NATIONAL INFORMATION BOARD PROSPECTUS

September 2015

www.gov.uk/government/organisations/national-information-board

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🏠 **NIB PROSPECTUS**

Foreword   **Introduction**   **Phase One**   **Phase Two**   **Phase Three**   **Phase Four**   **Phase Five**   **Measuring Success**   **Resources**

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FOREWORD

Tim Kelsey
National Information Director
Chair, National Information Board

Making better use of data and technology for patients, the public and those who serve them is key to delivering a safe, effective and sustainable health and care service. The National Information Board (NIB) was established to resolve this central challenge for our NHS: how best to harness the power of the information revolution that has transformed the rest of our lives.

The NIB is a unique collaboration which brings together all national health and care bodies, together with leaders in clinical medicine, the third sector and civil society. Since it was set up in April 2014 by Dame Una O'Brien, Permanent Secretary at the Department of Health, members have worked in partnership with citizens across England to develop detailed proposals for a transparent, digitally supported health and care service which empowers people and communities.

The NIB is charged with supporting delivery of the objectives of the Five Year Forward View which sets out the priorities for the NHS to 2020. In its annual report next spring the NIB will report on implementation of those strategic outcomes – this Prospectus reviews progress over the last 18 months...

FOREWORD

Last November, NIB published [Personalised Health and Care 2020: A Framework for Action](#) (PHC2020). It represents a new consensus: patients and carers need better access to digital services – including access to their own records - to take more control of their care, when they want to; citizens should be able to use safe 'apps' and digital tools to help them manage their wellbeing and prevent disease; clinicians need real time patient data so that, wherever they treat a person, they can see their history. Patients are put at risk where paper is the currency of clinical practice.

Real progress is already being made:

- In April, England became the first country in world to offer citizens the ability to access their GP records online and other digital services in primary care. In the first quarter of this year, more than 3.7m repeat prescriptions were ordered online;

- More than 96% of people registered with a GP now have a summary care record and 73% of ambulance, 85% of 111 and 35% of A&E services now having access to view, meaning clinicians can treat patients more safely based on knowledge of their medication history and especially allergies and other likely adverse reactions to drugs. A pilot is currently underway providing access from within the ambulance cab itself, giving access directly to paramedics at the point of care. GP's are now able to include additional information a patients summary care record with their consent, providing a clinically richer data set such as past and present conditions and procedures, as well as care plans and preferences.

- MyNHS is a new digital tool that has transformed transparency of local services and allows you to compare the outcomes and effectiveness of more than 37,600 health and care organisations...

FOREWORD

Much more needs to be done – and the role of the NIB is essential, particularly in ensuring consistent national support for local health and care communities to lead transformation. There are many challenges to effective local delivery – technical capability and capacity and prioritised funding among them.

Ensuring effective implementation of PHC2020 is just one part of the NIB's work – over the next few months we look forward to reviewing the government's transparency programme and to working with Baroness Martha Lane-Fox on widening digital participation.

The NIB is committed to transparency and public participation: we livestream our summit meetings, publish all our board papers and welcome your feedback and your engagement. If you would like to make a comment on this Prospectus please speak to us on Twitter or by email.

I would like to thank all the members of the NIB and its excellent secretariat for their commitment and hard work – it has been a great privilege to be your chair. I'd also like, on our collective behalf, to thank colleagues in health and care, industry and civil society who have given their time to work with us.

Tim Kelsey
National Information Director
Chair, National Information Board

FOREWORD

Will Cavendish
Director General Innovation, Growth & Technology
Department of Health

Over the course of 2015, National Information Board members, the national organisations that are responsible for health and care services on behalf of the public, have demonstrated their commitment to harnessing the power of technology and digital by collaborating to develop plans to deliver the vision set out in Personalised Health and Care 2020: A Framework for Action (PHC2020). PHC2020 is at the very heart of delivery of the government's priorities for health and care and builds upon the commitment to exploit the information revolution outlined in the NHS Five Year Forward View. It is critical that we create the right conditions for this work to thrive and maximise the benefits for patients and citizens whilst ensuring genuine value for money for taxpayers. In my role as Informatics Accountable Officer, I am looking forward to National information Board members continuing to work together to achieve this.

HOW TO USE THIS DOCUMENT

This document acts as an interim review of progress for the National Information Board, in advance of the Annual Report which is due to be published in March 2016.

It aims to:

- describe the impact of PHC2020 for patients, citizens and professionals;

- provide an overview of progress to date, including a description of how the NIB has been established and its membership;

- set out the PHC2020 commitments which are due to deliver before publication of the annual report in March 2016;

- provide a mechanism to set out how the success and impact of the NIB can be measured for patients, citizens and professionals.

The document is structured around five key phrases of the NIB's journey since it was established in March 2014, you can navigate through these phases by using the horizontal bar on each page.

A YEAR IN NUMBERS

The NIB was launched in March 2014, and since then a significant amount of work has been undertaken, with the framework (PHC2020) setting out the strategy and the roadmaps describing the blueprint for delivery. Whilst progress will be reported formally in the Annual Report in March, here is a quick summary of some of the highlights so far:

91 commitments made in PHC2020, of which **17** already delivered

6 Leadership Summits held with **1720** live stream views

40 items of feedback on the framework received centrally

192 Delegates at the regional events

47 organisations represented across the NIB

9 Working Group Meetings

6 Independent Members appointed

4 Online Publications
17 Blogs
326 Twitter Followers *and rising*
66.5k Twitter Impressions

10 Work Streams established

8 Roadmaps published

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Establishing the NIB   **What is the NIB?**   **Who are the Members?**

PHASE ONE - ESTABLISHING THE NIB

Mar 2014

June 2014

Oct 2014

Nov 2014

Inaugural Meeting

10 June 2014
NIB Leadership Summit

Independent
Members Appointed

NIB Terms of
Reference Published

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Establishing the NIB   **What is the NIB?**   Who are the Members?

WHAT IS THE NIB?

The National Information Board (NIB) is a new body, established in March 2014, building on the former Informatics Services Commissioning Group (ISCG) hosted by NHS England. The NIB has the crucial role of setting the strategy and direction for the health and care system on information technology and information. It will achieve this through engagement with the system and by developing the necessary strategic consensus with partner health and care system Arm's Length Bodies (ALBs), stakeholders and others through membership and involvement activity. It will engage public, citizen and patient 'voice' in its decisions and it will ensure professional input through its clinical reference structures. By delegation from the Department of Health, the NIB defines and agrees strategy, requirements and priorities for informatics across the system; ensuring that system leaders work collectively to guarantee the successful delivery of the system wide strategy. The strategic direction agreed by the NIB will then steer the priorities and commissioning for information technology and information services delivered by the Health and Social Care Information Centre (HSCIC) and by other ALBs and system partners where appropriate.

The Secretary of State for Health, Jeremy Hunt, has directed the NIB to support his challenge to the NHS to use transparency to transform health and care services, and has requested that achievement of this is reported annually.

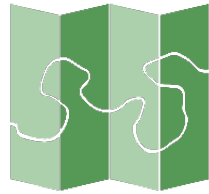Establishing the NIB   What is the NIB?   Who are the Members?

Purpose of the NIB

PHC2020

PURPOSE

The purpose of the NIB is to:

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Purpose of the NIB

PHC2020

# PHC2020

In November 2014 the NIB produced Personalised Health and Care 2020 (PHC2020), which considers what progress the health and care system has already made and what can be learnt from other industries and the wider economy. PHC2020 is a framework for action that will support frontline staff, patients and citizens to take better advantage of the digital opportunity. PHC2020 builds upon the commitment to exploit the information revolution outlined in the NHS Five Year Forward View (FYFV) and seeks to address the three key challenges for health and care the FYFV identifies:

1. the health and wellbeing gap;

2. the care and quality gap;

3. the funding and efficiency gap.

The NIB has committed to three design principles in delivery of PHC2020:

1. to co-produce proposals with clinical, patient and civil society leaders;

2. to work in collaboration with local health and care organisations (CCGs);

3. to champion Government Digital Service principles of digital design.

Establishing the NIB   What is the NIB?   **Who are the Members?**
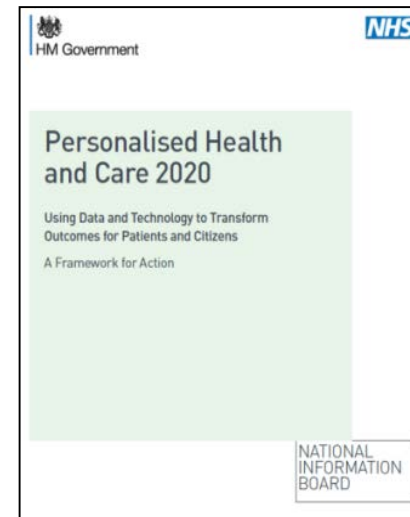
WHO ARE THE MEMBERS?

The NIB will achieve its aims through developing the necessary strategic consensus with partner health and care system Arm's Length Bodies (ALBs), stakeholders and others through membership and involvement activity. It will engage public, citizen and patient 'voice' in its decisions and it will ensure professional input through its clinical reference structures.

National Data Guardian

Partner Health and Care Systems, ALBs and Stakeholders

Independent Members

Richmond Group of Charities

Strategic Clinical Reference Group (SCRG)

Establishing the NIB   What is the NIB? ❯   Who are the Members? ❯

Working Group Meetings

Leadership Group Meetings

THE WORKING GROUP

The Working Group meets six times per year and consists of functional lead directors from member organisations.

The agendas for these meetings focus on developing specific subject areas and work themes across member organisations.

Meetings will not normally be public sessions.

Notes from past meetings can be accessed here.

| 25 Mar 2014 | 14 May 2014 | 22 July 2014 | 3 Sept 2014 | 16 Sept 2014 | 21 Oct 2014 | 25 Nov 2014 | 20 Jan 2015 | 10 Feb 2015 |

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Establishing the NIB   What is the NIB? ⌄   Who are the Members? ⌄

Working Group Meetings

Leadership Group Meetings

THE LEADERSHIP GROUP

The Leadership Group meets three to four times per year and includes Chief Executive Officers and Lead Directors.

The agendas for these meetings are strategic and high level and focus on making important strategic decisions relevant to all or some member organisations; for example, formally agreeing the NIB Strategy or commissioning plans.

Minutes and agendas from past meetings can be accessed here.

10 Feb 2014   4 Mar 2014   17 June 2014   3 Sept 2014

PHASE TWO - ESTABLISHING THE VISION

23 Oct 2014

NHS Five Year Forward View Published

13 Nov 2014

NIB Leadership Summit

Personalised Health and Care 2020 Published

25 Nov 2014

NIB Terms of Reference Approved

Implementation Team Established

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Patients & Citizens   Health & Social Care Professionals   Commissioners & Provider Organisations   Innovators

EMPOWERING PATIENTS & CITIZENS

For many of us technology changes the way we do things. In other parts of our lives we see the benefits of using technology, such as booking travel and holidays, managing bank accounts, shopping and connecting with friends and family. These are often referred to as "digital services" e.g. websites on our laptops, apps on our phones.

Patients & Citizens   Health & Social Care Professionals   Commissioners & Provider Organisations   Innovators

EMPOWERING PATIENTS & CITIZENS

Using technology to create digital health and care services will provide us with more convenient ways to interact with our doctors' surgeries, pharmacies and hospitals. We will be able to communicate with our doctors at a time to suit us, be it via email, video link or online chat.

Using our laptops, smart phones or other mobile devices we will be able to get online and use these new digital services to:

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Patients & Citizens   **Health & Social Care Professionals**   **Commissioners & Provider Organisations**   **Innovators**

EMPOWERING PATIENTS & CITIZENS

We will all still need to see our doctors face to face and speak to surgeries and hospitals on the telephone. These 'digital services' are in addition to the existing ways in which we receive health and care services and are of course completely optional for us to use.

Many people are already benefitting from access to digital services in health and care, this work will ensure everyone has the opportunity to interact in the way they feel most appropriate.

Technology and data will also help to improve the quality of services available to us. Better information, or data, about how people use health and care services and how effective these are will help to improve the quality and efficiency of services available. This will also help to make sure we are getting the best value for money for the taxpayer from the investment made in health and care services.

There are a number of organisations and institutions that carry out research that aims to better understand what people need from the health and care service and how it can change or provide new services to ensure their needs are met. We will have access to information tailored to suit our needs, including greater transparency about the quality of services available, enabling us to exercise our right to choose which ones we use. Being able to give accurate information about how the health and care system is currently working will mean they can carry out this research and help the NHS provide the very best care.

Patients & Citizens   **Health & Social Care Professionals**   Commissioners & Provider Organisations   Innovators

EMPOWERING HEALTH & SOCIAL CARE PROFESSIONALS

For clinicians and care professionals, being able to offer a 21st century service to patients and clients means having access to all the appropriate information, from across health and social care services, at your fingertips.
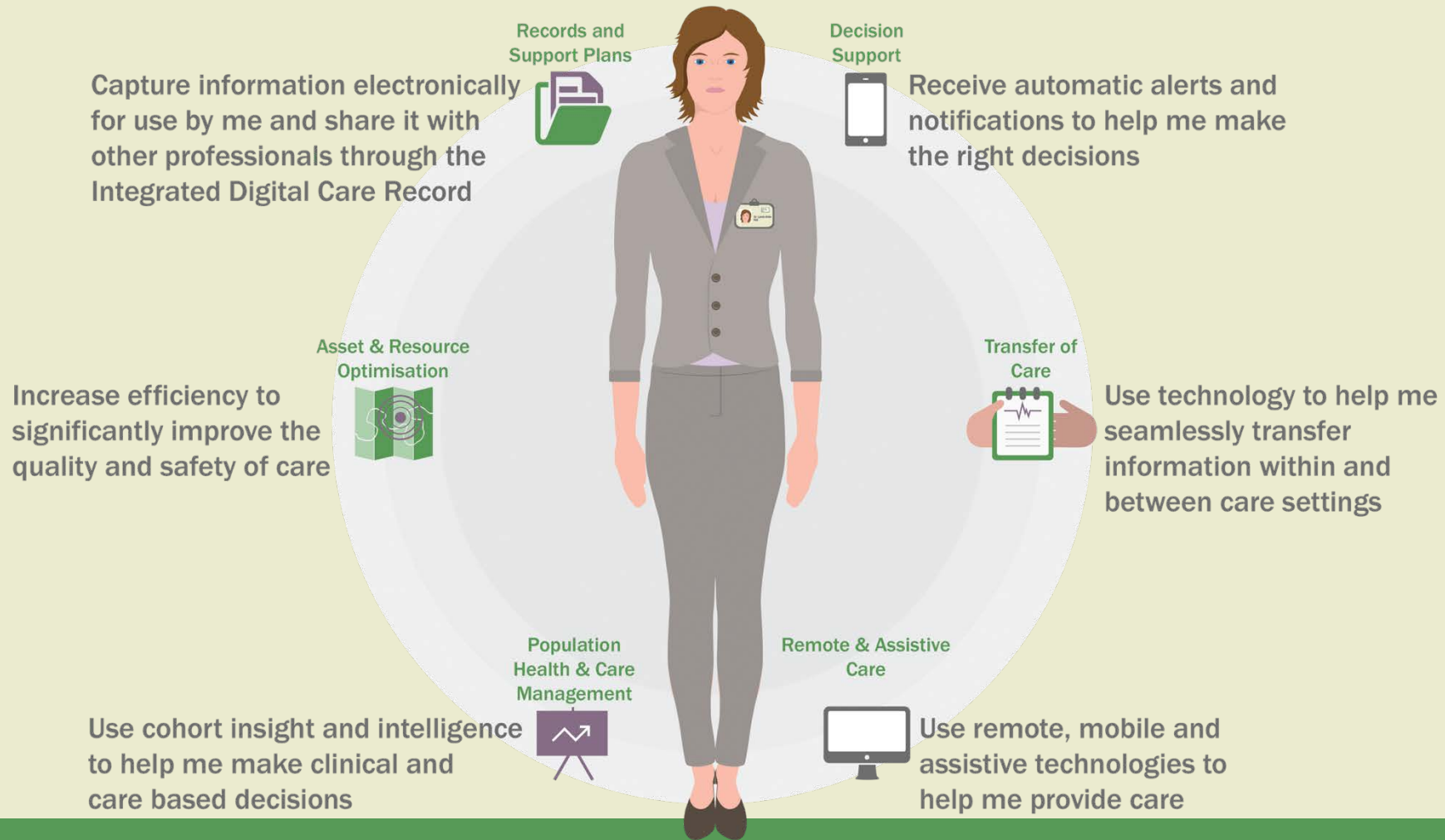
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Patients & Citizens   **Health & Social Care Professionals**   **Commissioners & Provider Organisations**   **Innovators**

EMPOWERING HEALTH & SOCIAL CARE PROFESSIONALS

Enabling you to make referrals, recommendations, diagnoses and prescribe with confidence that your decisions are based on up to date and accurate data, without having to repeatedly ask the same questions and knowing that you can share this with both the individual and other professionals involved in their care. PHC2020 looks to build a workforce who feel empowered through access to digital tools, information and training.

You will have the ability to set automatic alerts and notifications to aid decision support, and make use of tools and applications to monitor and communicate remotely. Additionally, patients and citizens will, through improved access to information and tools, be enabled to take a more active role in their care, allowing you to use consultation time to better effect, working collaboratively to achieve the best outcomes.

Patients & Citizens   **Health & Social Care Professionals**   Commissioners & Provider Organisations   Innovators

Records and Support Plans
Capture information electronically for use by me and share it with other professionals through the Integrated Digital Care Record

Decision Support
Receive automatic alerts and notifications to help me make the right decisions

Asset & Resource Optimisation
Increase efficiency to significantly improve the quality and safety of care

Transfer of Care
Use technology to help me seamlessly transfer information within and between care settings

Population Health & Care Management
Use cohort insight and intelligence to help me make clinical and care based decisions

Remote & Assistive Care
Use remote, mobile and assistive technologies to help me provide care

EMPOWERING COMMISSIONERS & PROVIDER ORGANISATIONS

Patients and citizens expect that whenever and wherever they access services, those caring for them can easily access comprehensive, accurate and timely information.

Patients & Citizens   Health & Social Care Professionals   **Commissioners & Provider Organisations**   Innovators

EMPOWERING COMMISSIONERS & PROVIDER ORGANISATIONS

Patients and citizens anticipate professionals working with modern information systems that bring together all of the relevant information available – from diagnostic tests and clinical notes, case histories to records of personal preferences. Whether it's patient frustration about not being remembered or professional concern about managing care in the face of unknown risks, patient experience and the effectiveness and safety of care will be improved through the creation of paper-free environments delivered at the point of care.

Collaboration

Empowerment

Communication

EMPOWERING COMMISSIONERS & PROVIDER ORGANISATIONS

To maximise our collective chances of achieving the 2020 ambition, and recognising the importance of implementing workflows and technologies that work for both the clinical and professional workforce within an organisation and for the broader workforce across the health economy, we require health economies to build on existing collaborative working in this area – or in some cases start working together now to embark on this journey.

The first step will be for health economies to produce a local digital roadmap to set out the steps for reaching a paper-free service at the point of care, based around five broad capabilities:

Assessments, Records and Care Plans

Transfers, Orders and Communications

Decision Support

Remote and Assistive Care

Asset and Resource Optimisation

In order to support this work we will be building a suite of co-designed products and tools to provide guidance and practical assistance throughout the journey, this will include, worked examples, workshops and later in the year publication of a digital maturity index to assist you to baseline progress against the five capabilities and benchmark this against other local areas.

EMPOWERING INNOVATORS

The stated ambition of the Five Year Forward View is that the NHS will become one of the best places in the world to test innovations that require staff, technology and funding all to align in a health system, with universal coverage serving a large and diverse population.

EMPOWERING INNOVATORS

At the heart of the NIB's ambitions is a commitment to the safe and secure sharing of data for secondary uses, to enable transformation of services, life sciences and research.

It will drive new approaches to health and care that transcend traditional delivery boundaries, embrace new technologies and establish new partnerships across geographies and clinical and diagnostic specialisms. It will aid rapid implementation of the innovation pipeline from discovery to adoption and spread into clinical practice. **It will transform diagnosis.** We can create new collaborations between the NHS, technology companies and patients to unlock the potential of data, technology and digital to create products for smarter, faster and better healthcare and thereby grow the digital health sector, an emerging area of UK innovation.

The creation of an open infrastructure and a transparent framework of standards will be key enablers in encouraging research and innovation. **However, more needs to be done.**

Enhanced support for innovation will require a realignment of available investment funds, including future Technology Funds, the development of new investment flows, and the strengthening of partnerships with the research community, including the Academic Health Science Networks, Catapult Centres and industry. We have an opportunity to combine different technologies and changed ways of working in order to transform care delivery through collaborative working.

EMPOWERING INNOVATORS

Better data about the quality of care received by patients is essential to improving care outcomes. It is vital for effective commissioning and regulatory surveillance, and for the development of new medicines and treatments. Understanding trends and patterns in the costs – and effectiveness – of health and care is key to ensuring that the best value is achieved for taxpayers and the productivity of public resources is maximised.

As we move progressively towards real-time digital record-keeping, we will achieve the objective of collecting all the information required to support direct clinical care and the analytic needs of health and care, once and once only at the point of care. In the interim, it continues to be critical that we adopt a pragmatic step-by-step approach to unlock the rich insights available today. For these reasons, this framework prioritises the safe development of linked administrative data for all NHS-funded episodes of care, including the care.data initiative; the development of data standards to support new costing, pricing and payment systems to incentivise innovative new models of care, and the improvement of the quality and coverage of clinical audit and disease registration. It is essential that citizens have confidence in all uses of their data and are able to make a decision about whether to share it. Detailed proposals on setting a new standard of NHS vigilance are contained in section eight of the framework PHC2020.

We also know from existing NHS research and the work of organisations like Patients Like Me that patient-reported outcomes data is vital to ensure accurate insight into care quality and to support innovation. For that reason, this framework proposes a series of experiments to develop the evidence base to support better use of patient experience and outcome data in health and care.

PHASE THREE – BUILDING THE EVIDENCE AND REQUIREMENTS

Developing the roadmaps to deliver the ambitions described in Personalised Health and Care 2020 has undoubtedly been a team effort, spanning organisational boundaries, sectors and disciplines. Bringing together representatives from right across the health and care system, including the Department of Health and all the Arm's Length Bodies, members of the voluntary sector and independent members, notwithstanding the insightful contributions we have had from all those we have engaged throughout the journey, we simply could not have achieved any of this without your dedication, expertise and hard work.

A heartfelt thank you to you all!

Dec 2014   Jan 2015   Feb 2015   Mar 2015   June 2015

BUILDING THE EVIDENCE AND REQUIREMENTS

9th December – Leadership Summit attended by **George Freeman (MP)** for the first time since appointment and **Dr Patrick Soon-Shiong.**

Work streams established.

10th December – **Inaugural Transition Steering Group Meeting.**

Work stream Chairs appointed.

Dec 2014   **Jan 2015**   **Feb 2015**   **Mar 2015**   **June 2015**

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BUILDING THE EVIDENCE AND REQUIREMENTS

1.1 - Beverley Bryant - Director of Digital Technology, NHS England, James Hawkins - Director of Programmes Delivery, HSCIC and Charlotte Buckley - Deputy Director of Local Insight & Resilience, Department of Health

1.2 - Diarmaid Crean - Deputy Director for Digital, Public Health England and Alexia Tonnel - Director, Evidence Resources, NICE

2.1 - Paul Rice - Head of Digital Technology, NHS England and Mark Golledge - Programme Manager – Health & Care Informatics, LGA

2.2 - Emma Rourke - Director of Intelligence, CQC, Geraint Lewis - Chief Data Officer, NHS England, John Varlow - Director of Information Analysis, HSCIC and Peter Sinden - Chief Information Officer, Monitor

3 - Cameron Robson - Deputy Director, Information and Transparency Policy & Strategy, Department of Health

4 - Cameron Robson - Deputy Director, Information and Transparency Policy & Strategy, Department of Health

5 - Nicole Mather - Director of Office for Life Sciences, Catherine Page - Senior Policy Adviser, both OLS, Janet Valentine - Director, Clinical Practice Research Datalink and Rachael Williams - Research Statistician, both MHRA

6 - Rachael Allsop - Director of HR & Transformation, HSCIC and James Freed - Chief Information Officer, Health Education England

7 - Tim Donohoe - Director of Information Delivery Management, Department of Health, Beverley Bryant - Director of Digital Technology, NHS England and James Hawkins - Director of Programmes Delivery, HSCIC

8 - Peter Counter - Chief Technology Officer, HSCIC

10th January – **Work stream executive teams appointed.**

20th January – **Richmond Group of Charities joined the NIB.**

Dec 2014

Jan 2015

Feb 2015

Mar 2015

June 2015

BUILDING THE EVIDENCE AND REQUIREMENTS

1.1 - Mike Pringle - President, Royal College of GPs
1.2 - David Birnie - Ex-Dean of the Faculty of Health Informatics, Royal College of Surgeons of Edinburgh
2.1 - Lesley Anne Baxter - Vice Chair, AHP Federation, Anne Cooper - Lead Nurse for Clinical Informatics, HSCIC and Jonathan Kay - Ex-Director, Clinical Informatics, NHS England
2.2 - Tony Newman-Sanders - Chief Clinical Information Officer, Croydon Health Services and Radiology Informatics Adviser, Royal College of Radiologists
3 - Howard Duff - Director of England, Royal Pharmaceutical Society
4 - Martin Severs - Interim Director of Information & Analytics and Lead Clinician (Caldicott Guardian), HSCIC
5 - Marina Lupari - Professional Lead for Primary Care & Community Nursing, Royal College of Nursing
6 - John Williams - Head of Informatics, Royal College of Physicians (of London), Anne Cooper - Lead Nurse for Clinical Informatics, HSCIC, Oliver Warren - Consultant Colorectal & General Surgeon, Chelsea & Westminster Hospital NHS FT & Honorary Clinical Lecturer and Jonathan Kay - Ex-Director, Clinical Informatics, NHS England
7 - Alastair Henderson - Chief Executive, Academy of Medical Royal Colleges
8 - Jonathan Kay - Ex-Director, Clinical Informatics, NHS England

12th February – SCRG representatives confirmed.

Dec 2014

Jan 2015

Feb 2015

Mar 2015

June 2015

BUILDING THE EVIDENCE AND REQUIREMENTS

Governance arrangements for the implementation of PHC2020 were agreed.

Work stream action plans for the delivery of roadmaps approved.

Dr Feng Zhang presented 'Digital transformation of healthcare in China'

Dr Feng Zhang, Ph.D., is the W. M. Keck Career Development Professor of Biomedical Engineering in the Departments of Brain and Cognitive Sciences and Biological Engineering at the Massachusetts Institute of Technology. He is most well known for playing a central role in the development of optogenetics and CRISPR technologies.

4th March – **Leadership Summit**.

9th March – Work stream work plans published.

| Dec 2014 | Jan 2015 | Feb 2015 | Mar 2015 | June 2015 |

BUILDING THE EVIDENCE AND REQUIREMENTS

Professor Sir Mark Walport was appointed Government Chief Scientific Adviser (GCSA) and Head of the Government Office for Science in April 2013. Mark is co-chair of the Prime Minister's Council for Science and Technology (CST) and received a knighthood in 2009 for services to medical research.

17th June – Leadership Summit.

Sir Mark Walport joins the NIB.

| Dec 2014 | Jan 2015 | Feb 2015 | Mar 2015 | June 2015 |

Events ▼   You Said; We Did   Shaping the Roadmap   Filling in the Gaps

PHASE FOUR - ENGAGEMENT AND PLANNING

Throughout the summer, the work streams who were tasked with developing the roadmaps have been working through a process of engagement with key stakeholder groups to challenge assumptions, ratify direction, amend and refine the roadmaps.

July 2015

Aug 2015

Sept 2015

Regional Events   Ongoing Work Stream Events   20th August –
Steering Group Meeting   3rd September -
Leadership Summit

Events ⌄   You Said; We Did   Shaping the Roadmap   Filling in the Gaps
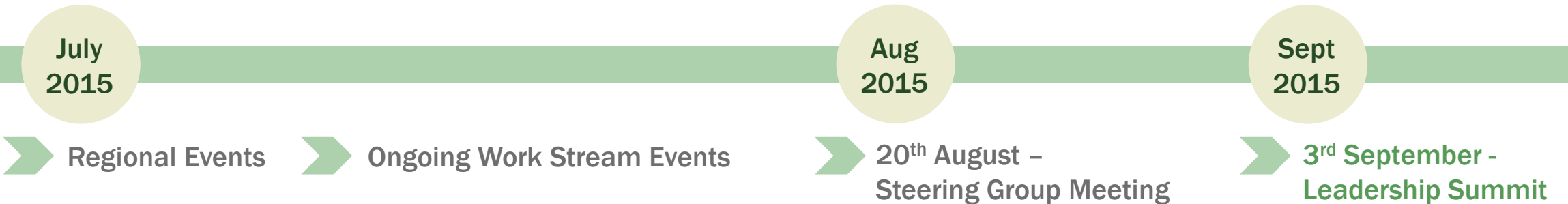
EVENTS

During July 2015 we held four events across England, aimed at bringing regional and local colleagues from across the health and social care together to share the work carried out by the NIB to date and to seek their views on the plans – particularly on three key roadmaps – "Providing patients and the public with digital access to the health and care information and transactions", "Setting the commissioning and regulatory roadmap for implementation of digital data standards" and "Build and sustain public trust".

The first part of the day sought to bring everyone up to a shared level of understanding about the NIB, what has happened to date and what this means for our regional and local colleagues. Each event featured a case study from the area to encourage shared learning and promote good practice. The second part of the day gave delegates and work stream leads the opportunity to consider in greater detail some of the themes of the work which have significant impact at delivery level. There were three workshops on offer, delegates were given the opportunity to take part in two of these.

ATTENDANCE

Reading - 60

Sheffield - 29

Bristol - 45

Manchester - 58

DELEGATES BY JOB SECTOR

- NHS Provider Trusts
- CCGs
- Local Authority
- Patient Representative Organisations
- Consulting Groups
- Patient Groups Representatives
- Patients & Citizens
- Ambulance Trusts
- Commissioning Support Units
- National Arm's Length Bodies
- Social Enterprises

Events ▾   You Said; We Did   Shaping the Roadmap   Filling in the Gaps
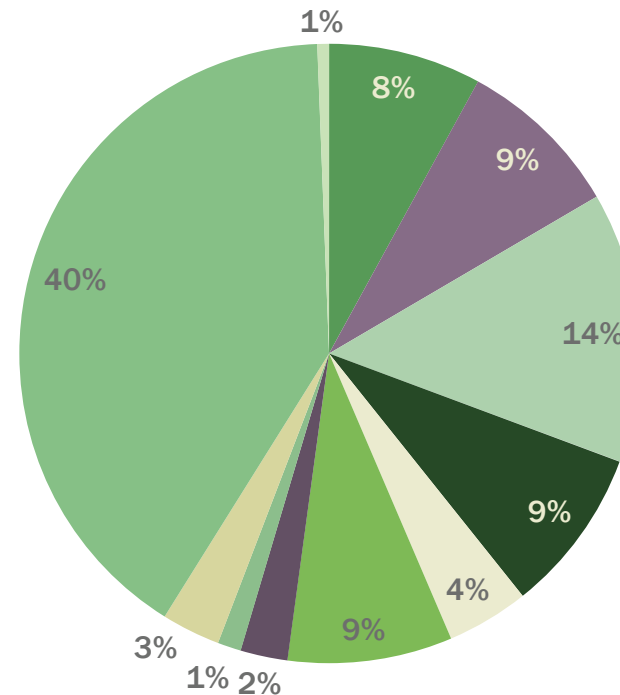
YOU SAID; WE DID

Throughout the regional events, we thoroughly enjoyed the opportunity to engage with regional and local colleagues, learning about the great work that is going on across England in line with many of the ambitions of PHC2020. It was also incredibly useful to hear about the challenges and feedback you had for us to take on board.

Work stream specific feedback has been shared with those groups and is reflected in the refining of the roadmaps and future plans, broadly these relate to communication and engagement:

COMMUNICATION

ENGAGEMENT

RESOURCES

YOU
SAID

WE
DID

Events ⌄   You Said; We Did   Shaping the Roadmap   Filling in the Gaps

SHAPING THE ROADMAPS

Since publication of the roadmaps in draft in June, work streams have taken the opportunity to work with key stakeholder groups to ratify direction, challenge, amend and refine the roadmaps.
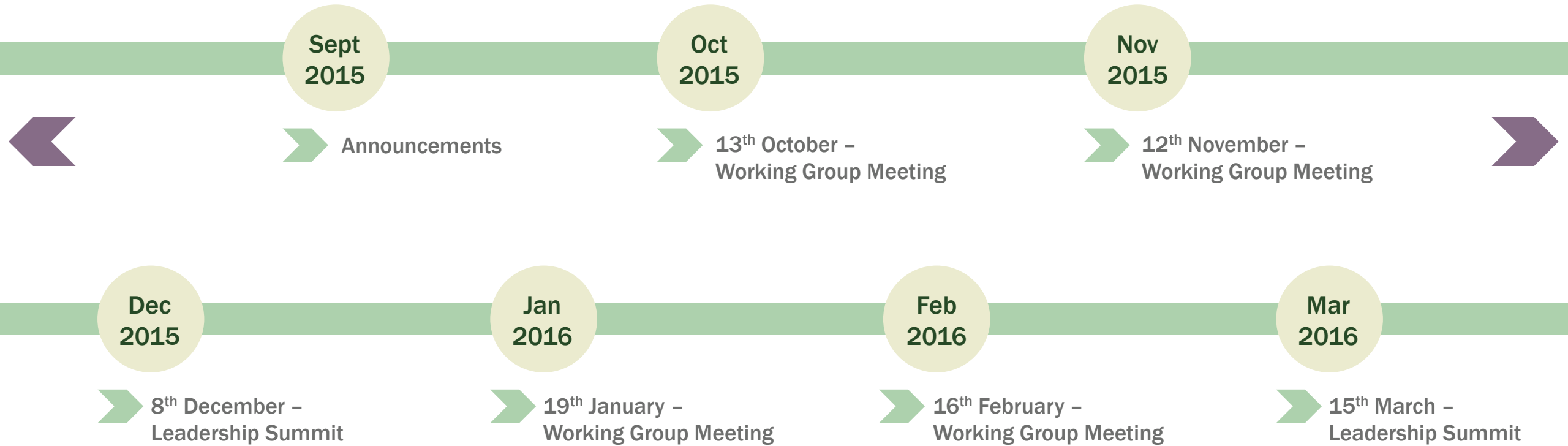
FILLING IN THE GAPS

Key to making sure our vision is one that is shared, will be continuing and developing the conversation with our stakeholders. Over the coming months we will be reaching out to some groups who we have not yet engaged in as much depth as others, these include:

- Patients and Citizens – we will be using NHS Citizen to trigger the conversation, the first step will be helping define meaningful success measures

- Industry – from the autumn we will be looking to work with industry partners to build on the conversations we have had so far, starting with TechUK

- The wider workforce across health and social care – following on from the feedback from the regional events, we recognise the importance of keeping the dialogue alive with colleagues from all parts of the health and care system. Many of those engaged so far have an existing interest in our work, we need to extend the conversation to others who are yet to hear about PHC2020, and whose views will be pivotal to its success. In addition, we need to develop a conversation with some of the key influencers in this field, for example the Royal Colleges.

PHASE 5 - PLANNING FOR DELIVERY

Sept 2015

Announcements

Oct 2015

13th October – Working Group Meeting

Nov 2015

12th November – Working Group Meeting

Dec 2015

8th December – Leadership Summit

Jan 2016

19th January – Working Group Meeting

Feb 2016

16th February – Working Group Meeting

Mar 2016

15th March – Leadership Summit

PLANNING FOR DELIVERY

In order to deliver the ambitions of PHC2020, work is underway to establish a suite of programmes under the umbrella of the domains described in the diagram below. Once these programmes are up and running formal governance will be through the Department of Health's Informatics Portfolio Management Board. We will develop a set of key performance indicators which will measure achievement of outputs or outcomes which are pivotal to delivery of the overarching vision.

Enable me to make the right health and care choices: supporting digital channel shift for patients and citizens.	Transforming general practice.	Out of hospital care & integration with social care.
Acute & hospital services.	Paper-free healthcare & system transactions.	Data for outcomes & research.

Leadership capability
Standards
Data (interoperability) platform

Public trust & security
Innovation & growth (suppliers/industry, enterprise)
Accountability/levers & incentives/Digital Maturity

TRANSPARENCY CHALLENGE

"Truly world class performance only comes with a learning culture built around the natural desire that our doctors, nurses and managers have to do the best possible job for patients and the public. Through transparency the NHS is supporting transformation of the performance of entire hospitals, whether on safety, efficiency or quality; it is helping to improve the outcomes achieved by local authorities in public health and social care; and it is helping to tackle the variation in the care offered by residential care homes.

As part of that transition to a more transparent learning culture, last year we launched MyNHS – a world-first where patients and professionals alike can compare the performance of their local hospital, their local GP surgery, their care services and their local authority in an easy-to-understand format with regularly updated information.

This is the first time any major health economy has gathered such a wide range of key performance indicators together in a way that informs the public and helps professionals to improve care by reducing variation and levelling up. No targets, no sanctions - just information that helps health and care professionals and managers do what they are keen to do in any case: improve the safety and quality of care with which they look after NHS patients and their local population...

Jeremy Hunt, Secretary of State for Health

TRANSPARENCY CHALLENGE

The key aim is to drive quality improvement through making comparative data publicly available in an easy to understand format. The MyNHS site, which is part of NHS Choices, uses existing data to present measures which have been identified as of particular interest and is designed:

- to make information clear and accessible to the public, as well as for professionals and organisations;
- to compare, in public, the quality and performance of NHS and care services, providers and commissioners, including public health;
- to support transparency and to stimulate improvements in quality, safety, and efficiency;
- to improve public accountability;
- to complement other public-facing and publicly available sites (e.g. NHS Choices, Dr Foster, National Cancer Intelligence Network etc.)."

Jeremy Hunt, Secretary of State for Health

MYNHS CURRENT SITE USAGE

We currently collect data on a monthly basis covering the number of visits the sites receive and where they go when they get there. The results for August 2015 are below:

Total number of site visits: more than 289,000 hits since Sept 2014

Total number of completed searches: nearly 272,500

Total number of data downloads: 6,608

Total number of data items from August 2015: more than 689,894

Most popular scorecards: **consultants, hospitals**

Most popular consultant scorecard: **orthopaedics**

Future research

Whilst usage data is helpful to gain a view of how many people are visiting the site and which pages draw the highest use, to truly test how successful this has been a piece of research is being commissioned to review the extent of the impact MyNHS has had on the outcomes and behaviours described in the Secretary of State's Transparency Challenge.

MEASURING SUCCESS

It is important for the success, and credibility, of the NIB, that we routinely check how well we are achieving against our objectives with our stakeholders, including how meaningful the NIB proposals are.

The NIB was launched in March 2014, and since then a significant amount of work has been undertaken, with the framework (PHC2020) setting the strategy and the roadmaps describing the blueprint for delivery.

In order to objectively review progress, we have invited representatives of three major stakeholder groups to provide a critique of our progress to date and to recommend the success indicators we should be measuring going forward.

Patients & Citizens

Health & Social Care Professionals
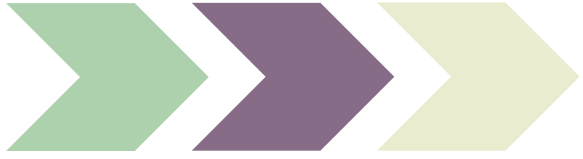
Commissioners & Provider Organisations

RESOURCES

Over the coming months we will be building the content in this section, including case studies, templates and tools. If you have any suggestions for things you would like to see here, please get in touch via NIBsecretariat@dh.gsi.gov.uk.