The Health Informatics Service
*Informing Healthcare*

# NHS Yorkshire & Humber Informatics Forum Review

## Summary of Findings from the Future Requirements Review

January 2013 – April 2013

**Report prepared by:**
The Health Informatics Service

Document control:

| | |
|---|---|
| Author: | Lisa Fox |
| Date: | 08.05.2013 |
| Version: | 1.0 |
| Status: | Final |
| Circulation: | John Rayner, Samantha Ingram |

www.this.nhs.uk

The Health Informatics Service is hosted by Calderdale and Huddersfield NHS Foundation Trust

**Contents**



***Appendices***

## 1. Executive Summary

The review team would like to thank all the regional Directors of Information and members of the Northern Yorkshire and Humber Directors of Information Forum who have contributed to this review. The review team is grateful for the openness and courtesy extended to them throughout this process.

The review assessed current views regarding the professional support forums available to IM&T leaders in the Yorkshire and Humber region. Opinion was gathered on the functions, benefits and value of both the regional Director of Informatics meeting and the Northern Yorkshire and Humber Director of Informatics Forum.

The review team initially utilised an online survey which attracted a response rate between 26% (NYHDIF survey) and 32% (DI Survey). It is important to recognise that these response rates fall below average response rates for this type of survey. An expected response rate of 40-50% would normally be expected. This in itself may indicate a low level of engagement with the subject matter; however consideration should also be given to the timing of the survey which coincided with fundamental NHS changes and participants may have had more immediate concerns.

From the responses given, and through further exploration of key concerns during a series of semi structured issues, it became clear that the forums were recognised as a potentially beneficial use of time providing the content, structure and focus was of a required standard and format.

The following recommendations have been made to address the above and should be used to inform the design of any meaningful future forum.

### 1.1 Summary of Recommendations

**Recommendation 1**: That a forum should continue, with a scheduled meeting at least every other month, in order to meet the professional support needs of the region's IM&T leaders.

**Recommendation 2:** That the current forums should be combined, and rebranded, keeping some of the distinct functions from the previous groups.

**Recommendation 3**: That the forum should be administered and coordinated by a Local Area Team. Further consideration needs to be given to what such a team looks like in the current NHS landscape.

**Recommendation 4:** That the forum members should take control of the agenda of each meeting.

**Recommendation 5**: That organisations external to the NHS should be invited to the forum as and when the agenda dictates.

**Recommendation 6:** That Specialist Interest Groups should be asked to form in the presence of a clear and identified need.

**Recommendation 7**: That the benefits of formal links to a number of professional bodies are further explored and appropriate affiliations made.

**Recommendation 8**: That the forum adopts additional technologies to support communication between face to face meetings.

**Recommendation 9:** That the forum should begin to provide professional development opportunities for aspiring future leaders.

**Recommendation 10:** That the annual conference should continue to be a part of the ongoing support arrangements.

## 2. Objectives

This report aims to assess the requirements of IM&T leaders of emerging 'future state' organisations in the Yorkshire and Humber region, in terms of professional support groups, post April 2013.

The findings from this review will enable NHS Yorkshire and Humber to take into consideration:

- What type(s) of forum is required in the future?
- What will such a forum do?
- How will it do it?

## 3. Background

Prior to recent NHS restructures, IM&T leaders in Yorkshire and the Humber had two professional forums in which to come together and gain insights into their role and responsibilities.

The SHA mandated a regional Directors of Informatics (DI) meeting which convened monthly to discuss local and national policy issues. Directors were expected to attend or send a deputy. Now that the SHA has been disbanded, the DI meeting is at present no longer taking place.

There is also a long established group, the Northern, Yorkshire and Humber Directors of Informatics Forum (NYHDIF), which convenes monthly, consisting of voluntary membership made up primarily by NHS Directors of Information, IT and Informatics and any associated parties. They also arrange for an annual conference which has been enjoyed and well attended in the past.

The benefits of membership are well documented and membership numbers have been high, however in recent months interest in NYHDIF appears to have declined, thought to be a consequence of the NHS reforms changing much of the traditional NHS landscape.

NHS Yorkshire and The Humber recognise the value of having a well-established forum which brings senior IM&T decision makers together. As such there is a strong desire to have a forum like NYHDIF, continue and flourish after the demise of the SHA and PCTs on 1st April 2013.

## 4. Methodology

In order to examine the future needs of IM&T leaders, NHS Yorkshire and the Humber approached The Health Informatics Service to examine and analyse the views of regional Directors of Informatics, alongside existing and past members of NYHDIF.

This process was to comprise of a formal web based survey and follow up semi structured interviews.

### Web Based Survey:

An initial set of questions were devised, following a consultation with the Deputy Chief Information Officer, Yorkshire and the Humber Programme for IT.

The questions were then passed onto the THIS survey service who reviewed the wording, flow and overall presentation. Two online surveys were then designed:

- Regional DI's (Appendix 1)
- NYHDIF Membership (Appendix 2).

It was felt that two surveys were required as certain questions weren't relevant to both groups due to the slight differences between them.

The surveys were emailed on the 18th February to all DIs and NYHDIF members. (See Appendix 4 for a list of recipients). A reminder email was sent out on the 19th March with the survey coming to a close on the 25th March.

### Semi Structured Interviews

Following on from the analysis of the initial questionnaires the areas requiring further clarification were noted. A series of open ended questions were devised (Appendix 3) to enable a semi structured interview to take place with a cross section of the initial respondents.

Nine interviews took place, carried out by two interviewers.

The following section provides a summary of the findings from each survey and the follow up interviews.

## 5. Results

### 5.1 Directors of Informatics Survey

The DI's survey was conducted to understand the perceived value of the Regional Directors of Informatics Meeting in supporting NHS Organisations to deliver effective Health Informatics Services in support of outstanding patient care.

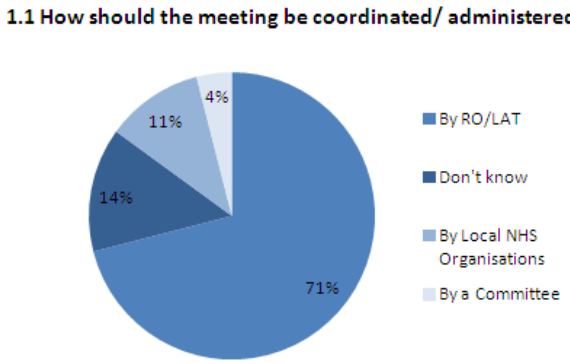
An invitation to take part in the survey was sent to 102 people. Of these, 4 were undeliverable, meaning that 98 people received the invitation to take part in the survey. 31 surveys were returned giving a response rate of 32%.

Key findings from the survey are highlighted below. For a full breakdown of questions and answers see Appendix 5.

#### Section 1 - General

- A strong majority of respondents were in favour of the DI meeting continuing post April 2013, 26/31 (84%),

- There was also a clear preference for the administration of the meeting to be coordinated/administered by RO/LAT – 20/28 (71%)




- There was an even spilt around how frequently the meetings should be organised, with 16/31 (53%) preferring monthly meetings and 13/31 (43%) opting for quarterly.

- Over two thirds (68%) thought it should be mandatory for statutory organisations to attend.

- There was less agreement over whether Any Willing Providers should be included.

  Those that said Yes (38%), No (28%) or Occasionally (28%) were evenly spilt
  It was clear that a sub forum wasn't felt an appropriate way forward (7%).

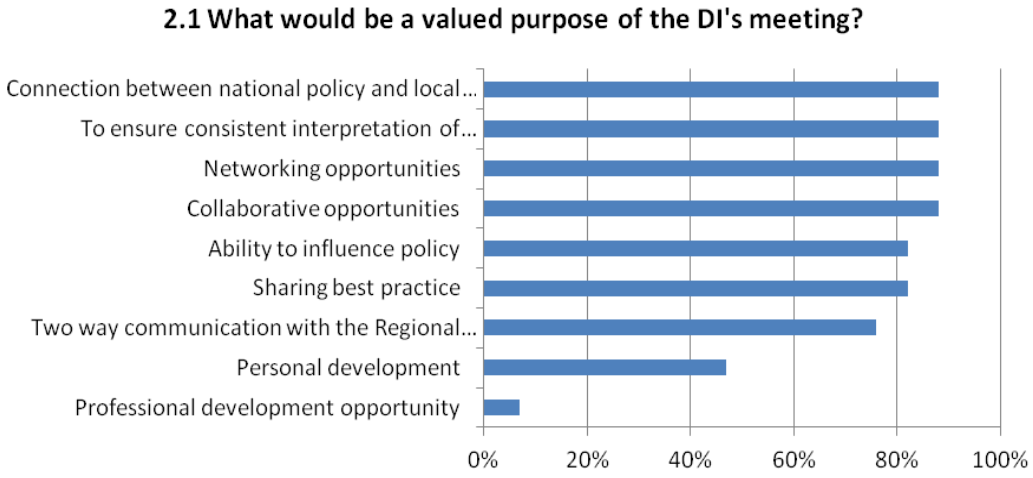
- There was little support for sub divisions of the meeting, either by health sector (14%) or by Locality (31%).

- There was strong support for Specialist Interest Groups being part of the setup 16/17 (94%)

- The majority of respondents 10/15 (67%) felt that the group should link with at least one professional body.

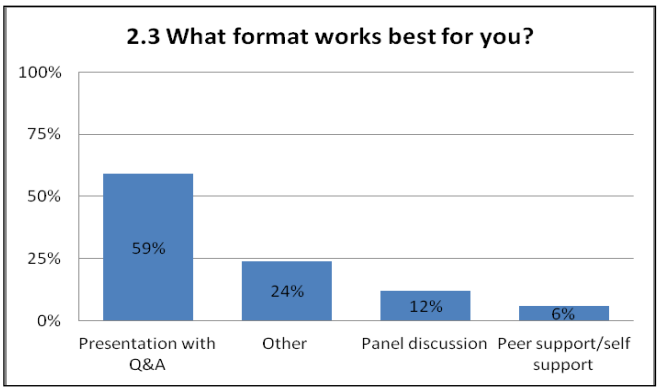
**Section 2 – Format**

- Most people (80% or more) found value in focusing in on national policy and its local interpretation, networking and collaborative opportunities, and the ability to share best practice.




- There was an even split between those that thought the agenda should be set by RO/LAT (38%) or Joint Committee (38%).

- The most popular format to use in the meeting was presentation with Q&A 10/17 (59%)



Other suggestions were:

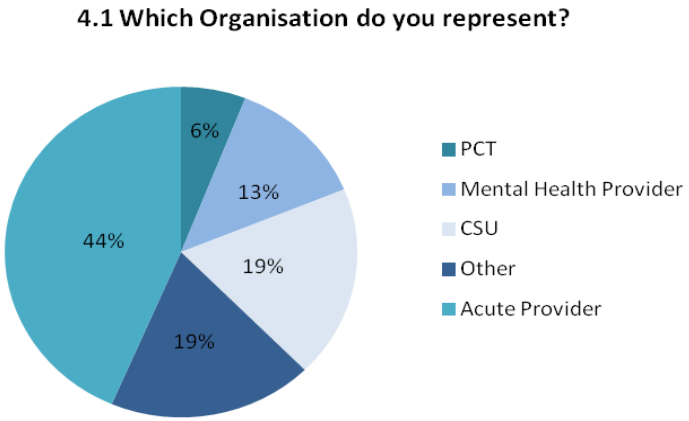
*"All"*
*"A mix of formal presentation and workshop style discussion"*
*"A mixture depending on the topics being presented"*
*"A variable format. Including all listed"*

**Section 3 – Benefits**

- Although only answered by a small number of respondents (14), there was a slight preference for keeping the DI/NYHDIF forums separate rather than combining them (9 vs 5 respondents).

- **Section 4 – You and Your Organisation** There was a recognition that there is a need to address professional development within these forums:

There was a good spread of organisations represented.



## 5.2 NYHDIF Survey Results

The NYHDIF survey was conducted to understand the perceived value of NYHDIF in supporting NHS Organisations to deliver effective Health Informatics Services in support of outstanding patient care.

An invitation to take the survey was sent to 123 people. Of these, 6 were undeliverable meaning 117 people received the invitation to take part in the survey. 31 completed surveys were returned giving a response rate of 26%.

Key findings from the survey are highlighted below. For a full breakdown of questions and answers see Appendix 6.

### Section 1 – Membership

- The majority of respondents were paying members of NYHDIF 27/30 (90%)

- Over two thirds of respondents 21/30 (70%) thought that NYHDIF should continue in its present form.

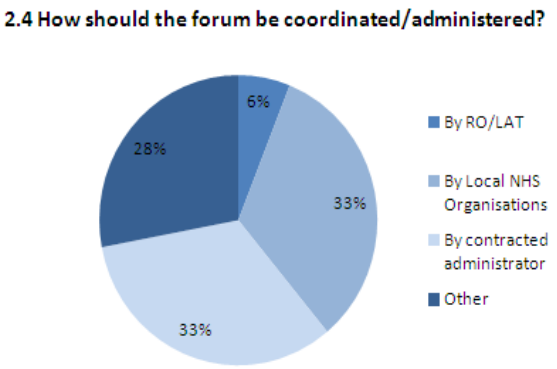
- There was a spilt between whether the meeting should take place on a monthly 17/30 (57%) or quarterly 12/30 (40%) basis.

### Section 2 – Format

- Respondents indicated that they preferred a mix of formats for the meetings *(respondents were asked to tick all that apply)*

| | |
|---|---|
| Presentation with Q&A | 68% |
| Panel discussion | 63% |
| Peer support/self support | 63% |

- There was no clear view how the forum should be coordinated, however it was noticeable that RO/LAT was the less favoured option with only 6% (1/18) preferring that approach.




Comments were noted for the "other" option, demonstrating further uncertainly in how best to go about this:

*"As present"*
*"Dependent upon whether self funded as is now or regionally controlled/ supported."*
*"Don't mind"*
*"No strong views"*
*"Not sure it matters"*

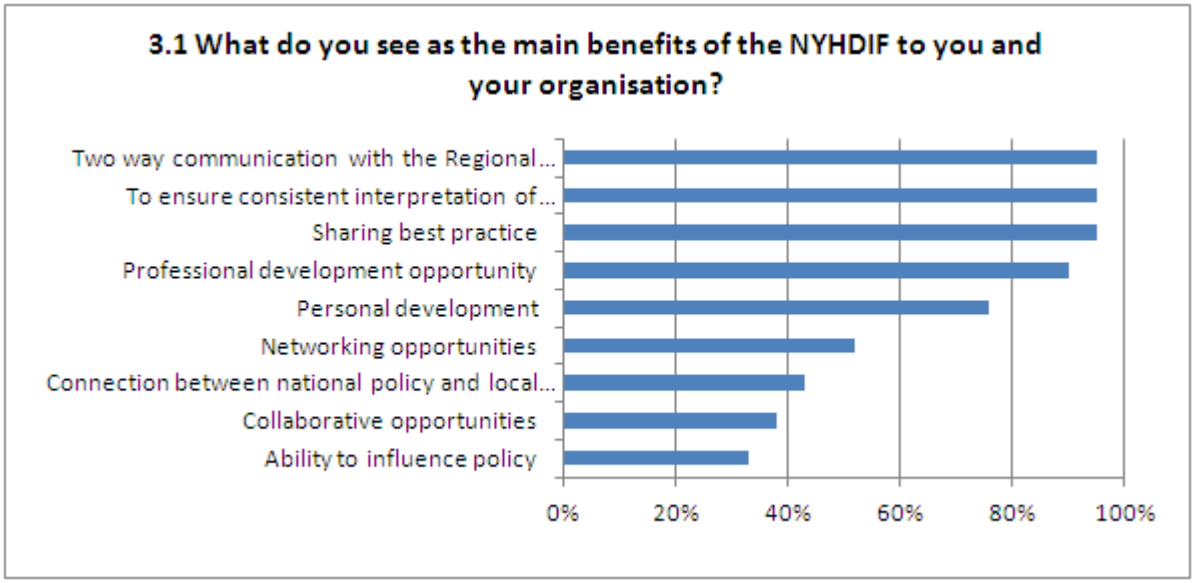
- There was no majority view around membership restrictions, with a fairly even split across, no restrictions (5/18), public sector only (4/18) or NHS only (6/18).

- A slight majority – 55% (11/20) felt the agenda should be set by Joint (representative) Committee as opposed to either by Administrators or by Membership.

**Section 3 – Benefits and Future**

As with the DI survey, most people (80% or more) found value in focusing in on national policy and its local interpretation, networking and collaborative opportunities, and ability to share best practice.

One aspect of the results that differed from the DI survey was recognition that being involved in NYHDIF provided a professional development opportunity.

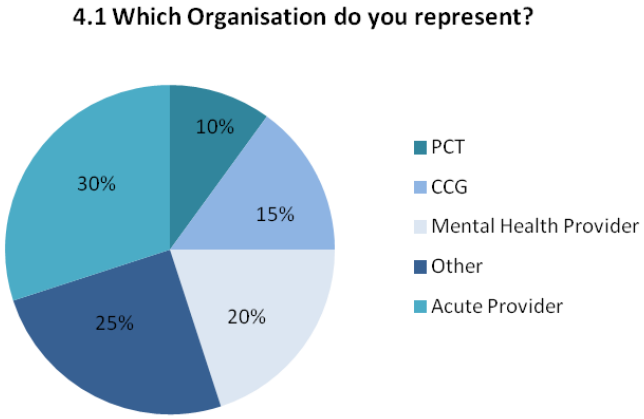



- 89% of respondents were planning to renew their membership, with the majority stating that either £200 - £299 or £300 - £399 would be a reasonable membership fee.

- It is worthy of note that the annual conference was fully supported (100% of respondents)

## Section 4- You and your organisation

- As with the DIs survey, a good cross section of organisations were represented



## 4.3 Semi Structured Interviews

The semi structured interviews were devised to gain further understanding of the key points identified during the survey.

They intended to:

- Examine the differing views between the NYHDIF and DI forums
- Address any gaps that weren't fully addressed in the survey

In order to do this, 9 semi structured interviews took place. These were carried out by two interviewers, who each followed a preset remit.

On review of the comments, it was possible to identify a number of themes around the topics listed below (See Appendix 7 for a thematic summary grid of the comments in each area)

1 Continuity and Combination
2 Frequency of Forum(s)
3 Membership of the Forum(s)
4 Administration of the Forum (s)
5 Format/Content/Purpose
6 Responsibility for setting the agenda
7 Delivery of Content
8 Annual Conference

The following sections explore the finding in each of the areas listed above.

**Continuity and Combination**

- There was overall agreement that a forum should continue.

  *"Risk we don't look at and just carry on doing what we've always done, Need to start again and recognise there is a need for a group/forum. There is so much change that we/NYHDIF need to reassess. Shouldn't keep old identify but should start a clean page"*

  *"Y&TH DI's and NYHDIF both provide forums that add value to the system I believe that they should both continue…I have previously worked in 4 other regions and have found the arrangements in Y&TH to be far superior to the other 3"*

  *"Now DI's has gone there must be something. If we don't have a group across the patch we'll be back in the dark ages. Potentially could end up with mini NYHDIF's and would lose the benefits experienced by a wider group"*

- Argument for Combining the Forum – *5 interviewees were in favour of combining*

*"Should be a combined meeting – NYHDIF and DI's due to time pressures. If it was less frequent could be longer – i.e working lunch followed by formal element followed by informal"*

*"Combined so long as feed down. If it is 2 meetings folk will chose which to attend and they are more likely to attend the meeting where instructions/information are provided"*

*"Combined but would have to reserve part of the agenda for information exchange and someone to deliver the top 10 hot topics since that last meeting"*

*"Both these meetings could be collapsed into one and could be undertaken on one full day every other month"*

*"Should be a combined forum with a clear remit"*

- Argument for Keeping Separate – *2 interviewees indicated a preference for keeping separate*

*"We must avoid DI's feeling isolated and as such would be happy to continue with both of these meetings as separate entities recognising the key differences"*

*"We should continue with two meetings in the future specifically for health without the distraction of local authorities or others in the public sector"*

**Frequency of Forum(s)**

- The most commonly expressed view was that the forums should take place every other month.

DIs:

*"6 times a year with a monthly conference call/WebEx in between meetings – the WebEx/conference call should focus on a high level brief"*

*"1 meeting per month as long as a combined one. If not combined than every other month"*

*"Every other month (6 times per year) - more frequent and would struggle to develop agenda and entice folk to attend"*

NYHDIF:

*"Could be collapsed into one and could be undertaken on one full day every other month"*

*"4/6 times per year anything else is too frequent"*

*"Every other month (6 times per year) - more frequent and would struggle to develop agenda and entice folk to attend"*

**Membership of the Forum(s)**

- There were mixed views on what would constitute an appropriate membership for each of the forums, with some support for opening up the memberships, whereby others had set views about keeping it restricted to NHS organisations.

  Views on DI Membership:

  *"Would be happy for DI's to be extended across the public sector".*

  *"Whilst I can see some benefit in Local Authorities attending the meeting and possibly other public sector services I would prefer to be with health colleagues"*

  *"Meeting needs to be purely NHS organisations. CSC's should be able to go to a meeting like NYHDIF. Felt there was currently an unhealthy relationship having CSC as regular attendees"*

  Views on NYHDIF Membership

  *"Would be happy under AQP for NYDHIF to be extended to commercial providers on a case by case basis."*

  *"More acute trusts should be required to attend."*

  *"Should not be exclusive. Greater participation would improve the forum"*

  *"We must consider how we involve the CSU, DI's and the process for signing /authorising some of the practical stuff e.g. PIDs"*

  *"The down side is that it is voluntary and as such attendance is a bit hit and miss"*

  *"Agenda is too SHA orientated and thought there wasn't sufficient membership driven content. Should be 25% formal and 75% informal"*

  *"Member organisations and NHS England representation. External input could be improved via membership".*

**Administration of the Forum (s)**

- There was general agreement that the administration of the forums needs to be re-evaluated but little was offered in terms of a future solution.

  DIs

  *"Concerns over who will run DI's and who would/could make it mandated"*

*"Not clear who is doing what at regional or local level in the way that the SHA attempted to"*

*"Doesn't need to be externally administrated (although the conference should be). Could have one organisation hosting/administering it"*

*"Joint organising committee would be made up of 6 vibrant members (3 acute 3 community) to get balance of ideas who set the agenda too"*

NYHDIF

*"No to an external administration team as not professional. Needs to be run by people more in touch and who are on the ground experiencing the real world"*

*"Identify whether the team currently running it are really the right people to do this"*

*"There is a need to do something and not just carry on as we are"*

**Format/Content/Purpose**

- This area generated the most commentary, with some clear views emerging on the purpose and content of each of the forums. Much of the positives focused in on sharing, networking and making the links between local and national policy

  DIs

  *"The meetings were about understanding the party line, interpreting policy and picking up commercial sensitivities"*

  *"Good for imparting knowledge and getting an understanding of national messages"*

  NYHDIF

  *"Excellent forum to get the reality check on policy and for an opportunity for networking and to learn from colleagues"*

  *"Generally enjoyed the NYHDIF experience and found it to be a safe place to discuss real issues with colleagues away from the SHA and from the presence of CSC".*

  *"NYDHIF is useful therapy with colleagues who understand".*

  *"Way of keeping in touch, sharing information and improving skills"*

- In many cases there was recognition that the current setup wasn't as beneficial as it could have been.

  The DI meeting tended to attract the view that the agendas were too full and there was not enough time to interact.

*"The group was too large with little opportunity for real discussion".*

*"Agenda were too full"*

*"Whole experience dull with too much talk and chalk".*

*"The content was poor. I got fed up of being talked to and had little opportunity to influence the agenda."*

*"I found the meetings to be entirely orientated towards the national programme which my organisation did not play a great part in"*

*"I was actually looking for an exchange of views not a sales pitch"*

There were fewer comments in relation to NYHDIF's agenda

*"Quality of the content needs to improve significantly if I am to have my interest maintained in the future."*

- Many views on how to improve either group were aired, much of which focused on the overall structure of the meetings.

  DIs

  *"Formal parts of the meeting could be done anywhere and in any form but the informal parts of meeting must be done face to face for most benefit*"

  *"Would have welcomed a greater use of sub groups and would indeed recommend this"*

  *". Formal part of group should be replaced by Info Centre or NHS England or HSCIC but needs to understand how they will all work together*."

  *"Meeting needs more structure. Would provide a focus if there was a short presentation on a topic (so long as it didn't detract from conference)"*

  NYHDIF

  *"Should have a structured format with elements of leadership and development. Continuous collaboration"*

  *"Keep communication channels open and keeps contacts at a senior level. Provides understanding of the 'rest of the world'. National briefing as well as what is happening at local level"*

  "*Informatics is changing so group could also benefit from Business Intelligence"*

*"3 or 4 sections – should be free format (anyone can add item to agenda)"*

*"More structured than now. Made up of 2/3 topics (hot issues) with a discussion"*

*"[there is] No clinical engagement with either forum".*

*"More time should be given to other external suppliers not just CSC. Members could bring a supplier to present or attend workshop sessions."*

- There was limited feedback around the role of Special Interest Groups (SIG)

*"Should lock out SIG's and focus on small groups which aren't limited to just health cross over with other areas e.g. IG and technical. The groups would need to be well organised and managed"*

*"SIG's not required to feed into this forum but could do. IG works well and possible need for there to be an Acute SIG - mainly because so much changing in acute services particularly in terms of investment in IT. Would make sense in terms of collaboration and learning"*

- There was a recognition that there is a need to address professional development within these forums:

*"Needs to be some sort of provision for after Emerging Leaders, currently there is nothing development wise – there is nothing for senior development (middle managers to gain experience/exposure) we do nothing for either so end up staying in the same place"*

*"Gap in how middle managers to gain development at regional groups"*

**Responsibility for setting the agenda**

- Most comments related to a desire for members/meeting attendees to be more involved in agenda setting.

DI

*"I would welcome an opportunity to contribute to future agenda's"*

*"Joint committee should be cross section of organisations with national representation"*

*"Joint organising committee would be made up of 6 vibrant members (3 acute 3 community) to get balance of ideas who set the agenda too".*

NYHDIF

*"NYHDIF should be what members want including setting the agenda…chair should not be by rank but should be by respect (nomination)"*

*"3 or 4 sections – should be free format (anyone can add item to agenda)*

**Delivery of Content**

- Some interviewees were keen to point out how the delivery of the content could be adapted or enhanced.

*"Tele conferencing and WebEx could be considered as an alternative"*

*"Should consider webex, blogs, social media etc as means of updating"*

*"Going to a meeting just to be informed of formal updates is pointless as it could be done via other means"*

*"We don't use different forms of communication and perhaps need to. As well as the meeting felt there was need to have an alerting system which would alert organisations to a new hot topic. Would need to be brief and to the point."*

**Annual Conference**

- All the interviewees were complimentary of the annual conference:

*"Very much enjoyed the annual conference and happy with the present format of Thursday morning arrival"*

*"Attended the conference four times across the last five years and generally feel the content got stronger"*

*"The annual conference is very good. The organisers certainly got it right last year"*

*"VFM is excellent"*

- There were some suggestions on how things could be improved

*"Could benefit from some professional facilitation and some investment. Conference is good but not great. Needs someone to pull it together better but for those in the day to day job to influence. Could maybe be twice a year"*

*"Well attended and well received. Nothing in particular that is a minus. Maybe could learn something from NW conference. Should be open to wider group of people and have wider appeal"*

*“Should be education rather than development sessions/ workshops/ action planning. Could be better planned and needs greater input from other organisations”*

## 6. Conclusions

On review of all the evidence and feedback from the surveys and interviews the following conclusions can be made.

- There was a strong desire for the functions provided by both meetings to continue in some format.

- Whilst there was some overlap between the functions of both groups, there were also some key differences. The DI group saw the function of that forum as an opportunity to influence national and local policy and have policy cascade down. However some of the main NYHDIF functions centred more around providing a safe place to discuss any issues with colleagues and creating a supportive learning environment.

- There was recognition of the need to include participants from outside of the NHS, e.g. Any Qualified Provider and/or wider public sector involvement, but with a desire to limit their involvement somehow.

- The majority of the DI's supported the forum being coordinated by their existing setup, through RO/LAT. However there were mixed views on the coordination of NYHDIF, with local NHS Organisations and Contracted Administrator cited as being equally viable.

- Regardless of who is responsible for administrating/coordinating the group, there was an appetite for members to become more involved in setting the agenda.

- There was recognition that technology i.e. WebEx, Alert Mechanisms and social media should play a part in communication between the members of the forum going forward.

- There was a desire to address the professional development needs of middle managers within these forums

- The annual conference was strongly supported and seen as very beneficial to members.

## 7. Recommendations

- That a forum should continue in some form, with a meeting schedule of at least every other month. This became the preferred view during the interviews and providing that the function of being able to link in and influence national policy is able to be carried out whilst still allowing for some time for the safe place conversation then the forums could be combined. (e.g. A morning session to deal with all the policy elements, and then a looser session in afternoon where shared learning can take place, feedback experiences in certain hot topics etc) However it is important to recognise this as a new forum and as such a rebrand should be considered.

- In terms of regular membership, it is recommended that Specialist Interest Groups should not be part of the regular membership, but will have their place when certain agenda items call for such expertise. Likewise, organisations outside of the NHS e.g. AQP, the Wider Public Sector may only need to be invited to part of the meeting, or as and when the agenda dictates it. As closer relationships are formed between NHS and non NHS organisations this should also be reviewed.

- The forum should be administered and coordinated by a Local Area Team, however it is recommended that more time is given to exploring what such a team would look like in the current NHS landscape.

- Members of the forum should take the lead in agenda setting.

- An annual conference should continue to be part of the support requirements, as all participants have favourable views of the conference and would support it continuing.

- Given the expertise of the group, there is a need to introduce more technology into how information is shared within the group. Teleconferencing, WebEx and social media should all be examined as a way of connecting the group, especially in between face to face meetings.

- There is a need to asses how best to provide professional development opportunities for aspiring senior leaders within this forum.

- The forum should have some formal links with professional bodies such as BSC, ASSIST and/or UKCHIP

## Appendix 1: Directors of Informatics Survey

NHS

The Health Informatics Service
*Informing Healthcare*

This survey is looking to understand the perceived value of the Regional Directors of Informatics Meeting in supporting NHS Organisations to deliver effective Health Informatics Services in support of outstanding patient care.

Please take some time to respond to the questions and be as open and honest as possible. The survey results are completely confidential and will be used to inform the direction of the Regional Directors of Informatics Meeting going forward.

**Section 1 - GENERAL**

**1.1** Should the Regional Directors of Informatics Meeting continue post 1st April 2013?

- ☐ Yes
- ☐ No - (please state why) ☐
- ☐ Don't know

**1.2** How should the meeting be coordinated/ administered?

- ☐ By RO/LAT
- ☐ By a Committee
- ☐ By Local NHS Organisations
- ☐ Don't know

**1.3** How often should the meeting be held?

- ☐ Monthly
- ☐ Six monthly
- ☐ Quarterly
- ☐ Annual conference only

**1.4** Should membership be mandated for statutory organisations? Eg attend or send a deputy

- ☐ Yes
- ☐ No

**1.5** Should the Forum include 'Any Willing providers'? (i.e. non-NHS)

- ☐ Yes
- ☐ No
- ☐ Sub-Forum/Group (please add comment) ☐
- ☐ Occasionally (please add comment) ☐

**1.6** Should there be any-sub divisions of the meeting?

- ☐ No
- ☐ Yes, by Health Sector
- ☐ Yes, by Locality (LAT)

**1.7** Should the Forum be supported by Special Interest Groups? e.g. IG, IT, Information

☐ Yes (please give example) _____

☐ No

**1.8** Should the Group have formal links with professional bodies? (please tick relevant groups)

☐ Yes, BCS

☐ Yes, ASSIST

☐ Yes, UKCHIP

☐ Yes, Other (please state) _____

☐ No

## Section 2 - FORMAT

**2.1** What would be a valued purpose of the meeting? (tick all that apply)

☐ Sharing best practice

☐ Collaborative opportunities

☐ Personal development

☐ Networking opportunities

☐ Two way communication with the Regional Office

☐ Ability to influence policy

☐ Professional development opportunity

☐ To ensure consistent interpretation of policy/guidance

☐ Connection between national policy and local delivery

☐ Other (please state) _____

**2.2** How should agendas be set?

☐ By RO/LAT

☐ By Local NHS Organisations

☐ By Joint (representative) Committee

☐ Other (please state) _____

**2.3** What format works best for you?

☐ Presentation with Q&A

☐ Peer support/self support

☐ Panel discussion

☐ Other (please state) _____

## Appendix 2: NYHDIF Membership Survey

NHS

The Health Informatics Service
*Informing Healthcare*

This survey is looking to understand the perceived value of NYHDIF in supporting NHS Organisations to deliver effective Health Informatics Services in support of outstanding patient care.

Please take some time to respond to the questions and be as open and honest as possible. The survey results are completely confidential and will be used to inform the direction of the NYHDIF group going forward.

**Section 1 - MEMBERSHIP**

**1.1** Are you a current (paying) member of NYHDIF?

- ☐ Yes — Go to **2.1**
- ☐ No, but I previously have been — Go to **1.2**
- ☐ No, and I have never been — Go to **1.3**

**1.2** What were your reasons for leaving? (Tick all that apply)

- ☐ Regularly attend DI's instead
- ☐ Didn't meet my needs
- ☐ Inappropriate content
- ☐ Too cliquey
- ☐ Lack of network/learning opportunities
- ☐ Membership fees too high
- ☐ Location of meeting
- ☐ Other (please state)

**1.3** Why haven't you joined NYHDIF? (Tick all that apply)

- ☐ Limited awareness of its role/purpose
- ☐ Negative reputation
- ☐ Membership fees too high
- ☐ Location of meeting
- ☐ Regularly attend DI's instead
- ☐ Other (please state)

**Section 2 - FORMAT**

**2.1** Do you think that NYHDIF should continue in its present form?

- ☐ Yes
- ☐ No
- ☐ Don't know

**2.2** How often should NYHDIF meet?

- ☐ Monthly
- ☐ Quarterly
- ☐ Six monthly
- ☐ Annual conference only

[redacted]

**2.3** What format works best for you? (Tick all that apply)

☐ Presentation with Q&A ☐ Peer support/self support

☐ Panel discussion ☐ Other (please state) ☐

**2.4** How should the forum be coordinated/administered?

☐ By RO/LAT ☐ By contracted administrator

☐ By Local NHS Organisations ☐ Other (please state) ☐

**2.5** Should there be any membership restrictions?

☐ In region only ☐ Only NHS organisations ☐ Public Sector Only ☐ No restrictions

**2.6** How should agendas be set?

☐ By Administrators ☐ By membership

☐ By Joint (representative) Committee ☐ Other (please state) ☐

**Section 3 - BENEFITS AND FUTURE**

**3.1** What do you see as the main benefits of the NYHDIF to you and your organisation? (Tick all that apply)

☐ Sharing best practice

☐ Collaborative opportunities

☐ Personal development

☐ Networking opportunities

☐ Two way communication with the Regional Office

☐ Ability to influence policy

☐ Professional development opportunity

☐ Connection between national policy and local delivery

☐ To ensure consistent interpretation of policy/guidance

☐ Other (please state) ☐

**Please qualify your response**

☐

**3.2** If NYHDIF were to continue would you join/renew membership?

☐ Yes ☐ No ☐ Undecided

**3.3** What would be a reasonable membership fee per organisation (assuming monthly meetings and an annual conference)?

☐ <£200 ☐ £300 - £399

☐ £200 - £299 ☐ £400+

**3.4** Are you supportive of the Annual Conference?

☐ Yes ☐ No ☐ Don't know

## Section 4 - ABOUT YOU AND YOUR ORGANISATION

**4.1** Which Organisation do you represent?

☐ Acute Provider

☐ PCT

☐ CCG

☐ CSU

☐ Primary Care Provider

☐ Mental Health Provider

☐ Other (please state) _____

**4.2** What is your current role? _____

**4.3** What is your future role? (if different from your current role) _____

Additional comments

_____

## Appendix 3 – Semi Structured Interview Questions

Follow Up questions for NYHDIF/DI's Interviews

Explain reason for interviews – further clarification on some areas following the surveys and to triangulate views in order for us to make recommendations

1. How frequently do you think NYHDIF should meet? Tell me why you feel that.
2. What do you think the format of the NYHDIF meetings should be? Tell me why you feel that.
3. What do you think a Joint Committee for NYHDIF should look like? How would you see the administrators working with the organisers? How should agendas be set?
4. How would you get the most out of NYHDIF?
5. How would you see NYHDIF/DI's evolving?
6. How would you get the most benefit out of DI's?
7. How frequently do you think DI's should meet? Tell me why you think that.
8. What do you see as a Special Interest Group? Would/How would these play into the forum?
9. What do you think a Joint Committee for DI's should look like?
10. How could the Annual conference be improved?

**Appendix 4 – Survey Recipients List**

| **Directors of Informatics (DI) Survey** | |
|---|---|
| julie.gibbon@yas.nhs.uk | Ian White (Sheffield Teaching Hospitals NHS Foundation Trust) |
| susan.hales@rdash.nhs.uk | Ian Wightman |
| Adrienne.pickering@swyt.nhs.uk | James Rawlinson (Midyorks) |
| Alan Baker | Jane Jones (SWYMHT) |
| alan.barton@nhs.net | Jane Wilson (SWYMHT) |
| Alastair.Cartwright@nhsleeds.nhs.uk | Janet.Howden@nhs.net |
| Alison.Dailly@leedsth.nhs.uk | Janet.Penn@rdash.nhs.uk |
| amy.vickery@york.nhs.uk | jasonbradley@nhs.net |
| Andrew.Clayton@rotherham.nhs.uk | Jonathan Stanford (SWYMHT) |
| Angela.Wood@nyypct.nhs.uk | Jonathan Hayes (Barnsley Hospital NHS Foundation Trust) |
| Anne.Callan@bdct.nhs.uk | jules.williams@humber.nhs.uk |
| ash.khaliq@dbh.nhs.uk | Julie.Ovington@doncasterpct.nhs.uk |
| Brent Walker (Bradford Teaching Hospitals) | Karen.Nayler@hey.nhs.uk |
| Cheryl.Higgins@rotherham.nhs.uk | kim.ashall@rothgen.nhs.uk |
| christine.crawshaw@dbh.nhs.uk | Lee.rickles@humber.nhs.uk |
| dave.buchan@nhs.net | lee.rickles@nhs.net |
| Dave.Coney@rdash.nhs.uk | lisa.taylor@bradford.nhs.uk |
| Dave Griffith (Bradford Teaching Hospitals) | lorna.edwards@leedsth.nhs.uk |
| Dave Lang | louise.lambert@nhs.net |
| David.Brown@rothgen.nhs.uk | lynn.parsons@hdft.nhs.uk |
| david.johnson@yas.nhs.uk | Lynne Spink (Midyorks) |
| david.worth@acute.sney.nhs.uk | Mandy.Gallagher@nhs.net |
| Debbie.White@hey.nhs.uk | mandybennett@nhs.net |
| douglasscott@nhs.net' | Martin.Boyda@dbh.nhs.uk |
| Dave Shelley (Leeds Mental Health) | Martyn.Smith@hey.nhs.uk |
| Dylan.Roberts@leeds.gov.uk | Michael.bateson@nhs.net |
| Eileen.Jessop@leedsth.nhs.uk | mlee5@csc.com |
| Gillian.horsfall@leedspct.nhs.uk | n.abbas@wycsa.nhs.uk |
| gpeel@csc.com | Nick Allan-Smith |
| Graham.Annan@humber.nhs.uk | Nick.Tordoff@nhs.net |
| Heather.Marsh@doncasterpct.nhs.uk | pam.heaford@hullpct.nhs.uk |
| heathercook1@nhs.net' | Paul.Foster@swyt.nhs.uk |
| Ian.Roberts@bradford.nhs.uk | paul.nicholas@hdft.nhs.uk |
| Russell.Banks@sch.nhs.uk | Pauline Jones (Barnsley Hospital NHS Foundation Trust) |
| S.Fawcett@wycsa.nhs.uk | Peter Flynn; 'pyoungman@nhs.net |
| Sally Soady (Sheffield West PCT) | Rachel.May@rothgen.nhs.uk |
| Sarah.Cleary@rotherham.nhs.uk | rarmett@csc.com |
| Sarah.Foster@hey.nhs.uk | rebecca.ashmore@rothgen.nhs.uk |
| Sarah Vallance | richard.slough@nhs.net |
| Sharon.Ball@nyypct.nhs.uk | Robert.Harrison@hdft.nhs.uk |

| | |
|---|---|
| smason20@csc.com'; 'stephen.parsons@dbh.nhs.uk | Robin.Carlisle@rotherham.nhs.uk |
| sue.hood@acute.sney.nhs.uk | Roger Crick (Barnsley Hospital NHS Foundation Trust) |
| sue.rushbrook@york.nhs.uk | Rose Hand; 'rtomlinson@nhs.net |
| Thelma.Dobbie@bthft.nhs.uk | Tony.Whitehead@sch.nhs.uk |
| tim.rycroft@anhst.nhs.uk | Tracey.Harding@sth.nhs.uk |
| Tom.Davidson@shsc.nhs.uk | tracy.meyer@nhs.net |
| Tony.Marsh@leedsth.nhs.uk | Trevor Wright; |
| Tony Megaw | Val Ainley; ' |
| Tony Middleton (Bradford District Care Trust) | val.bennett@sch.nhs.uk'; |
| John Rayner; | Jim Barwick; |
| Raj Summan | John Leech; |
| | |
| **NYHDIF Survey** | |
| adrienne pickering; | linda blenkinsopp; |
| Alan Baker; | Mark Hutchinson; |
| alan meloy; | Martin Boyda; |
| alastair cartwright; | martyn smith; |
| alison dailly; | mike austin; |
| andrew izon; | Netta Hollings; |
| andrew smith; | Nick Allan-Smith; |
| Angela Wood; | Nick Tordoff; |
| catherine moran; | paul nicholas; |
| Dave Coney; | Peter Flynn; |
| Dave Lang; | Phil Molyneux; |
| david shelley; | richard slough; |
| david worth; | Rosalyn Anderson; |
| douglas scott; | Rose Hand; |
| eileen jessop; | Sally Soady (Sheffield West PCT); |
| Heather  Cook; | Stephen Parsons; |
| Ian Atkinson; | Tim Rycroft; |
| ian hutty; | Tony Megaw; |
| ian roberts; | Tony Middleton (Bradford District Care Trust); |
| Ian White (Sheffield Teaching Hospitals NHS Foundation Trust); | Tracy meyer; |
| Ian Wightman; | Trevor Wright; |
| Jackie France; | trudy wagstaff |
| James Rawlinson (Midyorks); | |
| Janet Howden; | |
| Janet Penn; | |
| Jayne Cowell; | |
| John Hodson (BarnsleyPCT); | |
| John Leech; | |
| John Varlow; | |
| Kate Holliday; | |

**Appendix 5: DI Survey Report**

The DIs survey was conducted to understand the perceived value of the Regional Directors of Informatics Meeting in supporting NHS Organisations to deliver effective Health Informatics Services in support of outstanding patient care.

An invitation to take the survey was sent to 102 people of these 4 were undeliverable meaning 98 people received the invitation to take the survey. 31 completed surveys were returned giving a response rate of 32%
Not every respondent answered every question, so the total number of responses changes slightly between questions.
Unfortunately some respondents only answered the first page of the three page survey so the response rate for the later questions (1.7 to 4.3) is markedly lower.

**Section 1 – GENERAL**

1.1 Should the Regional Directors of Informatics Meeting continue post 1st April 2013?

| Response | Number of Responses | % |
|---|---|---|
| Yes | 26 | 84% |
| No - (Please state why) | 1 | 3% |
| Don't know | 4 | 13% |
| **Total** | **31** | **100%** |

Reasons for 'No':

- Needs radical review. Should focus more on local health economy rather than regional. Should keep NYDIF to provide larger area focus
- I am a CCG IT lead but as I also have many other responsibilities would not personally be able to prioritise such a meeting

1.2 How should the meeting be coordinated/ administered?

| Response | Number of Responses | % |
|---|---|---|
| By RO/LAT | 20 | 71% |
| By Local NHS Organisations | 3 | 11% |
| By a Committee | 1 | 4% |
| Don't know | 4 | 14% |
| **Total** | **28** | **100%** |

1.3 How often should the meeting be held?

| Response | Number of Responses | % |
|---|---|---|
| Monthly | 16 | 53% |
| Quarterly | 13 | 43% |
| Six monthly | - | - |
| Annual conference only | 1 | 3% |
| **Total** | **30** | **100%** |

1.4 Should membership be mandated for statutory organisations? E.g. attend or send a deputy

| Response | Number of Responses | % |
|---|---|---|
| Yes | 19 | 68% |
| No | 9 | 32% |
| **Total** | **28** | **100%** |

1.5 Should the Forum include 'Any willing providers'? (i.e. non-NHS)

| Response | Number of Responses | % |
|---|---|---|
| Yes | 11 | 38% |
| No | 8 | 28% |
| Sub-Forum/Group (please add comment) | 2 | 7% |
| Occasionally (please add comment) | 8 | 28% |
| **Total** | **29** | **100%** |

Comments for 'Sub-Forum/Group':
Comments for 'Occasionally':

- Dependent upon agenda items being discussed.
- When the agenda needs it.
- If business or events dictate they need to be there they should. I don't think it will be productive to have them there all the time.
- Important to have NHS only forum, however could include AWP on a quarterly basis
- Meetings should be in two parts. Part a - NHS only; Part b - any willing provider

1.6 Should there be any sub divisions of the meeting?

| Response | Number of Responses | % |
|---|---|---|
| No | 16 | 55% |
| Yes, by Health Sector | 4 | 14% |
| Yes, by Locality (LAT) | 9 | 31% |
| **Total** | **29** | **100%** |

1.7 Should the Forum be supported by Special Interest groups? E.g. IG, IT, Information?

| Response | Number of Responses | % |
|---|---|---|
| Yes (please give example) | 16 | 94% |
| No | 1 | 6% |
| **Total** | **17** | **100%** |

Yes Example:

- NoE Mental Health Heads of Information
- IG
- Should be self defining. I.e. if we need one it should become obvious
- IT

1.8 Should the Group have formal links with professional bodies?

| Response | Number of Responses n=15 |
|---|---|
| Yes, BCS | 7 (47%) |
| Yes, ASSIST | 8 (53%) |
| Yes, UKCHIP | 8 (53%) |
| Yes, Other (please state) | 2 (13%) |
| No | 5 (33%) |

*NB. Multiple choices could be selected for this question*

Other:

- Links should be possible through the membership
- SOCITM
- Intellect

**Section 2 – FORMAT**

2.1 What would be a valued purpose of the meeting?

| Response | Number of Responses n = 17 |
|---|---|
| Sharing best practice | 14 (82%) |
| Collaborative opportunities | 15 (88%) |
| Personal development | 8 (47%) |
| Networking opportunities | 15 (88%) |
| Two way communication with the Regional Office | 13 (76%) |
| Ability to influence policy | 14 (82%) |
| Professional development opportunity | 7 (41%) |
| To ensure consistent interpretation of policy/guidance | 15 (88%) |
| Connection between national policy and local delivery | 15 (88%) |

*NB. Multiple choices could be selected for this question*

2.2 How should agendas be set?

| Response | Number of Responses | % |
|---|---|---|
| By RO/LAT | 6 | 38% |
| By Joint (representative) Committee | 6 | 38% |
| By Local NHS Organisations | 3 | 19% |
| Other (please state) | 1 | 6% |
| **Total** | **16** | **100%** |

Other:

- By RO/LAT with submissions from local NHS Organisations
- Don't mind

2.3 What format works best for you?

| Response | Number of responses | % |
|---|---|---|
| Presentation with Q&A | 10 | 59% |
| Panel discussion | 2 | 12% |
| Peer support/self support | 1 | 6% |
| Other | 4 | 24% |
| **Total** | **17** | **100%** |

Other:

- All
- A mix of formal presentation and workshop style discussion
- A mixture depending on the topics being presented
- Variable format, including all listed.

**Section 3 - BENEFITS**

3.1 Which of the following support arrangements would you find most beneficial to you and your organisation?

| Response | Number of Responses | % |
|---|---|---|
| NYHDIF and DI's combined | 5 | 36% |
| NYHDIF and DI's separate | 9 | 64% |
| **Total** | **14** | **100%** |

**Section 4 – ABOUT YOU AND YOUR ORGANISATION**

4.1 Which Organisation do you represent?

| Response | Number of Responses | % |
|---|---|---|
| Acute Provider | 7 | 44% |
| PCT | 1 | 6% |
| CSU | 3 | 19% |
| Mental Health Provider | 2 | 13% |
| Other | 3 | 19% |
| **Total** | **16** | **100%** |

Other:

- Shared services
- SHA
- Care Trust,  Mental Health and Community

4.2 What is your current role?

- Assistant CIO
- Assistant Director of IT
- Assistant Informatics Director
- Associate Director
- CIO
- Deputy Director of Performance and Informatics
- Director
- Director of Performance & Commissioning Intelligence
- Head of IM&T
- Head of Informatics
- Head of Information and Knowledge services
- IT Programme Manager
- Modernisation Programme Director

4.3 What is your future role) (if different from your current role)

- Don't know yet

- Head of Strategic Business Intelligence in the NHS CB
- IT Operational services lead
- Not sure
- Same
- Same remit different title

**Additional comments:**

- A group of this kind is essential in a time of change
- I rarely manage to get to the DIs meeting which is predominantly IT related. However, I find the less formal NYHDIF meeting very useful and pick up interesting pieces of information and a good networking and knowledge sharing forum.
- It is vitally important that a joined up approach to delivering informatics is maintained. The value provided by DIs and its associated initiatives have proven invaluable over the last five years. The ability to deliver the new ways of working underpinned by health informatics will be severely compromised if these forums are lost.
- Myself, the organisation I work for and the health community I work in have benefitted significantly over the years from the DIs forum, it would be unfortunate if this forum was not able to continue in one form or another.

**Appendix 6: NYHDIF Survey Report**

The NYHDIF survey was conducted to understand the perceived value of NYHDIF in supporting NHS Organisations to deliver effective Health Informatics Services in support of outstanding patient care.

An invitation to take the survey was sent to 123 people of these 6 were undeliverable meaning 117 people received the invitation to take the survey. 31 completed surveys were returned giving a response rate of 26%

Not every respondent answered every question, so the total number of responses changes slightly between questions.

Unfortunately some respondents only answered the first page of the three page survey so the response rate for the later questions (2.3 to 4.3) is markedly lower.

**Section 1 - MEMBERSHIP**

*1.1 Are you a current (paying) member of NYHDIF?*

| **Response** | **Number of responses** | **%** |
|---|---|---|
| Yes | 27 | 90% |
| No, but I previously have been | 2 | 7% |
| No, and I have never been | 1 | 3% |
| **Total** | **30** | **100%** |

*1.2 What were your reasons for leaving?*

| **Response** | **Number of responses n=2** |
|---|---|
| Regularly attend DI's instead | 1 (50%) |
| Didn't meet my needs | 1 (50%) |
| Inappropriate content | - |
| Too cliquey | - |
| Lack of network/learning opportunities | 1 (50%) |
| Membership fees too high | - |
| Location of meeting | - |

*NB. Multiple choices could be selected for this question*

*Other reasons:*

- Change in organisational role
- When time is tight (as now), commitment has to be towards the mandatory group.

*1.3 Why haven't you joined the NYHDIF?*

***This question was only answered by one respondent who selected 'Other' as their response.***

*Other reasons:*

- Attended for information sharing experience and networking as not currently in a Director role.
- Change in organisational role

***Section 2 – FORMAT***

*2.1 Do you think that NYHDIF should continue in its present form?*

| **Response** | **Number of responses** | **%** |
|---|---|---|
| Yes | 21 | 70% |
| No | 7 | 23% |
| Don't know | 2 | 7% |
| **Total** | **30** | **100%** |

*2.2 How often should NYHDIF meet?*

| **Response** | **Number of responses** | **%** |
|---|---|---|
| Monthly | 12 | 40% |
| Quarterly | 17 | 57% |
| Six Monthly | 1 | 3% |
| Annual conference only | - | - |
| **Total** | **30** | **100%** |

*2.3 What format works best for you?*

| **Response** | **Number of responses n=19** |
|---|---|
| Presentation with Q&A | 13 (68%) |
| Panel discussion | 12 (63%) |
| Peer support/self support | 12 (63%) |
| Other (please state) | 2 (11%) |

*NB. Multiple choices could be selected for this question*

*Other:*

- All of these formats work well dependent upon content/purpose of item for discussion.
- Combination of Presentation and Peer support

*2.4 How should the forum be coordinated/administered?*

| **Response** | **Number of responses** | **%** |
|---|---|---|
| By RO/LAT | 1 | 6% |
| By Local NHS Organisations | 6 | 33% |
| By contracted administrator | 6 | 33% |
| Other | 5 | 28% |
| **Total** | **18** | **100%** |

*Other:*

- As present
- Dependent upon whether self funded as is now, or regionally controlled/supported.

- Don't mind
- No strong views
- Not sure it matters

*2.5 Should there be any membership restrictions?*

| Response | Number of responses | % |
|---|---|---|
| In region only | 3 | 17% |
| Only NHS organisations | 6 | 33% |
| Public Sector Only | 4 | 22% |
| No restrictions | 5 | 28% |
| **Total** | **18** | **100%** |

*2.6 How should agendas be set?*

| Response | Number of responses | % |
|---|---|---|
| By Administrators | 2 | 10% |
| By membership | 6 | 30% |
| By Joint (representative) Committee | 11 | 55% |
| Other | 1 | 5% |
| **Total** | **20** | **100%** |

*Other:*

- By membership and agreed external suggestions
- With member being able to suggest topics

**Section 3 – BENEFITS AND FUTURE**

*3.1 What do you see as the main benefits of the NYHDIF to you and your organisation?*

| Response | Number of responses n=21 |
|---|---|
| Sharing best practice | 19 (90%) |
| Collaborative opportunities | 16 (76%) |
| Personal development | 11 (52%) |
| Networking opportunities | 20 (95%) |
| Two way communication with the Regional Office | 8 (38%) |
| Ability to influence policy | 9 (43%) |
| Professional development opportunity | 7 (33%) |
| Connection between national policy and local delivery | 20 (95%) |
| To ensure consistent interpretation of policy/guidance | 20 (95%) |
| Other (please state) | 2 (10%) |

*NB. Multiple choices could be selected for this question*

*Other benefits:*

- Meet with other public sector bodies
- To confidentially discuss the impact of policy and to provide action learning type opportunities.

*Please qualify your response:*

- Believe that DIs and NYHDIF should now be combined into one meeting to fulfil the functions outlined above. A small number of sub-groups should then report into this group to ensure a coordination of specialists functions such as IG or programme / project management
- I think anyone who does not think that all apply, should not be working in this field
- NYHDIF fills the gap between DI's and connections to the current SHA, for both Primary and Secondary care organisations. This is essential for the future with new structures and organisations coming into being.
- Regional Offices are only concerned with commissioning and this group needs to have a wider scope.
- The ability to discuss how a variety of organisations understand policy requirements and/or plan to implement same is invaluable.

*3.2 If NYHDIF were to continue would you join/renew membership?*

| Response | Number of responses | % |
|---|---|---|
| Yes | 16 | 89% |
| No | 1 | 6% |
| Undecided | 1 | 6% |
| **Total** | **18** | **100%** |

*3.3 What would be a reasonable membership fee per organisation (assuming monthly meetings and an annual conference)?*

| Response | Number of responses | % |
|---|---|---|
| <£200 | 3 | 16% |
| £200 - £299 | 6 | 32% |
| £300 - £399 | 7 | 37% |
| £400+ | 3 | 16% |
| **Total** | **19** | **100%** |

*3.4 Are you supportive of the Annual Conference?*

| Response | Number of responses | % |
|---|---|---|
| Yes | 19 | 100% |
| No | - | - |
| Don't know | - | - |
| **Total** | **19** | **100%** |

**Section 4 – ABOUT YOU AND YOUR ORGANISATION**

*4.1 Which Organisation do you represent?*

| Response | Number of responses | % |
|---|---|---|
| Acute Provider | 6 | 30% |
| PCT | 2 | 10% |
| CCG | 3 | 15% |
| CSU | - | - |
| Primary Care Provider | - | - |
| Mental Health Provider | 4 | 20% |
| Other | 5 | 25% |
| **Total** | **20** | **100%** |

*Other*

- Care Trust Community and Mental Health
- HSCIC
- SHA

*4.2 What is your current role?*

- Assistant Director of IT
- Assistant CIO
- Assistant Informatics Director
- Associate Director IT Services
- CIO
- Deputy Director of Performance and Informatics
- Director of Health Informatics
- Director of Performance and Commissioning
- Intelligence

- Head of ICT
- Head of IM&T
- Head of Informatics
- Head of Information
- Head of Information and Knowledge services
- Head of Information Services
- Head of IT,  PCT
- Head of Strategy & Development
- IT Programme Manager
- Lorenzo Account manager
- Modernisation Programme Director
- Programme Manager - Mental Health and Community Care

*4.3 What is your future role? (If different from your current role)*

- Don't know yet
- Head of BI & IT,  CSU
- Head of Strategic Business Intelligence in the NHS CB
- IMT Business & Programme Manager
- IT operational services lead
- No change
- Same remit different title
- Unlikely to still be in NHS

**Appendix 7: Interview Thematic Grid**

| | NYHDIF | DI |
|---|---|---|
| *Continuity/Combination* | *could be **collapsed into one** and could be undertaken on one full day every other month.*<br><br>*We must avoid DI's feeling isolated and as such would be happy to continue with both of these meetings as **separate entities** recognising the key differences as described above.*<br><br>*we should continue with **two meetings** in the future specifically for health without the distraction of local authorities or others in the public sector.*<br><br>*Y&TH DI's and NHYDIF both provide forums that add value to the system I believe that they should both continue*<br><br>*I have previously worked in 4 other regions and have found the arrangements in Y&TH to be far superior to the other 3 – (supportive comment for the continuation of DI)*<br><br>*Should be a combined meeting – NYHDIF and DI's due to time pressures. if it was less frequent could be longer – ie working lunch followed by formal element followed by informal*<br><br>*Ideally should be 4 meetings (all afternoon sessions) a year plus 2 conferences with webex or other in between meetings and conferences. Needs improved organisation and recognises that this may mean more money.*<br><br>*1 meeting per month so long as a combined one. If not combined than every other month.*<br><br>*Should be a combined forum with a clear remit including sub groups eg Learning Networks.*<br><br>*Now DI's has gone there must be something. If we don't have a group across the patch we'll be back in the dark ages. Potentially could end up with mini NYHDIF's and would lose the benefits experienced by a wider group.*<br><br>*If there wasn't a forum of this nature it would be likely that someone will arrange something else eg a group for acutes etc.*<br><br>*Combined so long as feed down. If it is 2 meetings folk will chose which to attend and they are more likely to attend the meeting where instructions/information are provided*<br><br>*Combined but would have to reserve part of the agenda for information exchange and someone to deliver the top 10 hot topics since that last meeting.* | |
| *Frequency* | *could be collapsed into one and could be undertaken on one full day every other month.*<br><br>*The scheduling of these meetings is appropriate and in principal the concept is sound,*<br><br>*4/6 times per year anything else is too frequent.*<br><br>*Monthly because there is so much change currently. Always notice how much has happened if missed a meeting.*<br><br>*Every other month (6 times per year) - more frequent and would struggle to develop agenda and entice folk to attend* | *frequency and scheduling of DI's meetings is ok*<br><br>*6 times a year with a monthly conference call/webex in between meetings – the webex/conference call should focus on a high level brief.*<br><br>*1 meeting per month so long as a combined one. If not combined than every other month.*<br><br>*Monthly because there is so much change currently. Always notice how much has happened if missed a meeting.*<br><br>*Every other month (6 times per year) - more frequent and would struggle to develop agenda and entice folk to attend* |
| | *Would be happy under AQP for NYDHIF to be extended to commercial providers on a case* | *Would be happy for DI's to be extended across the public sector.* |

| | | |
|---|---|---|
| *Membership* | *by case basis.*<br><br>*More acute trusts should be required to attend.*<br><br>*Should not be exclusive. Greater participation would improve the forum.*<br><br>*We must consider how we involve the CSU, DI's and the process for signing /authorising some of the practical stuff eg PIDs.*<br><br>*The down side is that it is voluntary and as such attendance is a bit hit and miss*<br><br>*Agenda is too SHA orientated and thought there wasn't sufficient membership driven content. Should be 25% formal and 75% informal.*<br><br>*Member organisations and NHS England representation. External input could be improved via membership..* | *Whilst I can see some benefit in Local Authorities attending the meeting and possibly other public sector services I would prefer to be with health colleagues*<br><br>*Should lock out SIG's and focus on small groups which aren't limited to just health cross over with other areas eg IG and technical. The groups would need to be well organised and managed*<br><br>*Membership of DI's need to be looked at – not sure how it would look and how membership established*<br><br>*Meeting needs to be purely NHS organisations. CSC's should be able to go to a meeting like NYHDIF. Felt there was currently an unhealthy relationship having CSC as regular attendees*<br>*SIGs – not necessarily required to feed into NYHDIF or a management level but either forum should engage with them.*<br><br>*Not necessary to have a long standing SIG they could be short lived – raised and disbanded as required for the climate.*<br><br>*SIG's not required to feed into this forum but could do. IG works well and possible need for there to be an Acute SIG - mainly because so much changing in acute services particularly in terms of investment in IT. Would make sense in terms of collaboration and learning.* |
| *Administration* | *No to an external administration team as not professional. Needs to be run by people more in touch and who are on the ground experiencing the real world*<br><br>*Would be happy to pay more if more of the above was done.*<br><br>*. Identify whether the team currently running it are really the right people to do this*<br><br>*. There is a need to do something and not just carry on as we are.* | *Concerns over who will run DI's and who would/could make it mandated.*<br><br>*Not clear who is doing what at regional or local level in the way that the SHA attempted to*<br><br>*Doesn't need to be externally administrated (although the conference should be)*<br>*Could have one organisation hosting/administering it.*<br>*. Should lock out SIG's and focus on small groups which aren't limited to just health cross over with other areas eg IG and technical. The groups would need to be well organised and managed*<br><br>*Joint organising committee would be made up of 6 vibrant members (3 acute 3 community) to get balance of ideas who set the agenda too.* |
| *Format/Content/Purpose* | *Good for informal networking*<br><br>*excellent forum to get the reality check on policy and for an opportunity for networking and to learn from colleagues*<br><br>*Generally enjoyed the NHYDIF experience and found it to be a safe place to discuss real issues with colleagues away from the SHA* | *The meetings were about understanding the party line, interpreting policy and picking up commercial sensitivities*<br><br>*Good for imparting knowledge and getting an understanding of national messages*<br><br>*.. Formal parts of the meeting could be done anywhere and in any form but the informal* |

| | | |
|---|---|---|
| | *and from the presence of CSC.*<br><br>*require the agenda to be partitioned with much more emphasis on workshop type session*<br><br>*provided an excellent environment for informal discussion and networking*<br><br>*NYDHIF is useful therapy with colleagues who understand.*<br><br>*Should have a structured format with elements of leadership and development. Continuous collaboration.*<br><br>*Keep communication channels open and keeps contacts at a senior level. Provides understanding of the 'rest of the world'. National briefing as well as what is happening at local level.*<br><br>*Informatics is changing so group could also benefit from Business Intelligence*<br><br>*Good to have an informal forum but personally I got little from it*<br><br>*quality of the content needs to improve significantly if I am to have my interest maintained in the future.*<br><br>*The down side is that it is voluntary and as such attendance is a bit hit and miss*<br><br>*No clinical engagement with either forum.*<br><br>*. Felt that if there wasn't a group/forum it could lead to a deteriorating level of services and need to do something with Learning networks. Exchange and collaboration with externals in particular.*<br>*More time should be given to other external suppliers not just CSC. Members' could bring a supplier to present or attend workshop sessions.*<br><br>*Needs to offer more and in last couple of months has responded to that including guaranteed place on conference as part of membership fees and discounted fees for paying organisations senior team, looking into CPD certificate/accreditation points.*<br><br>*. Way of keeping in touch, sharing information and improving skills.*<br>*3 or 4 sections – should be free format (anyone can add item to agenda)*<br>*1) Info coming down from 'wherever' eg D of H, Commissioning Board etc ie this is what is happening and prepare for it.*<br>*2) How have individuals dealt with a current issue, discussion type workshop or presentation and discussion. This has to be a safe environment so attendees can say what* | *parts of meeting must be done face to face for most benefit*<br><br>*Would have welcomed a greater use of sub groups and would indeed recommend this*<br><br>*the content was poor. I got fed up of being talked to and had little opportunity to influence the agenda.*<br><br>*pay little attention to the specific needs of participants*<br><br>*I found the meetings to be entirely orientated towards the national programme which my organisation did not play a great part in*<br><br>*I was actually looking for an exchange of views not a sales pitch*<br><br>*The group was too large with little opportunity for real discussion.*<br><br>*Agenda were too full*<br><br>*whole experience dull with too much talk and chalk.*<br><br>*DI's no longer valid. No longer a valid relationship. Formal part of group should be replaced by Info Centre or NHS England or HSCIC but needs to understand how they will all work together.*<br><br>*If 1 forum Hear stuff at the meeting to bring back to organisation. Members moments provide useful discussion and feedback. Meeting needs more structure. Would provide a focus if there was a short presentation on a topic (so long as it didn't detract from conference)* |

| | | |
|---|---|---|
| | *they need to – can't do this at DI's.*<br>*3) A presentation – something relevant to health*<br>*4) Meeting has to be all about getting to talk to peers – networking.*<br><br>*Informal and safe environment*<br><br>*More structured than now. Made up of 2/3 topics (hot issues) with a discussion. Longer period of time than now. Needs open forum.* | |
| *Responsible for setting the agenda* | *3 or 4 sections – should be free format (anyone can add item to agenda)*<br><br>*NYHDIF should be what members want including setting the agenda*<br>*Chair should not be by rank but should be by respect (nomination)* | *I would welcome an opportunity to contribute to future agenda's*<br><br>*Joint committee should be cross section of organisations with national representation*<br><br>*NYHDIF should be what members want including setting the agenda*<br>*Chair should not be by rank but should be by respect (nomination)*<br><br>*Joint organising committee would be made up of 6 vibrant members (3 acute 3 community) to get balance of ideas who set the agenda too.*<br><br>*the content was poor. I got fed up of being talked to and had little opportunity to influence the agenda.* |
| *Delivery* | *Tele conferencing and WebEx could be considered as an alternative*<br><br>*Should consider webex, blogs, social media etc as means of updating* | *Going to a meeting just to be informed of formal updates is pointless as it could be done via other means.*<br><br>*We don't use different forms of communication and perhaps need to. As well as the meeting felt there was need to have an alerting system which would alert organisations to a new hot topic. Would need to be brief and to the point.* |
| *Annual Conference* | *Very much enjoyed the annual conference and happy with the present format of Thursday morning arrival,*<br><br>*Attended the conference four times across the last five years and generally feel the content got stronger.*<br><br>*The annual conference is very good. The organisers certainly got it right last year.*<br><br>*Could benefit from some professional facilitation and some investment. Conference is good but not great. Needs someone to pull it together better but for those in the day to day job to influence. Could maybe be twice a year.*<br><br>*Well attended and well received. Nothing in particular that is a minus. Maybe could learn something from NW conference. Should be open to wider group of people and have wider appeal*<br><br>*VFM is excellent.*<br><br>*Should be education rather than development sessions/workshops/action planning. Could be better planned and needs greater input from other organisations.* | |

*Needs to be some sort of provision for after Emerging Leaders, currently there is nothing development wise – there is nothing for senior development (middle managers to gain experience/exposure) we do nothing for either so end up staying in the same place.*

*Gap in how middle managers to gain development at regional groups*

*Risk we don't look at and just carry on doing what we've always done, Need to start again and recognise there is a need for a group/forum. There is so much change that we/NYHDIF need to reassess. Shouldn't keep old identify but should start a clean page.*