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HSCIC Corporate Business Plan

Document Management

Revision History

Version	Date	Summary of Changes
0.1	17/12/2013	First issued to CEO for comment
0.2	18/12/2013	Updated based on feedback from CEO
0.3	20/12/2013	Further additions to plan based on earlier feedback from CEO
0.4	20/12/2013	Addition of new financial information for Section 4
0.4a	30/12/2013	Incorporating minor changes received to cop 30/12
0.4b	03/01/2014	Incorporating further changes and suggestions to cop 3/1
0.5b	06/01/2014	Incorporating feedback from some EMT members. This full version for review by the Board (redacted version submitted to DH Sponsor Team)
0.6	22/01/2014	Incorporating feedback from DH Sponsor Team and the Board
0.7c	27/01/2014	Further inclusion of input from directorates and drafting to accommodate comments. Introduction, achievements and main deliverables all thinned in the docment with more information moved to appendices. 0.7a & b working drafts.

Reviewers

This document must be reviewed by the following people: author to indicate reviewers

Reviewer name	Title / Responsibility	Date	Version
John Willshere	HSCIC Portfolio Director	17/12/13	0.1 to 0.5b
John Willshere	HSCIC Portfolio Director	22/1/14	0.6

Approved by

This document must be approved by the following people: author to indicate approvers

Name	Signature	Title	Date	Version
Alan Perkins		CEO	6/1/2014	0.5b

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Contents

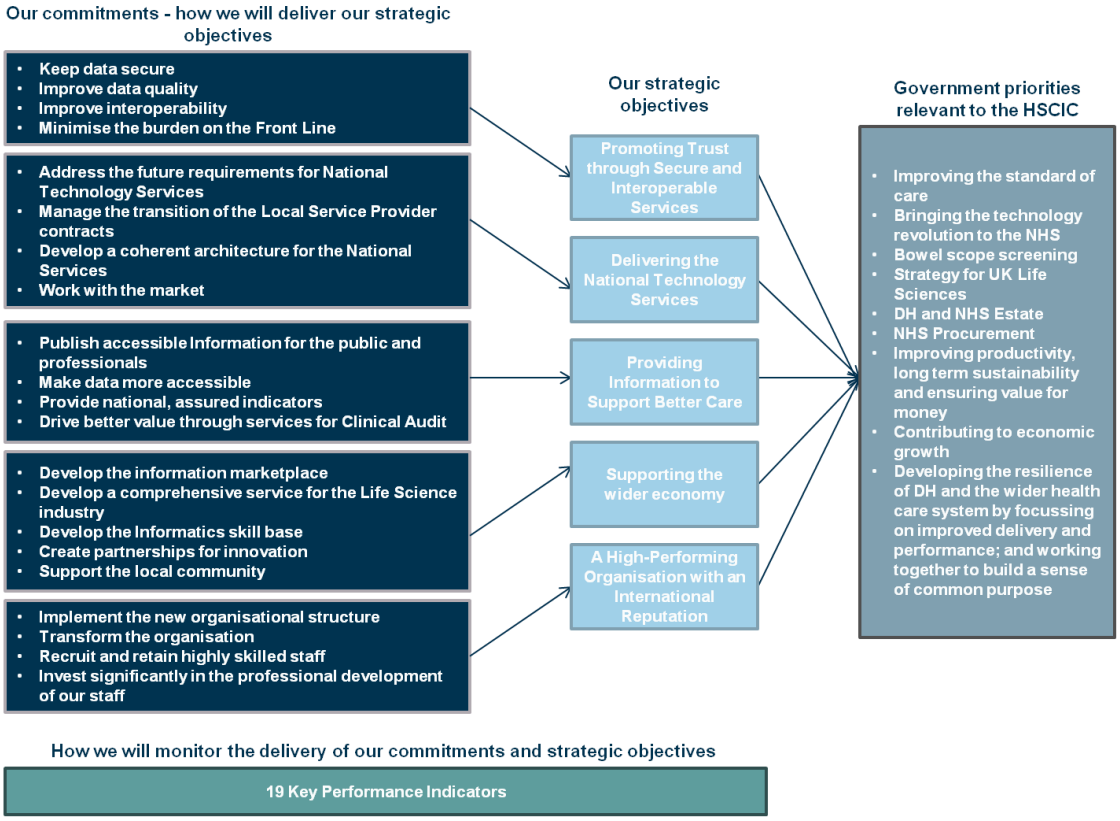
1 Introduction: context, aspirations, challenges

Introduction

This business plan serves two purposes. First, it will be used to "demonstrate to the Department, patients, people who use services and the public how the ALB will deliver its priorities within the resources it has been allocated"[1]. Second, it is the document that will be used by the Health and Social Care information Centre (HSCIC) to manage the delivery of its commitments and achievement of our strategic objectives for financial year 2014-15.

The plan is a consolidation of business plans across all the HSCIC directorates. The template used by the directorates is the same as this business plan. The directorate plans are available on request. A plan suitable for publication on our website will be developed in due course once it has been approved by the Department.

This document should be read in conjunction with the new strategy for the HSCIC ("A strategy for the Health and Social Care Information Centre 2013 – 2015") which lists a number of commitments. These are summarised in the diagram below which also shows how these commitments map onto our strategic objectives; and in turn how these objectives then map onto the Government's priorities relevant to the HSCIC. We have created a number of key performance indicators (KPIs) which will track the implementation of our commitments and achievement of our strategic objectives. The commitments and KPIs are described in more detail within this business plan.



[1] Business planning guidance issued by the Department of Health – "Business Planning 2014-15 – Annex A"

Context

The HSCIC was formed in April 2013 and established as an Executive Non-Departmental Public Body (ENDPB) under the Health and Social Care Act 2012. We are responsible for:

- Collecting, transporting, storing, analysing and disseminating England's health and social care data;
- Providing a trusted, safe haven for some of an individual's most sensitive information; and
- Building and delivering the technical systems that enable data both to be used by the HSCIC to support that individual's care and to deliver better, more effective care for the community as a whole.

Our services also underpin the achievement of our core statutory requirements (see Appendix 1)

A business plan for financial year 2013-14 was prepared as an initial framework for the organisation. A short term strategy through to the end of financial year 2014-15 was then issued for comment to the health and care system in October 2013. This strategy forms the basis for preparation of this document.

The HSCIC provides a range of commissioned technology and information services that are used by patients, service users, the public at large, health and care professionals, and by research, other public sector organisations, industry and commercial organisations across predominantly England, and to a lesser extent the Home Countries. Data, and the information and knowledge that flow from it, all underpin the delivery of our systems and 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 services and to the wider UK economy. The sustaining of these high-quality services, largely free at the point of need, will only be possible through a revolutionary approach to the transformation of our services.

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In the delivery of our services, we have maintained and continuously improved our committment to upholding the principles of confidentiality, integrity and security of the sensitive data and information entrusted to us. Our world recognised expertise, knowledge and skills are utilised internally and are greatly sought after in other sectors and areas of Health and Care.

The HSCIC is committed and legally bound to the very highest standards of privacy, security and confidentiality to ensure that patient's confidential information is protected at all times. The provision of data complies with statutory and mandatory requirements and is shared for health and social care purposes only. Information about how confidential data is used is made available through a range of mediums and most recently as part of a public awareness campaign for care.data.

There are a number of external drivers for change that will impact HSCIC directly and indirectly. Demographic changes will, for example, trigger an increase in demand for some services; influence the content and relevance of what we collect (stimulating demand for new types of data); and drive the need for more integrated care. Greater focus on 'integration' will have technology, data access, data accuracy and data sharing implications.

Technology drivers will bring about their own challenges. People expect to use technology in a more creative way. Technology also provides some great opportunities – for example, in the way that data is moved around the 'system'. We also now have the ability to see more of the data which means that we can do more signposting of the data that is available rather than leave potential users to find the right data for themselves. But there are potential threats as well, the most prominent being cyber security.

The need for greater efficiency and value for money will continue, and therefore our planned activities must be both affordable and sustainable going forward. The strategic reorganisation and reconfiguration within the health sector will need to be taken into account.

The new Care Bill going through Parliament is likely to impact HSCIC. We are already working with DH in some of these areas but notable likely developmenst are :

- Data requirements. It is expected that there will be a need for new content, some of which may need to be sourced directly from providers rather than through local authorities. There is also an expectation that data will be made available more frequently than annually, and that it will include client-level data in some form or another;
- Delivering the vision for integrated care will require action from across the whole informatics agenda. There will be a stronger focus on sharing information across providers, which will require more extensive use of information standards, including the NHS Number. Technology has a key role to play, including making greater use of open APIs (application programming interface) and making better use of the existing infrastructure - what is available, how it might support social care, what barriers might need to be overcome;
- New data flows across the system, involving organisations which currently do not provide data to the national bodies. This will require a systematic approach to the new architecture, and must address the needs of independent and private sector providers, social enterprises and voluntary and community services;
- The design and use of local operational/transactional systems. It is expected that local authorities will need to invest in enhancements or even replacements of case management and finance systems, which may encourage them to accelerate the introduction of more widespread digital technologies especially given the increased workflow demands. This work will address staff access to technology, as well as citizen access to transactional services;
- The stronger focus on integrated care will require robust information governance arrangements, supporting the sharing of information and the portability of records across organisational boundaries. It should be noted that local authorities are already reporting concerns about implementing the recommendations from Caldicott 2.

Key achievements

Since we formed on 1st April 2013, there have been a number of achievements. The most notable ones are shown below. Appendix 2 lists additional achievements:

- At the request of the Secretary of State, the HSCIC launched a “Busting Bureaucracy” campaign (building on the work of the NHS Confederation).
- The Review of Central Returns (ROCR) team has saved the NHS an estimated £1 million. This is following an exercise to review and create a comprehensive national collection/baseline of data requested from NHS organisations by the Department of Health and its Arm’s Length Bodies (ALBs).
- Nine out of ten GP surgeries have now been connected to the latest super-fast broadband technology to improve access to clinical applications and services. The N3 Programme has been upgrading the network technology infrastructure since last summer not just for GPs but other small health sites, including clinics and ambulance stations.
- It took a year to plan and six months of intense activity to complete, but the Choose and Book programme has successfully ensured that services have transferred to the new NHS operating landscape with no impact to patients.

There are two main information topics that are already generating new information requirements, and which are of interest to a number of organisations. These are mental health and community services and workforce data. Other than these, none of the Informatics Services Commissioning Group (ISCG) members are expecting to commission new information requirements that will require significant investment in the HSCIC services during 2014/15. However, all are reporting major new

developments that are still in the requirements gathering and scoping stage of activity, and will generate significant demand for new work in 2015/16.

HSCIC strategic objectives for financial year 14/15:

- ***Promoting Trust through Secure and Interoperable Services -*** Ensure that we sustain the citizen's trust that their data is being collected, stored and used, safely and appropriately;
- ***Delivering the National Technology Services-*** 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;
- ***Providing Information to Support Better Care-*** 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;
- ***Supporting the wider economy -*** Contribute to the development of the health and care informatics industry and the wider UK economy; and
- ***A High-Performing Organisation with an International Reputation-*** Consolidate and develop our own organisation, so that it becomes the world's leading institution for health and care informatics. The planned transformation benefits covering people, strategic, operational and integration changes are listed in Section 5.

Delivery against these strategic objectives will result in a number of benefits:

- Providing factual impartial information to help health and care services;
- Working across government and health and social care agencies to provide essential IT and information infrastructure to support the NHS and health and social care system;
- Providing information and support to patients, citizens, carers and advocates on their choices for health and social care; and
- Pivotal in identifying and reducing data and bureaucracy burden on the NHS and health and social care system.

The HSCIC needs to assure DH that our objectives are aligned with government key priorities and with the rest of the health and care system. At Appendix 3 we have set out our alignment between the corporate strategic objectives for the HSCIC (and the underpinning commitments set out in our new strategy) and the relevant government priorities. This plan also supports The DH Structural Reform Plan.

Major programmes of work for FY 14/15

Appendix 4 lists some of the commitments we have made. The full list is shown in our Strategy as well as the individual directorate plans. The table presents a selection of critical programmes needed to deliver our strategic objectives (and 3-year aspirations shown below) and which could have a significant impact on our reputation. We have also presented some of the main risks to delivery:

Programme [DN:3/4 major developments?]	**Short Description**	**Key risks**
care.data	Will enable the HSCIC to make the necessary step change to respond to demand (from regulators, commissioners, providers, researchers, life sciences and the public) by increasing the breadth of data which is collected, linked and disseminated whilst	tbc

	protecting personal confidential data and reducing burden on the system.	
Busting Bureaucracy	The HSCIC has a statutory duty to manage and reduce the "burden" imposed on the health and care system by national data collections. Two new Phases of work will run concurrently. Phase 2 will: support acute Trusts in the use of the self-assessment tool and toolkit; collate the baseline information from the self-assessment tool; identify exemplar Trusts to work with HSCIC on reducing burden and bureaucracy, plan and support implementation of reduction measures. Phase 3 will replicate Phase 1 (audit of burden and bureaucracy) in Mental Health, Community and Commissioning.	tbc
Spine 2	This essential piece of infrastructure, built over the last decade, is in need of replacement and improvement. A new approach for the HSCIC involved the use of agile development and mixed inhouse and outsourced services and skills. It is due to go live in 2014 to replace the service offered by BT Health.	tbc

Relationship Management

Pro-active relationship management with key stakeholders will continue to be a key aspect of what we do. Key stakeholders include (but are not limited to) the ISCG[2], Department of Health and NHS England[3] (the main commissioners of data and information services), Parliament, and other Arm's Length Bodies.

We have listened to feedback from customers and stakeholders who have commented about our interface with the outside world. We recognise that we need to be better at supporting and working with our key stakeholders, customer and users, and that good relationship management, stakeholder engagement and customer experience are vital to the success of the HSCIC. One of the steps we have taken is to create a significant new role for a Director of Customer Relations (see Section 5 of this plan) who will bring together all of our account management and marketing activity with our engagement agenda, liaising with industry and communicating with all audiences.Public and Clinical engagement continue to be central to the success of the organisation and responsibility for this will sit with the Director of Customer Relations. A number of our strategically focussed transformation projects also have a significant external element. In addition to developing our approach to Stakeholder Relationship Management and Patient and Public Involvement we have a programme of work to develop our brand, improve our approach to publications and to build an innovations hub for

[2] The HSCIC Sponsor (DH) has used ISCG as a forum to verify strategic demands and expectations of informatics across the system. Commissioning decisions for the HSCIC are informed by this forum, its member organisations and the DH Sponsor.

[3] Both NHS England and the Department are currently reviewing all the commissioned work to ensure that there is up to date information about the services, including the business justification and the SRO for each collection or service.

the HSCIC in partnership with suppliers and partner organisations to develop innovative products and services that add real value to our customers and to the public.

As part of the transformation programme we are also implementing a dedicated project focussed on relationship management with five workstreams which will: assess the current situation; identify what support and resources are needed; assess and address immediate issues; and develop options and preferred approach.

Challenges for FY 14/15

In order to deliver on our commitments/deliverables and strategic objectives, there are a number of issues that will need to be addressed:

- Successfully delivering our high profile programmes of work to time, quality and budget so that we enhance our reputation (table on page 7)
- Transformation activities will continue until at least the end of Quarter 3 of financial year 14/15 – and some resistance to change is inevitable (see Section 5 for more information)
- A new organisational structure has been announced. New teams will need to be formed, existing teams will have to be moved and integrated into other directorates, and new senior appointments are required (including a new CEO)
- Formalised knowledge management is something we aspire to. However, it has fallen into disrepute and needs to be re-invigorated. Although processes and systems are relatively straightforward to address, the bigger challenge is changing people's mind-sets that it adds value
- The continued pressure on public sector finances will present the HSCIC and its customer organsiations with growing challenges to demonstrate value for money, improve efficiency, and contribution to improved health and social care system.

These challenges, combined with the external drivers for change (e.g., Care Bill) means that we will need to be flexible and update/refresh our business plan as required.

Corporate 3-year aspirations:

- We are flourishing as an ENDPB operating successfully at arm's length to the Department of Health, enabling a single and fully integrated data and information eco-system that is transforming health and social care;
- We are anticipating technology developments, assessing their impact in terms of service delivery, and translating these into high value-adding solutions;
- We are able to evidence clear influence and improvements in health and social care decision making, thereby improving health and social care outcomes and evidencing improvement in patient safety;
- We have a great international reputation, acknowledged as one of the major driving forces for using data to drive improved user experience and outcomes and a place where people compete vigorously for the opportunity to come and work;
- We have established a creditable centre of Excellence for Information Governance;
- Our level of credibility is on a par with other leading health and care organisations;
- We are delivering excellent services that satisfy the needs of and add real value to our customers, especially where we are able to maintain infrastructure and service continuity during times of service changes and reconfiguration;

- Without any drop in operational delivery, we have embedded the principles underpinning our transformation programme to create a vibrant and high-performing organisation;
- We have reduced our cost base, improved organisation flexibility and responsiveness, and met efficiency targets during a difficult financial period; and
- By virtue of all the aspirations set out above, we are making a real and sustained contribution to growth and the economy.

2 Commitments

Our new strategy ("A strategy for the Health and Social Care Information Centre 2013 – 2015") describes what we are planning to do in terms of commitments.

The table below lists the high-level commitments and gives a few examples of the specific activities we will undertake. Appendix 4 provides more detail in terms of both the commitments and some information on how they will be delivered (key milestones and critical dependencies). Each directorate business plan lists their commitments, and they will also create more detailed milestones plans for each commitment.

Commitment	Examples of specific activities/deliverables
Keep data secure	Maintaining appropriate levels of confidentiality both within the HSCIC and in the systems and services we provide for the wider health and care system, protecting all data, and especially personal confidential data, as described in the Guide to Confidentiality which we published in September 2013 supplemented by discharging our duty to publish a code of practice on confidential information
Improve data quality	Data providers have the opportunity to resolve any issues with the data, resubmit it and investigate ways of improving their processes
Improve interoperability	Audit the current provision of information standards in order to identify gaps that must be addressed to ensure system-wide interoperability
Critically appraise requests for new information standards or collections	Develop and publish quality criteria to support development of informations standards and collections, critically appraising, advising and making recommendations to Boards regarding approval and publication
Minimise the burden on the Front Line	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
Address the future requirements for National Technology Services	Publish a directory of the current infrastructure
Manage the transition of the Local Service Provider contracts	Support the DH in its delivery on the remaining obligations of LSP contracts
Develop a coherent architecture for the National Services	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
Work with the market	Set out and consult on the overarching principles that will inform the way the renewal programme is handled
Publish accessible Information for the public and professionals	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
Make data more accessible	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
Provide national, assured indicators	Launch new improved portal for accessing a searchable library of indicators, methods and underlying data used across health, public health and social care
Drive better value through services for Clinical Audit	Review the current arrangements and launch a new service for supporting research and clinical audits
Develop the information marketplace	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
Develop a comprehensive service for the Life Science industry	Collaborate with partners to agree a new information strategy to support research and life sciences
Develop the Informatics skill base	Consult on the informatics skills needed to support the health and care system
Create partnerships for innovation	Explore opportunities for new development partnerships with

Commitment	Examples of specific activities/deliverables
	academics institutions, Academic Health Science Networks and industry
Support the local community	Engage with the groups and networks that can consolidate our position as a key employer in West Yorkshire
Support the Information to Share or not to Share Initative	Provide evidence, advice and reports on the implementation of recommendations based on this report and the Government response for the Secretary of State

3 Monitoring delivery of commitments and objectives

Introduction

In order for the HSCIC to be a successful new organisation that can deliver on its statutory obligations and commitments to stakeholders as well as our strategic objectives we have designed a new organisation-wide performance management framework.

During the financial year 2014-15 we will continue to develop, enhance and embed what has already been designed and is being used in terms of:

- New KPIs for the EMT and each of the directorates (derived top-down from the HSCIC strategic objectives and which conform to best practice design principles); and
- New performance packs for the Board, EMT and all directorates.

The new directorate-level performance packs will be the mechanism for monitoring the implementation of their business plans. Consequently these performance packs contain a mix of financial and non-financial performance (KPI) information, key risks and issues, and delivery against strategic commitments. The benefits we are expecting to see from using the packs during the financial year are:

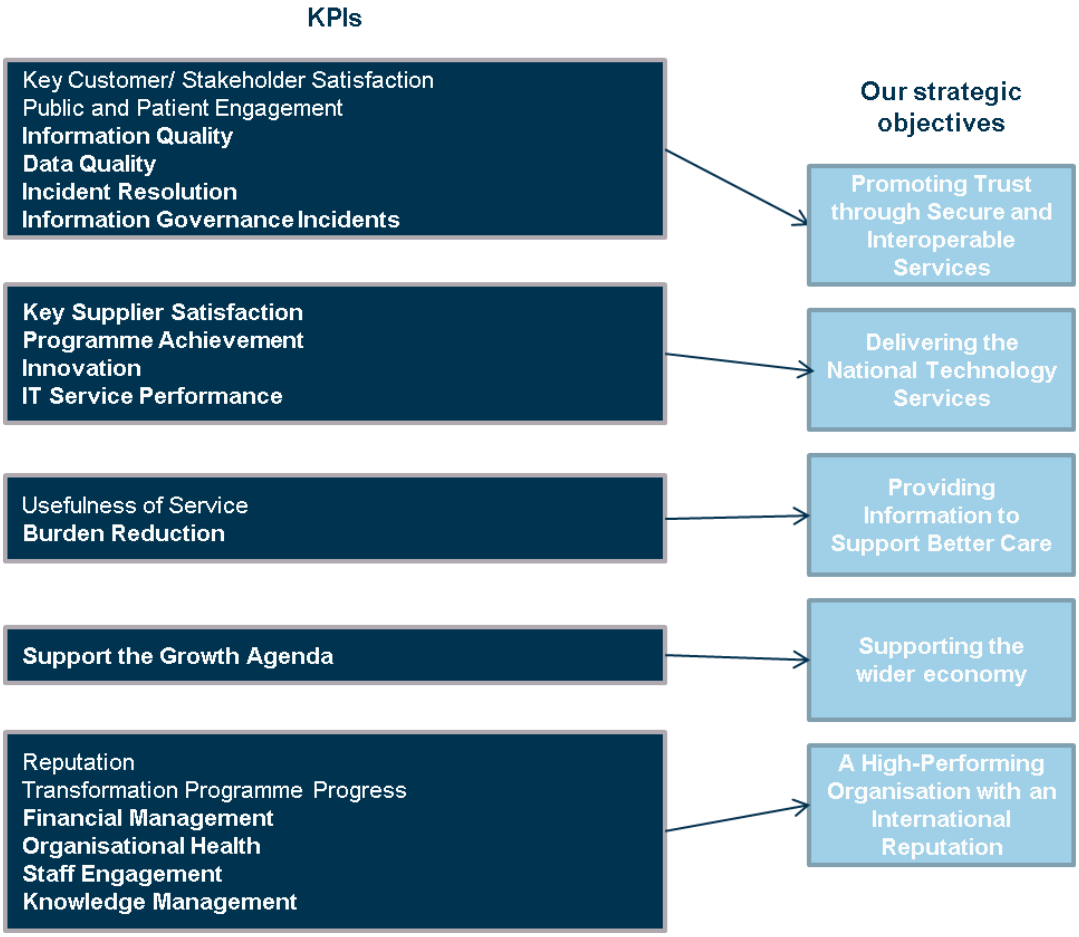
- Evidence-based reporting on progress towards and achievement of strategic goals and business priorities;
- Better forecasting - fewer surprises;
- Early warning of a problem looming - timely corrective action;
- Organisational silos start to break down – collaborative problem solving;
- Enhanced accountability and responsibility for decision making;
- Organisation more responsive to customers' needs;
- Enhanced data quality for business decisions - single version of the truth;
- Exception management and reporting;
- Reduced risk of unintended consequences when taking decisions; and
- Staff understand how their work contributes to the overall strategy of the business.

Continuous monitoring and update

The business plan will establish the position at the commencement of 2014/15 but it is clear the organisation will need to constantly monitor emerging issues (from Health and Care issues or Government priorities) and opportunities and evaluate appropriate responses. As such, the plan, its deliverables and performance indicators will be matured over the year.

Corporate KPIs

At a corporate level there are 19 KPIs used routinely by the EMT. (The Board review a subset of these 19 KPIs). The table below lists the KPIs and shows how they align with each of our 5 strategic objectives. Those shown in bold have numeric baselines and targets – the remainder will be assessed subjectively.



Appendix 5 shows detailed monthly/quarterly/6-monthly profiling of those KPIs for which we have (or will have) a numeric baseline. Appendix 6 lists the assumptions behind the numeric profiles for financial year 2014-15.

4 Forecast expenditure and other financial information

Financial context

The activities described in the Business Plan will be delivered at a time of increasing financial restraint and the HSCIC has a responsibility to contribute its share of cost savings to the wider DH efficiency targets. Some expenditure will decrease as a matter of course over the coming years, particularly from the LSP contracts moving towards Transition and Exit and the reduction in the current additional costs required for other major DH contracts being reprocured. In addition to these, the HSCIC will continue to scrutinise expenditure across the organisation to ensure efficiency and value-for-money is realised across the portfolio.

As a new organisation this year, there was a requirement for the HSICIC to obtain a clear financial picture for the coming years. As a result, in August 2013, a Zero Base Review (ZBR) process was initiated across the HSCIC. The aim was to gather a detailed financial picture of the HSCIC's programmes and functions (both present and future expectations) to develop a financial baseline for the next three financial years that underpins the business plan.

The programme/ function-led review was followed by a corporate review and approval process and has resulted in the consolidated financial position in the following table.The exercise has provided a detailed financial baseline for the organisation and will be updated on a rolling basis to enable the HSCIC to evalaute future prioritisation and affordability decisions.

Forecast Expenditure[4]

	Budget 2013/14 £'000	Forecast 2013/14 £'000 (@ Nov'13)	Budget 2014/15 £'000	Budget 2015/16 £'000	Budget 2016/17 £'000	
Grant in Aid (GiA)						
GiA - admin	(162,000)	(162,000)	(155,500)	(153,291)	(142,178)	
GiA - programme						
GiA - non-cash	(11,015)	(11,015)	(11,675)	(11,675)	(11,675)	
Other income - DH						
Other income - NHS England						
Other income	(48,312)	(43,830)	(67,615)	(50,227)	(48,905)	(note: to be split)
	(221,327)	(216,845)	(234,790)	(215,193)	(202,758)	
Staff Costs						
Permanent	129,310	118,838	137,324	130,595	127,188	
Contractors/ Agency	11,280	13,413	15,166	9,750	6,378	
Non-Staff costs						
Professional/ Legal fees	29,829	23,787	29,238	20,300	18,131	
Information technology	10,815	10,157	15,655	14,678	14,591	
Travel & Subsistence	5,438	4,589	4,743	4,333	3,733	
Accomodation	11,248	11,707	12,272	15,338	12,515	
Marketing, training & events	1,508	1,496	1,789	1,600	1,390	
Office Services	3,101	3,037	3,124	2,838	2,675	
Other	7,649	3,723	3,804	4,087	4,483	
Depreciation	11,015	9,348	11,675	11,675	11,675	
Surplus / (Deficit)	**(135)**	**(16,751)**	**0**	**(0)**	**0**	

[4] Note: the material increase in non-GiA income in 2014/15 (from £44m to £68m) is primarily due to expected additional income streams to fund in-sourced work on DH Programmes and care.data

Funding for Large Programmes

Funding for large programmes delivered by the HSCIC, but accounted for in DH, will be as follows:

£'m	Revenue	Capital	Depreciation
2013/14 Budget			
2013/14 Forecast			
2014/15 Baseline			
2015/16 Baseline			

Capital Expenditure	Budget 2013/14 £'000	Forecast 2013/14 £'000	Budget 2014/15 £'000	Budget 2015/16 £'000	Budget 2016/17 £'000
Asset A					
Asset B					
Asset C					

Headcount

AfC Grade	FTE	Head Count
2	x	x
3	x	x
4	x	x
5	x	x
6	x	x
7	x	x
8a	x	x
8b	x	x
8c	x	x
8d	x	x
9	x	x
VSM	x	x
Other	x	x
Total	**x**	**x**

[DN: Note: Headcount information to be included following finalisation of detailed budgets by directorate/ cost centre, and review of data by HR/ Finance]

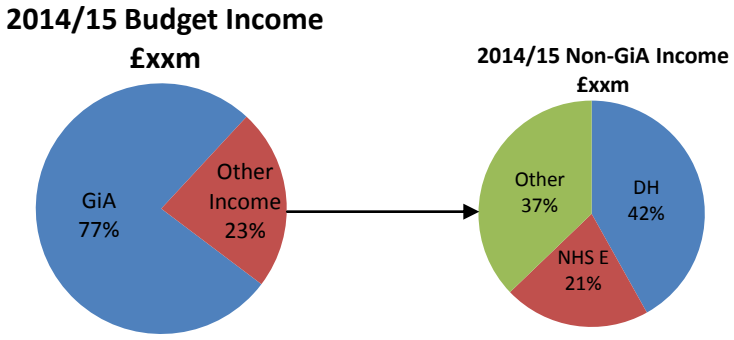
Source of funds 2014-15

The HSCIC is primarily funded by grant-in-aid (GiA) funding from the Department of Health for core and statutory activities which includes certain national data collections, surveys, staff costs to support programmes and core support services. In addition, income is received from a number of bodies to fund specific work, with the largest customers being DH and NHS England (NHS E). During 2013-14 a range of historic DH accountable initiatives transferred to NHS England or other ALBs. Therefore in 2014-15 formal income will come from NHS E and other ALBs for historic services and programmes and new work.

[DN by 2013-14 Q4 a complete list will be available]

The graphs below show the proportion of these funding streams for the financial year 2014/15:

[DN: Percentages are illustrative only in Draft]



Application of funds 2014-15

[DN – to follow]

Improving financial management

A Financial Management Review started in September with the commissioning of PWC to complete a 'health check' of our financial management. Following the conclusion of this review, a number of workstreams are to be initiated, covering Financial Strategy, Forecasting, Budgeting Reporting and Business Intelligence, Finance capability and capacity, Finance for non-specialists, Systems, Processes, and Policies and Guidance.

Full implementation of these workstreams is expected to take 18 months, during which time Finance will also be preparing to transition to a new Shared Service Provider in mid/ late 2015. The work will require close engagement and collaboration with key people across HSCIC and also with DH Finance.

Forms of Business

The HSCIC will enter into agreements with other ALBs, key partners and commissioners to agree at a strategic level, and the very senior manager levels, the ways in which the organisations will work together for the benefit of the overall health and care system, to support better care for patients and the organisations in fulfilling their respective roles most effectively. We will also work with our commissioners to ensure that all our work is covered under formal agreements defining the work, the funding arrangements and the terms and conditions under which the work is performed.

A new overarching agreement with each commissioner should make it easier to see the full picture of the work commissioned and better support prioritisation and planning, provide consistent terms and conditions as far as is possible, and provide an efficient and effective system for adding, modifying and ceasing work going forwards.

5 Developing the organisation

Introduction

The HSCIC was established as an Executive Non Departmental Public Body on 1st April 2013 and brought together informatics staff from a number of sending organisations. The starting point for the organisation is therefore the inheritance of a diverse workforce of professions, locations and culture and an immediate recent history of a long transitional period for the majority of our staff. The new permanent executive and non executive team will not be fully in place until early in FY14/15. The HSCIC Transformation Programme is a significant change programme established to run through FY13/14 and 14/15. The programme seeks to develop new and enhanced capabilities for the organisation whilst simultaneously developing a single culture for the organisation addressing cultural and transitional challenges resultant from bringing together a new organisation from a diversity of predecessor organisations.

Transformation

A structured organisation development approach will continue to guide the transformation based on a Performance and Health Framework (Beyond Performance - Keller and Price, McKinsey & Company). The approach follows five frames:

Aspire *– where do we want to go?*

Assess *– How ready are we to get there?*

Architect *– What do we need to do to get there?*

Act *– How do we manage the journey?*

Advance *– How do we keep moving forward?*

In terms of what we need to do to achieve our aspirations, projects will be delivered in four areas as shown in the diagram below:

The table below lists all the planned projects:

Project	Description
Brand Reputation	A programme of activities to enhance our brand and reputation externally (e.g. Proactive media work, improvement to our digital channels).
Publications Review	A root and branch review of our publications activities and the production and implementation of a publications strategy.
Stakeholder Relationship Management	Develop an approach to propose how best we should organise ourselves to most appropriately manage our external relationships, including our relationships with other national organisations.
Patient / Citizen Approach	Develop and implement an organisation strategy for how we engage with citizens and patients and establish an Advisory Council for the HSCIC.
Innovations Hub	Create an innovations hub for the HSCIC for information and IT. This will help us to work with suppliers and partner organisations to develop innovative products and services that add real value to our customers and to citizens.
Corporate Social Responsibility	A 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.
Embed our purpose and values	A programme of activities to embed our purpose and values into our everyday practice (e.g. through Performance management, recruitment).
Professional Groups and Staff Deployment	Define and introduce professional groups, to build vibrant professional communities across the organisation, developing standard ways of working and advising on training requirements. Later to develop standard job descriptions and link to a relevant career framework. We will also use professional groups to assess how we better match organisational capacity with priorities.
Performance Management	Introduce a new performance management approach ready for 14/15 which will be linked to our organisation values and introduce talent identification and 360 degree feedback. A second phase will consider links to career frameworks for the professional groups.
Line Management Development	A programme of activities delivered through a variety of mechanisms to build line management capability including understanding our new HR and corporate policies, managing performance, recruitment and embedding our values.
Health and Wellbeing	Will identify a series of activities to help staff to understand what support is available to improve health and wellbeing.
Leadership Development	To design and implement a leadership development programme for staff identified in leadership positions. Initially this may involve availability of leadership coaching.
Reward Review	Undertake a review of our current application of the Agenda for Change framework and DH and Cabinet Office Guidance for Executive Non Departmental Public Bodies and propose an approach for the most effective use of these frameworks.

Project	Description
Recruitment and talent attraction	Develop options to improve targeted recruitment and to launch graduate recruitment and apprenticeship schemes and meet our ambition to be an employer of choice.
Operational Governance	Embed clear operational governance arrangements that all staff understand and have a single set of corporate and HR policies that are clearly communicated to the organisation.
Corporate ICT Delivery	Deliver a consolidated corporate ICT infrastructure for the HSCIC across all of its offices including but not limited to telephony, desktop build, printing, networking.
Corporate Performance Management (KPIs)	Develop and implement Performance Indicators (PIs) and KPIs at Board level, EMT level and Directorate level.
Locations Strategy	Develop and implement a locations strategy that is driven by the needs of the organisation whilst being mindful of minimising unnecessary expenditure on office space and is in line with Government estates strategy. Support the strategy with appropriate organisational policy.
Corporate Information Systems Strategy	Deliver a Corporate Information Systems Strategy which will include but is not limited to the Intranet, Staff Directory, Collaboration, Document Sharing and a Document and Records Management Strategy.
Financial Management Systems Review	Review of our requirements for our Financial Management Systems through an assessment of the HSCIC finance function to understand to what extent financial management within the HSCIC supports the delivery of its strategic needs.
Quality Systems	Assess and propose the quality standards we should strive to achieve as an organisation.
Service Management and Integration (SIAM)	To standardise our approach and consistently deliver service management capabilities across the organisation we will implement the Service Integration and Management approach.
Contact Centre / Service Desk Strategy	Undertake a review of our contact centre and service desk provision to set our organisational strategy and develop options for optimising these services (e.g. using common toolsets).
Data Asset Utilisation Strategy	Undertake a comprehensive data asset review of all the data we hold as an organisation and develop a data asset utilisation strategy which make recommendations for maximising the benefits to society of the data that we hold.

These transformation projects will lead to a number of benefits as shown in the next table:

Strategic: Successful execution of the HSCIC strategy and commitments
• Cohesive and positive commitment within the organisation to manage and deliver the organisation's strategic priorities and commitments through alignment of organisational, directorate and individuals' objectives.
• Strengthened and meaningful engagement with stakeholders through good relationship management.

• Increased awareness, understanding and reputation of the HSCIC through a strong focus on brand reputation and development.
• Better understanding of the role of the patient and citizen and how the HSCIC engages with them to meet their needs.
• Timely, relevant and meaningful publications produced by the HSCIC improving debate and contributing to more effective and efficient care.
• Enhanced reputation and relationships with the public and local communities (through the implementation of a Corporate Social Responsibility Programme).
People: A high performing, productive and motivated workforce equipped to deliver the HSCIC's strategy and customer needs.
• High quality leadership capability through training and development to deliver the organisation's purpose and values.
• Improved performance management of our workforce (through a robust core competency framework in a new Performance Management process).
• Strengthened professional skills and capabilities of our workforce (through the establishment of Professional Groups).
• Positive changes in employee behaviours (through a "Values at Work programme" embedded within the organisation).
• Empowered line managers able to manage the performance of themselves and the people they manage, more effectively.
• A healthy and well-motivated workforce (through a Health and Well-being programme).
• Employees rewarded appropriately (through a consistent and cohesive approach to pay and reward and the maximisation of the Agenda for Change framework).
• Attraction and retention of talented, high performing individuals through development of a model employer brand and new recruitment strategy.
• A responsive and efficient workforce deployed to the organisation's activities flexibly.
Operational – Efficient and effective organisational delivery to achieve value for money
• Improved delivery effectiveness and day-to-day decision making (through robust operational governance arrangements).
• Effective and efficient management of financial and corporate resources and budgeting, in support of the organisation's strategic commitments (through improved financial management, systems and processes).
• Successful organisational performance management through a Corporate Performance management system with established KPIs and PIs.
• Compliance of corporate policy and procedure through a consistent, clearly communicated single set of organisation policies and procedures.
• Improved delivery effectiveness through delivering modern, relevant Corporate ICT and Information Systems.
Integration – Improved management and delivery of information and services
• More effective management, flexibility of service and value for money delivering our live service estate (through introduction of Service Integration and Management approach).
• Better use of the HSCIC data and information assets held (through development of a data asset utilisation strategy), to ultimately publish a richer set of information to contribute to more effective and efficient care

- More efficient and value-add customer service provision (through optimisation of the contact centres and service desk- provision).

The Leadership Forum have undertaken assessments of organisational health and capability, identified practices at which we will strive to be elite in the following practices:

- Strategic clarity;
- Customer focus;
- Talent development (and recruitment);
- Consultative and inspirational leadership;
- Personal ownership and challenging leadership; and
- Operational management[5].

In accordance with the business planning guidance issued by DH, all ALBs are required to be compliant with the Public Sector Equality Duty[6] and have fulfilled the specific duties of the Equality Act 2010 around publishing information and setting objectives. Some of this will be progressed through our Transformation Programme described above which will give shape to the way we work with patients and the public. We are including a specific workstream in this programme to show how we deliver our business, products and services equally to a diverse public, one of the outputs from which will be a refresh of the Equality Duty statement that covers our entire organisation.

New Organisational Structure

In order to meet our statutory responsibilities we have created a new organisational structure which will be embedded during financial year 2014-15. The new structure includes nine new Very Senior Manager (VSM) roles, seven of which are directly accountable to the Chief Executive, as shown in the diagram below:

[5] More information on the workforce response to the new HSCIC strategy, people focussed projects, and planned benefits are shown in two documents: HSCICBoardPaper041213 Transformation Programme v1 0; and HSCICBoardPaper041213 Workforce Response to Strategy v1 0

http://www.hscic.gov.uk/media/13266/4-December-2013/zip/4_December_2013.zip

[6] We are members of the system-wide Equality and Diversity Council (EDC). The HSCIC has a lead role on the EDC's Data monitoring and recording' subgroup.

The design of the proposed structure balances the clear requirement for change with an acknowledgement of the need for the retention of key roles. In particular the grip which is being achieved over the LSP delivery area and in the Programmes area should not be disturbed. These substantial roles will be VSM appointments. They will be accountable to a new role of Director of Solutions and Chief Technical Officer who will also have responsibility for developing and managing the critical national system infrastructure and identifying solutions to system requirements.

Similarly, a number of operational services are at a critical stage in their life cycle and it therefore we will retain a role with a clear focus on the delivery of live services. This post will largely incorporate the responsibilities of the current Information Assurance Directorate including Senior Information Risk Owner (SIRO) designation and will manage a consolidated ICT function.

Transforming the provision of Information and Analytics will be accelerated by retaining a role dedicated to driving through change in these functions. Better alignment of the data quality assurance, burden and standards requirements with the production of data and information will facilitate greater efficiency, relevance and quality of outputs.

The new role of Director of Customer Relations will bring together all of our account management and marketing activity with our engagement agenda, liaising with industry and communicating with all audiences. This post will subsume the corporate engagement work for the organisation including the existing Communications function. Public and clinical engagement continues to be central to the success of this organisation and responsibility for this will sit within this Directorate. The interests of the public and patients and the positive involvement of the clinical community remain at the core of our activities.

It is recognised that as an Arm's length body there is a clear need to understand and reflect the agenda of government and the Department and ensure that our strategy and operations are aligned with the required policy and scope, articulated through our Sponsor, hence the new Director of Strategy role.

The nature and ambition of the current HSCIC's Transformation Programme requires top level organisational development and human resource management skills during this phase of its

development. The scale of internal cultural and structural change together with the realisation of the organisation's ambition to lead the development of the health informatics profession across industry (currently vested in the Clinical and Public Assurance Directorate) will rest with an expanded HR Director role.

These roles will be supported by a Finance and Corporate Services Director with responsibility for Procurement and Contracts, Portfolio Management, Business Services and Corporate Governance. This post will continue to work closely with the Department of Health in relation to the financing of the system-wide technology contracts.

Workforce Strategy

The HSCIC workforce strategy will recognise the importance of developing our staff and attracting new talent to the organisation. Some of the programmes and services we deliver rely on highly specialised skills (for example some of our technical roles) to enable successful delivery and we face a significant challenges to recruit to certain specialist roles. Our Recruitment and Talent Attraction transformation project recognises these challenges and we will be looking at different and innovative routes to market for example broader recruitment marketing with an enhanced employer brand, developing graduate entry routes and analysing the labour market to determine if we could attract specialist skills more effectively in different parts of the country.

Recruitment and talent attraction

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.

Recruitment activity will be strongly influenced by our values and our professional groups. Notwithstanding immediate recruitment priorities, recruitment and talent attraction activities will focus on developing a medium to long term recruitment and talent attraction strategy and developing our employer brand. This activity will be closely linked with commitments set out in the HSCIC strategy including developing the information marketplace, developing the informatics skills base, partnerships for innovation, supporting local communities and developing strong links with industry and academic institutions.

The recruitment and talent attraction strategy will develop different entry points to the HSCIC including apprenticeship and graduate schemes, secondments and work placements and will be part of the focus of building links with industry and academic institutions.

Equality and Diversity is embedded in everything that we do; fairness and equity will be important factors in attracting the best talent from the broadest pool available and retaining people with the right values and skills. The legacy organisations published details of actions to ensure compliance with the Public Sector Equality Duty during 2012. Whilst the principles remain sound we will, in Q1 of 2014/15, update our publications to ensure relevance and currency in the new organisation. Our work to bring together policies from the legacy organisations has taken account of the Public Sector Equality Duty and includes a comprehensive equality and diversity policy. This will continue to develop as we review the impact and effectiveness of our policies in partnership with the trades unions.

We will continue to develop the quality and availability of our diversity data, not least to provide a basis for measuring progress against the workforce equality objectives. We will seek to go beyond

our responsibilities in respect of current and potential employees by including factors such as whether or not an individual is a trade union member, in our expectations of equality and diversity practice.

6 Key risks and issues

Key Risks and Issues:

[DN: An initial draft entry following workshop with EMT - narrative to be added]

Top risks affecting ability to deliver business plan:

DESCRIPTION OF RISK	CONTROLS AND MITIGATING ACTIONS	RISK ID #	CROSS REFERENCE TO KPI
Critical system/service failure	1. High Availability Infrastructure 2. Dual site service deployment 3. Regularly Reviewed and Tested Crisis plans 4. Agreed Recovery objectives 5. Resilient HSCIC and Supplier support functions 6. Testing Programme 7. Assurance Programme	10	N/A
Data loss/inadvertent exposure	1. Rigorous audits of controls and procedures. 2. Established cyber security controls 3. Comms programme for staff to remind and reinforce their responsibilities 4.Internal audit 5. Staff training	8	N/A
Fail to transform HSCIC	New risk identified 23/01/14. Controls/actions to be confirmed	New	N/A
Unintended impact on/from the wider health and care system	New risk identified 23/01/14. Controls/actions to be confirmed	New	N/A

Top issues affecting ability to deliver business plan (maximum of 5) to be completed

CROSS REFERENCE TO KPI	DESCRIPTION OF ISSUE	MITIGATING ACTIONS

7 Appendix 1 – Statutory Requirements

Our statutory requirements are as follows:

- Collect, analyse and present national data on health and social 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;
- Establish and operate systems for the collection or analysis of information as directed by the Secretary of State for Health or NHS England;
- Process mandatory or non-mandatory requests from other bodies/persons to set up a system for the collection or analysis of information;
- 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 social care in England;
- Publish a register containing details of the information the HSCIC collects or may derive from a collection, for example, following analysis of the information;
- Establish, maintain and publish a database of quality indicators in relation to the provision of health services and adult social care in England;
- 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;
- Carry out functions in relation to issuing GPs with doctor index numbers; and
- Exercise such systems delivery functions of the Secretary of State or (as the case may be) NHS England as may be specified.

8 Appendix 2 - Achievements for Financial Year 13/14

The following have been achieved since the HSCIC formed on 1st April 2013 (in addition to the achievements described in Section 1):

- The development of Spine2 with the associated business change required to optimise an in-house solution has been a great example of collaborative working [DN: worth expanding mentioning Agile methods, pathfinding approaches across government and working with new and varied suppliers].

- The HSCIC was commissioned by the DH Social Care Directorate to undertake a project to investigate the feasibility of automating the extract of data from Adult Social Care information systems.

- A number of hospitals in London are now using new IT systems and functions following a series of recent deployments under the BT LSP Programme. The biggest "go live" was at Croydon Health Services NHS Trust which has introduced Cerner Millennium for the first time. The system is now in use by nearly 3,000 users across A&E, inpatients, outpatients and community services.

- The team that built Europe's biggest health website joined the HSCIC from August 1. The NHS Choices team have transferred from Capita Health and bring with them a wealth of digital and consumer experience.

- Staff working on the National Bowel Cancer Audit have published two year survival rates for the first time following analysis on the largest scale to date. Records of more than 50,000 bowel cancer patients were part of the analysis, which found four in five who had major surgery lived beyond two years of diagnosis, in contrast to two in five non-surgery patients

- A five-rule guide designed to strike the right balance between sharing and protecting personal confidential information has been launched. Produced by the Health and Social Care Information Centre, the guide starts from the historic cornerstone of medical practice that promises confidentiality between doctor and patient.

- Surgeon level data has been published for two specialties following unprecedented work by HSCIC's audit team. Outcomes data for both head and neck and oesophago-gastric cancer surgeons in England have been released via NHS Choices. This follows a commitment from NHS England to present such data for 10 different surgical and clinical specialties, as part of a drive within the NHS to improve the transparency of information available to the public.

- We established our Transformation Programme. Although the full benefits have yet to be realised, key deliverables already achieved include:

    - Scope of programme established, linked to strategy and organisational 'health' priorities;
    - Implemented operational governance arrangements to allow clearer decision making;
    - Championing Change Forum and Leadership Forum established;

  - Single set of HR policies delivered;
  - Board, Executive Management Team (EMT) and Directorate KPIs implemented; and
  - Organisational Values programme established

- NHS England commissioned the HSCIC to deliver the new Data Service for Commissioners, initially for a 12-month period from 1 April.
- We launched the enhanced Data Acquisition Service.
- We launched the new Intranet site - 'Connect ' – which has already seen high usage.
- South Community and Child Health programme received final approval of its Full Business Case (a significant milestone for the HSCIC as this is the first programme to receive cross-government approval, and move from approval and into delivery, since the new NHS system and HSCIC came into force).
- The development of Spine2 with the associated business change required to optimise an in-house solution has been a great example of collaborative working.
- The HSCIC was commissioned by the DH Social Care Directorate to undertake a project to investigate the feasibility of automating the extract of data from Adult Social Care information systems.
- The CSC LSP programme is in the final stages of its lifecycle. The CSC contract was reset in October 2013, removing significant amounts of risk from the NHS.
- A range of new data linkage and extract service products have been developed following the successful linkage of Hospital Episode Statistics (HES) to the Diagnostic Imaging Dataset (DID).
- The HSCIC Systems & Service Delivery (SSD) group is providing a one-stop service, on behalf of NHS England, to the public and NHS from a contact centre in Redditch.
- The London Health and Social care Information Sharing Programme won the HSJ Efficiency Award for Efficiency in Administrative and Clerical Services.
- The outcomes for patients with mental health needs can be tracked more easily now that data from different care settings has been linked for the first time.
- The infostandards.org website was launched to support information standards professionals across health and social care.
- We have engaged with national partners to establish the HSCIC as a key player on the research and life sciences agendas.
- The HSCIC has made a substantial contribution to the national work on the development and support of the health informatics skills and professional development.

- The team that built Europe's biggest health website – NHS Choices - have joined us from Capita Health and Wellbeing.

9 Appendix 3 – Alignment of HSCIC strategic objectives to Government priorities

We have assessed our strategic objectives and underpinning 'strategy commitments' against the Government's priorities relevant to HSCIC as set out in the table below:

Government Priorities			HSCIC Strategic Objectives				
Priority Type	**Number**	**Priority**	**1. Ensure that we sustain the citizen's trust that their data is being collected, stored and used, safely and appropriately**	**2. 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**	**3. 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**	**4. Contribute to the development of the health and care informatics industry and the wider UK economy**	**5. Consolidate and develop our own organisation, so that it becomes the world's leading institution for health and care informatics**
Secretary of State (SoS)	2	**Improving the standard of care** throughout the system so that quality of care is considered as important as quality of treatment, through more accountability, better training, tougher inspections and more attention paid to what patients say			X	X	X
Secretary of State (SoS)	4	Bringing the **technology revolution** to the NHS to help people, especially those with long term conditions, manage their health and care		X	X	X	
PM & DPM	2	Bowel Scope Screening		X			
PM & DPM	14	Strategy for UK Life Sciences				X	
PM & DPM	17	DH and NHS Estate					X
PM & DPM	18	NHS Procurement		X			X
DH Leadership team (DHLT)	1	Improving **productivity** and long term **sustainability** and ensuring **value for money** for the taxpayer	X	X	X		X
DH Leadership team (DHLT)	2	Contributing to **economic growth**				X	
DH Leadership team (DHLT)	4	Developing the **resilience of DH and the wider health and care system**	X	X	X	X	
		By:					
DH Leadership team (DHLT)	5	Focusing on **improved delivery and performance** and	X	X	X		X
DH Leadership team (DHLT)	6	Working together to build a sense of **common purpose.**	X	X		X	X

10 Appendix 4 –Commitments and deliverables

Lead directorates have been identified to ensure that the commitments set out in the new HSCIC Strategy are successfully delivered. Cross-directorate working will be required for many of the commitments. We have also identified a number of additional programmes of work – what we are calling 'deliverables' that are needed to ensure we succeed.

The table below captures some of our commitments and deliverables:

Deliverables and commitments	EMT KPI/ PI cross reference	Key milestones for FY 14/15	Lead Directorate and Owner	Target date for completion	Key dependencies for successful delivery
Transformation Programme	14	New Performance & Development Review (PDR) process launched - 1/4/14 All staff part of professional group with clear development framework - 30/6/14 Corporate approach to stakeholder relationship management implemented - 31/12/14	HR & Transformation Rachael Allsop	31/12/14	Corporate capacity to deliver the transformation projects and leadership at senior and middle management to drive positive change
Delivery of replacement Spine core services (Spine 2) to the NHS that maintain confidence in the services provided by the national applications	8.2	Milestones post 1/4/14 to be confirmed	Operations & technical Services (OTS) Ian Lowry	Q1	Approval of Spine 2 Business Case
Delivery of replacement IAM services to the NHS that maintains confidence in secure access, with minimal impact to NHS business, to national applications	8.2	Gold Software Build July 2014	OTS Ian Lowry	Q3	Approval of Spine 2 Business Case
Reduce timescales for connectivity to national systems by simplifying requirements and adapting new approaches for the application of assurance	8.2, 9	Initial discussions by Q1 FY14/15 Plans prepared Q2 FY14/15 Enhance the Health Informatics Assurance and Accreditation Framework (HIAAF) to support emerging assurance models Q1	OTS Shaun Fletcher and Debbie Chinn		This will be linked to activity post-delivery of Core Spine, IAM and ERS – December 2014 Lessons from Spine2, eRS,

Deliverables and commitments	EMT KPI/ PI cross reference	Key milestones for FY 14/15	Lead Directorate and Owner	Target date for completion	Key dependencies for successful delivery
					GPSoC-R to inform HIAAF updates Implement recommendations arising from the review of CAP which improve supplier experience. Develop tools and support to assist pre-compliance processes Pilot processes and tools over a 6 months period assessing value with a view to implementing within next 6 months
Child Protection Information Sharing	8.2	CP-IS Central Solution Delivery 80% of LAs connected to CP-IS	Programme Delivery (PD) Alex Hadjiilias	11/05/14 31/3/15	Spine 2 Spine 2/LA Supplier Rollout
Calculating Quality Reporting Service	8.2	Calculate QOF payments regardless of whether electronic data feed for 13/14 is available or not Calculate QOF for FY13/14 Calculate Enhanced Service payments using electronic feed of data from GPES	PD Kemi Adenubi	30/04/14 TBC TBC	Agreement to base initial payments on 12/13 disbursements GPES operational across all GP system suppliers
Defence Medical Systems Connectivity	8.2	Deliver services to support DMS connectivity and transformation to the MOD's satisfaction	PD Alex Hadjiilias	March 2015	TBC
Female Genital Mutilation Prevention Project	8.2	Develop and submit the SOC for approval to the DH DG Develop and submit the Full Business Case (FBC) for approval to the DH DG	PD Alex Hadjiilias	July 2014 March 2015	The business case development will not require an Outline Business Case (OBC)

Deliverables and commitments	EMT KPI/ PI cross reference	Key milestones for FY 14/15	Lead Directorate and Owner	Target date for completion	Key dependencies for successful delivery
					stage
Electronic Prescription Service	8.2	EPS Release 2 deployed to 50% of GP practices EPS Release 2 utilisation figures at average 40% in live GP practices Controlled Drugs Develop and gain approval of the business case to extend the scope and use of EPS	PD Kemi Adenubi	31/03/15 31/03/15 TBC TBC	Approval of the business case to extend EPS. Sufficient funding and direction to support EPS Release 2 implementation to GP Practices put in place by NHS England
GP2GP	8.2	GP2GP deployed to GP practices (%TBC) GP2GP utilisation figures at average (%TBC) GP2GP returning patients solution implemented in support of the GP contract commitment	PD Kemi Adenubi	31/03/15 31/03/15	TBC
GP Systems of Choice	8.2	All CCGs signed up to the new GPSoC arrangements for the practices in their area. Complete the GPSoC Lot 2 and 3 procurements Establish effective mechanisms for supplier collaboration and for wider NHS access to the GPSoC services	PD Kemi Adenubi	31/07/14 30/06/14 30/09/14	GPSoC Lot 1 Call Offs signed by 31/03/14
Health & Justice Information Services	8.2	OBC drafted, approved by the SRO and submitted to NHS E PAU or approval FBC drafted approved by the SRO and submitted to PAU for approval	PD Alex Hadjiilias	May 2014 March 2015	TBC
NHS Choices The Managed Service	8.2, 9	Transition of c90% of service to cloud platform Creation of API based development programme Traffic to reach 45m/month Introduction of Transactions via single authenticated login	PD Jonathan Carr-Brown	Q4 2014 Q1 2015 Q4 2014 Q1 2015	NHSE authentication project Procurement of new CMS Single DOS
NHS Choices The Online Channel	8.2	HMT Approval of OBC Commence procurement HMT Approval of FBC Begin transition to new operating model	PD Dean White	Sept 14 Q3 14 Jan 15 Start date	TBC

Deliverables and commitments	EMT KPI/ PI cross reference	Key milestones for FY 14/15	Lead Directorate and Owner	Target date for completion	Key dependencies for successful delivery
				subject to HR advice	
N3 / Public Sector Network for Health	8.2	N3 Complete Legacy Migrations to PSN compliant services N3 Core and Internet Gateway Upgrade for continuation N3 Complete full Exit of NHS Services Scotland from N3 PSNH OBC SRO Approval PSNH HMT OBC Final Approval PSNH Issue OJEU and Invitation to Tender PSNH Development of FBC Approved by	PD Chris Wilber	31/3/15 31/3/15 31/3/15 21/04/2014 03/07/2014 07/07/2014 31/03/2015	Approval of continuation Business Case
e-Referrals Service	8.2	NHS e-RS Initial Phase Software development complete; Go live / Transition to NHS e-RS complete Achieve 60% utilisation of Choose and Book Complete future phase NHS e-RS Software Development	PD Ben Gildersleve	14/11/14 Sept 14 Jan-15	TBC
NHSmail / NHSmail 2	8.2	Subject to business case approval, put NHSmail 2 into live service	PD Mark Reynolds	30/09/2014	As per Business Case
Offender Health IT Estate	8.2	Prescribing functionality rollout complete Remaining roll out of residential detention estate completed	PD Alex Hadjiilias	Dec 2014 Dec 2014 March 2015	TBC
Summary Care Record	8.2	40m SCRs created 600 sites viewing SCRs One third of A&E, Ambulance and 111 services viewing SCR	PD Richard Ashcroft	Dec 14 Dec 14 Dec 14	TBC
Audit the current provision of information standards, collections and extractions	4, 5	On behalf of ISCEG, conduct a review of existing information standards, collections and extractions products and services (with the support of emerging new governance and commissioning bodies) including current and potential system	Data & Information Services (D&IS)	01/09/2014	Significant dependencies with Productivity and Efficiency, and Information Services areas. Impact assessment of proposals

Deliverables and commitments	EMT KPI/ PI cross reference	Key milestones for FY 14/15	Lead Directorate and Owner	Target date for completion	Key dependencies for successful delivery
		wide relevance and usage (Jun-14) Develop appropriate implementation and adoption strategies and plans for information standards products and services, providing measurable benefits to the health and social care sector and harmonisation of Information services with the Appraisal function (Sep-14)	D&IS Ken Lunn		and approach would be welcome
Work with our partners to implement a national protocol to manage and reduce the burden and bureaucracy for service providers	4, 5	Agree and publish protocols for collections and use of data Develop data architecture to underpin coherent approach to data collections	D&IS Jeremy Thorp	Mar 15	TBC
Development and delivery of care.data programme	4	Develop programme definition documentation to confirm programme vision, strategic drivers, scope, objectives and governance. The whole Data and Information Services management team will have contributions to make to this process as well as the Services Directorate Develop an MoU with NHS England in the context of the overall partnership agreement to clarify ways of working and respective responsibilities Take the Strategic Outline Case for the programme (includes the case for investment in the Strategic Capability Platform) through the review and approvals process, working with the Data and Information Services Management Team Ensure robust plan and adequate resources are in place to deliver new datasets in line with commitments Establish and deliver to a revised plan for Maternity & Children's dataset (MCDS) following	D&IS Eve Roodhouse	Mar 15	TBC

Deliverables and commitments	EMT KPI/ PI cross reference	Key milestones for FY 14/15	Lead Directorate and Owner	Target date for completion	Key dependencies for successful delivery
		agreement with NHS England and the new SRO			
Implementation of the Data Services for Commissioners programme		Support the delivery of interim data and information services to Commissioning organisations to ensure that care commissioning can be delivered during FY13/14 and planned for FY14/15 i.e. support Commissioners Implement the necessary controls on data receipt, processing and provision in line with legal boundaries and guidance, supporting the clarification of legal interpretation i.e. deliver to IG standards; IGT level 2 now; audits; IGT level 3 @ 95% for March Initiate and embed the Data Services for Commissioners (DSfC) Programme and establish the appropriate controls for commissioners i.e. using Delivery Framework; Gateway processes; Business Cases; Approvals; ISCG Leverage existing services, programmes, projects and best practice to minimise the costs and timescales for the delivery of DSfC services i.e. leverage Strategic Capability Platform; care.data; MPIP; SUS/Tariff; Productivity and Efficiency; Benefits and Utilisation; Standards Engage positively with Commissioning stakeholders to contribute to and agree future service options for DSfC Develop DSfC service options and provision and ensure the options chosen for implementation will deliver key stakeholder service requirements in line with the strategic vision of HSCIC Deliver strategic DSfC service capability and	D&IS Martin Dennys	Mar 15	TBC

Deliverables and commitments	EMT KPI/ PI cross reference	Key milestones for FY 14/15	Lead Directorate and Owner	Target date for completion	Key dependencies for successful delivery
		ensure a smooth transition of interim services i.e. deliver a re-designed service, transition, TUPE, de-second other staff			
Management of the Secondary Uses Service (SUS) programme and delivery of the National Tariff Systems (NTS) programme	4, 9	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" for the NHS Ensure the continuity of services for the delivery of national PbR policy to the NHS and for supporting local NHS payments for patient services Ensure the continuity of services for national statutory data requirements currently delivered or enabled through the SUS solution, e.g. HES Support the delivery of prescribed service tariffs through management of the flow and content of hospital CDS, and its manipulation and presentation nationally Support the data requirements of Data Service for Commissioners Regional Office (DSCROs) and other organisations supporting commissioning by extracting and manipulating data from SUS Provide effective support to the NHS for live systems, such as SUS, which support the delivery of national tariff policy Continue to drive up the quality of data submitted by providers through implementation of a strategic approach to changes to CDS content and versions, and through data quality reporting	D&IS Andy Burn	Mar 15	TBC

Deliverables and commitments	EMT KPI/ PI cross reference	Key milestones for FY 14/15	Lead Directorate and Owner	Target date for completion	Key dependencies for successful delivery
		Ensure that the strategic solution for national tariff policy accurately reflects stakeholder requirements			
Management of the National Back Office (NBO)	5	Transition the NBO CHRIS processes for services provided to non-NHS organisations, to PDS Identify and implement new NBO services Develop and implement KPIs, to replace SLAs Using Spine 2 reporting Engage with Spine 2 Transition Team to implement NBO Spine 2 functionality. Deliver training and transition NBO work to Demographic Spine Application 2 (DSA2), following implementation Ensure continuity of NBO (and Southport Data Linkage Team) access to civil registration data, following closure of Model 204 Following the change in NBO governance arrangements implement agreed NBO management and customer engagement requirements Develop business processes and activities taking account of responses from the most recent staff employee engagement survey	D&IS Jackie Gallagher	Mar 15	TBC
Continue to deliver and develop a range of high quality National and Official Statistics outputs to meet changing user needs relating to primary care, secondary care, community care, social care and public health	4	Make the data available in formats that encourage wider use, including through data visualisation	D&IS John Varlow	Mar 15	TBC

Deliverables and commitments	EMT KPI/ PI cross reference	Key milestones for FY 14/15	Lead Directorate and Owner	Target date for completion	Key dependencies for successful delivery
Embed the Patient and Public Involvement values and processes across the HSCIC	2	Key relationships established with partner organisations / networks (May 14) Phase 1 of the strategy implemented (June 14)	Clinical & Public Assurance (CPA) Simon Croker	Q2	Strategy approved by EMT (March 14) Management commitment Completion of corporate values work for incorporation into strategy
Set up and recruit to, the new HSCIC Independent Advisory Group.	2	1st meeting held (Q2) 2nd meeting held (Q4)	CPA Simon Croker	Q1	Chair appointed, membership appointed, TOR approved and agreed (all by March 14) HR policies for recruiting, and ensuring parity for lay people and clinicians working on the same group will need to be resolved
Embed principles and processes for external engagement across the HSCIC	2	Strategy / approach approved by EMT (April 14) Resource requirements fulfilled (May 14) Phase 1 of the strategy implemented (June 14)	CPA Simon Croker	Q2	Management commitment Resource availability
Collaborate with partners to agree a new information strategy to support research and life sciences	2	Key relationships established (April 14) Strategy approved by EMT (June 14) Phase 1 of the strategy implemented (July 14)	CPA Linda Whalley	Q3	Effective relationships with partners Management commitment Resource availability
Collaborate with partners to develop capability and professionalism of health and social care informatics	2	Key partners identified and engaged with (May 2014) Proposals for developing professional informatics education and training resources approved (including proposal to create national 'home' for specialist analytical skills within the HSCIC	CPA Ira Laketic-Ljubojevic	Q4	Effective relationships with partners Management commitment Resource requirements will need to be met

Deliverables and commitments	EMT KPI/ PI cross reference	Key milestones for FY 14/15	Lead Directorate and Owner	Target date for completion	Key dependencies for successful delivery
		created) (September 2014) and 1st phase of recommendations implemented (March 2015) Proposals for addressing health and wellbeing inequalities through specialist informatics capability developed (September 2014) and agreed (March 2015) eICE e-learning materials and mobile apps reviewed and updated (February 2015); and appraisal and accreditation process for clinicians working in clinical informatics developed and promoted (March 2015)- 1st phase of developing capability and professionalism of social care informatics implemented (March 2015); and social care informatics and innovation exchange established (June 2014)			
George Eliot Hospital NHS Trust : Lorenzo Phase 1 go-live	8.2	All milestones already complete	Local Service Provider (LSP) Mary Barber	June 2014	Stable production environment following Spine 2 upgrade
Barnsley Hospital NHS FT : Lorenzo Phase 1 go-live	8.2	All milestones already complete	LSP Mary Barber	Sep 2014	
Hull and East Yorkshire Hospitals NHS Trust : Lorenzo Phase 1 go-live	8.2	All milestones already complete	LSP Mary Barber	Sep 2014	Stable production environment following George Eliot go-live
Programme exit & transition from contract	8.2	Project team identified and in place Detailed project plan in place	LSP Alasdair Thompson (interim)	July 2016	Transformation needs to be completed so that a project team can be identified and in place
Re-purposed fund allocation for 14/15 utilised in a way that	8.2	Fund utilised effectively with benefits recognised	LSP	March 2015	

Deliverables and commitments	EMT KPI/ PI cross reference	Key milestones for FY 14/15	Lead Directorate and Owner	Target date for completion	Key dependencies for successful delivery
effectively delivers benefits			Tony Magaw		
Lorenzo deployment pipeline agreed with DH including clear decision around e-prescribing	8.2	Pipeline confirmed	1 LSP 2 Mary Barber	3 March 2015	
Benefits being demonstrated and recognised	8.2	Benefits material and reports generated	LSP Mary Barber	March 2015	Benefits team in place
Upgrade of Community and Mental health Trusts to RiO Release 2	8.2	Final RiO Release 2 Go-live	LSP Sasha Savic	July 2014	
Implementation of 'Clinical 5' in Southern Cerner Millennium Acute Trusts	8.2	Final Meds Management go-live in South	LSP Sasha Savic	June 2014	
Oversee the implementation and business change activities for all South Community and Child Health providers in line with the defined approach for SLCS Benefits Delivery Support.	8.2	Go-live for all providers by March 2015 Benefits support delivered for all providers by March 2015	LSP Dermot Ryan	March 2015	Central funding available to meet DH commitment to providers Governance arrangements in place with providers – MOU Oversight Governance arrangements in place (ESG, SOB) Benefits Delivery Support function defined and resourced
Oversee the initiation, implementation and business change activities for all South Ambulance providers in line with	8.2	DH/Provider governance (MOU) Go-live for all providers by March 2015 Benefits support delivered for all providers by	LSP Dermot Ryan	March 2015	Central funding available to meet DH commitment to providers

Deliverables and commitments	EMT KPI/ PI cross reference	Key milestones for FY 14/15	Lead Directorate and Owner	Target date for completion	Key dependencies for successful delivery
the defined approach for SLCS Benefits Delivery Support.		March 2015			Governance arrangements in place with providers – MOU Oversight Governance arrangements in place (ESG, SOB) Benefits Delivery Support function defined and resourced
Oversee and assure the locally led procurements in the South Acute Programme and ensure procurements have completed by March 2015	8.2	Procurements launched by 1 April 2014 Procurements completed by March 2015	LSP Dermot Ryan	March 2015	Oversight Governance arrangements in place (ESG, SOB) Procurement Assurance Process defined and resourced
To meet the SRO's commission to have a robust process for maximising and reporting benefits in place – to have all mechanisms up to speed	1.3	Team and draft view of 13-14 delivery in place (by April 14)	LSP Programme Head – Benefits Delivery	October 2014	
To meet the SRO's commission to develop means to build, publish and maintain benefits resources and open information – to have all mechanisms up to speed	1.3	Materials published (by April 14)	LSP Programme Head – Benefits Delivery	October 2014	
Implement Civil Service Learning	16, 17	Approval of the platform	HR & Transformation	April 2014	Civil Service Platform made available and sufficient time allocated for

Deliverables and commitments	EMT KPI/ PI cross reference	Key milestones for FY 14/15	Lead Directorate and Owner	Target date for completion	Key dependencies for successful delivery
			(HR&T) Tim Roebuck		"on-boarding process" Ensuring the platform is strategically linked with other people transformation projects i.e. Line Management, Performance Management, and Professional Groups Adoption of the facility by line managers and staff
Embed a new Performance Management process.	16, 17	Communication activity undertaken (31/3/14 – 31/5/14) Establish monitoring/ checkpoint process for compliance and process improvement (31/5/14) Assessment of compliance (31/5/14)	HR&T Tim Roebuck	May 2014	Line Management framework agreed and approved Professional competencies agreed and approved Civil Service learning platform to support the process. ALB Talent Identification model complete and launched. Adoption of the process by line managers and staff
Supporting the organisation embed Professional Groups and the utilisation of the agreed competency frameworks.	16.2	Clear communications to Professional Leads and staff on how the competency frameworks are managed with individuals. (30/4/13) Develop mechanism for feedback on the use of frameworks as part of PDR process (31/5/14)	HR&T Tim Roebuck	June 2014	Professional Groups first phase complete i.e. staff self-selected and competency frameworks for all groups complete PDRs to take place to support staff in their

Deliverables and commitments	EMT KPI/ PI cross reference	Key milestones for FY 14/15	Lead Directorate and Owner	Target date for completion	Key dependencies for successful delivery
					professional development
Commence implementation of a leadership development programme	16.2	Commence assessment of CEO requirements over three month period (30/4/14) Develop approach and programme plan for Leadership development (31/8/14) Approval by CEO and EMT (15/9/14)	HR&T Tim Roebuck	September 2014	Appointment of the CEO and the leadership team by April 2014
Commence the HR element of the migration of Shared Services.	16	Impact analysis for Shared Services complete (30/4/14)	HR&T HR&T Tim Roebuck	October 2014	External dependency on all DH partners to sign off A clear internal HSCIC and external DH governance process for sign off Clarity on Avarto solution and detailed requirements. Engagement within Finance to understand the cross over and joint deliverables. Project Manager appointed for both the HR element and the overall delivery of Shared Services for the organisation.
Implementation of phase 2 of Line Management development programme.	16	Gap Analysis complete of development needs for line managers (30/6/14) Complete design of Phase 2 of Line Management training (1/9/14) Commence Phase 2 of Line Management training (30/9/14)	HR&T Jenny Allen	March 2015	Organisation to successfully complete their PDRs in order to inform the gap analysis and the design of Phase 2 Adoption of the Line Manager charter to support

Deliverables and commitments	EMT KPI/ PI cross reference	Key milestones for FY 14/15	Lead Directorate and Owner	Target date for completion	Key dependencies for successful delivery
					identifying development needs for managers within the PDR process
Adopt more agile and value-driven procurement approaches, using supply profiling models, analysis and benchmarking	9, 13	TBC	Finance & Corporate Services (F&CS) Ben Gregory	TBC	TBC
Review content and structure of website to ensure it can support the new publications strategy	4, 18	Development of website likely to be in 3 stages across the FY. 1. Plan linked to PS Customer work 2. New design and architecture “Functionality 1” 3. “Functionality 2”	F&CS Phil Wade	30/6/14 30/11/14 30/3/14	We gain exemption from gov.uk site Clarity and timeliness of Publications Strategy IT resources able to give priority to work
Implement review of financial management including business case development and approvals process	8, 15	TBC	F&CS Steve Leathley	TBC	TBC

11 Appendix 5 – KPI targets

Corporate (EMT) KPI targets for financial year 14/15 (profiled by period based on the frequency of measurement shown in the EMT KPI Dictionary[7]) are shown below and are reported through the EMT performance pack. Note that only those KPIs with numeric targets are included in the table below. The assumptions behind the KPI targets are shown at Appendix 5. A forecast expenditure and headcount summary is shown in Section 4.

KPI/ PI Ref #		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Y/E
	Name of KPI/PI:													
1.3	**Key Customer/ Stakeholder Satisfaction** - Programme Senior Responsible Owner (SROs) satisfaction score	Targets TBC - will not have baseline until January												
2.1	**Public and Patient Engagement** - Awareness campaign score (public & patient engagement)	Targets TBC - will not have baseline until January												
2.2	**Public and Patient Engagement** – Patients' satisfaction (proxy score)	Targets TBC - will not have baseline until January												
3	**Knowledge Management** – Number of validated Level 1 Item lessons learned submitted	17			17			18			18			70[8]
5.1	**Data Quality** – % of rejected submissions	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
5.2	**Data Quality** – % of records which contain valid values in critical fields	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
5.3	**Data Quality** – % of organisations submitting expected data	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[7] Single authoritative document setting out for all the KPIs: formulae, ownership, data sources, frequency of measurement, performance baselines, targets, and tolerances

[8] The final total is expected to be higher once we have had inputs from all Directorates

KPI/ PI Ref #		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Y/E
	Name of KPI/PI:													
6.1	**Incident Resolution** - Percentage of incidents resolved within 60 days	50%	50%	50%	60%	60%	60%	70%	70%	70%	80%	80%	90%	90%
7	**Key supplier satisfaction** – Key supplier satisfaction score (rolling average)	Targets TBC - will not have baseline until January												
8.1	**Programme Achievement** – Percentage of programmes assessed as Amber or better from Gateway Reviews and Health Checks	80.5%			81%			81.5%			82%			82%
9	**Innovation** – Innovation index score	Targets TBC - will not have baseline until January												
10.1	**IT Service Performance** - Number of IT services achieving Availability target [Note: The number of services fluctuates. Based on historic data, on average 2 services per month will fail to achieve the average availability target, hence the -2 forecast shown]	- 2	- 2	- 2	- 2	- 2	- 2	- 2	- 2	- 2	- 2	- 2	- 2	- 2
10.2	**IT Service Performance** - Number of IT services breaching Availability target, but not to a critical level	2	2	2	2	2	2	2	2	2	2	2	2	2
10.3	**IT Service Performance** - Number of IT services breaching Availability target at a critical level	0	0	0	0	0	0	0	0	0	0	0	0	0
10.4	**IT Service Performance** - Number of IT services achieving response time target [Note: The number of services fluctuates. Based on historic data, on average 2 services per month will fail to achieve the Response Times target, hence -2 forecast shown]	- 2	- 2	- 2	- 2	- 2	- 2	- 2	- 2	- 2	- 2	- 2	- 2	- 2
10.5	**IT Service Performance** - Number of IT services breaching response times target, but not to a critical level	2	2	2	2	2	2	2	2	2	2	2	2	2

KPI/ PI Ref #		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Y/E
	Name of KPI/PI:													
10.6	**IT Service Performance** - Number of IT services breaching response time target at a critical level	0	0	0	0	0	0	0	0	0	0	0	0	0
10.7	**IT Service Performance** - Percentage HSSIs achieving Fix Time target	95%	95%	95%	90%	92%	94%	96%	90%	92%	94%	96%	98%	98%
12.1	**Burden reduction** - % new data collection burden change	2 %	4 %	6%	8 %	10%	12%	15%	17%	19%	20%	22%	25%	25%
12.2	**Burden reduction** - % existing data collection burden change	2 %	4 %	6%	8 %	10%	12%	15%	17%	19%	20%	22%	25%	25%
13.2	**Support the Growth Agenda** - Percentage spend with Small & Medium Enterprises (SMEs) (proxy for Supporting the Growth Agenda)	TBC[9]	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
15.1	**Financial Management –** % variation forecast outturn of revenue versus budget		≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%
15.2	**Financial Management –** % variation forecast outturn of DH Programme expenditure versus budget (revenue)		≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%
15.3	**Financial Management –** % variation forecast outturn of DH Programme expenditure versus budget (capital)		≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%
15.4	**Financial Management –** % accuracy of forecasting revenue			≤5%	≤4%	≤4%	≤4%	≤3%	≤3%	≤3%	≤2%	≤2%	≤2%	≤2%
15.5	**Financial Management -** % accuracy of forecasting DH Programme expenditure (revenue)			≤5%	≤4%	≤4%	≤4%	≤3%	≤3%	≤3%	≤2%	≤2%	≤2%	≤2%
15.6	**Financial Management –** % accuracy of forecasting DH Programme expenditure (capital)			≤5%	≤4%	≤4%	≤4%	≤3%	≤3%	≤3%	≤2%	≤2%	≤2%	≤2%

[9]Targets TBC – we will not have a baseline until January

KPI/ PI Ref #		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Y/E
	Name of KPI/PI:													
15.7	**Financial Management –** % invoices paid within terms	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
15.8	**Financial Management –** % of relevant invoices that are paid against a purchase order	95%	95%	95%	96%	96%	96%	97%	97%	97%	98%	98%	98%	98%
15.9	**Financial Management –** % value of debt over 90 days	≤5%	≤7%	≤10%	≤7%	≤5%	≤5%	≤5%	≤5%	≤5%	≤5%	≤5%	≤5%	≤5%
15.10	**Financial Management –** % volume of invoices unpaid over 90 days	≤15%	≤15%	≤15%	≤15%	≤15%	≤15%	≤15%	≤15%	≤15%	≤15%	≤15%	≤15%	≤15%
16.1	**Organisational Health** – % of staff who have had their competency baselined against new competency framework				11.1 %	11.1 %	11.1 %	11.1 %	11.1 %	11.1 %	11.1 %	11.1 %	11.1 %	100%
16.2	**Organisational Health** – Percentage of staff vacancies	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%
16.3	**Organisational Health** – Percentage cumulative voluntary staff turnover	≤10%	≤10%	≤10%	≤10%	≤10%	≤10%	≤10%	≤10%	≤10%	≤10%	≤10%	≤10%	≤10%
17.1	**Staff engagement** - Staff engagement score	65%						70%						70%
17.2	**Staff engagement** - % of planned actions achieved to address staff engagement issues	100%			100%			100%			100%			100%

Notes:

1. The KPI/PI reference numbers shown in the table above are the same as those in the EMT KPI Dictionary.

2. **Information Quality** will be measured using two indicators: Total number of reported information quality incidents and near misses; and Number of reported high and very high information quality incidents. However, numeric targets will not be set because it could drive down reporting (hence no reference in the table above). We want to encourage reporting of incidents.

3. **Incident Resolution**. In addition to the performance indicator shown in the table above, we will also measure: Percentage of reported incidents raised and recorded; and Total number of reported incidents. However, targets will not be set for these indicators (which is why they are not referenced in the table).

4. The '**Usefulness of Service**' KPI (not shown in the table above) is another EMT-level indicator. It is envisaged that we will use 'value of economic benefit' as a proxy for usefulness. However, we will not be able to measure the value of economic benefit until the start of the new financial year.

5. **Support the Growth Agenda** KPI – Informatics Development Survey Score. We will not have the results from the first survey until April 2014.

6. **Organisational Health** – % of staff who have had their competency baselined against new competency framework. This is a new indicator. The competency framework will not be in place until end of Q1 FY 14/15.

7. **Information Governance Incidents** KPI. There will be two PIs underpinning this KPI: Total number of reported information governance incidents; and Number of reported high and very high information governance incidents. However, numeric targets will not be set because it could drive down reporting (hence no reference in the table above). We want to encourage reporting of incidents.

Subjective KPIs

The following KPIs are also managed by EMT (but they are assessed subjectively and therefore RAG targets for next financial year have not been included in this business plan):

- **Responsiveness**: quarterly subjective assessment using information from two key sources: the new customer survey; and anecdotes/feedback from the executive Directors.
- **Customer satisfaction**: quarterly subjective assessment based on different sources of information (e.g., new customer survey, and existing surveys such as N3, CSC and Accenture).
- **Programme achievement – Delivery Confidence**: monthly subjective assessment based on an analysis of standardised project Highlight Reports covering the following areas: Gateway Delivery Confidence; Key Delivery Milestones; Current year financial performance; Investment Justification; Benefits Realisation Confidence; Quality Management; Programme/project end date; Investment justification approval; ICT spend approval; and Resourcing.
- **Transformation Programme Progress**: monthly subjective assessment of overall progress and planned benefits achieved (but informed by detailed reports submitted to the Programme Board).

- **Reputation**: six-monthly subjective assessment but informed by the following: Satisfaction levels with our key stakeholders, customers, and suppliers; new 'panel' survey' (which measures levels of trust, the HSCIC capability, contribution to reductions in bureaucracy, and the HSCIC contribution to improving wellbeing); media information; and information on the HSCIC's reputation as an employer.

12 Appendix 6 – KPI target assumptions

Assumptions behind the KPI targets shown in Appendix 4 as follows:

KPI/PI ref #	Name of KPI/PI	Key assumptions for FY 14/15 targets
1.3	**Key Customer/ Stakeholder Satisfaction** - Programme SROs satisfaction score	Note: baseline will not be established until January, at which point KPI target assumptions can be added here.
2.1	**Public and Patient Engagement** - Awareness campaign score (public & patient engagement)	Note: baseline will not be established until January, at which point KPI target assumptions can be added here.
2.2	**Public and Patient Engagement** – Patients' satisfaction (proxy score)	Note: baseline will not be established until January, at which point KPI target assumptions can be added here.
3	**Knowledge Management** – Number of validated Level 1 Item lessons learned submitted	Minimum one validated Level 1 Item submission per programme, service and directorate every 6 months translates into c70submissions expected across HSCIC in FY 14/15. The assumption is that there will be a steady flow of submissions throughout the year.
5.1	**Data Quality** – % of rejected submissions	Given the mandatory nature of what is being measured the target cannot be less than 0%. To begin with we will only be using SUS to assess data quality. As new datasets come on line we may have to amend the target.
5.2	**Data Quality** – % of records which contain valid values in critical fields	Given the importance of the quality of the information we eventually publish using data we source, 100% of records should contain valid values in critical fields. To begin with we will only be using SUS to assess data quality. As new datasets come on line we may have to amend the target.
5.3	**Data Quality** – % of organisations submitting expected data	The more organisations that furnish us with data, the better the quality of what we publish as information. Therefore we should be aiming to source data from all the relevant organisations (hence the target of 100%). To begin with we will only be using SUS to assess data quality. As new datasets come on line we may have to amend the target.
6.1	**Incident Resolution** - Percentage of incidents resolved	By April 2014 we will have decided which system the organisation will use and this will be fully rolled out in the new financial year. Current performance suggests 90% will not be achievable straightaway.

	within 60 days	However, with an agreed reporting system in place together with appropriate management action to reinvigorate the reporting process we should see steady improvement and reach 90% by year end. As at August 2013, 31% of incidents were resolved within 60 days. We are expecting to see a gradual improvement between now and March 2014 (hence the planned starting position of 50% resolution within 60 days at the start of the new financial year).
7	**Key supplier satisfaction** – Key supplier satisfaction score (rolling average)	Note: baseline will not be established until January, at which point KPI target assumptions can be added here.
8.1	**Programme Achievement** – Percentage of programmes assessed as Amber or better from Gateway Reviews and Health Checks	The scope of measurement only covers the 16 programmes in the Programme delivery Directorate. As the scope is extended to other programmes the baseline and targets will need to be updated. Baseline as at Q2 of FY 13/14 was 76%. 13/14 year-end target is 80%. The 14/15 tear end target and quarterly profiling assumes the programmes will have gone beyond the approvals stages in the delivery cycle
9	**Innovation** – Innovation index score	Note: baseline will not be established until January, at which point KPI target assumptions can be added here.
10.1	**IT Service Performance** - Number of IT services achieving Availability target	We have a baseline of 66 services that are report every month, then under the spine extension Contract Change Notice (CCN), different Spine services are reported on a rolling quarterly basis so the number of services reported against will change each month. Based on historic data, on average 2 services per month will fail to achieve the average Availability target, hence the forecast is all services reported against minus two.
10.2	**IT Service Performance** - Number of IT services breaching Availability target, but not to a critical level	Forecasts set in line with current performance trend. On average 2 services per month will fail to achieve the average Availability target but not to a critical level.
10.3	**IT Service Performance** - Number of IT services breaching Availability target at a critical level	Since October 2012 there have been no breaches. There is no tolerance for critical breaches, as any such breaches would significantly impact live service.
10.4	**IT Service Performance** - Number of IT services achieving response time target	We have a baseline of 42 services that are reported on every month, then under the spine extension CCN, different Spine services are reported on a rolling quarterly basis so the number of services reported against will change each month. Based on historic data, on average 2 services per month will fail to achieve the Response Times target, hence the forecast is all services reported against minus two

10.5	**IT Service Performance** - Number of IT services breaching response times target, but not to a critical level	Forecasts set in line with current performance trend. On average 2 services per month will fail to achieve the Response Times target but not to a critical level.
10.6	**IT Service Performance** - Number of IT services breaching response time target at a critical level	Forecasts set in line with current performance trend. There is no tolerance for critical breaches; any such breaches would significantly impact live service.
10.7	**IT Service Performance –** % HSSIs achieving Fix Time target	The months with a reduction in score are aligned to the current understanding of when new services and suppliers will come on board which may introduce less stable services than currently deployed and with less mature processes to resolve issues – primarily the new GPSoC 2 suppliers. It is anticipated that it will take a number of months of working with these suppliers to improve their processes to get them up to the level required, hence the gradual month on month increase following the reduction.
12.1	**Burden reduction** - Percentage new data collection burden reduction (internal and external)	TBC
12.2	**Burden reduction** - Percentage existing data collection burden reduction (internal and external)	TBC
13.2	**Support the Growth Agenda** - Percentage spend with SMEs (proxy for Supporting the Growth Agenda)	Note: baseline will not be established until January, at which point KPI target assumptions can be added here.
15.1	**Financial Management –** % variation forecast outturn of revenue versus budget	Not available in April as there are not normally accounts available. More than 3% and the variations become material for DH group finances. The target assumes the budget will be phased properly and that income will be as per budget.
15.2	**Financial Management –** % variation forecast outturn of DH Programme expenditure versus budget (revenue)	Not available in April as there are not normally accounts available. More than 3% and the variations become material for DH group finances. The target assumes the budget will be phased properly and that income will be as per budget.

15.3	**Financial Management –** % variation forecast outturn of DH Programme expenditure versus budget (capital)	Not available in April as there are not normally accounts available. More than 3% and the variations become material for DH group finances. The target assumes the budget will be phased properly and that income will be as per budget.
15.4	**Financial Management –** % accuracy of forecasting revenue	Revenue is NET of GiA income. Most of the directorates' costs are fixed (staff costs) and so they should know what the expected costs will be in the next month, hence the 2% target. Anything more than 2% variation in forecasting and it becomes material. The target is an incentive to create more robust budgets (with good assumptions) and forecast more accurately and realistically. We assume that there will be some phasing issues early in the year however these will be mitigated by subsequent forecast adjustments in later months.
15.5	**Financial Management -** % accuracy of forecasting DH Programme expenditure (revenue)	Anything more than 2% variation in forecasting and it becomes material. The target is an incentive to create more robust budgets (with good assumptions) and forecast more accurately and realistically. We assume that there will be some phasing issues early in the year however these will be mitigated by subsequent forecast adjustments in later months.
15.6	**Financial Management –** % accuracy of forecasting DH Programme expenditure (capital)	Anything more than 2% variation in forecasting and it becomes material. The target is an incentive to create more robust budgets (with good assumptions) and forecast more accurately and realistically. We assume that there will be some phasing issues early in the year however these will be mitigated by subsequent forecast adjustments in later months.
15.7	**Financial Management –** % invoices paid within terms	95% as per Best Practice Payment Code.
15.8	**Financial Management –** % of relevant invoices that are paid against a purchase order	It is assumed that some orders may not get raised early on in the financial year as most orders are required to be raised annually (i.e. at the beginning of the year).
15.9	**Financial Management –** Value of debt over 90 days	We have assumed 5% for most of the year and year end. However, there is expected to be a peak from May to July as most high value, irregular invoices will be raised in February and March.
15.10	**Financial Management –** Volume of invoices unpaid over 90 days	Not impacted by the peak in May to July so 15% throughout the year.
16.1	**Organisational Health** – % of staff who have had their competency baselined against new competency framework	The new competency framework will be developed by 30/6/14. 9 months should be sufficient time to then baseline all staff against the new framework. The monthly profiling assumes that roughly the same number of staff will be baselined every month.

16.2	**Organisational Health** – Percentage of staff vacancies	On the basis that turnover of 10% produces 23 leavers per month and if it takes 3 months to fill a post then we can expect to have corresponding vacancies of about 70 at any one time – which is approximately 3%.
16.3	**Organisational Health** – Percentage cumulative voluntary staff turnover	Although the focus on performance management may result in an increase in voluntary and involuntary resignations, this will be offset by a more stable organisation as a result of the Transformation Programme which means that staff will be more reluctant to leave.
17.1	**Staff engagement** - Staff engagement score	We expect a dip in the staff engagement score at the end of FY 13/14 because of the organisational, residual uncertainty, and inevitable redundancies. Therefore 70% is deemed to be a sensible target (against a current baseline of 72% as at August 2013).
17.2	**Staff engagement** - % of planned actions achieved to address staff engagement issues	Setting of target of anything less than 100% would send the wrong message to staff (i.e., that the resolution of issues is not important).

13 Appendix 7 – More detailed information on costs

[DN – additional cost information to be inserted]