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Executive Summary

NHS Digital already has an important role to play as the technology and data partner for the health and care system. From 2017, our role has increased significantly, as we have been tasked with delivering the commitments set out in the National Information Board’s strategy for Personalised Health and Care 2020.

The Personalised Health and Care 2020 portfolio itself is a key enabler to support the strategic objectives set out in the Five Year Forward View, to help the NHS become financially sustainable by bridging the three gaps relating to health and wellbeing, care and quality, and funding and efficiency.

This is a major shift in the scale and complexity of the requirements that fall on NHS Digital. At the same time, we have new arrangements for governance and assurance as the Department of Health slimms down to its new role and hands over funding and controls to its Arms-Length Bodies, including NHS Digital and NHS England.

The step change for delivery responsibility and financial accountability for our organisation is substantial. We need to have the capacity, capability and corporate governance arrangements in place that are recognised as being robust enough to deliver these new requirements, to accept this new autonomy, and have the confidence of our key external partners and stakeholders, including HM Treasury.

Between October 2016 and March 2017, NHS Digital conducted a review (known as the ‘Capability Review’) whose purpose was to baseline our capabilities and identify what steps would be needed to further transform NHS Digital into a modern, agile organisation capable of meeting the delivery commitments made in Personalised Health and Care 2020 and the discharging of our statutory functions. A short description of the scope of the Review is included in Appendix 2.

We wanted to ensure that our decisions about how we change are responsive to our partners and stakeholders. We employed independent advisers to help us with the Review, to ensure objectivity.

We asked the advisers to gather views from our partners and stakeholders. We are grateful to all who contributed, as the feedback gave us some important insights into the way we work and our role in the system:
• Few people are aware of our role and functions in their entirety – especially our statutory role. People base their perceptions of our organisation on the services or functions they know - they are rarely reflecting a complete view of our organisation. Comments about our services are extremely varied across the scale of excellent, good, bad, or improving. We are recognised for our expertise in delivering large scale infrastructure and technology live services, but there is frustration about our handling of data services.

• Our national partners recognise the criticality of our role but are also concerned about our ability to step up to the delivery of the strategic requirements of Personalised Health and Care 2020.

• Our local stakeholders say we are distant from the front-line, and this is exacerbated by the way we communicate with other organisations, which is experienced as ‘transmitting’ information rather than ‘engaging’ with organisations.

• Many commented about a lack of clarity about the roles of national organisations involved in data and technology, including the system-level leadership and governance, approvals, assurance and governance processes as well as roles and functions.

The advisers told us that there is much evidence of progress and development across our organisation in our first three years - we have a sound foundation to build on. But they also gave us invaluable advice and direction to help us improve our effectiveness. They have set out the headlines from the Review for us in a separate document, and these are included in the next section below.

The commitments we are making in this document go beyond the scope of the recommendations from the advisers. They are intended to address the changes we need to make, and also the changes to the way we and our national partners – notably the Department of Health and NHS England – manage the system-level leadership and governance.

We are proud of the expertise that our staff have and the work they do for the benefit of the health and care system. We also recognise the importance of changing the way we work, of building and sustaining trust and confidence in all that we do, and of working in partnership to ensure that the total value of our collective effort to transform the way health and care services benefit from using data and technology exceeds the sum of the separate parts.

This document describes our ambition and our plans for transforming NHS Digital. It aims to assure the general reader that we are ‘fit for purpose’ to deliver the commitments set out in Personalised Health and Care 2020 as well as the longer term strategic challenges that health and care organisations are facing. Taken together, the commitments will consolidate our role as the key delivery partner for health and care data and technology services, and restore our voice and influence on behalf of the health and care service.
NHS Digital – our role in the health and care system

The role of NHS Digital

NHS Digital is the national information and technology partner for the health and care system. Our vision is to harness the power of information and technology to make health and care better for the care professionals and people who work in the service, and for the people who receive them.

We aim to:

• ensure that every citizen’s data is protected
• establish shared architecture and standards so everyone benefits
• implement national services to meet national and local needs
• support care organisations to get the best out of technology, data and information
• enable much better use of health and care information.

Our team of information analysis, technology and project management experts design, deliver and manage the essential technology infrastructure, data and digital services, products and standards that health and care professionals use every day to deliver better care.

We have a unique statutory duty to help the health and care system drive greater value from the data and information it generates. The data and information we publish is used by commissioners to improve services, and by researchers to find new ways to prevent and treat disease. We must also ensure that the information we hold in trust for the public is always kept safe, secure and private.

We work in partnership with other national bodies and with those that use our data and services locally to deliver the quality and reliable technology of today while seeking to unlock the potential of the new, exciting and innovative technologies of our time.
The strategic context

Like all organisations operating in the health and care ecosystem and our partners, including local authorities for social care, we must support the NHS to address the challenges set out in the Five Year Forward View:

The way that technology and data are addressing these challenges is described in the National Information Board’s Personalised Health and Care 2020 and aims 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 specific delivery requirements have been translated into a major portfolio of work for NHS Digital, comprising 33 new programmes grouped into 10 domains which will bring in an anticipated additional budget of £4.2billion over the next 5 years:

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<td>Public trust and security</td>
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- Help patients to take control of their own health and care and reduce the pressure on frontline services.
- Improve telephone and online triage and provide better technology to support clinicians so that treatment is better targeted.
- Use technology to free GPs from time consuming administrative tasks and provide patients with online services.
- Inform decisions across all health and care settings and improve the experience of service users by enabling and enhancing the flow of patient information.
- Give patients greater choice and added convenience by enabling them to choose where, when and how their medicines are delivered.
- Equip the NHS with technology that will transform care and ensure the workforce has the skills to get the most out of it.
- Equip the NHS with technology that will transform care and ensure the workforce has the skills to get the most out of it.
- Improve the quality, availability and integrity of health data so that frontline staff, researchers and decision makers are better informed.
- Enable information to move securely across all health and care settings by providing and maintaining robust and future-proofed national systems and networks.
- Respect the data sharing preferences of patients and keep their data secure in all settings.
This is a significant responsibility over and above our existing commitments and statutory duties. It requires NHS Digital to:

- have access to the right skills and expertise, either directly or through partnering, to ensure we have the capacity and capability to fulfil these commitments

- improve our delivery model, by implementing the necessary foundations for a systematic approach to designing, planning, and implementing the commitments. Although the portfolio is grouped into domains that reflect discrete business areas for health and care, such as primary care, or urgent and emergency care, the requirements must be managed holistically, as they are intended to deliver technology services and products that work together across the health and care system to deliver integrated and interoperable services used by health and care professionals and by patients and the public

- ensure proper accountability for the delivery and adoption of the services and programmes, and work with national and local partners to ensure that they are used effectively

- have the skills and capacity to manage the increased contractual and commercial requirements that are being put in place to deliver the commitments. This includes around 150 contracts with a value of £200million that have been novated from the Department of Health into NHS Digital

- have effective corporate governance arrangements in place to instill confidence in our ability to manage the resources committed to NHS Digital to enable us to discharge our responsibilities

- operate under agreed system-level governance arrangements that are robust, transparent and effective for rapid decision-making, approvals and assurance.

At the same time, there are strategic agendas which will have material implications for NHS Digital. NHS Digital will have a major role implementing the recommendations from the National Data Guardian’s review of security and opt outs. And we are working with national partners to develop a strategy for genomics that will have implications for what we do.

As a result of the Capability Review, we have set out a clear suite of recommendations to ensure we are ‘fit for 2020’. All of the actions will be started in quarter 1 of 2017/18, and most will be completed by April 2018.

The following chapters summarise our diagnosis and commitments, in response to the headlines from the Capability Review, as described by our advisers in their summary report. The headlines are listed below.
### Headlines from the Capability Review

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<th>Finding</th>
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<td>National role and clarity of service offer</td>
<td>Ambiguous expectations and blurred operational boundaries across the health and care ecosystem adversely affect NHS Digital's delivery performance. This has resulted in an inability to articulate a clear service offer with confidence. This creates confusion, undermines organisational credibility and limits customer satisfaction.</td>
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<td>Customer needs and front line engagement</td>
<td>NHS Digital do not currently maximise the value of every customer interaction by working collaboratively at the “front line” to capture intelligence and insight that focusses delivery on what matters.</td>
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<td>Fostering innovation</td>
<td>There is no industrialised organisational process for distilling insight into valuable solutions and introducing new ideas, products and services – through collaboration with customers and the supplier market – that address the fundamental challenges of the business.</td>
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<td>Modernising data service</td>
<td>The data services offered by NHS Digital have a large and varied audience. Feedback from customers was that these services were below expectations. Delivering better here will have the largest impact on brand and reputation.</td>
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<td>Assurance and ownership alignment</td>
<td>Inconsistent governance and assurance arrangements across critical internal and external stakeholder groups lead to uncoordinated management of portfolio level risk and delivery.</td>
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<td>Strengthening cyber capability</td>
<td>Although there has been a rapid foundational capability roll-out for cyber security, there is still opportunity to enhance and mature both internal and external cyber services.</td>
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<td>Strengthening commercial capability</td>
<td>Commercial capability is assessed as basic to average, with particular challenges around market data and insight, category management and corporate strategic supplier management. New digitally-networked market complexities need to be reflected in the speed and agility of commercial and procurement vehicles.</td>
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<td>Workforce skills and agility</td>
<td>An articulation of the impact of the future strategy on the workforce is limited. Capability imperatives have not been mapped against emerging delivery requirements, and limited use of alternative resourcing channels damages NHS Digital's ability to flex to meet changing workforce demands</td>
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<tr>
<td>Digital culture and behaviours</td>
<td>Historic skills requirements and established ways of working have too much influence on the organisation's behaviours. This impacts NHS Digital's ability to drive change at scale.</td>
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<td>Modernising the internal technology landscape</td>
<td>The business is using out-of-date technology in key areas and the adoption of innovative digital solutions and automation is often too slow.</td>
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<td>Industrialising the delivery model</td>
<td>NHS Digital has not defined its “business architecture” clearly enough – from high level system interoperability to the delivery models and technology blueprints which underpin them. Current operating structures are too isolated, compartmentalised and rigid for delivery across a multi-speed IT environment. Any new initiatives must be considered as part of an end-to-end, top-to-bottom value chain of interdependent activities.</td>
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Modernising our delivery model

Ensuring technology supports national and local service needs

The objectives of Personalised Health and Care 2020 will only be achieved by all sectors of the health and care system working together. This means that different technology systems need to interoperate and data must be able to flow seamlessly under the appropriate controls.

The work being done to design and deliver local sustainability and transformation plans is already addressing ways of improving interoperability within a local health economy, so at a national level we must ensure that interoperability standards are in place and used to ensure that information can flow between organisations, or geographical groupings to provide consistent access to data and services, so that there is no ‘postcode lottery’ of variability in different parts of the country.

Similarly, we need to ensure that the local services and systems that are being designed have access to the national services, under appropriate governance arrangements, to allow them to work effectively. The interface between national and local services will be critical to properly integrated care models.

Finally, we must ensure that existing and future national systems work together: that key functionality such as access permissions or personal records are only built once, but used many times by other systems.

This means we need to have a more detailed understanding of the architecture – the way technology is used and the way data flows around the health and care system. This is important not only to ensure consistency, completeness and interoperability, but also to ensure that robust investment decisions are made, and that there is no unnecessary duplication.

This work is underway and we have brought in external consultants to support us in designing a new service that works across the health and care system. This will be an important piece of the system-level governance arrangements, working through the Enterprise Architecture Board.

What we will do:

- Implement an effective enterprise architecture function, supported by the necessary processes and tooling for the national health and care system.
Consolidating service operations

The ‘Personalised Health and Care 2020’ portfolio contains many new programmes and developments of existing services. This is the focus of our new development work now and in the future. But many of the services we deliver today are still managed using ‘programme management’ governance arrangements although the delivery and implementation work has been largely completed and the services are now being used locally.

This is inefficient for a number of reasons and distracts us from the true objective for these programmes, which must be to encourage wider adoption in local settings, such as hospitals or pharmacy or other community settings. The Electronic Prescribing Service, the Summary Care Record and NHSMail2 are good examples of this, although it should be noted that Personalised Health and Care 2020 includes a big programme focus on new referrals capability.

Users of these services will not see any difference when we adopt these changes, although as well as being able to concentrate on faster and wider adoption, we will be able to respond more rapidly to requests for new functionality.

What we will do:

- Establish a true Service Operations capability responsible for maintenance development and future roadmap for all NHS Digital technology services.
- Set out the criteria and due diligence for managing the transfer of programmes into service operations.
- Implement the transfer of programmes into Service Operations during 2017/18.
Consolidating our software development teams

NHS Digital inherited four major in-house software development and support teams, located over several NHS Digital sites (Leeds, London and Exeter), totalling in excess of 400 permanent and non-permanent staff. Each team has areas of specialist technical, system and business knowledge which has been developed over time through the work they have undertaken over the years:

- **The Systems and Service Delivery (SSD) team** based in Exeter has considerable knowledge of screening and patient management systems having successfully delivered cervical, bowel and breast screening systems.

- **The NHS.UK team** has considerable knowledge in citizen and patient facing systems through the delivery of the current Choices service and development of its replacement NHS.UK.

- **The Digital Delivery Centre** based in Leeds carried out the work to bring many major national systems in-house, such as the Spine, PDS and SUS.

- **The IT Development team**, also based in Leeds, run extensive data collection and processing functions.

- Additionally there are a few smaller development teams within NHS Digital, including the NHS 111 team based in Southampton.

There have been advantages to this historically, but if we are to be successful in the future, we believe we should operate these development centres under a single management structure. This will enable us to eliminate duplication of capability, encourage consistent development methods and give us more flexible access to local labour markets.

This single development capability will be used by the programme teams responsible for delivering the Personalised Health and Care 2020 portfolio when in-house software development is required.
What we will do:

• Draw up a plan for merging the two Leeds-based digital delivery teams and establishing a single Leeds digital delivery centre which will also address the future direction of the smaller teams.

• Introduce a single set of operating principles and streamlined processes including a single process for managing all new work requirements and the distribution of work to the Digital Delivery Centre teams.

Delivery methods

Our teams are using different delivery methodologies to structure their work and we have reflected on the implications and consequences of this.

Our programme and software development teams are used to using what are known as ‘waterfall’ methods for traditional and complex work. We are also using a variety of ‘agile’ methods for more patient-facing and clinician-facing systems.

We have concluded that it would be a mistake to adopt a single ‘agile’ method for the whole organisation. Rather, we believe that the different delivery requirements that we are responsible for would be better served by the use of a small but defined number of methodologies which are underpinned by consistent use of terminology, taxonomy, decision points and reporting requirements. We also wish to implement a consistent set of development tools across the enterprise.

This will enable consistent management and reporting within NHS Digital and with external stakeholders such as the Digital Delivery Board, and will also enable flexibility in transferring resources between programmes.

What we will do:

• Define and publish details of the development and programme management methods we will use, along with the underpinning policies and procedures to ensure they are applied consistently across NHS Digital.

• Develop and implement a plan for the use of a consistent enterprise-wide set of development and programme management tools.
The build/buy decision

Our programme teams examine whether to build a solution ‘in-house’, or buy externally today as part of the government’s normal business case development process. Our review has highlighted that the detailed process for making these choices need to be modernised and put into the context of the new system governance arrangements.

The process needs to focus more on early market assessment (see the recommendations for the commercial function) and also on the resourcing decisions – whether to use NHS Digital resources entirely or whether to use alternative sources, possibly including off-shore resourcing.

Finally, the decisions need to be formalised as part of our revised assurance processes.

What we will do:

- Develop and adopt a single organisation-wide approach to the ‘build/buy/source’ decision and ensure this becomes a major checkpoint in programme oversight.
Strengthening our cyber capabilities

During 2016/17 we have established the Cyber Security Programme (CSP) aimed at supporting local organisations manage cyber threats, and building the capability across the health and care system. This is a significant investment to manage cyber threats – in excess of £40m from FY16/17-20/21. We work closely with the National Cyber Security Centre to ensure we are fully aligned with national and international efforts to respond to the challenges posed by cyber threats.

Cyber threats continue to increase and we will continue to develop our capabilities to help counter them. A key element of this work will be knowledge transfer across the health and care system. For that reason we have a structured engagement campaign and a knowledge service which provides organisations access to a library of health related cyber security threats with mitigations to improve understanding and promote best practices, as well as a range of e-learning modules to prepare health and care professionals for managing threats to data confidentiality, integrity and availability.

What we will do:

- Design and implement a single unified security operating model for NHS Digital based on ISO27001 robust industry standards.
- Continue to enhance our security testing, tracking and reporting capabilities.
- Establish a National Security Operations Centre with real-time intelligence on the threats facing health and care organisations.
- Incorporate the new Data Security Standards and assurance function as recommended by the National Data Guardian.
- Create a new commercial framework to make it easier for local health and care organisations to access support.
Improving our Information and Analysis offer

Data in general and better uses of data specifically are an important part of Personalised Health and Care 2020 (Domain H). Our Data Services were an explicit exclusion from the scope of the Capability Review because work was already underway to develop a data strategy when the review started - and we didn’t want to slow that work down. The NHS Digital Data Strategy has now been completed, approved by the NHS Digital Board and published.

Our vision is for a health and care system that has all the data and information that it needs, provided in an accessible and timely way, to enable it to provide the best possible services and to achieve world class health outcomes. We want to empower the health and care system to be intelligent in the way it uses data and information to drive improvements in health and care, by delivering world class data and analytics services through the highest level of skills, expertise, tools, techniques and technology.

We manage over 100 different data sets and collections and make the data available for wider use. There are three components of our current offer:

- **Data services:** making data available to customers on health and care services to enable research and analysis by individuals and organisations (including commissioners, providers, arms-length bodies, researchers, the intermediary market etc.).

- **Analytical services:** providing standard and bespoke analysis services to customers that either answer their question or provide them with the tools to answer their question.

- **Statistical services:** developing and publishing national, official and other statistical publications that describe health and healthcare across the country.
What we will do:

- Implement the new Business Intelligence tool-set immediately to enable a wide range of users to access the data we hold in a modern way, under appropriate controls.
- Continue to reform our Data Access Release Service for data disseminations, including further development of the existing online facilities.
- Continue to improve the quality of the data we hold and accelerate the time that this data is available.
- Implement the Data Services Platform to further revolutionise the way our data is collected, stored and accessed.
- Use the capabilities of the Data Services Platform to transform and modernise or internal processes.
- Extend the data we collect to respond to our stakeholders’ needs, the governance of Personalised Health and Care 2020 Domain H and the National Data Guardian’s oversight.

Increasing our commercial capabilities

The Personalised Health and Care 2020 portfolio of programmes place a huge increase in demand on our commercial capabilities: many of the programmes require solutions from new and existing suppliers and we must understand emerging supplier offers more effectively.

Historically, it was left to individual programmes and services to determine their requirements and procurement strategies. As a consequence we have staff with good contract management skills spread across our organisation, especially for large-scale contracts that were in place for previous national programmes. However, the programme focus has resulted in a wide variation of processes and practices.

The nature of the contracts are themselves changing significantly, with a drive to greater use of smaller contracts, whose outputs vary considerably but require effective integration. This has a significant impact on the balancing of skills between procurement and contract management as well as reliance on a capability to understand and access new supply markets.

We have developed a new commercial strategy in response to this and are in the process of embedding it across NHS Digital. Its premise is that we will have a centralised function working across our organisation, so that expertise, policy and processes are applied consistently and skills are embedded within programme teams and across the organisation.
There are also some functional (and organisational) gaps that our strategy is now addressing. These include:

- pro-active market engagement and development
- supplier relationship management
- category management and strategic sourcing
- integrated technology platform and tools to support data management, procurement and supplier/contract management.

By addressing these gaps, we will develop a better understanding of the market and what suppliers have to offer; we will have better insight to enable us to make the right decisions about what products and services we should buy, and what we need to build.

**What we will do:**

- Ensure operating model and staff capabilities support the achievement of functional and organisational strategies and goals and ensure that the commercial strategy is implemented effectively across NHS Digital.
- Implement standardised channels and tools, to deliver Commercial service and delivery optimisation.
- Establish a system based capability to drive consistent and credible data and management information which will inform and drive engagement with the business partners and support effective resource management and strategy delivery.
- Implement an organisation wide model for effectively managing and developing supplier relationships across their portfolio and defining roles and responsibilities across stakeholders.
Transforming the way we work with customers, stakeholders and partners

We must be more responsive to the transformation needs of the wider health and care system. To do this, we need to help local organisations make better use of existing national data and technology capabilities and we must respond to their future needs effectively, in particular ensuring the new capabilities delivered by Personalised Health and Care 2020 are relevant locally. We must raise our profile and support local and national organisations on their transformation journeys by becoming innovative thought leaders on health and care technology and data.

Our aspiration is to become the ‘go to’ organisation not just for the use of existing and future national data and technology systems, but also for advice on emerging technologies and a centre of innovation for effective use of data and technology to deliver better care.

Driving improvement by working more closely with our stakeholders

NHS Digital has a very broad range of customers and stakeholders. They include:

- national organisations such as the National Data Guardian, Information Commissioner’s Office, the National Cyber Security Centre, Centre for the Protection of National Infrastructure and security organisations
- our cross-Government stakeholders including other Arms-Length Bodies, NHS England, Genomics England, the Department of Health, Cabinet Office, Government Digital Services, the Infrastructure and Projects Authority, Her Majesty’s Treasury, Public Health England, NICE, NHS Business Services Authority and the Medicines Healthcare Regulation Authority, NHS Improvement, Care Quality Commission and Health Education England
- local government, including their social care and public health roles
- local NHS organisations, including trusts, GP practices, pharmacies, community care and partnerships working on local Sustainability and Transformation Plans
- health and care federations such as NHS Confederation, NHS Providers, NHS Clinical Commissioners, the Local Government Association, the Association of Directors of Adult Social Services
royal colleges and professional groups such as the British Medical Association and the Royal College of GPs
third sector organisations
policy organisations and think tanks such as the Kings Fund, Health Foundation, the Nuffield Trust and others working on the wider policy agenda
research, academic, life science and business intelligence organisations
patient and public groups.

We have strong relationships with some of these organisations today, but our relationships with others need improvement. We believe that the transformation of health and care services will drive a much more explicit focus on far more advanced use of technology and data and we need to be responsive to that. In turn, this will uncover new challenges such as the increasing use of devices and software to aid diagnosis, the need for more explicit stand.

We are now recruiting a team of Strategic Account Managers who have a good knowledge of the business issues that our stakeholders are addressing and can help tailor and shape our offer to support them more effectively. They will also ensure that NHS Digital’s work is informed by an understanding of the wider strategic and policy agenda.

We have grouped our key stakeholders and partners and each Strategic Account cluster will be led by an EMT director.

We have also recently established a Business Analysis team to work with our Strategic Account Managers and liaise directly with organisations that have particular requirements that lie outside the current scope of Personalised Health and Care 2020. This will help those organisations understand the right approach to meeting their needs.

What we will do:

- Adopt a customer-facing description of our services, programmes and functions, including our statutory duties.
- Continuously map the priorities and business requirements of all our customers and partners in relation to NHS Digital services and programmes.
- Promote the Business Analysis service to help our customers define their requirements for new service and products.
- Develop the new Strategic Account Management function to help drive and embed customer-focused relationship management behaviours across NHS Digital.
Accelerating implementation and adoption

The true tests of NHS Digital’s success are whether existing services achieve greater adoption across the health and care system and whether the Personalised Health and Care 2020 portfolio of programmes achieve widespread usage by local organisations.

Historically, because we adopted a programmatic approach to all of our activities, local organisations would frequently have multiple and sometimes uncoordinated ‘touch points’ with NHS Digital led programmes.

We have recently created a single Implementation and Business Change team within NHS Digital by identifying all of the people working with local organisations and placing them under a single management structure. The Implementation and Business Change team is comprised of regional teams which mirror the teams in NHS England and NHS Improvement to create more alignment between national organisations.

The team is currently concentrating on the increased uptake of existing services (consistent with ‘consolidating service operations’ described in the Delivery section). Over time, it will embrace the responsibility of helping local organisations to implement Personalised Health and Care 2020 and provide an essential conduit to local organisations’ requirements for our programme teams.

What we will do:

• Use our Implementation and Business Change regional teams to support local health and care organisations such as STPs, NHS Trusts and social care to accelerate their adoption of existing NHS Digital services and to support the local implementation of Personalised Health and Care 2020.

• Implement a consistent process for capturing local organisations’ requirements for existing NHS Digital services and Personalised Health and Care 2020.

• Establish a centre of competence for benefits identification and tracking for all current and future NHS Digital services.

Fostering innovation

There is much technology innovation across the NHS today, coming from local organisations, from suppliers, from national organisations and others. But wide-spread adoption of this innovation does not happen either very quickly or very often.

We believe NHS Digital has a legitimate and important role in championing effective innovation in the use of technology and data and become the place where other organisations, both national and local, come to understand what is possible and what is already being done across the system.
We also believe new and emerging technologies will play an important role in solving long established problems across the health and care system. NHS Digital can play an invaluable role in bringing together an understanding of the relevant technologies with our knowledge of these problems.

We are establishing a team of Innovations Associates to bring recognised innovators and entrepreneurs into NHS Digital. This team will work alongside our clinical fellows, to shape our horizon scanning and thought leadership around the theme of clinical and technology futures.

Wherever possible, we will take a partnership approach to this work, identifying people and organisations to collaborate with, and also bringing people and organisations together—which has worked successfully with the Code4Health community. These could be with health and care organisations, research and academic bodies, industry and suppliers.

**What we will do:**

- Introduce a ‘thought leadership’ programme consisting of papers and seminars designed to stimulate thinking on a set of topics where NHS Digital has legitimacy. Initially, these will include for example cyber-security and how technology will change clinical practice.
- Create a community of innovation and collaboration with entrepreneurs and software developers based on the existing Code4Health networks.
- Launch an Innovation Associates programme to second experts into NHS Digital for fixed periods of time to work on defined topics.
- Agree partnerships with Tech UK, Healthcare UK and Innovate UK to enable the health and care system to work more effectively with the national and international technology supplier market.

**Using technology to improve our effectiveness**

We will make more use of our new Customer Relationship Management (CRM) system. In the last year, our teams have started to make more use of it, but this is inconsistent across our organisation. The CRM is key to building a corporate repository of information and intelligence across our organisation. All interactions with our customers and stakeholders will be recorded so that we can build a repository of intelligence about our customers and stakeholders. As this will target Chief Information Officers and Chief Clinical Information Officers and frontline staff in NHS Trusts, the Implementation and Business Change team will act as ‘product owner’ for this work, on behalf of the organisation.
We are mobilising our corporate contact centre to support the **Personalised Health and Care 2020** domains, including outward bound engagement as well as the management of routine enquiries and more targetted communications. We expect there will be a significant increase in workload as a result.

We have started a process of modernising our website around specific user needs using agreed Government Digital Service delivery standards. We have an extensive development plan, but know we have a long way to go. As well as adapting the website structure, we are integrating customer transactions for example through the development of a new publications system.

We have other service desks, mostly providing more technical help-desk services for external users of some of our services. In the light of this, we have committed to undertaking a review of our contact centre and our other service desks to ensure we are making most effective use in terms of service design and operating model for these teams.

**What we will do:**

- Agree the development requirements for the CRM to be used across NHS Digital.
- Transform our website into a modern digital experience platform enabling more responsive and flexible customer service.
- Review our contact centre and service desks to determine optimal service model.
Accountability, governance and decision-making

We must have transparent and robust arrangements for governance and assurance for the new developments we need to introduce to our delivery model, and for all our functions and activities—IT and data services, information security and information governance functions, and new and existing programmes/services. We have identified ways of improving:

- our internal governance structures, policies, processes, tools and systems, and the capability and capacity to provide the required level of control and assurance for our executive teams and the NHS Digital Board
- the assurance requirements of the external bodies that receive assurance from NHS Digital, particularly the Digital Delivery Board, the Department of Health and Her Majesty’s Treasury.

Internal assurance

Our expanded delivery responsibilities mean that our existing assurance policy is no longer adequate to instil confidence in our internal assurance processes. Equally, our staff voice concerns about overly bureaucratic and overlapping assurance processes.

We will adopt a set of corporate delivery assurance principles and integrated assurance and approvals plans for all new programmes and activities. This will be based on the recommendations of the external advisors and is intended to:

- ensure alignment of decision-making and prioritisation with strategic objectives
- support transparent decision-making and prioritisation criteria
- give consistent and rigorous reporting and visibility of critical information about progress and delivery
- foster the use of consistent standards controls, delivery assurance, risk management and compliance.

We will continue to use the ‘three lines of defence’ assurance model, as that is a tried and tested framework widely used across the public and private sector. We will define the scope of the three lines of defence as they apply to NHS Digital, and apply this more consistent approach to assurance processes across our organisation, including removing any overlap of responsibility that currently exists across NHS Digital’s board sub committees.

Our risk appetite and management processes will also need to be amended in the light of this work. We will do this at portfolio and domain level, as well as strategically for the organisation.
The Digital Delivery Board (DDB) is responsible for the prioritisation and investment approval for all Personalised Health and Care 2020 programmes. When investment decisions are made by the DDB, we believe NHS Digital has a complimentary responsibility to assure the DDB and the system that it can deliver the programmes being approved in a way that meets their requirements and timescales and delivers value for money. To that end, we intend to establish an Investment Approval sub-committee of the NHS Digital Board to discharge this responsibility.

System-level governance

Much has been done across the Department of Health, NHS England and NHS Digital to review the system-level delivery assurance arrangements, with the establishment of a new Digital Delivery Board, chaired by the health and care system Chief Clinical Information Officer.

The roles of the sub-boards of the DDB and Domain Boards for Personalised Health and Care 2020 are still evolving. It is vital that these boards do not overlap in their remits, that Domain Boards become more consistent in their operation and that NHS Digital internal assurance processes are complimentary and not contradictory.

Equally, it is important that NHS Digital’s internal assurance processes are tailored to meet the needs of other government departments, such as HM Treasury and the Government Digital Services, so that duplication is avoided and these departments recognise their legitimacy and validity.

There is also general recognition across Government that our collective assurance processes do not support agile and iterative delivery methods. We must also incorporate the implications for assurance and risk management arising from the different contracting and sourcing models that we are starting to introduce.

The changes we are proposing to introduce are intended to ensure that there is a clear understanding of the corporate governance role of NHS Digital complementing that of the Digital Delivery Board in the governance and assurance landscape.

Strengthening our Portfolio Management Office

All of this requires a much clearer and stronger role for our Corporate Portfolio Management Office to satisfy the programme and domain reporting requirements to the Digital Delivery Board and Domain Boards and to ensure an organisation-wide, consistent focus on the importance of successful delivery and assurance.

A more proactive approach to managing the Personalised Health and Care 2020 portfolio will mean we achieve a ‘no surprises’ culture with our partners.
What we will do:

- Introduce and embed an integrated assurance process across all NHS Digital programme work, based on the ‘three lines of defence’ model.
- Implement a new Investment sub-committee of the NHS Digital Board and remove any duplication of responsibility across all NHS Digital Board sub-committees.
- Work with the Department of Health and NHS England to improve the alignment of assurance and risk controls across the new governance structures, based on the ‘assure once, satisfy all’ principle.
- Lead the health and care system to design new forms of assurance that will be needed for new health digital services.
- Use our statutory role and functions to champion compliance of nationally-agreed standards.
- Strengthen our Portfolio Office to support internal and system assurance requirements and provide the appropriate and timely information on the implementation progress of Personalised Health and Care 2020.
Developing our workforce to respond to demand

Our current approach to planning mostly reflects ‘old’ ways of sourcing and managing programmes, using a limited number of resourcing channels. This is in part a consequence of Government policy which aims to reduce the reliance on contingent labour, which is currently 3% of our workforce. It also reflects the programme and portfolio structures that preceded our current operating model.

In April 2016, we introduced a new way of working based on a professional services operating model. We wanted to ensure we can respond flexibly to the multiple and changing requirements across our services and functions, and also provide more tailored professional and personal development opportunities to our staff. This is informed by an extensive body of research that demonstrates that organisational forms are shifting from hierarchical models of structure and leadership behaviours to more inclusive and innovative styles. This is especially true of IT and digital organisations.

Each member of our staff is attached to a professional group and a career manager for personal and career development purposes. They will be working on one or more assignments, each with their own set of requirements to be completed over an agreed timescale.

The consequence of this is to introduce much greater flexibility to deploy our staff according to the priorities of our customers and stakeholders.

Organisation size

Although the Personalised Health and Care 2020 portfolio represents a significant increase in the role and functions of NHS Digital, we do not think it is desirable to increase the number of full time employees of NHS Digital substantially. We need a core capability ‘in-house’ for each of our professional pools, but do not see the need to flex this indefinitely.

We have 2700 staff currently and our projections for the resources required to deliver Personalised Health and Care 2020 are significantly higher than this. Although we do anticipate some growth during 2017/18 in NHS Digital full time employees, we do not expect the number of full time employees to exceed 3000 between now and 2020. This has profound implications on our sourcing strategy to fulfil the delivery requirements for Personalised Health and Care 2020, as described below.
**Skill mix**

We expect that the skill mix and profile across our professional groups will change. The transformation of our information and analytics functions will have significant implications for the skills and capacity we require. The need to develop patient-facing digital services will demand more digital skills. We will also be investing to strengthen some of our corporate functions, such as the assurance and risk, portfolio and commercial teams.

It is also possible that the impact of these changes may require us to disinvest in certain functions. Where there is a need to reduce headcount, NHS Digital has the option of mutually agreed resignation (MARS) or redundancy schemes. We will work closely with our staff and our national partners, especially the Department of Health, to handle these options sensitively and without compromising delivery commitments.

**Sourcing and hiring approach**

The combination of our belief that we should keep the size of NHS Digital’s full time workforce below 3000 people and the need for more headcount to deliver **Personalised Health and Care 2020** means that we need a new approach to sourcing the labour we need. We intend to implement a sourcing strategy at Domain level – looking much more for development partners to deliver defined capability – and map this onto our planning for people by profession.

We have done a systematic assessment of the demand requirements against each of our professional pools to ensure we have a targeted plan for recruiting and sourcing the skills we need. This has confirmed the importance of continuous development of the professional pools. Very few of our professional groups will remain unchanged by the increased role of NHS Digital. Many are critical to our ability to deliver our commitments. A summary of this assessment is included in **Appendix 2**.

We will continue to hire people into the organisation with substantial experience and have done this recently for example to boost our commercial capability. Longer term, however, we believe we need to focus much more on graduate and apprentice hires. We have recently increased the number of hires of both—we have set up a graduate academy and extended the number of universities we work with—with huge success.

All of this requires a more coherent organisation-wide sourcing strategy coupled with a much stronger ability to forecast demand and source the supply of the skills and capacity we require, at both a strategic and operational level. We need to have different ways of sourcing through direct recruitment, indirectly through contracts, and through new strategic partnering arrangements which may include outsourcing or offshoring contracts for certain types of service.

The new workforce planning function that we are designing to achieve this
will have the following key characteristics:

- flexible sourcing frameworks and options, including innovative partnering arrangements
- a values-based approach centred on customer focus and responsiveness
- respect for our staff and the skills they bring, using recruitment, reward and retention packages that are flexible and offer financial and non-financial incentives that are attractive to current and prospective employees
- informed by labour market intelligence
- underpinned by accurate and timely management information.
- It needs to respond to the following factors:
- a vibrant and growing IT and digital skills market, especially in Leeds and London
- the attractiveness of NHS Digital as an ‘employer of choice’
- our need for a wide range of skills, many of which are niche and in demand
- a decreasing pool of contractors willing to work in the public sector
- the as yet unknown impact of Brexit on the availability of foreign workers.

**Location strategy**

Most of our staff are based in 8 locations shown on the map.

These locations fall into two categories currently:

1. Those locations where a defined set of work is carried out and complete teams are based there. These are Leeds, London, Southport and Exeter.

2. Locations where people are for historic reasons, but they do not house a recognisable team or set of teams. These are Redditch, Washington, Reading and Southampton.

Whilst we have analysed in some detail the skills we require in the future and considered our sourcing and hiring approach, we do not yet know whether we need all of the locations above, nor whether we should locate some of the new capabilities we require in one or more of these locations.
**What we will do:**

- Set up a Workforce Planning Centre of Expertise.
- Embed the principles of alternative sourcing in the ‘build/buy’ decision process at domain and programme level.
- Extend our graduate recruitment and apprentice schemes starting in 2017/18 with the ultimate aim of accommodating the vast majority of our future hiring.
- Adopt advanced planning models to predict impacts of changing trends on longer term supply/demand management of skills across all our professional groups.
- Design and implement talent interventions for critical workforce capabilities – to include in Talent Management Strategy refresh.
- Digitise all our recruitment processes.
- Produce a new location strategy for NHS Digital.
- Develop and implement a considerate and respectful way of handling employees who become under-utilised as a result of **Personalised Health and Care 2020**.
What this means for the transformation of NHS Digital and our stakeholders

Becoming a truly digital organisation

There are significant implications of the proposed actions on how we work as individuals and an organisation. We must become much more responsive to our stakeholders and customers. We must reduce lead times for the development of new capabilities. We must adopt agile methodologies more pervasively in our programme and service delivery.

What we will do:

- Run an organisation-wide programme of workshops to effectively communicate and engage with our staff regarding the outcome of the Capability Review and the action plan.
- Develop a programme to instil a much more customer-focused culture across the organisation.
- Implement our plan for ‘smart working’, including the greater use of technologies to support mobile and flexible working and collaboration.

Modernising our use of technology

The Review has highlighted the opportunities for making better use of technology and information to improve processes and increase automation to support key functions including:

- workforce planning
- assurance
- commercial and procurement tools and platform;
- better intelligence about our stakeholders, through corporate use of CRM
- digital services for staff as well as customers
- operational management such as incident management and response.

What we will do:

- Reduce, rationalise and update the technology we use by creating an enterprise-wide deployment plan for modern, integrated tools.
Our stakeholders

There are some implications for our stakeholders as we implement the recommendations of the Capability Review.

There have been many structured stakeholder conversations as part of the Review. From these, it is apparent that they want us to reform and increase their confidence in our ability to deliver Personalised Health and Care 2020. However, there is not a consistent view of some aspects of NHS Digital’s role, for example regarding:

- the precise scope of the Enterprise Architecture Board
- the exact role of NHS Digital in working with local organisations to encourage adoption of technology and data.

We must avoid overlap and inconsistency with the DDB and its sub-groups as we implement the assurance recommendations. Stakeholders need to recognise the efficacy of these recommendations and not duplicate them. The actions recommended within the assurance section above are intended to resolve these.

Programme Boards operating at Domain level (chaired usually by the Domain SRO) are not yet operating consistently, with broad and committed membership, common outcomes and relationships with the NHS Digital domain and programme teams.

What we will do:

- Sponsor a series of workshops with relevant stakeholders to resolve the remaining questions around the scope of NHS Digital.
- Sponsor a workshop with Domain SROs to define and agree the membership and modus operandi of Domain Programme Boards.
Making the change happen

There are a lot of actions in this report. Each action has a named owner, who has the responsibility to implement the recommendation in full on behalf of NHS Digital. Each recommendation also has a named EMT member, whose role is to act as an advisor to the owner of the recommendation.

A senior Programme Director has overall responsibility to ensure the recommendations are implemented effectively. The director will track the progress of the implementation of the recommendations, resolve conflicts, manage interdependencies and manage a programme office to ensure consistent implementation approaches.

The Programme Director reports to the Corporate Operational Governance Board. This board includes EMT and other senior directors from NHS Digital to give cross-organisational expertise.
Appendix 1 –
the Capability Review

The objectives of the review

The review’s main objectives were to:

- review our current capacity and capabilities against the emerging requirements relating to the delivery of the Personalised Health and Care 2020 strategy as well as our existing statutory and corporate commitments
- identify the future direction for our delivery model and any changes that are required
- consolidate the work that is currently in progress through the Digital Transformation portfolio to improve the way we engage with and support our clients and stakeholders
- ensure that the relationships and working arrangements with our national partners (notably the Department of Health and NHS England) are fit for the governance and assurance purposes to support the delivery of Personalised Health and Care 2020
- agree plans for further enhancement of our new operating model, both tactically by strengthening our workforce planning capabilities and strategically, through a new workforce strategy.

The review was intended to inform the next phase of NHS Digital’s organisational transformation.
How we conducted the review

The review considered the role of NHS Digital from several perspectives. For some of the critical aspects of the review, we were supported by external advisers (Accenture and Deloitte), to ensure an independent and objective approach. They also met with many of our important stakeholders, to gather their views.

The components of the review were:

- our transformation and new operating model, which we introduced in April 2016
- our delivery model, including our work on cyber security (supported by Accenture)
- our approach to assurance (supported by Deloitte)
- capabilities in commercial, legal and procurement (supported by Accenture)
- our data strategy, which was published in December 2016
- client engagement (supported by Deloitte)
- workforce strategy (supported by Deloitte).

Detailed reports were produced for each of these aspects of the review.

We have also received a summary of the key headlines from the review, produced on our behalf by our advisers.
Appendix 2 – workforce planning

We are now using an extensive dataset to inform our workforce planning, under four main quadrants:

- **Size** – resources needed to deliver strategic objectives
- **Shape** – composition of the workforce, both structure and demographic mix
- **Capabilities** – knowledge, skills and abilities aligned to professions
- **Location** – physical location of resources.

Our workforce is managed through professional groups, the largest of which is Project and Programme Delivery, as shown here:
We keep the groups under continual review, and have recently merged a number of them into a new group – Implementation and Business Change, to reinforce the need for outward-facing and customer-focussed behaviours.

We have challenges in reconciling demand against supply for a number of these groups which are critical for our delivery commitments. The assessments and our proposals are summarised below.

**Technical Architecture**

Major gaps exist in the capacity and capability within this profession. The external labour market supply is scarce in Leeds. The future for this profession looks distinctly different with a change to an Enterprise-wide Architecture approach. There is a growth in requirements for more strategically focussed architects which are hard to ‘home grow’, with less assurance type architects being needed. An analysis of the profession to the future strategy and direction emerging from the Capability Review is needed.

If no action is taken to develop and recruit the new capabilities required, whilst finding alternative futures for those people whose skills and behaviours don’t fit the new capabilities required, there is a risk that the critical expertise of the Technical Architect will be missing from many of the delivery teams for Personalised Health and Care 2020 and other priority deliveries.

**Cyber Security**

These skills are in short supply, and, given our role in the wider health and care system, are necessary and will continue to become more critical over time. This has been highlighted by the Delivery workstream of the Capability Review. Cyber security roles are part of the Information Assurance professional group. A significant recruitment campaign added focus to gaining the necessary supply, which was acknowledged by the Delivery Workstream. The time to fill posts in this Profession exceeds the average, at 75 days.

We are:

- considering the professional grouping of Cyber Security and Information Governance as one profession
- identifying alternative attraction approaches (using industry specific channels) and more dynamic routes to source capabilities and specialist services at pace and scale
- reviewing our recruitment approach, including the use of generic job descriptions and targeted role profiles to allow targeted recruitment of specific cyber skillsets required and a separate career structure for people who want to focus on technical rather than managerial careers.
Business Analysis

There is little immediate or short term capacity to meet incoming resource requests. Demand outstrips supply not just in terms of numbers but also in respect of the particular capability and skills required e.g. requests are being made for Business Analysts with agile or technical expertise which is currently only available within a small subset of the profession.

We are:

- assessing how the profession needs to adapt to support digital delivery and identify appropriate external training options, and are also considering the impacts of merging this group with the benefits management group.

Clinical

Access to clinical resource to support delivery from a design and safety assurance perspective was raised as an area of concern in the Delivery workstream of the Capability Review.

Access to resources internally is limited and there is a major gap between supply and demand. Other NHS organisations offer higher pay bands than we do. Traditionally this role is undertaken by retired GPs which brings issues regarding skills maintenance. A recent recruitment campaign has taken place where we used an assessment centre. Interest was very positive and all vacancies have been successfully filled which is a reasonable indicator that the capability exists out there in the wider workforce.

Clinical as a set of skills, however, is on the critical list for our organisation. If we don’t provide the necessary capability we will be unable to assure our internal services and external service offering.

Actions currently being considered include:

- investigate streamline pay banding with other NHS partners
- consider how to recruit clinical professions to work with us whilst maintaining their clinical registration and regulation out in the wider health and social care system.

Commercial

Gaps in expertise exist in strategic sourcing skills, analytical skills and legal capacity. The banking sector is a key competitor for skills. 15% of the resources available are interim resources, which is similar to private sector organisations. The structure of the workforce is unsustainable with significantly more senior people than junior in commercial, and in procurement not enough senior people. There is difficulty recruiting and retaining these skills. High recent attrition has been attributed to the challenge with morale.

A bigger inhouse capability is required for cost effective operations and risk management, potentially an extra 3 people are needed to assist with the novation of c150 DH contracts to NHS Digital, both for short term transition and ongoing management and potential litigation. The recruitment plan addresses a shortfall in legal resources, due to disaggregation of contracts, to manage external contracts and switch to local advisory panel, as well as provide internal advice, provide quality assurance and support contract management.
We are:

- reviewing of recruitment approach, including the use of generic job descriptions and targeted role profiles
- considering dedicated resource to manage outsourced contract to SBS
- using incoming recruitment to uplift capability and balance the team’s skill mix
- aligning recruitment process with improved Commercial operating model
- creating clear training plan, career path, supported by professional qualifications.

**Software Development / Systems Engineering**

There is a lack in capability and capacity in this profession currently. Staff and assignment managers within the profession need to adapt to new ways of working for example, people have been assigned to programmes for 3-4 years, this needs changing to 6 months. Attrition in this profession is healthy. Graduate recruitment is an effective source of talent, and a preferred approach is to recruit people with the aptitude to learn and then develop their skills internally. There is a challenge to persuade assignment managers to take more junior skilled staff rather than buying in the specific skills needed.

We are:

- reviewing the recruitment process to make this more flexible
- addressing the cultural challenges with staff and assignment managers through new ways of working.

**Digital Services Delivery Profession**

This profession has been newly created in response to an identified business need specifically to meet our digital commitments. Whilst we have an abundance of traditional technology skillsets, there is a distinct lack of agile culture and capability to meet digital product delivery needs, and also linked to our marketing and engagement strategy. There is limited senior leadership capability and limited staff at junior bands to enable long term succession planning. The profession is currently recruiting and giving placements to the current cohort of our and the government’s fast stream graduate programmes. The key capabilities needed are user research/user experience/design/product manager/content/delivery management. There are limited opportunities for people to be promoted or increase their salary.

We are:

- creating specific job descriptions/role profiles to allow targeted recruitment of specific digital skillsets required and a separate career structure for people who want to focus on technical rather than managerial careers
- identifying target groups and priority candidates for development of these skillsets, define opportunities, create digital bootcamps and provide tailored training and coaching
- identifying external supplier to create capability matrix to be used to identify what’s required and to assess existing skills of the profession against.
**Data Management**

This professional group is at the start of a significant professional development both with the implementation of the internal Data Management Specialist Services review and the development of the Data Science roles within this group. Recruitment is now underway for both Data Managers and the organisation’s first Data Scientists. The Head of Profession is also the delivery lead for Data Science. The profession is at an early stage in its maturity, both in terms of the establishment of the profession career management and professional development structures, and its ability to respond to immediate resourcing requests.

The professional group is involved in the strategic workforce planning activity currently being managed as part of the Information and Analytics transformation programme.

We are:

- developing appropriate entry-level assessment model as part of the current recruitment activity for this profession
- establishing links to the universities in key cities linked to organisation bases, including Leeds, Birmingham and Liverpool.