# Board development session case study: turning ambition into action at Nottinghamshire Healthcare NHS Foundation Trust

## Starting point

Nottinghamshire Healthcare NHS Foundation Trust (Notts Healthcare) is a large community and mental health trust that spans two Integrated Care Systems (ICSs) and provides a mix of services including community and high secure forensics. It is a large organisation with around £0.5bn turnover and a geographical footprint that is local, regional and national.

The board acknowledged that the trust wasn't utilising digital as effectively as it should. There had been a historic underinvestment in infrastructure across the estate, leaving staff frustrated, particularly in terms of Wi-Fi coverage. The digital team had previously delivered successes, including eObservations, but some felt progress hadn't been properly communicated across the trusts.

There seemed to be an aversion to risk across the trust. This situation was impacting the board's confidence in the ability of the trust to deliver digital change. The board wanted to clarify what next steps were needed in order to achieve their ambition of delivering services differently. Some on the board felt a mindset shift was needed, away from "policing" and instead to "enabling" digital ways of working.

In July 2021, the board took part in a bespoke Digital Boards development session that helped turn this ambition into action.

## Digital Boards development session

Ahead of the session, the NHS Providers and Public Digital team carried out in depth interviews with the chief executive, chair, finance director and chief digital and information officer of Notts Healthcare. In addition to this, a review was carried out of key strategic documents, including the existing IT strategy, the overall trust strategy, and an internal review of the trust's digital delivery. A bespoke 2.5 hour agenda was approved by the trust, with a distinct focus on transforming core infrastructure. A joint NHS Providers and Public Digital team delivered the session virtually, facilitating rich discussion with the board.

At the end of the session, board members discussed and came to an agreement on the ways they could lead digital differently as a unitary board:

- **Codesigning between service users and staff to enable digital change**. The board would look to ensure user need would be central to digital programmes, with a focus on getting clinicians to drive change and identify priorities for longer term strategy. The board would promote a culture of "learning by doing". Board leaders noted how the trust hadn't always celebrated digital successes, but demonstrating learning on the ground would encourage a culture of empowerment.

- **Developing a co-produced mission statement, which would be backed by funding**. The trust was already identifying opportunities from centrally funded initiatives but in the meantime, the board spoke about creating a small "innovation fund" for staff to test out ideas that were aligned with the trust's strategy.

- **Get the fundamentals in place**. The board would focus on ensuring that the basic infrastructure was in place before moving onto more advanced technology. In doing this, the board were optimistic that they would capture digital learning from the front line and develop strong experience in deployment.

## Impact of the board session

The board credit the development session in accelerating the trust's digital journey by challenging them to think differently.

> "I really appreciated the bespoke preparation you did that made for a really useful session. At the end of our day board colleagues were still commenting on how useful and important it was". **Paul Devlin, chair**

In the months following the session, the trust has made substantial progress across seven key areas.

1. **Review of core infrastructure**. Previously IT investment within Nottinghamshire was ad hoc and piecemeal, with the trust rarely realising many benefits. The board is now developing an investment proposal for an infrastructure refresh programme. An external review of the trust's IT capability and network will help the board to identify and address the most pressing gaps in a more strategic and considered approach.

2. **Strengthening the Digital and Information programme board.** Previously, this sub-board provided oversight of the digital improvement programme but had limited involvement of board leadership. However senior leaders are showing renewed interest in the programme board. It is now chaired by the director of finance, but with regular input from the medical director, chief digital information officer, communication directors, and divisional representatives.

3. **Strategy development.** The Digital and Information programme board is focused on creating a digital culture, building multidisciplinary teams and developing a sense of digital ownership throughout the organisation. It has now been given a specific remit around strategy development, which will help the trust prioritise its digital programmes and investment opportunities.

4. **Engagement and comms**. The communication team in particular plays an important role in highlighting the board's commitment to digital to the wider organisation, which is in turn generating enthusiasm for the digital agenda throughout the trust. The associate director of communications is exploring how to best use the staff survey and IT help desk to determine the biggest issues and challenges faced by staff. This is helping the board to further its engagement with clinicians around digital change.

5. **Establishment of a user engagement task and finish group.** During the Digital Boards session, Notts Healthcare agreed user need would need to be central to all digital programmes. It has since set up a user engagement task and finish group where staff can feedback on their user experience. While this group is in its early days, it shows promise and provides an opportunity for board members to get closer to the reality of their digital programmes. Fairly nuanced issues are raised from across the trust, which is particularly important given Nottinghamshire Healthcare's extensive geographical footprint. The group meets monthly and continues to grow; it will serve as a test base for digital initiatives. The board are confident the group will help the trust think more creatively about digital solutions, as leaders will have a better understanding of where the trust is at.

6. **Development of the IT helpdesk.** With a better understanding of user needs, the trust's leadership has sought to improve its ability to address these. This has involved restructuring the IT department. Previously, IT staff were separated into two distinct roles: the first line of IT helpdesk support was customer focused and would raise tickets, with the second line of support actioning these tickets but being far removed from user needs. The trust admitted the helpdesk was not "customer focused". As part of the restructure, a new role has been created: customer technical support manager. These managers encourage IT teams to work together to 'cross-pollinate' skillsets across the helpdesk. As a result, the trust is beginning to find efficiencies within the department because they can now identify and fix root causes rather than addressing "quick fixes" one ticket at a time.

7. **A changing culture within teams**. In addition to changing the IT helpdesk, the trust has also looked to attract new staff and retain key skills.  IT staff are now provided with more training and development opportunities, and trust leaders have made career progression paths more visible. This is resulting in a more fundamental shift to the way both IT teams and clinical teams work more broadly. Anecdotally, the chief executive is increasingly inundated with emails from staff with ideas to improve services. And attendance at IT training sessions hasn't dropped off.

The board are the first to admit there is still some way to go. Trust leaders want more from IT and understand there is more potential to be unlocked. But the incremental improvements underway are gradually changing things.

> "We're making progress and we're driving work to better understand why things aren't working. At the same time, we're defining our new strategy and now have valuable feedback loops to make sure our ambitions match the reality our staff and service users face." Lorraine Hooper, former finance director

Leaders at Notts Healthcare credit the Digital Boards session for acting as a springboard for these changes. It allowed the board to have an open and honest conversation about where they were and why they hadn't been able to achieve the digital progress they desired.

The session left board leaders with a better understanding of the conditions for successful digital delivery and with a clear sense of what needs prioritising.

> "The format and content led to a very helpful discussion and session. It was really well run and a good mix of presentation then discussion time. It felt like a very honest session with learning identified to help us. I would strongly recommend to other boards." Dr Susan Elcock, medical and forensic director