

Leadership Work Stream Interim Report



1. Introduction and overview

This report is designed to provide an opportunity for Programme Board members to:

- Discuss the initial findings and themes arising from the Discovery phase of the Leadership work stream of the Building a Digital Ready Workforce programme
- Identify any additional issues, options, reference points and requirements to address in the final report
- Agree early recommendations to initiate as part of the programme's 2017/18 work plan

A final report and recommendations will be presented at 8th May Programme Board meeting.

2. Our approach

The Leadership work stream was established as part of the Building a Digital Ready Workforce Programme in order to address the PHC 2020 ambition that: *"It is vital that the leaders of all health and care organisations are seen to champion information and digital capability as core enablers of effective decision-making, service quality, safety, effectiveness and efficiency"*.

The 'Discovery' phase of our work stream set out to meet with a cross section of health and care leaders to learn about their experiences, views, needs and favoured approaches in championing information and digital capability. We're extremely grateful to the 140 leaders who have contributed to this phase of our work to date.

We also set out to utilise wherever possible, existing sources of data and information, such as the Digital Maturity Assessments in Health and Social Care, the Single Oversight Framework/Well Led Framework and the Local Government Association's 2016 report entitled: 'Transforming social care through the use of information and technology'.

This 'Discovery' information is being used to inform our recommendations and future plans to develop and/or make best use of:

- Tools and products – things we can commission, develop or otherwise source that help individuals develop the necessary capabilities.
- Delivery mechanism(s) – the way(s) to present these tools and products in a way in which our users (in this case our leadership cadre) want to access them and which build on synergies for example with National Improvement and Leadership Development Strategic Framework, New Models of Care, Global Digital Exemplars etc.
- Levers/ Influencers – the methods in which we can encourage our users to use these tools and methods, resulting in better quality, safer, cost effective care.

3. Activities undertaken as part of the Discovery phase

There have been 4 main stakeholder engagement activities as part of the Discovery phase:

- 3.1 Leadership exploratory sessions:** - Scoping sessions were run by Skills for Care for Independent Care Sector Leaders in March 2016 and 'Digital Doctor' exploratory sessions held with the Boards of Mersey Care Trust and Lewisham and Greenwich NHS Trust in May and July 2016 at which new technologies that may influence future health service provision were demonstrated to Trust Boards
- 3.2 Programme launch at EHI Live on 1st November:** - With Will Smart, Tom Denwood, Mike Chitty, Debbie Sorkin and James Freed and promoted with an associated Social Media campaign, #My DigitalHero, launched on NHS Change Day
- 3.3 Digital Leadership Webinars:** - Led by Keith McNeil in November, Victoria Betton and Alison Braithwaite of the Leeds Digital Practitioners' Programme in January and [Christine Asbury , CEO of the WCS-Group on their Dementia care Innovation hub](#) in March. A further session is planned later in the Spring with Andrea Sutcliffe, Chief Inspector of Adult Social Care at the CQC sharing her experiences of using Social Media as a service improvement tool.
- 3.4 Digital Leadership Discovery interviews:** - Conducted with David Stout (North and Central London STP), Andrea Sutcliffe (CQC), Raina Summerson (CEO Agincare), Prof Paul Keane OBE (Trust Chair Co Durham and Darlington FT), Shirley Ayers (Connecting Care Network and Leadership blogger), Christine Asbury (CEO WCS Group), Alex Fox OBE (CEO of [Shared Lives Plus](#)), Sandra Knight – HR Director, Andy McElligott – Medical Director, Margaret Waugh – Deputy Director of Informatics at Bradford District Care Trust Board and David Kelly (Chair – North Kirklees CCG)

Skills for Care also completed 7 consultation workshops with 98 participants as part of their regional Registered Manager's Network meetings during January and early February 2017. A copy of their full report written by Diane Buddery is attached as an Appendix to this report.

We are also currently working with Mark Golledge of the Local Government Association to gain insight from Local Authority Leaders. The remit of this work is to eventually engage with a cross section of Adult Social Care, Children's Services and Housing Leaders. On 22nd March we'll be gaining feedback from the LGA's consultation workshops with Health and Well Being Boards and Council members have also been identified as key stakeholders.

We have also met with Helen Arthur of the New Models of Care team to gain insight on lessons learned from their Systems Leadership/Integration work.

In addition to these formal Discovery interviews we have additional work taking place to inform our final approach and offers including:

- 3.5 Review of existing products and services to support Board members deliver digitally enabled transformation:** - The NHS Leadership Academy are currently reviewing the Digital component of their current Leadership development programmes - led by Mike Chitty and conducted by Sally Williams of Frontline Consultants. Details of this review and its findings will be shared at the May Programme Board.
- 3.6 Development of new products and services to support Board members deliver digitally enabled transformation:** - One of the needs stressed by Board members during the early interviews was for a simple guide to the existing Digital landscape and the potential opportunities it created for health and care organisations. The development of this guide has

been commissioned from Helen Bradburn who is working with NHSI, NHS Providers and ADASS networks in its development.

We have incorporated many of the quotes that Helen obtained from Board members in the next section of the report and we are extremely grateful for her contribution. We are hoping to table Helen's initial draft guide at the Programme Board on 22nd March.

Originally we were intending to publish the guide in April 2017, but in view of feedback from Board members about the complexity of related funding around GDEs, the NIB and publication of the FYFV Delivery Plan and NHSI/CQC well-led assessment we are now intending to publish in May or early June to ensure that these key announcements are incorporated.

4. Overall findings and principles

Feedback from the 2016 DMA self-assessment exercises in the NHS and in Social Care indicate that 'Leadership', which is part of the 'Readiness' theme of the DMA, is felt by most organisations to be one of their areas of strength.

However, the qualitative feedback that we gained from organisations via the Digital Leadership Discovery Interviews and in the consultation sessions conducted by Helen Bradburn unearthed some key needs and issues many of which are more closely related to culture and confidence than to governance and capabilities.

We have grouped our findings under 6 main headings that cover:

1. The personal 'Digital' capabilities of existing Board members
2. Their knowledge and understanding of national Digital strategy and policy and its relevance to their own organisations
3. Board members' preferences in acquiring Digital knowledge and applying it in their own organisations
4. The roles of CIOs, CCIOs and Non-Execs in supporting Boards
5. Making Digital an integral part of business for Boards
6. Opportunities for learning and collaboration

We have identified 10 emerging themes, the rationale for which is captured via a number of selected quotes that were shared during the interviews and webinars. These emerging themes are then used as the basis for our recommendations in Section 6 of this report.

4.1 The Digital capabilities of existing Board members:

Emerging theme:

There is a fear factor that stops leaders engaging with the Digital agenda in Health and Care.

Not knowing enough, fear of technical issues, not wanting to admit lack of knowledge of jargon, awareness of past failures and a lack of belief that it is achievable all contribute to this fear. Although Social Media and apps were used by most NHS Board members in their day to day

lives, very few shared examples of how they use digital services to manage their own health and care.

Most Independent Care Sector leaders also shared this fear voicing concerns, for example, over compliance with Data Protection requirements in how they shared information.

As confidence grows Leaders felt that they would become far more able to champion Digital capabilities as some of the quotes below demonstrate:

“Despite being Chair of my local STP I find it hard to champion the use of technology in how we meet and collaborate across our area. Usability and reliability is key as I always have the fear that the technology won’t work. So few of my peers use web conferencing on a regular basis we don’t initially know the etiquette nor where we can go to see other STPs or other Health networks using such technologies as part of their normal business. I can see all the potential benefits but it’s a long way from being the norm yet”. – CEO Community/MH Trust

“Most of my former CEO and Board colleagues thought I was a bit crazy for having such an interest in the potential of Technology to improve our services. Outside of my Trust I really felt I was on my own. I see few cases where Health CEOs are lauded for their success in adopting new Health Technologies, but many more who have lost their jobs when things haven’t gone to plan” – Former Acute CEO

Some Leaders felt that this would always be the norm in championing any change and that as a Board member they needed to overcome fears by doing it for themselves:

“Championing ‘Digital’ is driven by enthusiasm and it can’t just be given as a designated responsibility to Board members” – Independent Care Sector CEO

“I use Twitter and Social Media so that our staff and the public can put a human face to me and share their thoughts, ideas and concerns and in one case for giving additional feedback to a concerned service user. My colleagues initially thought that I was mad” - Regulator

‘I use Social media as I find it a useful way to keep up to date on new stuff and learning’ - Independent Sector CEO

“You can more easily overcome fears if you focus the conversation around how it helps our service users and are not scared to ask questions of Suppliers yourself so that you can understand” – Independent Care Sector CEO

Professor Keith Mc Neil neatly summed up about the confidence and approach that he’d like to see as the norm:

‘When you see something that needs doing that will benefit the patients and the system, proceed until apprehended!’

4.2 Board level understanding of national Digital Strategy and policy and the potential benefits to their organisation

Emerging themes:

There is a low level of awareness (or interest) in the digital policy agenda below the big headlines.

Leaders recognise digital as an important enabler and the broad opportunities – they don't want another sell of the potential. They want to understand what is practically possible and how digital will address their priorities.

In the majority of our interviews the early part of the discussion usually involved dealing with queries about how different national policies and strategies around digital linked together. Many were also keen to find examples of where strategy could be seen in practice and how it could be resourced. The complexity of the picture was greater in the eye of NHS Leaders, but the funding concerns were common across Health and Social Care.

There were however, many examples shared where, despite this lack of understanding, Leaders had championed great service improvement programmes and work that supported national policy and strategy and had digital at their core. The 'Agile Community Care' project in Bradford District Care Trust, the 'Bright Ideas – Dragon's Den' approach to investment in innovation amongst the joint Bradford CCGs, and the 'Person Centred Care' technologies in WCS Care provided 3 particularly good examples of this. However, despite the nature of their leading edge work, none of these organisations appeared to appreciate the potential value of their work to other health and care organisations.

Some were keen to champion new developments that directly support national strategy but were confused as to how to bring this about particularly on the back of the development of STPs and ACOs.

The quotes below give a feel for some of the predominant views that we found:

"I doubt people know what is expected nationally, happening locally or funded locally," CEO, NHS Trust

"Boards are strong on vision, but weak on knowing what they need. Current digital guidance that is available is too vast and not easily relevant to their needs" - STP Programme Director

"There is a sense it is one of the solutions and the NHS is not embracing the digital age but Chairs don't understand how – it is a world of mystery. Most trusts are not having the debate. Boards often don't see it as a solution to their imponderables and if they do grasp they don't know where to turn to. Where are the beacons? Where can we access support? You need to demystify it for boards and lay chairs and express in a language of the immediacy of our problems. It needs to be about potential solutions, not all about IT. Make it relevant to our agenda... link it to Carter recommendations," - Chair of NHS Trust

"We get the concepts but can't implement due to resources, including investing in staff to work differently. It will not help to bang on about a paperless 2020. There is huge cynicism; people will fall about in hysterics at the lack of understanding from the centre of the realities. Need to recognise the scale of the challenge. We need to understand the practicalities of how...understand what we can achieve. We need practical workarounds that reflect the realities – we need integrated care but we won't have integrated digital care records anytime soon. We don't need ground breaking new technology, we need solutions to the practical problems people are dealing with and we need to change the working culture" -Director of Planning and Strategy, NHS Trust

“I want case studies that describe the benefits to patients and financial benefits. And, to know what questions to ask,” Chair, NHS Trust

“Lots of things could be done differently. Building on the Airedale Telecare hub, wifi for GP consultations in care homes, e-consultations, Business Intelligence that’s extractable, viewing full pathways of care etc., but in our area there’s no focus on investment or the necessary detail in IT, despite the STP”. - CCG Chair and GP

“E-consultations or even emails with hospital consultants could make such a difference, but Trusts just focus on what’s in their contract. We need a national penalty system in place if we’re to change this”. - CCG Chair and GP

“It is a massive challenge to fund social care and directors of social services will find it difficult to make the choice between spending money on technology and delivering care. Specific funding for technology is the size of a peanut. Yet directors of adult social services manage the biggest budget in the council – need to show the benefits. Don’t just think about ADASS – need to engage chief executives and health and well-being boards about the whole council agenda,” - CCG lead and ex ADASS

“Working smarter and showing the ROI and links to the Carter Review et al is critical and we’ve been able to do this, but mainly down to our own efforts as a Board” - HR Director
Community/MH Trust

‘At the moment the STP’s plans lack the detail we need’ – Medical Director – Community/MH Trust

4.3 Preferred approaches for Board members to acquire and apply Digital knowledge within their organisations

Emergent theme:

Leaders want to know what good looks like and to learn from leading players in real and practical ways.

The announcement of the Global Digital Exemplars in Secondary Care, and most recently in Mental Health too, was raised in most of our interviews with Health.

Board members want case studies and opportunities to meet with and benchmark their practice as well as access ‘crunchy’ information about implementation challenges and benefits. However, there is a lack of useful case studies of what good looks like. The Digital Maturity Assessment has not been seen as a way of understanding what good looks like and the overriding perception we found in Health was that was largely carried out as a technical exercise required by the centre.

Independent Care sector leaders also had an appetite for viewing such examples in practice. They were often offered such examples by Suppliers, but leaders were keen to find more of a trusted source of impartial but practical guidance. One of the leaders in Social Care provided examples of how they had found inspiration internationally and ideas to change their own care services after visiting a Dementia service based in the Netherlands.

As mentioned in section 3.6 of this report in response to some of the early feedback and requests that we had received from our Digital Leadership Discovery interviews we commissioned the development of a Digital Guide for Board members from Helen Bradburn in which she is trying to address many of these needs and issues. However, as the quotes below demonstrate Board members are keen to learn and champion 'Digital' within their organisations in a number of different ways:

"Any guide should describe this is what digital means for you as a board, the strategy should include blah, blah, blah. We want to know what good looks like – what is a good strategy. Can we learn from the GDEs? How about getting an expert reference group, assessing the 12 and distilling what good looks like?" Non-Executive, NHS Trust.

"The Digital Maturity Assessment was seen as a national tool for a national process not designed for bottom up improvement," NHS CEO

"The Digital Maturity Assessment was useful to get an overall view but it mainly confirmed the problem and didn't help us relate to other trusts or what to do next," Non-Executive of NHS Trust, IT industry background

"Our Board has shifted its approach from finance first to quality first, which has brought about a person-centred focus from bedside to boardroom and a real culture change. And yet we've still brought about a significant ROI" – Independent Care Sector CEO

"We've approached our 'Agile' project by making certain that the Patient is at the centre, getting everyone involved, including the Luddites, and making certain that the programme is not seen as a 'technology' project. This has resulted in a significant improvement in work : life balance and staff satisfaction along with workforce efficiencies" – HR Director Community/MH Trust

'Develop knowledge of assisted technologies by keeping in touch with providers to the market (research online/keep in contact with suppliers), keeping in touch with people who use AT in different fields' – Independent Sector CEO

'Understanding what good looks like from bedside to boardroom is so important and being able to see it with your own eyes is vital. We shamelessly steal good ideas. Visiting the De Hogewyk Dementia village gave us a lot of our inspiration but the focus has to be person centred first rather than technology-led' – Independent Sector CEO

"Before procuring our Pathology system we ensured that our Clinical team got the chance to view systems in other Trusts before they made their recommendation. This approach works very well" – Chair of Acute and Community NHS FT

"The visibility of Board members is key to motivating staff and to Board members getting an understanding of what's working and what's frustrating staff in all aspects of care, including digital services for example with our Nursing hand held devices" – Chair of Acute and Community NHS FT

"We need to be able to access information speedily about what we can do quickly and demonstrate what the positives are for doing these things" – Regulator

And yet Professor Keith Mc Neil during our November webinar summed up what good looked like to him:

“Success is:

- *A joined up system where we can share data effectively*
- *Empowered patients*
- *Make use of the enormous power of our data sets that are available to us, and move to outcomes and values based framework on the basis of that analysis”*

Being able to offer links, visits and learning to such organisations demonstrating such assets appears to be an important element of any future development for Leaders.

Warwickshire Care Services kindly offered their Castle Brooke Care Home and its associated Innovation Centre as one such venue for doing this.

4.4 Utilising and developing the expertise of Non-Executives, CIOs and CCIOs to develop the digital capabilities of Boards

Emergent themes:

Strong, dynamic CIOs, CCIOs and wider clinical engagement can make an enormous difference in educating Boards and implementing digital effectively to address service needs and issues.

Non-Executive Directors with experience of other sectors can be huge assets but still need support to better understand the challenges in the NHS and Social Care around digital technology and data.

Our interviews reinforced many of the findings from the Wachter Review. In many cases CEOs receiving any request that requiring digital knowledge or intervention immediately sent it to their CIO for an opinion.

In a few cases examples were given of CIOs influencing Boards rather than responding to requests.

Within the Social Care Independent Sector size and scale meant that no organisations involved had a CIO, or for that matter an IT Manager or service. However the importance of Digital enthusiasts be they Board colleagues, Trustees or other staff members in offering ideas, innovation and advice was thought to be critical.

“We place great value on having Non-Execs who have ICT experience and insight to offer” – Chair of Acute and Community FT

“Our Non-Execs and new joint appointments have been very helpful in improving what we do. We now have for example an online registration process for new providers and it’s important for us to understand how best to adopt such processes which are helpful to all” - Regulator

“Execs could be helped so much if IT Leads approached with enthusiastic and relevant ideas and advice. However, predominantly they tend to use jargon” - CCG Chair and GP

“The thing that changed for my current organisation was a more dynamic director who commanded the confidence of the rest of the executive. The guide should say how you position key people in the organisation and system – there needs to be more clinical championing to embarrass the board into investment,” Non-executive of NHS trust and former CEO of a leading trust

Why can't people working in Informatics Services just explain things more simply? To virtually any request that I give them they'll always tell me how complex it is rather than give me a solution. So why don't you teach them to try and be 'can do' and to speak like a Yorkshire man to a Yorkshire man! “- CCG Chair and GP

4.5 Making Digital a normal part of business

Emergent themes:

Aligning digital with CQC/NHS Improvement's 'well-led' assessment and the domains of the Single Oversight Framework will resonate with leaders. STPs are also a key route through which to engage Boards and Leaders

Awareness of risks around the use of existing Digital services appears low unless Boards are prompted

“Boards are most fixated on what CQC says on 'well led',” - Non-executive at NHS Trust
“Usability of our EPR is key but we also have challenges in getting systems talking to each other/interoperability that could be of benefit to us all. The STPs we are involved in will hopefully provide a good way forward ” - Chair of Acute and Community NHS FT

“Don't let ambition run ahead of capability. Our Agile project is a change/OD project and not a technology led initiative” - HR Director Community/MH Trust

“Issues will become very exposed – the cyber security is increasingly challenging – senior leaders need to better recognise the capabilities out there. And, look beyond their trust based policies,” - Non-executive NHS Trust, with IT industry background.

“What is most striking is regulators are way behind the curve on the use of new types of algorithmic decision-making. Boards need to understand the new ethical issues and risks. The agenda moves so fast and most NHS boards are older and not grown up with it. The sense is you do your data protection training but this doesn't address the digital use of data,” – Former Trust Chair and independent adviser to AI company working with the NHS

4.6 Promoting collaboration and the sharing of what works at Board level:

Emergent themes:

Leaders don't instinctively look to the centre to develop their knowledge and understanding

National leadership may be beneficial in inducting Non-Executives with experience of other sectors to better appreciate unique challenges in the NHS and Social Care around the use and development of digital technologies and data

Most leaders across Health and Social Care tended to use peer to peer and professional networks, authoritative Health Think Tanks e.g. Health Foundation, King's Fund, to address knowledge gaps.

NHS leaders see the role of the centre as addressing blockages e.g. capital and workforce development.

Although there is uncertainty over what STPs may help to achieve and deliver, most NHS leaders see this as being a logical forum for local collaboration and learning.

Despite the frustration of most NHS organisations about GDE funding leaders were keen to use them as a way of learning what good looks like, but also wanted to ensure that their own innovations could be shared and used more widely.

"I use previous knowledge and connections and there is a good local network. But, this is random and pot luck – it can be very insular – you talk to those you know." Director, NHS Trust

"We're proud of some of our own innovations led by Ian Dove e.g. Nurse hand held devices and [INR self-monitoring](#) for patients on warfarin and are very happy to share. How about innovation buddies or providing constructive support via STPs and building the research base via our AHSN?" - Chair of Acute and Community NHS FT

"We would like to be able to benchmark our digital services and approaches and know of other exemplars within our specialism" - Medical Director Community/MH Trust

"At the moment I learn from what I hear at conferences or events, when funded, or on the grapevine. We need some way to know where best practice exists that we can access and share" – CCG Chair and GP

5. Linking findings to existing Leadership Development frameworks and enablers across Health and Care

From the main themes and emergent findings listed above we clearly see the need to ensure that our approach and products and services are seen by Board Leaders as being an integral element of health and care delivery and transformation and not as a separate 'Digital add on'. However, it is often a challenge to do this in practice, and so we attempted to reflect on the synergies between our main findings and the new National Framework for action on improvement in leadership development.

The document entitled: '[Developing People – Improving Care - A national framework for action on improvement and leadership development in NHS-funded services](#)' published by NHS Improvement in December 2016 highlights a framework built on the evidence that: '*... five conditions shape cultures that enable people to continuously improve care, population health and value. We are convinced by the evidence that treating people better and skilling them up for*

the urgent tasks at hand is the right strategy for delivering rapid, sustainable improvement in health and care system performance’.

These 5 conditions are shown in the table below:

Our findings have shown in terms of the Digital Leadership dimensions of each Condition:

- Condition 1 – There is a clear willingness by Leaders to collaborate in this way, but variable evidence of existing networks that they can use to facilitate this around Digital leadership. There was limited evidence of direct understanding of linking with Patient leaders and their digital needs to achieve this end.
- Condition 2 – There was great evidence of Leaders welcoming input from ‘Digital enthusiasts’ at all levels within organisations and in some cases the use of Social Media to improve openness and transparency
- Condition 3 – There was little evidence of this as in Health the DMA was viewed primarily as a centrally driven assessment approach and Digital is not explicitly embedded within other existing improvement methodologies.
- Condition 4 – Little evidence currently, beyond the planned GDE programme
- Condition 5 – From comments in Health about the relevance of some of the existing support from the centre this is a key need to be addressed through perhaps guidance to Boards around cyber security and in Social Care in connection with data protection and information sharing

In our final recommendations understanding the implicit digital contribution/dimension in supporting frameworks will be key and it is not intuitive. In our small test session some priority areas and gaps appear to be in relation to areas such as promoting networks for collaboration, embedding digital in improvement methodologies (or enhancing the DMA to achieve this end), building on the GDE model to provide further options for local learning and development and in areas such as cyber security and data sharing.

6. Initial recommendations

There are many potential synergies with the implementation plans that are in development for the Wachter recommendations and other aspects of the NIB, along with the leadership development aspects of the DH commissioned [‘Stepping up to the place’](#) integration programme, which is being delivered in partnership with the LGA, NHS Confederation, ADASS and NHS Clinical Commissioners. As mentioned in section 5 we hope that these synergies with existing digital focused programmes can be supplemented by also linking to national Leadership Development frameworks too.

The BDRW team’s role in these areas will be to provide wider OD and Learning input and guidance as a key enabler to many of the NIB Domains and Programmes, beyond just the Leadership elements.

The recommendations below provide some early thoughts and suggestions to address the main findings.

In addition to gaining your feedback as a Programme Board we also feel that we should ensure that there is ownership of the final recommendations by a critical body of Health and Care leaders. We therefore propose to commission a final ‘solution assurance’ group exercise before launching any of the recommendations below:

Finding	Recommendation	Value/ Benefit	Delivery mechanism	Commissioning route	Cost/ timescale	Levers and influencers
There is a fear factor that stops leaders engaging with the Digital agenda in Health and Care.	<p>Provide more examples of how ‘Digital’ an implicit part of a Leader’s role by:</p> <p>Incorporating ‘Digital’s contribution to service transformation’ into future Leadership development frameworks. Ensuring that model Board leadership actions are an explicit element of the GDE programme and equivalent programmes in social care.</p>	Board members and Registered Managers have greater confidence to include and question the digital dimension of their future service plans and gain resultant efficiencies and benefits	NHSI/CQC to ensure that Digital is included within the ‘well led’ assessment framework GDE programme LGA and Skills for Care for development of Social Care GDE equivalent approach	No additional funding required for NHSI/CQC and GDE External commission for Social Care	Low cost/ early delivery	Quality and regulatory frameworks e.g. SOF ‘Well Led’ , CQC
There is a low level of awareness (or interest) in the digital policy agenda below the big headlines.	Develop a regularly updated ‘Digital Guide for CEOs and Boards’ containing up to date information of relevance to wider service issues and accessible via gateways on relevant membership groups and bodies e.g. NHS Confederation, LGA, Residential Care Home Managers Association	Board members and Leaders have greater confidence and consistency in understanding. National bodies have assurance and control of key messages and consistency in application of policy	NIB central comms to provide or commission the maintenance of the ‘Digital Guide’ web page – to be updated monthly Comms leads in rep member groups to assure	Initial guide commissioned in 16/17 from Helen Bradburn. Establish if core to NIB comms role	Low cost Initial guide to be launched in May/June 17	NIB, Carter Review, STPs

<p>Leaders recognise digital as an important enabler and the broad opps – they don't want another sell of the potential. They want to understand what is practically possible and how digital will address their priorities.</p>	<p>Board members need to be able to recommend and access examples of 'what good looks like!' in:</p> <ul style="list-style-type: none"> • Acute care via the GDE • MH/LD via the GDE • Community Services • Independent Sector Residential and Domiciliary Care • Commissioning • Evolving new Models of Care and Accountable Care Organisations as they develop 	<p>Boards can develop evidence based business cases for investment , speed digital adoption and ensure greater ROI National bodies can see more consistent application of policy in practice</p>	<p>GDE Programme NIB Domain D 'integrated care and social care' NIB central comms team LGA Skills for Care/SCIE National Care Forum</p>	<p>Via NIB Domain funding</p>	<p>Medium/High depending on buy-in outside current GDEs Early priority for 2018</p>	<p>NIB PHC2020, Health and care integration , New Models of Care, 'Stepping up to the Place'</p>
<p>Leaders want to know what good looks like and to learn from leading players in real and practical ways.</p>	<p>In addition to the existing GDEs it is proposed that we: Develop a Board level Digital Champions programme for representative organisations in:</p> <ul style="list-style-type: none"> • Community Services • Independent Sector Residential and Domiciliary Care • Commissioning • Evolving new Models of Care and Accountable Care Organisations as they develop <p>Undertake a feasibility study</p>	<p>Board members in any Health and Care sector can view model leadership behaviours and access associated case studies and webinars with Board level Digital Champions who use Digital as a key element of transformation</p>	<p>GDE Programme NIB Domain D 'integrated care and social care' National CIO Forum NHS Digital NHS England LGA Skills for Care National Care Forum</p>	<p>Via NIB Domain funding for Digital Champions BDRW funding for benchmarking feasibility</p>	<p>Medium/High</p>	<p>STP, New Models of Care, Health and Social Care integration</p>

	to assess the potential benefits of developing a Benchmarking scheme to identify Health and Care Digital exemplars and facilitate peer to peer learning for Boards and the exchange of knowledge and best practice					
Strong, dynamic CIOs, CCIOs and wider clinical engagement can make an enormous difference in educating Boards and implementing digital effectively to address service needs and issues.	Ensure that Digital Academy delivers learning that supports CIOs and CCIOs in influencing skills for Boards and in linking the contribution of digital to key service pressures and future strategy	National bodies have greater assurance that digital benefits within service transformation are fully realised. Boards have greater ROI in using digital to improve service delivery and quality	Digital Academy NHS LA LGA/LA CIO Council Faculty of Clinical Informaticians FED-IP	Via Digital Academy funding stream	Medium 2018 delivery	PHC 2020, 'Carter Review', Health and Social Care integration
Non-Executive Directors with experience of other sectors can be huge assets but still need support to better understand the challenges in the NHS and Social Care around digital technology and data.	Develop in conjunction with NHSI and the NHS Providers Non-Executive Forum a series of learning and development support offers targeted at newly appointed Non-Executive Directors on Digital as a tool for transformation and the Digital landscape in health and social care	Local organisations will benefit from greater insight and critical appraisal of digital enabled change and ROI from their Boards	NHSI NHS Providers	Initial development to be funded from BDRW programme	Low cost Implement in final quarter of 17/18	PHC 2020, Well-led Regulation
Aligning digital with CQC/NHS Improvement's 'well-led' assessment and the	Incorporate 'Digital' as a tool for service improvement into the Single Oversight and 'Well-led' frameworks and develop a programme of	Consistency in embedding 'Digital' into quality assurance and leadership	NHSI CQC HEE/NHS LA Skills for Care LGA	Via existing mechanisms	Covered with existing funding streams.	Regulation, Clinical Safety, STPs

<p>domains of the Single Oversight Framework will resonate with leaders. STPs are also a key route through which to engage Boards and Leaders</p>	<p>learning resources to show practical examples of how 'Digital' can be a key enabler of good governance and quality care.</p>	<p>development frameworks across health and care</p>			<p>Implement in early 2017/18</p>	
<p>Awareness of risks around the use of existing Digital services appears low unless Boards are prompted</p>	<p>Produce a set of learning resources and comms and engagement plan for Board members on their role in mitigating against potential risks arising from cyber attacks Produce a set of learning resources on the role of Board members in ensuring safe information sharing across their own and partner organisations Develop an effective engagement plan with Board representative organisations</p>	<p>Reducing risks for NHS Boards and Social Care providers and improving safety</p>	<p>Establish a partnering arrangement with the NHS Digital Cyber Security team and the IG Alliance</p>	<p>Via existing mechanisms</p>	<p>Covered within existing funding streams</p>	<p>Clinical Safety, Information Security</p>
<p>Leaders don't instinctively look to the centre to develop their knowledge and understanding</p>	<p>Develop a long-term Digital Leadership engagement strategy / comms plan for ensuring effective dissemination of information with Health and Care Boards and their representative networks Establish a Digital Leadership knowledge sharing network for sharing updates, dissemination of learning and planning joint working with the National Network of AHSNs and STPs</p>	<p>Board members can exploit digital as part of their core role with trust and confidence in their information sources National bodies have an assurance of consistency in application of knowledge in local areas</p>	<p>NIB PHC 2020 central Comms Team</p>	<p>Via existing mechanisms</p>	<p>Covered with existing funding streams. Implement in early 2017/18</p>	<p>PHC 2020, STPs</p>

7. Conclusion and next steps

The benefits of broader Leadership development programmes are rarely quantified. However, through our consultations, webinars, visits and interviews we have already identified 2 organisations, WCS and Bradford District Care Trust, where their approaches have led to reductions in falls, improvements in staff productivity and improved staff retention and job satisfaction.

Both of these projects were focused on quality improvement enabled by Digital technologies. This focus on quality first, using existing networks and tools used by Boards and Leaders will remain our underlying ethos for the Leadership Workstream.

Our final report will be shared at the Programme Board meeting on 8th May, but we would like to already express our thanks to the 140 contributors who have shared their views already and to the contributions of Helen Bradburn and Diane Buddery who have gathered so much valuable intelligence for us to base our early thoughts and recommendations on.

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