

Written evidence submitted by NHS Providers (DTN0009)

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate. NHS Providers has all trusts in England in voluntary membership, collectively accounting for £104bn of annual expenditure and employing 1.2 million staff.

NHS Providers' Digital Boards programme is designed to support NHS leaders to implement digital change. The programme aims to build understanding of the potential and implications of the digital agenda and increase the digital confidence and capability of NHS trust boards.

The Digital Boards programme positions NHS Providers well to understand and reflect the challenges faced by trust leadership in delivering the digital agenda.

Key messages

- In response to COVID-19, NHS trusts have adopted digital technologies more rapidly, however to achieve digital transformation, trusts require access to sufficient and sustained funding and appropriate national support.
- Empowering trust leaders to co-produce the direction of travel alongside national policy makers, and to inform the planning underpinning that, is also important to build a sense of collective ownership of the agenda.
- Strong local and national leadership to deliver the ambitious digital agenda is essential for driving change. Trust boards are advancing their understanding of the potential offered by digital solutions, recognising that transformation is more than technology and relies on adapting people, processes and operating models to best meet the needs of patients and staff.
- Digital ways of working will play an integral role in service recovery and transformation. Increasingly digital is seen as a 'golden thread' that runs throughout an organisation's strategy. To reduce waiting lists, improve standards and increase productivity, trusts must be supported by technology that is scalable, interoperable, resilient and fit-for-purpose.
- Digital progress can be made through national prioritisation of the digital agenda, addressing funding barriers and by giving local NHS organisations the freedom and flexibility to deliver on digital. Trusts can advance the digital agenda more strategically and sustainably by focusing on doing fewer things better, rather than further stretching already thin resources.

Current state of digital transformation within NHS trusts

1. **Varying levels of digital maturity.** NHS trusts have different baseline capability to deliver digital transformation. The reasons for this are complex, but include limited access to national funding for digital programmes, variable ability to invest, workforce recruitment and retention challenges and competing priorities such as ongoing operational pressures. The more advanced trusts have digitally enabled ways of working: electronic patient record systems that can generate insight into clinical services and workflows, technologies that can securely transfer information between systems and the ability for patients to access their

own data. However, some trusts still rely on paper-based processes and patient records and have technology that is not fit for purpose.

Reconciling the gap in digital maturity between constituent organisations of an Integrated Care System (ICS) will be a challenge. As ICSs come into effect in July 2022, funding will be allocated to level up organisations with less digital maturity. This presents a concern that more digitally mature organisations will not be given resources for advancement and innovation.

2. **High burden of national asks on providers.** Trusts are dedicating significant resource and staff time to meet the high number of digital and data asks from the centre. NHS Providers' regulation survey report¹ found that reducing trusts' burden of data reporting during COVID-19 helped free up leadership and operational capacity. Still, trusts struggle with the high volume of data collections from regulatory bodies. Trusts are working to comply with data asks as well as national digitalisation targets and standards, such as those outlined in NHS England's *What good looks like*² framework. Providers continue to face operational pressures and national bodies must be cautious not to overburden them. Providers understand the need to be ambitious for patients and communities, but they would welcome a streamlining and prioritisation of asks from national bodies.
3. **Significant funding challenges.** One of the largest barriers to digital transformation is the lack of sufficient and sustained funding. Late-in-the-year funding allocations and single-year commitments do not support trust leaders to make the most appropriate strategic digital investments for their organisations and the communities they serve. Although additional capital funding is always welcome, the funding model for digital requires a rebalance of the split between revenue and capital allocations. Increasingly, delivery of digital programmes calls for revenue expenditure, including day-to-day running costs such as subscription services and licencing. Trust leaders are also considering the substantial investment needed to modernise legacy systems. Outdated systems are burdensome due to the costs of maintenance and their increased vulnerability to cyber attacks.

Actions trusts are taking to improve services and outcomes

4. COVID-19 has highlighted the need for digital ways of working and has accelerated digital transformation across the health and care sector. While the adoption of digital technologies has increased, there is still work to do to ensure the *digital transformation* of services, rather than solely the *digitisation* of existing processes. This requires changes in the culture and operating models of NHS organisations.
5. In 2020 NHS Providers launched the Digital Boards development programme³, which is delivered in partnership with digital transformation agency Public Digital, commissioned by Health Education England (HEE) and supported by NHS England. The programme is designed to support board leadership to deliver on the digital transformation agenda. This includes building board-level digital confidence through sharing good practice and peer learning through events, resources and bespoke board development sessions with individual trusts. Over 194 trusts have engaged with the programme.⁴ As such, we speak regularly with NHS

¹ [reconsidering-the-approach-to-regulation.pdf \(nhsproviders.org\)](https://www.nhsproviders.org/reconsidering-the-approach-to-regulation.pdf)

² [What Good Looks Like framework - What Good Looks Like - NHS Transformation Directorate \(nhsx.nhs.uk\)](https://www.nhs.uk/what-good-looks-like/)

³ [Digital Boards - NHS Providers](https://www.nhs.uk/digital-boards/)

leaders, review organisations' digital strategies and identify examples of best practice, which allows NHS Providers insight into the state of digital transformation of NHS providers and the common barriers faced by trust board leaders.

6. **Key messages we have heard from trust leaders over the last two years:**

- a. **Digital is more than just the technology.** Leaders are adopting a new digital mindset and gaining appreciation that digital is equally about culture, operating models and processes as it is about IT. For example, one trust's digital strategy reflects that "digital transformation is more about changing the way the organisation runs itself than technology fixes."⁵
- b. **Boards are managing risk more strategically.** Leaders are getting to grips with the right questions to ask when gaining assurance for digital projects and taking a proportionate approach to risk. Boards are maturing in their risk appetite, gaining assurance from digital experts, reviewing risk registers as live resources and assessing the risk of doing nothing.
- c. **There is collective ownership of the digital agenda, much like the quality and finance agendas.** Digital is no longer the preserve of the IT department, and trust boards are connecting the dots between digital, transformation, safety, productivity, workforce and more.
- d. **Boards are getting closer to the digital users' experience and involving patients, service-users and staff in the co-design of services from the outset.** Trust leaders are seeing the value that being user-centred and having responsive feedback channels has on the design and improvement of services. For example, one trust's chief executive gains a better understanding of the digital needs of staff by regularly spending time answering calls on the IT help desk.
- e. **Digital is becoming more integrated within wider strategies.** Digital is becoming more embedded as an integral part of trusts' wider corporate strategy; digital discussions at board level do not only involve approving business cases. One trust has built their digital strategy around five pillars to enable the trust's wider goals: make things simpler, better connected, faster, enabling, and secure.⁶
- f. **Trust leaders are rising to the challenge of system working.** Boards are raising system-level digital priorities, such as interoperability, divergent starting points and building transformation capability across the patch. During COVID-19, we have seen collaborations across organisational boundaries improve digital capability across a system through sharing of kit and other resources with community partners.⁷
- g. **Board leaders are more confidently prioritising work.** These decisions are difficult – weighing benefits of forward-thinking digital investment against solutions that meet an immediate need – but leaders recognise that setting realistic expectations for their organisations creates more sustainable change.
- h. **Trusts are investing in cross-functional multidisciplinary teams.** These teams include design, technology, clinical and operations skillsets. As a result, they can better navigate what is safe, operationally feasible, and technologically possible.

⁴ Digital Boards Two Years On (nhsproviders.org)

⁵ <https://www.torbayandsouthdevon.nhs.uk/uploads/tsdft-digital-strategy.pdf#page=15>

⁶ https://www.porthosp.nhs.uk/Downloads/startegies/DigitalStrategy_Web_RGB_090519.pdf#page=13

⁷ <https://nhsproviders.org/news-blogs/blogs/member-spotlight-how-digital-can-help-realise-system-level-ambitions>

- i. **Boards are exploring connections between the digital and quality improvement agendas.** Trusts are looking to capitalise on their existing transformation capabilities. Both digital transformation and improvement approaches put the user at the heart of service design, have a test, learn and iterate model for change and are underpinned by empowered teams and board leadership.

How can the Government communicate the benefits of digital approaches in healthcare to the public and provide assurances as to the security of their data?

7. **The benefits of digital transformation are widespread.** Digital transformation is about improving clinical outcomes, patient safety, patient and staff user experience, system working and efficiency gains.⁸ Benefits can be realised at an individual trust and whole system level, however sustained organisational changes that go beyond quick fixes and technology upgrades are needed to result in substantial long-term benefits.
8. **Increasingly, the public expects good public services to have good digital services.** The UK Government Digital Service, set up by the cabinet office in 2011, transformed digital public services for the better, making them simpler, clearer and faster.⁹ The NHS must also respond to the public's rising expectations for digitally enabled health and care.
9. **Trusts are realising the benefits of digital transformation.** Over time, trusts are seeing the efficiency savings, quality improvement and safety benefits of digital transformation. For example, at Cambridge University Hospitals NHS Foundation Trust electronic prescribing prevents 850 yearly adverse reactions with allergy-related prescribing alerts, saving 2,450 bed days and £0.98M a year.¹⁰

While cash releasing benefits of health IT can take 10 years to come to fruition, improvements in quality and safety can often be seen much sooner.¹¹ The implementation of an electronic prescribing and administration system at University Hospital Birmingham NHS Foundation Trust resulted in decreased rates of missed antibiotic and non-antibiotic doses over a four-year period. Importantly, this improvement to patient care was a result of technology combined with process change, real time information sharing through live clinical dashboards and regular executive team review.¹²

As another example, the introduction of automated recruitment processes at Royal Free London NHS Foundation Trust freed up staff capacity, improved candidate experience and reduced costs – i.e. a 20% reduction in whole time equivalent staff and 10% redeployed into value adding roles, improved new starters satisfaction with onboarding to 95% (up from 70%), and reduced reliance on bank and agency staff.¹³

⁸<https://nhsproviders.org/a-new-era-of-digital-leadership/why-digital-transformation-matters>

⁹ [Service Standard - Service Manual - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

¹⁰ [Brochure_eHospital_Website_Version_September_2019.pdf \(backup-cuh-production.s3.amazonaws.com\)](#)

¹¹ [Making IT work: harnessing the power of health information technology to improve care in England - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

¹² [Missed medication doses in hospitalised patients: a descriptive account of quality improvement measures and time series analysis - PubMed \(nih.gov\)](#)

¹³ [Robotic process automation in recruitment | NHS Employers](#)

Trusts are also recognising how digital transformation can lead to time savings within their organisation. One trust board frames their digital decisions around time savings in three categories: additional time that allows staff to do more or better things, efficiency savings that can add up to a budgetary release and additional time that allows teams to perpetuate a cycle of improvement.¹⁴

- 10. Progress has been made to ensure data security.** Cyber security has come to the forefront following high profile cyber security threats to NHS providers such as the WannaCry global ransomware attack in 2017.¹⁵ Trusts have made progress since WannaCry and many trust boards have completed the National Cyber Security Centre's Cyber Essentials training.¹⁶ Trusts also have access to a variety of resources including NHS Digital's Data Security and Protection Toolkit¹⁷ and cyber and data support services.¹⁸

What progress has been made in digitising health and care records for interoperability, such that they can be accessed by professionals across primary, secondary, and social care?

- 11. Trust leaders are better positioned to tackle the interoperability challenge.** Interoperability is about getting digital health technologies to talk to each other and enabling systems and organisations to exchange and use data, so that all relevant information is available at the point at which it is needed. Interoperability is as much of a human challenge as it is a technology challenge. It's true that the technical ability to move data between systems in a way that preserves meaning is fundamental. However, the important conditions to allow for interoperability are collaboration, consensus, trust and shared goals. Trust leaders are recognising the importance of creating alignment. They are standardising clinical processes, building strong technical foundations and maintaining systems. As ICSs begin to emerge, IT systems will need to converge. This need brings anxieties over the logistics of IT system consolidation, and reconciling long-term 'lock-in' contracts with technology suppliers. However, there are many examples of successful convergence and data sharing, including the Great North Care Record¹⁹, the Yorkshire and Humber Care Record²⁰ and Connecting Care.²¹

What are the principal considerations that should be taken into account in this context and what additional training of the workforce will be needed to achieve this?

- 12. The challenge of recruiting and retaining staff with digital skillsets.** Digital transformation within the NHS requires the recruitment of staff roles with digital skillsets, including product managers, delivery managers, user experience researchers and service designers. Many trusts find it difficult to compete with private sector employers who can offer candidates competitive salaries, clear career progression opportunities and digitally enabled work

¹⁴ [Digital Delivery Principles \(nhsproviders.org\)](https://www.nhsproviders.org/digital-delivery-principles)

¹⁵ [Investigation WannaCry cyber attack and the NHS \(Summary\) \(nao.org.uk\)](https://www.nao.org.uk/resources/publications/2018/investigation-wannacry-cyber-attack-and-the-nhs/)

¹⁶ [NCSC-certified board training - NHS Digital](https://www.nhs.uk/digital/ncsc-certified-board-training/)

¹⁷ [Data Security and Protection Toolkit - NHS Digital](https://www.nhs.uk/digital/data-security-and-protection-toolkit/)

¹⁸ [Cyber and data security - NHS Digital](https://www.nhs.uk/digital/cyber-and-data-security/)

¹⁹ [Home - Great North Care Record](https://www.gncc.nhs.uk/)

²⁰ [Home | Yorkshire & Humber Care Record \(yhcr.org\)](https://www.yhcr.org/)

²¹ [Connecting Care Bristol, North Somerset and South Gloucestershire \(connectingcarebnsng.co.uk\)](https://www.connectingcarebnsng.co.uk/)

environments. Developments to Agenda for Change are needed to build digital teams that drive transformation.

Separate to recruiting in digital skillsets, trusts must also build an empowered digital workforce by ensuring proper digital skills training and fit-for-purpose digital tools are in place for all staff. Staff will choose to work where technology enables them to do their job well and not distract from it – where they can login to the systems they need without frustration, and where access to information they require is at their fingertips.

13. **Appropriate funding mechanisms and allocation for digital.** Constraints on what money is available and how that money can be spent often make it difficult for trust leaders to navigate digital investments. NHS IT spending falls into four categories: running the operation, essential investment and renewals, digital development and investment for transformation.²² Increasingly, digital investment requires a hybrid revenue and capital funding model that accounts for day-to-day expenses (i.e. software licencing, subscriptions and renewals) and the purchase of new technologies and infrastructure.

Traditionally, there has been an underinvestment in digital within the NHS.²³ Even with the recent influx of money in response to COVID-19, there is concern over the limited, and often last-minute, funding available for digital transformation. Without sufficient national funding trusts will struggle to embrace the digital ways of working required for service recovery, achieve the aspirational goals set out in NHS England's *What good looks like* national framework²⁴ and meet targets set out in the Health Secretary's Tech Agenda (i.e. electronic patient records rolled out in 90% of trusts by the end of 2023).²⁵

14. **Inconsistent messaging from the centre and competing prioritisation of digital.** Many trust leaders call for a prioritisation of national asks so top priorities can be successfully delivered. Trusts should be given the space and capacity to deliver on fewer digital priorities, in order to get the basics right first. When basic digital infrastructure is lacking in many trusts, national funding for artificial intelligence will not be useful. Trusts must adapt to the frequently changing direction of travel, restructuring and high burden of asks from arm's length bodies. This inconsistency means trusts must quickly change tact and realign thinking on key priorities, including around interoperability, electronic record system convergence and levelling up. Mixed messaging and long shopping-list asks from national bodies (such as those set out in the *NHS Long Term Plan*²⁶) distracts from the foundational focus on fixing basic infrastructure that is needed. NHS trusts should be permitted to deliver fewer things better, rather than given an extensive and unrealistic set of asks.

15. **Maintaining local autonomy amidst national directives.** At a national level, there is an ongoing tension between centralised coordination of digital priorities and local autonomy and decision making. Setting a national standard for what good looks like in digital is welcome as an aspirational goal for trust leaders. However, a balance must be struck that allows trusts to choose their own way forward while still meeting national expectations.

²² [digital-boards-making-the-right-technology-decisions-2021.pdf \(nhsproviders.org\)](#)

²³ [Digital transformation in the NHS \(Summary\) \(nao.org.uk\)](#)

²⁴ [What Good Looks Like framework - What Good Looks Like - NHS Transformation Directorate \(nhsx.nhs.uk\)](#)

²⁵ [Health Secretary sets out ambitious tech agenda - GOV.UK \(www.gov.uk\)](#)

²⁶ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf#page=91>

16. Resources for workforce training include:

- a. HEE's Digital Readiness Education Programme which aims to create an uplift of digital skills, knowledge, understanding and awareness across the health and social care workforce.²⁷
- b. The NHS Providers' Digital Boards programme, which sits within the HEE Digital Readiness Education Programme, and aims to build board understanding of the potential and implications of the digital agenda and increase confidence and capability of boards to harness the opportunity that digital provides through board resources, webinars, peer learning and free board development sessions for individual trusts.²⁸
- c. NHS England's launch of The Year of the Digital Profession 2022 campaign which consists of a portfolio of programmes that aim to build the capacity and capability of specialist skills within digital professions.²⁹
- d. Education, workforce training and development of professional standards from The Faculty of Clinical Informatics.³⁰
- e. The 2019 Topol Review highlights additional recommendations for preparing the healthcare workforce to deliver digital.³¹

How can the creation or exacerbation of digital inequalities be avoided when implementing digital transformation?

17. **Narrowing the 'digital divide'**. Digital ways of working have become more common in light of the pandemic, which for some patients has granted safe access to health and care services with technology such as remote video consultations and at home virtual wards. However, for others the reliance on digital ways of working have exposed the 'digital divide' – meaning the gap in digital skills, connectivity or accessibility which can fundamentally affect one's ability to engage with health and care services.³² Lloyd's Bank's 2021 Essential Digital Skills Report found that around 10M people in the UK lack basic digital skills.³³ Narrowing the digital divide in the UK is of key importance as one's level of digital exclusion is directly linked to health outcomes.³⁴ Trust boards are looking to narrow digital exclusion by taking a holistic system view of health and care, strategically engaging with community partners, co-designing services with patients and staff and creating an organisational culture of sustainable digital inclusion.

18. **Digital and, not digital only.** Trust boards recognise that digital transformation does not mean a digitalisation of all services and patient communications. It is instead about meeting the needs of all services users, who will have varying levels of digital skills and access to devices. Digital services should not be seen as a replacement for in-person patient interactions but should be one of several options patients have to access the health and care

²⁷ [Digital Readiness Education Programme | Health Education England \(hee.nhs.uk\)](#)

²⁸ [Digital Boards - NHS Providers](#)

²⁹ [The Year of the Digital Profession 2022 - Digitise, connect, transform - NHS Transformation Directorate \(nhsx.nhs.uk\)](#)

³⁰ [Home | Faculty Of Clinical Informatics](#)

³¹ [HEE-Topol-Review-2019.pdf](#)

³² [The digital divide - Good Things Foundation](#)

³³ [Lloyds Essential Digital Skills Report 2021 \(lloydsbank.com\)](#)

³⁴ [Digital exclusion and health inequalities \(goodthingsfoundation.org\)](#)

services they need. Efficient digital processes and remote options for those who choose it means freed up capacity and resource to dedicate towards those who need it most. As trusts advance towards more digital ways of working, a focus on digital inclusion is increasingly important to ensure health and care reach people where they are in a way that clinically appropriate and suitable for the patient.

19. **Turning data into insight to identify and track health inequalities.** The pandemic has exacerbated existing health inequalities and data and technology will play a key role in addressing this. Digital ways of working and improved data collection and sharing will allow for a better understanding of population-level health disparities and help identify areas of need. Data can then be turned into insight and action toward decreasing health inequalities. For example, the Yorkshire and Humber Care Record³⁵ has been designated an NHS Local Health Care Record Exemplar and securely connects patient data for ICSs, organisations and GP practices across the Yorkshire and Humber region. Population health management relies on high quality, accessible data and analytics to paint a rich picture of health disparities and areas of need. This can then allow for improved prevention and management of ill health and planning of services to better address health inequalities.

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³⁵ [About Us | Yorkshire & Humber Care Record \(yhcr.org\)](https://www.yhcr.org)