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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 close of play 30/12/13.
0.4b	03/01/2014	Incorporating further changes and suggestions to close of play 03/01/13.
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 document with more information moved to appendices. 0.7a & b working drafts.
0.8	29/01/2014	Added additional material from HR and feedback from EMT.
0.8a	05/02/2014	Added inputs from various contributors to address feedback from EMT.
0.8b	07/02/2014	Added inputs from various contributors to address feedback from the Board and DH.
0.8c	10/02/2014	Reviewed and edited by CEO and Portfolio Director, addition of further DNs, formatting, corrections and some rewording throughout.
0.9a-e	27/02/2014	Further changes/corrections and moving more information into appendices. Adopting comments from board members and DH. Addition of reworked finance section. Web links to key docs added. More information on IA commitments added to Appendix 4; and a specific issue relating to recruitment added to Section 5.

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	17/12/2013	0.1 to 0.5b
John Willshere	HSCIC Portfolio Director	22/01/2014	0.6
John Willshere	HSCIC Portfolio Director	29/01/2014	0.7abc to 0.8c
John Willshere	HSCIC Portfolio Director	25/02/2014	0.9a-e

Approved by

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

Name	Signature	Title	Date	Version
Alan Perkins		CEO	06/01/2014	0.5b
Alan Perkins		CEO	10/02/2014	0.8b
Alan Perkins		CEO	25/02/2014	0.9e

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1 Introduction: Context, aspirations, challenges

Introduction

Successful and effective transformation of health and care services will be increasingly dependent on ready access to information and technology services which can inform plans and support the delivery of high quality, safe and efficient services. The scale of ambition was set out in the "Power of Information" document which was published by the Department of Health in 2012[1]. The Health and Social Care Information Centre has a major role to play and has agreed an ambitious strategy for helping the health and care system deliver the objectives set out in the "Power of Information".

We must now translate our strategy into specific commitments and deliverables that enable us to deliver those strategic objectives. This business plan does that. It 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"[2]. Second, it is the document that will be used by us, the Health and Social Care information Centre (HSCIC), to manage the delivery of our commitments and achievement of our strategic objectives for financial year 2014/15.

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. Sustaining 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.

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 strategy[3] for the HSCIC ("A strategy for the Health and Social Care Information Centre 2013 - 2015").

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. Through the Act, the HSCIC has a significant statutory duty to support the health and care system in regard to:

- Collecting, 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 to support that individual's care and to deliver better, more effective care for the community as a whole.

Appendix 1 lists our statutory duties.

In addition, the HSCIC is commissioned to deliver a range of information and technology services that are used by patients, service users, the public at large, health and care professionals, and by

[1] https://www.gov.uk/government/publications/giving-people-control-of-the-health-and-care-information-they-need

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

[3] http://www.hscic.gov.uk/media/13557/A-strategy-for-the-Health-and-Social-Care-Information-Centre-2013-2015/pdf/hscic-strategy-2014.pdf

research, other public sector organisations, industry and commercial organisations across predominantly England, and to a lesser extent the Home Countries.

By fulfilling our statutory duties and delivering the services, programmes and products required by our customers and funders, we will deliver the following benefits:

- Managing a growing national information asset that can be used widely by all;
- Providing factual impartial statistics 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;
- Provide information to support commissioning, healthcare planning and policy, and to support the assurance of health services;
- Provide frameworks, tools and services that help protect the security of patient information; and
- Identifying and reducing data and bureaucracy burden on the NHS and health and social care system.

In the delivery of our services, we have maintained and continuously improved our commitment 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.

We are 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. Information about how confidential data is used is made available through a range of "media".

There are a number of external drivers for change that will impact us both 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. However 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.

We have discussed with each of our national partners their likely information requirements. They tell us that there are two main areas where there is a shortage of nationally available data and information. These are mental health and community services, and information about workforce. Other than these, none of the National Information Board[4] (NIB) 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.

[4]The NIB replaced the Informatics Services Commissioning Group(ISCG)

Our national partners are also very keen to take this opportunity to work more collaboratively, sharing data collection and publications processes, and making better use of limited analytical expertise. We have reflected in our strategy the need for the HSCIC to play a leadership role in facilitating new ways of working to help make better collective use of our shared resources in this way.

An example of new legislation impacting our work plan for 2014-15 is the “Care Bill”. This will bring about significant changes in the way care is given to those who need it most. It will be the most comprehensive reform of social care legislation in 60 years. Given its scope, it is expected that there will be 20-30 distinct pieces of secondary legislation to be developed and consulted upon over the next 18 months.

As well as provisions on social care there are also some changes for the NHS. This includes provisions around a single failure regime, following on from the Francis Enquiry.

We are already working with the Department of Health on this, and anticipate that this will be a priority for the HSCIC during 2014/15.

Key Achievements

Since we formed on 1st April 2013, there have been a number of achievements. Appendix 2 - Achievements for Financial Year 13/14 contains a fuller list of main achievements. The key highlights are shown below:

- Successfully established and transitioned from two significantly different organisations to create the HSCIC assimilating a number of SHA and PCT staff;
- Published circa 220 statistical reports on a range of health and care topics, and trialled new approaches to publications;
- Continued to play a lead role on the publication of health and care data to support the Transparency agenda, including the publication of consultant-level audit data in September 2013;
- Maintained operational technical and information services through the transition, catering for widespread organisational coding changes;
- Since establishment, have taken on a range of new service and programme teams such as Choices, Data Services for Commissioners and elements of NHS Direct;
- Continued to progress and support a substantial portfolio of programmes and projects with DH and NHS England; and
- Responding to the Secretary of State’s call to reduce Burden on the NHS, HSCIC have been developing new approaches and initiatives (building on the work of the NHS Confederation).

Delivering our Aspirations

This part of the business plan builds on what is already shown in our strategy and presents our short-term strategic objectives (i.e. coming 12 months) and some information on how we will realise them; sets out our longer terms aspirations; and describes some of the challenges to successful delivery. The latest version of the strategy lists all the commitments. Appendix 4 – Commitments and deliverables gives more information on our top level commitments in terms of key milestones and interdependencies.

Short-Term Strategy and Realisation

Our strategic objectives are captured in our strategy companion paper. A selection of drivers for short term actions are reproduced here for convenience:

***Providing Information to Support Better Care* -** Deliver on the Secretary of State's objectives to give citizens and care professionals, greatly enhanced access to care records and information services across the health and care system. We will realise this objective by:

- Consolidating our role regarding the publication of Official, National and Experimental Statistics;
- Act on the recommendations made in the Francis Review to make our publications and outputs more accessible and usable for patients, public and professional groups;
- Providing national assured indicators (e.g., launching a new improved portal for accessing a searchable library of indicators).

***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. We will realise this objective by:

- Acting as lead agent on the implementation of the Department of Health's response to the Caldicott 2 report;
- Implementing an effective cyber security programme for the HSCIC;
- Introduce a new Centre of Excellence service to provide advice and guidance on information governance issues;
- Improving data quality (e.g., we will publish draft quality standards for the major care sectors and consult on their applicability and appropriateness);
- Improving interoperability through information standards, prioritising areas where greater interoperability can reduce burden, improve data quality and validation processes, and ultimately supports integrated care delivered. A number of initiatives will be delivered in financial year 2014/15 including an audit of the current provision of information standards; and
- Minimising the administrative burden generated by national data collections of the front line through, for example, the national Concordats agreed with each of our national partners. Our burden assessment processes (previously known as ROCR) and the ongoing 'busting bureaucracy' audits.

***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. We will realise this objective by:

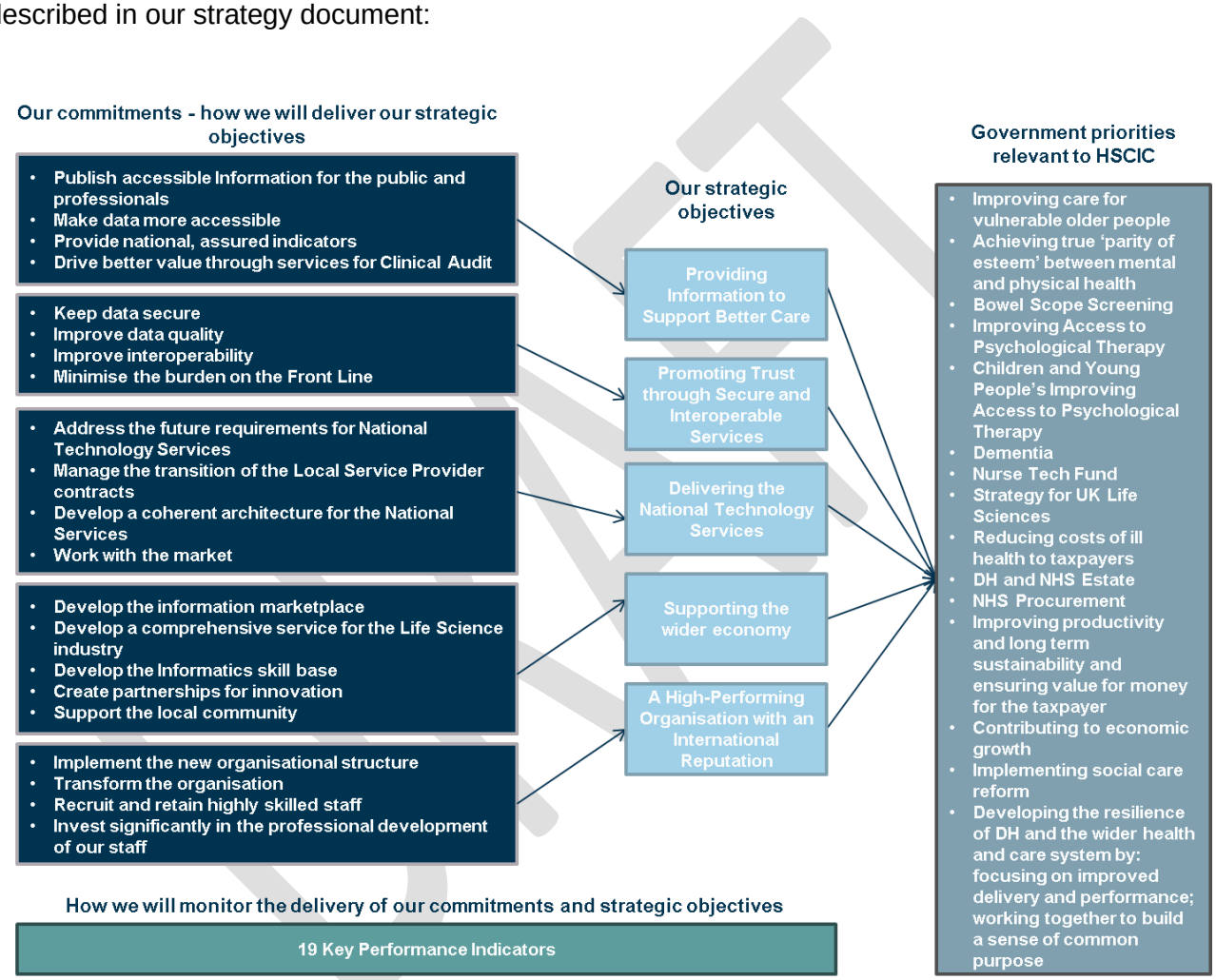
- Ensuring that the design and delivery of the national information and data infrastructure works coherently across the health, public health and social care (especially in light of the Care Bill);
- Addressing the Future Requirements for National Technology Services. We will do this by ensuring that the review of the technology programmes and services takes account of the requirements of the new system (as evidenced in the transition of Choose and Book into the new e-referrals service);
- Managing the safe transition of the Local Service Provider contracts;
- Working with the market (for example, to manage the disaggregation of contracts and redevelopment activities as they are currently applied to programmes and services).

***Supporting the wider economy* -** Contribute to the development of the health and care informatics industry and the wider UK economy. To realise this objective we will, for example support our national partners and customers to publish their data; and 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.

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 projects and associated benefits are listed in Appendix 7 – Transformation Programme – projects and benefits.

Alignment of Objectives

The HSCIC needs to ensure our objectives are aligned with government key priorities and with the rest of the health and care system. At Appendix 3 – Alignment of HSCIC strategic objectives to Government priorities we have set out our alignment between the corporate strategic objectives for the HSCIC (and the underpinning commitments set out in our strategy) and the relevant government priorities. In the diagram below we have summarised the relationship between the government priorities, the HSCIC strategic objectives listed above, and the commitments we have made as described in our strategy document:



This business plan also supports the DH Structural Reform Plan[5].

Three Year Aspirations

During 2014-15 we will start working towards the following longer-term aspirations with the aim that by 31st March 2017:

- We will be flourishing as an ENDPB operating successfully at arm's length to the Department of Health (DH), enabling a single and fully integrated data and information eco-system that is

[5] https://www.gov.uk/government/publications/department-of-health-draft-structural-reform-plan

used to support the transformation of health and care services, and the delivery of better outcomes for those using these services;

- We will be able to evidence clear influence and improvements in health and social care decision making, thereby improving health and social care outcomes and evidence supporting improvement in patient safety;
- We will 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 will have established a creditable centre of Excellence for Information Governance;
- We will be delivering excellent information and technology services that satisfy the needs of and add real value to our customers;
- We will be in the vanguard of producing information in formats and through communications channels that maximise the utility of the data for various audiences,
- We will be anticipating technology developments, assessing their impact in terms of service delivery, and translating these into high value-adding solutions;
- Our level of credibility will be on a par with other leading health and care organisations;
- Without any drop in operational delivery, we will have embedded the principles underpinning our transformation programme to create a vibrant and high-performing organisation;
- We will have reduced our cost base, improved organisation flexibility and responsiveness, and met efficiency targets during a difficult financial period.

By virtue of all the aspirations set out above, we will also be making a real and sustained contribution to growth and the economy.

Delivery of these longer term objectives will be achieved through the commitments set out in our strategy (and referenced in this plan) as well as new commitments and initiatives to be defined.

Challenges to Delivery

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

- There is a renewed interest and appetite for health and care information, either to inform and improve commissioning, or to stimulate new research. As well as working collaboratively with our partners to agree how to fulfil their requirements, we must also take a strategic approach to the way information will be used across health and care services.
- 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 NIB[6] and its members, DH and NHS England[7] (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

[6]The HSCIC Sponsor (DH) has used ISCG (now to become the NIB) 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.

[7]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.

Customer Relations (see Section 4 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 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 work streams which will: Assess the current situation; identify what support and resources are needed; assess and address immediate issues; and develop options and preferred approach.
- We will work with our DH Sponsor, NHS England and other ALBs on the implementation of the Informatics Governance Accountability Review (IGAR[8]) recommendations on roles, accountabilities and governance.
- The recommendations in the IGAR made it clear that the HSCIC will be the primary source of leadership, authority and capacity in respect of delivery and technical strategy. In order to underpin the NIB's system wide informatics strategy, HSCIC will need to develop a Technical Design Authority and Technical Strategy. Working in collaboration with NIB member organisations the Technical Strategy will be used to inform the Technical Design Authority which will in turn provide assurance to the Department on the technical aspects of major investments decisions.
- Successfully delivering our high profile programmes of work to time, quality and budget so that we enhance our reputation. In particular we need to ensure that we keep existing information and technology services running until new ones come on line.
- We will also need to consider impact and implementation challenges arising from the proposed system wide Technology Strategy.
- Transformation activities will continue until at least the end of Quarter 3 of financial year 2014/15 - and some resistance to change is inevitable (see Section 4 for more information).
- A revised 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. 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 organisations 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.

[8]The IGAR Review was established to assess the current governance and accountability arrangements for informatics across the health and care system and to recommend improvements. The Review was commissioned by the Permanent Secretary of the Department of Health

2 Delivery of commitments and objectives

Introduction

We have a broad and substantial portfolio of information and technical services, programmes and projects which we are committed to delivering well,

A high level view of the portfolio is contained in Appendix 4. This will also be supported by development of the organisation outlined in Section 4 and expanded in Appendix 7.

Effective management of a portfolio of commitments and internal development of this scale requires “industrial strength” management. Additionally, relating to external SROs, Service and Information sponsors from policy and commissioning areas will need constant attention.

HSCIC “Delivery” Portfolio 2014-15

There are 14 high visibility programmes listed on the Government Major Projects Portfolio (GMPP) and a mixture of over 125 other programmes and services recorded as “parent” level (i.e. standalone programmes, services or BAU management areas).

All funded work and significant internal developments will be registered on the portfolio. Each portfolio entry will be owned by a directorate with an internal programme or service management lead. Source of funding, customer/sponsorship or the lead SRO will be recorded also.

Individual areas will be delivered through the routine directorate management with developing cross programme or service integrity impact and coordination being managed across the portfolio (including wider links to the system wide enterprise or data architecture).

Monitoring Delivery Performance

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

During 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:

- 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
- Performance packs for the Board, EMT and all directorates.

The 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.

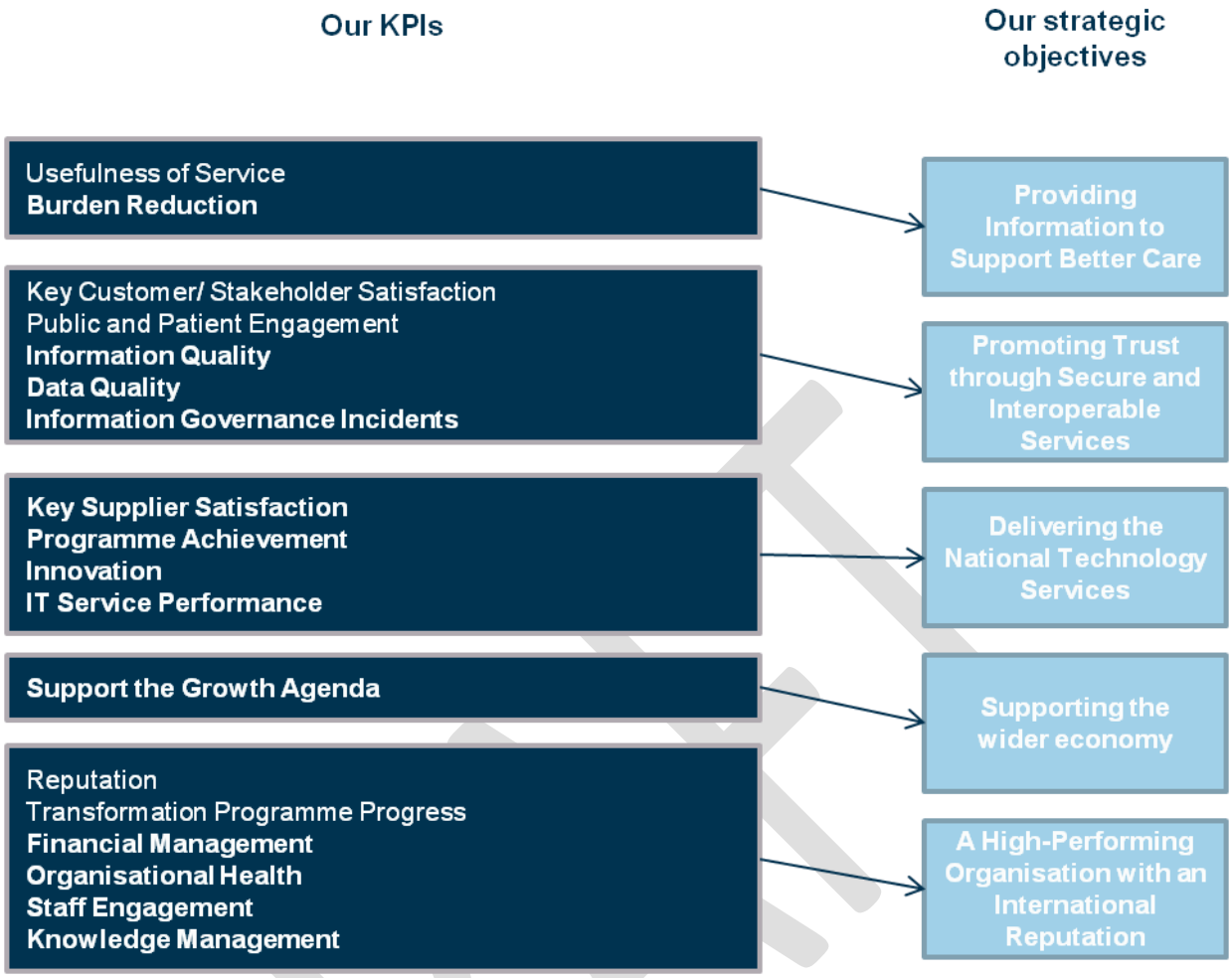
Continuous Monitoring and Update

The business plan will establish the position at the commencement of 2014/15 but it is clear the organisation will need to monitor constantly 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 will be around 20 KPIs used routinely by the EMT. (The Board review a subset of these). 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.

A 'risk management' KPI is under development and will be added in due course.



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

3 Forecast expenditure and other financial information

[DN as at 24/02/2014 Financial allocations have not been confirmed hence the commentary below may be subject to significant change]

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. As a short term measure to ensure we had an improved basis for robust financial planning, a Zero Base Review (ZBR) process was initiated across the HSCIC in August 2013. The aim was to gather a detailed financial picture of our 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.

In addition to the expenditure of the organisation, the HSCIC also supports the management and governance of the Informatics Programme expenditure accounted for in DH. Although responsibility for this expenditure rests with DH and the SROs of the respective Programmes, the HSCIC provides financial reporting and assurance to ensure that funds are effectively and appropriately utilised and controlled.

Strategic Efficiency Initiatives

To reflect the ongoing need for better value for money in a constrained financial environment we will need to take a much more in-depth review of potential areas for cost savings, including the following:

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

Forecast Expenditure[9]

	Budget 2013/14 £'000	Forecast 2013/14 £'000 (@ Jan'14)	Budget 2014/15 £'000	Budget 2015/16 £'000	Budget 2016/17 £'000
Income					
Grant in Aid (GiA)	(162,000)	(162,000)	(154,800)	(148,291)	(137,178)
GiA - non-cash	(11,015)	(11,015)	(13,175)	(13,175)	(13,175)
Other income - DH	(22,043)	(16,764)	(28,628)	(13,557)	(13,557)
Other income - NHS England	(18,064)	(13,593)	(14,125)	(15,175)	(14,212)
Other income	(8,205)	(14,353)	(13,935)	(14,163)	(10,913)
	(221,327)	(217,725)	(224,663)	(204,362)	(189,034)
Staff Costs					
Permanent	129,310	115,788	126,887	120,102	111,922
Contractors/ Agency	11,280	13,253	14,982	10,255	8,669
Non-Staff costs					
Professional/ Legal fees	29,829	21,629	27,770	19,098	17,747
Information technology	10,815	9,502	15,910	15,772	15,362
Travel & Subsistence	5,438	4,222	4,746	4,312	3,724
Accommodation	11,248	11,475	12,594	15,656	12,836
Marketing, training & events	1,508	1,424	1,765	1,574	1,377
Office Services	3,101	2,923	2,994	2,730	2,593
Other	7,649	5,822	3,841	1,687	1,630
Depreciation	11,015	10,424	13,175	13,175	13,175
(Surplus) / Deficit	**(135)**	**(21,264)**	**0**	**0**	**0**

[9] Note: The increase in non-GiA income in 2014/15 (from £45m to £57m) is primarily due to expected additional income streams to fund in-sourced work on DH Programmes. The increase in Permanent Staff costs is also due to these additional requirements, plus recruitment for current activities, additional staff from TUPE requirements and the full year impact of staff recruited during 2013/14. The increase in Contractors/ Agency Staff is mainly due to a peak of additional requirements on the reprocurements of DH contracts (technical and commercial specialists).

Capital Expenditure	Budget 2013/14 £'000	Forecast 2013/14 £'000 (@ Jan'14)	Budget 2014/15 £'000	Budget 2015/16 £'000	Budget 2016/17 £'000
Office refurbishments and Leeds move in 2015/16	650	297	412	1,278	2,543
General IT equipment upgrades and replacement	6,686	3,977	3,347	3,347	4,005
NHAIS - Headcount Capitalisation	0	0	244	244	244
Upgrade the National Monitoring Service	0	244	200	450	0
SSD - Refresh of time expired hardware	450	140	464	477	492
SSD - Perpetual Oracle licences for SSD Live services	1,650	1,924	206	212	219
SSD - Headcount capitalisation	579	572	543	543	543
Service management tool replacement	0	350	10	10	10
Maternity & Childrens Datasets	0	600	1,600	200	200
National Clinical Content licensing	0	50	110	140	110
Clinical Audit project continuing	650	108	650	500	350
HES Capital Outlay - Oracle Costs	320	1	1,500	0	0
HES - SAS Additional Server/Costs	0		235	0	0
IC projects - capitalised costs inc GPES	1,115	2,527	0	0	0
Benefits - Basic tool for disseminating data	0	0	100	0	0
Other inc unidentified software and licences	2,165	641	4,879	7,598	7,285
	14,265	11,431	14,500	15,000	16,000

Establishment

The following table shows the predicted establishment at the end of FY 2014-15.

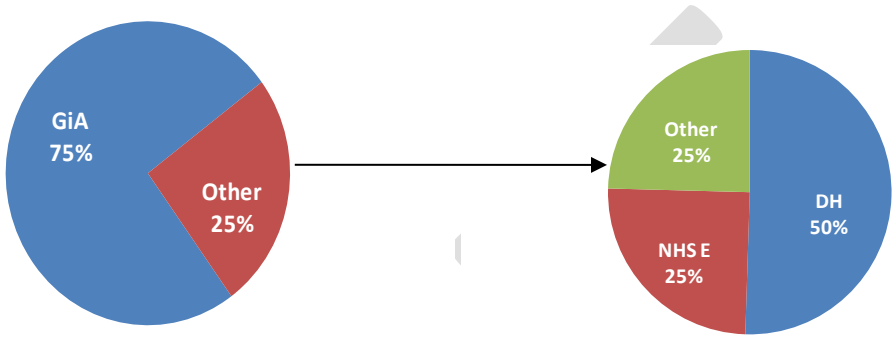
Permanent Staff in Post @ 31st March 2015

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

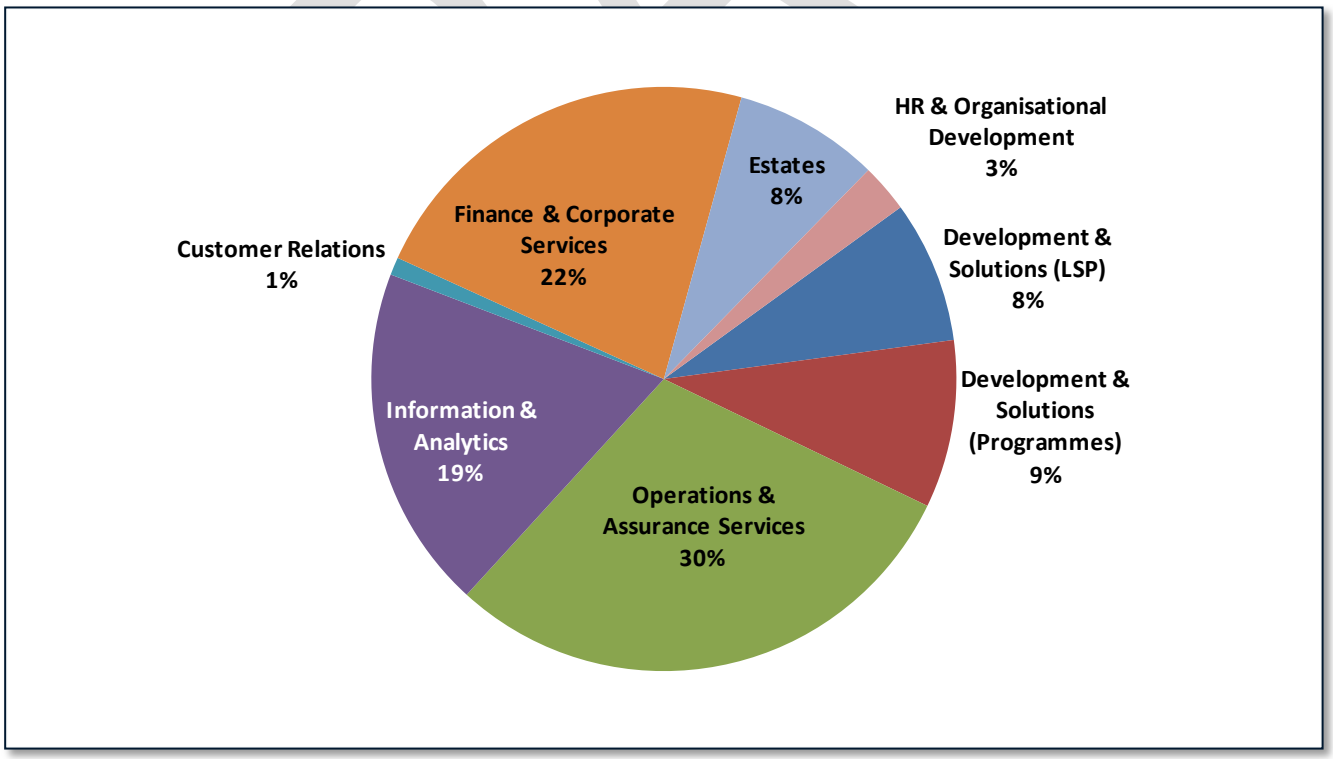
Source of Funds 2014-15

The HSCIC is primarily funded by grant-in-aid (GiA) funding from the DH 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. 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 England and other ALBs for historic services and programmes and new work.

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



Apportionment of funds by "new" Directorates 2014-15



Improving Financial Management

A Financial Management Review started in September 2013 with the commissioning of PWC to complete a 'health check' of our financial management. Following the conclusion of this review, a number of work streams 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 work streams is expected to take 18 months, during which time the Finance team 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.

An 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.

4 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 FY 2014/15.

Developing the right behaviours, as well as the professional and technical competencies will be essential to the success of our organisation. The Transformation Programme is a significant change programme established to run through FY 2013/14 and 2014/15. 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 single organisation from a diversity of predecessor organisations.

Our Values

In conjunction with our staff, we have developed and agreed our values for the HSCIC which are as follows:

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

Our Values help to underpin key elements of the HSCIC Strategy. For example ***Trustworthy*** underpins promotion of trust; ***Innovative*** underpins delivery of new services and partnerships for innovation; ***Professional*** is linked to developing the informatics skills base and our ambitions to become a high performing organisation with an international reputation and ***People Focused*** runs through all of our internal and external interactions with colleagues, partners, customers, suppliers and the public.

Our Values will form an integral part of our new Performance and Development Review (PDR) process for 2014/15 and through this all individuals will be assessed on their performance against the values. Through 2014/15 we will embed our values into our core recruitment approaches.

We need to work hard as an organisation to embed the values across our organisation so that they form the bedrock of everything that we do.

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?*

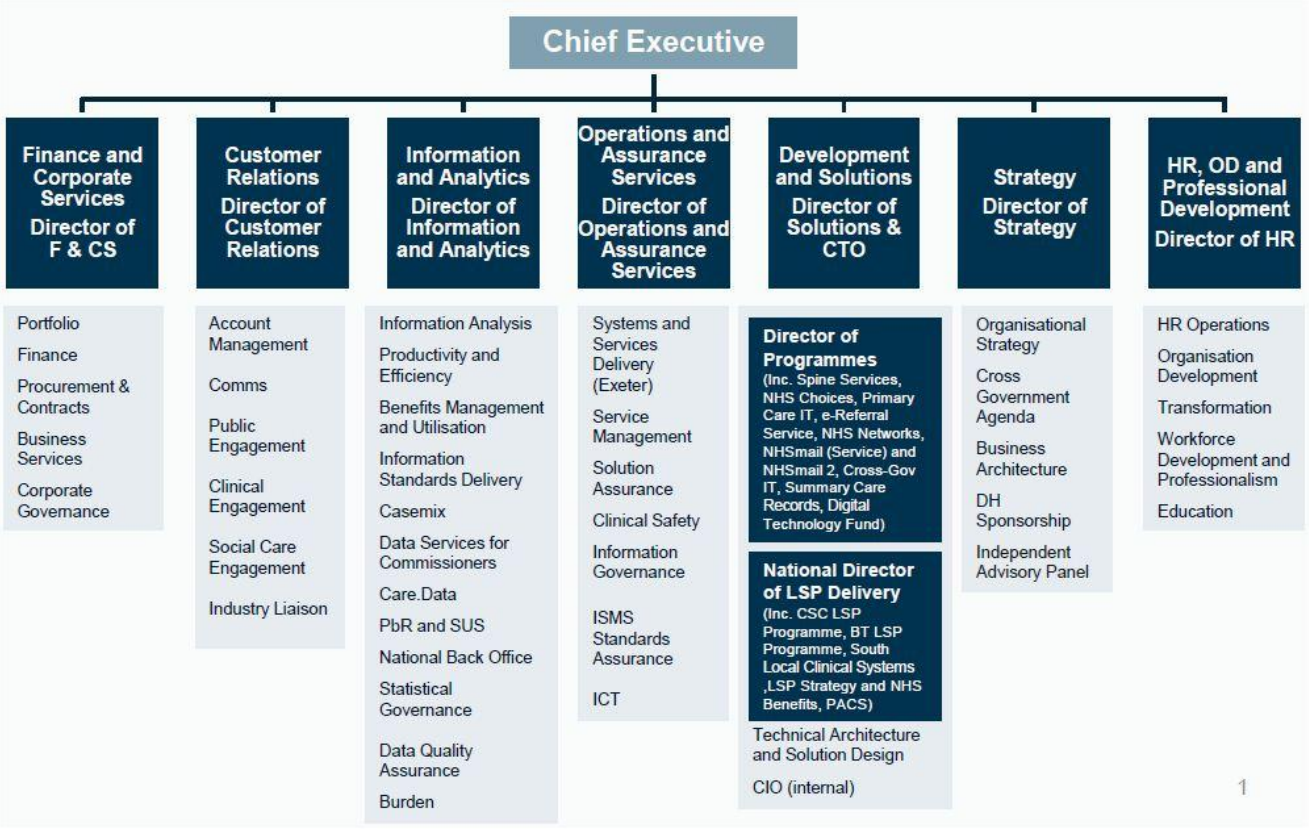
***Advance** – How do we keep moving forward?*

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 full list of projects and associated benefits is at Appendix 7 – Transformation Programme – projects and benefits.

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:



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 ALB 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 DH 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. We will also start the financial year with a significant number of vacancies. 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. We will balance this with improvements to our capacity planning approaches.

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 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.

5 Key risks and issues

Risks

A comprehensive set of strategic risks have been identified by the Executive Management Team. The key ones affecting our ability to deliver this business plan are presented in the table below. These risks will be subject to on-going quality review and challenge and are expected to be presented to the HSCIC Board at regular intervals.

A full set governance and guidance documentation has been published. This sets the foundations for moving to a more performance-focussed approach to corporate risk management.

Development of the risk management capability across the organisation will feature in 2014-15. Basic training to bring users up to date on the new approach will continue through to April 2014.

Consolidation onto a sole corporate repository for risk data is being implemented for 2014-15 and will support standard capture, analysis and reporting for the ARC and the Board.

Top risks affecting ability to deliver business plan:

DESCRIPTION OF RISK	CONTROLS AND MITIGATING ACTIONS
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
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
Fail to transform HSCIC	New risk identified January 2014. Controls / actions to be prepared and implemented by commencement of 2014/15.
Unintended impact on/from the wider health and care system	New risk identified January 2014. Controls / actions to be prepared and implemented by commencement of 2014/15.

Issues

The main issue is recruitment, and in particular the large number of vacancies we will have at the start of the new financial year; and our ability to recruit certain specialist roles. At the time of writing this version of the plan there are 258 active vacancies recorded. A full review of 'active' vacancies, some of which have been vacant for a considerable time, is now in progress to ensure that these

align with priorities identified by directorates and with Finance expectations around affordability. Work is in hand to develop generic job descriptions and appoint a recruitment marketing agency, linked to work on improving our employer brand. These actions are a pre-cursor to cohort recruitment, which will target a wider range of potential candidates externally in parallel with internal advertising, and to recruit into pools of resources to support increased flexible deployment of staff.

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;
- Exercise such systems delivery functions of the Secretary of State or (as the case may be) NHS England as may be specified.

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;
- We have published circa 220 publications containing Official, National or Experimental Statistics;
- We have signed Concordats with all of our national partners which signal our joint commitment to reducing the administrative burden for front line which is generated by the national data collections;
- 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;
- In January 2014 we signed a ground-breaking Memorandum of Understanding (MoU) to mark collaboration between NHS England, the HSCIC and the US department of Health and Human Services (HSS). The MoU recognises the relationship in sharing knowledge on Health IT standards, market stimulation and a commitment by both countries to work together to advance the applications of data and technology to improve health. The key areas of work involve sharing quality indicators, making better use of available data, exploring ways to maximize widespread adoption of digital records, and priming the health IT market, including: barriers to innovation, regulatory approaches for patient and clinician health applications.
- 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 HSCIC, the guide starts from the historic cornerstone of medical practice that promises confidentiality between doctor and patient;
- Surgeon level data has been published on NHS Choices 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;
  - 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 2013;
- 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 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 Mental Health Minimum Data Set (MHMDS) and 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

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**	**Providing Information to Support Better Care**	**Promoting Trust through Secure and Interoperable Service**	**Delivering the National Technology Services**	**Supporting the wider economy**	**A High-Performing Organisation with an International Reputation**
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)	3	**Improving treatment and care of people with dementia** to be among the best in Europe through early diagnosis, better research and better support;	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	
Secretary of State (Sos)	5	**Improving care for vulnerable older people**, focusing on the role of primary care in providing **integrated out of hospital care**, but also looking at what can be done to improve urgent and emergency care; and	X		X		
Secretary of State (Sos)	6	Demonstrating real and meaningful progress towards achieving true **'parity of esteem' between mental and physical health** by March 2015.	X				
PM & DPM	2	Bowel Scope Screening			X		
PM & DPM	5	Improving Access to Psychological Therapy (IAPT)	X				
PM & DPM	6	Children and Young People's Improving Access to Psychological Therapy (CYP IAPT)	X				
PM & DPM	7	Dementia	X				
PM & DPM	13	Nurse Tech Fund			X		
PM & DPM	14	Strategy for UK Life Sciences				X	
PM & DPM	16	Reducing costs of ill health to taxpayers	X		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	X
DH Leadership team (DHLT)	3	Implementing **social care reform**	X				
DH Leadership team (DHLT)	4	Developing the **resilience of DH and the wider health and care system**	X	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

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. 2013-14 Directorate titles are used as the detailed reallocation of deliverables and commitments will require work with the incumbent Directors.

The table below captures our high level commitments and deliverables:

Operations and Technical Services

Deliverables and commitments	EMT KPI/ PI cross reference	Key milestones for FY 2014/15	Lead Directorate and Owner	Target date for completion	Key dependencies for successful delivery
Implement an effective cyber security programme	8, 18, 19	Deliver programme definition – May 2014 Deliver organisational cyber risk assessment – August 2014	Operations & technical Services (OTS) James Wood	On-going activity	Approval of external specialist resources Buy-in from the whole of HSCIC
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 01/04/2014 to be confirmed	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 FY 2014/15 Plans prepared Q2 FY 2014/15 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, GPSoC-R to inform HIAAF

Deliverables and commitments	EMT KPI/ PI cross reference	Key milestones for FY 2014/15	Lead Directorate and Owner	Target date for completion	Key dependencies for successful delivery
					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
Provide support to Dame Fiona Caldicott's independent IG Oversight Panel (IIGOP) to provide advice, challenge and scrutiny to the health and care system on IG related matters	18	Sending representatives to oversight panel Providing Head of Programme to manage the programme of work and a team to support the work and development of an annual report on progress to Secretary of State.	OTS Richard Wild	Team must be established by Q3 2014	Appropriate expertise must be allocated to support the IIGOP – both in terms of capability and capacity
Ensure that there are clear standards and criteria for the approval of an accredited safe haven	18	Work through the IG Alliance Centre of Excellence to ensure that use cases for ASHs are documented. Establish and publish the criteria for accreditation	OTS Dawn Foster	Q3 2014 for documentation of use cases for ASHs. Q4 2014 for iteration 1 of standards and criteria Ongoing review	Policy decisions must be made as to the exact definition and purpose of an Accredited Safe Haven. Establishment of the IG Centre of Excellence is required to bring together expertise from across the health and social care arena

Deliverables and commitments	EMT KPI/ PI cross reference	Key milestones for FY 2014/15	Lead Directorate and Owner	Target date for completion	Key dependencies for successful delivery
				of criteria	
Carry out review of our own internal information governance and security arrangements (including cyber security) advised by a Non-Executive Director	18	Agree mechanism for gaining intelligence for a root and branch review Review findings documented Cyber Security Programme operational	OTS Richard Wild	Q2 2014 - Mechanism for gaining intelligence for a root and branch review agreed. Q4 2014 - Review findings documented Q2 2014 - Cyber Security Programme operational	Endorsement from the board is required to initiate the mechanism which will facilitate the root and branch review. Appropriately skilled resource is required (e.g. audit and security operations staff)
Review the IG Toolkit to ensure it reflects the requirements of the new health and social care system	18	Review findings as documented as part of the root and branch review	OTS Richard Wild	Q4 2014	Endorsement from the board is required to initiate the mechanism which will facilitate the root and branch review
Establishment of an IG Alliance Centre of Excellence (IGACE) to suggest solutions to system-wide IG issues	18	IG Alliance Centre of Expertise established	OTS Richard Wild	Q2 2014	Resources from across the health and social care arena must be freed up to provide expertise to the IG Alliance Centre of Expertise
Transparency of data held and data issued to customers	5, 9	Published list of data issued by HSCIC to customers post- April 2013 Published list of data issued by HSCIC to customers pre- April 2013	OTS Richard Wild	Q2 2014 Q4 2014	Processes being developed by Corporate Governance/Data and Information Services to deliver registers/mechanisms for the IGSA directorate to provide content for.

Deliverables and commitments	EMT KPI/ PI cross reference	Key milestones for FY 2014/15	Lead Directorate and Owner	Target date for completion	Key dependencies for successful delivery
		Published list of data held (collected) by HSCIC. Published Code of Practice on handing confidential information		Q3 2014 Q1 2015	Appropriate practices and processes must be embedded within the HSCIC, before publication Internal processes must be in place

Programme Delivery

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
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 31/03/15	Spine 2 Spine 2/LA Supplier Rollout
Calculating Quality Reporting Service	8.2	Calculate QOF payments regardless of whether electronic data feed for 2013/14 is available or not Calculate QOF for FY 2013/14 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 2012/13 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	PD Alex Hadjiilias	July 2014	The business case development will not require an Outline Business Case

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
		Case (FBC)for approval to the DH DG		March 2015	(OBC)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	8.2, 9	Transition of c90% of service to cloud	PD	Q4 2014	NHSE authentication project

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
Service		platform Creation of API based development programme Traffic to reach 45m/month Introduction of Transactions via single authenticated login	Jonathan Carr-Brown	Q1 2015 Q4 2014 Q1 2015	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 2014 Q3 2014 Jan 2015 Start date subject to HR advice	TBC
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	31/03/15 31/03/15 31/03/15 21/04/14 03/07/14 07/07/14 31/03/15	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 2014 Jan 2015	TBC
NHSmail / NHSmail 2	8.2	Subject to business case approval, put NHSmail 2 into live service	PD	30/09/2014	As per Business Case

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
			Mark Reynolds		
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 2014 Dec 2014 Dec 2014	TBC

Data and Information Services

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
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 wide relevance and usage (Jun 2014) Develop appropriate implementation and adoption strategies and plans for information standards products and services, providing measurable	Data & Information Services (D&IS) D&IS Ken Lunn	01/09/14	Significant dependencies with Productivity and Efficiency, and Information Services areas. Impact assessment of proposals and approach would be welcome

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
		benefits to the health and social care sector and harmonisation of Information services with the Appraisal function (Sep 2014)			
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 2015	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	D&IS Eve Roodhouse	Mar 2015	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
		datasets in line with commitments Establish and deliver to a revised plan for Maternity & Children's dataset (MCDS) following 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 FY 2013/14 and planned for FY 2014/15 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;	D&IS Martin Dennys	Mar 2015	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
		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 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	D&IS Andy Burn	Mar 2015	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
		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 Ensure that the strategic solution for national tariff policy accurately reflects stakeholder requirements			
Management of the National	5	Transition the NBO CHRIS processes	D&IS	Mar 2015	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
Back Office (NBO)		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	Jackie Gallagher		
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,	4	Make the data available in formats that encourage wider use, including through data visualisation	D&IS John Varlow	Mar 2015	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
community care, social care and public health					

Clinical & Public Assurance (to be realigned to new directorates in due course)

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 2014) Phase 1 of the strategy implemented (June 2014)	Clinical & Public Assurance (CPA) Simon Croker	Q2	Strategy approved by EMT (March 2014) 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 2014) 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 2014) Resource requirements fulfilled (May 2014) Phase 1 of the strategy implemented (June 2014)	CPA Simon Croker	Q2	Management commitment Resource availability

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
Collaborate with partners to agree a new information strategy to support research and life sciences	2	Key relationships established (April 2014) Strategy approved by EMT (June 2014) Phase 1 of the strategy implemented (July 2014)	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 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	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
		informatics and innovation exchange established (June 2014)			

Local Service Provider

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
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 20114/15 utilised in a way that effectively delivers benefits	8.2	Fund utilised effectively with benefits recognised	LSP Tony Magaw	March 2015	
Lorenzo deployment pipeline agreed with DH including clear decision around e-prescribing	8.2	Pipeline confirmed	1 LSP 2 Mary Barber	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
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 the defined approach for SLCS Benefits Delivery Support.	8.2	DH / Provider governance (MOU) 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,

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
					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 1st 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 2013/14 delivery in place (by April 2014)	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 2014)	LSP Programme Head – Benefits Delivery	October 2014	

HR and Transformation

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 -	HR & Transformation	31/12/14	Corporate capacity to deliver the transformation projects and

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
		01/04/14 All staff part of professional group with clear development framework - 30/06/14 Corporate approach to stakeholder relationship management implemented - 31/12/14	Rachael Allsop		leadership at senior and middle management to drive positive change
Implement Civil Service Learning	16, 17	Approval of the platform	HR & Transformation (HR&T) Tim Roebuck	April 2014	Civil Service Platform made available and sufficient time allocated for "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 (31/03/14 – 31/05/14) Establish monitoring/ checkpoint process for compliance and process improvement (31/05/14) Assessment of compliance (31/05/14)	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

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
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. (30/04/13) Develop mechanism for feedback on the use of frameworks as part of PDR process (31/05/14)	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 professional development
Commence implementation of a leadership development programme	16.2	Commence assessment of CEO requirements over three month period (30/04/14) Develop approach and programme plan for Leadership development (31/08/14) Approval by CEO and EMT (15/09/14)	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 (30/04/14)	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

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
Implementation of phase 2 of Line Management development programme.	16	Gap Analysis complete of development needs for line managers (30/06/14) Complete design of Phase 2 of Line Management training (01/09/14) Commence Phase 2 of Line Management training (30/09/14)	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 identifying development needs for managers within the PDR process

Finance and Corporate Services

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
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”	F&CS Phil Wade	30/06/14 30/11/14 30/03/14	We gain exemption from gov.uk site Clarity and timeliness of Publications Strategy IT resources able to give priority to work

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
		3. “Functionality 2”			
Implement review of financial management including business case development and approvals process	8, 15	TBC	F&CS Steve Leathley	TBC	TBC

Appendix 5 – KPI targets

Corporate (EMT) KPI targets for financial year 2014/15 (profiled by period based on the frequency of measurement shown in the EMT KPI Dictionary[10]) 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 6 – KPI target assumptions. A forecast expenditure and headcount summary is shown in Section 4. Continuous improvement and development on KPIs is expected throughout 2014-15 and beyond.

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 February/March												
2.1	**Public and Patient Engagement** - Awareness campaign score (public & patient engagement)	Targets TBC - Will not have baseline until February/March												
2.2	**Public and Patient Engagement** - Patients' satisfaction (proxy score)	Targets TBC - Will not have baseline until February/March												
3	**Knowledge Management** - Number of validated Level 1 Item lessons learned submitted	17			17			18			18			70[11]
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%

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

[11] 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:													
5.3	**Data Quality** - % of organisations submitting expected data	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
6	**Risk Management** - (new KPI under development - Details to follow)	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
7	**Key supplier satisfaction** - Key supplier satisfaction score (rolling average)	Targets TBC - Will not have baseline until February/March												
8.1	**Programme Achievement** - % 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	- 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:													
	achieve the Response Times target, hence -2 forecast shown]													
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
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** - % 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** - % spend with Small & Medium Enterprises (SMEs) (proxy for Supporting the Growth Agenda)	TBC	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** -			≤5%	≤4%	≤4%	≤4%	≤3%	≤3%	≤3%	≤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:													
	% accuracy of forecasting revenue													
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%
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** - % of staff vacancies	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%	≤3%
16.3	**Organisational Health** - % 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. 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.

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

5. **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 2014/15.

6. **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.

Appendix 6 – KPI target assumptions

Assumptions behind the KPI targets shown in Appendix 5 – KPI targets are as follows: [DN still in need of IG/Incident update]

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 February/March, 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 February/March, 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 J February/March, 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 2014/15. 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	**Risk Management** (new KPI under development - details to follow)	TBC.

7	**Key supplier satisfaction** - Key supplier satisfaction score (rolling average)	Note: Baseline will not be established until February/March, at which point KPI target assumptions can be added here.
8.1	**Programme Achievement** - % 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 2013/14 was 76%. 2013/14 year-end target is 80%. The 2014/15 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	Forecasts set in line with current performance trend. There is no tolerance for critical breaches; Any such breaches would significantly impact live service.

	response time target at a critical level	
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** - % new data collection burden reduction (internal and external)	TBC.
12.2	**Burden reduction** - % existing data collection burden reduction (internal and external)	TBC.
13.2	**Support the Growth Agenda** - % 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 30/06/14. 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** - % 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** - % 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 2013/14 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).

Appendix 7 – Transformation Programme – projects and benefits

The list of planned projects is as follows:

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 Strategy Development and Implementation	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 and Public Involvement	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. 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 (through team working, 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 PDR process for 2014/15 which will be linked to our organisation values and line management capability. 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.

Project	Description
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	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.
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.

Project	Description
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.
Standardisation Committee for Care Information	Refactor our services to provide more efficient and effective delivery of standards, collections and extractions in support of the Standardisation Committee for Care Information.

These transformation projects will lead to a number of benefits as shown below:

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; and
- 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; and
- 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; and
- 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); and
- More efficient and effective delivery of standards, collections and extractions in support of the Standardisation Committee for Care Information.

The Leadership Forum[12] 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[13].

In accordance with the business planning guidance issued by DH, all ALBs are required to be compliant with the Public Sector Equality Duty[14] 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 work stream 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.

[12]The HSCIC Leadership Forum, involving the Executive Management Team and their direct reports (circa 60 colleagues) meets every 4 – 6 weeks and has been instrumental in supporting the development of the HSCIC Strategy and the Transformation Programme

[13]More information on the workforce response to the new HSCIC strategy, people focussed projects, and planned benefits are shown in two documents: HSCICBoardPaper 04/12/2013 Transformation Programme v1 0; and HSCICBoardPaper 04/12/2013 Workforce Response to Strategy v1 0
http://www.hscic.gov.uk/media/13266/4-December-2013/zip/4_December_2013.zip

[14]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.

Appendix 8 – More detailed information on costs

DN – more information to follow