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Finance, Skills Gap, Governance: **Addressing CIO Challenges**

Summary: With finance, skills and strategy all obstacles for the healthcare CIOs, two HIT professionals weigh in on the way forward.

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When we look at the challenges facing any digital team, each one is multi-faceted coming with a chronicle of the yesteryear and a vision of the future. Considering the issues ahead, we look at some common problems through two lenses within public sector healthcare. One lens is that of a new digital healthcare leader and, the second, from an outgoing digital healthcare leader who has headed to a commercial innovation role. Sarah Moorhead is the relatively new Digital Demand Associate Director at Leeds Teaching Hospitals Trust while Richard Corbridge has just departed the same organisation after more than 20 years in health technology in the public sector.

Resources, Skills Gap and Needs

Richard Corbridge (RC): Building a team in the National Health Service (NHS) today requires a digital leader to make the most of the team they have already got around them. Coordinating the organisational culture to deliver against the new digital agenda has to be the first route to a new way of working. Enthusiasm has to be fostered and excitement nurtured. Where possible the next leaders need to be found from within the organisation to foster the feeling of potential within the team. Many teams in the NHS have a huge amount of corporate knowledge that has a significant financial worth for all NHS organisations. Harnessing this through structural change is challenging but has to be done by any 'great' leader. Lessons learnt from other digital revolutions ought to be considered. The ability to create a start-up like culture and utilise concepts like Very Clear Ideas and Design Thinking in the innovation space will assist in the gap and help enthuse growth of teams in situ.

Sarah Moorhead (SM): In the NHS we are often expected or forced into adopting archaic structures that are driven by clinical hierarchy and reputation. To be successful in delivering Digital Health for the NHS we need to look to different sectors for inspiration. It's important to build a team that is based on knowledge and skill rather than pay grade and qualifications - the NHS status quo. To find this dream team (and I believe there are now many such teams across the NHS) you must spend time listening, watching and immersing yourself on the shop floor. Doing this will help you find that hidden talent and empower staff to be part of the digital revolution. Once you have harnessed this talent, you have to ensure retention. To successfully do this in the NHS, we have to shift our focus to constant appraisals, a word that, in the NHS, sends a shiver down everyone's spine and is seen as an annual chore. If we change our approach to this to make appraising a constant daily activity that encourages people to believe in their skills and experiences that then focus them to deliver and succeed, it will be a major step forwards.

Finance

RC: The digital NHS agenda has the 'wrong' type of funding for modern technology. The desperate need to move from capital to revenue funding has been extremely well described to the centre but has yet to change or have an impact. Until it does, commitment to transformational technology that will release access to new technology, such as AI and the machine learning capability behind this, remains somewhat limited. The level of funding needed today has not been met or considered since the Wanless report more than a decade ago. At that time, 3% of the budget was recommended to be spent then on IT and this percentage still has to be met. That's even with the change to digital being so impactful and recognised by most boards as transformational to the business of healthcare delivery. As more and more of the NHS moves towards different types of contracting, moving away from commissioning as a stick to beat each other over the head with, there has to be a new potential for a better cost, spend and gain sharing within each organisation. This would assist in the removal of 'Grey IT' as well as

ensuring better organisation-wide ownership of the agenda.

SM: As the investment in digitising the NHS sees no increase and our waste reduction plans have been weighing heavy, we must think differently on how we achieve introducing new technologies across the NHS landscape. We are seeing many projects pop up across the NHS, seeing the collective pooling of expertise across localities which leads to active sharing of local capabilities and funding to deliver new solutions whether that's a Master Patient Index, rostering systems or interoperability capabilities. Doing this sees Centres of Excellence emerging, allowing a bigger buying power and more resources to deliver quicker and scalable solutions.

Governance

RC: Right sizing governance is a challenge as it needs key legs of the 'stool' to be in place; engagement at the right (senior) level and the clinical engagement appropriately placed within the organisation. Very few NHS organisations have this right for digital. Clinical leaders are as essential as digital leaders to achieve the transformation. The right, balanced and respectful relationship between the two areas of expertise is actually the essential mix. The stool legs now need to include the patient/citizen. Consent for information use, input into the information itself and reuse of the information in health and wellbeing need a third, thus far hardly considered, leg to be brought into the leadership relationship.

SM: Governance is one of the biggest challenges facing digitising the NHS and is sometimes seen as a sticking point or a stick to beat innovation with. We must ensure staff are involved in governance, to build those crucial relationships and are the driver for success whilst abiding by the legislation. One of the major parts of governance for me is the softer side that sees its use in ensuring a happy workforce which is why we have and would encourage more NHS organisations to do the same. We recently encouraged our work to start a staff-side 'council'. Having this forum allows the team to feel empowered and part of every decision made whether that be office moves, the milk fund or our cloud first future, but this transparency ensures successful implementation of governance across everything required to deliver digital change.

Strategy and Change

RC: A long-term vision only becomes a plan with funding. The strategic intent of new organisations like NHSX are ambitious and being met with swathes of enthusiasm by the digital health fraternity almost universally. But there is still a sense of future dreams without central assistance on the long-term funding of the digital evolution. The nod from NHSX to support local innovation and localised strategy against a standard back drop has been seen as a giant leap forward and one that, if pushed into NHS Executive boards, could be the answer to the digital expert's 'prayers.' I remember being the IT Director of a Trust in the Midlands in the late 90s and being empowered to create a mobile strategy for social care workers going into homes of citizens to provide health and wellbeing advice. National healthcare strategy at the time stopped that local innovation from being possible, and today this 'innovation' is still largely missing from health and social care. The new strategy needs to be locally malleable to achieve this.

SM: The obvious digital platform for any healthcare setting is an EHR - whether that's an off-the-shelf or home-grown product. But the emerging part of our digital platform is that of the digital workforce. We need the right expertise, systems and training to allow our corporate function to effectively support our clinical team. Through accurate rostering, rapid recruitment, accurate finances, and upkeep of the physical estate, we will then be combining central experts with local experience. Without this, the reality of creating digital healthcare cannot be accomplished. I saw this concept first introduced in the financial sector when they identified that if staff could book leave, order a chair, or have the air conditioning altered, that the staff where content and this increased productivity overnight. As leaders we need to shift the broader thinking to enabling a digitally ready workforce across all staff groups of the NHS, not just clinical, to ensure the digital NHS of the future.

There are many challenges facing digital healthcare team. When you add the next camera lens, the one you just bought, enthusiasm for your photography bubbles up again. A new lens, one that can zoom in and out and gives a crisp and clear image of what is in front of you and the picture of tomorrow is exactly where we need to get to in digital health. Putting new brains against old problems and taking the experience of new ways of thinking and applying these, is exactly how the NHS will achieve what it needs to against the NHSX agenda. ■

KEY POINTS

- Leaders should be found from within the team to utilise the gained corporate knowledge. However, they shouldn't be afraid to look to other sectors for inspiration
- The level of funding needed today hasn't been met since the Wanless report, so if we are to introduce new technologies to the NHS we must think differently
- Clinical leaders are as essential as digital leaders in achieving transformation, although we also need to keep staff engaged in governance in order to drive success
- The right expertise, systems and training are needed to allow our corporate function to support clinicians
- New digital strategies need to have longevity and translate efficiently into the local community as well as benefitting all staff groups of the NHS, not just those who are clinical