Health and Social Care Information Centre

Business Plan 2013 – 2014

This version is subject to approval by the HSCIC Board on 3rd

"Good information is an important part of making sure people stay healthy and get the best care. It supports people to know about care and treatment choices and the quality of services."

"The Power of Information: Putting all of us in control of the health and care information we need", Department of Health publication, 21 May 2012

Version 3.3
28th March 2013

Document management

Revision History

Version	Date	Summary of Changes
0.1	27 November 2012	First draft (internal review with Trevor Doherty)
0.2	29 November 2012	Addition of former HSCIC finance information
0 3	30 November 2012	Review by Trevor Doherty for circulation to Joint Transition Executive
0.4	12 December 2012	Incorporating numerous comments received and reflecting discussion at planning workshop held on 071212. Addition on NHS CFH finance information
0.5	13 December 2012	Following review by Trevor Doherty, in advance of distribution to Joint Transition Board
0.6	16 January 2013	Significant editing throughout. New workforce section added; Finance section edited.
0.7	23 January 2013	Significant editing throughout prior to final draft for submission to DH. Incorporating feedback and comment from a number of people across the HSCIC, DHID/NHS CFH, DH.
1	23 January 2013	Agreed version of document to be submitted to the DH Sponsor Support Unit
2.1	4 February 2013	Small edits to the text; updated diagram re finance ecosystem on page 18; amendment to finance summary table on page 20.
2.2	11 March 2013	Significant editing to sharpen up content throughout
2.3	18 March 2013	Edits to content of introduction; updated chart in section 10.3; changed presentation of commitments – headlines in section 5, detail in new Appendix 4; new section on procurement challenges based on content provided by Martin Dennys.
3	25 March 2013	With updated finance information. This version submitted to DH ERD
3.1	26 March 2013	Additional content from Tom Denwood and Eve Roodhouse
3.2	27 March 2013	Edits to reflect change to name of NHS CB and feedback from HSCIC Shadow Board
3.3	28 March 2013	Additional note in introduction to reflect “work in progress” status. Additional note in workforce section regarding number of VSMs including clinical appointments.

Reviewers

The following individuals/groups must review this Plan

Name	Title
Trevor Doherty	Executive Director of Finance and Performance, HSCIC

Approvals

The following individuals/groups must approve this Plan

Name	Title
Alan Perkins	Interim CEO, HSCIC
Candy Morris	Interim Chair, HSCIC

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Introduction to the Summary Business Plan

The Health and Social Care Information Centre (HSCIC) is a new delivery organisation with important statutory duties. We are one of a number of Executive Non-Departmental Public Bodies (ENDPBs) which have been established as independent organisations as part of the strategic reform programme.

We collect, analyse and publish national data and statistical information. We also deliver national IT systems and services to support the health and care system. The information services and products are used extensively by a range of organisations to support the commissioning and delivery of health and care services and to provide information and statistics that are used to inform decision-making and choice. We:

- Maintain the critical national infrastructure that supports care delivery which is managed by the HSCIC - including the Spine, NHS Mail, the N3 network, Electronic Prescribing, Choices, Choose and Book, Summary Care Record;

- Provide key services that support commissioning and reimbursement, including Casemix, the Quality Outcomes Framework (QOF) and the General Practice Extraction Service (GPES), and data management services for commissioning support;;

- Support the Department of Health and customer NHS Trusts to drive greater benefits from the Local Service Provider contracts during their remaining term, catalyse the delivery of the Southern Local Clinical Systems, and to minimise the risks associated with their exit from these contracts;

- Ensure the proper management of our information assets, protecting individual privacy as required;

- Make the data available in formats that encourage its use, by publishing the raw data in machine readable formats for wider use, through more discursive Official Statistics reports and studies, and by using our Indicator Portal to bring into a single place all of the indicators, the data and details of their methodologies;

- Help people understand the robustness of the information they are using, through our data quality and indicator assurance functions;

- Approve and accredit local and national IT systems against technical and clinical safety standards and deliver a suite of in house systems and services;

- Support the commissioning and use of information standards by helping commissioners deliver on their obligations for the publishing of standards, and supporting care services to apply consistent and robust practices locally, to improve outcomes through more comprehensive and more consistent use of information.

From 1st April 2013, our priorities will be:

- Meeting our statutory requirements;

- Ensuring the continued delivery of the national information and infrastructure services;

- Support the implementation of the Government's response to the Francis Review of Mid-Staffordshire Hospitals NHS Trust, and enact those actions that are the responsibility of the HSCIC;

- Establishing with our strategic partners the national operating model for informatics, through the Informatics Services Commissioning Group (ISCG);

- Transforming the operation of the HSCIC to achieve economies of scale and to deliver against new requirements from our commissioners;

- Establishing the HSCIC as a high quality organisation delivering effectively against national strategies.

The future management of national IT functions will continue to change over the coming years, as the strategic direction is for fewer centrally-delivered services and functions, and a greater reliance on information standards to ensure consistency of approach at local and operational level. This has major implications for the HSCIC - we need to agree with our funders and commissioners exactly what is needed over a three to five-year horizon. Some services will need to be decommissioned; other new services will need to be designed and implemented.

We also need to plan ahead for a future where we operate on more explicitly commercial terms – we have the authority to generate income, and are not bound by Government recruitment constraints for the commercial work we generate. We will need clear accountability and reporting arrangements in place to assure our funders and our sponsor that the HSCIC is operating with due probity.

This is an important year for the formation of the HSCIC. We have the opportunity to make significant improvements to delivery of key national informatics and information services, and to establish itself as a strategic partner in the delivery of national policy and strategies. We will build on the successes of the past, while recognising the need to change to deliver a better care service that provides improved care services to the public.

There is still much work to be done to finalise the total package of requirements for 2013/14. Therefore, this Plan will be subject to regular review and will be updated to reflect new developments.

1. The Health and Social Care Information Centre

The Health and Social Care Information Centre (the HSCIC) is an Executive Non-Departmental Public Body (ENDPB). We are:

> The focal point for the collection, linking and secure storage and publication of the core data resources for health and social care, taking over data collection responsibilities from other arms' length bodies and central data collectors such as the Department of Health itself. It will deliver IT systems providing the expertise necessary to support the continuation of existing national systems such as the Spine as well as delivery critical services such as information standards delivery[1].

More details of our role and functions are included in Appendix 1.

We have over 2,000 staff, spread over 19 different locations. We provide services and functions which were previously dispersed across:

- The organisation previously known as the Health and Social Care Information Centre (referred in this document as the "former HSCIC");
- The Department of Health's Informatics Directorate, including Connecting for Health (DHID/NHS CFH);
- Strategic Health Authorities (SHAs) who provide some local informatics functions;
- Data Management Integration Centres (DMICs), which provide a range of support services to Commissioning Support Units (CSUs) and Clinical Commissioning Groups (CCGs).

Bringing together the national information services and IT systems to be delivered through the HSCIC offers a number of advantages and opportunities for those organisations using the services and products of the HSCIC, and for the wider community of information users:

- Aligning the delivery of the policy and strategy as set out in the DH's information strategy, The Power of Information[2] by:
    - Monitoring and improving outcomes;
    - Deriving management information more efficiently from the care record;
    - Delivering information standards that enable the health, public health and social care system to perform more effectively for the public;
    - Enabling the integration of care across boundaries;
    - Supporting more person-centred care services;
    - Supporting greater openness and choice about services for the public.
- Achieving greater efficiency through improved organisational cohesion and economies of scale, which enable the HSCIC to discharge its responsibilities more effectively;
- Maximising the use of specialist skills, resources and experience in health informatics, making it easier for us to develop, design and deliver national

[1] http://www.dh.gov.uk/health/2012/07/informatics-future/

[2] www.informationstrategy.dh.gov.uk

information and IT systems by working closely together with more streamlined management and governance arrangements in place;

- Simplifying the way local NHS providers, commissioners, local authorities and suppliers work with a single national delivery organisation.

2. The wider context and drivers for this Plan

The new health and care system seeks to achieve a more autonomous, locally tailored, and clinically led approach to the commissioning of health and care services, driving greater quality and efficiency. The wider policy context for our Business Plan is set out in Appendix 2. Above all, health and care organisations must focus on the needs of the patient and the public, with a strong emphasis on the safety and quality of care.

Our funders and customers are also implementing changes to their structures or their remit (and often both). They are themselves designing their plans and programmes for implementing the strategic policy objectives. The delivery of the system-wide strategic objectives will require all of these organisations to work collaboratively.

More specifically, the strategic health and care reforms are delivering significant changes to the informatics landscape (as outlined in the document *"Informatics – the future. An organisational summary"*[3]*).* As the major national information and IT delivery partner, we recognise the scale and importance of the responsibilities that will be vested in the HSCIC. Put simply, our effectiveness will be judged by the way we deliver our own core functions as described in the Act, and by our ability to help our partners and our customers to use the data we hold and the infrastructure we provide to meet their own strategic objectives.

As a key producer of National and Official Statistics, we work in the context of the UK Statistics Authority and Government Statistical Services strategies. These require the efficient production of high quality, accessible and trusted statistics, which are well communicated and are used to inform wider debate and decision-making.

We are working with a growing range of organisations to ensure they have access to the information and infrastructure to help them fulfil their objectives. Examples are listed in Appendix 3.

During this Business Planning round, we have been working with our customers and funders the exact scope of our programmes, services and products for 2013/14, to support them in delivering their objectives. This document reflects the current position, and will be updated as necessary to reflect changes as they become known.

3. Commissioning informatics services

2013/14 will see changes to the way informatics services are commissioned:

- The new External Relations Directorate (DH ERD) in the Department will have responsibility for information policy and for ensuring that a joined-up, patient-centred approach is taken across the NHS, public health and social care. It will be the formal Department of Health sponsor for the HSCIC and has a duty to ensure that the HSCIC is funded and able to fulfil its statutory responsibilities;

[3] http://www.dh.gov.uk/health/2012/07/informatics-future/

- The NHS England[4]'s Directorate for Patients and Information will work with the DH and Public Health England to commission and sponsor national IT infrastructure, applications and services; oversee information standards and information governance; and identify levers and incentives to encourage the best practice use of information and IT across the health and care service;

- The Informatics Services Commissioning Group (ISCG) is being established by the Department of Health and will be chaired on behalf of the health and care system by the National Director for Patients and Information in NHS England. Its members will comprise those organisations which will commission and fund the HSCIC. It does not include commercial customers of the HSCIC, such as industry or research organisations, as the ISCG will not manage commercial work which the HSCIC is asked to do by third parties such as research or pharmaceutical organisations.

The ISCG will take a collaborative approach to the prioritisation and investment decisions, which will involve:

- A shared ownership of the strategic agenda - the ISCG expects to articulate the 3-5 year priorities for the HSCIC on behalf of its members;

- Ensuring the HSCIC is properly resourced and funded to fulfil its statutory duties, and that appropriate governance is in place to enable it to deliver against its commitments;

- More direct control of the policy and funding responsibilities associated with the commissioning of new work, including a strengthening of the Senior Responsible Officer (SRO) role on key projects.

The Informatics Services Commissioning Group brings our key partners and customers together to develop a unified focus for informatics services. The HSCIC will support the ISCG and its members as the preferred informatics delivery partner. We will do this by maintaining the services and products that continue to be needed, and by changing the way that we work so that our partners and customers can access our skills and expertise to help with:

- A strategic review of the current portfolio to assess its fitness for purpose in the new informatics system;

- Designing ways of accessing data that is currently not easily available, and providing advice and guidance where new data collections may be required;

- Helping to design ways of presenting and interpreting the data, so that there is confidence in the way information is used to inform decision-making, choice, commissioning, regulation or research.

We expect that our partners and customers will need to call on our support not only for delivering the services and products they require, but also for help in scoping the requirements or drafting business cases, to ensure that they are able to take advantage of economies of scale regarding use of infrastructure, availability of data, matters of policy regarding information standards, or information governance and security. Our technical skills and expertise include:

- Technical architecture, system design and build;
- Technical assurance;
- Statistical and analytical expertise;
- Business analysis;

[4] Previously known as the NHS Commissioning Board (NHS CB)

- Project and programme management and support;
- Business case production and assurance;
- Procurement, including advice and assurance;
- Benefits measurement;
- Information governance;
- The design and use of information standards;
- Service management and support, including user support, help desk and contact centre functions.

4. Managing our relationships

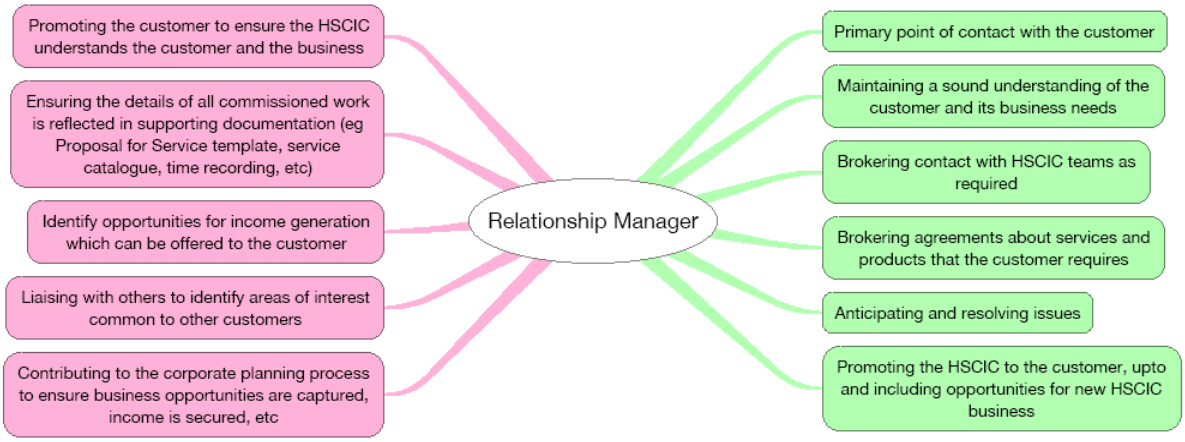
It is rare for any of our data services and products to be used only by the organisation which funds them. The majority of our services and products are funded from the public purse, and the ISCG. The national infrastructure and technology services are used across the NHS and increasingly across other sectors which will be critical for supporting integrated care and linkage. We routinely make available all of the data we receive. Our data is accessed by people internationally, and used for a wide range of analytical purposes, including commercial, research and social policy, as well as those more directly linked to health, care and wellbeing.

We also provide services on a commercial basis. The governance of such services will be within the HSCIC and by agreement of the broad agenda with our sponsor, recognising the national priorities to which we are committed. The approach to any such service would be in relation to strengthening our capability to deliver. We will not undertake work that is better delivered through the market.

Our success will be measured in no small part by our effectiveness in supporting other organisations to fulfil their objectives or execute their functions. This means that the way we manage our relationships will be critical. We will have a clear and consistent approach to the way we manage our relationships with different organisations, reflecting the system-wide responsibilities vested in the HSCIC, and the need for clear public accountability – corporate governance, transparency and value for money.

We need to invest effort into building the new relationships that we need with our funders, customers and partners, through named relationship managers to act as a single point of contact and working alongside our service or product managers, policy leads and subject matter experts.

This involves inward-facing activities as well as outward, customer-facing activities, as shown here:



We will focus on:

- Ensuring responsiveness to our paying customers, providing the transparency and accountability to those customers, and providing assurance of the effectiveness of delivered services;
- Understanding the broader market for our products and services, and owning the stakeholder engagement strategy;
- Delivering market adoption strategies, and stimulating the market to provide more effective use of information and implementation of information standards;
- Channelling feedback on quality and effectiveness of services to our business units;
- Providing customer relationship management services;
- Maintaining our market presence and ensuring effective channels into care services, commissioners and to the public at large.

5. Our commitments for 2013/14

Our priorities for 2013/14 are to:

- Fulfil our **statutory role and functions**[5] efficiently and effectively;
- Maintain the high quality delivery of the portfolio of **national services and products**;
- Introduce new arrangements for local ownership and delivery of those **national infrastructure and services**;
- Establish the HSCIC as a **positive and supportive partner** within the health and care system to help to deliver improvements in services and outcomes that people will recognise and value.

We have reflected on the position of the HSCIC as a service delivery organisation, in the context of the strategic reform programme, and in terms of our relationships with our

[5] Details of our statutory role and functions are included in Appendix 1 of this paper.

funders, customers and partners. Our contribution to the strategic reform programme will focus on a number of key areas:

- Support the development of the **new information agenda for health, public health and social care**, and understand the transitional implications for the HSCIC's services and systems;

- Support the **system-wide response to the Francis Review** in general, for instance regarding the use of information and indicators to assess performance, and more specifically regarding those actions that fall to the HSCIC to implement;

- Redesign our services and business models to ensure the HSCIC is aligned with the **Government-wide ICT and procurement strategies**;

- Reprofile our **engagement with the public, patients and healthcare professionals** to ensure that our services and products are designed to meet their specific information requirements;

- Work with our partners across the system to strengthen our collective engagement with clinicians and healthcare professionals, to increase the **care professions' influence and ownership of the information agenda**;

- Consolidate and extend our portfolio of services to meet a **growing range of customers and their requirements;**

- Develop our plans for providing services which can make a **stronger contribution towards economic growth**, starting initially with more strategic engagement with the Life Sciences organisations.

More details of our plans and commitments are included in Appendix 4.

6. Building confidence through information governance

We have a unique position in the health and care system, as the organisation empowered to handle and process Personal Confidential Data (PCD). This means that:

- We must demonstrate the highest standard of stewardship and governance of the information we handle;

- Robust safety and security arrangements must be in place across all of our systems and processes;

- We must champion the importance of data quality and work with all stakeholders to facilitate improvements in the quality, completeness and timeliness of the data we publish, through our data quality assurance framework;

- We must ensure that the data we hold is shared appropriately using anonymised data wherever possible for the purpose;

- We must build trust and confidence amongst the public at large and all of our stakeholders that our processes are appropriate for governing the receipt, processing and publication of data that does not compromise confidentiality and maximises the exploitation of information;

- We must provide a leadership role across the system as a whole in regard to the secure handling of PCD and the wider information governance agenda.

We will publish a Code of Practice to support the processing of PCD. This has been developed in collaboration with a wide range of stakeholders and is being circulated for wider consultation. Any organisation processing personal confidential data will be required to have regard for the code of practice which includes guidance on the standards to be adopted.

The criteria for assessing and accrediting Safe Havens for the handling of PCD will be a key component of the HSCIC's work to ensure that the national arrangements are applied consistently and robustly, and instil trust and confidence from the public.

The national review of information governance, led by Dame Fiona Caldicott, is currently in progress. The HSCIC is contributing to this review and will have a major role to play in supporting the implementation of the recommendations, when they are published.

The information we hold is a key component of the Department of Health's contribution to the transparency and open data agendas. Ensuring that we can publish our information while protecting the citizen's confidentiality has led us to develop a national standard for anonymisation of data. This will allow the value of the data to be exploited while protecting the confidentiality of the patients it relates to.

7. The importance of our trusted statistics

The HSCIC values its independence as the custodian of National and Official Statistics for health, public health and social care. Our statistics and publications will be even more important in the future, especially as the Open Data agenda stimulates more interest in data, interpretation and analysis - it is essential that people know what is available, and have confidence in how it can be used.

During 2013/14, we expect to publish 99 different series of Official Statistics documents. Of these, 38 are National Statistics, which means that the UK Statistics Authority recognises them as being compliant with the Code of Practice for Official Statistics. Our publications calendar is available on our website[6].

The UK Statistics Authority and the Government Statistical Service have recently refreshed their strategies and we will develop and align our publications and statistics with these. In particular we will continue to develop our statistics so that they are efficiently produced, comprehensive, accessible and are analysed and communicated with impact. We will use statistical reports to advertise and encourage maximum exploitation and understanding of the new sources of data and new linkages as these become available.

The HSCIC has a professional relationship with the National Statistician and her office. This relationship is managed by the HSCIC's Head of Statistical Profession who takes advice from, and reports to the National Statistician on professional matters relating to our statistics.

The HSCIC is a member of the Government Statistical Service (GSS). This is a professional community spread across numerous organisations (including most UK government departments) which collect, analyse and disseminate Official Statistics to meet the needs of government, business, and the public. The GSS adheres to the UK Code of Practice for Official Statistics[7], which ensures a high quality, consistent and unified statistical service that meets the needs of government and society, and is trustworthy and trusted.

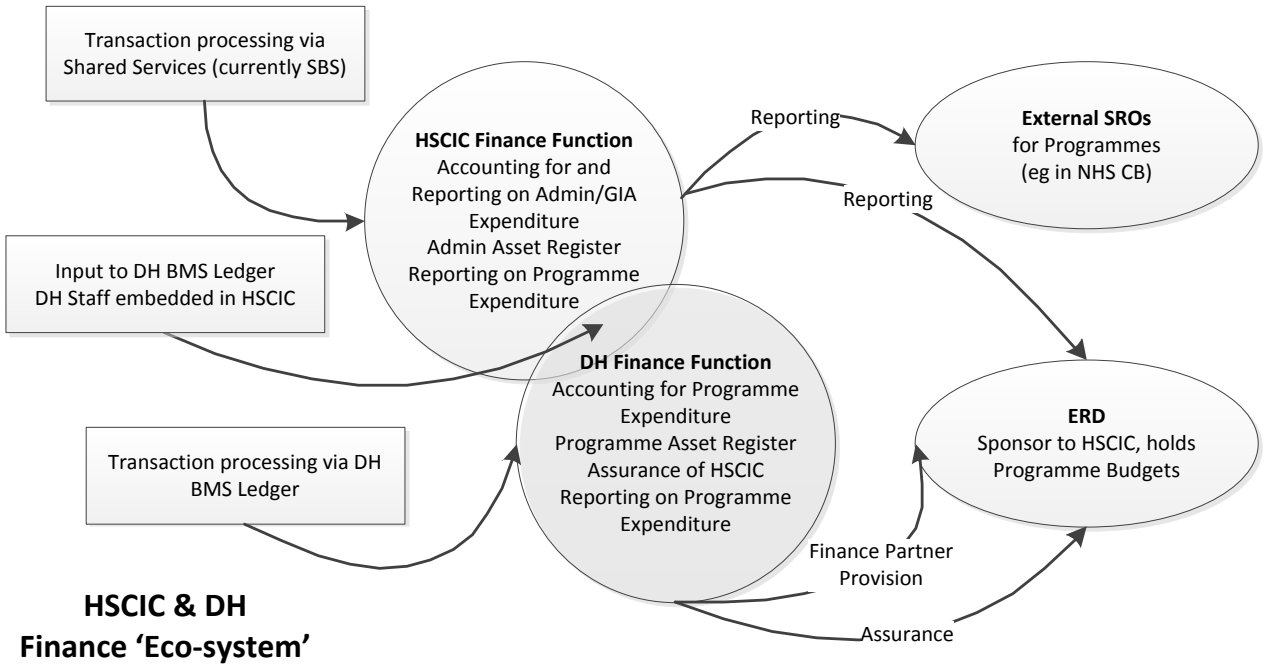
[6] http://www.ic.nhs.uk/pubs/calendar

8. Finance

8.1 Our funding model

We are committed to managing our finances in an open and transparent way. We have a costed service catalogue that lists the services, products and programmes we provide. This will inform the strategic review of our programmes and services that the ISCG is undertaking.

We anticipate changes to the way informatics services and products are funded. Work is progressing to develop a new funding model for the HSCIC that is flexible enough to enable the HSCIC to manage its portfolio of services and products appropriately, within the wider finance ecosystem which is being developed by the DH and NHS England, and as shown here:



HSCIC & DH Finance 'Eco-system'

The funding model will need to:

- Separate the funds - firstly for "programmes" (these funds will be managed by DH on the advice of the ISCG and individual Senior Responsible Officers for the programmes), and secondly for "administration" funds which will form part of the accounting environment of the HSCIC. Whilst we will work with our sponsors in DH and the ISCG to prioritise the work funded by our "administration" budget we will deliver, the ultimate responsibility for the use of this "administration" budget will lie with the Board of the HSCIC;

- Demonstrate that we have taken account of full cost recovery in the planning and delivery of our services;

- Avoid cross subsidisation between services;

[7] http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html

- Align the funding and recharging for services with the recipient of the service.

Some elements of this Plan are currently based on assumptions, as set out in Appendix 5. These will be updated, as decisions are made, or as the position becomes clearer.

8.2 The HSCIC consolidated financial position

When considering the consolidated financial position for the HSCIC, key points to note are:

- No attempt has been made at this stage to identify efficiency savings arising from the organisational merger or impact or changes to funding for programmes;

- It does not anticipate the outcomes of the work to provide a service to CSUs and CCGs to process PCD (the Data Service for Commissioners). This service will be enabled by seconding staff from the DMICs to the HSCIC, who will work using local IT infrastructure under the governance of the HSCIC;

- No non-cash GIA or depreciation on DHID/NHS CFH administration fixed assets have been incorporated as the assets transferring have not yet been identified.

The draft consolidated position for the HSCIC is shown here (with more details included in Appendix 6):

	Actual 2011/12 £000	Forecast 2012/13 £000	Budget 2013/14 £000	Budget 2014/15 £000	Budget 2015/16 £000
GIA - Admin	149,668	149,956	162,750	153,500	145,825
GIA - programme	1,617	3,618	5,946	5,610	4,847
GIA - non cash	4,343	4,611	8,108	9,563	10,595
Other Income - DH	29,750	25,112	17,649	19,032	18,565
Other Income	7,655	5,830	21,427	18,477	18,343
	193,033	189,127	215,880	206,182	198,175
Staff Costs					
Permanent	102,668	102,141	129,800	128,258	124,107
Contractors	20,424	12,646	10,905	9,089	6,990
Agency	616	656	614	600	600
Non-Staff Costs					
Accommodation	11,477	11,247	12,032	11,373	11,382
Information technology	9,099	9,212	10,478	10,342	10,342
Travel & subsistence	4,552	3,850	5,419	4,730	4,730
Professional fees	20,855	21,544	22,930	22,447	19,650
Legal fees	11,945	13,637	5,600	1,343	1,343
Marketing, training & events	3,184	3,083	3,152	3,349	3,349
Office services	1,189	5,737	4,842	5,088	5,088
Depreciation	4,896	4,550	8,108	9,563	10,595
Transformational Costs			2,000		
Surplus / (Deficit)	2,127	823	-	-	-

8.3 Our projections for 2013/14 and beyond

Our total financial envelope needs to accommodate funding for:

- Our statutory responsibilities as described in the Health and Social Care Act (2012);
- Former DHID/NHS CFH programmes, the majority of which have been classified as committed; either where agreed deployments/services are being progressed or are planned;
- Former DHID/NHS CFH administration spend (pay and non-pay) - which in practice will form the majority of the new HSCIC's Grant-in-Aid;
- The routine work of the former HSCIC which is planned to continue in 2013/14; the rest of the new HSCIC's Grant-in-Aid;
- Work where there has been an indication of the need to continue, but formal confirmation is awaited;
- Work currently commissioned under ad-hoc arrangements from the former HSCIC that needs to continue in future years. These are services provided by the HSCIC using "programme" funding which will continue to have to be funded under a more ad hoc regime, together with other "admin" funding that are very much more irregular in nature such as surveys (e.g. the Children's Dental Health survey which occurs roughly every 5-7 years). The new HSCIC cannot be expected to fund these from a consistent unchanging annual allocation;
- As yet unspecified work to implement aspects of the Information Strategy.

Our current assumptions suggest that the total work programme to be delivered by the HSCIC in 2013/14 will be funded from a budget of roughly £160million in admin funding.

We expect that the total 2013/14 revenue budget for the HSCIC will largely be comprised:

	£m
GIA Admin	163,000
GIA programme	5,946
GIA non cash	8,108
Other income – DH	17,649
Other income	21,427
TOTAL	**215,880**

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

£m	**Programme Revenue**	**Capital**	**Depreciation**
2012/13 Allocation	478	261	531
2013/14 Baseline	500	520	500
2014/15 Baseline	500	220	550

8.4 Capital Expenditure

Historically, the HSCIC has developed systems and software on behalf of various DH directorates and there has been uncertainty as to whether the "asset" created should be accounted for in DH or HSCIC books. This has created funding issues whereby the HSCIC have capitalised it and sought capital cover from the ALB Finance team as the relevant DH directorate have only been able to provide revenue funding.

With the need to satisfy the "economic benefit" test going forward, it is essential that an agreement is reached across the system as to how assets should be accounted for.

The following tables summarises the capital requirements. We have included a draft £2m for new transitional systems/software that would be required in order to integrate the new organisations (ie email system, fixed assets, time recording etc).

We have not incorporated CfH requirements other than general ongoing replacement of generic IT equipment as we are uncertain at this stage of the split of assets on the DH ledger.

Capital Spend	Forecast 2012/13 £000	Budget 2013/14 £000	Budget 2014/15 £000	Budget 2015/16 £000
HES migration	**732**	320	0	0
General Practice Extraction Service	**8,000**	1,075	0	0
Web Delivery	**131**	0	0	0
PROMS Expansion	**1095**	0	0	0
Clinical Audit	**700**	650	0	0
CQRS	**470**	40	0	0
DMICs	**2,408**			
Open Data Platform		3,985	8,332	13,080
Licences	**1,300**	400	1,000	400
MIDAS	**50**	0	0	0
Diagnostic Imaging Dataset	**380**	0	0	0
Other software developments	**200**	2,400	2,400	2,400
Office Refurbishments	**200**	125	125	125
IT Equipment	**800**	2,000	2,000	2,000
Telephony etc		100	0	0
Transitional systems and software	**0**	2,000	0	0
	16,466	**13,095**	**13,857**	**18,005**

9. Our workforce

Our workforce will be critical in ensuring that the HSCIC discharges its obligations and commitments, and works collaboratively with our funders and commissioners.

We are therefore looking ahead to the challenges we anticipate in 2013/14 and are beginning to explore the questions and issues that will inform a workforce strategy that the HSCIC will develop during 2013/14. Effective workforce planning provides essential underpinning to financial and business planning to deliver the step change in performance being demanded of the NHS in general and the HSCIC specifically. Service improvement

depends very much on having the right people with the right knowledge, skills and behaviours in a well-managed structure. We are mapping our current workforce, its composition and skills. There are overlaps in some parts of the organisation, and shortages in others.

Our provisional workforce projection, including contingent labour, for 2013/14 is based on the known transfer of functions from the HSCIC Special Health Authority, Connecting for Health and Local Delivery components of Strategic Health Authorities, which will bring in the order of 2,000 staff into the new organisation. In addition, we expect up to 350 staff to be seconded into the HSCIC from the nine DMICs, to provide a range of services, many using PCD, for CSUs and CCGs;

Whilst our Grant in Aid funding will continue to reduce, the demand for our services has grown and we anticipate further growth in the foreseeable future, supported by additional programme funding in areas such as *care.data*. Much of 2013/14 will be spent in consolidating functions in the new organisation and determining the most effective structures, systems and processes. We expect this to deliver efficiency savings in subsequent years but it is difficult to quantify that at this stage.

We will adopt a robust approach to recruitment and procurement, ensuring that we deploy our resources effectively and efficiently to meet increasing demands and to maintain and improve quality. However given the nature of some of our work we will require a certain level of temporary resource which will enable us to manage peaks and troughs in capacity and also provide necessary skills that we don't have, or want to recruit on a permanent basis.

Our assumptions regarding our directly employed workforce numbers for 2013/14 are summarised below:

AfC Grade	**TOTAL**	
	FTE	Head Count
2	1	1
3	80.1	93
4	84.9	89
5	170	180
6	176	182
7	321.5	332
8a	365.5	376
8b	324.1	336
8c	214.8	218
8d	63	95
9	27	27
VSM	6	6
Other	32.2	41
Total	**1866.1**	**1976**

The number of VSM posts includes our clinical appointments, who provide a leadership and engagement role for the HSCIC.

We expect to continue to employ temporary contract resources, and expect the number of people employed on this basis will vary at any time between 35 and 50 staff.

HR Workforce

The new organisation, in addition to the challenge of transition and transformation, will be absorbing transactional HR work currently undertaken by the Business Services Authority

on behalf of NHS CFH at an annual cost of some £322,000. Our requirement for staff in the first year will consequently be higher than we would expect to be the case in future.

We anticipate that the HR function, including Organisational Development and Training, will have in the order of 26wte staff in the first year, 10 of whom will be administrative staff. This represents an overall ratio of 1:72 in terms of HR staff to all directly employed staff, or 1:117 in respect of professional HR staff. In financial terms, the HR staff budget would be in the region of £1m.

Training and Development

Training and Development has a major role to play in ensuring that our staff have the capability to deliver a responsive, high quality service to our customers. We will continue to ensure that formal training is aligned with our strategic plans, including the technical skills needed to process, analyse, communicate and exploit data, including that obtained from new sources, or data which is linked to provide added value. Efficiencies and value will be gained through the identification of training needs early in the year and delivering in the most economic way. We will also evaluate the effectiveness of training by assessing the real impact that it has made to our service. We will agree a training budget for 2013/14 that is commensurate with our general requirements.

Leadership and Management

We must invest in our leadership and management capacity and capability to enable us to respond to the changing landscape and increasing demand. We will strive to achieve further efficiencies whilst maintaining the delivery of high quality products and services.

Managers will become more visibly accountable for their impact on performance through the performance management system. Accountabilities and ownership will be focussed on our principles and values, which place an emphasis on flexibility, external responsiveness, and pace of delivery that support our contribution to the commitments set out in the NHS Framework and Constitution.

Partnership and Engagement

Enabling greater employee engagement and developing a genuine partnership with staff and their representatives will be a key feature of the work of the OD and HR teams in the year ahead. This work will include improved information and communication, using the staff survey to drive change, supporting management development and enabling greater personal ownership of the business strategy, direction and plan.

Diversity and Equality

Diversity and Equality is at the heart of everything that we do, rather than being seen as a separate activity in its own right. We will establish a reputation as an equal opportunities employer – for example, by maintaining the award of the ‘two-ticks’ symbol for good practice in respect of disability – and to demonstrate that all staff should expect to be treated with dignity and respect.

There will be a greater focus on the delivery of our commitments under the Equality Act 2010, supported by more effective monitoring, recording and reporting of diversity data, which will link into the work on extending the functionality of the Electronic Staff Record system (ESR).

Productivity

We will apply a range of measures to maintain turnover at between 8 and 10% per annum and to keep sickness absence below 2.5%. This will support a performance management process based on regular appraisal and personal development planning to ensure that our staff demonstrate the behaviours, skills and knowledge required for the effective delivery of our functions.

10. Our approach to procurement

We are aligning our procurement activities with Government-wide policies, under the direction of the Cabinet Office. These include:

- The use of contracts with smaller financial values, covering shorter duration;
- Significant reductions in procurement timescales;
- Increasing use of Government Frameworks;
- New approaches to engaging and driving the market, with particular emphasis on engaging with Small to Medium Enterprises (SMEs) and creating competitive market tensions not only during procurement but throughout the delivery of a service;
- The adoption of Agile delivery methods with the aim of reducing the cost of change;
- Separate hosting contracts, where possible leveraging services from other government departments;

We have a significant wave of new procurement over the next 18 to 24 months, the details of which are listed in Appendix 7. Our contracts model will see lower dependence on multi-national operators acting as prime contractor, and the lifecycle of services is abstracted more completely from that of the underlying contracts provision.

These procurement activities are high profile - we are in the vanguard of implementing these changes to high profile ICT systems and services used across the NHS, in order to deliver:

- A more modern and flexible solution that is easier to operate and maintain, and quicker to enhance and adapt to evolving NHS, NHS England and ministerial requirements;
- Significantly reduced operational costs;
- Better customer and user satisfaction;
- Greater ownership and control of the systems, services and contracts.

To manage this, our procurement function itself must change. We will adopt more agile and value-driven procurement approaches, using supply profiling models, analysis and benchmarking. The changes we are seeking introduce will involve the disaggregation of contracts and significant re-development activities applied to services which are widely used across the NHS. This requires careful handling:

- We need to find the right balance of national buying power and leveraging the market - our approach, based on Cabinet Office conflict in the localisation and choice agenda from DH and wider government compared to the more commoditised approach from Cabinet Office and

- The new delivery model is based on the evolving government Service Integration and Management (SIAM) approach. The experience of other Government departments

suggests that suppliers would take 9 – 21 months to create SIAM capabilities. However, we have 6 months to get our new SIAM and operational support model in place for the first Spine services;

- The contracts are large scale in terms of finance and personnel. We spend over £240million per year with suppliers working on the services which are undergoing redevelopment and procurement activities. Our internal staff costs are over £30m per year, affecting over 500 staff across the HSCIC. Moreover, some of the new contractual arrangements we seek to introduce may be affected by considerations about TUPE, as each supplier has up to 300 staff working on the existing services.

All of this will require substantial capital and revenue funding to manage the procurements and deliver the transition to new services. Mindful of the fact that our capital budget will reduce in 2014/15, we are keen to progress the majority of re-development activities during 2013/14.

11. Corporate governance

11.1 Our Board

As an Executive Non-Departmental Public Body, the HSCIC is governed by its own Board comprising the HSCIC Executive Directors and Non-Executive Directors.

The Board itself is supported by a structure of subcommittees, which will include the Audit and Risk and Remuneration Subcommittees.

Full details of our Board, its members and its business, are available on our website.

11.2 Working with our sponsor

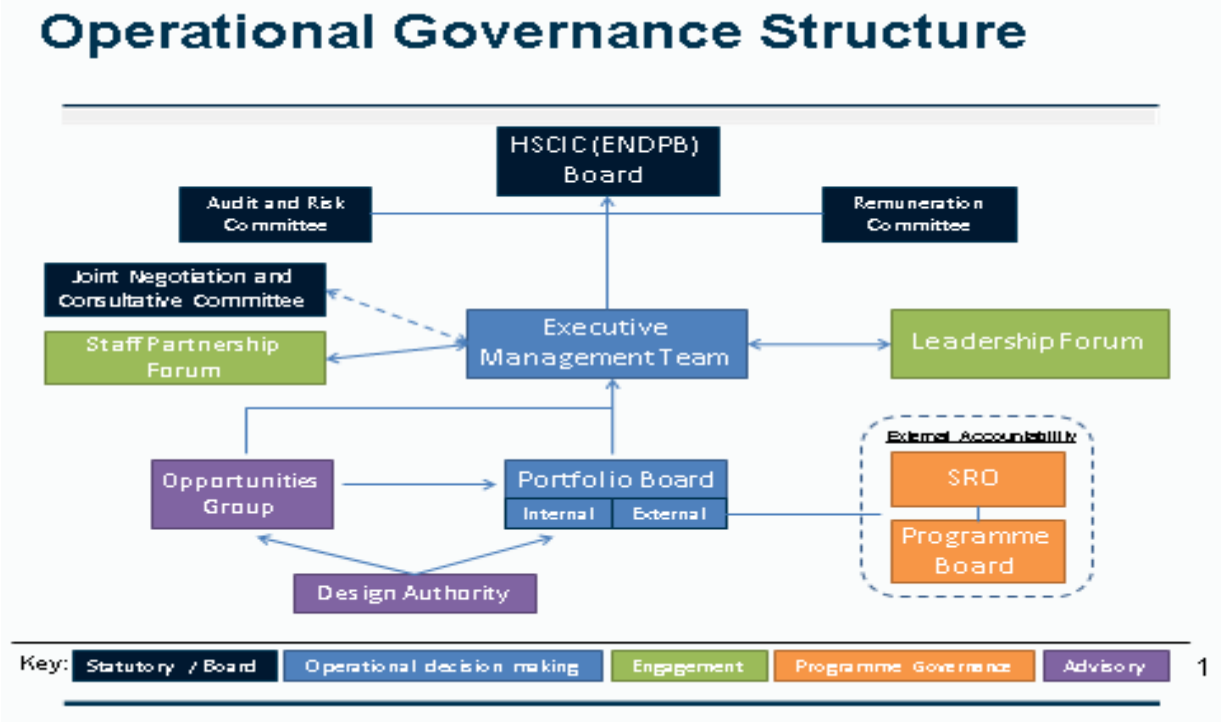
The Department of Health acts as sponsor of the HSCIC. As explained in Section 3 above, this is handled by the DH's External Relations Directorate. The nature of that relationship will be reflected in a Framework Agreement between the DH and the HSCIC.

This relationship is an important one in the context of the new health and care information system that is being developed. Our sponsor will help consolidate the HSCIC's position in that new system, by helping to promote the role and functions of the HSCIC, and also acting as "critical friend" and ensuring that there is full and open accountability regarding the performance of the HSCIC in fulfilling its statutory functions.

11.3 Internal management and governance

Interim director appointments have been made to manage the transition to the HSCIC, pending the appointment of the Chair and Chief Executive of the HSCIC, during 2013.

We have introduced internal governance arrangements as shown below, to ensure robust management of our business. These will be kept under review and amended as needed during 2013/14.



11.4 Performance management and reporting

We are developing a governance model which is designed to ensure that we have appropriate levels of performance management embedded through our reporting arrangements, from operational and service level, through our projects and programmes, and ultimately to our executive directors and our Board.

Our regular internal reporting will be supported by a quarterly report to our Board which will review progress on the commitments outlined in section 5 of this plan. This will include qualitative and quantitative assessments of progress, as well as any strategic updates on key issues affecting the plan.

We are also exploring with the ISCG how best to provide the information that the ISCG and its subgroups will need to function effectively.

11.5 Risks, issues and business continuity

A register of corporate risks and issues is in place, and is reviewed monthly. The Audit and Risk Committee has the responsibility of providing assurance and making recommendations to the Board on the effectiveness of the system of integrated governance, risk management and internal control including information governance, security and data quality risks.

The HSCIC's business continuity strategy and plan is in line with ISO 22301 standards. In line with Cabinet Office data handling requirements, each one of our key information assets has a business continuity plan in place that is up to date and has been tested. It is the responsibility of each information asset owner to produce, test and gain sign off for the business continuity plan. The business continuity plan forms part of the IG security accreditation documentation, and is taken into account in our IG Toolkit assessment.

Appendix 1 – The core statutory functions of the HSCIC

The HSCIC's key statutory functions and duties are set out in Chapter 2 Part 9 of the Health and Social Care Act 2012 – sections 252 to 275 - and in Schedule 18. They are summarised in our Framework Agreement agreed with our sponsor in DH ERD:

- 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.

The HSCIC performs its functions for the general purpose of:

- Promoting the effective, efficient and economic use of resources in the provision of health and adult social care services in England.

- Minimising the burdens imposed on others, for example, as a result of collecting or analysing information.

The HSCIC has a system-wide role to deliver a wide range of services and products across health, public health and social care – including to:

- Manage and monitor the day-to-day delivery of key national systems and services;

- Collect and publish national data as the national repository for national health, public health and social care data;

- Approve and accredit local and national IT systems against technical and clinical safety standards so that information can be shared safely;

- Lead the production and publication of health, public health and social care information, National and Official Statistics, indicators and measures used for national accountability, measurement, audit and reporting, all in accordance with the Code of Practice for Official Statistics;

- Be the leading source of data relating to health, public health and social care for the national transparency agenda;

- Have power to require a health or social care organisation to provide data to the HSCIC, and have the ability to request other organisations to provide data;

- Manage and provide advice on the administrative burden associated with national data collections, to minimise the burden on front line services by making increasing use of data derived from operational systems;

- Work across healthcare, public health and social care to provide expertise to drive more value out of the data currently available, through services which deliver the secure processing, robust pseudonymisation processes and the linking of data from different sources;

- Support the development and use of national indicators through the transparent use of robust statistical methods, underpinned by a process of continuous improvement;

- Provide a national framework for data quality assurance with clear national and local responsibilities for data quality and which is an integral part of our dissemination and publication processes;

- Facilitate strong information governance arrangements for using data for secondary purposes which underpin the new ways of working required by the Information Revolution in terms of control and ownership of data, and the handling of consent.

In discharging these functions, the HSCIC will act economically, efficiently and effectively.

Appendix 2 – The policy context

The overriding imperative for the new health and care system is to ensure that the interests of the patient are at the heart of all that we do, with the focus on quality and safety, and on delivering improvements in health and care outcomes.

The major policy drivers are now well-established. They include:

- The final report has been published from the public inquiry conducted by Robert Francis QC into **Mid Staffordshire Foundation NHS Trust** and all health and care organisations are reflecting on their response to the recommendations from the review[8]. Although the review is primarily about the cultural changes needed to improve the quality and safety of patient care, it recognises the importance of information to support the way organisations and professions work together in the interests of patients and the public. It also recognises the importance for the patient of having access to their own electronic record, and for the system to make greater use of information about patient experience and real time performance information;

- The **Information Strategy** – "*The Power of Information – putting us all in control of the health and care information we need*"[9] sets out a 10-year framework for transforming information for the NHS, public health and social care. It is underpinned by the Health and Social Care Act 2012 which sets out a new health and care structure, and the responsibilities of the organisations within it;

- The **Open Data** agenda[10], aimed at making more and more information available to all, to stimulate the information market and economic growth, as well as facilitating greater accountability;

- A stronger focus on improving health and wellbeing outcomes for the public at large, measured by the **Outcomes Frameworks** for the NHS, social care, public health and commissioning;

- The **planning guidance** for 2013/14 ("*Everyone counts: Planning for Patients*[11]") which NHS England published in December 2013 has made an unequivocal signal about putting the interests of the public, patients and service users. This sets out an ambitious agenda, which is now subject to more detailed scoping work during the first half of 2013.

- The consultation on changes to the **NHS Constitution**[12] , which will have implications for the use of Personal Confidential Data (PCD);

- The review of information sharing and associated **information governance** policies, led by Dame Fiona Caldicott[13];

[8] www.midstaffspublicinquiry.com

[9] www.informationstrategy.dh.gov.uk

[10] http://www.cabinetoffice.gov.uk/transparency

[11] http://www.commissioningboard.nhs.uk/everyonecounts/

[12] http://www.dh.gov.uk/health/2012/11/constitution-consultation/

[13] http://www.caldicott2.dh.gov.uk/

- NHS England's emerging work programmes, and especially in the **Mandate** which has been agreed with the Secretary of State[14], and the Planning Guidance for 2013/14 which was published in December 2013[15].

- The publication of the report on **Winterbourne View** and the report from the public inquiry into the events at Mid Staffordshire NHS Trust[16] will strengthen this further, and is likely to trigger some important changes to the way services are delivered and regulated. The Government has already launched a review into the way aggregate information about care providers is presented to the public[17].

- The **Government ICT Strategy** as a key enabler[18], encouraging greater use of information standards as well as care quality standards;

- Wider **reform of care and support**[19], with particular focus on personalised care and support by improving integrated care across health and social care settings;

- Diversification and opening up of the care marketplace, with particular emphasis on improving choice through the **Any Qualified Provider policy** [20];

- Increasing the focus on accessible and trusted statistics, with the aim of broadening their use to inform decision making and wider policy debate[21].

[14] http://mandate.dh.gov.uk/

[15] http://www.commissioningboard.nhs.uk/everyonecounts

[16] http://www.midstaffspublicinquiry.com/

[17] http://www.dh.gov.uk/health/2012/11/new-ratings/

[18] http://www.cabinetoffice.gov.uk/content/government-ict-strategy

[19] www.caringforourfuture.dh.gov.uk

[20] https://www.supply2health.nhs.uk/AQPResourceCentre/Pages/AQPHome.aspx

[21] Statistics Authority's Statement of Strategy issued 14/02/2013 http://www.statisticsauthority.gov.uk

Appendix 3 – Working to support our customers

We work with a growing number of organisations, to help them meet their information requirements. Examples are provided below for illustrative purposes. This list will be updated to reflect changes and updates as they arise.

- NHS England
  - Provision of national local infrastructure programmes used across the NHS, such as the Spine, NHSMail, Picture Archiving and Communications Service, etc.
  - Manage the national services such as the Secondary Uses Service, the General Practice Extraction Service, Choose and Book;
  - Calculation and publication of a range of indicators, including the NHS Outcomes Framework, the Summary Hospital-level Mortality Indicator, and the Safety Thermometer;
  - Accelerate the development of the data linkage service, using data from a range of sources, including HES and mental health;
  - Provision of data for the Integrated Intelligence Tool;
  - Provision of public-facing contact centre to support the NHS CB's public engagement.

- DH Adult Social Care
  - Support the DH and ADASS on the work of the Outcomes and Improvement Development Board;
  - Deliver the Zero-Based Review of adult social care information which supports the new strategic information requirements;
  - Calculate and publish the Adult Social Care Outcomes Framework (ASCOF);
  - Annual data collections and user surveys;
  - Publication of the national data collections and related data (including the Joint Strategic Needs Assessment dataset) through the National Adult Social Care Intelligence Service (NASCIS).

- DH Mental health and Community services
  - New data services for dementia and Improving Access to Psychological Therapies;
  - Ensuring the new data linkage service maximises the use of mental health data as a matter of priority;
  - Facilitating new dataflows for the Community Information Dataset.

- DH External Resources Directorate
  - Support the DH Local Service Provider (LSP) Senior Responsible Owner discharge some of their responsibilities via an Memorandum of Understanding;
  - Support customer NHS Trusts to drive greater benefits from the Local Service Provider contracts during their remaining term, and catalyse the delivery of the Southern Local Clinical Systems, and to minimise the risks associated with their exit from these contracts.

- Public Health England
  - Working with the Knowledge and Intelligence transition workstream and contributing to PHE's information strategy – including the feasibility of developing a longitudinal case record to follow the UK population from cradle to grave;
  - Numerous high profile surveys, including the Annual Health Survey for England;
  - Surveys and publications on lifestyles – drugs and alcohol, obesity, etc.
  - The National Child Measurement Programme;
  - Population statistics, geographic and demographic data.

- NICE
    - Extensive support on the development of indicators and measures to support the implementation of quality standards;
    - Supporting the consultation on the CCG Outcomes indicators, looking specifically at indicator methodologies.

- Monitor
    - Supporting the development of their information strategy reflecting their extended remit;
    - Exploring opportunities for shared use of infrastructure (eg using the HSCIC's Data Management Environment) or wider service offerings (eg supporting Monitor's publication of data);
    - Provision of data and contributing to the pricing and tariff work on Payment by Results and the move towards patient-level pricing.

- CQC
    - Significant user of data from all HSCIC services and products, including extracts and linkage services;
    - Supporting the development of CQC's information strategy.

- Clinical audits
    - Delivery of key national audits;
    - Working with HQIP to support the publication of consultant-level indicators.

- Clinical Practice Research Datalink (CPRD)
    - Collaborating on the development of the operating model for the new data linkage service.

- Medicines and Healthcare Products Regulatory Authority (MHRA)
    - Piloting a new dataset to collect information about the use of medical devices.

- NHS Trust Development Authority (NTDA)
    - Exploring ways we can share indicators and information to support the NTDA's work.

Appendix 4 – Our plan for 2013/14

Our statutory role

We must deliver all of our statutory responsibilities as set out in the Health and Social Care Act (2012). These are listed in Appendix 1. We have specific commitments for 2013/14 to:

- Manage those **national data collections** as set out in instructions from the Secretary of State and the NHS CB;

- The secure **storage and publication** of the core national data resources;

- Provide the expertise necessary to support the continued **delivery of existing national IT systems and critical services** such as information standards;

- Take over **data collection responsibilities** from other arms-length bodies and central data collectors such as the DH itself;

- Extend the capability of our **data linkage** service:
    - More activity linking data sets – primary and secondary care, mental health, child and adolescent mental health data
    - Strengthen the relationships with the research communities;
    - Build up our customer base.

- Deliver a safe transition from the existing **information standards** products and services into the new operating model;

- Fulfil our **data quality assurance** responsibilities:
    - Widen the range of support we provide to support improvements in data quality, as part of our data quality assurance role;
    - Publish our second data quality report;

- Consolidate our position as the national source of **indicators**
    - Producing and publishing the NHS Outcomes Framework, Commissioning Outcomes Framework, Adult Social Care Outcomes Framework
    - Managing the national library of assured indicators and their methodology
    - Co-ordinate the assurance processes necessary to support the design and use of robust and meaningful indicators.

- Fulfil our **information governance** responsibilities:
    - Publish the Code of Practice for the handling of confidential information;
    - Updated release of the IG Toolkit by June 2013;

- Implement our plans for the system-wide management of **administrative burden** including the provision of advice and guidance regarding data collections, and a year-on-year rolling review of burden, and starting with Phase 2 of the Fundamental Review of Data Returns.

Our commitments

We will use this Business Planning round to agree our commitments and funding for 2013/14. Early indications confirm a significant amount of continuity in terms of our services and products. Assuming that funding is confirmed to cover the requirements, we expect our more significant and high profile commitments to include:

- Contribute to a **strategic review** of the "inheritance" from precursor organisations, understand what we need to change and make it happen;

- Support the development of ***Care.data*** – which will provide the longer term vision for data flows, including support for the Open Data agenda, as well as the replacement for SUS (which is currently being progressed under the Open Data Platform programme);

- Work with our sponsors and funders to take advantage of the **strategic technical opportunities** – especially Cloud & 4G;

- Work with NHS England, DH and Monitor to implement the new requirements to support the future **payment regimes** from 2013/14 onwards;

- Ensure that **SUS Release 13** Payment by Results goes live in April 2013;

- Transform the way local services and contracts are managed in 2013/14 onwards and agree **new arrangements for local ownership and delivery** of the CSC LSP contract by April 2013;

- Establish the **Data Services for Commissioners** to provide support to CSUs and CCGs, through the seamless transition into the HSCIC of the staff and functions provided by the Data Management Integration Centres;

- Procure and make available by March 2014 national NHS Network services which are Public Sector Network (PSN) compliant, as the **replacement for N3** for new and existing users;

- Extend the roll out of the **Electronic Prescription Service** so that 25% of GP Practices in England are providing patients with electronic prescriptions and all community pharmacies are able to process electronic prescriptions by March 2014;

- Procure and implement a replacement for the **GP Systems of Choice** (GPSoC) framework by December 2013, to provide a choice of GP clinical IT systems to GP practices;

- Extend **GP2GP** rollout and coverage to 75% of the GP practices in England so that enabled practices can offer GP2GP electronic health record transfers to newly registering patients by March 2014;

- Replace the existing Quality Management and Analysis System with **Calculating Quality and Reporting Service** (CQRS) to calculate the quality outcomes framework payments for primary medical care across England by April 2013;

- Procure a replacement for the **NHSmail** service by March 2014 and be ready to start the transition to the new service;

- Build our **analytical expertise** by improving the depth and range of analyses provided in our statistics outputs and publications;

- Support the mandation of **new data sets** from 2013/14 onwards;

- Support the strategic information agenda for **adult social care** by
    - Delivering and acting on the Zero-Based Review of adult social care information;
    - Agreeing plans for developing an extraction service for adult social care data.

- Maintain the delivery of the **Exeter** services, and the **Spine and Spine Directory** Services used across the health and care system;

- Develop replacement applications to provide user interfaces to Spine data and information flows, in preparation for the **replacement of the Spine** services by September 2013 by October 2013;

- Deliver prescribing functionality into the **Offender Health** IT estate;

- Re-launch the **Choose and Book** service through a re-procured service and integrate with the new Patient Platform in support of the Better Value strategic DH objective;

- Transfer **CSC PACS** to local ownership and delivery arrangements by June 2013, in support of the Successful Change strategic DH objective;

- Prepare for transfer of **BT and Accenture PACS** services to local ownership during 2013 – 2015;

- Support the NHS as they deliver with their Local Service Providers (LSP) the remaining clinical functionality under the contracts, and prepare to transfer of **BT and CSC LSP** services to local ownership during 2014-2016;

- Catalyse the procurement and delivery of the **Southern Local Clinical Systems,** to those customer NHS Trusts who chose to take them;

- Enable better clinical care to patients through increased access to and use of **Summary Care Record** (SCR) information by March 2014;

- Provide a set of catalogue national **services to support integration** with Social Care and Any Qualified Providers, by September 2013;

- Extend the Spine capability to support a range of cross-Government activities, including:
    - **Defence Medical Services** (DMS) connectivity to support the electronic referrals of Armed Forces personnel to the NHS and the production of performance management information for commissioning activities related to MOD Medical Centres, by September 2013;
    - **Child protection information sharing** regarding children with a child protection plan with unscheduled healthcare settings, by March 2014;
    - Complete a strategic outline case by August 2013 to support effective health care information flow across the Criminal Justice System as part of the **Offender Health** 2nd Generation Services.

Our corporate duty

There are activities that are expected of the HSCIC, like all public service organisations. In order to fulfil our corporate duty as an ENDPB, we will promote our corporate public duty as a national service, as reflected in the Framework Agreement between the HSCIC and the DH. We will:

- Collaborate with all key national stakeholders, including and especially the DH arms-length bodies, to ensure that there is alignment of our respective activities, and opportunities for duplication and non-alignment are minimised;

- Establish the right partnerships and collaborative processes with other parts of the health and social care services to deliver efficient operations for the ongoing development and support of shared information standards;

- Put in place an Organisational Development programme that consolidates the transitional work to establish the HSCIC, and supports the wider Transformation agenda over the next 3 years;

- Ensure that our relationship management function supports the new delivery arrangements, in a coherent engagement and communications plan;

- Develop a comprehensive workforce strategy which identifies the skills and expertise that are required across the organisation, assesses the workforce priorities and objectives for the HSCIC and the means by which we will achieve them;

- Align our ICT development and delivery functions to ensure a consistent approach across the organisation, which is in line with the standards and quality expectations of our customers and our suppliers;

- Implement the new financial model, with the appropriate approvals and assurance processes, as described in section 8;

- Maximise opportunities for delivering efficiency savings, to create opportunities for savings which are likely to accrue in 2014/15 and beyond;

- Ensure all statutory corporate compliance obligations are met and that statutory assurance controls and checks are in place and are being effectively deployed;

- Ensure that our services and products, and future procurements for services and products support the delivery of the Government's ICT strategy;

- Leverage our national ICT services and the Government Procurement Services (GPS) to generate cost and resource efficiencies in the operations of the HSCIC;

- Ensure steps are in place to support the overall departmental target that at least 18% of procurement spend will be with SMEs by 2015;

- Use Government LEAN sourcing principles for all significant procurements;

- Undertake all but the most complex procurements in less than 120 days from advertisement to award;

- Apply the "Greening Government" agenda;

- Comply with government-wide procurement policy, including the Government Buying Standards;

- Use central contract solutions for procurement of common goods and services;

- Apply the DH & Cabinet Office/Efficiency Reform Group controls and procedures;

- Review our estates portfolio, especially in regard to the use of office space in Leeds, to ensure that we manage our estates and environment across all of our sites efficiently and effectively, reflecting our commitment to sustainability;

- Demonstrate our compliance with the legislative requirements of the Equalities Act;

- Demonstrate our commitment to the Compact Principles for working with the Third Sector;

- Manage our communications with healthcare, public health and social care organisations in a way which is consistent with the DH Gateway principles.

Shared Services

The DH has asked specifically for an update on our approach to the development of shared services. We have already embraced the DH proposals for the provision of shared services where sensible to do so (for example, the Emcor Estates and facilities contract, and the SBS finance and payroll services). The HSCIC is actively supporting other initiatives, such as the review of assurance and internal audit services. The HSCIC has already registered its interest in the IMS3 contract for ICT services.

Appendix 5 - Our planning assumptions

These assumptions have been made in the production of this Business Plan:

Assumption 1: The DH will hold all national informatics funding for 2013/14. The funds will be made available according to two funding schedules to be agreed between the HSCIC and the ISCG, reflecting the services and products provided by the former HSCIC and DHID/NHS CFH. The HSCIC will also retain the ability to receive separate funding for work it carries out on behalf of third parties.

Assumption 2: It is assumed that, subject to confirmation of funding from SROs, the former HSCIC and DHID/NHS CFH portfolios will be carried forward onto the portfolio of the HSCIC for 2013/14, although this will be reviewed to ensure affordability and alignment with strategic and policy priorities.

Assumption 3: The HSCIC will implement a transparent, traceable accounting model that enables the commissioners of its services to make informed funding decisions.

Assumption 4: It is assumed that the HSCIC will not be required or expected to compete with commercial organisations for the delivery of services to the Commissioning Partners, but will instead be the preferred provider where it is well placed to deliver against the requirements.

Assumption 5: Where there is direct commissioning of HSCIC services by other parties, such as NHS provider organisations, oversight of this commissioning will still be provided through the ISCG.

Assumption 6: SROs will be agreed by the ISCG and they will own the business cases for their programmes.

Assumption 7: Business case development capability will be required within the commissioning partnership or SRO organisations and specialist technical input may be commissioned from the HSCIC.

Assumption 8: DH will hold contracts for 'national informatics services' such as Spine and HSCIC will provide contract management services for these national contracts. It is expected that the programme funding associated with these contracts will be held by the DH and paid direct to suppliers.

Assumption 9: DH, in its role as banker will decide on the programme reporting it requires from commissioning and delivery organisations. It is assumed that the HSCIC will be required to provide programme reporting to SROs and the ISCG.

Appendix 6 – Information about our finances

This information is current as at March 2013, and is shown as £'000s in these tables.

1. Revenue relating to the former HSCIC

Actual agreed GIA with 5% annual reduction	**30,000**
Includes	
Workforce and Facilities	1,500
NHS Back Office Services	2,400
Social Care	1,000
Prescribing & Primary Care	600
Community and Mental Health	500
SUS/HES related services	2,200
Casemix & PbR	1,900
Population Health including Surveys	5,100
QOF & COF Business Rules	700
GPES COF Indicators	400
GPES operation costs	2,000
Extending PROMS service	800
Other (inc internal projects, central overheads)	10,900

Programme	**5,946**
Includes	
General Practice Extraction Service	3,220
Open Data Platform	2,726

Other DH income	**9,486**
Includes	
Various surveys	2,700
Childrens and Maternity datasets	660
NHS Choices – clinical indicators	650
Community Dataset	300
Dementia Informatics Programme	300
Workforce Information Architecture	493
Pathology Reporting	274
National Child Measurement Programme	720
IAPT Requirement & Maintenance	330
Other including deferred income	3,059

Other income	**5,176**
Includes	
MRIS research flagging service	450
Bespoke HES Extract Service – external	210
Data Linkage Service	229
Monthly Managed Extract Service	250
Clinical Audits	2,437
Welsh Assembly contribution to National Back Office	165
Other	1,535

Non Cash GIA	**8,104**
Total Income	**58,716**

2. DHID programme revenue

North East, North West & East - CSC	107,855
London – BT	56,553
South – BT	35,970
	200,378
Choices Extension	13,188
Choices New	8,497
Choose & Book Variation	13,257
Choose & Book 2G	7,836
GP SoC Extension	45,828
GP SoC 2	10,465
NHS Mail	5,361
NHS Mail Extension	16,006
N3 Extension	98,000
N4	10,000
PACS	30,073
National Spine	19,165
National Spine Extension	45,797
National Spine Future Change Discount	-18,845
National Spine 2	15,618
Interoperability	3,020
Other (savings to be identified)	-23,645
	299,622
Total Programme revenue	**500,000**

3. DHID Programme capital

North East, North West and East – CSC	111,776
London – BT	125,121
South – BT	29,613
	266,510
Choose and Book variation	359
Choose and Book 2G	2,000
GP SoC extension	3,599
GP SoC 2	85,667
NHS Mail extension	750
National Spine	1,403
National Spine extension	10,726
SUS Spine	17,900
Core contract CCN funding	4,873
Capitalised admin	6,788
LSP support	600
Total Programme Capital	**408,065**

4. DHID Administration revenue

12/13 FORECAST	**114,914**
Adjustments	
SHA transfer in	16,406
Reprocurement BC staff	7,565
Travel & central staff related costs	2,993
Vacancies/ headcount increases	13,795
Legal costs	-7,565
McKesson	12,539
Reduction in income streams	4,400
Potential savings	
McKesson move to Programme	-14,182
Staff costs (to be defined)	-10,000
Income - NHS Pathways	-6,337
Income – SLCS	-2,596
Other	1,068
2013/14 DRAFT BUDGET	**133,000**

Appendix 7 – Major procurements

Current Contractor	Services	Type of procurement	Award (A) or Decision (D) point.
Major procurement and reprocurement activity			
BT	Spine and SUS Services	Extension	Q4 (D) FY12/13
	Spine 2	Procurement	Q1 (D) FY13/14
BT	N3 Network connectivity	Extension	Q3 (D) FY12/13
	N4	Procurement	FY13/14
Cable & Wireless	NHSMail managed service	Extension & Procurement	Q3 (D) FY12/13 FY13/14
CSC	PACS (Picture imaging Services NME & South)	Procurement	Q4 (A) FY13/14
Capita	NHS Choices	Transition	Q1 (A) FY13/14
Oracle	System support	Transition	Q4 (D) FY13/14 (wider Gov involvement)
GPSoC	Framework	Extension	Q4 (A) FY12/13
		Procurement	Q4 (D) FY13/14
ATOS	Choose and Book	Extension (if required)	Q3 FY13/14
		Procurement	Q2 (D) FY13/14
Major Negotiations			
CSC	LSP Services	Re-negotiation IA	
		Re-negotiation RPA	Q1 (D) FY13/14
Support Contracts			
Ascribe	SCR development support	Re-procurement	Q4 (A) FY12/13
Durodata	NHS Pathways	Re-procurement	Q1 (A) FY13/14

Notes

(A) Contract procured, awarded to Supplier and commenced/maintained in 2012/13

(D) Contract procured or extended with Service commencement in 2013/14

Appendix 8 - Glossary

AQP	Any Qualified Provider
API	Application Programming Interface
ASCOF	Adult Social Care Outcomes Framework
CCG	Clinical Commissioning Group
COF	Commissioning Outcomes Framework
CPRD	Clinical Practice Research Datalink
CQC	Care Quality Commission
CQRS	Calculating Quality Reporting Service
CSU	Commissioning Support Unit
DH	Department of Health
DH ERD	Department of Health External Relations Directorate
DHID/NHS CFH	Department of Health Informatics Directorate including NHS Connecting for Health
DME	Data Management Environment
DMIC	Data Management Integration Centre
DMS	Defence Medical Services
ENDPB	Executive non-Departmental Public Body
ESR	Electronic Staff Record
GIA	Grant in Aid funding
GP	General Practitioner
GPES	GP Extraction Service
GPS	Government Procurement Service
GPSoC	GP Systems of Choice
GSS	Government Statistics Service
HEE	Health Education England
HES	Hospital Episodes Statistics
HQIP	Healthcare Quality Improvement Partnership
HR	Human Resources
HSCIC	Health and Social Care Information Centre
HWE	Healthwatch England
IAPT	Improving Access to Psychological Therapies
ICT	Information and Communications Technology
IG	Information Governance
ISCG	Informatics Services Commissioning Group
IT	Information Technology
LSP	Local Service Providers
MHRA	Medicines and Healthcare products Regulatory Agency
NASCIS	National Adult Social Care Intelligence Service
NHS CB	NHS Commissioning Board
NICE	National Institute for Clinical and Healthcare Excellence
NIHR	National Institute for Health Research
NTDA	National Trust Development Authority
ODS	Organisation Data Service
PACS	Picture Archiving and Communication System
PbR	Payment by Results
PCD	Personal Confidential Data
PCT	Primary Care Trust
PHE	Public Health England
PSN	Public Sector Network
QOF	Quality Outcomes Framework
SCR	Summary Care Record
SCS	Senior Civil Service

SHA	Strategic Health Authority
SME	Small to Medium Enterprise
SRO	Senior Responsible Officer
SUS	Secondary Uses Service
VSM	Very Senior Manager