

digitalhealth

**REWIRED**  
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# Dr Penny Kechagioglou

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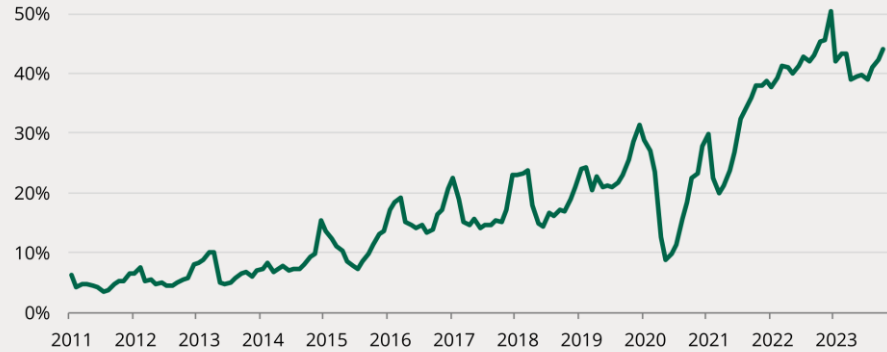


**DIGITAL  
LEADERSHIP  
AND TEAMS  
STAGE**

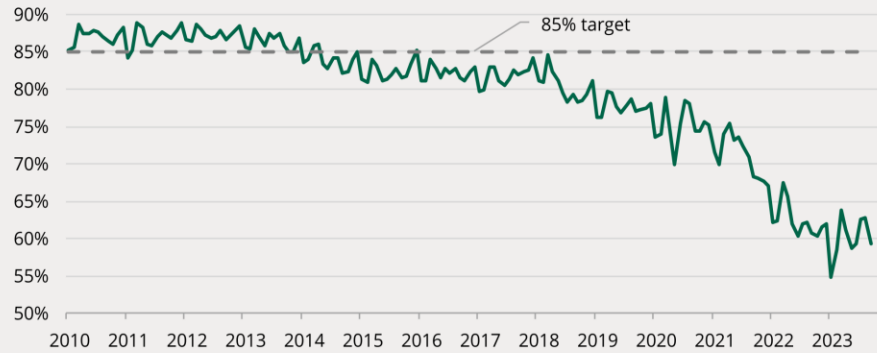
Stage Sponsor:



Patients spending over 4 hours in major A&E



Cancer: patients waiting under 62 days for treatment after GP referral



Waiting list for hospital treatment



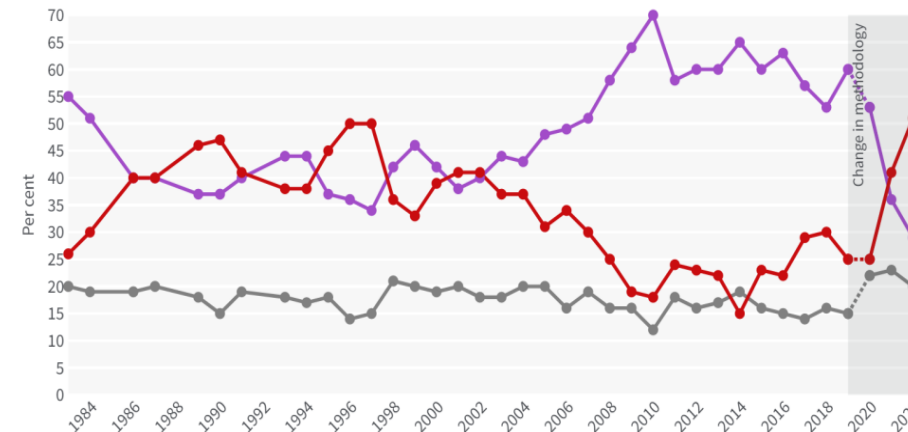
# Challenges facing the modern NHS

- Exclusive: Government and NHS in talks over £1bn funding gap



which the National Health Service runs nowadays?

■ Very or quite satisfied 
 ■ Neither satisfied nor dissatisfied 
 ■ Very or quite dissatisfied



# Leadership and Organizational Learning

## The Ambidextrous Organization

- by [Charles A. O'Reilly III](#)
- and [Michael L. Tushman](#)

[From the Magazine \(April 2004\)](#)

## Balancing Exploration and Exploitation Overcoming The Modern Strategy Challenge

[Roger Martin](#)  
Medium,  
Jun 28, 2021

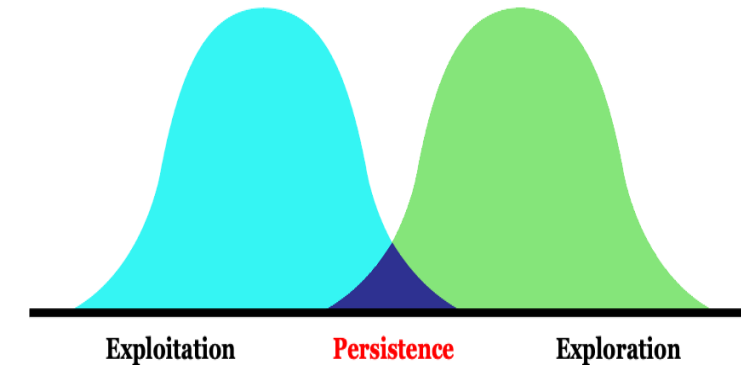
“Regardless of how high or low you sit in an organization; you need to recognize these two modes and know when you are engaging in each. What you should do and how you should think about the two are different”

Alignment of:	Exploitative Business	Exploratory Business
Strategic Intent	cost, profit	innovation, growth
Critical tasks	operations, efficiency, incremental innovation	adaptability, new products, breakthrough innovation
Competencies	operational	entrepreneurial
Structure	formal, mechanistic	adaptive, loose
Controls, rewards	margins, productivity	milestones, growth
Culture	efficiency, low risk, quality, customers	risk taking, speed, flexibility, experimentation
Leadership role	authoritative, top-down	visionary, involved

### Ambidextrous Leadership

Different alignments held together through senior-team integration, common vision and values, and common senior-team rewards.

## Seeking a Productive Balance



ORGANIZATION SCIENCE  
Vol. 2, No. 1, February 1991  
Printed in U.S.A.

## EXPLORATION AND EXPLOITATION IN ORGANIZATIONAL LEARNING\*

JAMES G. MARCH

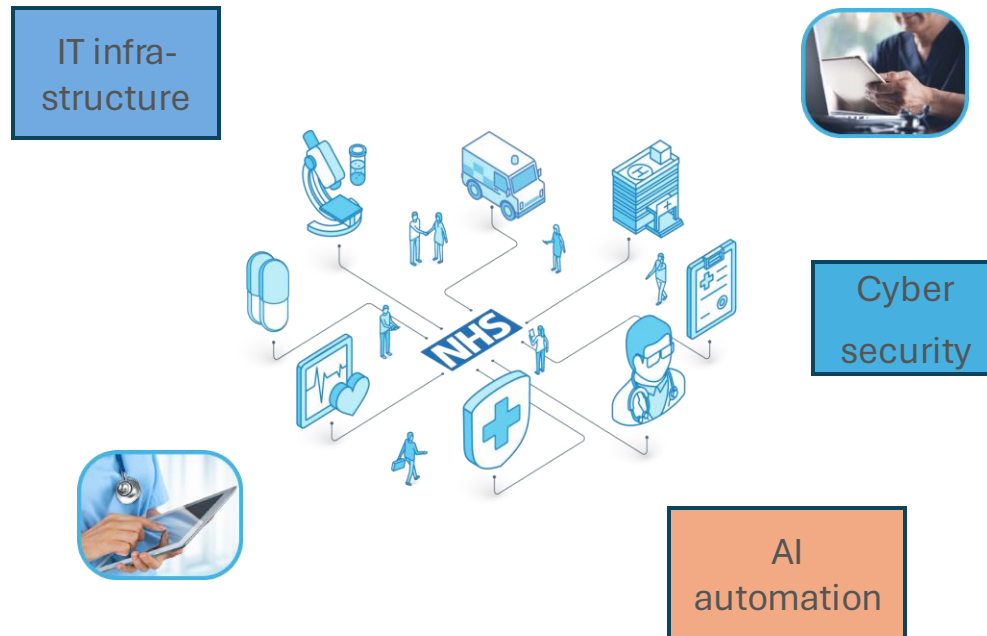
*Graduate School of Business, Stanford University,  
Stanford, California 94305*

This paper considers the relation between the exploration of new possibilities and the exploitation of old certainties in organizational learning. It examines some complications in allocating resources between the two, particularly those introduced by the distribution of costs and benefits across time and space, and the effects of ecological interaction. Two general situations involving the development and use of knowledge in organizations are modeled. The first is the case of mutual learning between members of an organization and an organizational code. The second is the case of learning and competitive advantage in competition for primacy. The paper develops an argument that adaptive processes, by refining exploitation more rapidly than exploration, are likely to become effective in the short run but self-destructive in the long run. The possibility that certain common organizational practices ameliorate that tendency is assessed.

(ORGANIZATIONAL LEARNING: RISK TAKING; KNOWLEDGE AND COMPETITIVE ADVANTAGE)

# EPR a Key Enabler to our Strategic Vision

“ Our EPR will interface with other systems to ensure interoperability, clinical access to care records anywhere in the system, one source of truth, seamless pathways, safer care, with patient self-management tools including patient portal ”

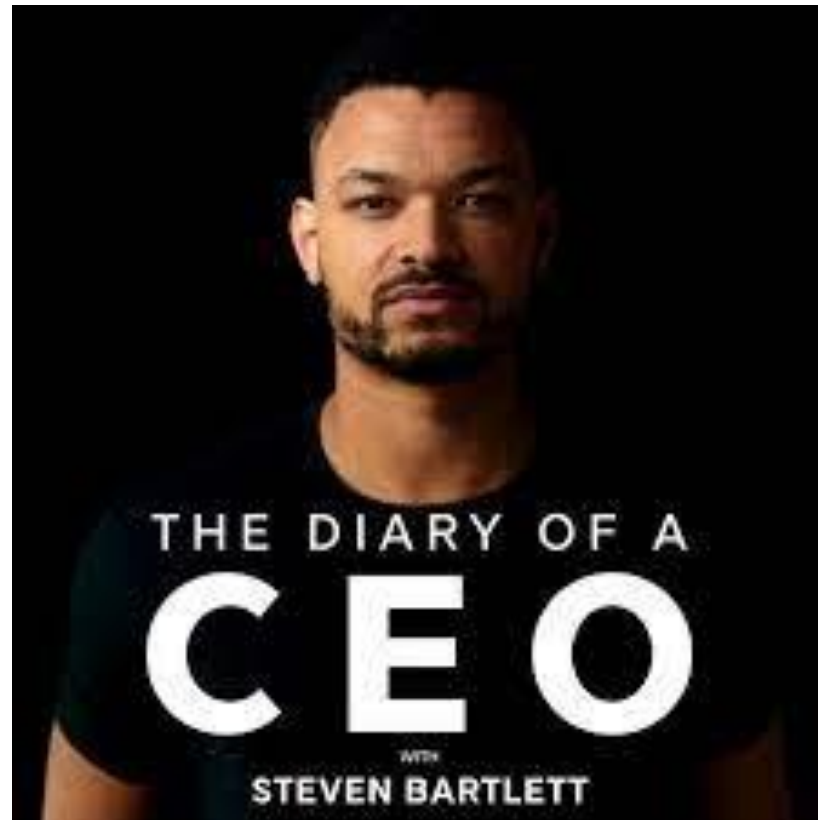


Our Trust Vision  
“To be a national and international leader in healthcare, rooted in our communities”



# Law 25

Why would this idea fail?



# Why Innovation in Healthcare is so Hard

*by Regina E. Herzlinger Harvard  
Business Review 2006*

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## Forces that can Drive Innovation or Kill it

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Stakeholders and competing interests that could boost or destroy it

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Process of generating revenue and acquiring capital differs in healthcare

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Regulation – technology, suppliers

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Timing of new technology (too early/late)

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Consumer preferences – strong patient and clinical voice

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Cost effectiveness and safety evaluation – are we safe to go live

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Challenged status quo of organizations – resistance to change

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Seeing the short-term costs and non the long-term savings

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Commissioner preferences

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Organizational infrastructure – people, process, platform

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Centralized healthcare systems

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# Overcoming challenges in spread of Healthcare Innovations

*by Regina E. Herzlinger Harvard Business Review 2006*



Complex innovations are social, context-specific and they evolve over time



Capability building in an integral component of innovation



Technical and social components are equally important



Using learnings from implementation in various contexts



Building and sustaining adopter commitment; peer leadership, peer communities, ownership of innovation



Consider adopter capability and readiness



# Remote Patient Monitoring case study Coventry & Warwickshire - exploration

- COPD patients using the DOC@HOME platform.
- COPD patients recorded vital signs and symptoms daily onto the Nokia 10, using thermometer, blood pressure monitor, pulse oximeter.
- Nurses triaged alerts and responded within 2 hours.
- Patients reassured that symptoms were being reviewed which reduced anxiety levels.
- 100% used the system and would recommend it to patients.
- 87% felt that they had more frequent contact with their healthcare professional.
- 77.4% needed fewer contacts with their GP.



# Current Virtual Ward Model - exploitation

- Over 550 patients supported by H@H.
- 53 admissions per month in average Estimated annual bed days saved of £2,445,697 (based on 40 bed model).
- Initially focus on Early Supported Discharge, for past 6 months ESD vs Admission avoidance: 55%:45%.
- Expansion of pathways: COpAT (complex outpatient antimicrobial therapy) and H@H pathways: Frailty, Acute Respiratory Infection, Heart Failure, General Medicine, Short Term Antibiotic Therapy
- Part of the Local Integrated Teams project Improving Lives programme since November 2023.

