

An interview with Professor Joe Harrison, CEO at Milton Keynes University Hospital NHS Foundation Trust

Prof. Joe Harrison, for the benefit of those governors that did not attend our recent national conference what were the key messages of your presentation?

- A digital future is an essential part of the NHS Long Term Plan
- Digital language can be daunting and off putting. The NHS and digital can work so well as a partnership if we make it understandable
- Use the technology that's out there e.g. Milton Keynes uses Google Translate to reach specific groups and learn from others
- The board has collective responsibility and ownership for Information Technology (IT)
- Breaking up digital into different categories e.g. hardware, clinical technology, back office technology enables lots of people around the table to come and engage
- How far you go with a development depends on the risk appetite the board has
- The solution should be tailored to specific groups e.g. some people would prefer physical appointment letters, others electronic
- Developments need to involve users

The following questions come from governors, through our Zoom chat or follow up emails:

1 What are the challenges FTs face with digital developments?

- Implementing an EPR

Some business cases get written that say there will be a payback straight away e.g. in the first year. Trusts cannot be overly optimistic on savings or the amount of time to do it. A couple of years in understanding the safety and effectiveness benefits is reasonable before seeing any payback.

- How can FTs make sure our IT systems are secure (power cuts, hacking/security and ownership of data)

Trusts need to get the basics in place. Every organisation must complete a formal Information Governance toolkit. This gives a sense of where the weaknesses are in an organisations system. We will never be totally secure, so it is what is reasonable.

- Some trusts are small in comparison and their financial decisions are based on maintaining clinical services

Milton Keynes is not one of the biggest trusts. The question is 'Is the IT agenda a requirement for the delivery of modern medicine?' In our view you cannot maintain & develop clinical services without investing in technology.

- How can we change cultures within a foundation trusts where things are not progressing so well/rapidly?

Is there a view that technology is optional? Is it the organisation does not have permission to invest or is it spending it on something else? Then you come to a conversation on risk.

2 How can these challenges be overcome?

A key question 'Is digital spend optional or not?' There will be less investment if the answer is yes.

3 What is mandatory in terms of digital developments i.e. coming from NHS England/Improvement and what is down to individual FTs to determine?

The direction of travel is set centrally but how is locally determined e.g. every system must have a shared health and care record which needs to be in place by September 2021. Whatever a trust chooses to use is within its own gift (along as its interoperable). Over the last 12 months the planning guidance and letters at different phases of COVID-19 have indicated the direction.

4 Do we know the root causes of the digital NHS failures past so we can learn from them?

You cannot have innovation without failure. Are we learning as an NHS to improve technology? We have made progress now compared to 10 years ago e.g. 45% of trusts now have a shared care record, many FTs have records accessible through a mobile phone.

5 What are the digital implications as we move towards system working?

Making all our data digital across the health and care system, not just primary and secondary care but including care homes. The second key point is the ability of the Information Governance structure to support that. We still have some parts of the system reluctant to share data, although COVID-19 has helped that. Finally, another aspiration is getting to the point where we have more population health data and joined up working.

6 COVID-19 has accelerated many digital developments. How can we gather and share these so that FTs do not re-invent the wheel?

We have blueprints available through NHS Digital and NHS X in terms of successful implementation. Secondly, we need to understand the evidence that digital innovations that have taken place through COVID-19 in primary and secondary care have worked. We know technology widens the inequalities gap.

7 What are key questions governors can ask on this topic?

- How can we engage people better to invest and use digital technology?
- Please show me and explain the evidence linked to digital inequalities
- Help us to understand the risk appetite for different digital agendas
- Why are NEDs confident that we are investing in the best technology?
- Why aren't we using this app/technology that is used by large percentages of the NHS? If proven technology is available, we do not need to reinvent the wheel

8 What is your view on the potential of these achievements to compliment the development of personalised care/other areas?

Enabling individuals to take control of their data so you get into an adult relationship with the clinician in front of you. Some people will never engage but those that do will free up resources for others who need it.