

# ZPB

## Further, Faster



Learn from the risk-takers:  
7 lessons for a  
digital NHS board



A CATALYST  
FOR INNOVATION  
IN HEALTH

## Learn from the risk-takers: 7 lessons for a digital NHS board

Getting new health tech solutions adopted and then scaled across an organisation is just as hard for the NHS 'buyers' seeking to import innovation as it is for the SMEs looking to access the NHS. If you are a clinician, healthcare professional, manager or board member wanting to adopt digital solutions, here's our checklist for becoming what we call a digitally engaged board.

### 1. COMMITTING TO DIGITAL IS RATIONAL NOT RISKY

Despite the challenges, there are parts of the NHS doing successful business with SMEs. The single most important theme that emerged in our expert group's discussions was around board leadership in this space – boards that make digital and technology core to their strategies and that embrace the positive potential of commercial partnerships, including SMEs.

Digitally engaged boards see technology, data and digital applications as fundamental to their strategic change agenda. Their strategies to improve health and wellbeing, ensure care

quality, deliver efficiency and savings, and have strong digital and technology components. These:

- Exploit opportunities that equip people to take control of their health and care.
- Generate the data and analysis (i.e. business intelligence) that will guide service transformation through a better understanding of service quality and productivity, operational efficiency and patient experience.
- Implement new ways of delivering services that will be more efficient over time.

### 2. BE CLEAR ON WHAT PROBLEMS YOU ARE TRYING TO FIX

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*Our focus on technology and commercial partnerships is a direct result of the financial challenges in our locality. They are an essential route to sustainability.*

**Simon Lilley, commercial director, Yeovil District Hospital NHS Foundation Trust**

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Clarity on the problems you need to solve will help SMEs – and other suppliers – to focus their offerings, wasting less of your time and theirs. It will also help you to place what might be numerous individual digital health offers into a coherent and transformative whole, rather than a series of low-value add-ons.

There will be times when you should challenge colleagues:

- If there is no technology or digital strategy that sits across the whole organisation.
- If digital opportunities only pop up under a discrete IT item somewhere down the board agenda.
- If the board only ever engages with major IT procurements, while 'missing' small but potentially game-changing digital health projects.
- If there is no plan to scale or roll out a new solution beyond its initial point of entry into your organisation.
- If there is no clear mechanism or channel through which individuals and frontline staff can propose or escalate ideas, innovations or digital solutions within the organisation – including up to the board.
- If SMEs are dismissed per se on the basis of being somehow 'too risky', rather than a source of innovative and agile solutions.
- If key decision makers such as the finance director can't 'find time' to attend these meetings.

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*Interesting technologies should be fed up to the board not down into the IT department.*

**Jake Arnold-Forster, NHS and SME commercial adviser**

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### 3. HAVE THE COURAGE OF YOUR CONVICTIONS

Digitally engaged boards are driven by the question ‘What is the right thing to do?’, not ‘What do we think we are allowed to do?’ No one pretends that this is easy in a cash-strapped environment but it is the only approach likely to deliver the results that patients and the NHS need.

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*It’s important to think long term and look for new ways of doing new things – not new ways of doing old things.*

**Dr Ian Abbs, medical director, Guy’s and St Thomas’ NHS Foundation Trust**

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A digitally enabled board is characterised by its ability to take a long-term perspective. You guard against situations in which business cases founder immediately on the basis of cost. Rather than asking ‘yes, but how many nurses will we have to sack?’ or requesting more (and more) evidence, you tackle the challenges head-on:

- Explore commercial models that help to balance short-term investment with long-term gain (for example, low capital cost at the outset and shared benefits at specified points).
- Balance the available evidence on efficacy and value with intuition. Innovative solutions rarely come with cast iron guarantees.

- Take the opportunities offered to you centrally e.g. tech and transformation funds.
- When skill, knowledge or ambition is lacking, encourage your teams to get out, create networks and explore the market for inspiration. That failing, bring in external support to inspire or advise.

This is not to say that SMEs – or innovative solutions from any quarter – should be given an easy ride. You must be demanding of SMEs to make a credible strategic case in clinical, financial and technological terms. You expect them to deliver quality on time and to budget – but you also regard them as partners in this endeavour.

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*There are three things that need to be articulated well for a successful product: clinical value, technology value and financial value.*

**Dr Felix Jackson, founder and medical director, medDigital**

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### 4. INNOVATION CAN HAPPEN AT SERVICE LINE LEVEL

While the board is often tasked with making the final decision on purchasing, it doesn't have to take all the meetings or do all the product evaluations. Often this can be tasked to clinicians or divisional managers, who can roll out a product or innovation in their area, report back to the board and then act as a champion and make the case to other departments.

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*As a general manager, you are rewarded for getting the basics right. Sharing examples of successful collaborations with digital health SMEs is therefore very important not only for diffusion but also for incentivising fellow general managers to seek out opportunities and take some risk.*

**Jenny Blundell, divisional manager, women's and children's services, Guy's and St Thomas' NHSFT**

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### 5. PRIZE AGILITY

Organisations with digitally engaged boards avoid massive programmes in favour of agile and collaborative problem-solving approaches. And agility is often where SMEs can excel.

Fear of getting it wrong and being punished is common in the NHS, particularly when it comes to technology and commercial partnerships. This is one of the reasons why pilots are the traditional 'go to' option in the NHS – and they are a tempting foot in the door for SMEs.

However, rather than helping to build a strong evidence base, instead they too often represent a way of kicking a decision down the line. In practice, pilots rarely operate at sufficient scale to generate convincing data either way, and for this reason, even if efficacy is proved, value won't be.

This is wasteful for the NHS, and for an SME one of the worst but common experiences is a long-drawn-out process with an indecisive NHS customer.

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*Pilots? No. Even if it is ward by ward or service by service, we insist on a full contract for a proper length of time.*

**Bruce Hellman, chief executive, uMotif**

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### 6. FAIL FAST

'Failing fast' is an important mindset and not one that comes naturally in the NHS. But adopting innovation has to mean allowing some things to fail; the key thing is to act fast. Your board will empower people to say no, as well as to say yes – and to do it fast.

Putting a 'fail fast' mindset into operation means:

- Looking for rapid prototypes before major business cases (but make sure you're clear on why a prototype is different to a pilot).
- Copying and adapting what has worked elsewhere rather than starting from scratch.
- Using 'test and learn' contracts or contracts that allow for risk- and gain-sharing.
- Establishing progressive and phased programmes.
- Involving suppliers as partners in developing specifications before going out to tender on a 'real' contract.
- Involving your teams right from the outset, whether they are analysts, clinicians, administrators or patients, so that everyone is aligned from the get-go. This means issues and failures are flagged and isolated rapidly and success and best practice is identified and scaled faster.
- A strong cultural fit between the supplier and the customer.

### 7. DON'T MAKE PROCUREMENT THE ISSUE

Procurement is another area that can seem like an enemy to agility. But you will need to back your teams to use procurement confidently as a means to an end. This means:

- Not starting procurement too early i.e. before there is clarity about the problems you need to solve and the outcomes you are seeking.
- Encouraging pre-procurement exploratory discussions – the more conversations the better.
- Understanding the frameworks that you can use, including [G-Cloud](#). This will stop you from accidentally excluding your preferred supplier of partner from the final procurement. This unfortunately happens frequently. Thinking creatively about partnerships – whether that means encouraging suppliers to partner with each other or directly with you.
- Encouraging creativity in navigating procurement rules.

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*Traditional procurement doesn't work for digital. You need to co-create the specification in the first place then go out to tender.*

**Jonty Heaversedge, chair, Southwark CCG**

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*NHS organisations need to spend more time bringing the buyers (them) and the sellers (SMEs) together to test and share ideas. Consumers should preferably be involved so demands can be prioritised.*

**Alex Kafetz, chief operating officer, ZPB Associates**

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### A FEW DOS AND DON'TS, FROM SMEs TO THE NHS

- Do go to market. Internal DIY solutions may cost you more in the end.
- We'd rather you said no reluctantly than keep us talking when there is little prospect of you signing a deal.
- Do take up references on us – and tell colleagues in other NHS organisations if we deliver results for you.
- Don't make unreasonable demands around handing over our IP to you. Work out how the NHS organisation and the SME can jointly share the rewards of success.

## FURTHER, FASTER: A DIGITAL RESOURCE

ZPB Associates and Guy's and St Thomas' Charity convened an expert group that explored the issues surrounding digital health in the NHS from all perspectives and the result, [Further, Faster](#), offers practical insights and recommendations for SMEs and NHS organisations. This site is a continually evolving resource for people wanting to scale the use of technology in the NHS. This could be a hospital CEO, an A&E consultant, a general manager, a commissioner, or a business with a game-changing product.

We want to provoke action. We want:

- SMEs to review their strategies and sales pitches against the practical tips and insight we can offer.
- NHS Boards in both commissioners and providers to embrace digital as a core part of the strategic change agenda.
- Strong leadership that will permit and enable productive relationships between SMEs and the NHS.

We encourage all parties to use this as a guide when preparing for a meeting with a potential customer or partner.

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