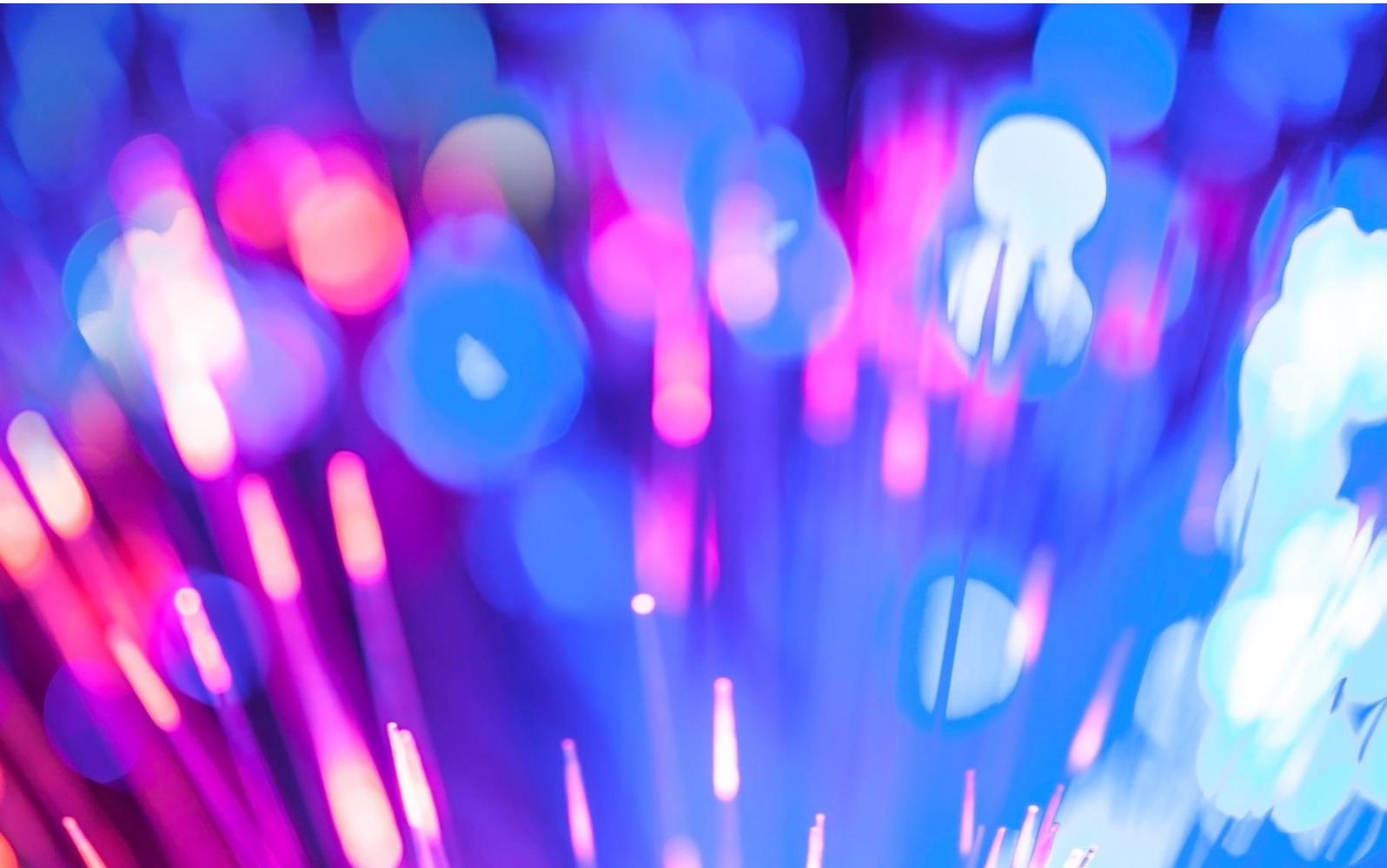


# Corporate Business Plan

**2016/17**

Version Two: September 2016



**Information and technology**  
**for better health and care**

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# 1. Introduction to our Business Plan for 2016/17

## 1.1 Who we are and what we do

NHS Digital is the new trading name for the Health and Social Care Information Centre. We are the provider of national information, data and IT systems that support health and social care services. Our key role is to improve health and care in England by putting technology, data and information to work in the interests of patients, clinicians, commissioners, analysts and researchers in health and social care.

We provide a range of technology and information services that are used by patients and service users, the public at large, and health and care professionals, as well as by research, industry and commercial organisations. These services support the commissioning, design and delivery of health and social care provision England, and provide information and statistics that are used to inform decision-making and choice.

We have statutory duties which we discharge on behalf of the health and care system. We:

- Manage the collection, storage, processing and publication of national health and care information, as directed by the Secretary of State and NHS England.
- Deliver the national technology and infrastructure services that underpin the provision of health and care services.
- Manage the development and delivery of information standards products and services needed to support health and care provision, and the commitments of the National Information Board.
- Fulfil our data quality assurance responsibilities by expanding the services we provide to support improvements in data quality, and publishing our annual data quality report.
- Act as the national source of indicators by, for example:
  - Producing and publishing the NHS Outcomes Framework, the Clinical Commissioning Groups Outcomes Framework, and the Adult Social Care Outcomes Framework;
  - Managing the national library of assured indicators and their methodology;
  - Co-ordinating the assurance processes necessary to support the design and use of robust and meaningful indicators.
- Provide advice and support to health and care organisations on information and cyber security, standards and information governance.
- Develop the Information Governance Toolkit to support greater self-assessment for integrated services.
- Support system-wide management of administrative burden, providing the Secretary of State with our assessment of opportunities for reducing its impact on the front line.

2016/17 is an exciting year for NHS Digital. As well as launching our new identity, we welcome Noel Gordon as our new Chair and we are entering a new phase of major investment in technology to support health and care services. Following the 2015 Spending Review, the Secretary of State for Health announced a £4.3bn investment over five years to support more effective and efficient health services. 2016/17 sees the commencement of this work, and although much of the funding will target local delivery there will be significant investment in the national infrastructure and systems delivered by NHS Digital.

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

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

Detailed information about our services can be found on our website ([www.digital.nhs.uk](http://www.digital.nhs.uk))

## 1.2 The context for our business plan

2016/17 is a critical year for the health and care system as we strive collectively to redesign care models that can respond to increases and changes in demand for services, and at the same time manage with significant reductions in budgets across the system. The new investment in technology and infrastructure delivered by NHS Digital will help the health and care system to manage with reduced levels of general funding.

This is a transitional year for NHS Digital as we gear up to implement the National Information Board (NIB)'s vision of digitally-enabled personalised health and care services supported by technology, data and information (*Personalised Health and Care 2020*). This vision will be realised through a portfolio of work – sometimes referred to as 'Paperless 2020' - organised into 33 programmes arranged across 10 domains, as shown at Appendix 1. Our refreshed business plan reflects the key role NHS Digital has to play in delivering these programmes.

Digital transformation of health and care services is a fast-paced, evolving context. The detailed planning that will underpin successful delivery of the NIB strategy remained ongoing at the time of this business plan refresh. Note, however, that delivery of this work does not start from a blank piece of paper. Some of the programmes involve accelerating or repositioning existing areas of activity. Appendix 2 illustrates how existing informatics work across the health and care system is already taking forward elements of the NIB vision. In contrast, some programmes are at very early stages of scoping and planning, and so delivery of these will not commence during 2016/17.

As well as taking forward our commitments relating to the NIB work, this business plan supports the wider health and care priorities set out in the Department of Health's *Shared Delivery Plan* and NHS England's *Five Year Forward View*. These reflect a consensus view across the national organisations involved in the health and care system regarding the need to:

- Reconcile the growing demand for health and care services with reducing resources.
- Focus on prevention, self-management and well-being in addition to treating ill-health.
- Increase the personalisation of care and support services to empower the citizen.
- Accelerate and extend the integration and devolution of services.
- Restore and maintain financial balance.
- Deliver care access and quality standards for patients.

These objectives are long term: they cannot be resolved in a one-year timeframe or by just one or two organisations. They require consolidated planning and delivery across all health and care organisations – national and local, commissioners and providers, policy and regulatory – all pulling in the same direction.

In all aspects of our work we are committed to supporting the wider health and care system, delivering added value and benefits for our customers and stakeholders, health and care organisations, patients and the public at large. We have a key role in the delivery of NHS England's *Five Year Forward View*, and Appendix 3 shows how our work contributes to the implementation of the Department of Health's *Shared Delivery Plan*.

## 2. Our Strategy for 2015-2020, Our Priorities for 2016/17

This business plan sets out our ambitions and commitments for 2016/17. These are shaped around the key themes set out in our five-year strategy for 2015-2020, *Information and Technology for Better Care* which are to:

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

We published our strategy in 2015, and we continue to focus our work around its five themes as these remain relevant for 2016/17 and beyond. They reflect our own areas of ambition for NHS Digital as well as the needs of the wider health and care system. To illustrate this, Appendix 4 shows how our strategic objectives align with the NIB domains.

The specific 2016/17 commitments set out in this business plan take forward the implementation of our strategy, fulfil our statutory duties, and mobilise delivery of the NIB strategy. Appendix 5 lists our commitments and deliverables for 2016/17. The following sections outline the context of these commitments.

## 2.1 Ensuring that every citizen's data is protected

The importance of public trust and data security is at the heart of our strategy and is also captured in the NIB priorities regarding public trust and security. We have a vital role to build and retain public trust in the way data is used by health and care organisations. This is a critical dependency for improving the personalisation of health and care services. We:

- Publish and maintain the Code of Practice for sharing personal confidential data;
- Design and implement the national service for managing people's preferences and objections regarding the way their health and care data is used.

Our priorities for 2016/17 are shaped by the National Data Guardian's review of the way citizen data is shared across the system, and by the need for a clearer model for managing their preferences for sharing their data. The National Data Guardian report was published in July, and, reflecting the importance of this work, NHS Digital has provided extensive support to this work. Key priorities this year include work to develop a new national patient consent and opt-out model and improvements to the Information Governance toolkit used by organisations across the healthcare system.

Our focus on cyber security is a high priority for the health and care system. On behalf of the Department of Health we lead the system-wide response to the growing cyber security risks faced by health and care organisations. For example, our CareCERT programme strengthens cyber-security capability across a health and care sector which uses disparate local systems, many of which are running on suboptimal software and often without the use of the latest protection packages. We:

- Provide an incident response capability for the management of system wide security incidents and issues.
- Are enhancing the capability of the N3 network to monitor for malicious activity and automatically block access to malicious sites.
- Provide a threat analysis and reporting capability which will work with other key government agencies to publish relevant information to the health and care system as a trusted provider.
- Provide good practice guidance and tools to give all staff within health and care a base capability in security and their personal responsibilities.

National data and national systems are secure and have never lost any data to a cyber-attack. Through our delivery of the NIB programme relating to cyber security we will continue to improve our ability to protect health and care systems, networks and information.

## 2.2 Establishing shared architecture and standards so everyone benefits

NHS Digital has an important role in the development and use of standards. Our strategy commits us to doing more to support their adoption, and NIB portfolio includes a number of commitments regarding this work.

We have made progress in the main areas, notably the adoption of the Academy of Medical and Royal Colleges' guidance on the transfer of care, and the adoption of SNOMED. We:

- Publish technical and information standards and guidelines, which facilitate the adoption of SNOMED CT across health care services. These will be even more

important in terms of interoperability across the new services and care models being developed under the auspices of the *Five Year Forward View*.

- Provide support and tools for use by local organisations, including integrated care pioneers and vanguard sites, to support effective information governance, through the Information Governance Alliance.

## 2.3 Implementing national services to meet national and local needs

Our strategy commits us to making better use of national services to support social care and local government, and to open up access and connectivity to a wider range of providers, developers and service users.

We deliver a suite of technology and infrastructure services which are critical to the routine operation of the NHS. The NIB strategy commits us to go beyond this existing provision by delivering the next generation of digital services to meet national and local needs.

Examples include:

- Urgent and Emergency Care: we will provide digital infrastructure and pathways to support urgent and emergency care.
- Transforming General Practice: we will deploy technology to free GPs from time-consuming processes and provide patients with online services.
- Digital Medicines: we will provide patients and prescribers with streamlined digital pharmacy services.
- Elective Care: we will use automation to improve referral management and patient choice.
- Infrastructure: we will provide robust and future-proofed national systems and networks to enable information to move safely and securely across health and care settings.

These developments will build on the existing national infrastructure and services already provided by NHS Digital, which include:

- The Spine, which connects over 28,000 healthcare IT systems in 21,000 different organisations. Around 70% of the total NHS workforce is registered to use the Spine, and it carries around 6 billion messages every year. Key national programmes and services also use the Spine, including the Summary Care Record (55 million records), the Electronic Prescribing Service (1.7million prescriptions every day), and the Personal Demographics Service (800 million records).
- NHSmail, which provides a secure email and messaging service for the NHS and non-NHS organisations involved in care services. In one month alone - March 2015 - it delivered 169 million messages.
- NHS Pathways, which is used so much by NHS 111 that its loss would have serious implications for demand on accident and emergency services and on general practice.
- The N3 network, which is the core communications infrastructure carrying most of the data traffic used by NHS bodies and their partners. It has 46,000 connections over 15,000 sites and carries 600 terabytes of data every month.
- The Summary Care Record, which covers over 54 million people. Clinicians access a record every 15 seconds - over 2 million views every year. On average, each view saves 29 minutes compared to a manual search of paper records.

- The GP Registration Service, which manages over 62 million patient records a year.
- The Cancer Screening Service, which sends out over 7 million invitations for people to receive breast or cervical cancer screening.
- The Electronic Referrals Service, through which over 40,000 patients a day are referred for treatment.
- NHS Choices, which is the UK's most popular health website with 48 million visits every month. It provides important information about health services, health news, and lifestyle. As part of the NIB work it is now being updated to provide the digital platform for transactional services for patients and citizens.

## 2.4 Supporting organisations to get the best out of technology, data and information

To be more effective, we must get close to local health and care strategies and partnerships, alongside our plan to work with “digital champions” and to support the development of a vibrant supplier market.

We have made progress in building links and relationships with local projects to help enable interoperability. We have opened up good relations with local Clinical Information Officers, with clinicians, and with industry, notably through the Digital Leaders' Programme. In February 2016 we held a successful event attended by nearly 200 CIOs and CCIOs.

Our team of Strategic Account Managers has strengthened our work with the other national health agencies, the social care sector, research organisations, and with industry and the supplier market. We will continue to support local transformation programmes, especially as Vanguard sites gather momentum and devolution partnerships create new models for integrating health and care services.

The NIB strategy sets out more commitments to help organisations get the best out of technology and data. These include:

- Integrated Care: developing integrated data flows between health and adult social care settings.
- Infrastructure: supporting care providers to make WiFi available to staff and service users, and, continued delivery of the Health and Social Care Network.
- Paper Free at the Point of Care: strengthening digital capabilities across the health and care workforce.

Our other priorities in 2016/17 include working with local authorities to improve uptake of the Child Protection Information Sharing system, and launching the new health information service for prisons and other secure institutions.

## 2.5 Making better use of health and care information:

We collect, analyse and publish national health and care data for widespread use, the importance of which is recognised in the *Five Year Forward View*. Our services include:

- National datasets for hospital, mental health, community and maternity activity.
- Clinical audit programmes commissioned by the Health and Quality Improvement Partnership. One of these, the National Diabetes Audit, is the largest clinical audit in the world, combining data from primary and secondary care sources.

- Health and public health surveys, which we run on behalf of DH and NHS England.
- Indicators routinely used across England, including the Summary-Level Hospital Mortality Index, the Outcomes Frameworks for health, public health and social care, Patient-Recorded Outcome Measures, and the NHS Safety Thermometer.
- Services which support payments across the NHS – the National Tariff System, Casemix and Healthcare Resources Groups, the Quality Outcomes Framework for GP services.
- Statistical publications which cover the full range of NHS and social care activities.
- Data supporting improved performance management and transparency published through different channels including data.gov.uk and My NHS.

Our immediate priority has been to implement and embed the recommendations from the review of data access carried out for us in 2013/14 by Sir Nick Partridge.<sup>1</sup> For example, we have worked hard to improve our Data Access Release Service. We are engaging more directly with our customers, and turnaround times for handling requests have improved. As a result, we are getting more favourable comments from our customers, particularly in research and academic organisations. We have introduced a new online request and triage service which will deliver even more efficiencies.

Our direction of travel in this area remains valid, but we recognise that this is the strategic objective on which we have made least progress to date. We can do more by measuring what really matters, requiring comprehensive transparency of performance data, and ensuring this data increasingly informs payment mechanisms and commissioning decisions. This imperative is captured in the NIB strategic theme regarding Data Outcomes for Research and Oversight which commits us to improve information collections, analysis and reporting in order to deliver the information and insight fundamental to informed policymaking, commissioning and regulation.

We will deliver this work in the context of wider emergent issues regarding data, including:

- Gaps in information available to us, and interest in new data and new datasets.
- Managing new sources of data and new data flows (from different care settings, or from citizens themselves – insight and experience or health data from apps).
- Helping people and organisations use information to understand variations in health and care and inspire learning from the best.
- The growing importance of Big Data.
- The opportunity to strengthen relationships to support research.

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<sup>1</sup> [http://www.hscic.gov.uk/media/14244/Sir-Nick-Partridges-summary-of-the-review/pdf/Sir\\_Nick\\_Partridge's\\_summary\\_of\\_the\\_review.pdf](http://www.hscic.gov.uk/media/14244/Sir-Nick-Partridges-summary-of-the-review/pdf/Sir_Nick_Partridge's_summary_of_the_review.pdf)

## 3 Transforming NHS Digital

### 3.1 Our transformation programme

Last year we set an ambition to transform our organisation in order to become, and be recognised as, 'a high performing organisation with a reputation as an outstanding place to work.' Stakeholders tell us that we have made progress, but we still have some way to go.

We have made major changes to the way we are organised and the way we work, in order to ensure that we:

- Develop an enriched workforce of the right size and with the right capabilities to deliver against our customers' requirements and ensure longevity for the organisation.
- Become a more agile and flexible organisation which delivers against our customers' future requirements.
- Become a more efficient organisation with a better grip on costs and staff utilisation.

Through our transformation process our customers will be able to:

- Receive more robust management information about the cost and effort required to deliver their requirements.
- Track the work they commission through a clearer process from investigation and scoping to delivery and right through to the closure of portfolio items.
- Engage in more effective relationships that reflect a clearer separation of 'client' and 'delivery' roles.

### 3.2 How we are organised

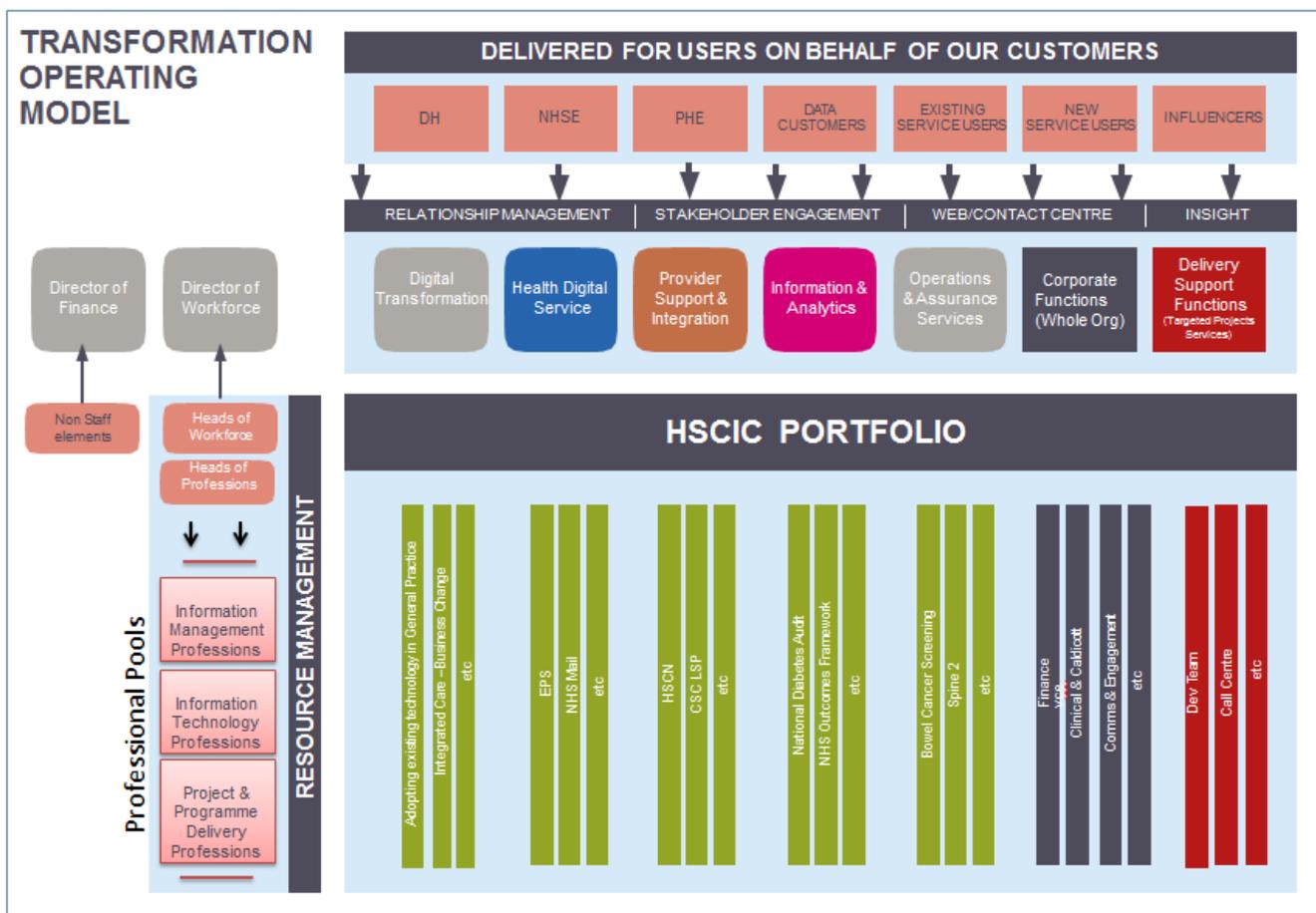
We have redesigned our organisational structure so that it is more appropriate for a customer-facing, demand-and-supply operating model. The diagram overleaf illustrates our new structure and operating model.

From 1st April 2016 our members of staff are aligned to resource pools, based on professional groups we established last year.

Our programmes and services are grouped together into executive portfolios delivering:

- **Health Digital Services:** patient-facing and citizen-facing services.
- **Provider Support and Integration:** services supporting health and care organisations and their staff.
- **Information and Analytics:** the collection, quality assurance, storage, analysis and dissemination of health and care data.
- **Operations and Assurance:** the live operations of all national services.
- **Digital Transformation:** strategy, customer relations, innovation, benefits realisation and implementation.

Each executive portfolio is managed by an executive director, responsible to the Chief Executive and the Board. They will manage the opportunities, programmes, projects and services in their portfolio areas to fulfil customer requirements and to ensure user needs are met. They will ensure that they operate safely, securely and to agreed budgets and service levels.



Two new executive director posts are critical to the effectiveness of this new operating model. Our Executive Director of Operations and Assurance Services has also become our Chief Operating Officer, with strategic and operational oversight of the full portfolio. Our Director of HR and Transformation has become our Director of Workforce, responsible for professional pools and resource management.

Our corporate functions support the operation of the whole organisation. These include:

- Portfolio Office
- Corporate Performance Management
- Business Planning
- Corporate Risk and Assurance
- Finance, Commercial and Procurement
- Human Resources
- Information Governance
- Internal IT and Corporate Systems
- Communications and engagement
- Strategy and Policy
- Clinical and Caldicott Guardian
- Resource Management
- Knowledge Management

### 3.3 Implementing the transformation

Change on this scale will inevitably involve separate phases of implementation, starting on 1st April 2016. The high-level timeline for these phases is shown below. Crucially, throughout the transformation process we must ensure that delivery of our core programmes and services is not compromised in any way.

<p><b>April 2016</b></p>	<ul style="list-style-type: none"> <li>• All staff will be working to a generic job description within an agreed professional pool</li> <li>• All staff will be completing timesheets in our activity-based recording system</li> <li>• Resource managers will be in post, and will have adopted a single method for resource management to manage demand against supply</li> <li>• Heads of the professional pools will also be in post</li> <li>• Staff will continue to have a line manager, who directs and performance manages assigned staff resources</li> <li>• All opportunities, projects, programmes and services will be visible on the organisation's portfolio</li> </ul>
<p><b>April - June 2016</b></p>	<ul style="list-style-type: none"> <li>• All staff will have a career manager</li> <li>• Promotion standards will be introduced</li> <li>• Further rollout of talent management within the organisation</li> <li>• All the activities developed and implemented in Phase 1 will be refined and improved as required</li> </ul>
<p><b>June - September 2016</b></p>	<ul style="list-style-type: none"> <li>• A learning and development strategy will be in place</li> <li>• The activity-based recording system will be generating management information to support our resource management and reporting to our customers</li> </ul>

## 4. Financial Information

### 4.1 The financial context and how we are funded

The activities described in this business plan will be delivered during a period of financial restraint across the public sector. We expect that our Grant-in-Aid budget will be reduced by 30% in real terms over the next four years, in line with government policy as set out in the 2015 Comprehensive Spending Review. We will work closely with our partners to agree sustainable plans for managing reductions in funding for programmes and services.

NHS Digital receives funding through a number of different routes. Our primary source of funding is Grant-in-Aid, which is an annually agreed budget received from the government. We are accountable to the Department of Health for the use of this funding.

The Department of Health and NHS England, our largest commissioner, agree with us that the way NHS Digital is funded is unnecessarily complex and undermines efficiency and productivity. We are therefore reviewing these arrangements and expect to introduce a more streamlined model during 2016/17.

### 4.2 Our budget for 2016/17

For 2016/17 we have set an overall operating budget of £227 million. Of this, £149 million is Grant-in-Aid and the remainder is made up of income from other sources. This figure includes an estimate of the revenue funding we expect to receive for NIB programmes. We expect to have a capital investment budget of £15 million for 2016/17. This figure does not include any additional capital funding for NIB programmes, but we expect that additional capital will be allocated for these as plans develop. We will also set a budget for non-cash Grant-in-Aid (depreciation). The diagram below shows a breakdown of our revenue budget for 2016/17 compared to 2015/16:

2015/16 Budget		2016/17 Draft Budget	
Non-staff £62m	NHSE income £25m	Non-staff £58m	NHSE NIB income £14m
	Other income £14m		NHSE income £31m
	DH income £37m		Other income £15m
Staff £162m	GIA £148m		DH income £29m
		Staff £170m	GIA £138m

Further detail on the 2016/17 expenditure is as follows:

Expenditure	2016/17 £'m
<b>Staff Costs</b>	
Permanent Staff	164.3
Temporary Staff	5.5
<b>Non-Staff costs</b>	
Professional Fees/ Legal/ Survey Costs	17.5
IT maintenance and support	19.1
Premises & Establishment	10.5
Travel	5.1
General office supplies & services	5.4
<b>TOTAL EXPENDITURE</b>	<b>227.4</b>

### 4.3 Managing with a reduced budget

Given the likely scale of the reduction in our funding over the coming years, we have plans to manage our operations on a lower budget. These plans are effective on a number of fronts as set out below:

- **Staff costs:** our workforce strategy aims to create a more flexible and dynamic organisation that is more effective and more efficient. At the end of 2015/16 we ran a Mutually Agreed Resignation Scheme (MARS) through which we reached agreement with 100 staff that they could leave the organisation. This has created opportunities to reduce costs, either by reducing headcount or by reconfiguring work requirements and reprofiling the workforce skills mix.

We have also reduced our expenditure on contingent workers during 2015/16, and will continue this trend during 2016/17, particularly in regard to Spine and the Digital Delivery Centres which will create opportunities for realigning key service functions.

- **Buildings costs:** we have numerous locations across the country with a variety of leases and variable quality of office space. We operate from four separate sites in Leeds alone. We will undertake some short-term rationalisation (for example, our office in Tavistock House, London, closed in March 2016). We are developing a locations strategy to ensure that our estate represents good value and is used in the most efficient way. We hope to develop an approach that fits better with our strategic requirements and uses new freedoms to source estates that provide the quality, flexibility and co-location that will improve our overall performance. In short, better office accommodation would lend itself to more agile delivery approaches. The flooding in Leeds during the 2016 New Year period reinforced our need to have complete confidence in our estate, particularly where this concerns our delivery of critical services and infrastructure on which the NHS depends.
- **Technical and allocative efficiency:** our new operating model, combined with a new funding model, will help us to deploy resources more flexibly across our programmes and services. This will improve our efficiency for our customers. We are also looking at further opportunities for insourcing some services. This will build on the substantial savings released through the insourcing of the Spine.

- **Improving productivity and efficiency across the organisation:** there are opportunities for rationalisation, cost reduction or improved productivity across our operations. During 2016/17 we will take forward a cost improvement programme to identify and deliver such efficiencies. Where possible we have factored potential cost reductions into our plans, but in a number of areas it is not yet possible to estimate the potential savings. Potential efficiency improvements include the following:
  - The Data Services Platform will create opportunities for rationalising current collection, processing and dissemination activities. The full impact of this programme will not be known until 2017/18.
  - We are looking to rationalise first and second line support for technical and development operations.
  - Opportunities for channel shift, such as use of web and self service options compared to contact centre and other telephone contact lines. We do not expect these will release significant savings in the short term.
  - Our continued work to improve the Data Access Request Service processes will help improve productivity. This may be offset by increases in requests for data.
  - We are looking to rationalise external engagement activities by streamlining functions currently deployed across a number of services and making better internal use of shared intelligence and insight.
  - We are reviewing the cost and distribution of portfolio management functions across the organisation.
  - Opportunities for reducing travel and subsistence costs. These are unlikely to have a significant impact given the geographic dispersal of our staff, and the nature of our work requiring extensive external engagement and liaison.

## 5. How NHS Digital operates

### 5.1 Our governance

NHS Digital is an executive non-departmental public body. Our most senior decision-making body is our Board. It meets in public at least six times per year, and is accountable to the public, Parliament and the Secretary of State for Health.

The Board is led by the Chair and comprises five Non-Executive Directors as well as our Chief Executive and some of our Executive Directors. This year Noel Gordon has joined the organisation as our new Chair, succeeding Kingsley Manning.

Three main committees support the Board, each chaired by a Non-Executive Director:

- 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 in support of the wider health and social care sector.
- The **Remuneration Committee** reviews, approves and advises on matters relating to pay, including remuneration packages, performance related pay awards and redundancy.

Our main Board meetings take place in public. During 2015/16 we held some of these meetings in different locations around the country in order to provide opportunities to engage with other stakeholders in the health and care system. We are considering options for continuing this approach to Board meetings during 2016/17, but are mindful of the need to balance the benefits of doing so against the costs.

We publish details of our Board meetings, as well as additional information to meet the general standards of openness and transparency, such as directors' expenses. More details of our governance arrangements, including our Board and its members, can be found on our website.<sup>2</sup>

### 5.2 How we are held to account

Our Chief Executive is accountable to the Secretary of State for Health for discharging our functions, duties and powers effectively, efficiently and economically. The Department of Health is our sponsoring body and oversees the governance processes which hold this organisation to account.

We are also held to account through the Informatics Programme Management Board (IPMB) chaired by the Department of Health. The IPMB has system-wide oversight across the main health and care informatics programmes and services. During 2016/17 we expect a new system-wide body – the Digital Delivery Board – to replace the IPMB.

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<sup>2</sup> <https://www.gov.uk/government/organisations/health-and-social-care-information-centre/about/our-governance>

Each of our programmes has its own Senior Responsible Owner and associated governance boards. In addition, we have agreed with our main commissioners how we manage our business with them, principally through Provision of Services Agreements.

We publish key documents such as our strategy, business plan, annual report and accounts, a register of data releases supplied to customers under data sharing agreements, details of the directions we receive from DH and NHS England that set out their requirements for data or technology services, and other documents such as key policies or procedures that may be of interest to the public.

Occasionally we may get asked to attend government committees, such as the Health Select Committee or the Public Accounts Committee, to report on particular areas of our business. These are important parts of parliamentary scrutiny, key to ensuring that NHS Digital is held to account like other public bodies.

### **5.3 Fit for purpose 2020**

NHS Digital operates in a complex and changing environment. Across the health and care system we are seeing widespread reinvention of roles, services and organisations. In terms of our own organisation, while mobilising to deliver the portfolio of NIB programmes we must also adapt to new governance arrangements across the system and embed our own internal transformation.

We must ensure that NHS Digital is well placed to operate successfully in this changing environment. During 2016/17 we will undertake a review of the capability and capacity of our organisation, and we will implement any recommendations that result from this.

### **5.4 Performance management and reporting**

Our corporate performance management framework is used to manage and report on our performance. This supports transparent governance and constitutes an important channel of accountability to the public. It contains a mix of financial and non-financial performance information which is reviewed regularly by our Executive Team and our Board.

Appendix 6 lists our corporate key performance indicators. These are reviewed routinely and some changes will come on stream during 2016/17. For example:

- We will re-position the Programmes Achievement performance data to focus on NIB programmes.
- We will enhance the Data Quality performance indicator to include information captured through our new Data Quality Maturity Index.

### **5.5 Risk management**

Risk management practice within NHS Digital is supported by a comprehensive governance framework, including policy, strategy and guidance. Our risk management model is organised around a set of strategic risk areas, each owned by an Executive Director and supported by a more granular set of risks managed at the level of portfolios, programmes, services and corporate functions.

Appendix 7 lists our strategic risk areas. These are under review and some changes will come on stream during 2016/17.

### **5.6 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. Moreover, research

shows that high performing organisations are underpinned by a diverse and inclusive workforce.

NHS Digital is committed to a culture where all individuals receive fair and equal treatment in all aspects of employment. As the organisation progresses through its transformation process, we have an opportunity to make an explicit commitment to equality and inclusion, and to demonstrate a respect for diversity, by ensuring that this is a considered part of everything that we do. We have adopted the following objectives through which we will deliver our commitment to inclusion and diversity.

### **Workforce objectives**

- We will deliver appropriate learning and development to ensure that all NHS Digital staff develop a good level of equality and diversity awareness.
- We will work towards having no difference in the employment outcomes for NHS Digital staff or potential recruits because of protected characteristics.
- We will develop best practice in workforce equality and diversity by creating internal and external networks and supporting positive action initiatives.

### **Service objectives**

- Guided by industry best practice, when we communicate with the public and service users, we will seek to deliver clearer, more representative, and more accessible information and guidance.
- We will establish a network of staff who will investigate the ways in which we can ensure that our products, policies and behaviours reflect the communities we serve and do not disadvantage or otherwise negatively impact the public and users of our services.
- As the trusted national provider of high-quality information and data about health and social care, we will improve our focus on protected characteristics in the information that we collect and share. By doing so, we will improve knowledge about the health of, and care experienced by, those with protected characteristics.

## **6. Appendices**

Appendices follow on pages 18-36.

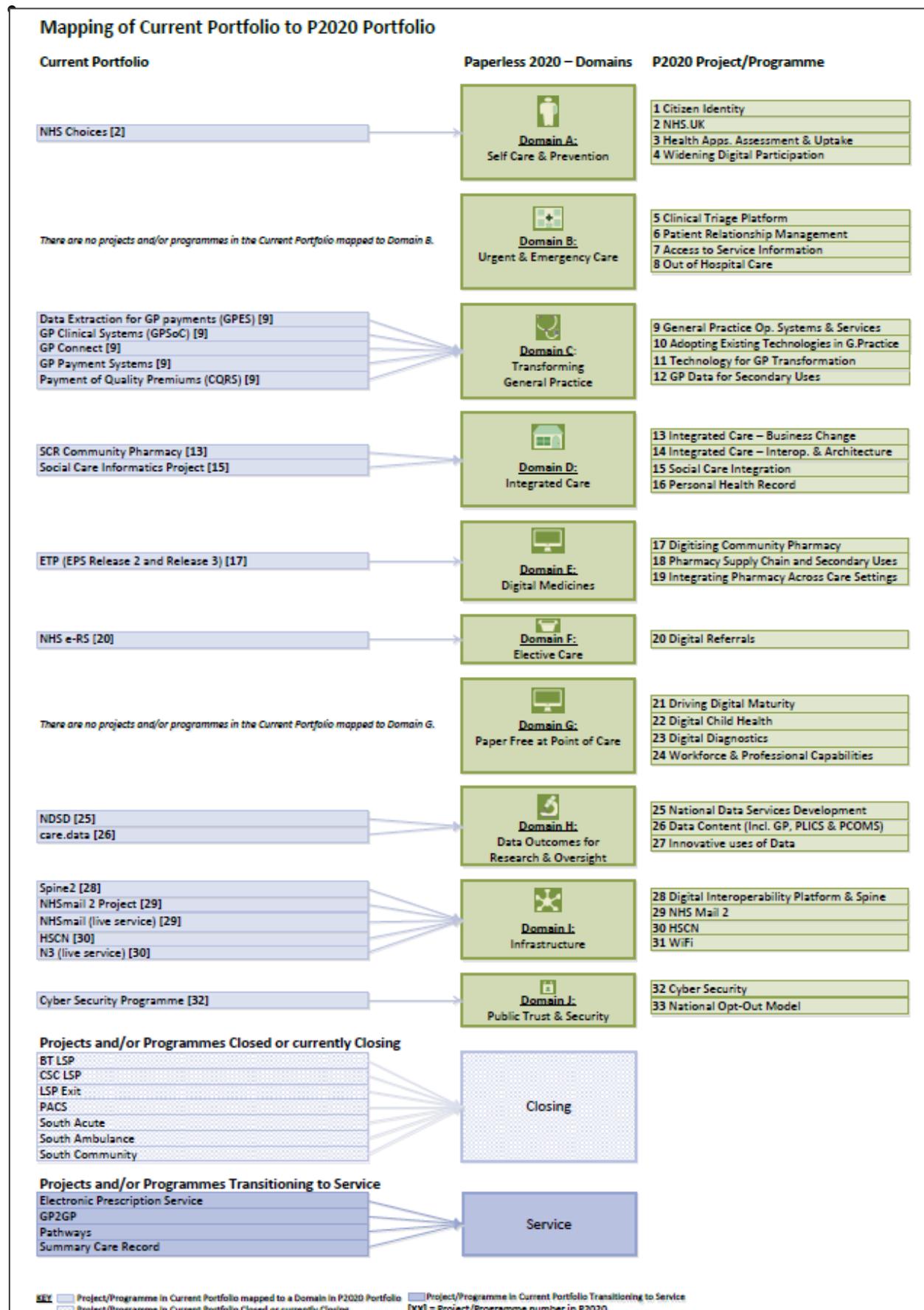
## Appendix 1: The NIB Portfolio of Programmes

NIB Domain and Description				NIB Programme	
A		<b>Self-Care and Prevention</b>	This domain will deliver the online services that patients need to take control of their own care, which will reduce the pressure on front line services	1	Citizen Identity
				2	NHS.uk
				3	Health Apps Assessment and Uptake
				4	Widening Digital Participation
B		<b>Urgent and Emergency Care</b>	This domain will help to deliver the national urgent and emergency care strategy by providing the digital infrastructure, algorithms and pathways we require	5	Clinical Triage Platform
				6	Patient Relationship Management
				7	Access to Service Information
				8	Out of Hospital Care
C		<b>Transforming General Practice</b>	This domain will use technology to free GPs from time consuming administrative tasks and provide patients with online services.	9	General Practice Operational Systems and Services
				10	Adopting Existing Technologies in General Practice
				11	Technology for General Practice Transformation
				12	GP Data for Secondary Uses
D		<b>Integrated Care</b>	This domain will better inform clinical decision making across all health and care settings by enabling and enhancing the flow of patient information.	13	Integrated Care: Business Change
				14	Integrated Care: Interoperability and Architecture
				15	Social Care Integration
				16	Personal Health Record
E		<b>Digital Medicines</b>	This domain will enable and improve pharmacy decision making and outcomes by providing patients and prescribers with streamlined digital services.	17	Digitising Community Pharmacy
				18	Pharmacy Supply Chain and Secondary Uses
				19	Integrating Pharmacy Across Care Settings

## The NIB Portfolio (continued)

NIB Domain and Description				NIB Programme	
F		<b>Elective Care</b>	This domain will improve referral management and provide an improved treatment choice for patients by automating referrals across the NHS	20	Digital Referrals
G		<b>Paper Free at the Point of Care</b>	This domain will create an NHS “paper free at the point of care” by driving up levels of digital maturity and by enabling the NHS workforce to better utilise the benefits of digital technology.	21	Driving Digital Maturity
				22	Digital Child Health
				23	Digital Diagnostics
				24	Workforce and Professional Capabilities
H		<b>Data Outcomes for Research and Oversight</b>	This domain will deliver the health and care information and insight which are fundamental to informed policy making, commissioning and regulation by improving information collections, analysis and reporting.	25	National Data Services Development
				26	Data Content (including GP data, PLICS, and PCOMS)
				27	Innovative Uses of Data
I		<b>Infrastructure</b>	This domain will enable information to move safely and securely across all health and care settings by providing robust and future-proofed national systems and networks.	28	Digital Interoperability Platform and Spine
				29	NHSMail2
				30	Health and Social Care Network
				31	WiFi
J		<b>Public Trust and Security</b>	This domain will provide the means for citizens to set their consent preferences. We will provide confidence that clinical and citizen information is held safely and securely, and will protect health and care systems from external threats.	32	Cyber-Security
				33	National Opt-Out Model

## Appendix 2: Existing informatics work mapped to NIB programmes



## Appendix 3: Our contribution to the Department of Health's Shared Delivery Plan

Theme	DH commitment	NHS Digital contributions referenced in the Shared Delivery Plan
<b>1. Improving out of hospital care</b>	1.1 Ensuring GPs are resourced and contracted to take personal responsibility for the health of their named patients in a meaningful way	<ul style="list-style-type: none"> <li>• GP-level metrics to support accountability</li> </ul>
	1.2 Transforming general practice by 2020 – 24/7 access, evening and weekend access and prevention	<ul style="list-style-type: none"> <li>• GP-level metrics to support accountability</li> <li>• Practice-level metrics</li> <li>• Roll out new digital technologies</li> <li>• Data to support the risk-based approach to CQC inspections</li> <li>• Appointments and repeat prescriptions available online</li> <li>• Link 111 and out of hours services</li> <li>• Reduce bureaucracy and increase time for direct care</li> </ul>
	1.3 Joining up home services, care services, surgeries and hospitals through integration of services including New Care Models of care on the basis that prevention is better than cure.	<ul style="list-style-type: none"> <li>• Contribute to numerous metrics and scorecards (integration scorecard, Electronic Health Record scorecard, New Care Models metrics and evaluations)</li> <li>• Maximise the potential of the devolution deals</li> <li>• Community Pharmacy Integration Fund to be launched October 2016</li> </ul>
	1.4 Building a sustainable social care system that supports people to maintain their wellbeing and remain out of hospital	<p>No specific reference, but we have a significant contribution to support this:</p> <ul style="list-style-type: none"> <li>• Support local authorities make efficiencies and spread best practice</li> <li>• Support the transformation driven by the Care Act</li> <li>• Support the care market (sustainability)</li> <li>• Support to social care workforce</li> </ul>
	1.5 Reducing the health gap between people with mental health problems, learning disabilities and autism and the population as a whole	<ul style="list-style-type: none"> <li>• Data and metrics relating to access to services, CCG level metrics</li> <li>• Link to transformation plans that will be developed, e.g. children and young people, whole system approach to mental health (with Ministry of Justice and the Home Office)</li> </ul>

Theme	DH commitment	NHS Digital contributions referenced in the Shared Delivery Plan
<b>2. Creating the safest, highest quality health and care service</b>	2.1 Making our hospitals the safest in the world (NHS as a learning organisation)	None listed
	2.2 Seven day services in hospitals	None listed (though we are producing the metrics)
	2.3 Improving cancer outcomes	None listed
	2.4 Improving the quality of care in providers	None listed
	2.5 Improving the patient's experience of all NHS services, in all settings, for all ages, focussing on maternity and end of life care	<ul style="list-style-type: none"> <li>• Data supply for indicators and metrics</li> <li>• Maximise opportunity for real time free text feedback</li> <li>• Develop and implement new technologies and practices that reduce errors in clinical practice (proposals being developed)</li> </ul>
<b>3. Maintaining and improving performance against core standards while achieving financial balance</b>	3.1 Minimum standards for A&E waiting times, ambulance response times, cancer and diagnostic services, referral to treatment waiting times	Not listed, but we provide data for indicators and metrics
	3.2 Operating within the budget the DH is given	None listed – though we do have a role on efficiency and productivity across the health and care system – including duty on burden management (and this is a general duty as an arm's length body)
	3.3 Being ready to play our part in any local or national emergency, should it arise	None listed (though services such as National Pandemic Flu Service are relevant)
	3.4 Transforming the way patients access services, including the introduction of mental health access standards and improvements to the urgent and emergency care system	<ul style="list-style-type: none"> <li>• Data supply for indicators and metrics</li> </ul>

Theme	DH commitment	NHS Digital contributions referenced in the Shared Delivery Plan
<b>4. Improvement in efficiency and productivity</b>	4.1 Reducing demand for NHS care by improving public health, reducing unjustified variation in care, and developing out of hospital care	None listed (but our services have a significant contribution)
	4.2 Better use of provider resource	<ul style="list-style-type: none"> <li>• Data supply for indicators and metrics (workforce, estates, reference costs, SUS)</li> <li>• Contribution to strategic developments re changes to tariff and payment</li> </ul>
	4.3 Reducing NHS costs	None listed
	4.4 Increase income through cost recovery and commercial opportunities	None listed (though we are involved, e.g. the Visitor and Migrant Cost recovery)
	4.5 Reduce system overheads	None listed
<b>5. Preventing ill health and supporting people and communities to lead healthier lives</b>	5.1 Significant reduction in rates of childhood obesity	<ul style="list-style-type: none"> <li>• To be outlined following production of Childhood Obesity Strategy</li> <li>• Data supply for indicators and metrics</li> <li>• The National Child Measurement Programme (not referenced but relevant)</li> </ul>
	5.2 Improve the treatment of diabetes	<ul style="list-style-type: none"> <li>• Data supply for indicators and metrics</li> <li>• National Diabetes Audit</li> </ul>
	5.3 Reduce NHS service demand through public health interventions to prevent ill health	None listed
	5.4 Improve global health security – leading the response to outbreaks before they become emergencies, developing smarter, swifter systems to prevent, detect and respond to international threats	None listed
	5.5 PM Challenge on dementia 2020	None listed (though we do provide data and metrics)
	5.6 UK as key influencer of global health and research priorities	None listed

Theme	DH commitment	NHS Digital contributions referenced in the Shared Delivery Plan
<b>6. Supporting research, innovation and growth</b>	6.1 Wider growth agenda	None listed
	6.2 Increase uptake of effective innovations	Support the Accelerated Access Review
	6.3 Optimise the business environment for life science and health, and promote sector strengths	<ul style="list-style-type: none"> <li>• Support new initiatives (Health North etc.)</li> <li>• Support research to improve effectiveness - link to “single front door” for research</li> </ul>
	6.4 Win the global race on health and life sciences trade and investment	None listed
	6.5 Create world-leading digital health industry	Still being scoped
	6.6 World leading genomics industry	None listed
	6.7 Increase health and wealth of the nation through health research	<ul style="list-style-type: none"> <li>• Contribute where appropriate to research evidence</li> <li>• Collaborate and support, where appropriate, to research infrastructure</li> </ul>
	6.8 Contribute to reducing the disability employment gap and increase the number of disabled people in work	None listed
<b>7. Enabling people and communities to make decisions about their health and care</b>	7.1 Empower patients with better and more equitable choice, access, information, digital support and overall experience of the NHS	<ul style="list-style-type: none"> <li>• Data and metrics, including feedback</li> <li>• Information for choice</li> <li>• Intelligent transparency</li> <li>• Digital support</li> <li>• Patient experience and voice</li> </ul>
	7.2 Empowering citizens with prevention programmes, greater support for carers and overall reduced health inequalities	None listed
	7.3 Empowering communities with greater devolution, local leadership and closer working relationships with local communities, voluntary sector, focussing on reducing health inequalities and improving health	None listed

Theme	DH commitment	NHS Digital contributions referenced in the Shared Delivery Plan
<b>8. Building and developing the workforce</b>	8.1 Ensuring we have the right number of staff – primary care	None listed
	8.2 Ensuring we have the right number of staff – secondary care	None listed
	8.3 Changing the ways we work to be more productive by changing our skill mix and capability	None listed
	8.4 Ensuring we have an affordable workforce enabling us to live within our means	None listed
<b>9. Improving services through the use of digital technology, information and transparency</b>  (NHS Digital is joint lead with DH, NHS England and NIB.)	9.1 Enable me to make the right health and care choices – supporting digital channel shift for patients and citizens	<ul style="list-style-type: none"> <li>• Digital primary care</li> <li>• Digital skills</li> <li>• Digitisation of GP registration</li> <li>• Remote digital monitoring and consultation</li> <li>• Health apps and assessments – increase usage, framework to support GPs in recommending apps</li> <li>• Trusted route into personalised digital care – nhs.uk</li> <li>• Digital training and education for citizens</li> </ul>
	9.2 Transforming general practice	<ul style="list-style-type: none"> <li>• GP2GP</li> <li>• Electronic receipt of discharge summaries</li> <li>• CQC to incorporate digital maturity in assessments</li> </ul>
	9.3 Out of hospital care and integration with social care	<ul style="list-style-type: none"> <li>• Transfer of care documentation</li> <li>• Carers to have shared access to digital tools (this under social care digitisation)</li> <li>• Digital 111 pathway through nhs.uk</li> <li>• Mental health crisis records (in NIB out of hospital care programme)</li> </ul>

Theme	DH commitment	NHS Digital contributions referenced in the Shared Delivery Plan
	9.4 Acute and hospital services	<ul style="list-style-type: none"> <li>• Uptake EHR functionality as defined by digital maturity index</li> <li>• Design and deploy other technologies to bring additional non-clinical efficiencies (in NIB EHR programme)</li> <li>• Standardised data from diagnostic tests (In NIB Digital Diagnostics Programme)</li> <li>• Falsified medicines directive (in eMedicines supply chain programme)</li> <li>• 100% uptake of eReferrals</li> <li>• Improvements to elective care management</li> <li>• Increase uptake of workflow and resource management tools</li> </ul>
	9.5 Paper free healthcare systems and transactions	<ul style="list-style-type: none"> <li>• Extend definition and roll out of SCR (integration and interoperability across care settings)</li> <li>• Patients understand and manage their medications (online medicines management – click and collect)</li> <li>• E-Prescribing system from GP to pharmacy to BSA</li> <li>• Embed data standards for interoperability</li> <li>• Enhancements to Spine to support interoperability</li> </ul>
	9.6 Data and outcomes for research	<ul style="list-style-type: none"> <li>• Data Services Platform</li> <li>• Transparency to support population and health management, payment innovation and new models of care (innovative uses of data)</li> <li>• Genomics</li> </ul>
	9.7 Leadership and capability	This has not yet been scoped. The work we are doing for the NIB is relevant here.
	9.8 Infrastructure	<p>All of our infrastructure services are relevant. The following are referenced specifically:</p> <ul style="list-style-type: none"> <li>• NHSMail2/3</li> <li>• Spine</li> <li>• HSCN</li> </ul>
	9.9 Public trust and security	<ul style="list-style-type: none"> <li>• Citizen identity</li> <li>• Digital consent model / National Opt-Out Model</li> <li>• CareCERT and cyber</li> </ul>

## Appendix 4: How our strategy aligns with the NIB's objectives

NIB Domains		NHS Digital Strategic Objectives					
		Ensure that every citizen's data is protected	Establish shared architecture and standards so everyone benefits	Implement national services that meet national and local needs	Support organisations to get the best from technology data and information	Make better use of health and care information	Transforming the way we engage and work
A	Self-Care and Prevention	X		X	X	X	
B	Urgent and Emergency Care	X	X	X	X	X	X
C	Transforming General Practice	X	X	X	X	X	X
D	Integrated Care	X	X	X	X	X	X
E	Digital Medicines		X	X	X		
F	Elective Care	X	X	X	X	X	X
G	Paper Free at the Point of Care		X	X	X		
H	Data Outcomes for Research and Oversight	X	X			X	
I	Infrastructure	X	X	X		X	X
J	Public Trust and Security	X	X	X	X	X	X

## Appendix 5: Our deliverables and commitments for 2016/17

The commitments set out in this section are described at a high-level. Each commitment has a more granular set of milestones, delivery against which is tracked and monitored. Progress in delivering the commitments in this business plan is reported quarterly to the Board.

### STRATEGIC OBJECTIVE 1: ENSURE THAT EVERY CITIZEN'S DATA IS PROTECTED

We will assure the quality, safety and security of data and information flows across the health and social care sector, so that citizens will willingly share their data in the knowledge that it will be kept confidential and secure, and will only be shared when appropriate, with their consent and to their benefit (*Information and Technology for Better Care*).

Deliverables and Commitments		Lead Portfolio	Target Date
1.1	We will implement the delivery plan to meet the Secretary of State's priorities regarding safe, legal and effective data sharing, including the National Strategic Consent Model.	Information and Analytics	March 2017
1.2	We will develop identity verification solutions to support health and social care workers and to progress patient/citizen identity policy objectives.	Operations and Assurance	March 2017
1.3	We will develop an operating model for a centrally-provided cyber-security remediation support service, made available to health and social care organisations for on-the-ground support in the event of a cyber-security incident.	Operations and Assurance	March 2017
1.4	We will provide expert information governance advice for the health and social care system through the Information Governance Expert Advisory Team.	Clinical	March 2017
1.5	We will implement a strategic review of the IG Toolkit and development of a replacement.	Clinical	March 2017

## STRATEGIC OBJECTIVE 2: ESTABLISH SHARED ARCHITECTURE AND STANDARDS SO EVERYONE BENEFITS

We will create a new architecture for the sector's technology and data services and extend a framework of standards to encourage interoperability and the development of new, digitally enabled services (*Information and Technology for Better Care*).

Deliverables and Commitments		Lead Portfolio	Target Date
2.1	We will establish and operate the Technical and Data Design Authority across the National Information Board member organisations	Operations and Assurance	December 2016
2.2	We will provide releases of, and support for implementation of, the Pathology Bounded Code List and the Digital Imaging Dataset.	Provider Support and Integration	March 2017
2.3	We will provide releases of, and support for implementation of, the Clinical Classifications (ICD-10, OPCS).	Provider Support and Integration	March 2017
2.4	We will provide releases of, and support for implementation of, Clinical Terminologies Read and SNOMED CT.	Provider Support and Integration	March 2017
2.5	We will provide releases of, and support for implementation of, the NHS Dictionary of Medicines and Devices.	Provider Support and Integration	March 2017
2.6	We will provide releases to the NHS Data Dictionary core products.	Provider Support and Integration	March 2017
2.7	We will develop inpatient based episode discharge summaries (Transfer of Care) using the Academy of Medical Royal College Headings.	Provider Support and Integration	March 2017
2.8	We will maintain and develop Interoperability specifications.	Provider Support and Integration	March 2017

## STRATEGIC OBJECTIVE 3: IMPLEMENT NATIONAL SERVICES THAT MEET NATIONAL AND LOCAL NEEDS

Where there is a clear advantage in a national, integrated approach, we will continue to build and operate national technology and data services for the benefit of citizens and health and care organisations. Where necessary to fulfil the commitments in the NIB Framework, we will integrate some of these national systems to create a new information and transaction service for citizens, including service users and carers (*Information and Technology for Better Care*).

Deliverables and Commitments		Lead Portfolio	Target Date
3.1	NHSmail2: we will deliver 4GB mailboxes, instant messenger and an improved portal to NHSmail users, and exit the current NHSmail operational service.	Health Digital Services	August 2016
3.2	We will deliver national open standard API's for appointments booking and for GP record access and Spine services for supporting interoperability (GP Connect), so that patients and clinicians across all care settings can access GP services and information to provide better care to patients.	Health Digital Services	December 2016
3.3	Electronic Referrals System (e-RS): we will aim to ensure that 60% of citizens' first outpatient referrals and bookings are completed using e-RS, rather than paper/fax/manual means.	Health Digital Services	September 2016
3.4	Electronic Prescription Service (EPS): we will realise the benefits of EPS for citizens, prescribers and the prescription reimbursement agency by ensuring at least 60% of all prescription items in England are prescribed, dispensed and claimed using the service.	Health Digital Services	March 2017
3.5	Summary Care Record (SCR): we will alleviate the pressure on unplanned and emergency care services by providing the SCR to 95% of community pharmacists that want access.	Health Digital Services	March 2017
3.6	We will deliver the electronic patient record transfer capability at an increased number of GP Practices in order to make more time available to busy GP practices and improve the patient experience of primary care.	Health Digital Services	March 2017
3.7	NHS Choices: we will maintain usage levels of the NHS Choices service at around 48–50 million visits per month, continuing to deliver potential benefit/s of the service e.g. Prevent ill health and promote good health.	Health Digital Services	March 2017
3.8	We will optimise the benefits to citizens and health care professionals through the delivery of all existing services in accordance with agreed customer requirements e.g. NHS Choices, CQRS, GPES.	Health Digital Services	March 2017
3.9	We will provide Spine development services in support of NHS Digital delivery programmes and to increase the number of external organisations able to connect and develop services on behalf of health and social care providers.	Operations and Assurance	March 2017
3.10	We will deliver the underpinning technology to support NIB programmes built on Spine technology, according to (and dependent upon) clear requirements being articulated by the programmes	Operations and Assurance	March 2017

## STRATEGIC OBJECTIVE 4. SUPPORT ORGANISATIONS TO GET THE BEST FROM TECHNOLOGY, DATA AND INFORMATION

We will help local health and social care organisations maximise the value of their information technology investments, and when asked, help them decide on future investments and implementations. We will encourage local innovation that delivers new forms of health and care services, and take steps to foster broader adoption (*Information and Technology for Better Care*).

Deliverables and Commitments		Lead Portfolio	Target Date
4.1	We will launch the new Health and Justice Information Service for prisons, immigration removal centres, youth institutes and secure children's homes - in conjunction with partner organisations including NHS England and the Ministry of Justice.	Provider Support and Integration	March 2017
4.2	We will continue to lead HSCICs delivery profile of social care integration, specifically the Social Care Informatics Project to develop information exchanges between adult social care and the NHS.	Provider Support and Integration	September 2016
4.3	We will deliver high-level intent and guidance for NHS Wi Fi access to support care providers to make WiFi available to service users and staff.	Provider Support and Integration	October 2016
4.4	We will develop an agreed end-to-end solution and implementation model to support the delivery of the new patient opt-out model in accordance with the requirements of the National Data Guardian's review.	Provider Support and Integration	March 2017
4.5	We will support all organisations required to exit the CSC Local Service Provider contract in 2016/17 to do so. (Lorenzo sites deploying Phase 2 or the ePrescribing module will do so to their agreed plans.)	Provider Support and Integration	March 2017
4.6	We will support NHS England and local authorities to achieve further significant levels of deployment of the Child Protection Information Sharing system.	Provider Support and Integration	March 2017
4.7	We will continue delivery of the Health and Social Care Network (HSCN) and work toward the closure of the existing N3 national broadband network for NHS organisations.	Provider Support and Integration	March 2017
4.8	We will provide subject matter expertise input and consultancy for the Ministry of Defence NHS integrated electronic health record and connectivity programmes.	Provider Support and Integration	March 2017
4.9	We will work with partners to establish the Driving Digital Maturity Programme fully, ensuring that funding and central support mechanisms support ambitions set out in local digital roadmaps and align with national standards and priorities.	Provider Support and Integration	March 2017
4.10	We will ensure that the agreed programme for Workforce and Professional Capabilities is delivered jointly with Health Education England.	Provider Support and Integration	March 2017

## STRATEGIC OBJECTIVE 5: MAKE BETTER USE OF HEALTH AND CARE INFORMATION

We will analyse, use, and make available more data, information and insights about the health and social care sector. Where there is a clear benefit to the health and social care of citizens, we will supply sophisticated analytical technology to all-comers. This work will allow citizens to make informed choices about their own care. It will help care professionals make better and safer decisions, support policymakers, and facilitate better commissioning of health and care, and provide research organisations with the data they need (*Information and Technology for Better Care*).

Deliverables and Commitments		Lead Portfolio	Target Date
5.1	We will publish the Local Payment Grouper suite to support development and implementation of national reimbursement policy for 2017/18.	Information and Analytics	March 2017
5.2	We will develop and publish the Costing Grouper and accompanying enhanced classification to support evolution and implementation of national costing policy for 2016/17.	Information and Analytics	January 2017
5.3	We will roll out the Data Access Request Service to include all identifiable NHS Digital data disseminations.	Information and Analytics	March 2017
5.4	We will implement service improvements and a revised service model for Primary Care Registration.	Information and Analytics	July 2016
5.5	We will deliver the key national data flows, analysis and statistical services, where required developing new services or enhancing existing services.	Information and Analytics	March 2017
5.6	We will influence improvements in the quality of data available for decision making through the provision of consistent, comprehensive and accessible Data Quality information	Information and Analytics	March 2017
5.7	We will establish the 'Data Content' programme within the NIB Domain H	Information and Analytics	September 2016
5.8	We will complete start up activities for the proposed Community dataset in line with the NIB Domain H priorities.	Information and Analytics	December 2016
5.9	We will complete Patient-Level Information Costing Systems (PLICS) pilot in line with the NIB Domain H priorities.	Information and Analytics	December 2016

## STRATEGIC OBJECTIVE 6: TRANSFORMING THE WAY WE ENGAGE AND WORK

We are introducing new models of relationship management and customer service to enable us to understand better the needs of the health and care system and to work more effectively with our partners and stakeholders in future (*Information and Technology for Better Care*).

We are putting in place support for the development of our people and mechanisms to help them work more flexibly and focus better on the needs of our partners and stakeholders. We will reduce bureaucracy, help facilitate innovative ways of working and attract new skills. This will be balanced by a greater focus on quality and, anticipating future financial pressures, on improving productivity (*Information and Technology for Better Care*).

Deliverables and Commitments		Lead Portfolio	Target Date
6.1	We will build NHS Digital's reputation with key stakeholder groups through successful delivery and development of an enhanced client engagement and external relations function	Customer Relations	March 2017
6.2	We will create a Strategic Supplier Management function to effectively engage with the technology supplier market, create improved partnerships and support market development towards health and care digital priorities.	Customer Relations	March 2017
6.3	We will successfully launch the new NHS Digital name and visual identity to staff and stakeholders, including the launch of a new NHS Digital website, new staff website and social newsroom	Customer Relations	March 2017
6.4	We will deliver a refreshed communications strategy in support of NHS Digital's new priorities and to build the organisation's 'voice' and reputation through thought leadership and innovation.	Customer Relations	March 2017
6.5	We will implement, embed and improve the organisation's new operating model.	Workforce	March 2017
6.6	We will secure, deploy and transform our workforce.	Workforce	March 2017
6.7	We will implement and embed a cost improvement programme to ensure efficiency and value for money across the organisation.	Finance and Corporate Services	March 2017
6.8	We will provide cost effective office accommodation and efficient corporate services that meet business needs, which support the transformation aims of the organisation and which support the delivery requirements of NIB programmes.	Finance and Corporate Services	March 2017
6.9	We will implement a new commercial operating model across all commercial and procurement activity including updated policy, procedures, career framework and standardised systems, tools, and processes.	Finance and Corporate Services	March 2017

<b>Deliverables and Commitments</b>		<b>Lead Portfolio</b>	<b>Target Date</b>
<b>6.10</b>	We will provide commercial support and direction to existing NHS Digital portfolios and to NIB domains and programmes.	<b>Finance and Corporate Services</b>	March 2017
<b>6.11</b>	We will implement new and updated systems, revised and improved governance arrangements, and new policies and processes to embed and support the new operating model for the organisation.	<b>Finance and Corporate Services</b>	March 2017
<b>6.12</b>	We will implement a new clinical informatics governance framework, with particular focus on clinical safety, clinical risk management, and clinical benefits.	<b>Clinical</b>	March 2017

## Appendix 6: Our corporate key performance indicators (KPIs)

The organisation's corporate KPIs are reviewed routinely and some changes will come on stream during 2016/17.

Performance indicator		Description	Owner
1	<b>Programme Achievement</b>	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. During 2016/17 this will be updated to focus on the NIB programmes	<b>Director of Programmes</b>
2	<b>IT Service Performance</b>	This indicator reports on the performance of information technology services for health and care providers, looking at service availability against targets, incident response times, and the prevalence of high severity service incidents.	<b>Director of Operations and Assurance Services</b>
3	<b>Organisational Health</b>	This indicator covers a number of individual measures, including workforce planning and recruitment, staff turnover, staff engagement, training and development, personal development reviews, and sickness absence rates.	<b>Director of Workforce</b>
4	<b>Data Quality</b>	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. During 2016/17 this will be updated to reflect the information captured via our new Data Quality Maturity Index.	<b>Director of Information and Analytics</b>
5	<b>Reputation</b>	This indicator combines a number of individual measures to give a composite view of reputation, including outcomes of stakeholder and staff surveys, media coverage, social media sentiment, and complaints handling.	<b>Director of Digital Transformation</b>
6	<b>Financial Management (three indicators)</b>	These three indicators cover the management of our organisational finances, Department of Health revenue streams, and Department of Health capital streams. The indicator reports on in-year spend against budgets and forecast year-end outturn.	<b>Director of Finance and Corporate Services</b>
7	<b>Risk Management</b>	This indicator covers management of the organisations strategic risk areas, providing for each an assessment of the current risk exposure and the status of mitigation actions.	<b>Director of Finance and Corporate Services</b>
8	<b>Information Governance Incidents</b>	This indicator gives a composite view of information security incidents. It covers incidents internal to NHS Digital, incidents arising from supplier compliance issues, and incidents within the health and care system but which are external to this organisation.	<b>Director of Operations and Assurance Services</b>

## Appendix 7: Our strategic risk framework

The organisation's strategic risk areas are under review and some changes will come on stream during 2016/17.

Strategic Risk Theme		Owner
1	Failure to deliver on our statutory, legal and financial obligations.	Director Finance and Corporate Services
2	Failure to protect data and/or succumb to IT/Cyber security threats.	Director of Operations and Assurance Services
3	Failure to safely collect, analyse and disseminate high quality and timely data and information, which meets customer expectations.	Director of Information and Analytics
4	Failure to demonstrate delivery of benefits from the programmes and services we offer.	Director of Programmes
5	Failure to secure, deploy, and develop our workforce and transform the organisation to deliver our future vision	Director of Workforce
6	Failure to maintain operational continuity of systems and infrastructure we are charged to deliver, to protect patient safety and critical services.	Director of Operations and Assurance Services
7	Failure to secure a positive, responsive and trustworthy reputation and maintain effective relationships with stakeholders.	Director of Digital Transformation
8	Failure to design and deliver systems that work or deliver as anticipated.	Chief Technology Officer