



Health & Social Care
Information Centre

Our business plan 2015/16



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1. Introduction to our Business Plan for 2015/16

As the provider of national information, data and IT systems that support health and care services, the Health and Social Care Information Centre (the HSCIC) has a key role to play. Established in 2013, our role is to improve health and social care in England by putting technology, data and information to work in the interests of patients, clinicians, commissioners, analysts and researchers in health and social care.

This Business Plan sets out our ambitions and commitments for 2015/16, which are aimed at supporting the health and care system to address the strategic challenges which will shape the future of health and care services for citizens and for those commissioning and delivering those services.

The context for our Plan is marked by a need to:

- Reconcile the growing demand for health and care services with reducing resources;
- Focus on prevention, self-management and well-being in addition to treating ill-health;
- Increase the personalisation of care and support services to empower the citizen;
- Accelerate and extend the integration and devolution of services.

The commitments set out in our Plan are designed to support the key themes set out in our strategy, *Information and Technology for Better Care*¹, which are to:

- Ensure that every citizen's data is protected;
- Establish shared architecture and standards so everyone benefits;
- Implement national services that meet national and local needs;
- Support health and social care organisations to get the best from technology, data and information;
- Make better use of health and care information.

We will progress these commitments in collaboration with our national partners in the National Information Board (NIB) The NIB has published its *Framework for Action*² which sets out how health and care services will be transformed to work better for patients, citizens and carers. Our own strategy supports the objectives set out in the NIB's Framework, by enabling and supporting the whole health and care system to use technology, data and information to design and deliver truly personalised care that meet people's expectations.

¹ See http://www.hscic.gov.uk/media/16232/HSCIC-Draft-Strategy-2015-2020-Information-and-technology-for-better-care/pdf/80435_HSCIC_Strategy_2015-2020-v1g_%281%29.pdf

² See <https://www.gov.uk/government/news/introducing-personalised-health-and-care-2020-a-framework-for-action>

2. The role of the Health and Social Care Information Centre

2.1 Who we are and what we do

The HSCIC is an independent public service which operates as an executive non-departmental public body of the Department of Health (DH). We provide a range of technology and information services that are used by patients, service users, the public at large, health and care professionals, and by research, industry and commercial organisations. These services support the commissioning, design and delivery of health and social care services in England and provide information and statistics that are used to inform decision-making and choice.

We employ around 2,500 staff, based in 19 locations around the country. Our annual budget is £228 million and we oversee some £450 million, which is spent on national programmes on behalf of the DH.

We have a number of statutory duties which are important for the way the health and care system operates. In summary, we:

- Manage a number of technical services which underpin local health and care organisations – such as the Spine, e-Referrals, NHS Choices, and others;
- Collect, analyse and present national health and social care data, and use the data to publish a series of national statistical reports;
- Publish guidelines and standards that are important for shaping the way services are delivered locally. These include technical standards for data and technology, to support interoperable services. We also publish guidance on information governance and security, including a set of rules on how the personal confidential information of patients should be looked after;
- Create and publish indicators that can be used to measure the quality of health and care services;
- Help health and care organisations improve the quality of the data they send to us;
- Advise the Secretary of State for Health on ways of reducing the impact of administrative burden on local health and care organisations as a result of national data collections.

As a public service, we must demonstrate strong corporate governance and adherence to key policy principles, especially regarding transparency, equality and diversity and reducing health inequalities.

2.2 Our structure

Our staff are organised into nine directorates whose roles are described below:

- **Operations and Assurance Services** ensures that systems and programmes are technically and clinically safe and secure, and that services are available and fully resilient. The directorate also ensures that critical national technical infrastructure is developed, maintained and upgraded in a safe, secure and cost effective manner. The Director of Operations and Assurance Services is the HSCIC's Senior Information Risk Officer (SIRO).
- **Programmes Delivery** leads programmes and projects of transformational change to deliver health and social care digital services. The directorate's portfolio is diverse and includes operational services such as NHS Choices and NHS Mail.

- **Provider Support** helps health and care providers to deliver safer, better and more efficient patient-centred care. The directorate supports care providers to exit safely from the Local Service Provider and South Local Clinical Systems contracts, through a safe transition to locally-managed services. The directorate also works with local providers to build their digital maturity, enabling them to deliver integrated, high quality services that meet local needs.
- **Information and Analytics** manages the collection, analysis, dissemination and publication of data and information. The directorate provides useful, trusted and accessible data products to a range of users, including government, researchers, interest groups, patients and the public.
- **Architecture, Standards and Innovation:** provides technical specialists and architects to projects and programmes, develops and maintains major clinical standards for the UK, and leads on innovation for the organisation.
- **Human Resources and Transformation** supports the transformation of HSCIC into a high performing organisation that is an outstanding place to work, through delivery of optimal human resources services and development of the capability and capacity of the workforce.
- **Finance and Corporate Services** provides the full range of financial, governance and administrative functions which support the organisation to improve performance, manage risk, operate the work portfolio, strengthen controls and successfully deliver plans and strategies.
- **Customer Relations** ensures that the HSCIC is customer-focussed, with a strong brand and reputation. The directorate is the focus of communications, customer relations and insight activity, ensuring that stakeholders inform service delivery and organisational development.
- **Clinical Directorate** provides clinical expertise and advice to inform the HSCIC's leadership, processes, and outputs, ensuring that decision-making, product development and delivery have strong clinical input. The directorate also play an important role in information governance.

2.3 Our values

Our values form the foundation for everything that we do. They shape how we work as individuals and teams across the organisation to deliver our strategy and plans. They are:

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

2.4 Our strategy for 2015-2020

We have published our strategy for *Information and technology for better care*, which describes how we will:

- 1. Ensure that every citizen's data is protected:** we will assure the quality, safety and security of data and information flows across the health and social care sector, so that citizens will willingly share their data in the knowledge that it will be kept confidential and secure. Citizens will also be confident that their data will only be shared when appropriate, with their consent and for their benefit.
- 2. Establish shared architecture and standards so everyone benefits:** we will create a new architecture for the sector's technology and data services and extend a framework of standards to encourage interoperability and the development of new, digitally enabled services.
- 3. Implement national services that meet national and local needs:** where there is a clear advantage in a national, integrated approach, we will continue to build and operate national technology and data services for the benefit of citizens and health and care organisations.
- 4. Support health and social care organisations to get the best from technology, data and information:** we will help local health and social care organisations maximise the value of their information technology investments, and, when invited, help them decide on future investments and implementations.
- 5. Make better use of health and care information:** we will analyse, use, and make available more data, information and insights about the health and social care sector. Where there is a clear benefit to the health and social care of citizens, we will supply sophisticated analytical technology to all-comers. We will reduce the burden of data collection on providers across the health and care system.

To deliver these objectives we also need to change the way we work, and this is our sixth strategic objective. The necessary transformational change will be achieved through an organisational development focus on our internal systems and processes, service management and delivery models, and engagement with customers and the wider sector, including patients and citizens. Section 5 of this Plan provides more detail on this.

In all of our work, we will focus on delivering demonstrable benefits to the health and care system, such as:

- Direct access to linked datasets that together form rich 'big data' and 'open data' assets: a growing national information resource that can be used widely by all, whilst ensuring appropriate levels of security and respecting individuals' confidentiality and consent;
- Factual, impartial and trusted statistics to help services deliver on their goals to improve health and care for all, to reduce health inequalities, and to measure and demonstrate progress;
- Essential technology and information infrastructure to support the NHS and the changing needs of the wider health and social care system, including integration of health and social care provision;
- Information and support to patients, citizens, carers and their advocates regarding individuals' choices for health and social care;

- Information to support evidence-based commissioning, healthcare planning and policy development, and to support the assurance of health and care services.
- Frameworks, tools and services that help protect the security and quality of patient information;
- Reduced data and bureaucratic burden on the NHS and wider health and social care system.

2.5 How our strategy supports the wider system reform

Our strategic priorities are aligned with the DH's goals, as shown here:

| DH Goals | | HSCIC Strategic Objectives | | | | | |
|--|---|---|--|--|--|--|--|
| | | Ensure that every citizen's data is protected | Establish shared architecture and standards so everyone benefits | Implement national services that meet national and local needs | Support organisations to get the best from technology data and information | Make better use of health and care information | Transforming the ways we engage and work |
| Living and ageing well – helping people live healthier lives, making this country the best place in the world in which to grow old | | | | | | | |
| 1 | Preventing disease and poor health | | | ■ | ■ | ■ | |
| 2 | Improving care for people over 75 | | ■ | ■ | ■ | ■ | |
| 3 | Reforming social care | | ■ | ■ | ■ | ■ | ■ |
| 4 | Integrating health and care | | ■ | ■ | ■ | ■ | ■ |
| 5 | Improving care for people with dementia | | | ■ | | ■ | |
| Caring better – raising standards in health and care, ensuring everyone is treated with compassion and respect | | | | | | | |
| 1 | Improving the standard of care and the use of technology | ■ | ■ | ■ | ■ | ■ | ■ |
| 2 | Encouraging greater openness | | | ■ | ■ | ■ | ■ |
| 3 | Parity of esteem between mental and physical health | | ■ | ■ | ■ | ■ | ■ |
| Preparing for the future – making the right decisions today, so that the health and care system can meet the needs of people in the future | | | | | | | |
| 1 | Ensuring the long term sustainability of the system maintaining quality, access and financial performance | | ■ | ■ | ■ | ■ | ■ |
| 2 | Working more efficiently | | ■ | ■ | ■ | ■ | ■ |
| 3 | Investing in research and innovation | | ■ | | ■ | ■ | ■ |

Similarly, we are aligned with the strategic objectives as set out in the National Information Board's Framework for Action:

| NIB | | HSCIC Strategic Objectives | | | | | |
|-----|---|---|--|--|--|--|--|
| | | Ensure that every citizen's data is protected | Establish shared architecture and standards so everyone benefits | Implement national services that meet national and local needs | Support organisations to get the best from technology data and information | Make better use of health and care information | Transforming the ways we engage and work |
| 1 | Enable citizens to make the right health and care choices | ■ | | ■ | ■ | ■ | |
| 2 | Give care professionals the data they need | | ■ | ■ | ■ | ■ | |
| 3 | Make the quality of care transparent | | | | ■ | ■ | |
| 4 | Build and sustain public trust | ■ | ■ | | | | ■ |
| 5 | Bring forward life-saving treatments, and support innovation and growth | | ■ | ■ | ■ | ■ | |
| 6 | Support care professionals to make the best use of data and technology | | ■ | ■ | ■ | ■ | |
| 7 | Ensure best value for taxpayers | | ■ | ■ | ■ | ■ | ■ |

3. Where are we now?

3.1 Key achievements during 2014/15

The HSCIC has made significant progress during the last twelve months across the commitments we made in our business plan for 2014/15. We either completed or made strong progress on 42 of our 56 commitments to be delivered during the year. On a further 12 commitments we made good progress, although these require planned work to be carried forward into 2015/16. The two commitments where we have made less progress are the National Tariff Service and the Health and Social Care Network. We are working with our sponsors and partners to accelerate progress on both of these, as they are going through the business case and approvals processes.

Appendix 1 presents an at-a-glance view of our 2014/15 business plan delivery.

We have:

- Completed the insourcing of Spine 2, Care Identity Service and the Secondary Uses Service parts of the essential national infrastructure that holds demographic information and the summary care record for the majority of the population of England and that supports many data and technology functions for the health sector;
- Improved the way we manage requests for data by implementing the recommendations from Sir Nick Partridge's review of data releases under the former NHS Information Centre, including the clearance of a backlog of over 800 requests for data received prior to 1st August 2014;
- Maintained an average service availability of 99.97% for all the national technology services we provide;
- With the sponsorship of the DH, launched a new social care informatics programme that is:
 - Developing standards for adult social care to ensure information flows support integration between health and social care;
 - Extending our "Adapter" project which allows discharge notices to be securely exchanged between a hospital's administration system and a local authority's social care case management system. It also supports automated alerts to signal key events, such as when a vulnerable adult is about to be discharged from hospital;
 - Pilot a secure email project with care homes in Shropshire, aimed at breaking down communication boundaries between health and social care by using NHSMail to replace current processes which are predominantly fax-based.
- Published the Code of Practice for managing confidential information across the health and care system;
- Seconded a director from the Bristol "Connecting Care" exemplar programme into the Provider Support directorate to give direction to our work with local programmes working on new care models, integration and devolution;
- Overseen significant increase in traffic to the NHS Choices website, from 18m to 27m unique visits per calendar month;

- Seen the coverage of the Summary Care Record increase to 90% of the population, with over one million views per year;
- Managed the delivery and assurance of the NHS outcomes framework and CCG outcomes indicator set;
- Transitioned NHS Choices into the HSCIC;
- At the request of the Secretary of State, established a national cyber security programme for the health and care system;
- Commenced the roll-out and enhanced the functionality provided by the Child Protection Information Sharing system, which helps to improve the protection of children who have previously been identified as being vulnerable or at-risk by connecting social care, emergency departments, out of hours GP services, walk-in centres, paediatric wards, maternity wards, minor injury units and ambulance services with IT systems used in local authorities' child protection systems;
- Published over 260 reports highlighting national and official statistics on key aspects of health and care services;
 - More frequent (quarterly) statistics about the numbers of Deprivation of Liberty applications to measure the impact of a 2014 Supreme Court judgement;
 - The first ever national report on the prevalence of Female Genital Mutilation, which has received much national publicity and is already informing national commissioning, policy and prevention work;
 - UK-level reports, for the first time, on Dental Earnings and Expenses and Dental Working Hours;
 - New monthly statistics on Recorded Dementia Diagnoses in general practice clinical systems to support the Prime Minister's Dementia Challenge;
 - A one-off Focus on the Health and Care of Older People providing a compilation of information on the health, care and wellbeing of older people living in England;
- Supported the deployment of electronic patient record systems in 61 Trusts and over 70 deployments in other care settings, all of which support these organisations to deliver better and safer care for patients. One of the Trust deployments is the largest such deployment for over ten years.

3.2 The challenges we face in 2015/16

The HSCIC is working closely with partners to address the strategic objectives for technology-enabled health and care services, shaped by a number of key factors, all in the context of a challenging financial position, as explained in section 6. The key factors include:

Sustainability of the health and care system: there is widespread recognition that significant efficiencies must be found by 2020. The “Five Year Forward View³” sets out the scale of the challenge for health and social care in England, which is to deliver better quality of care, in different ways, whilst improving the patient experience and greatly improving efficiency. It is clear that many of the benefits described will need to be enabled by data and technology changes. The HSCIC has

³ See <http://www.england.nhs.uk/ourwork/futurenhs/>

a major contribution to make to the collective effort that will be required to achieve these efficiencies.

Public Trust: we want to develop pioneering approaches to managing and utilising data and information. For example, by harnessing linked datasets ('big data') and providing direct access with appropriate controls ('open data') we will develop rich information assets that unlock benefits for health and care sector. We have the legal powers and technical tools to do this, but we must first gain and retain public trust and consent. We need to demonstrate that patient data is safe in our hands.

Integration of Health and Social Care: we are extending the scope of our work with local authorities, specifically in regard to adult social care. Many of our national services and products have something to offer to social care offer, and by opening up access to our national services, we will be able to create a common architecture for supporting closer integration between health and care providers: smarter use of technology and information to drive joined-up care for citizens and unlock efficiency savings for providers and commissioners.

Data Sharing: with the right safeguards in place, data sharing between providers can support enhanced patient experiences and reduce the administrative burden relating to data collection. Data assets for clinical research can support advances in diagnosis and treatment. We must balance such opportunities with robust controls about how, why and with whom data is shared. Crucially we must convince the public that we will only share their data in a secure and controlled manner, and only when we have their consent to do so.

Public Expectations and Technological Advancement: more people want to access services and information through mobile devices and the internet. Many people expect service providers to use and share information in ways that improve the quality and timeliness of care and enhance the patient experience. The health and care system has been slow to embrace the opportunities brought by technology: many adults use the internet to purchase goods and services, but it is still the case that very few use the internet to contact their family doctor.

4. Our commitments for 2015/16

4.1 How we have developed this Plan

Each of our Directorates has produced its own Business Plan, which provides the full details of their specific objectives and commitments for 2015/16. These will be used to inform our performance monitoring and reporting during 2015/16.

A summary of the key commitments grouped under our strategic themes, is attached in Appendix 2.

4.2 Our priorities for 2015/16

Our priorities for 2015/16 are to:

- Build public trust and confidence in the processing and sharing of information, including responding to people's preferences for when their personal data can be shared;

- Implement the commitments necessary to deliver the vision set out in the National Information Board's Framework for Action;
- Ensure that our services and products support true interoperability nationally and locally, and beyond traditional health and care boundaries;
- Strengthen our support directly to local authorities, and especially social care services;
- Progress the adoption of accredited quality standards across the HSCIC, with particular emphasis on: ISO 9001 Quality Management, ISO 27001 Information Security Management and ISO 20000 Information Technology Service Management;
- Improve the utility of our publications for our customers and partners, and continue to adhere to the UK Statistics Authority Code of Practice⁴ for managing statistical publications;
- Support health and care organisations improve their digital maturity to improve the way they deliver their services;
- Modernise the platform for delivering our data services, putting the foundations in place for the HSCIC to act as the single Accredited Safe Haven for the health and care system;
- Develop a new strategy for data that accommodates the emerging agendas for data science, Big Data and genomics;
- Support the information and analytical requirements to support new and emerging policy regarding new care models and resource allocation models based on capitation, and new pricing and tariff strategies for health and care services;
- Improve our reputation by improving our relationships with and responsiveness to our customers and stakeholders.

4.3 Our statutory duties

We must fulfil our statutory duties and will do so in ways that are supportive and responsive to the needs of our partners and stakeholders. We will:

- Manage the collection, storage, processing and publication of national health and care information, as directed by the Secretary of State and NHS England;
- Continue to deliver the national technology and infrastructure services;
- Manage the development and delivery of information standards products and services needed to support the health and care services, and the commitments of the National Information Board;

⁴ <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/>

- Fulfil our data quality assurance responsibilities by expanding the services we provide to support improvements in data quality, and publish our annual data quality report;
- Consolidate our position as the national source of indicators by:
 - 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.
- Continue to provide advice and support to health and care organisations on information security, burden management, standards and information governance;
- Develop the Information Governance Toolkit to support greater self-assessment for integrated services
- Strengthen our efforts on the system-wide management of administrative burden and provide the Secretary of State with our assessment of the opportunities for reducing its impact on the front line.

4.4 Corporate commitments

Like all public service organisations, the HSCIC will fulfil our corporate duty as an executive non-departmental public body (ENDPB) and promote our corporate public duty as a national service by:

- Collaborating with all key national stakeholders, especially the members of the National Information Board, to ensure that there is alignment of our respective activities, and opportunities for duplication and non-alignment are minimised;
- Strengthening our partnerships and collaborative processes with other parts of the health and care system to deliver efficient operations for the ongoing development and support of shared information standards;
- Ensuring all statutory corporate compliance obligations are met and that statutory assurance controls and checks are in place and are being effectively deployed;
- Ensuring that our services and products, and future procurements for services and products comply with Government policy and support the delivery of the Government Digital Services and ICT strategy;
- Demonstrating our compliance with the legislative requirements of the Equalities Act;
- Demonstrating our commitment to the Compact Principles for working with the Third Sector.

5. Transforming the HSCIC

5.1 Our workforce

Our people are the key to our success. We aim to be a high performing organisation, driven by a top quality workforce driven and recognised as an employer of choice in which our people:

- Fully engage with our organisational values and always act as advocates for the HSCIC
- Understand and genuinely engage with our strategy and support its delivery in teams and roles
- As members of professional groups, actively engage in communities of practice and seek to be inspired and influenced by the wider knowledge, intelligence and experience of their professional bodies
- Are flexible and dynamic, with the will to take on new assignments and challenges
- Take responsibility for their own professional development

In return, we will ensure that our people:

- Are managed by a smaller number of really good line managers who are recruited and developed to have the skills, interest and motivation to manage others in fewer management layers
- Are rewarded fairly, taking account of national and local labour market conditions, and are provided with flexible reward options
- Have more flexible working opportunities to balance business and personal needs
- Are supported to achieve, through our investment in their professional, technical, managerial and leadership development, and
- Are accountable for what they deliver in a workplace where performance is routinely reviewed relative to peers, with consequences for both good and poor performers

Key work to operationalise our workforce strategy during 2015/16 includes:

- Targeted recruitment activity for hard-to-fill roles
- Further development of dynamic resource pools and collaborative recruitment
- Development programmes and talent management frameworks for leaders and managers
- 'Grow our own' strategy: internships, apprenticeships, graduates
- Further embedding of professional groups and organisational values

5.2 Improving our effectiveness

We are changing how we manage our internal business so that HSCIC operates as a professional services organisation. We are putting in place support for the development of our people, and mechanisms to help them work more flexibly and focus better on the needs of our partners and stakeholders. We will help facilitate innovative ways of working and attract people with new skills. This will be balanced by a greater focus on quality and, anticipating future financial pressures, on improving productivity. We are:

- Creating conditions to enable teams to work in agile and responsive ways, with the necessary professionalism, integrity and rigour, but less constrained by unnecessary bureaucracy

- Encouraging innovation in all aspects of our work, with staff able to bring forward new ideas

5.3 Professional groups

We have introduced a number of professional groups which are intended to bring a consistent approach to the way that we value and nurture those skills and expertise that are important to our business. They are:

- Project & Programme Delivery Professions
- Information Technology Professions
- Information Management Professions
- Clinical Informatics Professions
- Communication & Stakeholder Relations Professions
- Business Administration Professions

The majority of our staff are in the first three of these groups.

These groups are key to ensuring that we are able to be as flexible as possible in responding to our customers' priorities through the use of dynamic resource pools. They also allow us to be more focussed and structured in providing career development opportunities for our staff, through career ladders, competency frameworks and generic job descriptions.

5.4 Improving the way we engage with our customers and stakeholders

We are transforming the way we engage through the development of an account management and stakeholder engagement approach to manage interactions and relationships with our key customers and stakeholders more effectively, with the aim of improving our reputation externally. Part of this is developing and building a more comprehensive understanding of our customer and stakeholder needs so that we can manage, respond and deliver more effectively.

We are designing a new operating model to implement a sustainable, effective account management approach for our key strategic partners and sectors. Our first Strategic Account Managers will be in post by September 2015.

We are also reconfiguring our approach to external communications to build a clearer approach to strategic stakeholder communications for our key external stakeholders. This work compliments the work on customer account management.

5.5 Corporate Social Responsibility

Whilst our workforce is spread across different locations, our main base is in Leeds. We are a major employer in West Yorkshire. The region has a substantial ICT industry and the HSCIC is one of several organisations in the area competing for staff to work in healthcare and informatics. By raising our profile and demonstrating our sense of civic duty, we hope to improve our brand and reputation, to help us attract and retain expert staff, as well as making our contribution to the economic wellbeing of the region.

5.6 Equalities and Diversity

The HSCIC is committed to a culture where all individuals receive fair and equal treatment in all aspects of employment and the benefits of working within a diverse workforce. Whilst we have a relatively balance proportion of male and female employees, it is clear that females occupy more of the lower grade posts, whilst more males are employed in higher grade posts. We are also aware that, with 72% of our workforce describing themselves as White British, our workforce is not fully reflective of the local diversity in West Yorkshire.

Our Equality and Diversity policy sets out how we comply with the Equality Act 2010. It confirms that:

- We recognise that a diverse workforce and an environment in which individual differences and the contributions of staff are recognised and valued are important to the performance and success of the organisation;
- Every worker is entitled to a working environment that promotes dignity and respect to all and the HSCIC is committed to eliminating discrimination and encouraging diversity amongst our workforce;
- We expect all of our staff to maintain a culture where individuals receive fair and equal treatment and a positive work environment - free of harassment and victimisation. Working together and respecting each other's contribution is at the heart of what we do;
- We are committed to developing a workforce whose diversity reflects the communities in which it operates.

5.7 Openness and Whistleblowing

We promote a culture which values openness and protects whistle-blowers. Our Whistleblowing Policy, developed in accordance with the NHS Constitution, the Public Interest Disclosure Act 1998 (PIDA), and the Enterprise and Regulatory Reform Act 2013 ensures all employees have the opportunity to raise concerns should they have a reasonable suspicion that malpractice is occurring, has occurred or is likely to occur.

6. Financial information

6.1 The financial context

The activities described in this business plan will be delivered during a period of financial restraint across the public sector.

We ended 2014/15 with an underspend of around £18m, but along with many other public sector organisations, our budget for 2015/16 has been reduced and we also have some additional financial pressures, including the full year cost impact of recruiting additional staff in 2014/15. However, by reprioritising and making efficiency savings, we have managed to assign £10m of our 2015/16 budget for new investment in the following strategic priorities:

- Information standards;
- Integrated care and social care;
- Improvements in our data services including the stabilisation of the Hospital Episodes Service;
- The Health and Social Care Network (HSCN);
- Stimulating innovation;
- Information governance and cyber security;
- Improving our customer and relationship management.

Looking ahead to 2015/16, all of our directorates are managing with reduced budgets, and there are still some financial risks which will need careful management. including some strategic priorities for which we are not yet fully funded. These include:

- System-wide cyber security;
- System wide information governance, including the office of the National Data Guardian;
- Informatics Portfolio Management Board;
- Modernisation of primary care and screening services.

We will therefore need to prioritise the use of our resources carefully, in collaboration with our partners. We expect to have to focus on our statutory duties and government priorities, as well as delivery of the NIB framework for action, once the implementation and delivery plan has been agreed.

In addition, we will review areas of potential cost savings, including the following:

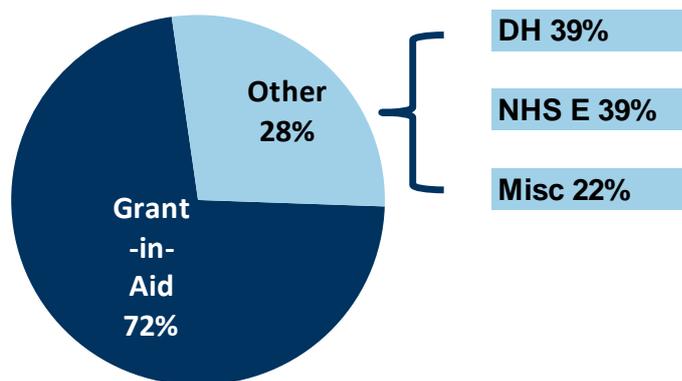
- **Staff costs:** our workforce strategy aims to create a more flexible and dynamic organisation that is more effective and more efficient. Through better planning and other measures we will also aim to drive down contractor expenditure wherever possible.
- **Buildings costs:** our locations strategy is intended to ensure that we manage our estate in the most efficient way possible, balancing the needs of our staff in the different office bases around the country. Our main locations are Leeds, London and Exeter.
- **Procurement:** we spend a substantial amount with third party suppliers to support our key delivery areas (e.g. surveys) and support services (e.g. IT). We will

challenge our suppliers to improve the efficiency and effectiveness of their own expenditure.

- **Technical and allocative efficiency:** we will explore options for delivering services and programmes in more efficient ways. We will also reduce our involvement in activities that are not high priority, or are best delivered in different ways. We will introduce new systems and processes to support better and more transparent financial planning and resource scheduling.

6.2 Sources of Funding

Our primary source of funding is in the form of Grant-in-Aid (GiA) received from the government. We are accountable to the DH for the use of this funding, to deliver our core and statutory activities, including national data collections, surveys, staff costs to support programmes and support services. Additional income comes from commissioning bodies to fund specific work. Our largest customers are the DH and NHS England. The graph below shows the proportion of these funding streams for the financial year 2015/16:



6.3 Forecast Expenditure

We have set an overall operating budget of £228 million for 2015/16. Of this, £164 million is Grant in Aid received from the government, and the remainder is made up of income from other sources. For 2015/16, we also have a capital investment budget of £15 million.

The table below shows a breakdown of our revenue budget for 2015/16:

| Income | 2015/16 £'000 |
|----------------------------|------------------|
| Income | |
| Grant in aid | (148,000) |
| Grant in aid (non-cash) | (16,290) |
| Other income (DH) | (24,641) |
| Other income (NHS England) | (24,716) |
| Other income | (13,972) |
| TOTAL INCOME | (227,619) |

Costs

Staff Costs

| | |
|-----------------|---------|
| Permanent Staff | 142,585 |
| Temporary Staff | 9,051 |

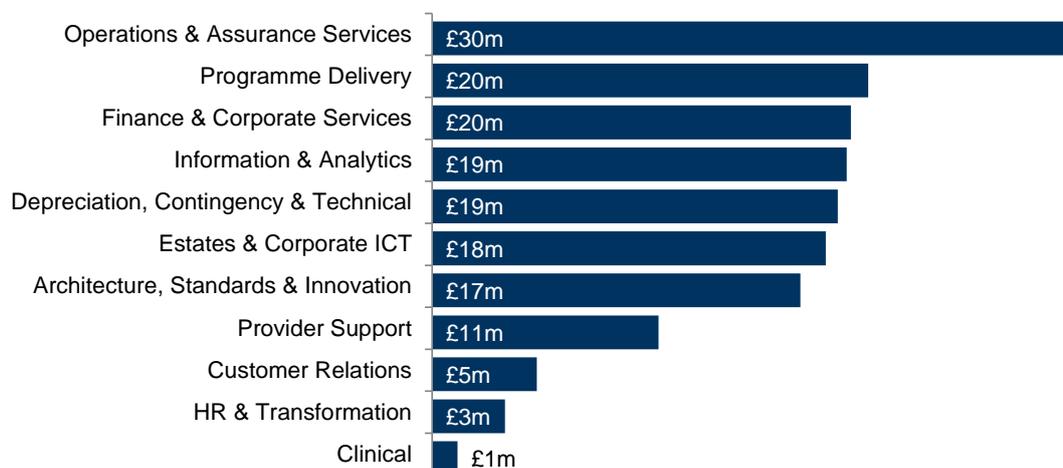
Non-Staff costs

| | |
|--|----------------|
| Professional Fees/ Legal/ Survey Costs | 25,206 |
| IT maintenance & support | 12,788 |
| Premises & Establishment | 10,379 |
| Travel | 4,687 |
| General office supplies & services | 6,633 |
| Depreciation/ amortisation | 16,290 |
| TOTAL COSTS | 227,619 |

| | |
|---------------------------|----------|
| (SURPLUS)/ DEFICIT | 0 |
|---------------------------|----------|

6.4. Apportionment of funds by Directorates

The following chart shows how our revenue budget for 2015/16 is apportioned across individual directorates.



The Finance and Corporate Services Directorate comprises central corporate functions for Business Services, Finance, Commercial/Procurement and Portfolio Management teams. It also houses pools of specialist staff which are assigned to other Directorates to work on specific programmes and services.

6.5 Supporting the Wider Informatics Programme

In addition to our own operating expenditure, we also support the management and governance of the wider Informatics Programme expenditure accounted for in the DH. Responsibility for this expenditure is external to the HSCIC: it rests with the DH and programme leaders. We provide financial reporting and assurance to ensure that these funds are utilised and controlled in an effective and appropriate manner. An example of this is cyber security: we are setting up a unit to support this programme on behalf of the DH.

6.6 Forms of Business

When we are commissioned to carry out work for other ALBs, key partners and commissioners, we ensure that it is covered by formal agreements with commissioners which define the work, the funding arrangements and other terms and conditions. These agreements with each commissioner make it easier to see the full schedule of commissioned work, help support prioritisation and planning, and bring more consistent terms and conditions. All of this provides an efficient and effective system for adding, modifying and ceasing work in future.

6.7 Financial Controls

During 2014/15 we implemented a new financial management reporting system to support financial control across all areas of the organisation. We will continue to develop our financial reporting and analysis capabilities during 2015/16 and beyond, including the implementation of Activity-Based Reporting during 2015/16 to ensure we can accurately report the full costs of the organisation against our individual programmes and services. This will provide an additional level of control, scrutiny and transparency and ensure that our resources are allocated to the appropriate organisational priorities.

7. How the HSCIC operates

7.1 Our governance

The HSCIC is an executive non departmental public body. Our Chief Executive is the accountable to the Secretary of State for Health for discharging our functions, duties and powers effectively, efficiently and economically. The DH is our sponsoring body and oversees governance processes which hold the HSCIC to account. The main formal vehicle for this is the Accountability Meeting, held quarterly.

The HSCIC Board is our senior decision-making body. It meets in public, and is accountable to the public, Parliament and the Secretary of State for Health. It is led by the Chair and comprises non-executive and executive directors.

The Board is supported by three main committees, each chaired by a Non-Executive Director:

- The **Assurance and Risk Committee** ensures there are arrangements in place to identify, evaluate and report on the effectiveness of risk management, other internal assurance controls, and the efficient use of resources.
- The **Information Assurance and Cyber Security Committee** ensures there are arrangements in place to manage information assurance and cyber security risks and threats across the organisation.
- The **Remuneration Committee** reviews, approves and advises on matters relating to pay, including remuneration packages, performance related pay awards and redundancy.

More details of our governance arrangements, including our Board and its members, can be found on our website⁵.

7.1 Performance management and reporting

We have adopted a corporate performance management framework which is used across the HSCIC to manage and report on our performance. It supports open and transparent governance and constitutes an important channel of accountability to the public.

We have a corporate performance pack which contains a mix of financial and non-financial performance information, key risks and issues and delivery against our strategic commitments. It is built on a suite of Key Performance Indicators which are used by directorates and analysed in performance packs which are scrutinised regularly by our Executive Management Team and our Board. The indicators are listed in Appendix 3.

The performance framework is supplemented by more detailed reports highlighting key work and activities for example relating to our major programmes, or organisational development and transformation.

⁵ <http://www.hscic.gov.uk/about-us>

7.2 Risk management

Risk management practice within the HSCIC is supported by a comprehensive governance framework, including policy, strategy and guidance. An internal audit review during 2014/15 found that this framework represents good practice.

Our strategic risk management model organised around a set of eight risk areas, each owned by an Executive Director:

| Strategic Risk Theme | | Owner |
|----------------------|--|--|
| 1 | Deliver on our statutory and legal obligations. | Director Finance & Corporate Services |
| 2 | Protect data and/or succumb to IT/Cyber security threats. | Caldicott Guardian and Lead Clinician |
| 3 | Safely collect, analyse and disseminate high quality and timely data and information, which meets customer expectations. | Director of Information and Analytics |
| 4 | Demonstrate delivery of benefits from the programmes and services we offer. | Director of Programme Delivery |
| 5 | Secure, deploy, develop and transform our workforce to deliver our future vision | Director of Human Resources and Transformation |
| 6 | Maintain operational continuity of systems and infrastructure we are charged to deliver. | Director of Operational Services and Assurance |
| 7 | Secure a positive, responsive and trustworthy reputation and maintain effective relationships with stakeholders. | Director of Customer Relations |
| 8 | Design and deliver systems that work or deliver as anticipated. | Chief Technology Officer |

Supporting each of these risk areas is a hierarchy of individual risks managed at corporate, directorate, service and programme levels.

During 2015/16, we will enhance this model further, with a more integrated risk and assurance model in order to strengthen and streamline our internal risk and assurance arrangements.

Appendix 2: Deliverables and commitments for 2015/16

1. ENSURE THAT EVERY CITIZEN'S DATA IS PROTECTED

| Deliverables and Commitments | | Lead Directorate | Target completion date |
|------------------------------|--|--------------------------|------------------------|
| 1.1 | Deliver a cyber security strategy and programme that meet the Secretary of State's requirement to improve data and system security across the health and care system, and can respond to the evolving nature of cyber threats that are posed | Operations and Assurance | June 2015 |
| 1.2 | Support the development of a service for managing people's preferences for managing the sharing of personal data, in line with the commitment given by the NIB | Operations and Assurance | March 2016 |
| 1.3 | Deliver enhanced information governance and security operations functions for the systems and services delivered by HSCIC. | Operations and Assurance | March 2016 |
| 1.4 | In collaboration with our partners, consolidate the position of the Information Governance Alliance as the single authoritative source of information governance advice, guidance and best practice for the health and care sector. | Operations and Assurance | December 2015 |
| 1.5 | Review and update the sector-wide Information Governance Toolkit so that it supports local health and care organisations deliver integrated services | Operations and Assurance | November 2015 |
| 1.6 | Support the National Data Guardian by hosting the independent Information Governance Oversight Panel to provide advice, challenge and scrutiny to the health and care system regarding the use of sensitive data | Operations and Assurance | March 2016 |

2. ESTABLISH SHARED ARCHITECTURE AND STANDARDS SO EVERYONE BENEFITS

| Deliverables and commitments | | Lead Directorate | Target date |
|------------------------------|--|--|----------------|
| 2.1 | Develop the HSCIC as the sector-wide centre of competence for technical architecture, information standards and innovation | Architecture, Standards and Innovation | March 2016 |
| 2.2 | Work with the Interoperability Board to develop new standards for the interoperability of care documents and records | Architecture, Standards and Innovation | March 2016 |
| 2.3 | Progress the implementation of SNOMED CT, pharmacy standards, and interoperability standards | Architecture, Standards and Innovation | September 2015 |
| 2.4 | Develop the SCCI Support service into a fully operational strategic support function | Architecture, Standards and Innovation | March 2016 |
| 2.5 | Ensure that clinical safety standards are incorporated into emerging technologies, health and wellbeing records, apps and assistive devices used by citizens and care professionals, and work with the Royal Colleges and others to promote the clinical safety standards ISB 0129 and ISB 0160 | Operations and Assurance | March 2016 |
| 2.6 | Develop and obtain approval for standards necessary to integrate information flows within social care and between health and social care (Assessments, Withdrawals and Notifications between adult social care and NHS secondary care; GP referrals to care and support; Continuity of care and support between Local Authorities) | Programme Delivery | March 2016 |
| 2.7 | Establish new working processes for development of innovative ideas in the HSCIC and explore options for the development of a new innovation centre that can support our work | Architecture, Standards and Innovation | October 2015 |
| 2.8 | Ensure that GP clinical systems can deliver the new GP2GP requirements to support the electronic transfer of records when patients transfer their GP | Programme Delivery | March 2016 |

3. IMPLEMENT NATIONAL SERVICES THAT MEET NATIONAL AND LOCAL NEEDS

| Deliverables and Commitments | | Lead Directorate | Target date |
|------------------------------|--|--------------------------|---------------|
| 3.1 | Make access to the Summary Care Record available to more clinical and social care settings (consistent with the NIB framework) in order to improve patient outcomes, avoid onward referrals and enhance patient experience of care | Programme Delivery | December 2015 |
| 3.2 | Develop the Spine service as a national hub supporting the exchange of information across health, social care, local authorities and other organisations involved in the new models of integrated care. | Operations and Assurance | October 2015 |
| 3.3 | Introduce new assurance processes to enable the HSCIC to open up access and reduce timescales for connectivity to national systems | Operations and Assurance | December 2015 |
| 3.4 | Redesign NHS Choices to deliver a growing range of personal transactions, to support the delivery of the NIB objectives | Programme Delivery | March 2016 |
| 3.5 | Develop identity verification solutions to support health and social care workers and patient/citizen identity in support of the National Information Board's Framework for Action. | Operations and Assurance | February 2016 |
| 3.6 | Allow "virtual smart card authentication" to manage access to national systems such as the Summary Care Record (SCR) through mobile devices | Operations and Assurance | March 2016 |
| 3.7 | Launch the e-Referrals service and its new vision for improving access to services | Programme Delivery | June 2015 |
| 3.8 | Manage the transition of the Care Identity Service to meet the requirements of the Spine Extension business case | Operations and Assurance | October 2015 |
| 3.9 | Support nationally rolled out mobile applications in line with the National Information Board's Framework for Action. | Operations and Assurance | December 2015 |
| 3.10 | Progress the migration of the Secondary Uses Service into the HSCIC, ensuring continuity of service and delivering the annual Payment by Results requirements | Operations and Assurance | November 2015 |

| Deliverables and Commitments | | Lead Directorate | Target date |
|------------------------------|---|--------------------------|---------------|
| 3.11 | Migrate, build and operate a new National Pandemic Flu service | Operations and Assurance | December 2015 |
| 3.12 | Put NHSMail2 into live service | Programme Delivery | June 2015 |
| 3.13 | Improve the effectiveness of the Electronic Prescription Service for patients, prescribers, dispensers and the prescription reimbursement agency by ensuring at least one third of all prescription items are prescribed, dispensed and claimed using the service | Programme Delivery | March 2016 |
| 3.14 | Review options for the future direction of the GPES service with a view to reducing costs, increasing capacity and turnaround of extract delivery | Programme Delivery | June 2015 |
| 3.15 | Continue the transfer of services into the Service Integration and Management environment, to strengthen our service management and so build confidence in our ability to deliver high quality resilient services with high levels of availability. | Operations and Assurance | December 2015 |
| 3.16 | Transfer the Central Health Registry Inquiry System (CHRIS) into the Spine service | Operations and Assurance | February 2016 |
| 3.17 | Commence the process of decommissioning the National Health Application and Infrastructure Services(NHAIS) and build new functionality into the Spine service to support national primary care registration | Operations and Assurance | March 2016 |
| 3.18 | Support NHS England to achieve 80% take-up of the Child Protection Information Service | Programme Delivery | December 2015 |

4. SUPPORT HEALTH AND CARE ORGANISATIONS TO GET THE BEST FROM TECHNOLOGY, DATA AND INFORMATION

| Deliverables and commitments | | Lead Directorate | Target date |
|------------------------------|--|------------------------------------|----------------|
| 4.1 | Ensure that all parts of the HSCIC are providing effective support to local health and care integration programmes | Provider Support | October 2015 |
| 4.2 | Publish the first stage of our report to provide the Secretary of State with the findings from our three-year rolling review of national and local data collections to manage the administrative burden on front line services associated with national data collections | Operations and Assurance | March 2016 |
| 4.3 | Pilot the "Oxygen" app to provide clinicians and care professionals with controlled and auditable access to the Summary Care Record | Provider Support | September 2015 |
| 4.4 | Deliver the NIB priorities concerning development of the health informatics profession and skills | Human Resources and Transformation | March 2016 |
| 4.5 | Provide the capability for secure messaging and paperless processes across care settings and into care homes | Programme Delivery | December 2015 |
| 4.6 | Ensure that the exit and transition arrangements for the BT and CSC LSP Contracts are managed successfully | Provider Support | March 2016 |
| 4.7 | Launch a toolset to help health and care organisations develop and implement a benefits realisation strategy | Provider Support | March 2016 |
| 4.8 | Ensure that the implementations of the South Community and Child Health Programme are completed in all trusts | Provider Support | March 2016 |
| 4.9 | Complete the implementations in both trusts for the South Ambulance Programme | Provider Support | January 2016 |
| 4.10 | Obtain business case approvals for the South Acute Programme, supported by agreements between DH and the providers | Provider Support | August 2015 |
| 4.11 | Complete the NME and London PACS contract exits and close the programmes | Provider Support | March 2016 |

6. MAKE BETTER USE OF HEALTH AND CARE INFORMATION

| | Deliverables and commitments | Lead Directorate | Target date |
|------|---|---------------------------|----------------|
| 5.1 | Consolidate and better assure the reporting and publication of, and improve public access to, indicators, including the National Information Board commitment to deliver a national quality library | Information and Analytics | March 2016 |
| 5.2 | Work with NHS England to develop a new national Data Services for Commissioners service | Information and Analytics | March 2016 |
| 5.3 | Implement a “single front door” to make it easier for research organisations to access health and care data that is held in different organisations (the HSCIC, Public Health England and the Clinical Practice Research datalink, for example) | Information and Analytics | March 2016 |
| 5.4 | Work with our partners on the development of the new payment and tariff strategies that will shape the future requirements of the National Tariff Service | Information and Analytics | March 2016 |
| 5.5 | Design and deliver the first phase of the Data Services Programme, starting with the national repository for data services | Information and Analytics | December 2015 |
| 5.6 | Work with the DH and the Cabinet Office to design a Centre of Excellence for Big Data and Data Science | Information and Analytics | March 2016 |
| 5.7 | Complete the evaluation of the pathfinder stage of the Care.data programme and, subject to that evaluation, agree with NHS England the plans for a phased roll out for the care.data primary linked dataset. | Information and Analytics | January 2016 |
| 5.8 | Design and deliver a new genomics support service with Genomics England | Information and Analytics | October 2015 |
| 5.9 | Deliver the key national clinical audits, including the Female Genital Mutilation enhanced dataset and the development of the Breast Implant Audit registry | Information and Analytics | March 2016 |
| 5.10 | Deliver the Mental Health, Maternity and Children’s Datasets so that providers are submitting data on a regular basis | Information and Analytics | September 2015 |
| 5.11 | Publish over 250 national reports on health and care statistics | Information and Analytics | March 2016 |

6. TRANSFORMING THE WAY WE ENGAGE AND WORK

| Deliverables and commitments | | Lead Directorate | Target date |
|------------------------------|---|------------------------------------|----------------|
| 6.1 | Implement the HSCIC's plans for securing an appropriate and effective workforce through: <ul style="list-style-type: none"> ○ Improved recruitment processes, including collaborative recruitment for programme and project delivery roles; ○ Implement values-based recruitment (VBR) throughout the HSCIC; ○ Embedding the management of the professional groups and the dynamic resource pools across the HSCIC | Human Resources and Transformation | September 2015 |
| 6.2 | Develop and implement a pay and reward strategy and implement the reward programme of work | Human Resources and Transformation | April 2015 |
| 6.3 | Deliver new approaches to development of leadership and management for the HSCIC | Human Resources and Transformation | September 2015 |
| 6.4 | Manage and deliver the internal Bureaucracy Busting programme | Human Resources and Transformation | September 2015 |
| 6.5 | Establish a new account management structure, for the HSCIC, informed by a new stakeholder relationship strategy and incorporating feedback measures for the products/services delivered | Customer Relations | March 2016 |
| 6.6 | Develop and implement a new communications and engagement plan for the HSCIC, supported by effective material, products and tools, including a new website designed around our customers' requirements | Customer Relations | March 2016 |
| 6.7 | Establish a market intelligence function to provide insight to inform the HSCIC's strategy and product/service development | Customer Relations | March 2016 |
| 6.8 | Embed the HSCIC estates strategy and seek further efficiencies across the HSCIC estate | Finance and Corporate Services | March 2016 |
| 6.9 | Deliver a Commercial Operating Model to support HSCIC programmes, services and other functions | Finance and Corporate Services | January 2016 |
| 6.10 | Introduce Activity-Based Recording as the first stage in our Capacity and Productivity Challenge | Finance and Corporate Services | March 2016 |
| 6.11 | Establish an interim Informatics Portfolio Office to support the Department of Health's responsibilities for informatics governance and assurance | Finance and Corporate Services | June 2016 |

Appendix 3: Our key performance indicators (KPIs)

| Performance indicator | | Details | Owner |
|-----------------------|----------------------------------|---|--|
| 1 | Programme achievement | This indicator provides a consolidated overview of the status of the HSCIC's portfolio, in respect of delivery confidence for each programme, including the findings and recommendations from Gateway Reviews. | Director of Programmes |
| 2 | IT service performance | This indicator looks at service availability against targets, response times for dealing with incidents, also against targets set for each service, and the number of high severity service incidents each month. | Director of Operations and Assurance |
| 3 | Organisational health | A number of individual measures are included in this KPI, looking at staff engagement, training and development spend, completion of personal development reviews, sickness absence rates, time to recruit and staff turnover | Director of HR and Transformation |
| 4 | Data quality | This indicator is intended to comment on the quality of data that the HSCIC receives from services. In the past it has looked at a small number of specific datasets, and is now being reviewed. | Director of Information and Analytics |
| 5 | Reputation | This KPI is currently being revised. | Director of Customer Relations |
| 6 | Financial management | Details are reported for the HSCIC revenue expenditure | Director of Finance and Corporate Services |
| 7 | Risk management | Our 8 corporate risks are included in the performance pack, with an assessment for each on risk appetite and risk mitigation. | Director of Finance and Corporate Services |
| 8 | Information governance incidents | This KPI reports on the number of incidents internal to the HSCIC (i.e. where the HSCIC is the data controller. It also reports on the number of incidents arising from supplier compliance issues, and on incidents which are external to the HSCIC. | Director of Operations and Assurance |

Appendix 4: Definitions of the HSCIC's Programmes and Projects

Key:

OAS: Operations and Assurance Services
 PSD: Provider Support Directorate

PDD: Programme Delivery Directorate
 IA: Information and Analytics

| Programme or Project | Funding Organisation | HSCIC Directorate | Description / Purpose |
|--|----------------------|-------------------|---|
| BT Local Service Provision: London and South | Dept. of Health | PSD | Upgrading information technology in NHS provider organisations so that they can implement the electronic patient record at the point of care. |
| Calculating Quality Reporting Service | NHS England | PDD | Calculates, reports and approves outcome-related achievement and payments to GP practices and NHS England area teams. |
| Care.Data | Multiple | IA | A programme to capture and link data from primary and secondary care to increase transparency and improve patient outcomes |
| Child Protection – Information Sharing | NHS England | PDD | Provides child protection information to NHS emergency and urgent care services |
| CSC Local Service Provision | Dept. of Health | PSD | Upgrading information technology in NHS provider organisations so that they can implement the electronic patient record at the point of care. |
| Data Management Environment | HSCIC | IA | Standardised, secure method for storing, auditing, assuring and governing data held by HSCIC |
| Data Services for Commissioners | NHS England | IA | Infrastructure, systems and services to enable effective data provision to health and care commissioning organisations |
| Defence Medical Services | NHS England | PDD | Supporting Defence Medical Services to deliver the full capability of their care records system, including integration with NHS systems and services |
| Electronic Transfer of Prescriptions | HSCIC | PDD | Electronic prescription service for GP practices and pharmacies which makes prescribing and dispensing more efficient and convenient for staff and patients |

| Programme or Project | Funding Organisation | HSCIC Directorate | Description / Purpose |
|---|----------------------|-------------------|---|
| Female Genital Mutilation Prevention | Dept. of Health | PDD | Information collection and sharing by the NHS on Female Genital Mutilation |
| General Practice Extraction Service | HSCIC | IA | Extracts information from general practice IT clinical systems for a range of purposes, it is also part of the process for providing payments to GPs and CCGs |
| GP2GP | HSCIC | PDD | A computerised system to manage the electronic transfer of patient records between GP practices |
| General Practice System of Choice | Dept. of Health | PDD | Provision and delivery of clinical information technology systems for GP practices |
| Health and Justice Information Services | NHS England | PDD | Information services to support commissioning and provision of healthcare in all places of detention and sexual assault referral centres in England |
| Health and Social Care Network | Dept. of Health | PDD | Provision of a wide area network to meet the information needs of health, public health and social care services |
| Information Services for Parents | HSCIC | PDD | Bite-size video clips which provide parents with information about pregnancy and care for babies |
| Maternity and Children Dataset | Dept. of Health | IA | Collection and reporting of data concerning maternity, child health and adolescent mental health services |
| N3 | Dept. of Health | PDD | The national network for the NHS, providing IT infrastructure, internet protocol networking services, secure connectivity and broadband capacity |
| National Tariff System | NHS England | IA | National solution and enabling products to support payment by results functionality for hospitals providing NHS care |

| Programme or Project | Funding Organisation | HSCIC Directorate | Description / Purpose |
|---|----------------------|-------------------|--|
| NHS Choices | Dept. of Health | PDD | NHS Choices is a website that provides a comprehensive information service to enable patients and the public to take control of their health |
| NHS e-Referral | Dept. of Health | PDD | An electronic referral service that improve patient experiences and outcomes and support progress towards a paperless NHS |
| NHS Mail 2 | Dept. of Health | PDD | Replace the existing NHS email system and transition users and services onto the new solution |
| Offender Health IT | NHS England | PDD | Deployment of a clinical information technology system to all prisons in London and the South of England area. |
| Picture Archiving and Communications System | Dept. of Health | PSD | Enables x-ray and scan images to be stored electronically and viewed on screens, helping to improve diagnosis methods |
| South Acute Programme | NHS England | PSD | Collaborative approach to procurement of clinical information technology systems by NHS organisations in the South of England area |
| South Ambulance Programme | NHS England | PSD | Procurement of clinical information technology systems for Ambulance Trusts in the South of England area. |
| South Community and Child Health Programme | NHS England | PSD | Procurement of clinical information technology systems for Community and Child Health Trusts in the South of England area |
| Spine2 | Dept. of Health | OAS | Spine is a collection of national applications, services and directories that support the NHS in the exchange of information across national and local NHS systems |
| Summary Care Record | HSCIC | PDD | A system that provides information to care professionals in emergency and urgent care settings NHS England where no information about a patient is currently held |
| Secondary Uses Services | NHS England | OAS | The single source of comprehensive data to support a range of analysis and reporting about health and care service provision |

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www.hscic.gov.uk

enquiries@hscic.gov.uk

0300 303 5678

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