Good Governance because it's time to think again
2020

Good Governance Institute

COVID-19
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Digital assurance

COVID-19 has shaken all of our foundations in a way not seen in recent living memory. While other pandemics have occurred, the difference this time is that organisations have more options to mediate the impact. And one of the key opportunities is brought about by that other major disrupter of business – digital.

Digital maturity, and the importance of collaboration and place, requires a fundamentally different approach to risk, reward, and a reappraisal of what possible looks like. COVID-19 has provided an opportunity to rethink the art of the possible – the rapid creation of Nightingale hospitals proves this – but care is needed to not lose the momentum gained.

The pace of change

Many reports have been written but digital transformation still progresses slowly. The Long Term Plan (2019), the Five Year Forward View (2014), the Topol Report (2019), and the Wachter Review of Health IT (2016) all recognised that reducing bureaucracy, stimulating research and enabling service transformation are key goals for all organisations involved in care.

Arguably, if more progress had been made with digital transformation, the response to COVID-19 could have been more effective. For example, track and trace enhanced by regional ecosystems sharing health data and being able to track/alert emerging patterns quickly.

Population health and a focus on wellness rather than the traditional break/fix approach necessitates a drive towards more sharing of data, information, knowledge, risk, and reward. Such things have been discussed for years. Success has been achieved where specific funding has been allocated, for example in Manchester with the devolution of health and social care budgets; Local Health Care Records Exemplars (LHCREs). The national CCIO, Simon Eccles, stated that the rollout of LHCREs may 'adapt to the learning' from the GDE programme. Investment may well be prioritised into the most digitally-mature trusts – an approach that will continue to leave the least-developed trusts behind.

The irony of the COVID-19 period is that swift action necessitated new approaches to risk management. In normal times, the tendency for a risk averse assurance regime, driven in part by fear of the unknown (think Donal Rumsfeld – known unknowns, never mind the unknown unknowns), has stifled much needed change.

Complexity

The complexity of structures in the NHS and social care, the layers of sometimes conflicting accountability, governance, and reporting requirements, makes doing the right thing for service users harder. Funding and monitoring regimes often inadvertently incentivise the wrong behaviours.

Avoiding health breakdown by early treatment in the community is far cheaper, both in human suffering and financial terms. The proactive pursuit of service user wellness requires a population health approach which is assisted in large part by digital transformation.

> "Digital is not an IT project or a technology project, it is about people, service users and staff"

The impact of digital transformation on an organisation is complex, when planned and executed properly. Digitising existing processes alone is not enough, true benefits are gained when the way people work is changed. Digital is not an IT project or a technology project, it is about people, service users and staff. Technology must be deployed in a supporting role, not as an end in itself.

Through the application of great governance, hitherto unforeseen opportunities and challenges can be turned into improvements to service user outcomes, reducing the burden on health and social care. Digital transformation is the start of a journey with a destination that is not always obvious as successful transformation continues to widen the possibilities.

While digital transformation is itself complex, the best examples eradicate complexity and successfully deliver the intended benefit and then some.

Successful digital transformations all have one thing in common, the organisations involved have all ensured that good governance processes prevail.

Given the complexity, boards should consider creating a committee (an informatics committee, perhaps), chaired by an independent IT literate non-executive director who can understand the detail presented at the meetings, and then offer the board assurance (or otherwise).

Citizen-centred population health data

The opportunities for collaborating with data will promote the wider availability of information and the opportunity for knowledge-based action. Organisations often already describe themselves as data or information rich, but it is often the case that these organisations have a lot of data in silos, which is not the same, nor is it particularly useful. Digital transformation must absolutely result in the removal of silos, both locally and regionally, to enable population health to succeed.

This needs to be accompanied by a change of cultural approach: more collaboration and less competition between organisations. Learning from each other's mistakes and not re-inventing wheels is key. Presenting a good experience to service users means having a completely joined up experience across all care settings. By definition, this means data/information silos must no longer exist.

Much has been said about shared data, information, and records. The public remain concerned about the ability of national bodies to keep their information safe. It is also true that the continual drive to citizen consent is problematic. When asked about data sharing, does the average citizen understand the true connotations of the question? Since COVID-19, would those who refused consent reconsider if they knew the wider benefits that could flow from research, the ability to monitor and issue alerts etc., including the potential to save their life?

In a digitally mature world, service needs to be delivered not in hospitals or surgeries, but at patient homes, care homes etc. – in the community. Such service provision needs a population health approach if it is to succeed. This is not just about handing out shiny new mobile devices, but providing access to full care records, decision support, specialist intervention via video etc., all to promote care in the community rather than a hospital admission.

Questions for the board

1. Should the risk appetite for your organisation be reviewed given the rate of useful change witnessed in the response to COVID-19?

2. Is your organisation working in partnership with other local organisations as part of a population health drive?

3. Does your organisation learn lessons from others and join in regional collaborations, or do local procurement rules drive your organisation to procure your own solutions?

4. How does your organisation balance:

   - risk versus reward and benefit
   - certainty versus uncertainty
   - stability versus potential volatility
   - doing something versus doing nothing

5. How does your board gain assurance regarding digital transformation?

6. Is your organisation really data/information rich and able to act based on it?

7. Does your organisation have a benefits realisation strategy?

If this bulletin prompts any comments or questions, please contact us by calling on 07732 681120 or emailing **advice@good-governance.org.uk**.