The NHS digital agenda

Digital is more than just computers, IT and smartphones. It encompasses the new ways of thinking and working which start with user needs. Digital solutions build on data, often start small and scale up, emphasise experimentation, more 'agile' approaches and less hierarchical organisational structures.

So in terms of digital health, this means starting with the users – patients, service users and staff. Digital health needs to:

- Give people the tools to access information and services directly;
- Reduce the burden on clinicians and staff, so they can focus on patients;
- Improve patient safety across the NHS; and
- Improve NHS productivity with new technology

What's the national picture?

The national NHS leadership is getting serious about digital. In April a new government organisation, NHSX, was launched to oversee digital, data and technology across health and social care. This is an important development. For some years responsibility for digital had sat within a number of different national bodies, each issuing their own standards, guidance and frameworks. The health and social care secretary, Matt Hancock, had described NHS digital leadership as "too diffuse". He has sought to take the first steps towards addressing this by establishing NHSX, which reports to the Department of Health and Social Care and which will be expected to slim down and streamline the large number of often competing priorities set by national leaders.

The new unit, headed by Matthew Gould (formerly Director General for Digital and Media Policy in the Department for Digital, Culture, Media and Sport), will set policy, develop best practice solutions, and establish national standards. Its aims will be to reduce the burden on clinicians and staff, give patients the tools to access information and services directly, improve patient safety, and improve productivity with digital technologies.

NHSX has been clear its first step will be to put in place the right infrastructure across the NHS. That will involve aligning procurement across the sector to help trusts access the software and hardware they need, and also enabling new systems to talk to each other and ensuring NHS data is safeguarded.

This will be underpinned by supporting NHS staff to develop the right skills and capabilities they need to drive forward digital transformation within trusts. NHSX is keen to empower the health and social care workforce with the expertise they need to develop more efficient ways of working and innovations.

This work is aligned with the findings of Dr Eric Topol's review into preparing and training the workforce for new digital ways of working. The review recommended that the NHS should focus on building a digitally ready workforce that is fully engaged with transformation. This approach will support staff to gain the skills and confidence to adopt new technologies and deploy them in their day-to-day care. This might be achieved through training programmes, continued professional development, secondments, as well as top-down cultural change to create a culture of learning and development.

What's happening within trusts?

This new direction from the centre is welcomed by trust leaders. Since the unsuccessful national programme for IT in the 2000s, there has been a tension within NHS policy between letting "a thousand flowers bloom" and procuring national IT systems for the whole service.

The legacy of this meant trust boards often felt uncertain about where they should focus their efforts. Getting it wrong can mean IT systems and therefore services are disrupted or even stopped, with serious consequences for patient safety and quality of care. And in more recent years, financial and workforce pressures, along with rising demand for services, have meant many boards have struggled to find the bandwidth and capacity to properly engage with digital transformation.

This is now changing and increasingly boards are forging ahead with digital transformation. Trusts recognise that digital leadership isn't simply about procuring new hardware or software, and IT should not be viewed as just another cost pressure. Instead, it is about new ways of thinking and working, and should be centred around patient and staff needs. The most successful trusts in this area start with diagnosing a problem and looking for a digital solution to help fix it.

This more focused approach means many trusts currently working on the building blocks of digital transformation. This includes, for example, moving away from paper patient records and implementing an electronic system. This is a costly and time consuming exercise but lays the foundation for more advanced digital transformation. And following the WannaCry attack in 2017, trusts boards recognise the importance of cyber security and the need to ensure all IT systems have the latest software updates installed. Artificial intelligence, machine learning and app development are still aspirations for most of the provider sector.

Looking ahead, boards need to understand the changing landscape, and continually scan the horizon for new developments and opportunities. Digital approaches eventually need to be embedded throughout trust activities – from electronic staff rostering and virtual outpatient appointments, to using data in closing the gap in health inequalities.

But undoubtedly one of the biggest challenges facing trust leaders is accessing funding. Traditionally a lot of this investment comes from budgets set aside for longer term infrastructure spending, known as capital expenditure. But these capital budgets have been squeezed in recent years, and trusts are finding they

have to prioritise more immediate concerns like repairing estates and other infrastructure like power generators and boilers. This means digital projects are sometimes delayed or cancelled altogether.

What does this mean for governors?

Despite the improvements at both the national level and within trusts, digital transformation is hard. Projects are often complex, take a long time, are very expensive and involve a lot of people and change management. Governors should seek assurance that risks have been mitigated. Governors might ask:

- Are we confident we have a strong process for recognising digital risks?
- What early warning signs do we have?

Digital approaches need to start with the user – in the case of digital health, these are patients and staff. Governors have a statutory duty to represent these groups and ensure digital programmes are centred around their needs. When representing these groups therefore, the question governors should be asking is: how is the board assured our digital plans are centred around the needs of patients and staff ?

It is often the case that one or more non-executive directors (NEDs) may have a background or extensive experience in digital and technology. They will sometimes advise the board executive team on digital transformation and take a more active role in supporting the trust. The council of governors should still hold these NEDs individually and collectively to account for the performance of the board. If this isn't the case, does the board have access to sufficient knowledge and expertise on digital, and does it have the confidence to take the agenda forwards?

Further reading

- https://www.amrop.com/sites/default/files/featured_file_attachment/Amrop%20Digitization%20on%20Boards%202nd%20Edition%20-%20Full%20Report%202018.pdf
- https://www.hee.nhs.uk/our-work/building-digital-ready-workforce
- https://indd.adobe.com/view/beba6f96-8cfa-436e-aa31-c880d3beb461?aliId=eyJpIjoieGZxT0xDNER2MHZib0JVeCIsInQiOiJzRGJcL0czSm1GNjZDY1VMZ0grRW9SZz09In0%253D
- https://www.pwc.co.uk/industries/healthcare/insights/making-healthcare-digital.html