

Mid-Year Review of Business Plan 2013-14

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Annex 1 - Full list of business plan targets 2013-14

Introduction

This paper provides a mid-year update on the activities set out within the 2013-2014 HSCIC Business Plan (extract contained at annex 1).

The content and the timescale for publication of the plan were determined by the Department of Health, and predated the establishment of the new HSCIC in April 2013.

The plan therefore provided the most detailed and accurate forecast at that point in time regarding the transition and establishment of the new HSCIC.

The plan was discussed extensively with external stakeholders, at meetings involving the interim Chair and the CEO of the HSCIC, during spring 2013.

It was recognised that the Business Plan would support the HSCIC's progress from establishment through transformation towards the desired form of the new organisation.

Update on Commitments and Key Achievements

The HSCIC is making progress on many of the commitments listed in the Business Plan. The three key sections reported below are based on the original structure of the business plan.

Progress on the 2013-14 plan are listed under the headings of:

- “statutory” (but notably do not cover all of the HSCIC's statutory obligations as covered in the act);
- “our” commitments relating to major project and programme delivery; and finally our,
- corporate duty.

Statutory Commitments

Our statutory commitments in the plan are reported as “progressing”. Considerable work remains to be completed to ensure compliance with the statutory obligations, improved milestones and tracking of these will be required in quarter 3.

Key Achievements

There are 14 objective areas in this section. One is reported as complete. All others except one are progressing or are in development. The exception relates to an expectation recorded prior to establishment that the HSCIC would “take over” a number of existing information flows. This is replaced by the bureaucracy protocol. Key points are below.

- HSCIC has produced and published the ‘Confidentiality Guide’ as a precursor to the Code of Practice for the Handling of Confidential Data.
- Extensive work has been done to reposition the HSCIC's focus on burden and bureaucracy. Much work has been done collaboratively with NHS Confederation on this. The HSCIC is launching a high profile national campaign working with acute trusts on the measurement of bureaucracy generated from different sources. The Secretary of State is taking a personal interest in this work.

Action is being taken on those statutory functions that require further attention to enable us to clearly fulfil our responsibilities.

Our Commitments

Although successful delivery to meet the Senior Responsible Owner (SRO) and our overall “commission” appears likely for a number of projects, there are still recruitment and other issues affecting the remainder of the programmes delivery portfolio and some key movement in programme delivery dates being agreed with their respective boards.

Key Achievements

There are 30 objective areas in this section. Nineteen are progressing on target. One is still awaiting update. Four areas are reported as complete. Six objectives are subject to agreed re-profiling of HSCIC delivery with the SRO and Programme Board. Four areas are re-planning or recalibrating with their respective SROs. Key points are below.

- The HSCIC is strengthening its working relationship with its national partners, and especially NHS England on the strategic technical agenda.
- Secondary Use Service (SUS) Release 13, Calculating Quality & Reporting Service (CQRS), CSC PACS and the Strategic Outline Case (SOC) for Spine cover for Health and Justice have all been completed.
- Care.Data, N4(PSNH), GPSoC replacement, GP to GP, NHS Mail replacement and the E-Referral Service have altered delivery schedules for the HSCIC agreed by the SRO.
- CSC & BT Local Service Providers (LSP), Offender Health prescribing & Electronic Prescription Service (EPS) roll out targets are subject to recalibration.
- Reasons for delays and need for recalibration include:
 - Local delivery team capacity
 - Negotiations completed later than expected
 - Market interest higher than expected in procurement (requiring more evaluation)
 - Recruitment difficulties.
 - Changes to process for, and delays in, approvals.
- Delivery of the Payment by Results (PbR) replacement service has also been strengthened through the appointment of a dedicated Senior Responsible Owner (SRO) within NHS England.

Our Corporate Duty

This section of the plan is generally progressing well internally with some external dependencies still being reshaped or are under development.

Key Achievements

There are twenty two objective areas in this section. One is complete, one is still awaiting update, and the rest are progressing to schedule. Key points are below.

- The overall structure and governance for the transformation programme is now established completing this objective.
- With the new strategy emerging, the transformation workstream on relationship management and stakeholder engagement is being initiated.

- Arrangements for the approval / processing of DH programme financial transactions (to suppliers) are now operating in a reasonably efficient manner.
- The objective relating to development of shared information standards supported by closer collaboration is subject to further elaboration.
- The accounting processes within the “admin” environment are also taking shape although there is significant work still to be done.
- One area that receiving immediate attention is the continued development and maturation of the Informatics Services Commissioning Group, its subgroups and its commissioning processes.

Actions Required of the Board

The board are asked to note progress against the plan indicates much is “progressing” but the statutory commitments are in need of finer milestone details to allow more accurate reporting. Work on this is in hand.

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