Draft business plan 2017/18

Strategic delivery:	☒ Setting standards	☒ Increasing and informing choice	☒ Demonstrating efficiency economy and value

Details:	
Meeting	Authority
Agenda item	11
Paper number	HFEA (16/11/16) 815
Meeting date	16 November 2016
Author	Paula Robinson, Head of Business Planning
Output:	
For information or decision?	For decision
Recommendation	The Authority is asked to approve the draft business plan at its current stage of development, and to note that a draft will be submitted to the Department of Health according to their timetable.
Resource implications	In budget.
Implementation date	Throughout 2017/18 business year.
Communication(s)	Publication on HFEA website and Intranet.
Organisational risk	☐ Low ☒ Medium ☐ High
Annexes	Annex A: Draft business plan for 2017/18 – activities section

1. Background

1.1. The Authority has been developing its new strategy for some months now, and this work is progressing well.

1.2. Our business plans are designed to help us deliver our overall strategy, year by year. This business plan will deliver the first phase of our new three year strategy, which is still in development and will be published next April, to synchronise with the business year.

1.3. As a reminder, the business planning cycle consists of the following main steps:

August	–	Early thinking by CMG (done)
October	–	First draft of 2017/18 business plan produced (done)
November	–	Draft approved by Authority (this meeting)
December	–	Draft submitted to Department of Health (DH)
January	–	DH comments received
February	–	DH checkpoint meetings and budget discussions
March	–	Finalisation of budget with Authority and DH
April / May	–	Formal DH approval and publication on website.

2. Early draft

2.1. Since our new strategy is not yet final, it may prove necessary, over the next few months, to reprioritise activities in this draft business plan. The Authority will agree the strategy in January, and the business plan will be reviewed following that meeting to ensure it reflects the strategy.

2.2. Some sections of the business plan are always written later in the business year for practical reasons. Therefore, at this stage only the activities section is included in the annex. The sections that will be produced later include:

- What we did in 2016/17
- Measuring our performance in 2016/17
- Financial picture.

3. Recommendation

3.1. The Authority is asked to approve the draft at Annex A for submission to the Department of Health in December (or when requested).

3.2. The Authority is asked to note the steps involved in the continuing development of the business plan. If major changes are made to the current version prior to submission to DH, the new version will be circulated to members for comment.

3.3. The Authority is also asked to note that we will later add to the business plan a specific action plan to address recommendations in our Triennial Review report, which we expect to be published shortly.

Annex A: Draft business plan 2017/18 – activities section

Activities	Methods and channels	Benefits and outcomes	Timescale
Consistent support and outcomes for patients and donors			
Strategic objective 1: increase consistency in treatment standards, outcomes, value for money, and support for donors and patients			
Ensure that all clinics are well regulated and provide a high quality, consistent service. Outcomes in this area of work will support the Department of Health's shared delivery plan (SDP) – objective 2: creating the safest, highest quality healthcare services.	Full programme of clinic regulation, encompassing all of our inspection, audit and licensing activities, with an increased emphasis on consistent standards across the sector, and between inspections. We will be clearer about what good performance looks like and will use our skills and our data to help clinics to be more compliant, more of the time.	All clinics and research establishments in the sector are appropriately inspected and monitored against the requirements of the Act and published performance indicators, and issued with licences for up to four years. Continued programme of unannounced inspections. Assurance of consistent standards and safety for the public and other stakeholders. Positive overall impact on quality of care, outcomes, safety, support, and information clinics provide to the HFEA and publish (eg, on their websites). Patients know that all clinics are safe and appropriately licensed. Reduction in the number of critical, major and other non-compliances. Reduction in the number of clinic incidents, owing to learning from own and others' mistakes.	Throughout year
	Implementation of any recommendations for the inspection regime resulting from the HFEA's triennial review (reporting in November 2016).	Identification of further quality improvements that we could make.	September 2017
	Ensuring governance tools underpinning licensing and other decisions are in place and effective.	Efficient and effective decision-making is maintained. Decisions are evidenced and consistent.	Throughout year

Activities	Methods and channels	Benefits and outcomes	Timescale
	Completing an options appraisal, started in 2016/17, for the future handling of representations and appeals processes.	To ensure that the HFEA's processes balance sound governance with cost effectiveness.	Date tbc
	Processing applications for the licensing of preimplantation genetic diagnosis (PGD), human leukocyte antigen (HLA) and mitochondrial donation.	Growing area of work dealt with effectively and efficiently, with applications processed according to performance indicator timelines. Public confidence assured in the regulation of mitochondrial donation. Decisions on whether to authorise such treatments made, and communicated, in a proper and timely manner for the direct benefit of patients waiting for treatment.	Throughout year
Identifying and implementing ways of improving the quality and safety of care. Outcomes in this area of work will support the Department of Health's SDP – objective 2: creating the safest, highest quality healthcare services.	Continuing our relentless focus on quality and safety of care in inspection activities – in particular through focusing on shortcomings in the taking and recording of consents, medicines management, data submission, multiple birth rates, and information published on clinics' websites.	Improved compliance and a positive impact on the quality of care, outcomes and safety of patients. Clinics have reduced vulnerability to expensive adverse legal and reputational risks, and greater awareness of these risks. Tracking of non-compliances, and the responsiveness of clinics in completing actions arising from inspection recommendations, in order to measure our impact (through our internal strategic performance monitoring mechanisms). Clinics' understanding of, and adherence to, correct consent procedures (including those associated with legal parenthood) and their understanding of the importance of getting this right, is improved. Patients and donors have a better experience of being asked for consent, and feel fully informed. If an issue subsequently arises (such as the death of someone with gametes in storage), the correct consents are more likely to be in place and are legally clear and robust.	Throughout year

Activities	Methods and channels	Benefits and outcomes	Timescale
	Continuing to evaluate areas of regulatory concern and identifying performance levers.	Improved levels of compliance. Inspection recommendations and advice or alerts targeting relevant issues, for maximum impact on quality of care, outcomes, and the safety of patients in clinics.	Throughout year
	Continued strong focus on learning from incidents, adverse events and complaints from patients, in dialogue with the sector. This will include a focus on incidents and clinics' learning culture during inspections, and publication of our annual review of clinical incidents.	Publication of report on clinical incidents 2016. Sector provided with useful information about learning points from incidents and adverse events. Learning gained, to inform future inspections. Patients' negative experiences used to make improvements and prevent recurrence. Better understanding of factors contributing to particular types of adverse event. Collaborative relationship established with the recently established NHS Improvement so as to consider wider lessons learned that may have relevance.	November 2017 Throughout year
	Improved Register data quality, as a result of work done under the Information for Quality (IfQ) programme.	More 'right first time' data submission from clinics into the Register. Better service quality for Opening the Register (OTR) applicants. Fewer data submission and data accuracy related non-compliances found on inspection and audit.	March 2018

Activities	Methods and channels	Benefits and outcomes	Timescale
	Working with commercial groups of clinics so as to improve quality, consistency and compliance on a group-wide basis, when relevant.	A clinic group's central Quality Management System (QMS) can be used to best effect across the whole group. A benefit in one clinic is shared to others in the group without needing to wait for the next inspection date - for the ultimate benefit of patients. A more efficient, effective and quality-driven way of working for the clinics involved and the HFEA.	March 2018
	Collaborating with professional stakeholders (including the British Fertility Society, the BFS) to put patients in touch with better information and services when they first realise they may have a fertility issue.	More informative signposting on our website, for those who are seeking preliminary information about fertility issues and options. Empowering patients, so they feel more equipped and are able to ask the right questions, regardless of the level of knowledge of their own particular GP about fertility issues and available treatments.	March 2018
Using our data to improve the chances of successful treatment Outcomes in this area of work will support the Department of Health's SDP – objective 2: creating the safest, highest quality healthcare services.	With the aim of increasing birth rates, while avoiding adverse outcomes, we will work with our professional stakeholders to define success rates and what affects them. Analysing our outcome data, we will identify areas where there is scope to improve outcomes, and publish our findings. Continuing to publish the annual Fertility Trends report, and to focus on success rates through inspection reports and risk tool alerts.	Agreed definition of success rates, published on our website. More information published so that clinics can compare themselves more easily based on different factors such as patient age. Fertility treatment in 2016 report published. Patients' chance of a live birth is maximised. Patients understand the risks of a multiple birth and the advantages of single embryo transfer. The debate about success is reconfigured according to a new, shared, understanding of it, and a set of substantiated success factors.	March 2018 and further work in 2018/19 March 2018
Improving value for money, for both patients and NHS commissioners.	Exploring how we can make use of externally generated benchmarking information to assist NHS commissioners in securing fairly prices and effective fertility services for patients.	Patients know the price of a treatment at a given clinic at the start of treatment, and pay what they expect to pay.	March 2018

Activities	Methods and channels	Benefits and outcomes	Timescale
Outcomes in this area of work will support the Department of Health's SDP – objective 9: Improving services through the use of digital technology, information and transparency.	Eliciting more feedback from patients as to whether they paid what they expected to pay for fertility services.	Patients question costs, and particular additional costs, more often. Less variation in the price of treatment. The NHS pays a consistent and fair price for IVF.	
Improving the support patients and donors receive from clinics. Outcomes in this area of work will support the Department of Health's SDP – objective 2: creating the safest, highest quality healthcare services.	Improving the emotional experience of care in clinics, by defining and promoting best practice to clinics, and focusing on support at inspection. Ensuring that best practice is applied to donors and donor conceived people as well as to patients.	When patients or donors first walk into a clinic, they know what they should expect. People realise they should seek an assessment and diagnosis before commencing treatment. A consistently positive experience of care including properly taken consents and wrap-around support at all stages. Regardless of treatment outcome, but especially if it was unsuccessful, patients know they should expect care and support from the clinic beyond their final treatment. More information on our website for prospective patients, and specific signposting for patients who have experienced unsuccessful treatment. Clinics more aware of their responsibilities to patients beyond the immediate treatment setting.	March 2018

Activities	Methods and channels	Benefits and outcomes	Timescale
Evaluating the provision and take-up to date of the counselling support pilot for donor-conceived people wishing to access information held on the HFEA Register. Outcomes in this area of work will support the Department of Health's SDP – objective 2: creating the safest, highest quality healthcare services.	Evaluation of the second full year of the three year pilot of counselling support services for applicants to the Register[1].	Counselling support is offered for all Opening the Register (OTR) applicants (those seeking non-identifying information) and for donor-conceived applicants receiving donor identifying information, throughout the pilot period. Mediation services are in place for when donors and donor-conceived people meet. Basic mediation training and systems in place for dealing with identity release to donors and donor-conceived people. OTR applicants feel more supported and will be prepared to deal with the information they receive from us. Second annual evaluation of the pilot provided to the Authority.	Piloting continues through to June 2018. September 2017
Implementing new EU requirements relating to the import and coding of donor eggs and sperm. Outcomes in this area of work will support the Department of Health's SDP – objective 2: creating the safest, highest quality healthcare services.	Completion of projects initiated in 2014/15 to implement new EU requirements on the import of donor gametes and new EU coding requirements for human tissue and cells.	Improved clarity for clinics, patients and donors. Improved internal clarity and updated procedures for our decision-making committees. Compliance with the new EU directives. Robust processes in place to ensure the quality, safety and traceability of imported gametes and embryos.	October 2017

[1] Explanatory note: While those conceived following the law change in 2005 are not yet old enough to access identifying information about their donor, those conceived before this law change (but after 1 August 1991), with a donor that was originally anonymous but who has since removed their anonymity ie, re-registered as identifiable, are in many cases aged 18 or above, and therefore old enough to access identifying information.

Activities	Methods and channels	Benefits and outcomes	Timescale
Strategic objective 2: use our data to improve access to donation and treatment			
Improving access to treatment, and information about access to treatment. Outcomes in this area of work will support the Department of Health's SDP – objective 7: Enabling people and communities to make decisions about their own health and care.	Providing advice for patients about access to treatment, through various channels, including information for those considering going abroad for treatment on how they might access services in the UK.	People understand the possibilities and the hurdles, and can weigh up the options open to them (measured through patient surveys).	March 2018
Improving access to donation, support for patients and donors and information about access to donated gametes. Outcomes in this area of work will support the Department of Health's SDP – objective 7: Enabling people and communities to make decisions about their own health and care.	Providing advice for patients about access to donated gametes, and encouraging better donation support for donors and patients, including those considering using unlicensed donor sperm services. Working with clinics, sperm banks and voluntary organisations to improve the availability of donor sperm.	People understand the process and the hurdles, and are prepared for donation and treatment (measured through patient/donor surveys). Donors and patients are better supported by clinics. An increase in UK-based sperm donation.	March 2018 March 2018

Activities	Methods and channels	Benefits and outcomes	Timescale
Safe, ethical, effective, proven treatment			
Strategic objective 3: publish clear information for patients about the efficacy and safety of treatments and treatment add-ons, while supporting innovation			
Make use of our new website and other channels to increase patients' insight into the science and evidence base of new and existing treatments, including treatment add ons. Outcomes in this area of work will support the Department of Health's SDP – objective 7: enabling people and communities to make decisions about own health and care; and objective 9: improving services through the use of digital technology, information and transparency.	Inclusion of up to date scientific content in our website so as to provide and maintain our expanded range of information about current and future treatment options and treatment add ons, and the scientific evidence base for these. Responding to new scientific developments and associated reporting, correcting myths and misunderstandings where necessary.	Patients and others turn first to the HFEA for up to date, clear unbiased information. Prospective patients have clear information on which to base decisions about treatment or add ons. Patients feel safe, knowing they can expect certain standards in clinics, and are more aware of the potential risks of new/different treatments or add ons as well as the possible benefits.	Throughout year
	Conducting our annual horizon scanning exercise to ensure we identify relevant new scientific developments.	The Scientific and Clinical Advances Advisory Committee meets to discuss issues identified through horizon scanning three times per year. The horizon scanning panel meets once per year. Policy developments and website material are informed by expert input and an understanding of scientific issues and future developments. Future work planning is facilitated by early identification of upcoming issues.	Throughout year June/July 2017 Throughout year

Activities	Methods and channels	Benefits and outcomes	Timescale
Strategic objective 4: support and promote data and embryo research			
Improving the overall quality of data and embryo research, by improving both the rate and accuracy of reporting of patient consents. Outcomes in this area of work will support the Department of Health's SDP – objective 6: supporting research, innovation and growth.	Promoting and explaining research findings and research that is in progress (both embryo research and data research). Encouraging more patients to allow their data to be used in research, and to donate unused embryos for research. Ensuring that clinics explain research consent adequately and record consent properly, and report consents accurately to the HFEA.	Patients know they can take part in research, and how it might benefit future patients. Patients can easily donate embryos to research and research centres can gain access to donated embryos for their projects. Higher rate of consent to research from patients. Improvement in consent-taking and reporting by clinics.	March 2018
	Information provision for researchers requesting access to Register data.	Information for researchers is provided within 90 calendar days of approval. Register information is used to best effect, to promote understanding and facilitate good research, and ultimately patient benefit.	Throughout year
Improving standards through intelligence			
Strategic objective 5: use our data and feedback from patients to provide a sharper focus in our regulatory work and improve our information for patients.			
Driving quality improvements in treatment standards and outcomes by using our data and regulatory intellidence. Outcomes in this area of work will support the Department of Health's shared delivery plan (SDP) – objective	An information strategy setting out how we will analyse, publish and use our data. A re-shaped organisation equipped with enough analytical capability and capacity to extract more value from the data we hold.	An information strategy setting out our plans. Donors, parents and donor-conceived people understand where their information is stored, the responsibilities of the clinic and the HFEA, and their access rights. Patients have confidence in their clinic as a life-long information guardian with excellent data submission practices.	March 2018

Activities	Methods and channels	Benefits and outcomes	Timescale
2: creating the safest, highest quality healthcare services.		Better outcomes from NHS cycles.	
Maintaining our role as the UK's competent authority for ART in the European Union. Outcomes in this area of work will support the Department of Health's SDP – objective 2: creating the safest, highest quality healthcare services.	Participation in competent authority events and implementation of associated EU decisions.	We attend and participate in two meetings per year. Up-to-date intelligence gained about European perspective, helping to inform UK approach to patient safety and care. Free movement of gametes and embryos enabled within the UK and standards upheld in the UK that are consistent with the rest of the EU.	June and December, annually. Throughout year
Maintaining the Register of Treatments and Outcomes and supporting clinics in reporting the data. Outcomes in this area of work will support the Department of Health's SDP – objective 2: creating the safest, highest quality healthcare services.	Register data and forms continue to be processed and quality assured, through liaison with clinics on errors and omissions and through validation and verification of Register entries.	High quality data available to develop patient information and respond to information requests. Risk-based regulation and evidence-based policy-making are better supported.	Throughout year
Publishing and supplying the information we hold, for the benefit of stakeholders. Outcomes in this area of work will support the Department of Health's SDP – objective 7: enabling people and communities to make decisions about own health and care; and objective 9: improving services through the use of digital technology, information and transparency.	Regularly updating Choose a Fertility Clinic (CaFC) information to assist patient choice.	Six monthly verification and publication schedule in place, maintaining provision of up-to-date and accurate information.	Throughout year
	Continued publication of inspection reports on CaFC.	Inspection reports continue to be published via CaFC, providing useful insights for patients.	Throughout year
	Following the implementation of the revised CaFC, continuing to develop and improve the presentation of clinic comparison information and user experience scores, guided by patient feedback.	Published outcome data is more useful and easier to understand and sets up positive incentives for improvements. Acquisition of ongoing feedback enables us to evaluate the effectiveness and usability of the new presentation, and to plan future improvements.	Throughout year

Activities	Methods and channels	Benefits and outcomes	Timescale
	Continuing to facilitate timely access to information from the Register for those who are entitled to it.	Opening the Register requests continue to be met in a sensitive manner and within required time limits (20 working days, excluding time for counselling).	Throughout year
	Facilitating access to information under various regimes and fulfilling Government requests.	Legal and Parliamentary requirements continue to be met within time limits.	Throughout year
	To continue to publish statistical and other reports.	‘Fertility treatment in 2016’ report covering 2015–2016. - Provides patients, clinic staff and others with up-to-date, high quality information about a range of topics. - Provides important information to those affected by donor conception, to patients seeking treatment and to us, to help us to enhance the quality of care that patients and donors receive in clinics, through our regulatory work. - Report carries ‘official statistics’ status.	March 2018
		Report on incidents and alerts. - Contributes to a culture of openness and information sharing where clinic staff are empowered to report mistakes and learn from each other. - Promotes transparency and maximises opportunities for learning from incidents to improve quality of care for patients. - Provides the sector with the most up-to-date information.	November 2017

Activities	Methods and channels	Benefits and outcomes	Timescale
Gaining insight into the patient experience in clinics and promoting good practice based on feedback. Outcomes in this area of work will support the Department of Health's SDP – objective 7: enabling people and communities to make decisions about own health and care.	Collecting more patient feedback through new routes, including our website and social media. Analysing and using this intelligence to inform our activities and our messaging to clinics, sharing the information with professional stakeholders.	Improvement in the quality of services and patient/donor support as a result of patient ratings and other feedback. Quantifiable increase in the amount and frequency of patient feedback available to the HFEA and our professional stakeholders. Patient feedback loop in place to ensure a regular flow of fresh feedback which can be incorporated into our stakeholder interactions and regulatory approach.	March 2018
Responding effectively to specific enquiries from individuals. Outcomes in this area of work will support the Department of Health's SDP – objective 7: enabling people and communities to make decisions about own health and care.	Continuing to respond to the many individual patient and public enquiries we receive each year.	Individual patients and members of the public are able to ask specific, sometimes complex, questions and receive a tailored and meaningful response. We remain responsive, and continue to be able to handle the range of one-off enquiries raised by individuals, providing a considered and informed response within a reasonable timescale. We are able to identify any trends and common themes in the enquiries we receive, informing the development of additional information which could be placed (for example) on our website.	Throughout year
Making more targeted and responsive regulatory interventions, in the interests of quality and consistency, based on our data. Outcomes in this area of work will support the Department of Health's shared delivery plan (SDP) – objective	Applying the intelligence available to us from inspections, the sector, patient feedback, and analysis of our data to make more targeted and responsive interventions.	Ability to make earlier and more responsive regulatory interventions, without the need to wait for the next inspection point. Regulatory performance is more consistent across the inspection cycle.	March 2018

Activities	Methods and channels	Benefits and outcomes	Timescale
2: creating the safest, highest quality healthcare services.			
Ensuring the HFEA is a good value organisation and makes best use of its limited resources. Outcomes in this area of work will support the Department of Health's SDP – objective 3: maintaining and improving performance against core standards while achieving financial balance.	Working more smartly with our limited resources, capitalising on recent improvements in our information systems. This will entail re-shaping our capability and capacity profile, so as to make best use of our new website and Register.	Resources are deployed in the interests of high quality care for everyone affected by assisted reproduction. Achieving measurable 'added value' and internal efficiency. Benefits of Information for Quality Programme realised.	Throughout year
	Maintaining our staff capacity and skills, in line with our people strategy.	We are able to maintain the staff capacity and capability to deliver our strategy and our core statutory duties. Continuing to develop our staff to ensure they have the skills they need, through Civil Service Learning and other means.	Throughout year
	Ensuring internally provided support services run smoothly and are efficient.	Our infrastructure is effective and supports the delivery of the strategic vision. Central systems, processes and tools are efficiently run, giving good value and service.	Throughout year
	Responding to the HFEA's triennial review report, as required, when it is published.	Ensuring the organisation is soundly run, providing best possible value, and compliant with Government targets.	Publication expected in November 2016
Ensuring the HFEA is easy to deal with and offers a professional service. Outcomes in this area of work will support the Department of Health's	Full release of the HFEA's improved Register function and processes (the completed EDI, data submission and verification system, the Clinic Portal, and the data dictionary).	Reduced transactional costs for clinics and increased satisfaction. 'Right first time' data quality and reduction in unnecessary effort by clinics submitting the data.	October 2017

Activities	Methods and channels	Benefits and outcomes	Timescale
SDP – objective 3: maintaining and improving performance against core standards while achieving financial balance.	Continuation of the engagement arrangements with clinics on fees charged, established in 2014/15.	Accountability and transparency in respect of the fees we charge clinics. Fees Group continues to be run effectively, and annual review of fees takes place.	Throughout year
Responding as appropriate to new government rules on transparency, innovation and better regulation (the Enterprise Bill, the 'growth duty' and the Regulators' Code). Outcomes in this area of work will support the Department of Health's SDP – objective 3: maintaining and improving performance against core standards while achieving financial balance, and objective 6: supporting research, innovation and growth.	Complying with new better regulation requirements that may emerge from the current consultation exercise by: Consulting on an innovation plan in Spring 2016. Reporting in our Annual Report on the growth duty and compliance with the Regulators' Code . Complying with the Business Impact Target by identifying and reporting any 'in-scope activity' (a new ongoing duty). **Note:** Regarding the proposal to establish a Small Business Appeals Champion in every body, it was proposed by BIS in their February 2016 consultation that the HFEA should not be in scope for this requirement. Subject to the outcomes of that consultation no activity is expected in this area.	The HFEA responds in a manner consistent with its legal status, and proportionately within our small resource envelope, carefully recognising our duties. Innovation plan consultation completed and responses considered. Annual Report publication including additional required information. Compliance with the Business Impact Target for any activities that may be in scope.	Throughout year June 2016 July 2016 Throughout year
Ensuring the HFEA is an effective collaborator and partner in the interests of the efficiency of the wider Department of Health group of ALBs and other health organisations. Outcomes in this area of work will support the Department of Health's SDP – objective 4: improving	Continued participation in the collaborative 'one stop shop' for life sciences to provide regulatory advice to those working in the life sciences industry.	Continued constructive joint working between the HFEA, the Human Tissue Authority (HTA), the Health Research Authority (HRA) and the Medicines and Healthcare products Regulatory Authority (MHRA). Businesses and other organisations in the life sciences industry enabled to quickly and easily navigate the different regulators and allow them to access the right advice more quickly.	Throughout year

Activities	Methods and channels	Benefits and outcomes	Timescale
efficiency and productivity of the health and care system.			
	Sharing services and infrastructure with other organisations as practicable: Maximising benefit of finance resources shared with HTA. Continuing with service level agreements (SLAs) with relevant other organisations for certain HR services and using Civil Service Learning as a key learning and development provider. Continuing to receive support services from the landlord of our office premises, via an SLA.	We continue to operate in as efficient a way as possible, extracting maximum value from shared support arrangements and seeking other opportunities.	Throughout year
	Collaborative and partnership working with other ALBs and health regulators UK wide, such as the CQC, MHRA, UKAS, HRA, GMC, NIB and the home nations, maintaining the close positive working relationships that have been developed over the past several years (particularly in response to the McCracken report, reviewing the HFEA and the HTA, which was published in 2013).	Ability to capitalise on previously established relationships, eg, to address issues that require joint working in an efficient and coordinated way, or to establish the best approach if any new areas of regulatory overlap should arise (as was done previously with the CQC, removing overlap in relation to the regulation of medicines management and surgical procedures in clinics). Continued savings and avoidance of unnecessary administrative or regulatory burden, by avoiding duplication of effort or uncoordinated approaches between regulators.	Throughout year
Maintaining our previously established collaborative information management relationships.	Maintaining our good working relationships with relevant other bodies, such as the Government Digital Service (GDS) the Health and Social Care information Centre (HSCIC)	We contribute to the objectives of the wider health system, with respect to information management. Learning from best practice and sharing expertise, so that we can make use of each other's strengths and	Throughout year

Activities	Methods and channels	Benefits and outcomes	Timescale
Outcomes in this area of work will support the Department of Health's SDP – objective 4: improving efficiency and productivity of the health and care system.	and being an active member of the National Information Board (NIB).	knowledge in data management, systems integrity and security.	