

Health and Social Care Information Centre - Publication Strategy

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Reviewers

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Introduction

Data, and the information and knowledge that flow from it, underpins the delivery of modern health and social care services. This strategy sets out how Health and Social Care Information Centre (HSCIC) publications can get this information and knowledge used as widely as possible, using our independence and unique role as custodians of national data across the health and social care sectors.

The Health and Social Care Information Centre is an independent public service, established as an executive non-departmental public body. We provide a range of technology and information services that are used by patients, service users, the public at large, health and care professionals, and by research, industry and commercial organisations across England. These services support the commissioning, design and delivery of health and social care services and provide information and statistics that are used to inform decision-making and choice.

The HSCIC delivers a large range of publications, covering national and official statistics; data and information standards; and broader outputs drawing on our expertise in technology, systems and data. These have often been inherited from predecessor organisations and have grown organically over a number of years to meet all of our customers' differing requirements.

This strategy takes a step back, looking at what, when and why we publish. It sets out how we can meet our statutory responsibilities under the Health and Social Care Act and how we can achieve maximum impact across health and social care while serving the public interest from our publications. It looks at a world in which the HSCIC collects or holds a far greater proportion of centrally held health and social care data than at present; a world in which data linkage offers greater opportunities for analysis across care settings. Drawing on a large survey of users¹, it looks at how we can meet their needs effectively and efficiently.

This strategy is consistent with the HSCIC strategy, '*A strategy for the Health and Social Care Information Centre, 2013 – 2015*'² and aims to deliver a number of organisation priorities. It is primarily concerned with the third theme, *Providing Information to Support Better Care*. Where applicable, it is designed to be compliant with the Code of Practice for Official Statistics, and government policy on Open Data. It draws on guidance from the Government Digital Service and the Office for National Statistics Best Practice Team. It will both influence, and be influenced by, the HSCIC Data Collections Strategy and the future development in Data Dissemination, and as such will be a live document, responsive to developments in these areas.

¹ See annexes 8 and 9

² <http://www.hscic.gov.uk/media/13557/A-strategy-for-the-Health-and-Social-Care-Information-Centre---2013-15/pdf/hscic-strategy-2014.pdf>

Why we publish and scope of this strategy

A publication is the planned release of new non-identifiable information, analysis or intelligence into the public domain. There are two main, often overlapping, objectives for publishing:

- 1) To fulfil our statutory requirements
- 2) To meet customers' or wider needs for information around the health and social care system

1) To fulfil our statutory requirements

Section 260 of the Health and Social Care Act³ mandates that the HSCIC publishes the information it collects under direction summarised in the Act, with certain exceptions, including the clear need to preserve patient confidentiality. Information collections from the predecessor organisations may have been brought into the HSCIC without the need for formal direction, but these are now covered by the same principle and this strategy.

Other sections of the Act mandate the HSCIC to publish other types of output - see Annex 2 for further information.

2) Meeting customers' and wider needs for information around the health and social care system

As experts in the data, information and the systems that underpin them, we have a leading role in presenting information impartially to increase public understanding of health and care. This will often be done via the media and other external channels to inform decision making around health and care at national and local level. This could be through drawing together multiple sources of information to provide a clear picture of what is happening in an area of wide interest or presenting our expert insight on a particular theme on or around health and care.

This strategy covers HSCIC publications looking to meet either of these objectives. A major component of the strategy is publications from data collections and not all elements of this will apply to other types of publication. The strategy does not cover the NHS Choices service other than making recommendations on increasing, where appropriate, the published information from other parts of the HSCIC being disseminated through NHS Choices. As a new product, 'My NHS', hosted on NHS Choices, is not currently covered by this strategy but we will be reviewing this to see if any elements of the strategy should apply. Occasionally we might also be asked to provide advice, guidance, or further analyses – where appropriate, the principles of this strategy will apply. Where appropriate, aggregated output from IT systems for which the HSCIC has responsibility should be considered as part of this strategy.

The Code of Practice for Official Statistics must be followed for all Official and National Statistics outputs. It should also be followed for any publication that is statistically based. For other outputs, the principles of the Code of Practice should be followed where possible.

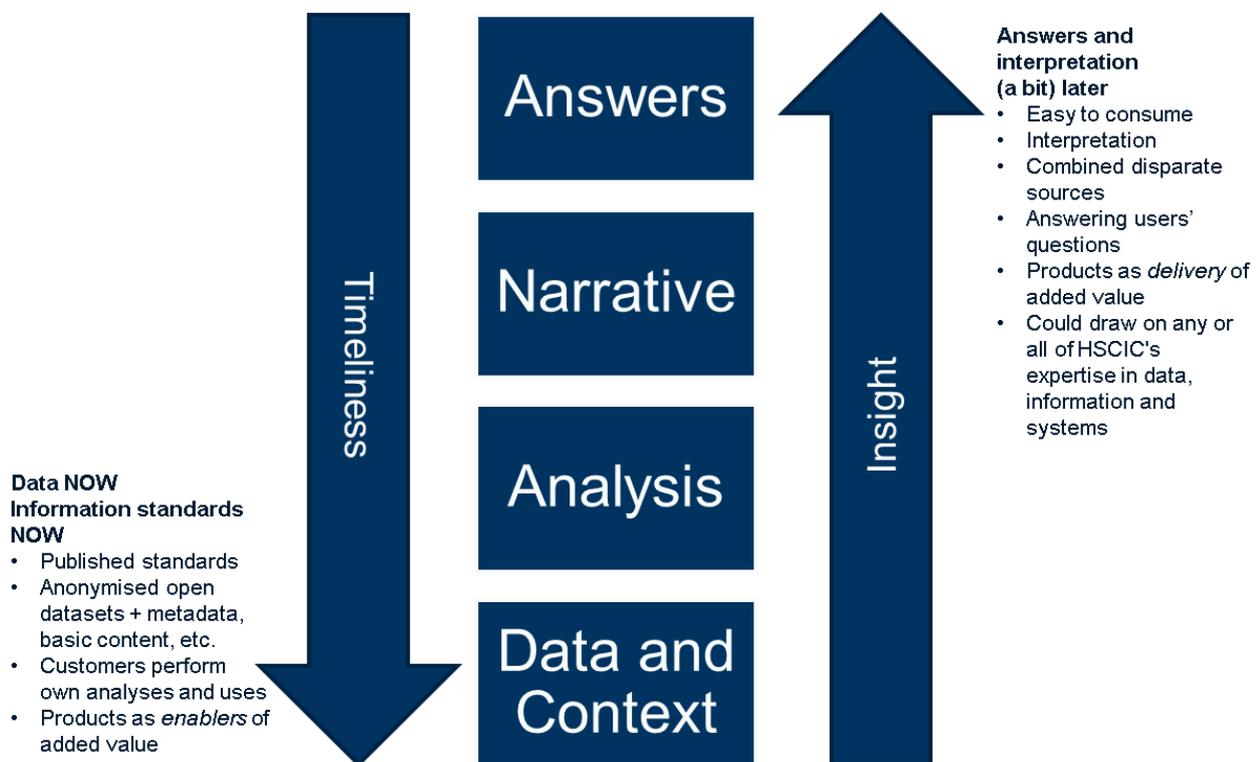
³ <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

A more detailed list of services deemed in and out of scope of this publication strategy is included in Annex 1.

When should we publish?

There should be a planned publication each time we collect a set of data or a new set of linked data that has been created, unless excluded under the Act. This should coincide with or precede making any underlying data from the collection more widely available to customers with appropriate approvals. Each publication under these circumstances should be treated as Official Statistics under the UK Statistics Authority Code of Practice⁴. This ensures that the information is released in a managed way, visibly meeting a range of professional standards, critically those around impartiality and confidentiality.

This publication should act as an enabler for customers who require data in a different form, providing information on important areas such as data quality. For it to be an enabler, the data need to be published promptly after collection and at a frequency that meets customer requirements. There is inevitably a trade-off between data quality and timeliness, with some suppliers of data requiring longer lead times to submit accurate data or larger datasets requiring more in-depth validation and analysis. Wherever possible, customers should be presented with the option between quality and timeliness, so that the optimum balance can be reached. This may be through the publication of provisional figures and/or experimental statistics. Equally there may be a trade-off between the depth of analysis that the HSCIC can perform to meet certain customers' needs and other customers' requirements for more timely data. This is shown on the diagram below:



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

Where there is a strong customer requirement for more timely data, this should be provided in a publication ahead of further analysis or insight by the HSCIC.

Increasingly, we should be providing analysis and insight more broadly through publications. This could be through bringing together multiple sources of data and information on a particular theme or using the expertise we are uniquely placed to provide on the wider data context and information systems – these could be produced with engagement and collaboration with partner organisations. This may have longer lead times and could take many forms, for example a demonstration to NHS organisations of a particularly effective use of technology or as an official statistics publication providing new intelligence on an important theme.

Who should our publications be aimed at?

HSCIC publications should lead to better care or health outcomes. This will be done by providing the information to inform better decision making whether that be centrally, locally or by the patients themselves. The HSCIC Customer Needs Analysis highlighted the different customer groups, their differing requirements (operational management, self-care, performance management, research etc.) and the patients' requirements of them to enable this to happen. When considering the users of HSCIC products, consideration must also be given to 'secondary uses' of our products (those who access our products via a different route – e.g. UK Data Archive) – external reference groups can be used to engage with these users, cascading to a wider community.

All of our publications should be accessible to a broad range of customers and the use of plain, jargon-free language and ease of access should reflect this. Individual publications should be clear about their particular target sets of customers and extensive input from these customer groups, and new customer groups should be sought into design and feedback. Often the media have a key role in getting key findings to this wider audience, so whilst media coverage shouldn't be seen as an end in itself, enabling our key messages to be correctly understood and onwardly conveyed by the media is of central importance.

All publications should, where possible be released under the Open Government Licence (OGL), which permits data and information to be used and reused, without restriction, save for acknowledgment of the source. Where the OGL applies, this should be made clear at the publication level.

Highly specialised analyses of data or thematic reports aimed at single groups of customers should normally be performed by others and the HSCIC should support access to its data and information to enable this. Access to our data should be improved, with consideration for the introduction of an Application Programming Interface (API). Information to empower patients and citizens to choose treatments and services is delivered by NHS Choices, so the HSCIC should not look for its other publications to replicate this; instead we should put in place a structured process to identify published output that can be used for this purpose and work with NHS Choices to deliver it through this route.

What should we publish?

Using publication requirements to shape what we collect

The HSCIC will be expanding its range of publications as it takes on management of datasets from other Arm's Length Bodies and as it collects and links new datasets. The HSCIC should deliver more publications containing information on finance and patient outcomes. It should focus on health and well-being, as well as care. It should also publish in a way that improves the understanding and encourages the advancement of equality and tackling health inequalities across the health and care sector and beyond to improve the access, experiences, health outcomes and quality of care for all patients, carers and the workforce. It should help improve awareness of diversity, and how people's differences, cultural expectations and social status can affect their health and care. It should engage customers on its overall suite of publications at a high level as well as strengthening the process of engagement for individual publications. Any new collections will need to be funded so they can be resourced appropriately. In addition to the cost of the collection, they should also be funded to cover the costs associated with the analysis and publication of these data.

This will lead to recommendations for our collections and extractions and any gaps that need to be filled based on customers' data needs. We should also identify duplication in data collections across the system and particularly seek out opportunities for collections or extractions from administrative systems, or other existing systems to reduce the need for bespoke data collections. This will increase the range of underlying data available for users, whilst minimising burden, and should be coordinated with the implementation of a data collections strategy.

Publication content

The HSCIC will meet a range of customers' requirements, catering for those customers who want analyses or answers directly and those customers who want the data and context so they can perform analysis and get answers.

Core content for publications from data collections

It is important to define a core content that every publication from a data collection will contain. This should be agreed during the 'brief' stage of the Publication Process (see annex 7). This ensures our statutory obligations are met and that customers are provided with sufficient information to use the data. The basic findings and methodology should provide customers of the underlying data with an opportunity to check their analysis and inspire them to deliver more sophisticated output. Production of this core content should be included in costing for any new data collection.

The Core content should comprise:

- Anonymised granular dataset(s) from which any analyses contained within the publication can be re-produced (compliant with the NHS anonymisation standard)
- A short summary of key facts from the data
- Description and metrics of data quality
- Suitable metadata and contextual information, including potential usage and users. (Metadata in addition to describing the data that are available, should also contain information on what data aren't currently available).

Alongside this, consideration should always be given to dissemination of the underlying data to users with appropriate approvals through the tools and processes in place. Whilst free-text/unstructured data may be collected to inform publications, these data should not be published or made available, with the possible exception of specific instances where each entry has been evaluated.

This content should be presented in a standard format across all HSCIC publications to aid users' access and efficiency. It should be easy to find and easy to understand.

Where a publication contains, or is supported by, data (whether anonymised granular datasets or aggregated statistical tables), it should be done so in a manner in which maximises its potential use and benefit whilst ensuring the confidentiality of the data is protected. Any release of data should comply with the NHS anonymisation standard to ensure the risk of individuals being identified is appropriately considered, and therefore minimised. There are two sets of standards which apply to Open Data:

- Open Data Star Ratings: a series of star ratings which can be used to determine the degree to which any data is legally and technically open (Annex 5 provides further information on the five star rating levels).
- Open Data Certificates: a certification standard applied by the Open Data Institute (ODI) which can be used to determine the *usefulness* of open data, in terms of contextual, practical and social considerations (Annex 6 provides further details of the Open Data Certificate levels).

Data released should aim to reach three stars, and achieve 'Standard' level certification. Three stars is considered exemplary for flat, structured dataset files. Progress to four or five stars, which involves structuring data for dynamic web access, requires significant effort. Plans for meeting 4 and 5 star should be considered where there is sufficient consumer demand.

Satisfying wider needs

In addition, where there is a strong customer or wider system need, statistical publications could include further analysis, commentary, discussion, context, trends and data visualisations dependent on the publication. Automating production of the core content for all publications will enable focus on meeting additional need from customers in a targeted and prioritised way for some publications.

The HSCIC should be looking to combine its information, data and expertise to provide intelligence on areas of particular importance to Health and Social Care, giving a rounded picture for patients, the public and other stakeholders. This can be done by exploring case

studies where use of technology has delivered benefits for patients, it can be done through looking for more opportunities for data linkage and increasingly we will be drawing on multiple datasets in published analyses. The HSCIC should look to increase the availability of information around patient outcomes.

Collaborations with organisations and experts on particular topics should be sought to ensure that the questions that the publications address are those that are most meaningful. External experts can also put forward possible explanations for interesting trends and can quality assure the interpretation of data.

In some cases, the documents that comprise the formal publication should be just one component of the wider suite of material to promote access:

- Press releases should be produced where a publication is of sufficient interest.
- Media briefings should take place for high profile publications ensuring that the facts are well understood and reported accurately to the widest audience.
- Social media should be used to publicise publications and engage with users.
- Video, webinar and face-to-face briefings should also be used to engage users and build their understanding in our data.
- Training material for schools and universities can be created from the publication output.
- We should look to present our publications through eBooks, ensuring that appropriate training and IT infrastructure is in place to support this.

These should be determined by identified user need and prioritised by the Publications Advisory Board.

The HSCIC should seek maximum usage from its published data and other outputs with a mechanism to measure such usage and quantify the benefits⁵ that arise from it. Bespoke anonymised work that is made available to one customer should be made available to all through the HSCIC's website. Generally, we will aim to proactively publish material for which there is, or is very likely to be, demand, in preference to providing such material through reactive service.

Production teams should document at the outset what benefits⁶ will be enabled as a result of a publication and, post release, what benefits (and dis-benefits) have been realised. Whilst many publications will act as an enabler to benefits, rather than being the sole entity that realises the benefits, it is important for the establishing of public trust that these benefits are identified and reported on.

Our engagement with users of health and social care data identified a need for further collaboration with our partner organisations to enhance the data and information provision and avoid duplication. Users of health and social care data specified a requirement for all data, regardless of which organisation has a responsibility to publish, to be easily accessible. A need was also identified for further cross-organisation work to enhance the impact of data/information by publishing data from combined data sources or linking to contextual

⁵ Benefit management is defined as 'the identification, definition, tracking, realisation and optimization of benefits within and beyond a programme':

http://www.msp-officialsite.com/InternationalActivities/Translated_Glossaries_2.aspx

⁶ Benefit is defined as 'the measurable improvement resulting from an outcome which is perceived as an advantage by one or more stakeholders, and which contributes towards one or more organizational objective(s)':

http://www.msp-officialsite.com/InternationalActivities/Translated_Glossaries_2.aspx

information to enhance knowledge and understanding. We will work more closely with our partner organisations to seek to maximise the usefulness of all health and social care data, combining our data knowledge with other organisations' policy or service insight.

Where should we publish?

The HSCIC website should be the main repository for HSCIC publications. Data should also be accessible — with clear signposting — from data.gov.uk. Customers who know what they are looking for, and interested customers who simply do not know what is available, should be able to find easily information that is of use to them through clear signposting and through access direct from Google searches. Users who specify an interest in a particular publication or topic should be notified when new material is published. Searching of data should be improved allowing people to search for data by topic, area, or organisation for example. Increasingly, people access the web whilst on the move, so work is needed to ensure ease of access to our publications through mobile devices. Consideration should be given to publications in different languages where requested.

Over a quarter of the surveyed users of HSCIC publications expressed concern around the ease of access to publications, whilst over two thirds of users expressed a desire for notifications each time a new publication is issued, so a really strong focus helping access to publications is required. A list of what information, and by what breakdowns is available should be maintained. Other simple, yet helpful steps that can be taken include better use of metadata and tagging across the production and publication processes in order to help users get the most relevant information, having a hierarchical approach to documents and giving users the option to rate published material and to use 'one-click' publishing of their interaction with our products and services, sending a tailored message to social media to highlight the benefits they have experienced.

The HSCIC website and HSCIC publications are typically aimed at broad sets of customers. The HSCIC should proactively work with other bodies to get its published material reused in bespoke products for individual sets of customers and to have strongly-branded widgets on third party websites that either carry regularly-updated headline information from HSCIC publications or link people to the actual data.

How should we publish?

The production of the core set of components for publications of collected data, including data tables, data quality information and metadata should be fully automated. This will enable more frequent and timely production and freeing our teams' capacity to use their knowledge to add significant value in a targeted way through deeper analysis. Initially, this may lead to increased pressure on resources until these are established.

The provision of deeper analysis, more extensive narrative, visualisations and wider interpretation should be dependent on user and wider system need and this need should be continually reviewed. When assessing user need, consideration will need to be given to the weight attached to key stakeholders' needs – e.g. Central Government, Health Bodies etc. As we increasingly move to a model of publications supplying this type of insight drawing on

multiple sets of data and knowledge, more of this should be done at a pan-organisation level. Prioritisation is important for this type of output, comparing the likely costs of producing such output against the benefit to health and social care.

This prioritisation should be overseen by a Publication Advisory Board established by the Head of Profession for Statistics, comprising internal staff and representatives from the main customer groups to prioritise its proposed outputs against criteria. This can also identify gaps in information held, or duplication in publications on particular areas. The prioritisation should make extensive use of evidence of cost and benefit of previous publications and there should be a strong feedback loop to enable modification. This board can advise on areas across health and social care where HSCIC information is particularly important.

This publication strategy has been designed to maximise the impact of HSCIC publications through the most efficient use of resources. In addition to identifying improvements to publications, it should also be a driver to identify duplication, or areas of current work where there is not a clear identified user need that should be discontinued to allow us to focus our resources on areas that are of maximum value. It also allows publication content to be prioritised by assessing the cost against identified user benefit to only produce outputs that represent value for public money. This work should be taken forward by the Publication Process and the Publications Advisory Board. Initially, a review of all HSCIC publications should be undertaken to ensure that they better support the needs of all our customers. This should be via a public consultation, in accordance with the Code of Practice for Official Statistics, to capture the views and needs of users, both internal and external. This should be conducted at an organisation-level rather than be publication specific to ensure responses can cover the whole of health and social care, and to identify any current gaps in provision.

Impact can be measured through download statistics, media coverage statistics, user surveys and case studies of where publications have led to end-user benefits. The web analytics captured should provide meaningful information. Cost should also be captured – where the data underpinning a publication are already collected, cost should be defined as the marginal cost of producing the publication. The number of requests for bespoke analysis, including ad-hoc and Freedom of Information requests should be used as an indicator on whether people have the information that they need and can easily find it.

The HSCIC publication process (followed by teams when producing statistical outputs) is a way of assuring standards and a common approach to publications where responsibility is devolved. Requirements emerging from this strategy that will be devolved to teams will be measured through this process during the 'brief' stage. Following this process is mandatory. The HSCIC should look to expand its use of peer review across the Government Statistical Service to gain feedback around its publications, as well as establish an internal network of reviewers.

In order to deliver this strategy ongoing professional development is needed, particularly in the statistics and information analysis job family. We should build on the strong development of IT skills in certain areas to enable all teams to automate the production of core output. Publishing data in other formats, and the inclusion of metadata should be the default requirement with all outputs expected to comply with the cabinet office approved open standards for use in government technology⁷. To enable our publications to reach an increasingly wide audience, skills around the presentation and visualisation of information

⁷ <https://www.gov.uk/government/publications/open-standards-for-government>

need to be prioritised, as well as communication through social media. As we increasingly look for some of our publications to provide answers to key questions around what is happening in elements of the health and care system, skills in understanding of the basics of research need to be developed.

This strategy will also need to be responsive to how the HSCIC data collection strategy develops and also to developments in data dissemination. As this strategy will need to evolve to ensure it continues to meet users' needs, it should be subject to regular review, in consultation with users.

How we will deliver the strategy

Current State

There are currently many examples of good practice across the organisation (Annex 3 provides further details). Many teams are currently engaging with users, reviewing their publications and exploring and embracing new techniques and technologies.

The HSCIC publication process gives us a framework to follow ensuring quality publications are produced, though compliance with this process is variable.

The Code of Practice for official statistics requires us to 'engage effectively with users of statistics to promote trust and maximise public value', a requirement which is also reflected in the publication process.

UKSA assessments of HSCIC Official Statistics have been complimentary of a lot of our work; it has identified improvements to reduce jargon, simplifying our language, and reviewing the structure and content of publications to focus on key messages.

Publications delivered on time without incident currently compare favourably with benchmarks based on how other organisations perform.

Through use of the HSCIC Data Management Environment (DME) and other technologies, many teams have been able to automate large amounts of their processes freeing up resource to focus on improving the value of our publications.

Current processes can be built upon to achieve improvement.

Many data collections and publications are based on historical requirements, rather than current user need. This evolution of customer requirements may have led to unnecessary effort in data collection, analysis and publication. There are opportunities for efficiencies to be gained, and more timely relevant data to be made available both from a better understanding of user needs and from an organisation strategy for data collection.

Wide variation in the levels of publication usage is evident. This strategy will help ensure that usage and production effort are closely aligned by both driving up usage and allowing resource to be deployed where it is most valuable.

There are inconsistencies in the way we publish open data, much greater utility could be achieved by having a standardised approach to this.

Further opportunities to improve how we visualise our data will drive up understanding, make our publications more widely accessed and ultimately improve the impact our publications have.

As the data the HSCIC collects develops and expands, the publication of these collections need to be reviewed to maximise the usefulness of these data and to ensure the validation and publication of these data are performed in the most effective and efficient methods.

What we will do

The delivery of this strategy will require a joined-up organisation level approach to deliver. It will also require the involvement of many teams within the HSCIC. In order to deliver this strategy we will:

- Establish the Publication Advisory Board, to help prioritise our publication output.
- Conduct an organisation-level public consultation to review all HSCIC publications to ensure they better meet customer needs.
- Establish both internal and external peer review processes, to improve statistical commentary and content.
- Develop long-term strategies for collection and publication of data with partner organisations, including the possibility for cross-organisation publications.
- Develop a standard approach to open data which maximises the utility of the data to its users, whilst maintaining confidentiality.
- Establish a comprehensive set of analytical, modelling, presentation and reporting tools, including visualisation.
- Ensure training in the use of the above tools is identified in professional groups and made available to all appropriate staff.
- Develop a mechanism to document the benefits we aim to achieve and review publications post release to see what benefits (and dis-benefits) have been realised.
- Ensure the website is mobile device friendly, to improve accessibility.
- Review the content and structure of the website, to make data more accessible and improve searching for data.
- Implement a social media strategy for producers of publications.
- Develop the customer feedback tools, to capture more, and better, information from our users.
- Pilot the use of an Application Programming Interface (API) on a stable 4* dataset.
- Implement a Data Collection Strategy.
- Amend the Publication Process (that production teams are required to follow when producing publications) to reflect this strategy.
- Ensure the Publication Strategy is followed by all relevant areas (not just Information and Analytics publication teams).
- Surface information from other parts of the HSCIC relating to patient choice/experience on NHS Choices to complement existing information.

Targets for 2014/15

Full implementation of this strategy will be achieved by an incremental approach. Annex 4 provides the key actions required, detailing what is required, by who, and when. Whilst some of these may require a longer time to implement, a number of targets have been set for 2014/15 as the organisation starts to implement the strategy. By the end of the 2014/15 year, we will aim to have achieved the following:

- Establishment of Publications Advisory Board
- Launched an organisation-level public consultation to review all HSCIC publications to ensure they better meet customer needs.
- Establishment of Peer Review Process
- To have identified a set of comprehensive analytical, presentation and reporting tools
- Development of a standard approach for Open Data
- Some existing HSCIC datasets to have been star-rated according to Open Data Star Ratings
- Support, training and documentation delivered to enable all releases published from 1st January 2015 which can be appropriately released as Open Data to meet 3* rating
- Development of a social media strategy for publication teams
- Amendment of Publication Process to reflect this strategy
- Establishment of the process for documenting the benefits expected/received
- To have the Publication Strategy adopted by all relevant teams (including determining to what extent the strategy should apply to 'My NHS', hosted on NHS Choices)

In addition, we expect to have a number of publications to have been improved by a combination of the following innovations.

- Published as an e-book
- Accompanied by a media launch
- Publicised on social media by publication teams
- Appropriate content from publications surfaced through NHS Choices
- Accompanied by a video guide
- Presented visually using innovative products

Annex 1 – List of outputs within and outside scope of strategy

In scope	Out of scope
Publication activity listed in Health and Social Care Act, except where covered by strategy elsewhere within organisation (see annex 2)	Outputs not released fully in the public domain including data sharing under contract and restricted access data dissemination tools
Substantial new information placed fully in public domain in a planned way that meets customers' or wider need for information around Health and Social Care	Corporate communications material (except when part of or accompanying a publication), or general information around our products and services
Surfacing HSCIC published output through NHS Choices	Setting wider strategy for NHS Choices

Annex 2 – References to publication in Health and Social Care Act

The Health and Social Care Act 2012 creates a number of powers for the HSCIC to publish materials and a number of publication obligations. Table 1, below presents a summary of these powers and obligations.

Table 1: summary of publication powers and obligations under the Act

Section(s)	Detail	Narrative
250	Powers to publish information standards.	The HSCIC has been commissioned by SCCI ⁸ to provide a publication service for information standards and collections (including extractions). At the time of drafting, this service is being developed by the HSCIC's Information Standards Delivery function.
257	Obligation to publish procedures and other documents about incoming requests.	Such outputs are to be handled through the HSCIC Request Process
259	Obligation to publish a procedure around requests for provision of information.	Such outputs are Being handled through SCCI.
260	Obligation to publish certain information received under auspices of other provisions of the Act.	Includes data-derived publications, such as official statistics; to be published in accordance with the principles and recommendations of this strategy.
261, 262	Powers to make other disseminations of information (being otherwise than publications).	Outputs so produced are outside the scope of this strategy; lead responsibility falls to the HSCIC's Department of Data Dissemination.
263	Obligation to publish a code of practice on confidential information.	The code is, at the time of drafting, in preparation within the Data Standards and Products department.
264	Obligation to publish an "information register".	Improvements to the website will fulfil this requirement. The strategy requires we publish each time we collect data.

⁸ The Standardisation Committee for Care Information: <http://www.england.nhs.uk/iscg/sccl/>

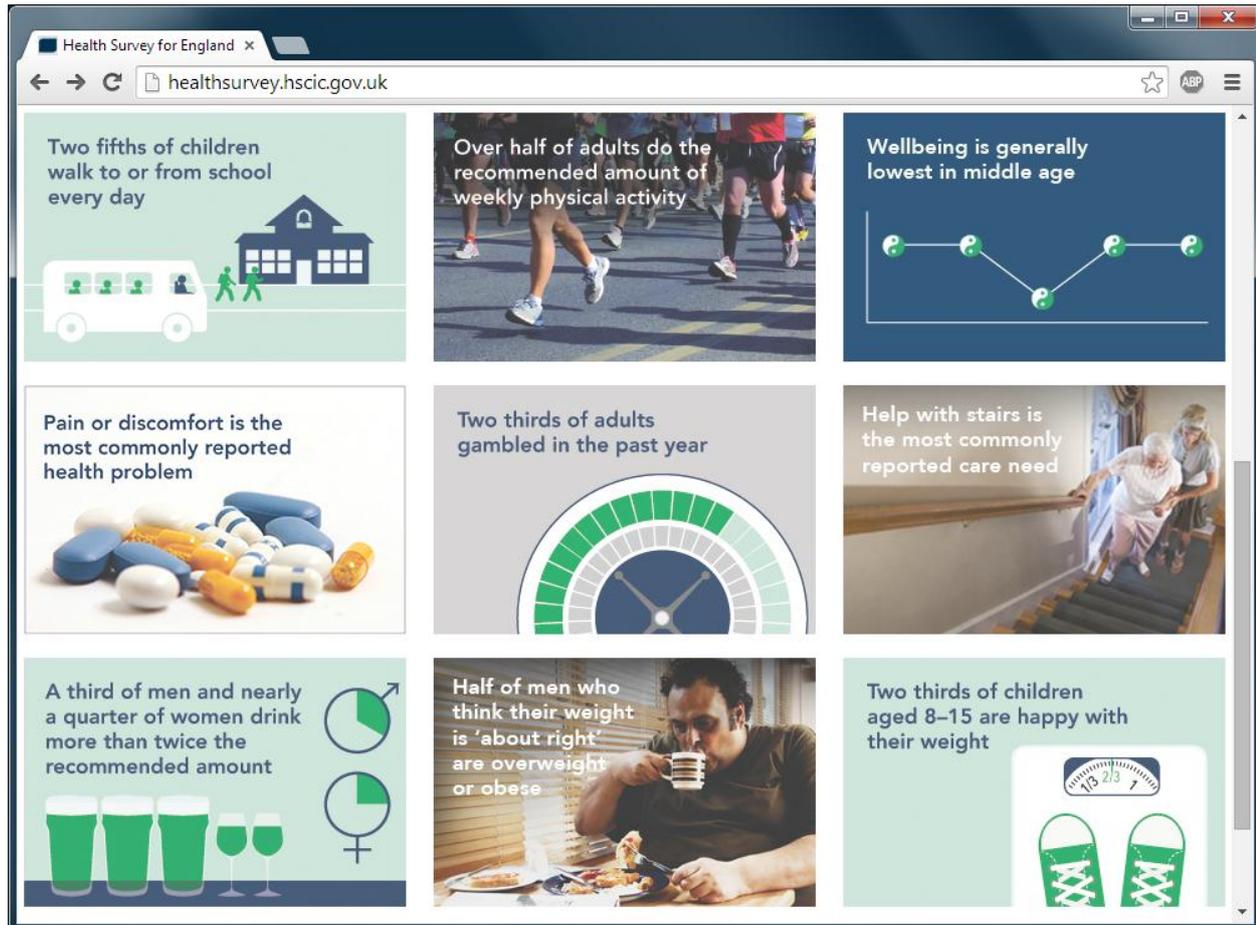
Section(s)	Detail	Narrative
265	Powers to dispense certain advice or guidance.	Covered by the HSCIC Request Process, subject to (at the time of drafting this strategy) certain considerations around lead responsibility for publication.
266	Obligation to make certain assessments as to information quality, and publish results thereof.	Data quality information core component of publication output in strategy
267	Provision for establishment of an accreditation scheme, wherein the establishing regulations may create obligations to publish certain details.	Data quality information core component of publication output in strategy
268	Provision for establishment of a database of quality indicators, which may include publication functions.	Such a database is (at the time of drafting) in development and any publication thereof should be undertaken in accordance with the provisions of this strategy.

Annex 3 – Examples of good practice

Health Survey for England

Desiring to do more to engage the general public and stakeholders in findings from the Health Survey for England (HSE), the team delivered 'phase 1' of a project to develop data visualisation capability. Launched at <http://healthsurvey.hscic.gov.uk/>, the micro-website lets users read chapter summaries from the report, download chapter pdfs and made use of some data infographics.

Health Survey for England microsite phase 1 - homepage

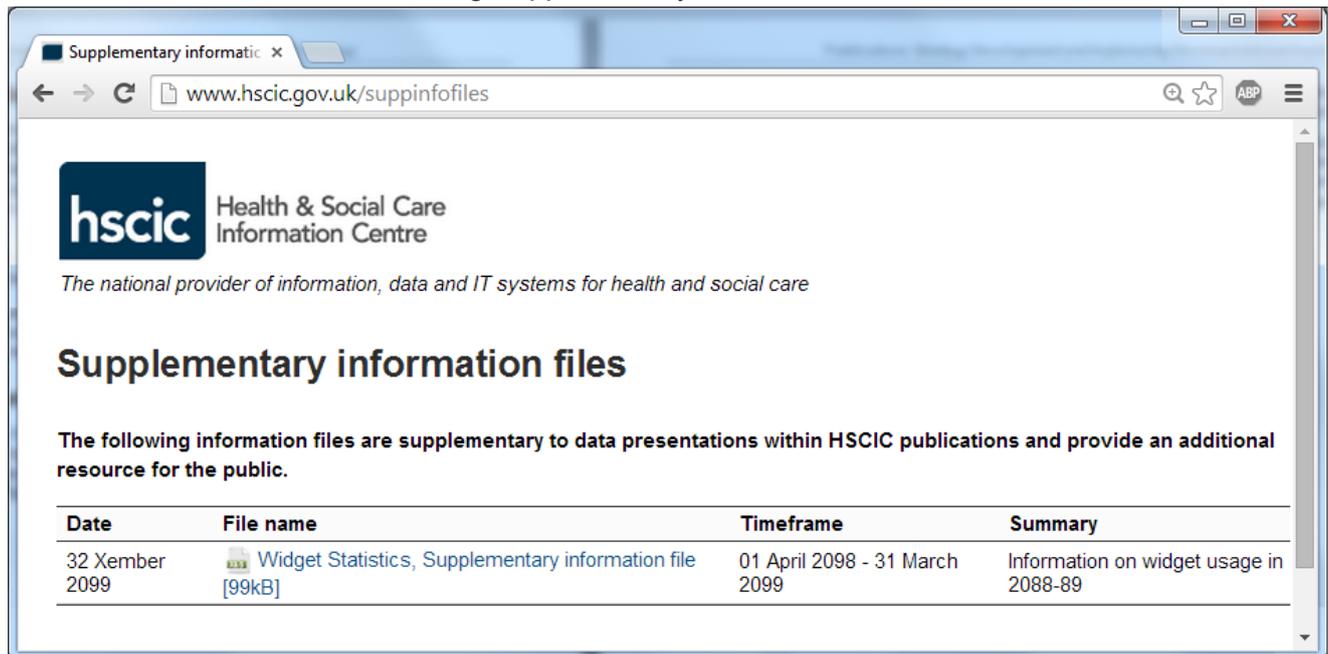


So successful was the phase 1 portal that a more extensive development was briefed for commissioning, to build on the microsite and develop interactive data visualisations to allow users to engage and interact with HSE data.

Supplementary analyses publication portal

Launched at <http://www.hscic.gov.uk/suppinfofiles>, this new but growing platform has started to allow public re-use of bespoke supplementary analyses performed by statistical publication teams of their otherwise-published materials, complementary to the standard dissemination platform for the approx. 230 official statistics publications released each year by the HSCIC.

Screenshot of the route for surfacing Supplementary Information files



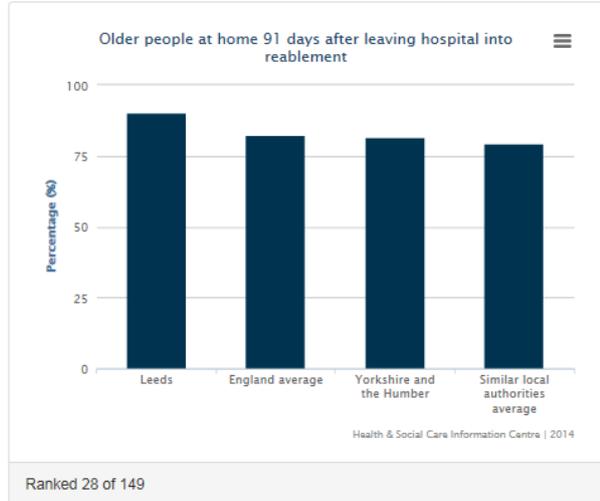
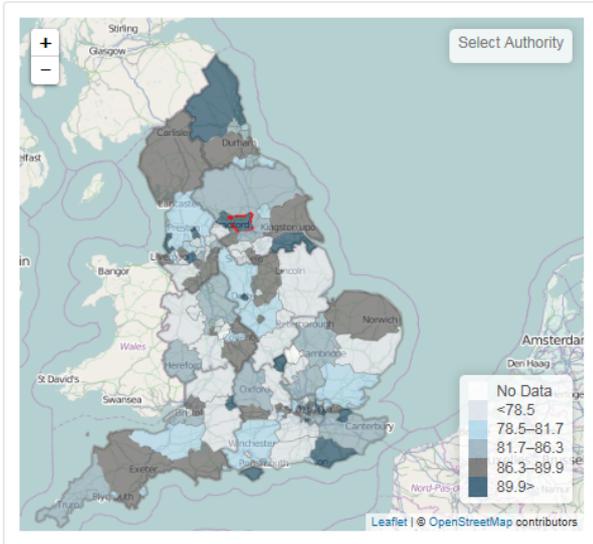
Presentation methods

Adult Social Care Outcomes framework ASCOF

Improvements to the presentation of ASCOF measures allow both public and local authority users to identify easily variation in key measures of social care. Relevant notes on each measure are available to the user alongside the data.

<http://www.hscic.gov.uk/article/3695/Adult-Social-Care-Outcomes-Framework-ASCOF>

Postcode



Measure Notes

2013-14: Provisional data

Once adults leave hospital, how successful are the reablement services that they receive until they can look after themselves? When read along with the other measure of reablement (Older people receiving reablement services after leaving hospital) this measure demonstrates the quality of reablement services available. A higher score is better.

The measure includes social care-only placements, and excludes people who were only assessed by the NHS. We have included a two-part measure to capture both the volume and success of reablement services that are delivered. This will prevent areas scoring well which offer reablement services to only a very small number of people. This measure is a percentage.

Video and graphics channels

An initial set of three videos was published on 13th February: the first, an introduction to PROMs and a brief tour of the PROMs publications; the other two videos providing more detailed 'how-to-use' guides to two of the team's flagship data visualisation and interpretation products

There have been several uses recently of the YouTube™ Video Community (<http://www.youtube.com/user/HSCIC1>) and the Vimeo™ video-sharing service (<http://vimeo.com/hscic>) – two popular video-sharing websites – as channels for publishing HSCIC materials. Furthermore, by the end of 2013, we had uploaded a total of 27 presentations to the Slideshare™ slide sharing service - <http://www.slideshare.net/HSCIC>.

Slideshare™ has also launched a service to carry infographics which could prove very useful to us. In view of the rapid growth in the site's use, it has been decided that the HSCIC will invest in a professional corporate account on the platform. This very low-cost investment will give us analytics and will identify who has viewed, downloaded and tweeted presentations.

Information Standards Delivery [in development]

The new Standardisation Committee for Care Information has commissioned the HSCIC to produce a new publications service for Information Standards products, which is currently being developed by the Information Standards Delivery team.

The new service will deliver improved consistency of user experience across the portfolio and result in the HSCIC publishing these products more transparently.

Public consultation on changes to published information

Following a successful move from an aggregate return to a record level minimum data set (<http://www.hscic.gov.uk/wMDS>) the Workforce and Facilities Team are due to launch a public consultation on changes to the way they calculate their statistics. The changes proposed include:

- Changes to underlying methodology and categorisations
- Changes to summaries and commentary
- Increasing the statistics available for practice staff
- Changes to the frequency and timing of publication
- Enhancements to the clarity, usability and relevance

A full explanation of the changes will be provided, and views will be sought from a variety of users of the statistics to ensure there will be no negative impacts on users.

Assessing benefits

Barts Health NHS Trust commissioned the Health and Social Care Information Centre to help produce a report outlining and assessing the current picture of the Trust's progress towards an electronic health record. In particular the report focused on the benefits realised following the implementation of the Cerner Millennium electronic health record system in 2008. Since the initial implementation, system upgrades have taken place and the hospital has started to adopt 'paperlite' (minimal paper) processes, and in some cases paperless processes, helping to maximise their use of the system. In May 2014, the Trust successfully deployed Cerner Millennium to Whipps Cross Hospital and is using the findings from the report to drive faster adoption of the systems.

To read the Barts Deep Dive report, take a look at the [Barts Health NHS Trust website](#) and scroll down to the Benefits Report section.

Annex 4 – Publication Strategy Actions and Timescales

Action	Detail	Owner	2014					2015											
			Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 Engage with customers to inform collections and publications																			
1.1	Completion of Data Collection Strategy	TBC	[Progress bar from Oct 2014 to Sep 2015]																
1.2	Launch of organisation-level consultation on HSCIC publications	HoP	[Progress bar from Oct 2014 to Mar 2015]																
1.3	Development of a long-term collection/publication strategy with partner organisations	TBC	[Progress bar from Oct 2014 to Sep 2015]																
2 Ensure publications are based on evidenced user need/requirement																			
2.1	Establishment of Publications Advisory Board	To review existing publications, consider new publications and prioritise existing resources.	HoP	[Progress bar from Oct 2014 to Mar 2015]															
2.2	Monitor progress of 2014/15 Publication Strategy targets	B&U	[Progress bar from Oct 2014 to Mar 2015]																
3 New processes to be adopted by publication teams																			
3.1	Publication process to be amended to reflect the responsibilities devolved to production teams	To include: new innovative ways of publishing, working with clinical leads (where appropriate), consideration to briefing sessions, identifying core material, and engagement via social media, and a compliance section.	B&U/SG	[Progress bar from Oct 2014 to Mar 2015]															
3.2	Establish the process for documenting the benefits expected/received	B&U	[Progress bar from Oct 2014 to Mar 2015]																
3.3	Ensure the web analytics provide meaningful information	Web/Digital Comms	[Progress bar from Oct 2014 to Sep 2015]																
3.4	Publication Strategy to be adopted by all relevant areas (not just I&A publication teams)	e.g. Choose and Book All/B&U	[Progress bar from Oct 2014 to Mar 2015]																
4 Improve the quality of statistical outputs																			
4.1	Establish internal and external peer review process to improve commentary and content	Considering both analytical and non-analytical	HoP	[Progress bar from Oct 2014 to Mar 2015]															
4.2	Specify comprehensive set of enterprise analytical, modelling, presentation and reporting tools (considering OpenSource)	IT/B&U	[Progress bar from Oct 2014 to Mar 2015]																
4.3	Ensure above tools are available and supported to enhance presentation/impact	IT/B&U	[Progress bar from Oct 2014 to Sep 2015]																
4.4	Training in the use of OpenSource packages to be identified in professional groups and to be made available	HoP/HR	[Progress bar from Oct 2014 to Dec 2015]																
5 Improve accessibility																			
5.1	Development of a mobile device friendly website	IT/Digital Comms	[Progress bar from Oct 2014 to Dec 2015]																
5.2	Review the content and structure of the website to ensure it can support the publication strategy	To consider: establishment of a system where users can register an interest in a publication and be notified of new releases, improved searchability & navigation, an on-line catalogue, and consideration for a data repository to allow easier access. Ensure data.gov.uk can support new products, or develop a strategy for how HSCIC will host these.	Digital Comms	[Progress bar from Oct 2014 to Dec 2015]															
5.3	Pilot the use of an API on a stable 4* dataset	Digital Comms	[Progress bar from Oct 2014 to Mar 2015]																
5.4	Develop a standard approach for Open Data	B&U	[Progress bar from Oct 2014 to Mar 2015]																
5.5	Publish data relating to patient choice/experience on NHS Choices to complement the existing data	All teams	[Progress bar from Oct 2014 to Dec 2015]																
6 Participate in further engagement with users to increase awareness/understanding																			
6.1	Develop a social media strategy for publication teams	B&U/Digital Comms	[Progress bar from Oct 2014 to Mar 2015]																
6.2	Social media training to be made available	Digital Comms	[Progress bar from Oct 2014 to Dec 2015]																
6.3	Development of customer feedback tools to capture more informative information	To include re-design of questionnaires to capture more meaningful information and more interactive methods to engage with users. To also improve the interaction with customers (more timely/live).	B&U	[Progress bar from Oct 2014 to Sep 2015]															

Annex 5 – Open Data Star Ratings

In 2010 Tim Berners-Lee proposed a 5-star scheme for the deployment of Open Data (<http://5stardata.info/>). This ratings scheme has been adopted as a means to identify the openness of data, in terms of its legal and technical attributes:

- Legal: relating to the data's license for use and re-use
- Technical: relating to the data's format.

★	Available on the web (whatever format) <i>but with an open licence, to be Open Data</i>
★★	Available as machine-readable structured data (e.g. excel Instead of image scan of a table)
★★★	As 2-star plus non-proprietary format (e.g. CSV instead of excel)
★★★★	Use URIs to denote things and when people look up these URIs, provide useful information and/or data.
★★★★★	All the above, plus: Link your data to other people's data to provide context

Star ratings are progressive, in that in order to achieve any particular rating, the conditions for all of the previous stars have been met. For example, a CSV file published on the web will only obtain 3 stars if it has been released under an Open License.

The 5-star ratings scheme has been adopted by the Cabinet Office for use on Data.Gov.UK, where every dataset submitted is tested against an algorithm to determine the star rating.

The HSCIC should aim for 3 stars for all open data. This means that the data is usable, structured and available in a non-proprietary format. In certain circumstances, where there is sufficient demand or benefits, then it may be appropriate to release data under 4 or 5 star criteria.

The open data star rating does not provide any indication of the usefulness or reliability of the data – these aspects are covered by Open Data Certificates.

Annex 6 – Open Data Certificate Levels

Open Data Certificates (<https://certificates.theodi.org/>) have been developed by the Open Data Institute to:

- Provide publishers with a mechanism for showing how well they are publishing open data (and identify and prioritise areas in which they could improve).
- Provide users with a head start by telling them what the data is about and how to get hold of it. It shares information like availability, privacy, and licensing so they can decide how much to rely on it.

Open Data Certificates cover the practical, social and contextual attributes of the data, primarily focussing on the effort required by a user to build something with the data. A higher level of certification indicates greater reliability, better metadata, and a higher level of access to support, meaning that the effort required by a user is reduced.

Open Data Certificates are self-certificated based on an online questionnaire. There are four types of certificate, each with its own badge that can be embedded within websites:

	Raw: A great start at the basics of publishing open data.
	Pilot: Data users receive extra support from, and can provide feedback to the publisher.
	Standard: Regularly published open data with robust support that people can rely on.
	Expert: An exceptional example of information infrastructure.

Further details of the requirements for each level of certificate are available on the ODI website: <https://certificates.theodi.org/overview>

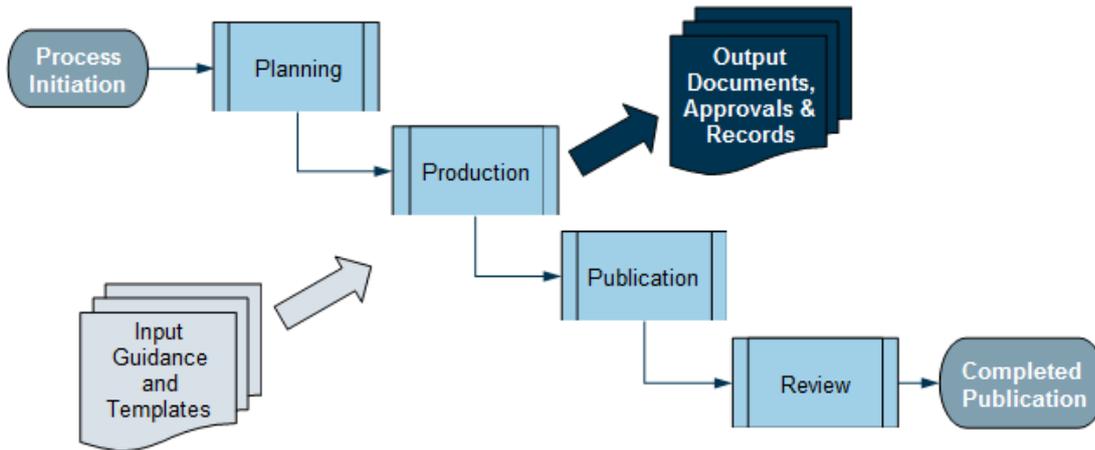
The HSCIC should aim to achieve standard level for regular publications of open data. However it should be noted that this level may not be appropriate in all cases. Each release can be assessed using the questionnaire, which will indicate areas for improvement.

Annex 7 – Publication Process

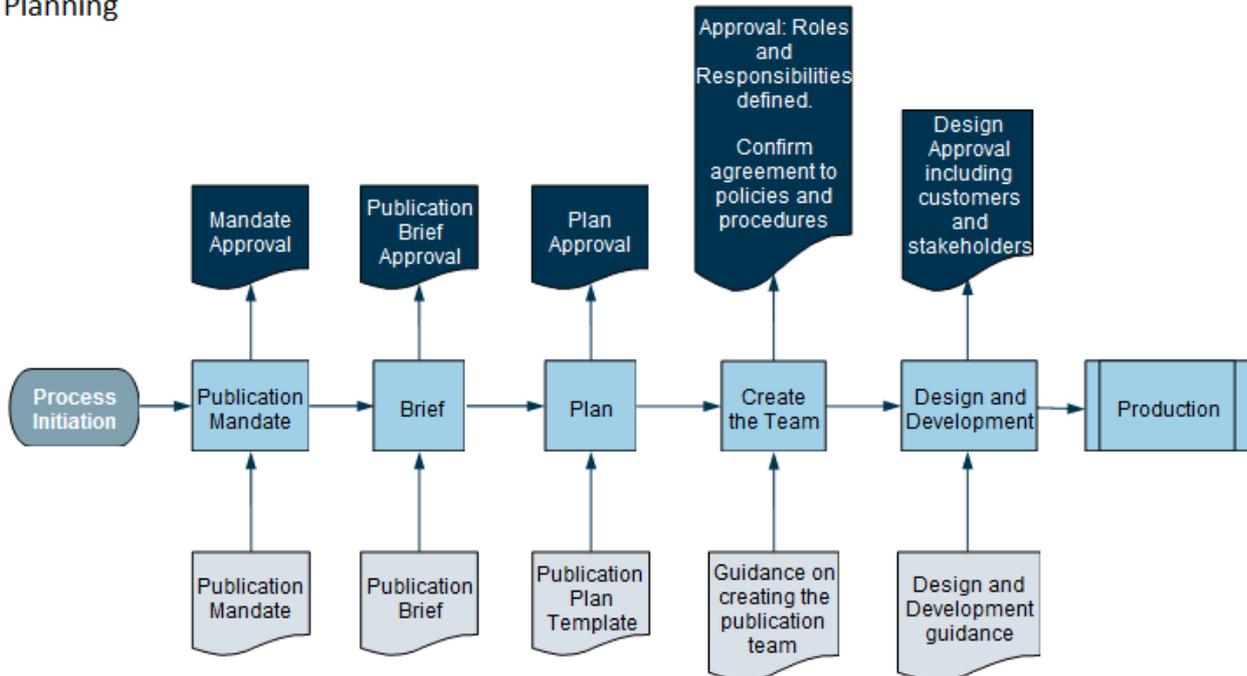
The HSCIC has developed a publication process currently used in its publications.

All HSCIC publications should follow this Publications Process. The diagram outlines each stage of the process from project initiation, preparation, analysis, publication and review. All production teams should have a clear understanding of what is expected for a publication, the processes and content, and how to learn from each cycle to incorporate improvements and user feedback into future publications.

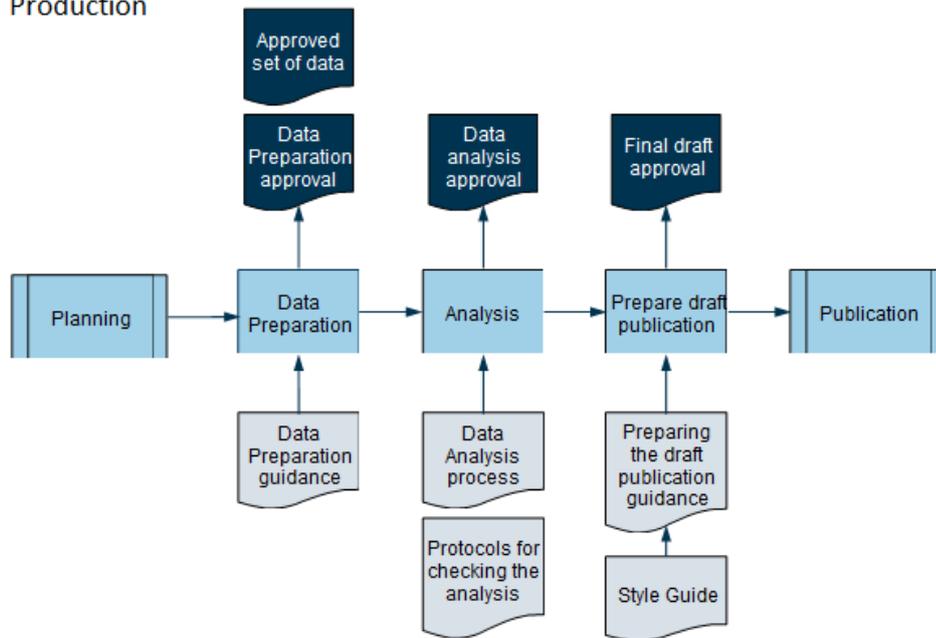
Overview



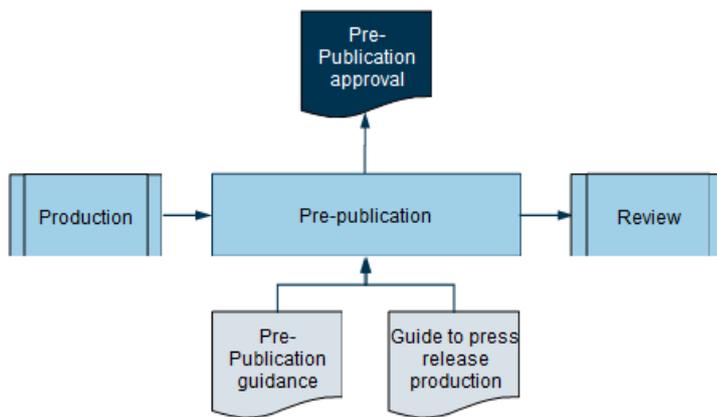
Planning



Production



Publication



Review

