Douglas Hamandishe:

How’re you doing Richard. Good morning to you.

Richard Wyatt-Haines:

Hello, Douglas. Good to see you looking great there in that shirt this morning.

Douglas Hamandishe:

I thought I'd bring out the butterflies today. So I’m in that transformational mode, you know, I'm looking forward to this, um, this morning, this discussion. So we want to have a conversation with the one and only Jenny from the Medway foundation, trustees associated non executive director, and the chair of the Medway innovation Institute. So Jenny, how you doing? That was a mouthful for title, how are things?

Jenny Chong:

Not too bad is good. Well, I'm glad that you're the one doing the introduction and not me.

Douglas Hamandishe:

I had to break it up. So roles so massive. Is that, can you just break down what you do in each of those roles?

Jenny Chong:

Well, actually, no, I do more than just the kind of role. I work a lot in innovation in general. So not only as the associate non-exec director for Medway foundation trust, which I joined in February last year. So it was literally right before, before COVID locked everything down. And in July, when we launched the Medway innovation Institute, I then took over as chair, which has been fantastically interesting just in terms of the project that we see. And what I try to do is bring that energy to them because everyone's so tired. You know, sometimes they're just fed out between the same thing over and over again, and they have all these ideas in their head, but where is the, um, the phone for them to air it and we have to innovation institutes do it. So we just bring the energy, encouragement and support to them. But in my other portfolio of innovation stuff that I do, I also work with Imperial college, London, where I act as a mentor and advisor to, from the startups that incubate there. I'm also on the committees of the design museum and the Egypt exploration society bring that kind of like digitization and innovation. Um, plus I'm also an advisor to some startups, but before all this, joining the medical world and innovation, I actually spent 20 years in investment banking where my focus was on technology, big data and artificial intelligence.

Richard Wyatt-Haines:

That is quite some experience, Jenny. Well, just looking across the breadth of what you've seen. Well, what are the things excited? What stands out to you? What are the, what are the digital innovations that get traction, that succeed making impact? What do you see any common traits?

Jenny Chong:

Usually when I look at a startup and I, and I look at their pitch, the thing that gets into success would be are they solving a problem? I always ask them to ask them themselves, are they solving the problem?

And the projects that come to us are we solving a problem for our patients or for our stock? So that's the single thread. I think that runs to a lot of successful programs that we see because even with technology, it can be successful and the most amazing idea can also fail. But why one day might be solving a problem. Two, they might not be talking to the people who are actually using that technology always engage with your end user, always engage with your patient. If the person was using it, doesn't see the value in it. They switched off completely.

Douglas Hamandishe:

You spoke about banking as well. And some other speakers have also an eclectic background. Um, what sort of lessons can NHS learn from other sectors such as banking?

Jenny Chong:

Interesting question, because actually sometimes there's a bit of a paradox when it comes to translating what works in a banking role to the NHS role. So to kind of let me start from that angle first. I think sometimes we try to run the NHS as an enterprise and we might be trying to take that from the banking world. So what's been really successful there and let's try to bring it to the NHS. I mean, if it works there, surely it works worse. Um, but the mindset and the way they work in, in investment banking could be quite disciplined. There is a lot of focus on capitalism, a lot of this attention to what's on the bottom line and a customer is quite different from a patient. So from the top, I sometimes think we are trying to want to energize light at enterprise and sometimes infuse that Japanese management style efficiency, but this might conflict with that professional services that we're trying to run on the ground with our patients.

Jenny Chong:

So we end up trying to squeeze that pipeline to maximize the capacity in terms of like our beds capacity or operational efficiency, like a procurement's always squeezing so tight. Then what happens is our own workforce start getting so tired and they're bursting at the seams. They can't cope. Um, so I think sometimes bringing that, that angle and that lens sometimes creates a conflict within the NHS. But what does work in banking is that risk taking, right? Just get things done to it, quickly, try it out. How do we bring that into the NHS? And again, the NHS is trying to play that catch up there because to be an innovator, you have to be curious, you have to want to explore, but it means you also have to be willing to take risks and plunge straight in, put yourself out there, just try it out, get it done, keep learning and improving.

Jenny Chong:

And he goes, think about it. Doctors are inherently risk takers. You need to think quickly and also have the willingness to try out new things on the patients. But the NHS over the years has a really condoned that risk taking mindset. And neither does it condoned failure. And it's not easy when you try to get people to wear two hats, like let's come back to what Richard was actually discussing right before when you recorded at what's the model and the different hats that we might wear in your operation a day job, you're wearing a hat where you're highly risk averse in a highly regulated environment, a governance environment and zero tolerance for failure, but yet to improve, we have to innovate and we have to think differently. Now this innovation hat requires you to think outside the box to try new things and to embrace failure, to learn. So there's too much conflict between the principals at the top, but the ethos on the ground, which only makes actually both sides quite fragile. But what we want to try to do is build a robust, resilient structure that gets us to a common person purpose. And I think actually doing COVID

we saw that common purpose and that's why we saw people working so well. So yeah, I think a lot of things that we can try to bring over from both sides, but a sense of balance sometimes.

Richard Wyatt-Haines:

How do we do that on an ongoing basis where as you say, people are tired, um, and you haven't, you haven't quite got the same clarity of purpose that COVID brought. So how do you, how do organizations, how the health systems do that innovative stuff in that environment on an ongoing basis?

Jenny Chong:

I think because we are just recovering from the pandemic, it's very hard to be prescriptive about what is going to work in general for the NHS right now. I think each trust is quite different. Um, the mindsets, the workforce is quite different. So you almost have to empower people on the trust level to say, what is going to work with team? How are you going to get them to recover? Um, rather than being prescriptive from the top and say, this is a kind of one size fits all. And I guess in terms of like leadership, um, so if I think about my trans leadership, um, so how can we try to empower our people to recover, but also to think positively for the future. And maybe I'll talk about this in the street, simple actions, um, be a supporter, be visible and be a leader.

Jenny Chong:

Ultimately, we're here to serve our staff and support our staff to be the best that they can. So by being a supporter and I'll just pick an example, I'm an exec sponsor for our pain network. And one of our flagship projects this year is reciprocal mentoring with a Bain member, mentoring a senior exec, and especially poker because there's a balanced power dynamic. And to ensure that with joint accountability for actions and what we're want to do is support. And I'll stop by listening to them - active listening, and they can teach us so much their lived experience. And how do we be visible too, during COVID? A lot of us couldn't even go into the trust. We talk about visibility, but we're physically not there yet to be expected all our staff to come in to treat the patients. So I try to do as many businesses I could to be visible, but also in a safe and secure manner.

Jenny Chong:

And what I wanted to show the staff was that, you know, we are, we are here to hear your thoughts and concerns. We're here to see what's important for you and just show that kind of moral support and everywhere I went, I saw that passion. I saw the compassion for the patient and coming through. So visibility now is probably even more important now that it can kind of start going back and be a leader when this COVID is over. Um, how do we maintain this one team dynamic that we saw that got us to COVID how will we continue to have a one purpose, um, to, to make sure that we're on the same journey to success?

Richard Wyatt-Haines:

Because the model we've got to create now to run the business are significantly different too, because of the pressures on us. It doesn't matter if it's staff numbers backlogs. We need a different way of thinking about this don't we?

Jenny Chong:

Absolutely. Fundamentally different. I mean, if we think about it, NHS has probably suffered so many years of underinvestment thinking about digital and data. For example, it's always been on that nice to have power, right. It never got the priority deserved, but what did we see during, at the pandemic, the organizations that were able to adopt digital platforms quicker, they recovered faster organizations that easy availability to data, they could react faster. So to me, that needs to be a shift probably along the entire pipeline. We'll probably look at things differently.

Douglas Hamandishe:

Oh, so excellent. So Jenny, over the last 12 months, has there been anything that stood out that you can really share with us in terms of, um, bringing about that change?

Jenny Chong:

I mean, there's so many takeaways and so many lessons I think, but I will try to distill them in the time that we have for me, the biggest takeaway is that one team, one purpose, it's amazing. How do you [inaudible] we have very disparate teams in our trust that actually all came together with that common clarity of purpose and food at United sheer force of will we push to the barriers we cut through the and we just got things done. That was the only way to go to suit a toughest time that the entire NHS experience. So my takeaway is that is not underestimate the force or the human spirit that we have in our trust in terms of the lessons. Um, again, a lot of them, but the top three, uh, I had it's about active listening technology and also diversity inclusion, um, from an accident listening perspective, I mean, we had people on the ground work with the patients, they know what works, what doesn't, and when we start empowering people at the grassroots level to start driving that change, give them a voice.

Jenny Chong:

They come up with amazing things. So we just need to listen better. We need to amplify their voice and give them a safe space to actually innovate this will in turn, build up the competence to own and drive positive change for the future, from an innovation and technology perspective, that is not scary, right? Technology is not as scary as we all used to think. It was, we are seeing our patients embrace virtual outpatient appointments. We now have one 40% of it. That's virtual. We doubting reduce cancellations and did not attend. You'll see how staff really embraced me working that now more comfortable using cloud collaboration technologies. Plus we also reached out to our patients. We gave them pulse oximeters pedal meters that we can start doing that remote patient monitoring, but it's so much more we can do those catch devices to start collecting the data and improve population health. So I think during the pandemic organizations started thinking creatively, right? Um, so with the metric innovation Institute, we really try to drive that innovation.

Douglas Hamandishe:

I really liked that approach. And there's something about, um, empowering say diverse and underrepresented voices to speak up. And you did talk about creating that safe space where people can innovate and, um, are, can take that risk or you find that different people at different positions, hierarchical positions are either more risk averse or less risk averse?

Jenny Chong:

Absolutely. Uh, people all have different tolerances of risk. You have the clinician who wants to take the risk because they think it might be better for the patients, but they have that governance tapping on their shoulder going, whoa, you better be, you better think twice about that. And that stops them taking the risk. They can, you have the people at the top while risk averse, because it might affect the constitution at targets. So their mindset again, is very different. They might be thinking about figures. Um, so yeah, it's hard to, it's hard to look at a different risk level and say what works best. I think, um, I think we are starting to get there and by changing the mindset of our organization to start thinking innovatively, to tell him, well, let's give it. And I think risk is about, about safety. If we give you a safe space to innovate, to think differently, that will then go your confidence. Um, but not, we don't have enough of that right now. And, and in the NHS or in our trust,

Richard Wyatt-Haines:

You, you used the word, uh, explicitly about empowering staff, but I think you've also touched on the issue of empowering patients when you start talking about enabling them to count their own, you know, SATs or whatever we want them to do. So it strikes me that empowerment is a big issue for you, um, across the board, both in the community and in the trust itself. Would that, would that be right?

Jenny Chong:

Well, in a way you could say big issue, I would like to think big opportunity. Um, yes. Um, do we talk enough to the patients? I mean, we have a program right now that we have huge focus on which of about patient first to ensure that the patient is front and center of everything we do. And the patient voice is the golden thread that runs to everything we do in terms of our strategy and our programs. So let us make sure we get out there and talk to them enough during COVID. It was hard to actually talk to them. It was hard for them to come into the hospital. So we had to change the way we connected. And I think actually that, that virtual connection allowed this to actually get out there a lot more. So one of the, one of the, uh, programs that we ran, um, during COVID was, um, the patients will see you now.

Jenny Chong:

We wanted to have these virtual phones where we heard the patient voice. So we use that patient community to actually start co-designing our digital strategy. And we also wanted to ask them, what are your fears when adopting technology? What makes it difficult? And sometimes we make such assumptions about why people might feel technology by actually hearing it from that through their own boys. That was actually quite insightful and make this point to you, how we could make our digital strategy work best. Um, yeah. So, so yeah, I think there's huge opportunity and we're going to do a lot more with that.

Douglas Hamandishe:

So Jenny, you mentioned, uh, uh, energy and certainly, um, a cell phone, which is we can testify your bundle of energy. And that is so, so infectious. Um, how do you maintain that level of enthusiasm and energy through a transformational piece of work that has ebbs and flows and, and encourage the workforce to have some more healthier way of approaching the challenges they go through as well?

Jenny Chong:

Yes. I mean, uh, energy can be hard to sustain sometimes. Um, but I get my energy of working with people, um, who I think have a passion to get things done. And there's no lack of people in the NHS with the passion to improve things for the patient, but you just need to almost ignite that. Um, and how do you get them to also own that? Um, because to drive things forward, you have to own it, right? And ownership. Sometimes it's quite a heavy word. It feels like there's a lot of responsibility while you're trying to manage your day job. Um, but if we don't own it, then we'll find it how to persist and sustain and seem to the end. But if we do own it, then success is going to taste twice as sweet. So as a trust or management team, how do we actually create a sense of ownership for, for staff?

Jenny Chong:

Um, I would say one, let's give them a framework and tools to get them going. Um, how do we get them excited about ideas? They have to drive that change and how do we cut and support them? What are trying to explore and learn at the same time and if they fail and I say any, just sometimes zero tolerance for failure, let's pack their back. When they fail to make them feel and get a sense of confidence. And if they succeed, let's make sure we get them recognition for the success. And I think through all of this, we will then build a confidence. So they feel more comfortable about taking ownership and sustaining that energy. They having that passion, um, throughout the rest of their lives.

Douglas Hamandishe:

Yeah. Oh, wow. Wow. Yeah. Excellent point

Richard Wyatt-Haines:

Pause for a moment. Let that sink in.

Douglas Hamandishe:

I think so. Let that marinate.

Richard Wyatt-Haines:

And you you've talked a lot here about the environment for success. I think for you, it feels to that it's the environment, not necessarily the tools that are the critical issue that that's, what's coming over. Um, would that, would that be right? Or, you know, you, you create the circumstances in which people can succeed. Both patients and staff.

Jenny Chong:

Absolutely. If you're working environment that you don't feel empowered, you don't feel supported, you know, you disengage. I mean, why do we like working with a team? Because we like working with the people that are there with us. We like working in environments that we feel that we are supported by our management and that people who have our back. So then Fairmont environment counts for so much and sometimes is underestimated. We think that people sometimes are not doing a good job. Let me say, yeah, they're crap. But no, actually it's not people don't come in to do a good job. They don't deliberate coming to not to do a good job they want to, but they're just not given the right environment for them to grow and to support it, to do a good job.

Douglas Hamandishe:

Yeah. Yeah, absolutely.

Richard Wyatt-Haines:

And having said that though, have you seen any digital interventions or approaches or approaches? Most probably they've really stood out and actual tools or things have actually sort of really got, you've made you sit back and go, God, that's really good. That's had an impact. What, what, what struck you over the last year?

Jenny Chong:

Well, I would say not a specific intervention may be, but I think the main one for me is actually that means of digital health to a patient's device, either through the IOT devices that they have that monitor the status and progress or the interaction with an application to start logging their health data. Because actually the better rates of form of data collection is really rich demographic or picture of patients, which I think from an NHS provider point of view, they can try and better population health interventions, and we search. So we also start empowering patients to take more ownership of their health because we give them that insight straight away. Um, but I think there are also other interventions that probably have quite a lot of potential. Um, but maybe not so embedded in the, in the NHS right now, uh, and in the space of particularly unstructured data analytics.

Jenny Chong:

So for example, using natural language processing, we can get faster and better insight from the notes and commentary and our patient records. Why not a patient records? A lot of that probably still stuck on paper records. How do we kind of unlock that? And how can we use computer vision or medical images such that we can augment what a radiologist does. We know that we don't have enough radiologists, but we can use AI to compliments that work so that we can focus on doing what they do best spending the time, the patient not stuck with tedious tasks, like image, quality assessments, and one that has called apprentice one crock networks. So by using grok network in relationships, maybe we can now start connecting the dots across the patient journey, but that probably involves us opening up or unlocking the data silos that, that we all have. Yeah.

Richard Wyatt-Haines:

Thank you. Thank you. Um, I'm really conscious of time. So what would be your takeaways, I guess, what would you be saying as that things that trust could go out and do now that would make a difference in terms of the backlog of how they're, how they're moving forward and progressing and make having enjoying success?

Jenny Chong:

I think given where we ended up timing, it's really about focusing on our people first, before we kind of go out there, we look to see how can we get our own staff to recover because they are such an asset. Um, so maybe I'll kind of give two takeaways. One takeaway being that presuming we are a normal world two years ago before the pandemic happened. And the other where we are right now is telling you to stop, give yourself permission to start thinking outside the box, because really curious and get the creative muscle kind of working. But for you to do that, you can't do it alone. You have to find your tribe.

You have to find people like you in your environment or passionate about driving the approvement list together. You can get things done much better and quicker, but I now where we are in that, um, kind of like post pandemic world is just get some rest of us. Um, when everybody else was there trying to perfect their banana bread recipe, growing and NHS stop working, people continue to coming in. So, um, to be creative, which is the first takeaway you need that refresh brain and refreshed eyes. So just get the rest first.

Douglas Hamandishe:

Absolutely the recuperation. And certainly what I'm getting from the conversation is this whole, whole sense of removing inertia. And it just, we're stuck in this state of inertia. And literally it needs to be reanimated compelling event. COVID has hit, we changing the way that we're doing things. So I'm truly inspired to hear, Hey, your stories and the solutions that you've got in place and our bid and the fact that you're not scared to mention the word risk. Sometimes the word risk just shuts down the conversation, but you own it. You, you hold that space around risk and make it seem as if this is just a natural process that we'll all have to go through. So for that, Jenny, I'm very thankful,

Jenny Chong:

Not a problem. I mean, it's like kids are kids. They, they take risks because they are not fearful of failure, but we are so fearful to our, the experience that we just don't get to do. It's how do we click get a kid's mindset in terms of risk-taking and curiosity to improve.

Richard Wyatt-Haines:

Jenny, thank you so much for your time today. It's been absolute pleasure, um, just across such a range of issues and thank you so much, really delighted. Thank you for helping out contributing to think big act. Now you will help people across the country and where we delight. That's it. So thank you for that.