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Visionary Fellow – Leaders in Digital Systems

(Coventry & Warwickshire Aspiring Leaders)

Overview of Projects

During the course of the fellowship programme, I have been involved in a number of larger projects in addition to involvement within steering groups looking at the development of digital technology within the wider ICS

1. DOCOBO Remote Monitoring Programme

The Docobo remote monitoring programme was established at the end of 2020 and aimed to utilise monitoring equipment to provide patients in care homes and with specified conditions, 24 hour, 7 day a week access to care. The programme provides daily monitoring of patients' observations and their clinical condition, which are monitored via nursing staff within each place. They are then able to provide a response and assessment within two hours.

Having been brought into the programme midway through the rollout in South Warwickshire, I have been able to be involved in various phases.

South Warwickshire Care Homes

I was able to join the task and finish group for the project, gaining experience of the rollout at a later stage. Developing knowledge of the modifications that were being made to the clinical pathways and the difficulties and unique challenges faced in different places. It provided a unique perspective with regard to competing interests of different organisation within place and emphasised how this is likely to be more prominent having transitioned to an ICS model.

Rugby Care Homes

I was able to be involved in the Rugby rollout from the start and as such gained a far greater understanding of the programme in terms of initial setup and challenges faced throughout. I have been able to provide far greater clinical supervision as part of this project having been involved throughout. This project particularly highlighted the difficulties in terms of demonstrating the benefits of these types of projects and hesitancy organisations can have in adopting them. Similar to the South Warwickshire rollout some of this related to concerns around diversion of funding and is certainly something in future rolls that is likely to be more prominent moving to and ICS system when trying to deliver change projects.

Both the South Warwickshire and Rugby projects were successful which has been demonstrated in the analysis of the data.

Rugby COPD

Following the rollout of the Rugby care home project we have moved on to the COPD project. This project provides home kits to patients with moderate to severe COPD, who are then able to be monitored remotely by nursing staff within each place and provide clinical input as needed. This project is due to be rolled out

in the coming weeks, I have therefore been able to be involved in the initial scoping and engagement with practices and helping develop the structure of the project.

2. ARRS/AHP Virtual Environment Project

It is known that the recruitment of AHP's directly in to primary care is challenging with the vast majority of staff being recruited from secondary care rather than directly from University. There are a lack of placements within primary care and also a lack of awareness of the opportunities that exist within primary care.

This project aimed to develop virtual environments that could be used to demonstrate the daily life of an AHP within primary care.

The project has been challenging throughout for a number of reasons. I was able to engage with Coventry Universities digital team and NHSx with the aim to utilise the expertise and resource of both to deliver the project.

The capabilities within Coventry University is significant and would certainly have been able to create the digital scenarios that were required. However, ultimately this also required finance to facilitate the creation of the environments which wasn't available.

I therefore focused on the resource that was available via NHSx who were offering virtual reality headsets for development projects. Since the start of the year countless meetings and proposals have been submitted to secure this as a resource to deliver the project resulting in the delivery of these sets in the last week. I had also secured the support of the regional NHSx development officer to assist with the development of the virtual environments. This however, relied on being able to secure creative kits from NHSx which at present have still not been made available.

The project has been enlightening and frustrating. Very early on the agreement for support was secured, however, the project has made me very aware of the complexities of securing resources and the significant time this can take. However, having persisted and finally acquired the virtual reality kits, I have been able to liaise with the training hub who have recently started a separate project developing virtual placements. I hope therefore, that the virtuality reality kits as a resource can be utilised within the region to benefit this and other projects.

3. Accurx Bulk messaging

It was identified by one of the transformation fellows that there was not the facility within Accurx to allow bulk messaging that could then allow an individualised patient response. It was therefore incredibly time consuming for them to individually send messages to a cohort of patients they wished to contact for screening. I was able to liaise with Accurx and explore the options that they had in place, though these were very limited. I was however, able to gain entry in to the pilot programme working with batch and florey messaging to allow more specified patient responses to messaging. Whilst this was a very small piece of work it did again highlight the benefit of developing networks, so that people working in other areas can be utilised.

4. ICS Data and Digital Strategy

During the fellowship I have had the opportunity to be involved with the development of the data and digital strategy. This area of work was already well developed at the start of the fellowship. Having the benefit of Alec Price-Forbes however, within our digital fellows group allowed me to gain significant knowledge of and experience in the development of the wider ICS strategy. I have been able to follow through development with NHSx and Deloitte at the scoping stage to the implementation of the integrated care system. This work as with other projects again demonstrated the complexity of leading change within the NHS and often the difficulty of demonstrating the benefits of new systems that require significant investment. I will continue to be involved with the digital strategy following the fellowship as party of the Clinician and Practitioner Advisory Group.

CPD Courses

Harvard Digital Transformation Course

This course explored the applications and impact digital technology has and can have on developing future health care systems. Looking at how current and future technology can be used to enhance access, improve efficiency and ultimately maximise patient outcomes. Over the course of the 8 weeks we looked at various real world companies and critically analysed their products business models and reasons for success. We also focused on how nonhealthcare settings are becoming involved in healthcare and how in the future this may impact on patients care and importantly how this data is shared.

The course allowed me to develop a great deal more understanding of a variety of factors that I have been able to utilise in my projects and will be able to carry forward into future work.

One final learning point from the course was the time lag and reluctance to change in the medical profession. There is often technology available but quite often a reluctance to change from the status quo or fear that the change with result in an increase in work or resource. It is therefore illustrated the vital importance of engagement throughout projects with the target audience and stakeholders so that people are clear of the benefits of the project.

The course was greatly beneficial in with regard to the DOCOBO project. It highlighted ways software can used proactively/reactively, legal implications and data ownership and greatly informed my work within the Docobo project.

Oxford Executive Leadership Course

The course covered various topics over an 8 week period and provided group working and expert feedback. One key feature of the course was that it was not restricted to just NHS staff. This meant that I was able to engage with people working in different organisations and identify ways that we work locally and nationally within the NHS that are and are not productive.

The course explored the features of effective and ineffective leadership, looking at leadership styles and identifying pitfalls. One key point was how leadership differs to management. Though more regional projects require a much more hands on approach, it certainly made me far more aware of the danger of being drawn into very specific parts of projects and being reluctant to delegate when the need is for generalised project management and oversight.

Exploring the development of teams highlighted the importance of creating a team with people who share a common vision and clearly communicating the end goal. Throughout the programme working through the various modules really highlighted to me the vast difference within then NHS when working regionally and nationally. Whilst regionally, in general, people have a common vision, have a sound understanding of the local needs and are driven by a desire to provide a better service. At a national level there is a stark contrast. Teams are often created with little common vision and very much hierarchically managed and judged by the ability to meet defined targets. This is something that is certainly essential to be aware of in future roles, to identify outcome measures that satisfy both local and national needs.

The programme very much highlighted to importance of maintaining knowledge of local systems and ways of working. In order to lead an effective team and influence change clear understanding of the challenges faced is key. This allows goals to be set, facilitates buy in from colleagues and allows high performance teams to be created.

Fellowship Experience

The fellowship experience has been hugely beneficial to me. It has allowed me the opportunity to develop knowledge of both leadership and digital innervation. Having been able to undertake the Oxford and Harvard course I was able to develop a foundation that through the various projects I have been involved in have been able to utilise in a practical context. The fellowship has highlighted throughout the importance of building relationships and networks. Particularly when navigating the often complex organisation of the NHS, having these connections is crucial to delivering successful projects. Similarly, having these connections maintains awareness of other similar work that may also be being undertaken. I have certainly seen, more so when working at a regional/national level, there are often schemes of work that overlap and would benefit from each other's experience but operate in isolation. Having this awareness allows for a far greater utilisation of resource and collaborative working.

The Oxford leadership course talked a great deal about the benefit of support networks and the benefit of having a network outside your immediate area of work. Throughout the fellowship we have had the opportunity to meet as a whole group and a digital group and these sessions have very much emphasised the value of having the opportunity to gain objective external feedback. I certainly feel that moving forward I will always ensure that I maintain networks who are able to provide objective outside feedback to projects.

Future

The fellowship has provided me with far greater understanding and experience of digital change, leadership and leading within the NHS. I intend now to continue work as a clinical lead within the Docobo programme and continue to seek out further leadership opportunities locally and regionally such that I am able to capitalise on the knowledge and experience I have gained. I will also be strongly encouraging other colleagues at a similar stage to apply for future fellowships. One key point within the Harvard programme was the medical professions reluctance to embrace change. It therefore essential that we continually offer the opportunity for this kind of development to create a diverse, expanding group of colleagues who are driven to lead change and enhance the way we work.