Corporate Business Plan 2018-19

Information and technology for better health and care
## Contents

### Introduction
- Who we are and what we do 3
- Our partners 4
- The strategic context 6
- A new organisational structure 8
- Preparing this plan 9
- NHS Digital’s remit 10

### Our areas of delivery
- Product Development 12
- Citizen Health Technology 13
- Primary and Social Care 21
- Acutes, Ambulances, Mental Health and Regional Integration 32
- Medicines, Pharmacy and Dentistry IT 40
- Implementation and the Digital Environment 45

### How NHS Digital operates
- Corporate services 86
- Org2: Shaping our future 88
- Workforce 89
- Finance and estates 90
- Strategy, Policy and Governance 91
- Assurance and Risk Management 93
- Our governance 94
- Performance management and reporting 96
- Inclusion and diversity 97

### Platforms and Infrastructure
- Our programmes 69
- Core capabilities 72

### Live Services
- IT Service Management 78
- Operations 79
- Business Continuity Management 80
- Data Security 81

### Financial information
- The financial context and how we are funded 101
- Financial governance arrangements 102
- Our budget for 2018-19 to 2020-21 103

### Appendices
- Appendix 1: NHS Digital’s remit 105
- Appendix 2: National service management commitments 107
- Appendix 3: Our corporate key performance indicators (KPIs) 110
- Appendix 4: Our strategic risk framework 111
- Appendix 5: Our statutory obligations – Health and Social Care Act 2012 112
Who we are and what we do

NHS Digital is the national information and technology partner for the health and care system. Our work is about empowering the public, helping professionals and producing information that improves treatment and makes taxpayers’ money go further.

We provide leadership in planning and designing digital services and we apply world-class engineering talent to developing outstanding products that improve the lives of the public and help professionals to provide better care.

We work closely with the rich and fast-growing market in healthcare technology to nurture innovation and we maintain the infrastructure services that are not only critical to effective healthcare delivery today but are the bedrock of the improved services now being developed.

We are working to improve the accessibility, quality and timeliness of information and analysis available to clinicians and system managers, but also to ensure the public’s information is kept securely, used appropriately and made available to patients themselves so they can manage their own health and care.

We manage many of the nation’s critical health and care data assets and are responsible for using that information to continuously generate clear and actionable insights that help our partners manage the system, commission better services, understand public health trends better, improve treatment and delivery and drive growth in the UK’s research, medical technology and life sciences sectors.

This business plan sets out what our teams are doing in 2018-19 to deliver our statutory responsibilities and meet our commitments to our partners. It also sets out how we are transforming our organisation so we have the best available talent working within a structure that optimises our performance.
We depend on partnerships across the health and care system to deliver our work. Key partners and stakeholders include:

<table>
<thead>
<tr>
<th>Department of Health and Social Care</th>
<th>NHS England</th>
<th>NHS Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Quality Commission</td>
<td>NHS Business Services Authority</td>
<td>Local Government Association</td>
</tr>
<tr>
<td>Health Education England</td>
<td>Genomics England</td>
<td>Healthcare UK</td>
</tr>
<tr>
<td>British Medical Association</td>
<td>Medical royal colleges</td>
<td>National Data Guardian</td>
</tr>
<tr>
<td>Information Commissioner’s Office</td>
<td>Public Health England</td>
<td>Health Data Research UK</td>
</tr>
</tbody>
</table>

Named senior leaders are responsible for aligning our work with the priorities and delivery plans of these organisations. Across our portfolio, we also work closely with other partners including: the National Cyber Security Centre; National Institute for Clinical Excellence; Office for Life Sciences; Crown Commercial Services; HM Treasury; Government Digital Services; Infrastructure and Projects Authority; Medicines Healthcare Regulatory Authority; Innovate UK; and Healthcare UK.

Many third parties are critical to the delivery of our portfolio. These include: policy organisations (including The King’s Fund, The Health Foundation and The Nuffield Trust); industry and supplier representative bodies (including TechUK); national bodies (including the NHS Confederation); NHS Providers; NHS Clinical Commissioners; the Association of Directors of Adult Social Services; the Professional Records Standards Body; SNOMED International; and INTEROPen.
Our partners

Ultimately, our purpose is to support the digital, data and technology needs of the health and care system. We measure our success based on the impact we have, as assessed by recipients of our systems and services including:

- local NHS organisations (including trusts, GP practices, pharmacies, community care providers, and sustainability and transformation partnerships)
- local authorities, including their social care and public health functions
- research, academic, life sciences and business intelligence organisations

Our Product Development directorate is organised to align with stakeholders in specific sectors: citizen technology; primary and social care; acute, ambulance and mental health services; and medicines and pharmacy.

This structure helps develop cross-sector perspective and a more connected approach.

We are applying a product lifecycle management approach that makes each function responsible for supporting the full portfolio of products we provide, for each client group, throughout all stages of the product lifecycle – from products still in concept stage through to those that have been live for many years.

IT organisations can lose focus on products when they are not the subject of current change programmes. At NHS Digital, we understand that products are critical throughout their lifecycles for our clients across health and care.

Our Implementation and Business Change function has changed the way we work with local partners and how we understand their needs. Traditionally, we supported service implementation and uptake at the individual programme level.

We now have a dedicated team, working alongside regional NHS England and NHS Improvement colleagues, focused on supporting local implementation of our full range of products and services.
The strategic context

Our 2018-19 business plan directly supports the NHS and social care system’s information technology strategy.

The updated NHS England ‘Five Year Forward View’, the Department of Health and Social Care’s single departmental plan (2018) and the National Information Board’s ‘Framework for Action’, now known as the ‘Digital Transformation Portfolio’ provide the framework for this work. Together, they lay out a vision of using data and digital technology to transform the quality, responsiveness, efficiency, and reach of services and give citizens new tools to manage their health and care better.

We are working closely with NHS Improvement (NHSI) to help local health systems to be more efficient and improve patient care. Our data is vital to NHSI’s Model Hospital capability and to reducing the variation in performance between NHS acute hospitals, highlighted by Lord Carter’s review. Patient Level Information Costing Systems (PLICS) are giving NHSI the intelligence it needs to test new standards as well as in-depth reviews, like the annual ‘State of Care’ report. We are also collaborating on aligning the CQC’s inspection processes with key digital priorities including cyber security and improving adoption of services such as Child Protection – Information Sharing.

Public Health England (PHE) is a major partner in commissioning health survey data and we co-operate closely in the public health campaigns built on that information, using channels such as NHS Choices, NHS.UK, and the NHS Apps Library. We are working together to improve access to data and predictive analysis for public health staff and to transfer PHE data collections to our Data, Insights and Statistics function.

Our collaboration with Health Education England (HEE) is centred around providing workforce data and joint working on programmes to address digital inequalities and develop the digital skills of the health and social care workforce.

Implementing the NHS Five Year Forward View

In 2017-18, we worked with the Department of Health and Social Care, NHS England, and our partners on the Digital Delivery Board to sharpen the definition and governance of the cross-system Digital Transformation Portfolio. The 10 domains of delivery outlined in 2016 have been reorganised into five areas of work focused on specific outcomes for the public and health and care professionals.

NHS Digital is the national lead delivery partner for this work and our product development, data, infrastructure, live services and cyber security functions are critical to success.
The strategic context

We are:

• **empowering patients** to maintain their own health, manage their illness or recovery, and interact with the NHS in a way that improves convenience and effectiveness

• **supporting clinicians** in delivering high quality care by giving them great communications, secure access to information about their patients and cutting-edge decision support and monitoring tools

• **integrating services** across health and care so that patients can maintain their health and their independence during illness and so that care professionals can identify and monitor problems

• **managing the health system** in a way that minimises the burden of data collection, brings together the data necessary for quality improvement and cost reduction, and creates a single source of truth to improve forecasting, modelling and planning

• **creating the future** by making the NHS and social care system a world leader in the use of machine learning, in data driven clinical research, in the life sciences and in genomics and its integration with healthcare

Our teams are also building the infrastructure and technical environment that supports these five areas of delivery. We are providing a secure network infrastructure, a fully interoperable IT environment (allowing systems to link together), an identity system that allows patients to access their records and services securely and easily, and a trusted and accessible app ecosystem.

NHS Digital’s strategy ‘Information and Technology for Better Care 2015-2020’ aligns closely with the information technology strategy for health and social care. Our specific commitments for 2018-19 are set in the context of delivery plans over the next three years and shaped around five core objectives of: ensuring that every citizen’s data is protected; establishing shared architecture and standards so everyone benefits, implementing national services to meet national and local needs, supporting health and care organisations to get the best out of technology, data and information, and making better use of health and care information.

Our organisational strategy also contains a sixth organisational goal aimed at transforming how we engage with our stakeholders and how we deliver our work. This will continue during 2018-19 through our new organisational change programme, ‘Org2’.
A new organisational structure

We have overhauled NHS Digital’s organisational structure to allow us to meet our commitments to the health and care system.

Our programmes, services and corporate functions are now grouped together into seven directorates, which provide clearer lines of accountability, more integrated delivery and a strategic perspective on what our customers and the health and care system require.

Corporate Services
Includes our financial, commercial, people and workforce functions. It is responsible for delivering the improvement programme Org2 over the next two years.

Product Development
Designs and builds the new applications and services that make a difference for the public and improve health and care services. The directorate works closely with the healthcare technology market and is structured to align directly with stakeholders in key areas: in citizen technology; primary and social care; acute, ambulance and mental health services; and pharmacy.

Platforms and Infrastructure
Develops the mission-critical IT infrastructure of the NHS and social care system. Our teams are building new platforms to support NHS Digital’s data management and product development and facilitating cloud usage, identity and access management, and a fully interoperable IT infrastructure that provides more flexibility for providers and developers.
Introduction

Preparing this plan

Department of Health and Social Care (DHSC), NHS England and other senior stakeholders have been involved throughout the prioritisation, budget-setting and business-planning process. This has included regular meetings with key players, discussion at formal accountability meetings and the Digital Delivery Board and attendance of senior DHSC officials at a series of prioritisation sessions.

The DHSC and the Chief Clinical Information Officer for Health and Care issue a ‘remit’ document that sets out the health and care system expectations regarding NHS Digital’s delivery commitments (Appendix 1).

These include supporting policy development and initiatives for the DHSC, other government departments and government agencies, as well as delivering technology change programmes, platforms and infrastructure, and digital and data services. For example, we are playing our part in supporting the UK’s exit of the European Union, helping to deal effectively with the changes and maximising the opportunities this will bring for health and social care.


We will deliver efficiencies in the running and maintenance of live services to free up resources for these change programmes, while fulfilling our statutory obligations (Appendix 5), protecting service quality and availability and taking the next critical next steps in NHS Digital’s organisational development.
Introduction

NHS Digital’s remit

The Department of Health and Social Care and the Chief Clinical Information Officer for Health and Social Care issue an annual remit that sets out the things NHS Digital is expected to deliver for the health and care system. The remit is included in Appendix 1.
Our areas of delivery

Our key areas of delivery help shape the new vision for NHS Digital. They are the four main areas that we are focusing on and we have outlined our vision and three year plan for each.

1. Product Development
2. Data, Insights and Statistics
3. Platforms and Infrastructure
4. Live Services and Cyber Security
1. Product Development

NHS Digital’s success is defined by the positive impact our systems and services have on the operations of our partners across the health and care system.

Our product development is therefore structured to align directly with stakeholders in key areas: in citizen technology; primary and social care; acute, ambulance and mental health services; and pharmacy. We are working relentlessly to build rich and collaborative relationships with these stakeholders and to ensure we are designing systems that meet their most pressing needs.

Our products are critical to our clients throughout their full lifecycles. For this reason, each of our functions is responsible for strategic planning of all products provided in their area, through all stages of their product lifecycles, and for ensuring we maintain a focus on serving our clients’ needs even when products are well established.

- Citizen Health Technology
- Primary and Social Care
- Acutes, Ambulances, Mental Health and Regional Integration
- Medicines, Pharmacy and Dentistry IT
- Implementation and the Digital Environment
Citizen Health Technology

Delivering digital technologies that help patients to take control of their health and care and reduce pressure on frontline services.

Within this sub function, you will find information regarding:

- Citizen Identity
- NHS.UK
- Health Apps, Assessment and Uptake
- NHS App
- Personal Health Record
- National Data Opt-out Programme

Did you know?

NHS Pathways helped handle 11.8 million NHS 111 calls in 2017.
Our vision:

New digital products

A new generation of digital technologies will revolutionise how we look after our health and wellbeing. Our NHS library of apps and wearables is growing fast, helping patients and their doctors find the right apps and encouraging developers to meet the most pressing health needs. We are overhauling NHS.UK, the NHS’s patient information website, so that it is responsive and mobile friendly, and we are developing a new generation of clinical triage services, which will give patients personalised responses and a choice of digital and non-digital channels.

Secure, personalised access to digital services

A unified suite of digital health tools for citizens will make it easy for people to log in, get information and manage their interactions with services. Users will be able to change their relationship with the system, making choices about the use of their data, organ donation and end of life care online. They will be at the centre of the management of their health and care, choosing appointments, ordering repeat prescriptions, accessing and adding to their health information and getting personalised support and advice.
Citizen Identity

Providing a single, secure identity for each member of the public to access NHS digital services, both online and offline.

We will:

• publish the first version of standards for identity verification across health and social care. These will be refreshed annually and include additional guidance, such as standards for clinical authorisation, in future iterations. **April 2018**

• enable users to register for personalised content and to record preferences about who has access to their information (for example, nominated carers). The initial release will support digital child health only. Minimum viable product: **May 2018**, with improvements through to 2021

• allow individuals to prove their identity using a variety of mechanisms. Options will include an online process, face-to-face proof in supported locations as well as existing Patient Online processes. Minimum viable product: **July 2018**

• allow individuals to create online accounts giving them access to multiple health and care services in their regions. Accounts will be mobile-friendly and will be updated to support the latest mobile capabilities. The identity platform, identity account and GOV.UK Verify integration will go live in May 2018. Mobile device support on NHS Online will go live in **September 2018**
Building a trusted point of access to information and services that is the first place people go to for help with their health and wellbeing.

We will:

• improve and extend maternity content, offering new access to digital tools, apps, campaigns and, where appropriate, direct care. Discovery begins April 2018

• increase understanding of and access to social care by improving social care content and linking to local authority services. Alpha begins April 2018

• improve information about chlamydia and help people get tested. Minimum viable product by May 2018

• develop the NHS Digital Service Manual, with new standards for service and visual design that ensure users have a consistent and coherent experience. We will drive adoption in the broader healthcare market through an outreach programme and establish a governance process to underpin the new standards and guidance. Alpha begins May 2018

• improve type 1 diabetes content and link to online learning tools. Minimum viable product by June 2018

• establish a consistent service pattern that helps users move easily from general advice to specific information and support (for example, from investigating symptoms to finding a local treatment centre). June 2018

• improve cancer content, linking general information to digital tools, apps, campaigns and, where appropriate, direct care. Discovery begins August 2018

• re-brand NHS Choices to become the NHS website, with a refreshed mobile-first homepage design and identity. September 2018

• improve mental health content, linking general information to digital tools, apps, campaigns and, where appropriate, direct care. Minimum viable product: October 2018

• build a new information architecture for the NHS website that will improve navigation for users. We will maintain the current live service at launch, with new systems providing a platform for integrating personalised services in the future. Alpha completed by January 2019

• introduce a new content management system and identify new opportunities to syndicate content to increase reach and interaction. September 2018
Health Apps Assessment and Uptake

Providing a library of NHS reviewed apps that helps individuals find digital tools to improve their health and manage their conditions.

We will:

- provide a framework to support third-party assessments of apps eligibility for ‘trusted’ status on the NHS Apps Library. 
  September 2018

- offer members of the public a personalised view of apps and digital tools through the NHS Digital Apps Library, highlighting tools that may be relevant to the individual. 
  September 2018

- launch a developer portal offering a single point of engagement for app developers and vendors interested in getting products onto the NHS Digital Apps Library. This will provide semi-automated assessment of eligibility for trusted status and a easy-to-use delivery pipeline. 
  November 2018

- direct individuals to relevant applications with better signposting from search engines and public-facing NHS online services. 
  November 2018
NHS App

Providing a convenient and secure place for patients to access their records and interact with the NHS on their mobile devices and computers.

We will:

- demonstrate an alpha version of the NHS App during the NHS70 celebrations. **July 2018**
- showcase the beta app at the 2018 Health and Care Expo event and launch into private beta with a limited number of users. **September 2018**
- launch a public beta with preference settings (organ donation, data sharing and end of life preferences) available for all users. Connected features including booking GP appointments, ordering repeat prescriptions and viewing GP records will be available in the initial release region. **December 2018**
- support a browser version of the NHS App. **December 2018**
- extend the NHS Digital Service Manual to include the NHS App standards for technology and design. **March 2019**
- start a phased national rollout of the NHS App connected features. **March 2019**
Personal Health Record

Building a new way of maintaining health records that puts the patient in charge of managing and improving the data and information that informs their care.

We will:

- publish standards and guidance for local patient record access initiatives to ensure they are tied to the national strategy. May 2018
- launch a pilot of a citizen-facing interface that allows individuals to control how information they add to records is used by their apps and by clinical systems. Discovery to start November 2018
- announce ‘personal health record exemplars’, which will provide beacons of best practice and explore what national standards are needed to drive and define wider adoption. March 2019
National Data Opt-out Programme

Developing digital and non-digital services that allow people to set preferences about how their personal confidential data is used for purposes beyond their individual care and that ensures these preferences are upheld.

We will:

- Launch a digital service hosted on NHS.UK to allow the public to set a national data opt-out. An assisted digital and non-digital service through the NHS Digital Contact Centre will also be available.

May 2018
Primary and Social Care

Connecting the people at the frontlines of our health and care system – GPs, social workers, carers and patients – to improve care and relieve pressure on services.

Within this sub function, you will find information regarding:

- Technology for GP Transformation
- GP Connect
- SNOMED CT in Primary Care
- GP Data Implementation
- Social Care
- Digital Child Health
- Digital Maternity
- Health and Justice Information Services (HJIS)
- Primary Care Support Transformation

Did you know?

We’ve funded local projects including trialling use of Amazon Alexa to support people in their homes.
Our vision:

Support the General Practice Forward View

Information technology is important to relieving pressure on the relationship at the heart of England’s healthcare system: that between GPs and their patients. The NHS’s strategy for primary care, the General Practice Forward View, emphasises the need for practices to work at scale and for patients to be empowered to manage their health and treatment more effectively. We are working to ease administrative burdens on GPs, link up IT systems and provide a new generation of digital technologies that support clinicians and give patients richer services and choice.

Get more from general practice IT

The current framework contract for GP systems will expire at the end of 2019, creating an opportunity to define new requirements for the next generation of systems. We want greatly increased integration across the health and care system, much better use of data to support improvement and new functionality for the public. New technical architectures and the continuing standardisation of clinical terminologies will get information flowing and improve outcomes.

Connect social care

A complex commissioning and delivery environment has contributed to lower levels of digital maturity in some parts of the adult social care system than in the health system. We have four lines of work:

- identifying and addressing barriers to digital maturity in social care;
- improving access to clinical information for social care professionals;
- improving access to social care information for health professionals;
- and using big data to identify long term prevention and early intervention strategies.

Integrate children’s health

More than a third of England’s 11 million children are considered at risk of avoidable disease and harm for a wide range of reasons ranging from obesity to missing immunisations. Much of the information about their health is still captured initially on paper in the 20-year-old Red Book. It costs more than £39 million every year to administer but is failing to integrate children’s health. Our Digital Child Health Programme is focused on sharing health and care information about children with authorised professionals and their families and targeting support at the most vulnerable.

Digitise maternity services

The National Maternity Review’s 2016 report ‘Better Births’ said the NHS needed to make it much easier for maternity professionals to share information with each other and with mothers. We are providing digital solutions that will connect care before, during and after birth and give women much better access to online maternity information and their own records.
Technology for GP Transformation

Creating a new environment for the supply of IT to general practice that will support GP federations, enable new care models and help local partnerships transform their services.

We will:

• ensure that the public beta version of the Buying Catalogue for Primary Care is live and available. 
  March 2019
GP Connect

Allowing GP practices to easily view and share authorised information across different practices and between different IT systems, reducing burdens for professionals, improving collaboration and opening the field for new collaborative patient services.

We will:

- ensure that appointment booking, including ability to book appointments from NHS 111 services, is available for a controlled rollout across all four suppliers following pilots.

January 2019
SNOMED CT in Primary Care

Driving use of a single, standardised terminology for recording medical information by GPs so digital systems can share this information effectively and support clinical decisions, planning and research.

Our commitment:

- Complete the nationwide implementation of SNOMED Clinical Terminology, ensuring that all primary care settings in England have adopted it as the single clinical terminology system.

October 2019
GP Data Implementation

Improving the availability of operational data for general practice performance management, commissioning and research.

We will:

- enhance existing General Practice Extraction Service capabilities, giving customers continued access to GP data extract services using new NHS Digital platforms with increased service capacity.

February 2019
Social Care

Working with adult social care to improve outcomes and efficiency by increasing digital maturity and whole-system integration.

We will:

• evaluate the success of the 19 local government social care digital innovation projects. March 2019

• increase the availability of NHS Digital products and services to social care. March 2019

• launch an award for digital projects in care homes and domiciliary care aimed at improving information exchange between health and social care. September 2018

• introduce a support and engagement service in partnership with adult social care providers to increase digital maturity among providers and shape the sector’s IT market. December 2018

• implement a new digital discharge service aimed at improving statutory elements of the transfer of care between hospitals and local authorities in seven local areas. September 2018

• begin a programme of work investigating the use of data and predictive analytics in preventing and reducing social care needs. March 2019
Digital Child Health

Transforming the collection and sharing of children’s health information.

We will:

- publish an information standards notice for digital child health that all care providers and IT suppliers must implement. **February 2019**
- deliver a minimum viable product of the National Events Management Service which will record ‘events’ in a child’s contact with the health and care system. **February 2019**
- deliver a minimum viable product of the National Population Failsafe Management Service (NPFMS). **February 2019**
- deliver Electronic Personal Child Health Records (the ‘electronic Red Book’) access to 70,000 families having babies in the catchment areas of London, Lancashire and Bristol. **March 2019**
Digital Maternity

Improving maternity care and increasing the use of community maternity services by giving mothers more information and control and improving information sharing among midwives, doctors, and other care professionals.

We will:
- publish the Digital Maternity in Maternity toolkit to support the adoption of technology by local maternity services. **March 2019**
- pilot the use of electronic personal health records that give pregnant women and mothers digital access to their information. **March 2019**
- enhance the maternity content available on NHS.UK and provide syndicated access to this content for app developers. **March 2019**
- issue an information standards notice to support the Maternity Record Standard. **March 2019**
Health and Justice Information Services (HJIS)

Managing the contract to provide the IT system for English Health and Justice Service healthcare, which provides care for people in prisons and other secure facilities.

We will:
- bring eight new releases of HJIS into live service.  
  February 2019
Primary Care Support Transformation

Supporting the transition from local to nationally managed support services for primary care and developing a new central system to record and manage patient registrations with NHS GPs.

We will:

• deliver commitments for the Spine Demographics Reporting Service, supporting Capita’s implementation of cervical screening and GP payments and supporting implementation of new feeds to breast, bowel and abdominal aortic aneurysm screening.
  December 2018

• develop the Primary Care Registration Management system to enable the management of patient registrations with GP practices and GP list management via the NHS Spine.
  January 2019
Acutes, Ambulances, Mental Health and Regional Integration

Transforming the use of digital technologies in acute, emergency and mental health care by backing local innovation and providing national services and support to knit together new models of care.

Within this sub function, you will find information regarding:

- Provider Digitisation
- Digital Referrals and Consultations
- Access to Service Information
- Clinical Triage Platform
- Local Service Provider Contracts

Did you know?

At the end of May 2018, more than 50% of all acute trusts had made the switch to 100% digital referrals.
Our vision:

Provider digitisation

We are backing leading acute, ambulance and mental health providers to act as pathfinders in the digital transformation of the NHS. By showing at the front line how information technology can empower patients, improve outcomes, and eliminate waste, these global digital exemplars (GDEs) are grounding innovation in local realities and developing practical approaches for the rest of the system to follow. We are funding ‘fast follower’ trusts to work with the exemplars and nurturing innovation among other providers by backing locally-led digital investment plans.

Paperless national systems

Our aim is for all GP to first outpatient referrals to be paperless by September 2018, putting a wholly electronic system at a key interface between primary and secondary care. By digitalizing the core national systems on which health and care professionals rely, we will build new networks of collaboration, create data to inform system planning and allow members of the public to take an active role in the management of their own health and care.
Provider Digitisation

Supporting local and national organisation to adopt digital solutions that enable new care models.

We will:

• support the completion of two-year change programmes in up to three acute global digital exemplars (GDEs) and ‘fast follower’ trusts, including supporting evaluation, market management and learning networks.

March 2019
Digital Referrals and Consultations

Providing an easy-to-use digital referral service that puts patients in control of their appointments, relieves burdens on healthcare staff and improves planning and demand management across the system.

We will:

- agree the roll-out of new ‘Any2Any’ functionality that will markedly increase the coverage of the e-referral system by broadening the referrer base from GPs to other providers, including social care. The technology is already largely developed and pilots are underway. **June 2018**
- improve the online ‘Manage Your Referral’ tool’s interface, making it more accessible. **September 2018**
- allow hospitals and clinics to more easily resolve issues with appointment slots. **September 2018**
- improve the quality of information provided to hospitals and clinics before the most appropriate appointment is booked, allowing additional attachments from and dialogue with the referrer. Monthly releases to **March 2019**
- move correspondence with patients to email. **March 2019**
- improve the ‘advice and guidance’ support for clinical staff making referrals, allowing information to be stored and redirected to colleagues. **March 2019**
- deliver application programming interfaces (APIs) that provide new flexibility to integrate e-referrals functionality into GPs’ IT systems. **March 2019**
- complete transition to a new provider of the Telephone Appointment Line service, which allows patients to book and manage appointments following referrals. **March 2019**
Access to Service Information

Providing quick and convenient access to rich information about the nature and availability of services across the NHS and care.

We will:

- allow community pharmacies to update information related to the Pharmacy Quality Payment Scheme using a ‘profile updater’ tool on the Directory of Services. **May 2018**
- develop standards to allow third-party systems to query the Directory of Services based upon a set of clinical symptoms. **July 2018**
- develop a capacity and demand platform to support third-party applications, including common data and interoperability standards. **August 2018**
- begin local pilots allowing professionals handling calls on the NHS 111 service to directly book GP appointments. **November 2018**
- provide a mobile app with enhanced search capability to give urgent and emergency care services – including all ambulance trusts and community pharmacies – access to the Directory of Services. **November 2018**
- integrate all urgent and emergency care data held on NHS.UK and the Directory of Services. **March 2019**
- deliver an Application Programming Interface (API) that allows urgent and emergency care services to easily and securely link their systems to the Directory of Services. **January 2019**
- enable the integration of core service information data across national and local directories. **March 2019**

The Access to Service Information project will transform the existing Directory of Services (DoS), the core application that holds information about the availability of local health and care services in England, giving urgent and emergency care professionals fast and easy access to a wider range of reliable service information. This will ensure patients are effectively and safely referred to the most clinically appropriate, convenient and available services.
Clinical Triage Platform

Providing patients with personalised and reliable medical triage through digital and non-digital channels and giving clinicians a wide choice of clinical decision support systems.

We will:

- evaluate appropriate specialist clinical decision support modules for mental health, frailty and paediatrics. **September 2018**
- create specifications and proofs of concept for the secure use of patient-level data to personalise and improve triage. **August 2018**
- full launch of NHS 111 Online, providing digital access to the NHS 111 service’s advice and triage for patients with urgent medical concerns. **December 2018**
Local Service Provider Contracts

Helping NHS organisations get the best value from existing information technology contracts.

We support the Department of Health and Social Care in the management and delivery of local service provider (LSP) contracts for critical IT systems and services across England.

**CSC LSP Programme**

We manage a local service provider contract with DXC (formerly CSC) covering NHS trusts in the North, Midlands and East of England. We have supported the deployment of the Lorenzo electronic patient record system and have been commissioned by the Department of Health and Social Care to support trusts to exit the contract for products and services where it has ended. Our Lorenzo Digital Exemplar programme helps trusts to improve their digital maturity and, in turn, to inspire and help educate other trusts.

**South Local Clinical Systems (SLCS)**

We support NHS provider organisations to procure, deploy and deliver benefits from clinical IT systems in the south of England under this portfolio of locally led and owned projects, which now focuses on the South Acute Programme. We provide the governance structure, collate reports to allow the oversight board to make funding decisions, and support the delivery of benefits. The programme ends in March 2019 and two of the programmes completed funding in 2017-18.
Local Service Provider contracts

CSC LSP Programme

We will:

- complete all outstanding inpatient prescribing and maternity deployments as part of the introduction of the Lorenzo electronic patient record system under the CSC LSP contract. **September 2018**
- select one or more Lorenzo Digital Exemplars to progress to the implementation phase, spearheading the innovative use of the Lorenzo electronic patient record system. **March 2019**
- oversee the contract exit of NHS trusts that deployed clinical systems other than Lorenzo. **March 2019**

South Local Clinical Systems (SLCS)

We will:

- support acute trusts in Collaborative Group A (Poole Hospitals NHS Foundation Trust and Royal Bournemouth and Christchurch NHS Foundation Trust), to go live on clinical systems procured and deployed under this programme. **July 2018**
- support acute trusts in Collaborative Group D (East Kent Hospitals University Foundation Trust and Maidstone and Tunbridge Wells NHS Trust), to go live on clinical systems procured and deployed under this programme. **April 2018**
- close the SLCS South Acute programme. **March 2019**
Medicines, Pharmacy and Dentistry IT

Providing technology and digital tools that help ensure patients and the NHS get the best value from medicines, pharmacy and dentistry.

Within this sub function, you will find information regarding:

- Digitising Community Pharmacy and Medicines
- Medicines Data
- Integrating Pharmacy Across Care Settings

Did you know?

The Electronic Prescription Service (EPS) has saved the NHS £136 million over three years.
Our vision:

Save money

The overall list cost of medicines in the NHS in 2016-17 was around £17.4 billion, an increase of 3.5% from £16.8 billion in 2015-16 and an increase of 33.7% from £13.0 billion in 2010-11. This rate of growth exceeds that of the overall NHS budget. By improving our data about prescribing and the effectiveness of medicines, we can help the NHS get the best value-for-money from its medicines budget by eliminating waste, targeting fraud and ensuring patients get the right treatment.

Improve patient choice and safety

Medicines are the most common intervention made to support the treatment of patients and the most common source of avoidable adverse events. We are promoting more accurate, efficient and safe prescribing by removing paper from the process and giving pharmacists better access to patient information and communication with clinical colleagues. We are putting patients at the heart of medicine management, which will reduce mistakes, prevent waste and increase convenience.

Support pharmacy professionals

It is vital that pharmacy professionals have appropriate access to patient information to support their decisions and are able to safely and securely share their insights with other clinical professionals. Pharmacy professionals can play a much more integrated role in health and care, improving patients’ understanding of their medicines and adherence to prescriptions. By helping pharmacy professionals to provide advice to patients or signpost them to more appropriate services, we will reduce pressure on other parts of the system.
Digitising Community Pharmacy and Medicines

Improving convenience for patients, reducing burdens for clinicians, reducing fraud and increasing the use of the electronic prescription service.

We will:

Continue to improve and increase use of the Electronic Prescription Service by:

- allowing Schedule 2 and 3 controlled drugs to be prescribed electronically. **July 2018**
- launching a pilot to enable the digital transmission of a patient’s prescription exemption status to their pharmacy. **August 2018**
- enabling staff in integrated urgent care settings (for example, NHS 111) to send electronic prescriptions. **November 2018**
- delivering other agreed Electronic Prescription Service enhancements based on end-user feedback. From **November 2018**
- allow prescriptions to be sent electronically when a patient does not have a nominated pharmacy. **January 2019**
Medicines Data

Improving our understanding of the use, spend, safety and effectiveness of medicines by providing high quality data and tools to users across the NHS.

We will:
- Have access to high quality data about the use of medicines in secondary care. **December 2018**
- Launch pilot sites in primary and secondary care that are able to scan medication as it enters their supply chain to validate it is legitimate, in accordance with the Falsified Medicines Directive. **February 2019**
- Make secondary care medicines data available to support the NHS to make the best use of the money it spends on medicines. **March 2019**
Integrating Pharmacy Across Care Settings

Linking up pharmacists with fellow professionals to improve the continuity and quality of care given to patients and relieve pressure on other frontline services.

We will:

- Give pharmacy professionals working across health and care improved access to existing NHS Digital products through host systems, including the Summary Care Record, the Prescription Tracker, NHSmail and Skype for Business. **September 2018**
- Pilot the digital transfer of information between community pharmacies and GP surgeries. **October 2018**
- Allow professionals working in integrated urgent care (such as the NHS 111 service) to view the medication details within a patient’s existing prescription and refer them directly to a local pharmacy for urgent access to their medicines. **March 2019**
- Develop a digital solution that would allow hospital discharge summaries and pharmacy referrals from secondary care to be sent to patients’ nominated pharmacies, allowing more immediate transfers of information between secondary care and pharmacies to support patient care. **March 2019**
Implementation and the Digital Environment

Working with our local and national partners to help them get the most out of our products and services and working within NHS Digital to shape our delivery to meet their needs.

Within this sub function, you will find information regarding:

- Strategic Relationship Management
- Implementation and Business Change
- Building a Digital Ready Workforce
- Widening Digital Participation
- IT Skills Pathway
- Child Protection – Information Sharing (CP-IS)
- NHS WiFi
- Summary Care Record

Did you know?

120,000 vulnerable children are now included in the CP-IS database.
Our vision:
The Implementation and the Digital Environment sub-directorate underpins product development. The benefits of our national products and services can only be realised for patients and clinicians if we are closely connected to the organisations and people who will use them. We work to support them effectively and respond to their feedback.

Strategic Relationship Management:
Strengthening our relationships with the key arm's length bodies, key clients and communities by adopting a strategic approach to our relationship management.

Implementation and Business Change:
Developing long-term and supportive relationships with regional and local stakeholders across the NHS and local authorities.

Digital Skills and Influence:
Awareness of the benefits of new technologies in the health and care workforce and support the development of the digital skills necessary to get the best out of them.

Product Ownership:
We will ensure that products that have transitioned into operations have a clear product strategy and roadmap for their ongoing support. We will also ensure that our teams and external partners have all the information required to support the promotion, adoption utilisation and value of the NHS Digital products and services we support.
Strategic Relationship Management

Working with our strategic partners to identify the system-wide priorities that will deliver benefits for patients, citizens and clinicians and to align NHS Digital’s work to support these objectives.

We will:

- establish customer relationship management standards across the organisation to create business intelligence to support strategic decision making. **September 2018**

- roll out the client engagement model to all key clients and communities, demonstrating improvements in the relationship between each client and NHS Digital. **March 2019**
Implementation and Business Change

Giving local health and care organisations coordinated advice and support about using our services and increasing the adoption of NHS Digital services across the system.

We will:

• work in partnership with the NHS and local authorities to deliver our agreed uptake targets for key products including the Electronic Referral Service (e-RS), Child Protection – Information Sharing (CP-IS), the Electronic Prescription Service (EPS), Summary Care Record (SCR), and other NHS Digital products. **March 2019**

• adopt a client engagement model aligned to the Strategic Relationship Management function to ensure that our key partners across the regions are better informed about the work of NHS Digital and are clear on who they can contact to access further information and support. **March 2019**
Digital Skills and Influence

We have three streams of work in this area, all aimed at fostering the skills and understanding necessary for digital transformation.
1. Building a Digital Ready Workforce

Supporting the professionalisation of health informatics, improving the digital skills of the health and care workforce and increasing understanding of new technologies among leaders in the system.

We will:

- support the NHS Digital Academy as its first cohort of 100 delegates progress through the Postgraduate Diploma in Digital Health Leadership. **April 2018**
- deliver and evaluate, in association with Skills for Care, the National Care Forum, and the Care Provider Alliance, six care provider leadership development and awareness sessions and determine an approach to appropriate future delivery for this audience. **April 2018**
- pilot a board-level leadership awareness and development campaign in the Lancashire and South Cumbria sustainability and transformation partnership. If appropriate, devise a national campaign. **June 2018**
- commission the first series of digital literacy initiatives for the general health and care workforce. **July 2018**
- continue to support the Faculty of Clinical Informatics, the professional member body for the clinical informatics workforce, which will have expanded to at least 600 members or fellows. It will have a number of membership options in place, with a fully operational accreditation mechanism and standards to support its further development. **March 2019**
- continue to support the Federation of Informatics Professionals, the professional member umbrella body for informaticians across health and care, which will have at least 750 registered members. It will have developed an accreditation mechanism and standards to support its further development. **March 2019**
2. Widening Digital Participation

Providing hard-to-reach groups with skills and support to help them access digital health services and information.

We will:

• deliver a digital inclusion guide for commissioners that will provide support and guidance on how to make digital health products and services accessible to hard-to-reach groups. **April 2018**

• deliver two evidence-based models for tackling digital exclusion: one for young people with mental health problems and another using social prescribing for people with long-term conditions. **September 2018**

• deliver six digital inclusion pathfinder projects to develop and test new approaches to tackling the barriers to digital exclusion for hard-to-reach groups. **March 2019**

• support 100,000 people to get online and access digital health information and services. **March 2019**
3. IT Skills Pathway

Providing a range of practical tools and resources to equip all NHS and social care staff with the IT skills they need.

We will:

- deliver a new suite of tools for IT skills development including diagnostics, trackable e-learning products and post-learning assessments. **November 2018**

- deliver a personalised, high quality IT Skills Pathway service to our existing customers across the NHS, social care, universities and voluntary organisations. **March 2019**

- deliver e-learning hosting, development and consultancy services to the NHS and social care to improve the quality of learning and development within local organisations. **March 2019**
Product Ownership

Ensuring that our teams and external partners have all the resources and information required to support the promotion, adoption and utilisation of key NHS Digital products and services.
1. Child Protection - Information Sharing (CP-IS)

Helping health and social care staff to share information securely to better protect society’s most vulnerable children.

We will:

- increase the proportion of local authorities live with the Child Protection - Information Sharing service from 65% in March 2018 to 90%. **March 2019**
- increase the proportion of in-scope NHS sites live with the Child Protection - Information Sharing service from 45% in March to 80%. **March 2019**
2. NHS WiFi

Providing free wireless across the NHS estate that allows the public and clinicians to have easier access to digital tools that improve health and care.

We will:

• complete delivery of free NHS WiFi into all GP surgeries and to in-scope acute, mental health and community trusts in England.

December 2018
3. Summary Care Record (SCR)

The SCR is an electronic record of important patient information, created from GP medical records. It can be seen and used by authorised staff in other areas of the health and care system involved in the patient’s direct care.

We will:
- set out a clear strategy for SCR. **August 2018**
- support greater use of SCRs with Additional Information. These add extra details such as significant medical history, a patient’s immunisations and the reason for medications. **December 2018**
“We are just at the cusp of what we can do with technology. There is a lot more to uncover and develop. I feel I have found the area to which I want to devote the rest of my career.”

Emma Storey is a graduate trainee working in the Primary and Social Care team in Product Development.
2. Data, Insights and Statistics

Unlocking the power of information

The NHS’s five-year strategy calls for the information revolution to be fully harnessed by our health and care system.

Good, timely data allows clinicians and managers to target changes to services, it provides a feedback loop and benchmarks to inform continuous improvement and it supports research into new treatments. It is vital to developing improving our system’s ability to learn.

NHS Digital has responsibility for standardising, collecting and publishing data and information across health and social care in England. We are committed to radically improving data content, analysis and access by 2020, while maintaining absolute respect for individuals’ data privacy. Our aim is to get information to the people who need it more quickly and to make it more accessible, useful and useable when they receive it. NHS Digital offers three types of data and information services:

- **Data services**: making data available to customers on health and care services
- **Analytical services**: providing standard and bespoke services
- **Statistical services**: developing and publishing national, official and other statistical publications that describe health and healthcare across the country
Data, Insights and Statistics

Creating and linking near real-time flows of secure data from health and care providers to provide clinicians and researchers with patient-level insight and system planners with unprecedented ability to plan services and improve patient care.

Within this sub function, you will find information regarding:
- Data Services Platform
- Data Content and Data Collections
- Data and Information Services

Did you know?
NHS Digital publishes more than 1.5GB of open data every month.
Our vision:

Working to answer the NHS’s five-year strategy’s call for the information revolution to be harnessed by our health and care system so that it has the accessible and timely information it needs to achieve world-class health outcomes. We provide authoritative statistics to the public and media, and we are a key delivery partner for the UK Government Life Sciences Strategy.

We are:

Maintaining public trust

Protecting citizens’ data rights is critical to harnessing the power of information to improve the healthcare system. Citizens must have confidence that their data is being handled responsibly and securely. This absolute commitment to data privacy and data security underpins all our data work. We will only provide data where an appropriate legal basis and security controls is in place.

Removing silos

Data collection is currently carried out in silos across the health and care system. This creates twin issues: data from one collection is difficult to link with data from other areas, and the burden on providers submitting data is increased. The Challenging Burden Service selected 10 major collections and estimated the total cost of the burden they created at over £400 million. Across the NHS and the arm’s length bodies, there are over 200 collections.

We are delivering a modern data services platform and data architecture that will receive and process data for national purposes securely, streamline what local organisations are asked to do, and allow data to be linked in powerful new ways to improve patient care.

Improving timeliness

Data is currently provided in monthly or quarterly submissions. This introduces delay and limits our ability to support decision making. When responding to the extra pressures on the system in winter, for instance, managers need insight into patterns of supply and demand in near real-time.

The new data services platform and national data architecture will support increased flows of data and enable significantly enhanced analysis and insight, including use of whole patient pathways to support research.

Building the future

We work closely with partners in the research community to improve the use and effectiveness of NHS Digital’s data and information services. We are also re-equipping our team with skills in data wrangling and automation, modern data science languages, visualisation, advanced statistical modelling and machine learning so they can respond to the rapidly evolving requirements of research in fields like genomics, artificial intelligence, translational science and precision medicine.
Data Services Platform

Delivering a data platform providing the central processing power needed to securely receive, validate, de-identify, link and make available the data flowing into NHS Digital from organisations across the health and care system, to those who have a need and a legal basis to access it.

**We will:**
- develop national services so that data can be consistently de-identified and linked for planning and research by **September 2018**
- develop national services so that data can be consistently de-identified and linked for planning and research by **December 2018**
- phase the deployment of these national services from **October 2018**
- develop a data access environment to provide customers with secure remote access to approved data for planning and research. **December 2018**
- develop a data processing platform so that NHS Digital can process data for planning and research efficiently by **March 2019**
- migrate data collections to the data processing platform from **March 2019**
Data Content and Data Collections

Transforming the collection of data from the health and care system to reduce burden on care providers, and improve the relevance, quality and speed of analysis.

We will:

• work with the Private Healthcare Information Network (PHIN) to bring data collection and measurement of private healthcare within the scope of NHS systems and standards for the first time, thereby addressing a long-standing concern about the lack of visibility of quality in private care and promoting the completeness of patient records where care has been received privately. March 2019

• work with Public Health England (PHE) and DHSC to implement the McNeil Review recommendations, ensuring more timely accessibility and use of health and care data March 2019

• define and secure agreement of a national data architecture to ultimately reduce the burden of duplicate collections in the system. March 2019

• implement and pilot Patient Level Information and Costing Systems (PLICS) to support NHS Improvement’s Costing Transformation Programme. March 2019

• implement the new Emergency Care Data Set, capturing data on a daily basis in all consultant-led emergency departments (type 1 and type 2). March 2019

• transfer collections handled by the Unify online collection system into the new Strategic Data Collection System and allow Unify to be decommissioned. March 2019
Data Access

Improving access for clinicians, researchers and commissioners to health and care data, while ensuring the law is followed and citizen’s data rights are respected.

We will:

- support the government’s Life Science Strategy by giving access to more linked data, creating innovative approaches to sharing data and working with partners to simplify system-wide controls. December 2018
- work with partners including the National Institute for Health Research and Health Data Research UK to provide new services that support clinical trials and research programmes December 2018
- work with the Government Digital Service to transform access to NHS Data Registers and provide definitive reference data about hospitals, general practices and other key areas of the health and care system. December 2018
- complete implementation of recommendations in the National Back Office Tracing Service Review and work to ensure transparent, safe and secure data sharing. December 2018
- transform the experience of using our Data Access Request Service (DARS), which manages applications by researchers, commissioners and researchers for access to data. We will improve the communication, guidance, culture, and processes of the service and the Independent Group Advising on the Release of Data (IGARD). December 2018
- make additional data sets available through DARS. March 2019
- develop and implement the next phase strategy for Data Services for Commissioners Regional Offices in consultation with NHS England and commissioning organisations, with a new service model in place by March 2019
Insights and Statistics

Providing useful, independent and reliable statistics, analysis and insight to improve health and care, inform research and drive innovation.

We will:

• combine three separate teams across the organisation to provide an integrated end-to-end service collecting data from GP clinical systems that allows payment of over £1.2 billion to general practices through the Quality and Outcomes Framework and other services. **March 2019**

• contribute to the delivery of SNOMED CT as the health service’s universal terminology. We will convert all current specifications for data required in areas including GP payments, the National Diabetes Audit, the Diabetic Retinopathy Screening Programme, and the National Health Checks programme to SNOMED CT. **March 2019**

• support general practice with the management of demand, diversion of unnecessary work, an overall reduction in bureaucracy and more integration with the wider health and care system. **Ongoing**
Our services

Insights and Statistics

Our Insights and Statistics functions work across eight key analytical areas:

1. **Primary care data services:**
   Including the General Practice Extraction Service (GPES) and Calculating Quality Reporting Service (CQRS).

2. **Workforce and estates:**
   Provides information about the NHS workforce, its estate and aspects of operations including catering costs and cleanliness.

3. **Prescribing and medicines:**
   Produces data and information about the prescribing and dispensing of medicines, and their use, supply and cost.

4. **Community data analysis:**
   Provides information about children’s and maternity services to inform care provision and policy.

5. **Mental health analysis:**
   Provides information about mental health and access to psychological therapies.

6. **Social care statistics:**
   Provides information about adult social services, including surveys of carers and users and information on activity, safeguarding and finance.

7. **Population health data and information services:**
   Supports screening and immunisation programmes as well as public health information exploring the impact people’s life choices have on their health. We will deliver the Health Survey for England in line with the contractually agreed timetable and achieve a response rate of at least 65%, deliver the National Child Measurement Programme, dataset and publications in line with the contractually agreed timetable and standards.

8. **Secondary care services (including Hospital Episode Statistics):**
   Contains details of all admissions, A&E attendances and outpatient appointments at NHS hospitals in England, which can be used for research and planning health services.
Insights and Statistics

These eight analytical areas are supported by:

The Indicator and Methodology Assurance Service
which maintains, assures and develops the health indicators that measure how health and social care services are performing. It is delivering a new online national library of quality-assured indicators that will allow easier access.

Data Quality Assurance
which provides an assurance framework against which all national data collections are assessed. The team works collaboratively with health and social care partners to measure and improve the data quality of provider organisations. It publishes the results of self-assessments for 26 national data collections each quarter and works with providers to improve submission of quality data at source.

The National Clinical Audits and Registries team
works with external partners and commissioners to ensure we are providing useful content.

The National Casemix Office
defines the healthcare activity classifications that underpin the National Tariff Reimbursement system and produces ‘grouper’ products that enable NHS providers and commissioners to specify the cost of admitted, emergency, critical and other types of specialised care.

Our Information representation services allow the sharing of machine readable data by producing, publishing and supporting the use of information standards across health and care. We are supporting the development and implementation of standards including the International Classification of Diseases and Health Related Problems (ICD-10), OPCS-4 Classification of Interventions and Procedures, and releases of SNOMED CT UK edition (biannually) and the NHS Dictionary of Medicines and Devices (dm+d) (weekly).
“I had a 20cm tumour removed from my liver three years ago. I want to be able to give back to people on the front line because I have so much respect for the work they do. When I see people using our information and data to raise awareness of issues or to directly improve patient care, that is really rewarding.”

Principal Data Manager **Kathryn Salt** runs the statistics and specifications teams in the primary care domain.
3. Platforms and Infrastructure

The NHS and social care’s IT backbone

We are responsible for maintaining and developing the mission-critical IT infrastructure of the NHS and social care.

The Health and Social Care Network, NHSmail and the NHS Spine may not be names that are immediately familiar to every nurse, doctor and social worker, but most rely on these services every day to do their jobs. Our excellent record in maintaining the resilience, reliability and security of our core systems and of improving their efficiency, flexibility and power is critical to care.

Platforms and Infrastructure is split into the following sub sections:

- Our programmes
- Core capabilities
Our programmes

NHSmail

NHSmail is the secure email and collaboration service used across health and care organisations in England and Scotland. We power collaboration across organisational boundaries including secure email, Skype for Business, cyber security protection connection to the NHS Directory and administration tools.

We will:

- extend the portal registration tool and National Administration Service to support the roll out of NHSmail accounts to dentistry, social care and optometry. **July 2018**
- support all NHS Trusts and health organisations to comply with the secure email standard (NHSmail, Office 365, self-accreditation). **March 2019**
- deliver the Office 365 Hybrid solution for general availability. **July 2018**
- complete discovery for the improvement or replacement of NHSmail. **March 2019**
Our programmes

Integrating Care Locally

Supporting clinical decision making across all health and care settings by improving the flow of patient information.

This can only be achieved by allowing information generated in one care setting to be seen and acted upon in another, irrespective of geographical or organisational boundaries, and to be transferred in a timely, consistent and usable way. This programme is developing systems to connect professionals and allow information to be accessed using mobile technologies and other interfaces.

We will:

- launch a new National Authentication Service that supports internet and mobile client access, smartcard alternatives and other improvements. **May 2018**
- launch the National Record Locator Service, which will allow authorised professionals to access patient information held in other care settings to support direct care. **September 2018**
- flag patients with learning disabilities to clinicians using the Summary Care Record. **September 2018**
- begin beta testing of a national capability for the secure publication and management of health and social care application programming interfaces (APIs). **December 2018**
- begin beta testing of a redesigned and improved Summary Care Record application, offering authorised users mobile access and the ability to view patient’s GP records. **February 2019**
- allow providers to share standardised transfer-of-care messages (inpatient, outpatient and emergency care discharge summaries) electronically. **March 2019**
Health and Social Care Network (HSCN)

Providing health and care organisations with cheaper, more secure and more flexible data networks that support improved local, regional and national information sharing.

The HSCN is a key transitional stage in achieving the vision of making digital health and social care services ubiquitously available over the internet. In providing both public and private connectivity over one connection, it will support organisations and services move to internet and cloud based architectures. It will provide highly performant access to critical digital health and care services that are not currently available on the internet and help organisations protect themselves against network related cybersecurity threats.

We will:

- migrate 25% of the users of the current transition network to HSCN (100% migration scheduled for September 2020). February 2019
Platforms and Infrastructure

Core capabilities

Platforms

Providing modern cloud-based platforms for our programmes and services that are reliable and cost effective.

We are taking a multi-platform, ‘cloud-first’ approach to improve the flexibility, security, cost effectiveness and resilience of our services.

We will:

• move services to the cloud where appropriate. Complete the migration of two services from the HM Land Registry to the cloud without impacting the delivery of service. **December 2018**

• consolidate our Splunk infrastructure to support live service monitoring and support the work of the Data Security Centre by providing a centrally managed service on both cloud providers (AWS and Azure) that provides the duplication of licence costs and infrastructure

• have half of all infrastructure and platform resources certified in either AWS and Azure, depending on the skills required

• deliver a single governance model for all services and programmes to simplify the onboarding process for cloud services and allow us to apply a single governance, support and management model for our cloud providers
Platforms and Infrastructure

Core capabilities

Digital Delivery Centre (DDC)

Putting a world-class product design and development team at the heart of the development of NHS Digital’s programmes and national infrastructure and working with our customers to design, develop, assure, deploy and support national systems.

The Digital Delivery Centre provides the product design, development, assurance and operations skills that deliver many of the NHS’s major national systems, including the Spine and the Secondary Uses Service, Cancer Screening and GP Payments. Bringing the Spine and the Secondary Uses Service in house has saved tens of millions of pounds a year and provided faster, more flexible and more resilient systems.

Based in Leeds and Exeter, the Digital Delivery Centre provides the technical skills underpinning development and stable operations across our business, including the core NHS Spine infrastructure, the Summary Care Record application (SCRa), the e-Referral Service, the Directory of Services, the Electronic Prescriptions Service, Primary Care Registration, Child Protection-Information Sharing, bowel and breast cancer screening, the Care Identity Service, the Secondary Uses Service, support for the National Data Opt Out, current dataset collections as well as new tools to improve our data collections and access to data products.

Our aspiration is to become the best product design and DevOps capability in the public sector.
Platforms and Infrastructure

Core capabilities

Digital Delivery Centre (DDC)

We will:

- deliver the Citizen ID private beta platform. **May 2018**
- build the Data Services Platform (Core), which will then allow us to move data sets from the wider estate and begin to rationalise our current infrastructure. **August 2018**
- go live with a private beta of a data analytics environment. **May 2018**
- move the Citizen Identity Service’s Path to Live Environment to the cloud. **July 2018**
- deliver a mobile beta version of the SCR available over the internet to provide access to social care organisations. **July 2018**
- provide the capability for the Physicians Committee for Responsible Medicine programme to close the National Health Applications and Infrastructure Services (NHAIS). **October 2018**
- provide Citizen Identity services for NHS online services. **December 2018**
- deliver GP electronic communications for breast screening, allowing electronic messages on screening outcomes to be provided to GPs in place of paper copies. **December 2018**
- deliver the system changes required to support the roll out of the new Bowel Cancer Screening – Faecal Immunochemical Test (FIT) test within England. **February 2019**
- continue to develop product design and DevOps-centric recruitment, onboarding and mentoring processes so we attract and retain great people
Technical Architecture

Providing NHS Digital with technical leadership that ensures that our technology is built to interoperable standards, uses the best technical solutions and leverages automation.

We will:

- support and enable full technical governance coverage across projects and programmes. **June 2018**
- improve technical review and governance group engagement across programme life cycles. **October 2018**
- ensure we have the right skills to provide technical architect services to the healthcare system for the next five years. **December 2018**
“What I like about my role is helping people on a daily basis, pitching in and fixing their technical issues so they can get on with doing their jobs. That helps this organisation make the NHS better.”

*Josh Isenring* technical operator in the IT team.
4. Live services

Our Live Services directorate operates and manages business critical infrastructure, technology and digital services that underpin the delivery of health and care.

Professionals across the NHS and social care rely on NHS Digital products throughout their daily work. Systems like the Electronic Prescription Service, the NHS Spine, the e-Referrals Service, NHSmail and the Care Identity Service (the system behind the NHS smartcard) are critical to care services and NHS Digital is responsible for ensuring that they are reliable, fast and secure.

The directorate maintains resilient performance across more than 100 services and, when things do go wrong or customers need advice, we respond quickly. We use industry leading techniques and capabilities to ensure the reliability and usability of these live services. The National Service Desk provides a single point of contact for users and works to provide prompt and thorough responses in line with published service-level targets. We work to deliver highest levels of customer service so that local organisations can get the most out of our products while ensuring that patients’ private information is kept securely.

**Live services is split into the following sub sections:**

- IT Service Management
- Operations
- Business Continuity Management
- Data Security
IT Service Management

Ensuring the highest levels of reliability, security and usability across live digital services used by NHS and social care professionals in England.

We have aligned with, and in some cases driven, industry best practice and achieved an average 99.97% availability across our services in 2017. The team is geographically dispersed but with a large presence in both Leeds and Exeter and has more than 100 services under its remit. The National Service Desk provides a high-quality point of entry for users of our services and holds the standard for customer service excellence.

We will:

• ensure all services under NHS Digital’s remit are delivered to an appropriate level of quality and meet customers’ needs. This objective will be measured monthly throughout the year.

• implement a single capability across multiple sites, ensuring that live services are managed in a consistent manner regardless of business unit or location. March 2019

• implement a service desk strategy and a service management toolset strategy focused on improving value for money and customer satisfaction. March 2019
Operations

Ensuring that our established products are delivered in a standardised way that maximises efficiencies while ensuring excellent, secure services.

We will:
- establish a pipeline to transition established products from programmes into the central operations function, achieving economies of scale and whole product lifecycle management.

June 2018
Business Continuity Management

Working with business units and information asset owners across NHS Digital to ensure that appropriate business continuity plans are developed, maintained and embedded in the business.

We will:

• continue to embed the new Corporate Business Continuity Management System across the organisation, and review the business continuity plans of all business units.

March 2019
Data Security

Providing trusted advice on data security to the health and care system and providing support services to help organisations prepare for attacks, address vulnerabilities and recover quickly when incidents do occur.

We are the lead national partner on data security for the health and social care system, a role that put us at the centre of the system’s response to the WannaCry ransomware incident in May 2017. WannaCry did not compromise our national systems and the NHS as a system responded well to the attack, with no reports of harm to patients or patient data being lost. But it underlined the fact that cyber-attacks are a part of and a growing threat to modern digital life.

It is not a matter of if but when the next large-scale attack will happen and, to minimise impact on front line services and information security, we need every organisation and each individual in the workforce to understand and fulfil their roles in protecting data and systems. We will work with NHS England, The Department of Health and Social Care and the National Cyber Security Centre and other partners to strengthen cyber resilience across the sector in 2018-19.
Data Security

Areas of activity will include:

- expanding of NHS Digital’s Cyber Security Operations Centre from May 2018 which will help ensure local NHS organisations have the support they need to build their own cyber resilience. It will monitor security threats, provide guidance and expertise and, ultimately, assure the public of the safety of their data.

- working with the Department and arm’s length bodies to implement recommendations of the Chief Information Officer for Health and Social Care’s review of the WannaCry incident.

- working with Health Education England and NHS England to support board-level leadership through the Building a Digital Ready Workforce programme.

- helping NHS organisations to take immediate action to address infrastructure weaknesses.

- contributing to assurance follow up on the 2017-18 Data Security Protection Requirements and the new Data Security and Protection Toolkit, working with NHS England and NHS Improvement.

- assuring capital and infrastructure investment for organisations seeking funding from the NHS England’s infrastructure fund.

- designing and delivering locally focused interventions to support better organisational preparedness for addressing security threats.

- working with the Department of Health and Social Care, arm’s length bodies and the rest of government to make sure the NHS is as prepared as possible for future cyber-attacks.

- Our Data Security Centre is responsible for data security for NHS Digital programmes and services and is the lead national partner on data security for the health and care system. Its strategic objective is to build public trust and support safe patient care by enabling the secure and safe use of information. It comprises of two functions.
Data Security

Operations manages security incidents and threats, sets information security standards for NHS Digital and other health and social care organisations and provides specialist information security consultancy. Its security and compliance unit promotes security awareness across NHS Digital through staff training and physical security control measures.

The Data and Cyber Security Programme provides NHS Digital and health and care organisations with a range of support services to help predict and prepare attacks, detect and prevent vulnerabilities and risks, and respond to and recover from incidents. This is achieved through a ‘defence in depth’ approach that provides health and care partners with support, guidance, analysis, expertise and advice.

We will:

- launch a new Data Security and Protection Toolkit that provides organisations with an assurance framework to track compliance with the General Data Protection Regulation (GDPR), the National Data Guardian’s data security standards, and the Network and Information Systems (NIS) directive. April 2018
- provide an incident reporting system that complies with GDPR. May 2018
- launch the new Cyber Security Operations Centre, which will improve NHS Digital’s ability to monitor national health and care services. July 2018
- pilot central, live monitoring of networks and systems in selected local organisations. August 2018
- finish development of an enhanced Data Security and Protection Toolkit. March 2019
“I always had a dream of working for the NHS and I can combine that here with my passion for computing. Information and data from around the whole health sector passes through this organisation. That is really exciting.”

Information Architect **Bharat Sharma** is helping to make NHS Digital’s new website more user friendly.
How NHS Digital operates
Corporate services

Our new organisational structure includes a number of corporate services such as our financial, commercial, people and workforce functions. This part of the organisation is also responsible for delivering the Org2 improvement programme over the next two years.
Org2: Shaping our future

Our success in delivering improvements for citizens, patients and healthcare professionals is determined by how we run our business and how we develop and acquire the skills and capabilities we need.

Our improvement programme, Org2, started work in December 2017. It is focussed on ensuring we have a workforce that is the right size, contains the capabilities we need and that our operating model is efficient, fit for purpose and addresses the current issues in the way we organise ourselves to deliver.

The programme will work with the new directorates to deliver a Strategic Workforce Capability Plan, which will define the future workforce and allow us to:

- develop and acquire the skills we need, at the right time, to deliver the next generation of digital, data and technology needs for the health and care system
- ensure our staffing model allows us to flex to increasing or reducing demand in each area of our service delivery
- operate efficiently, including reducing our overheads, the size and cost of our corporate functions and the size of our estate

We will be considering the next 5 to 10 years of digital, data and technology needs for health and care in order to develop a workforce plan for NHS Digital for the next three years, through to financial year 2020/21.

The development of this Strategic Workforce Plan has started and will be completed during the first half of 2018. We expect that our workforce restructuring will be done in waves as individual directorate plans are developed as part of the overall Strategic Workforce Capability Plan. We will prioritise areas of the organisation for restructuring based on the maturity of these plans and the skills gaps identified, ensuring we make progress in those areas. The first of these restructuring waves will start during financial year 2018-19 and subsequent waves will continue throughout 2019-20. Part of this restructuring will include clarifying our location.

The Org2 programme has also begun delivering improvements that make our business simpler, clearer and more streamlined. We have already introduced a new client-oriented structure and the programme is currently looking at improvements in the following areas:

- how we organise ourselves to deliver work, which will include our workforce design, location strategy, working environment and professional framework and our operational approach.
- developing our capabilities by taking a fresh look at our approach to recruitment, bringing in graduates and apprentices and our career pathways, developing our training and development support, and improving our approach to performance and reward.
Org2: Shaping our future

• introducing systems and processes that will help our organisation operate more effectively by improving and integrating our in-house management systems, making the most of our management information and planning tools and getting the most out of our time recording
• implementing initiatives that support the development of our organisation by putting in place a learning environment founded on strong staff feedback and engagement mechanisms with straightforward organisational policies

We expect the programme to run for about two years and have been talking with staff across all of our locations and operations to ensure that the improvements we put in place are evidence-led.

We have identified some early priorities, and are already making valuable progress in a number of areas:

Assignment and career management: We are working to develop our performance, talent management and people management arrangements. We have very quickly engaged with our colleagues about these issues and have delivered some tactical changes to improve our performance development review process.

Recruitment: We want to streamline our approach to recruitment, making it simpler and easier to bring in new talent, graduates and specialists.

Moving money and people to directorates: We need to align our resources to our new delivery focused directorate structure, which will simplify our operations and empower our people. We have made changes to several of our management systems and we are working out the best way to move our staff from professions to directorates.

Regional offices: We are facing some challenges in our existing estate as leases begin to expire. In the short term, we are creating a tactical plan to address arrangements for these offices. In the longer term, we will be developing a location strategy that is aligned to our workforce plan and improves the flexibility of our operations.

Workforce, management and human resources systems: We want to improve the tools and systems available to staff to support day-to-day operational delivery. The Org2 team has started to identify systems and initiatives to deliver improvements in this area, and we will be clarifying the governance, systems ownership and external guidance required.

Professional groups: We will be redefining our professions to improve their focus on learning and development so they can support our people with their professional growth.
Our Workforce directorate ensures that NHS Digital has the right people, with the right skills, in the right numbers, in the right place and at the right time to deliver our objectives.

Key areas of activity include attracting, recruiting, developing, engaging, and a well-motivated, skilled and high-performing workforce. The directorate is also closely involved in the Org2 programme. Areas of focus within Org2 include organisational and cultural change to enhance our delivery capability and making NHS Digital an employer of choice in the digital sector.

We will:

- implement an enterprise resource planning platform and supporting infrastructure to enable robust workforce planning and the collection, analysis and reporting of accurate, timely and insightful workforce data. **March 2019**
- modernise our recruitment service and deliver better outcomes for the organisation and for candidates. **September 2018**
- build on our learning and development offering. **March 2019**
- develop and embed an employee value proposition (EVP) that supports the ambition of being an employer of choice in the digital sector and supports the retention of key talent. **December 2018**

- deliver a skilled and responsive human resources service underpinned by modern and effective policies and practices, which helps staff and managers and supports them to understand and meet their responsibilities. **December 2018**
Finance and estates

The main focus for our Finance function is transition design work and the improvement in financial planning and forecasting. Our Improvement division will be driving a large estates strategy and important work in sustainability and equality and diversity.

**Improved transparency and accuracy of planning and forecasting**

We will:

- report financial expenditure broken down by the cost of running services, of maintaining services and of change programmes. Reporting from the first quarter of the financial year
- transparently report our forecast accuracy in each reporting period from the second quarter
- deliver the Sustainable Development Management Plan and related targets in line with the Greening Government commitments

**Significant Estates Development Programme**

We will:

- consolidate London-based staff in Skipton House
- deliver additional modern workspaces for 150 technical staff
- develop a transition plan for the Leeds hub development
- support the implementation of our location strategy across the wider NHS Digital estate

**Efficiency savings and cost improvement targets**

We will:

- conduct a full review of efficiency opportunities across all services in the first quarter
- implement a programme to deliver the efficiencies, within the target set for the business for the end for 2018-19
- improve our corporate capability with increased automation and self-service
Strategy, Policy and Governance

NHS Digital operates in a rapidly changing technological, clinical, regulatory, policy and business environment. Our Strategy, Policy and Governance directorate ensures we can respond flexibly to these opportunities and pressures and that we build the supportive relationships with partners that we need to define and deliver our objectives.

The directorate delivers a wide range of critical functions including developing our clinical governance, information and data protection governance, risk management, communications, enterprise architecture and strategy and policy.

**Information governance**

NHS Digital is supporting the health and care system to understand and comply with the requirements of the new General Data Protection Regulations (GDPR). Our information governance function is also ensuring that NHS Digital itself is compliant.

**We will:**

- develop a new Data Protection Office to improve visibility, evidence and assurance for the NHS Digital Board that the organisation has processes and procedures in place to support compliance with legislation and that this can be evidenced
- ensure the Information Governance Alliance provides authoritative and evidence-based guidance to the health and care system about the changing data protection and security landscape (including the General Data Protection Regulation)
- work with our Data Security Centre and system partners to improve data security awareness, expertise and processes across health and care
- ensure data privacy is at the heart of all NHS Digital’s programme delivery

**Clinical governance**

**We will:**

- produce standards for IT systems and software that are classified as medical devices for the health and care system in England. **September 2018**
- ensure all teams within NHS Digital have clinical advice and guidance from the early stages of design to the delivery of live produces and services

**Information risk**

**We will:**

- develop a new Office of the Senior Risk Information Officer to improve advice, support, guidance and assurance to the NHS Digital Board about the management of risk across our operations
How NHS Digital Operates

Strategy, Policy and Governance

**Website**

We will:

- launch a new NHS Digital website that uses machine learning to understand who our customers are and what they are interested in. It will target suitable content, data and services at different customer segments. **July 2018**
- launch a statistical publications system that gives users new interactive tools to make it easier to get actionable insights. **May 2018**
- achieve a digital quality score of more than 8 out of 10 on the digital quality management software Sitemorse by improving the quality of the NHS Digital website. **October 2018**
- ensure the NHS Digital website is GDPR compliant. **May 2018**

**Communications**

We will:

- support the national data opt-out to provide a secure and accessible way for the public to opt out of their confidential patient information being used for reasons other than their individual care and treatment. **May 2018**
- deliver and embed a new communications structure and operating model in line with industry best practice and the Government Communications Service modern communications operating model. **January 2019**
- increase uptake of services that help patients to self-care and make the right choices about where to seek care by delivering communications campaigns to support use of the NHS e-Referral Service (e-RS) for all consultant-led first outpatient appointments by October 2018 and roll out of the data security protection toolkit by **March 2019**

**Enterprise architecture**

We will:

- set up a new Enterprise Architecture and Data Architecture function to provide our Executive Management Team with a comprehensive, joined-up and current view of operational delivery, resources, costs, clinical impact, benefits and risks. **March 2019**

**Strategy and policy**

We will:

- deliver a new Strategy and Policy function to work with our government partners and stakeholders to ensure our plans meets real system needs
Assurance and Risk Management

Risk management practice within NHS Digital is supported by a comprehensive risk assurance framework based on the established ‘Three Lines of Defence’ model.

Our risk assurance framework is organised around a set of strategic risks, each owned by an executive director. These strategic risks are supported by a more granular set of risks managed at the level of portfolios, programmes, services and corporate functions. Appendix 4 lists our areas of strategic risk.

We work with the Department of Health and Social Care and other arm’s length bodies to identify and manage risks and dependencies across the health and care informatics system. We routinely review our set of strategic risks and we will further strengthen our risk and assurance arrangements during 2018-19.

A number of related functions have been transferred and will need thorough review of purpose and form for the coming programmes of work and service delivery. This may lead to some realignment of services in 2018-19. We will be working closely with corporate services, strategy, governance and policy colleagues we will need to build a robust and efficient delivery support system.

The new organisational structure brings together our assurance functions into a new function focused on supporting high quality delivery, safe systems and secure data management.

The directorate has three main functions:

1. **Information Assurance** helps assure and protect our most valued asset: data. It will assure records management, ISO and training quality measures, review of data gathering burdens and audit data recipients.

2. **Programme Assurance** sets standards, monitors the quality of planning and delivery and provides a risk assurance service.

3. **Technical Assurance** functions as an independent, professional ‘test and technical assurance factory,’ providing technical and clinical safety assurance for national and connecting systems across health and social care.
Our governance

NHS Digital is an executive non-departmental public body of the Department of Health and Social Care. Our Chief Executive is accountable to the Secretary of State for Health and Social Care for discharging our functions, duties and powers effectively and efficiently.

The Department of Health and Social Care is our sponsoring body and oversees the governance processes that hold this organisation to account. Our most senior decision-making body is our board, which meets in public at least six times each year. It is accountable to the public, Parliament and the Secretary of State for Health and Social Care.

The Board is led by our Chairman and comprises seven other non-executive directors, our Chief Executive and some of our executive directors, plus two ex-officio members. During 2018 a number of our non-executive directors will be retiring and in their place we will welcome new Board members.

The Board is supported by committees, each chaired by a non-executive director. These are:

- The **Assurance and Risk Committee** ensures appropriate arrangements are in place to identify, evaluate and report on the effectiveness of risk management, other internal audit and assurance controls, and the efficient use of resources.

- The **Information Assurance and Cyber Security Committee** ensures that arrangements are in place to manage information assurance and cyber security risks and threats across the organisation. This committee also works to support the wider health and social care sector.

- The **Investment Committee** reviews and approves business cases for new work, ensuring that investment is justified in terms of affordability, technical design, ability to deliver, and strategic fit with the priorities of the organisation.

- The **Talent, Remuneration and Management Committee** reviews, approves and advises on matters relating to pay, including remuneration packages, performance related pay awards and redundancy, as well as wider staffing and management topics.
Our governance

The Board meets in public and the papers for these meetings are published on our website. More details of our governance arrangements, including information about our board and its members, can be found on our website.

We are also held to account through governance arrangements that apply across the health and care informatics system, notably the Digital Delivery Board and its supporting bodies, which govern finance and investment approvals, technical architecture, and data design and standards.

In the interests of transparency and public accountability, we publish key documents including our strategy, business plan, annual report and accounts, and a register of data releases supplied to customers under data sharing agreements.

We also publish details of directions we receive from the Department of Health and Social Care and NHS England that set out their specific requirements for our data or technology services.

Occasionally, we may be asked to attend parliamentary committees, such as the Health Select Committee or the Public Accounts Committee, to report on particular areas of our business.
Performance management and reporting

Our corporate performance management framework is used to manage and report on how well we are delivering our objectives and commitments.

Our performance reporting contains a mix of financial and non-financial information which is reviewed regularly by our Executive Team and our Board. Performance reports are published in our Board papers, this supports transparent governance and constitutes an important channel of accountability to the public. We report on our performance to external audiences including the Digital Delivery Board and the Department of Health and Social Care.

Appendix 2 lists our corporate key performance indicators. These are reviewed regularly and some changes will come on stream during 2018-19. Additional performance information is reported to internal governance bodies, including our operations board and our corporate management board.
Inclusion and diversity

The Equality Act 2010 brought the Public Sector Equality Duty into force on 5 April 2011.

Its purpose is to ensure that all public bodies play their part in making society fairer by tackling discrimination and providing equality of opportunity for all. Research shows that a diverse and inclusive workforce supports high performance.

One of the strongest features of the health and care system in this country is how equality, diversity and inclusion is at the heart of what we do – both in relation to our workforce and to the services that are provided for patients, clinicians and the wider public.

At NHS Digital, our vision is for every one of our people to use their unique background and experience together to create outstanding technology and information for the health and care sectors. Moreover, as the national provider of data, information and technology to the health and care sectors, we have a role to play in ensuring that the systems and services we develop are accessible to the widest range of users.

Spotlight on gender equality

The gender pay gap is the difference between the average earnings of men and women, expressed relative to men’s earnings. This is not a measure of pay equality. Equal pay means that men and women in the same employment performing equal work must receive equal pay. We are confident that we comply fully with this legal requirement.

In February 2018, we published our gender pay gap alongside plans to continue to address the gap. The reporting period to March 2017 showed:

- a gap between the median of male and female salaries of 14.1%, and
- a gap between the mean of male and female salaries of 16.1%

The main factor causing this gap is the fact that at NHS Digital men, on average, occupy more of the senior pay bands than women.

Several other factors that contribute to the gap, but these have a smaller impact. We are committed to increasing the number of females in senior management roles and ensuring that NHS Digital is a great place to work. We want working at NHS Digital to be compatible with a rich life outside work for our female and male employees, for those who have families, for those with carer responsibilities, and for those who simply have other interests in their lives. Work should be rewarding for the employee and for the organisation.
How NHS Digital Operates

Inclusion and diversity

Spotlight on workforce race equality
The NHS Workforce Race Equality Standard (WRES) aims to ensure that employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. Although the Department of Health and Social Care’s arm’s length bodies (ALBs) are not required to implement the WRES or report against its indicators, NHS Digital has published data covering BME representation in our workforce, recruitment opportunities, and representation at board level. The findings show that, in our organisation:

• compared to the overall demographic of our workforce, people from BME backgrounds are over-represented in ‘support’ and ‘middle’ roles and under-represented in ‘senior’ roles
• the relative likelihood of BME people being appointed into roles following shortlisting for a position is lower than for people from white backgrounds
• the number of BME staff on our board is lower than the overall percentage of the BME workforce in our organisation

Delivery Plan
Since 2016, we have embarked on a programme of work to deliver our vision for diversity and inclusion that goes beyond the requirements of the Equality Act 2010 and responds to the findings of both the Gender Pay and WRES reports. We have made good progress but still have much more to do. The delivery plan is focused on three strategic themes and outcomes:

1. A diverse workforce
We aim to create and maintain a diverse, representative workforce within NHS Digital and increase the pool of diverse employees across the health and care technology and data sectors. During 2018-19, we will:

• redefine our attraction strategy and improve our selection processes
• improve our data quality and regular reporting of key indicators
• provide accessible workplaces and implement a reasonable adjustments toolkit
Inclusion and diversity

2. Inclusive behaviours and leadership

We will create a working environment that values difference and fosters an inclusive workplace culture in which our employees from all backgrounds can give their best, are treated fairly, are valued for their contributions, and can progress their careers. Leaders and managers demonstrate inclusive leadership behaviours as they lead our staff, particularly during periods of organisational change.

During 2018-19, we will:

- introduce mandatory training on equality essentials for all staff and unconscious bias training for all new starters
- provide coaching and development for underrepresented groups
- work with external bodies and monitor our gender pay gap and workforce race equality
- focus upon flexible working opportunities
- deliver a reverse mentoring programme
- develop our six staff networks

3. User equality

We will develop and provide digital and data services that are accessible and useable by the widest possible range of users, particularly for patient and public-facing services. We will ensure our public-sector duty is appropriately reflected in our communications, policies, programmes, processes and training.

During 2018-19, we will:

- embed accessibility standards into our services
- engage diverse communities in product development
- build expertise in assistive technologies

Governance

Oversight of our delivery plan is led by Professor Soraya Dhillon, one of our non-executive directors, and supported by an equality, diversity and inclusion (EDI) steering group. This group has senior representation from our business and delivery areas and meets regularly to review progress and hold delivery areas to account.

Progress reports are provided to our senior management team and the Board and we have a thriving group of staff-led networks representing the diversity of our workforce who contribute to the development and delivery of our equality, diversity and inclusion plans.
Financial information
The financial context and how we are funded

Our primary source of funding is an annually agreed allocation received from the government.

This grant-in-aid budget is part of the Digital Transformation Portfolio five-year funding arrangement, which comprises both new money and previously existing funding for health and care informatics held by the Department of Health and Social Care, NHS England and NHS Digital. It covers both revenue and capital funding.

Funding arrangements across the health and care technology sector have been realigned to support more efficient and effective management of this money. As a result, most of the funding allocated to the Digital Transformation Portfolio work transfers annually to NHS Digital as part of our core funding.

The funding transfer is informed by the following principles:

1. With a few exceptions, all of the funding allocated to delivery of the Digital Transformation Portfolio and other national health and care informatics work should transfer to NHS Digital.

2. The funding transferred to NHS Digital is not ring fenced. NHS Digital will determine how best to use this money effectively and efficiently to manage delivery. The Digital Delivery Board will hold NHS Digital to account for the use of this money.

3. Priorities and deliverables are given to NHS Digital by the Digital Delivery Board.

4. Although the money sits with NHS Digital, the Digital Delivery Board must approve actual expenditure. Services (“Run/Maintain”) expenditure will be approved in the NHS Digital business plan. Programme (“Change”) expenditure will be approved by the Technology and Data Investment Board.

5. NHS Digital has an open book approach with the Digital Delivery Board.
Financial governance arrangements

NHS Digital’s overall expenditure and business plan must be approved by the Digital Delivery Board, which includes representation from the Department of Health and Social Care, NHS England, and the Chief Clinical Information Officer for Health and Care.

The Digital Delivery Board also sets out priority commitments that it expects NHS Digital to deliver each year.

Funding for many of our individual programmes is released when a robust business case is approved by the Technology and Data Investment Board (TDIB), a sub-group of the Digital Delivery Board. The Chief Financial Officer represents NHS Digital as a member of TDIB. Where a business case exceeds the delegated authority of the Chief Financial Officer, it is subject to review and approval by the NHS Digital Investment Committee.

NHS Digital has the primary responsibility in ensuring full and transparent financial reporting to the NHS Digital Board, the Department of Health and Social Care, the Chief Clinical Information Officer for Health and Care and Digital Delivery Board.
Our budget for 2018-19 to 2020-21

The following table sets out our expected budgets for 2018-19 to 2020-21 for each of our directorates:

<table>
<thead>
<tr>
<th>£m</th>
<th>18/19</th>
<th>Revenue 19/20</th>
<th>20/21</th>
<th>18/19</th>
<th>Capital 19/20</th>
<th>20/21</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Product development</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citizen Health Technology</td>
<td>40</td>
<td>42</td>
<td>31</td>
<td>26</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>Primary and Social Care Technology</td>
<td>30</td>
<td>30</td>
<td>23</td>
<td>5</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Acutes, Ambulances, Mental Health &amp; Regional Integration</td>
<td>45</td>
<td>45</td>
<td>43</td>
<td>14</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Medicines, Pharmacy and Dentistry IT</td>
<td>14</td>
<td>14</td>
<td>6</td>
<td>7</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Implementation and the Digital Environment</td>
<td>14</td>
<td>13</td>
<td>12</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Data, Insights and Statistics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Transformation and Operations</td>
<td>29</td>
<td>23</td>
<td>23</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Data Insights Statistics and Research Enablement</td>
<td>33</td>
<td>33</td>
<td>30</td>
<td>6</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Architecture Enterprise and Data</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Live Services</strong></td>
<td>34</td>
<td>46</td>
<td>31</td>
<td>20</td>
<td>28</td>
<td>18</td>
</tr>
<tr>
<td><strong>Platforms and Infrastructure</strong></td>
<td>115</td>
<td>93</td>
<td>72</td>
<td>21</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td><strong>Strategy, Policy and Governance</strong></td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Assurance and Risk</strong></td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Corporate Services</strong></td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td><strong>Other (Portfolio over commitment)</strong></td>
<td>(19)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total net expenditure</strong></td>
<td><strong>347</strong></td>
<td><strong>349</strong></td>
<td><strong>284</strong></td>
<td><strong>106</strong></td>
<td><strong>92</strong></td>
<td><strong>56</strong></td>
</tr>
</tbody>
</table>

The Digital Transformation Portfolio of programmes has recently undergone a prioritisation exercise in order to firm up delivery plans for existing programmes and identify funding available for new priorities for the health and social care system. This included some new priorities which have increased the overall funding to be spent by NHS Digital.

The NHS Digital Board and the Digital Delivery Board have agreed a revenue budget for 2018-19, which is over-committed by £18.8m. This reflects uncertainty of spending in some of the change programmes that may lead to delays and/or in-year underspending.
Appendices

Material in development and/or under review for all appendices

1. NHS Digital’s remit
2. National service management commitments
3. Our corporate key performance indicators (KPIs)
4. Our strategic risk framework
5. Our statutory obligations: Health and Social Care Act 2012
NHS Digital’s remit

The Department of Health and Social Care and the Chief Clinical Information Officer for Health and Social Care issue an annual ‘remit’ that sets out the things NHS Digital is expected to deliver for the health and care system. In 2018-19, these delivery expectations are:

**Delivery of transformation programmes**
- effective delivery of the milestones and outcomes defined by the Digital Delivery Board (DDB) in fulfilment of the implementation of the Digital Transformation Portfolio, including whole programme and annual deliverables and measurement of benefits including those accrued in live service, noting that responsibility for the adoption, uptake and benefits realisation are the responsibility of the Chief Clinical Information Officer for Health and Social Care (CCIO), with NHS Digital responsible for monitoring them
- commissions to NHS Digital for horizon scanning or early programme scoping arising from technology-focussed work undertaken by the National Information Board and in support of the Five Year Forward View

**Live services**
- NHS Digital’s provision and monitoring of live services and legacy systems to support the health and social care system, and which form part of the critical national infrastructure
- the stating of service requirements for agreed major live services and the convening of discussions through DDB to balance service levels and affordability in order to define service level agreements
NHS Digital’s remit

Finance
- efficient financial control and transparent management of the consolidated information and technology budget for 2018-19, overseen by the Chief Executive as Accounting Officer

Capability
- organisational and strategic development objectives for NHS Digital to enable it to fulfil the role the Department requires it to play in the health and social care system, with associated assurance, risk management and core corporate functions
- NHS Digital’s statutory functions, including effective support to Parliament and compliance with required reporting, approvals and financial and digital spend controls

Data
- NHS Digital’s core role as the secure holder and disseminator of national health and care data, and the implementation of recommendations from ‘Your Data: Better Security, Better Choice, Better Care,’ the Government’s response to the National Data Guardian’s and Care Quality Commission’s reviews
- data collections and activity associated with datasets required by the Department, and wider national clinical audits and key populations health survey. In practice, the Department expects that the key decisions will be made through DDB and its supporting Data Co-ordination Board, with appropriate mechanisms for the engagement of appropriate stakeholders, and recognising that NHS Digital remains the owner and data controller in line with statutory functions
- emerging policy activity where the Department requires NHS Digital to contribute to assessments of policy feasibility, impact, timetable and cost
- ongoing policy objectives where NHS Digital has committed to delivering a service or function
- objectives associated with public transparency and NHS Digital publications
- NHS Digital’s lead role in the reduction of burden across the system, and the provision of advice and reporting to the Secretary of State
- activity directly commissioned by other ALBs, Government departments or devolved administrations
- NHS Digital’s role as the technical authority for data security in health and social care, working with the Department and its ALBs, as part of a cross system programme, to strengthen cyber resilience across health and social care

EU exit
- supporting the Government’s implementation of the UK’s exit of the European Union, effectively supporting the Department in dealing with the changes it will bring for health and social care and maximising opportunities
National service management commitments

**Spine core services** (the national systems that allow information to be shared securely across the NHS and social care)
- average service availability of at least 99.90%
- resolve Severity Level 1 incidents within 2 hours
- resolve Severity Level 2 incidents within 4 hours

**Electronic Prescriptions Service**
- average service availability of at least 99.90%
- resolve Severity Level 1 incidents within 2 hours
- resolve Severity Level 2 incidents within 4 hours

**Care Identity Services** (authenticating and managing access by authorised professionals to the Spine)
- average service availability of at least 99.90%
- resolve Severity Level 1 incidents within 4 hours
- resolve Severity Level 2 incidents within 8 hours

**Secondary Uses Service** (repository for healthcare data in England)
- average service availability of at least 99.50%
- resolve Severity Level 1 incidents within 2 hours
- resolve Severity Level 2 incidents within 4 hours

**NHS e-Referral Service** (e-RS)
- average service availability of at least 99.90%
- resolve Severity Level 1 incidents within 4 hours
- resolve Severity Level 2 incidents within 8 hours

**NHSmail** (the NHS and care system’s secure email service)
- average service availability of at least 99.90%
- Severity Level 1 incidents within 2 hours
- Severity Level 2 incidents within 4 hours
National service management commitments

**Health and Social Care Network** (core transition network)
- average service availability of 100%
- resolve Severity Level 1 incidents within 30 minutes
- resolve Severity Level 2 incidents within 2 hours

**Calculating Quality Reporting Service** (approvals, reporting and payments calculation system for GP practices):
- average service availability of at least 99.70%
- resolve Severity Level 1 incidents within 2 hours
- resolve Severity Level 2 incidents within 4 hours

**GP Systems Data Collections Service**
- average service availability of at least 99.99%
- resolve Severity Level 1 incidents within 2 hours
- resolve Severity Level 2 incidents within 4 hours

**General Practice Extraction Service** (collecting information from GPs; supporting GP payments)
- deliver at least 99% of data requests through the General Practice Extraction Service
- resolve Severity Level 1 incidents within 24 hours
- resolve Severity Level 2 incidents within 48 hours

**GP Systems of Choice** (GPSoC) Services
- average service availability of at least 99.90%
- resolve Severity Level 1 incidents within a fix time target of 2 hours
- resolve Severity Level 2 incidents within a fix time target of 4 hours

**NHS Choices** (the NHS’s comprehensive health information website)
- average service availability of at least 99.70%
National service management commitments

**Primary Care Services (IT Systems)**
- respond to at least 98% of reported support calls within 30 minutes for top priority calls, an hour for the second level of priority and four hours for other calls
- resolve at least 90% of reported support calls within 8 hours for top priority calls and five days for less high priority calls

**Directory of Services**
- infrastructure service availability rate of 99.9%
- respond to at least 90% of service desk calls within 60 seconds of connection
- diagnose and fix at least 98% of Category 1 to 4 incidents within time targets

**Cancer Screening Programme Services**
- total service availability of at least 98% during hours of service operation
- maximum planned downtime of 5 working days
- diagnose and resolve 90% of incidents within a day for those of top priority, two days for the second level of priority and within five days for the lowest level of priority
# Our corporate key performance indicators (KPIs)

<table>
<thead>
<tr>
<th>Performance indicator</th>
<th>Description</th>
<th>Owners (tbc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Programmes Delivery</td>
<td>This indicator provides a consolidated view of the delivery status of our portfolio of programmes, focussing on the overall delivery confidence, and including aggregated findings from gateway reviews.</td>
<td>Director of Product Development</td>
</tr>
<tr>
<td>2. IT Service Performance</td>
<td>This indicator reports on the performance of information technology services for health and care providers, looking at service availability, incident response times, and high severity service incidents.</td>
<td>Managing Director of Platforms, Infrastructure and Live Services</td>
</tr>
<tr>
<td>3. Workforce</td>
<td>This indicator includes workforce planning and recruitment, staff turnover, staff engagement, training and development, personal development reviews, and sickness absence rates.</td>
<td>Chief People Officer</td>
</tr>
<tr>
<td>4. Data Quality</td>
<td>This indicator looks at the quality of data received by NHS Digital from health and care providers and the effectiveness of our data quality processes.</td>
<td>Executive Director of Data, Insights and Statistics</td>
</tr>
<tr>
<td>5. Stakeholder Reputation</td>
<td>This indicator gives a composite view of reputation, including outcomes of stakeholder and staff surveys, media coverage, social media sentiment, and complaints handling.</td>
<td>Associate Director, Communications</td>
</tr>
<tr>
<td>6. Financial Management</td>
<td>This indicator covers the management of our organisational finances and other significant funding streams we manage. The performance reports also include the organisation’s management accounts.</td>
<td>Chief Finance Officer</td>
</tr>
<tr>
<td>7. Data Security</td>
<td>This indicator gives a composite view of information security incidents.</td>
<td>Managing Director of Platforms, Infrastructure and Live Services</td>
</tr>
</tbody>
</table>
## Our strategic risk framework

<table>
<thead>
<tr>
<th>NHS Digital Strategic Risk Theme</th>
<th>Owners (under review)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Deliver the required levels of clinical quality, safety and utility in NHS Digital programmes and services.</td>
<td>Medical Director and Caldicott Guardian</td>
</tr>
<tr>
<td>2. Mobilise in a sufficiently timely manner to deliver NHS Digital’s Paperless 2020 commitments.</td>
<td>Chief Financial Officer (interim owner)</td>
</tr>
<tr>
<td>3. Deliver on our statutory, legal and financial obligations.</td>
<td>Chief Financial Officer</td>
</tr>
<tr>
<td>4. Guard against IT/cyber security threats, to protect citizen data.</td>
<td>Senior Information Risk Officer</td>
</tr>
<tr>
<td>5. Safely collect, analyse and disseminate high quality and timely data/information and maintain public trust.</td>
<td>Executive Director: Data, Insights and Statistics</td>
</tr>
<tr>
<td>6. Support the realisation of demonstrable system wide benefits from Paperless 2020 and other programmes and services</td>
<td>Chief Financial Officer</td>
</tr>
<tr>
<td>7. Transform the organisation so that it secures, develops and deploys its workforce effectively and efficiently to deliver its future vision.</td>
<td>Chief People Officer</td>
</tr>
<tr>
<td>8. Maintain operational continuity of systems and infrastructure, to protect patient safety and critical services.</td>
<td>Managing Director: Platforms, Infrastructure and Live Services</td>
</tr>
<tr>
<td>9. Secure a positive, responsive and trustworthy reputation and maintain effective relationships with key customers/stakeholders.</td>
<td>Director of Communications</td>
</tr>
<tr>
<td>10. Design and deliver interoperable systems that work as anticipated to meet user needs.</td>
<td>Executive Director: Data, Insights and Statistics</td>
</tr>
</tbody>
</table>
## Our statutory obligations:
**Health and Social Care Act 2012**

<table>
<thead>
<tr>
<th>Reference</th>
<th>Statutory Obligation</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. HSCA 2012: Section 253</td>
<td>The HSCIC (NHS Digital) must exercise its functions effectively, efficiently and economically.</td>
<td>Chief Financial Officer</td>
</tr>
<tr>
<td>3. HSCA 2012: Section 253</td>
<td>The HSCIC (NHS Digital) must seek to minimise the burden it imposes on others.</td>
<td>Medical Director and Caldicott Guardian</td>
</tr>
<tr>
<td>4. HSCA 2012: Section 253</td>
<td>The HSCIC (NHS Digital) must have regard to information standards published by or guidance issued by the Secretary of State for Health or the NHS Commissioning Board (NHS England).</td>
<td>Executive Director of Data, Insights and Statistics</td>
</tr>
<tr>
<td>5. HSCA 2012: Section 257</td>
<td>The HSCIC (NHS Digital) must publish procedures for making requests for the collection or analysis of information and for reconsidering any requests that are refused.</td>
<td>Executive Director of Data, Insights and Statistics</td>
</tr>
<tr>
<td>6. HSCA 2012: Section 257</td>
<td>The HSCIC (NHS Digital) must publish details of all requests (including mandatory requests) for information which it is required to or decides to collect.</td>
<td>Executive Director of Data, Insights and Statistics</td>
</tr>
<tr>
<td>7. HSCA 2012: Section 258</td>
<td>The HSCIC (NHS Digital) has a duty to consult prior to establishing a new system for collecting or analysing information.</td>
<td>Medical Director and Caldicott Guardian</td>
</tr>
<tr>
<td>Reference</td>
<td>Statutory Obligation</td>
<td>Owner</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>8.</td>
<td>HSCA 2012: Section 260 \nThe HSCIC (NHS Digital) must generally publish the information it collects or may derive from a collection</td>
<td>Executive Director of Data, Insights and Statistics</td>
</tr>
<tr>
<td>9.</td>
<td>HSCA 2012: Section 263 \nThe HSCIC (NHS Digital) must publish a Code of Practice for health and social care bodies on how to handle person-identifiable or other confidential information.</td>
<td>Medical Director and Caldicott Guardian</td>
</tr>
<tr>
<td>10.</td>
<td>HSCA 2012: Section 265 \nThe HSCIC (NHS Digital) must maintain and publish a register containing descriptions of the information which has been obtained by virtue of this Chapter.</td>
<td>Medical Director and Caldicott Guardian</td>
</tr>
<tr>
<td>11.</td>
<td>HSCA 2012: Section 265 \nThe HSCIC (NHS Digital) is required to provide advice or guidance to any person or body if it is requested to advise by the Secretary of State or the NHS Commissioning Board (NHS England)</td>
<td>Executive Director of Data, Insights and Statistics</td>
</tr>
<tr>
<td>12.</td>
<td>HSCA 2012: Section 265 \nThe HSCIC (NHS Digital) must, at least once when requested in any 3 year review period, provide advice to the Secretary of State on ways in which burden relating to the collection of information imposed on health or social care public bodies and service providers may be minimised.</td>
<td>Medical Director and Caldicott Guardian</td>
</tr>
<tr>
<td>13.</td>
<td>HSCA 2012: Section 266 \nThe HSCIC (NHS Digital) must publish periodic reports on the extent to which the information it collects meets published information standards.</td>
<td>Executive Director of Data, Insights and Statistics</td>
</tr>
<tr>
<td>14.</td>
<td>HSCA 2012: Section 268 \nThe HSCIC (NHS Digital) must maintain and publish a database of quality indicators.</td>
<td>Executive Director of Data, Insights and Statistics</td>
</tr>
<tr>
<td>15.</td>
<td>HSCA 2012: Section 269 \nThe HSCIC (NHS Digital) must issue GPs with doctor index numbers.</td>
<td>Executive Director of Data, Insights and Statistics</td>
</tr>
<tr>
<td>16.</td>
<td>HSCA 2012: Section 252, and Schedule 18 \nThe HSCIC (NHS Digital) is required to publish an annual report and accounts a copy of which must be laid before Parliament and a copy sent to the Secretary of State for Health</td>
<td>Chief Financial Officer</td>
</tr>
</tbody>
</table>