

## **South Region STP Development Day Workshop: Embedding Information and Digital Technology into Strategy and Transformation**

### **Introduction**

It is becoming more widely accepted that digital technology is a key enabler of sustainability and transformation, and it is imperative that Sustainability & Transformation Plans (STPs) and Local Digital Roadmaps (LDRs) are closely aligned in order to support investment decisions. This workshop included an update on national direction and strategy and learning from local areas on their experience to date.

### **Our Speakers**

#### **Cathy Francis**

Cathy Francis, Regional Director for Patients & Information (NHS England South) began the session with an introduction, highlighting the way that technology has changed the way we live our lives in a relatively short period of time.

Cathy's key points were:

- It's simply not true to say that there is a lack of innovation in the public sector. There is a lot of good practice and innovation in the public sector, but we must work hard to share, scale and spread this good practice.
- We must ensure we are properly using the learning from the National Programme for IT. The challenge laid down by Robert Wachter, (Professor and Interim Chairman, Department of Medicine, University of California) is to put the patient and the clinician, the end users, front and centre of our technology strategy.
- It is important that we engage the workforce and patients, understanding both adaptive change alongside technical deployment; implementation is all about people after all.

Recommended Resources: [The Wachter Review](#)

#### **Will Smart**

Will Smart is our first national Chief Information Officer (CIO) for Health & Social Care and has been in post since August 2016. Will highlighted that the introduction of an Health & Social Care CIO and Clinical CIO (CCIO) represents the current shift change in direction of travel; we must remember throughout the NHS should not just be focusing on organisation specific issues but *system issues*.

Will's key points were:

- We live in both a digital *and* an analogue world, our challenge is within a world of complexity where technology must follow strategy.
- When engaging with technologists it's vital the *right* questions are created and asked of them, so the specific problems are addressed and understood
- Be ambitious – those organisations which are leading the way are able to clearly articulate what they are trying to achieve and exactly how technology will support that. Tell us how technology will fully support and drive the agenda forwards in your STPs.
- We need systems or organisations to step up and lead the way. The centre cannot fund everything, but they can take the best in a proven environment and facilitate sharing. We must invest in the right place and get the most out of this investment.

### Phil Richardson

Phil Richardson is the Director of Design and Transformation at Dorset CCG. Phil has been leading a Dorset wide clinical services programme, and is currently a lead director for both the STP and the LDR (which, in Dorset, are co-terminus).

Phil's key points were:

- Look where you can create efficiencies, for example, across the Dorset system, Office 365 has ensured the wider team can immediately collaborate regardless of where they are.
- You should be able to present an STP and LDR, and read it either way. The LDR should tell you what the STP is going to do, the STP should tell you what the LDR is going to do to enable transformation.
- Bring people together; in Dorset the clinical teams, technical teams, managerial team, patients and innovationists are all talking about things in the same way which brings together a rich diversity. They do not refer to just a data record but instead having the right clinical, managerial and patient information needed to make a decision at the right point of care.
- People not being able to use technology should become a thing of the past as we can make technology work with the person. One example is monitoring a patient through their TV without them having to touch or press anything.
- You must understand the business problems you are trying to solve, then the technologies to get you there comes next. Think about how it will make things easier, safer and quicker for you.

Recommended resources:

- Rise of the Robots – Martin Ford (how to think about technology)
- Holacracy – Brian Robertson (how to think about role based change)
- BS11000 – Institute of Collaborative working (how to work as a system)
- Professional Services Firm – Tom Peters (how to work as a team)

### Phil Stradling

Phil Stradling is Business Enterprise Architect at NHS England, aligned to both the South and London Regions. Phil drew from his experiences on the Healthy Liverpool Programme, of which digital is a core part. Through setting up a digital platform, GPs were able to refer patients to voluntary sector and social enterprises to stop smoking, get fit and change their lifestyle through a digitally enabled pathway lasting 3-6 months. The digital platform was able to link up GPs with the new providers while interoperating with the acute and city council.

Phil's key points were:

- Embed digital programmes and platforms into your STPs to unleash full potential.
- Utilise interoperability to allow your providers, existing clinicians to have an easy way of referring to new digitally enabled providers, as well as the core national systems.
- Pathways need to be redesigned to integrate digital, rather than digital being an 'add on'
- Reach out to your local exemplars and consider your small industry players.
- Two examples already being rolled out across the South include self-care for epilepsy in Poole and a personal health record to support long term cancer patients in Southampton.

Recommended Resources: [Code4Health Interoperability and Community Site](#)

## **Q&A Session**

***Q:*** *Thinking back to the NHS Programme for IT days and other large programmes, is the ambition now to not have one big system for the NHS? What should people be expecting?*

***A:*** Will Smart: I don't think what you are going to see is anything like the national programme. The centre has an important role in setting direction and defining standards, however local services need to own the transformation agenda supported by the centre.

***Q:*** *One of the biggest constraints is the way funding is allocated. We end up in a similar position annually where funding is allocated in December or January and then it must be spent by the end of the financial year.*

***A:*** Will Smart: I very much understand that problem and we are working through the process to ensure that this doesn't happen. Money is scarce, some people will get some money but they will not get everything they need. The challenge for leaders across localities is to articulate the business case for transformation and recognising the role of digital technology to make it happen. We are happy to try and help with some of that and we are looking for those leading the way but it has to be a local conversation. We have £4.2 billion to spend on technology over the next few years which will not do for every single health locality what they need to do. We need to make strategic bets and tap into the real innovation in clinical care and technology that is happening on the ground. We will be looking to invest in where the innovation is coming from.

***Q:*** *Why does the Global Digital Exemplar programme focus on acute hospitals?*

***A:*** Will Smart: This programme is about demonstrating leadership and showing what acute sector world class technology looks like. We chose to start with acutes because there are good examples around the world that make it easier to compare against. We can say to those on the programme that your task is to look at and emulate Kaiser Permanente for example. Then we do not need to go to California, we can get on a train to Manchester to see what really excellent support of digital secondary acute care looks like. This then creates an opportunity to build up other organisations across the rest of the NHS. We absolutely recognise that because you start somewhere everyone else will say why you didn't start with us. Predominately you have to start somewhere and starting with acutes doesn't mean we have forgotten about everyone else or we are only interested in acutes. We are thinking very hard about how we do something similar in the mental health and community space and also interoperability in the localities so that will happen. Investing in Global Digital Exemplars is one of our strategic bets.

***Q:*** *What can you tell us about the digital academy outlined in the Wachter review?*

***A:*** Will Smart: In London for example there have been a number of recruitment rounds for CIOs and really talented and experienced CIOs in the NHS are quite hard to come by. Therefore we have a challenge to get the right skills into the NHS that are required to make the best use of technology. That is training for all our informatics leaders, clinical and non-clinical. There must also be training for board leadership teams.

***Q:*** *One of the successes of the National Programme for IT was that the NHS used to negotiate contracts for procuring things like licensing at scale and this really worked; bringing it down to a local level is challenging, is this likely to change? For example we need to upgrade our Microsoft licenses and most of our systems completely depend on this. Is there a national approach for dealing with this?*

**A:** Will Smart: My view is we need to start having some of these conversations with some of the large players at a national level again to make sure we get the best possible deal financially whilst supporting local management of licenses. I'm happy to facilitate the conversation about how we ensure everyone is getting the best possible price opposed to having 300 different conversations across the nation. We have it once.

**Q:** *I'm interested in your position (to Phil Richardson) which mainstreams technology within your leadership team. Do you want to just say a bit about your span?*

**A:** Phil Richardson: So what we have done is created an informatics group which is clinically led and technology supported. Dorset LDR is co-terminus with the STP footprint and we have recruited a CCIO to lead and effectively do some of the joined up thinking, which is massively helpful. The other thing we have is a system leadership group including Chief Executives from all the major organisations and through this we have identified roles which link into the technology space. This means we will not have technology programmes to sponsor, but focusing on care based programmes of work. Operations and technology becoming part of the same directorate is how we make business led technology enabled step change.

Will Smart: The challenge with technology over the years is how you align strategy with technology. Matthew Swindells actually made a comment that's quite profound. There are no longer technology projects, they are business transformation projects. So this agenda is not actually about technology. This agenda is what do our local health economies need to change to make the transformational change that will improve the quality of care for patients, improve health and drive down the cost. Clearly technology is a huge part of how we deliver that transformation.

**Q:** *A lot of the examples we get or hear about are actually quite straight forward digitalising existing pathways. I was wondering about the real transformational change such as radical change big data to start interventions.*

**A:** Phil Richardson: My background is commercial and I keep putting on the table how do we do twice the output for half the cost, how are we going to do that? Because otherwise you end up with logical incrementalism which is a 10% improvement and the way to do a 10% improvement is to come in earlier, stay later and work harder! But the radical question is do we need to come in at all? Once you get past that, and you get past the how are we going to pay for it question: where everyone starts, you start to change some of the dynamics. Also consider the fact nearly everyone has a phone, so how do I distribute a process through the phones that exist in the audience? So what we need in the room is key. Connecting people together to make things work. For example instead of putting a computer terminal in a GP surgery simply provide Wi-Fi and a series of QR codes. The mobile devices will provide the access and processing power. I think if we just peer-to-peer networked the technology in this room we could launch a space ship. But we're not doing that because we've not got that creative bit of thinking happening. We need to give people the headroom to be a bit crazy! People in the room who are absolutely unreasonable, asking unreasonable things. Say for example we have a 6 month piece of work to do, how do we do it by Friday?

Will Smart: I think the trick we need to pull off around innovation is how we scale. So we need to think how the brilliant work happening in Dorset can be transferred to Scunthorpe, Surrey or wherever.

### **Regional Director Reflections**

Andrew Ridley, Regional Director for NHS England South at the time of the event, participated in this workshop and shared the following reflections:

*“It is useful to know there has recently been a big realignment with Matthew Swindells bringing the information and digital functions into operations directorate. I’ve really noticed in the last 4-5 months it’s speeding up the integration of strategic planning and the digital agenda so I think we are beyond the phase where this is something mildly interesting being built by other people that you never got to meet, it’s at the centre stage and I think people in the system will experience that more and more. There is not going to be another national programme I agree but we are going to be increasingly looking at digital and technological transformation, whether it is productivity or self-care it has to be part of the way we think about the strategic development of services. Aligned to that and the Wachter report, Keith McNeil is a really good example of this. There is a really important role for clinicians and we can see the importance we are attaching to chief clinical information officers and that we want to see a whole generation of these positions developed from quite a young age”.*