;
3. Publish proposals for rationalising the proliferation of indicators available nationally, which has made it difficult for people to keep track of what is available;
4. Encourage greater use of our assurance process for national indicators, to assess their robustness and to ensure that they are fit for the purpose they are intended for.

4.4 Driving Better Value through Services for Clinical Audit

Information obtained through national clinical audits is a rich, but underused resource. There are several reasons for this, but there is an increasing recognition that this valuable resource should be put to greater use, as long as there are explicit and robust arrangements in place to maintain patient trust and confidentiality. In fact, progress is being made in opening up these data sources, as demonstrated by the publication of consultant-level data from a number of surgical audits during the summer of 2013⁶.

At the same time, there is growing interest in using data from different sources – such as data collected from screening programmes, data from surveys, for example – alongside clinical audit data, to give a richer picture of service quality and outcomes.

In future, all new clinical audits will be expected to use our infrastructure to manage the data collection and processing services. This will bring greater consistency and economies of scale to the future audits. It allows us to concentrate on our core role – regarding the collection, processing and publication of the data. We will ensure that the quality, robustness and reliability of our services are consistent with the best that the industry could deliver. Moreover, it builds confidence that there is a consistency of approach, using common data services, to ensure that burden and bureaucracy are minimised for front line staff involved in gathering and recording the data.

By March 2015, we will

1. Review the current arrangements and launch a new service for supporting research and clinical audits;
2. Develop a new operating model for our clinical audit service, which provides a more streamlined service, to reduce collection costs and timescales;
3. Ensure that the HSCIC's National Back Office and MRIS service provide support to audits and research on cohort tracing and management;
4. Explore ways of improving the consistency of publishing audit data to bring more alignment with other data used for Official and National Statistics.

5 Supporting the Wider Economy

5.1 Developing the Information Marketplace

England is rich in health and care data, but has not yet fully exploited these assets to the benefit of both the health and care system and the wider economy.

We have a big contribution to make to this growth agenda. We act as the agent for the Department of Health on the Open Data agenda, and we intend to do more to identify and exploit opportunities for making better use of the information assets: by improving old or creating new service models; by reducing costs; and by improving quality and safety. In turn, this will provide the basis for developing international opportunities creating wealth and jobs for the country as a whole.

It is not only the use of data that will have an impact on the economy and opportunities for growth. The way that new services and products are procured, particularly regarding technology services, can have a significant impact on the national economy. We are already seeing changes arising from the strategic shift away from large international suppliers, towards greater use of medium-sized suppliers. We will play our part in ensuring that our approach to procurement has a major impact nationally and more locally for companies based around our headquarters in Leeds.

By March 2015, we will

1. Help stimulate the market through dynamic relationships with commercial organisations, especially those who expect to use its data and outputs to design new information-based services;
2. Introduce a programme of engagement with the market, which permits a two-way flow of information about short and longer term plans;
3. Agree a plan for addressing the barriers to entry into the market for new commercial ventures;
4. Ensure there are clear guidelines and policies that explain under what circumstances data may and may not be made available, especially in relation to the potential sale of data;
5. Initiate a programme to introduce Application Programming Interfaces into the key infrastructure elements we will develop, deliver and oversee, such as the Spine. This will aim to ensure greater interoperability between national systems and between national systems and peripheral applications;
6. Establish a collaboration with industry partners to introduce a shared “sandpit” environment for research and development including the testing and development of new products.

5.2 A Comprehensive Service for the Life Science Industry

Health data is most powerful when used at scale, combined with the ability to track individuals (while protecting patients and privacy). Data can support research, industry, and healthcare activities across the value chain from the discovery phase through to optimisation of healthcare delivery. It will involve the use of clinically coded and bio data, linked data and real world data. It will use data at both patient and system level.

National benefits accruing from this work include:

- Creating a 'virtuous circle' of improvements in care, quality, outcomes, and NHS productivity, with increased potential return of data, or research findings;
- Extending support to the Research and Development community, incentivising uptake and greater adoption of innovative health products and services;
- Stimulating cross border research;
- Enhancing capability and skills development to support future domestic and international export demand;
- Unlocking the potential to ignite and accelerate a health data ecosystem of entrepreneurs, small to medium enterprises and larger businesses.

Industry and researchers will benefit from a better ability to answer critical research and market questions, greater stimulus for the development of new and improved health products and services, along with opportunities for accelerated uptake and diffusion.

The economy also benefits from:

- Strengthening the skills base to support future demand;
- A commercial environment for data-driven health products and services;
- A new health data ecosystem of potential partners (customers, clients, collaborators, supply and value chain);
- Better export opportunities.

The HSCIC already supports the Clinical Practice Research Datalink (CPRD)¹¹, the observational data and interventional research service for the NHS in England, in its successful provision of services to the life science industry. The extension of the CPRD data process coupled with additional data flows from other sectors and our growing ability to link these data sets, provides an unparalleled opportunity to develop a world class service for the life sciences industry, and is being actively promoted across Government.

The Medical Research Council has made significant investment to enable academic organisations to perform roles in relation to data. These organisations are collaborating as the Farr Institute. At the same time, the Economic and Social Research Council has placed a call for four administrative data research centres and one over-arching service, with the aim of encouraging data linkage across Government. There will be separate calls for additional research.

We expect to work closely with all of the establishments involved in this research, especially, but not exclusively, to carry out the linkage work using health data (subject to appropriate legislative cover.)

By March 2015, we will

1. Collaborate with partners to agree a new information strategy to support research and life sciences;
2. Work with our partners, particularly CPRD and NHS England, to design a single "front door" to provide access to information for the international life-sciences industry;

¹¹ www.CPRD.com

3. Work with our partners and with industry to determine their priorities for future data collections and linkages;
4. Work with CPRD to develop a research enclave providing powerful new resource for the life sciences industry.

5.3 Developing the Informatics Skill Base

The HSCIC is the largest employer of healthcare informatics experts in the UK. As such, we have an extensive range of skills and expertise, and an interest in encouraging the next generation of health informatics experts. We expect that our partners and customers will call on these skills, not only for delivering the services and products they require, but also for help in scoping the requirements or drafting business cases for future investments, to ensure that they are able to take advantage of economies of scale regarding use of infrastructure, availability of data, matters of policy regarding information standards, or information governance and security.

We need to be able recruit a steady stream of qualified staff. The wider health and care system will also need a growing number of qualified staff if it is to benefit from the increasing use of technology, information and data. We therefore have an interest in fostering a community of interest for healthcare informatics and analytical experts that can, in turn, be the foundation for developing the UK's international ambitions.

This is especially important regarding analytics. There is a shortage of analytical skills. It makes sense to invite collaboration with industry and the market to make better use of the data held by the HSCIC.

By March 2015, we will

1. Consult on the informatics skills needed to support the health and care system;
2. Bring forward proposals to develop professional education and training resources for informatics specialists, including within secondary schools and at apprenticeship, university and post-university levels;
3. Continue to support the medical and nursing schools and Royal Colleges on the need for informatics training as a key part of clinical education;
4. Explore the opportunities for establishing national and international partnerships to support the development of a mutually beneficial skills share programme, offering secondments and other forms of employment;
5. Support the Chief Clinical Information Officer Network, which is aimed at strengthening the clinical informatics leadership role in Trusts and other service providers;
6. Consult with the wider system, industry, trade bodies and academic institutions on what we can do support the establishment of an appropriate professional structure for the health and care informatics profession;
7. Introduce learning tools to educate customers and users of statistics to help them make better use of the our data and statistics in their work;

8. Launch with partners a series of education and training initiatives to provide scholarships, training and qualifications, including MScs, apprenticeships and other courses, with the first students enrolling during the year;
9. Start a service for schools and universities, giving access to appropriate material to support teaching in areas such as economics, statistics and clinical studies;
10. Develop with partner medical and nursing schools new teaching and training modules in informatics for clinicians;
11. Design a programme of events and conferences to raise the profile of this work and create further opportunities for partnering.

5.4 Partnerships for Innovation

Partnerships with industry, academic institutions, investors and entrepreneurs can help exploit the UK's assets and competitive advantage. We are ideally placed to stimulate new partnerships which in turn create new opportunities, new suppliers, new products and apps, to ensure they bring value to the health and care informatics system.

To provide a focal point for this work, we will establish an Innovations Hub that showcases the future of integration between health and social care. This will be a collaborative exercise, encouraging the best and most innovative approaches available. We will not work with individual organisations in a way that might be perceived as giving them unfair commercial advantage over other organisations.

By March 2015, we will

1. Explore opportunities for new development partnerships with academics institutions, Academic Health Science Networks and industry;
2. Launch a series of "hack" events aimed at incentivising entrepreneurial activities using health and social care data;
3. Identify partners within the health and care system and externally who can support the work of the Hub;
4. Launch an Innovation Hub within the HSCIC, based on consultative discussions with our partners.

5.5 Supporting the local community

The HSCIC employs over 2,100 staff, spread over 19 different locations around the country. The majority are based in Leeds, where the HSCIC has its head office.

Leeds and West Yorkshire make up a modern and vibrant area, with clear ambition to play a leading and dynamic role in the national economy. There are a number of partnerships working to progress the ambition for the region¹², and health and innovation feature

¹² See www.leedsandpartners.com, www.leedscityregion.gov.uk

prominently in their vision. Leeds also has a substantial Information and IT industry. We are one of several employers working in healthcare and informatics.

We will engage with these partnerships. As a major employer in Leeds, we believe that these partnerships are a helpful vehicle for discharging our civic duty. The opportunity to engage with other employers based in and around Leeds will help consolidate our profile and reputation as a vibrant local employer.

By March 2015, we will

1. Engage with the groups and networks that can consolidate our position as a key employer in West Yorkshire;
2. Develop a Corporate Social Responsibility Programme, aimed at contributing to the local community strategy, and empowering staff to contribute directly by providing time to local organisations such as charities or Third Sector organisations;
3. Explore opportunities with our local partners how the HSCIC might support the development of a local University Technical College which majors on health informatics.

6 A High-Performing Organisation with an International Reputation

The HSCIC is an organisation in transition. The interim management team has been very successful in bringing together the predecessor bodies into the new organisation and developing a sense of cohesion and momentum; but much remains to be done. Over the next 18 months the senior management team will be appointed, as will new non-executive directors. We will also begin the process of consolidating the number of sites from which we operate and complete a portfolio review of our activities to determine whether there are operations that could be better undertaken by other organisations, or discontinued.

Our success is entirely dependent on our ability to recruit and retain highly skilled staff. Over the next 18 months we will invest significantly in the professional development of our staff and in supporting organisational and cultural transition across the organisation.

We are committed to being the “employer of choice” for anybody interested in health, public health and social care informatics. To achieve our ambition and to meet our responsibilities to the health and care system, and to the wider community, we need to become an organisation with an outstanding reputation not only for the quality of our services and products, but also for our leadership and people. We intend to be an organisation where informatics specialists from around the world want to work. We will invest in developing the skills of our staff.

We have therefore launched our own Transformation Programme, including activities which cover strategic and operational activities aimed at establishing the HSCIC as a high performing organisation capable of discharging its responsibilities effectively. Common themes that will apply across the Programme include:

- Adopting new values which will shape the culture of the organisation;
- Opportunities to improve operational effectiveness;
- Aligning areas where there are commonalities, particularly regarding ICT development, programme and project management and contact centre deployment;
- Addressing those areas which require different ways of working, often where the system reforms mean that the services themselves need some realignment, such as our work on the Quality Outcomes Framework;
- Ensuring there are common, robust management systems in place across all Directorates, which are used consistently to support the corporate agenda – such as records management arrangements and the use of the Customer Relationship Management system to inform our external engagement activities;
- Opportunities for innovation.

The Transformation programme includes activities which are designed to respond to some of the big strategic challenges. These include:

- Building a collective understanding of our Vision, Purpose and Values;
- A stronger focus on how the organisation engages externally and how it is perceived by stakeholders;
- Improving our engagement with citizens and patients;
- Reviewing our brand and reputation;
- Reviewing our publications to ensure they are relevant and timely;

- Creating an HSCIC Innovations Hub for information and IT;
- Developing a Corporate Social Responsibility programme aimed at contributing to the local community and empowering staff to contribute directly by providing time to local organisations such as charities or Third Sector organisations.

The transformation programme also has activities specifically tailored to build workforce capability to meet the challenges of delivering its strategy. These include:

- Introducing professional groups to build and sustain a professional workforce that will develop individual capability in support of the organisational strategy;
- Introducing a new performance management approach;
- Ensuring there is an effective cohort of managers through a line management development programme;
- Introducing a leadership development programme to strengthen leadership capabilities across our workforce;
- Supporting staff to improve their health and wellbeing;
- Undertaking a reward review to ensure that we are making the best use of the Agenda for Change framework;
- Establishing the HSCIC as an employer of choice through a recruitment and talent attraction programme, building links with academic organisations.

The operational transformation activities are designed to put in place clear corporate operational management processes and systems. Some of this will complete transition activities. These include:

- Ensuring there is a single set of corporate policies, consistent desktop technology and clear operational governance arrangements;
- Agreeing a locations strategy that is driven by the needs of the organisation and is in line with Government estates strategy;
- Developing a strategy to ensure there are streamlined processes regarding corporate information systems and financial management systems;
- Agreeing a corporate quality strategy which will assess the organisational quality standards that we strive to achieve.

Finally, there are some important integration projects to address situations where activities occur in multiple directorates that may overlap or complement each other. These include:

- Implementing a new service management and integration (SIAM) approach to standardise our service management capability;
- Undertaking a contact centre and service desk strategy to develop options to optimise these services;
- Undertaking a data asset utilisation strategy to identify how to derive benefit from the data assets held by the HSCIC;
- Considering the need to undertake an IT development review, which will examine how we build and support those systems and services developed in-house to ensure that there is a consistent strategy.