DIGITAL AGILITY

The NHS faces an ongoing challenge from investing millions on major healthcare IT system only to find that by the time they have been rolled out that evolving needs of an organisation and its patients have rendered it either obsolete or requiring significant optimisation.

Digital agility is becoming more important since healthcare organisations cannot afford the impact of waiting so long for a large-scale digital solution, such as an EPR, to become available.

Can organisations wait up to two years (which is typical to move from business cases, through procurement and implementation) before starting the process of realising the benefits?

Many digital health systems are implemented and then become part of the fabric of the healthcare organisation using them. The prospect of changing them fills many with dread, even when they might not be fit for purpose or are hindering the broader adoption of technology enablers that improve efficiency, drive integration and deliver better patient care.

Legacy systems, particularly ones that an organisation manages most of its activity such as a PAS or an EPR can act as inhibitors to Trusts moving forward with improving digital maturity. However, replacing them is simply too costly, too time consuming and there is a lack of resources to effectively manage the change program involved. This leads to

self-limitation in being able to adopt new technologies and the pace of change is slowed.

To plan for, procure and implement a new enterprise level system can take two years. It is no longer acceptable to be able to wait that long with organisations facing constant pressure on resources, budgets and having to adopt new models of care and meet integrated care initiatives.

Populo's Digital Agility service focuses on building around and utilising as much of the current and legacy infrastructure and systems already in place and then create a plan to fill gaps, improve workflows and governance alongside targeted investment. This creates an environment where change is manageable, benefits are quickly released and realised, and sustainable solutions are delivered in the most cost-effective way.

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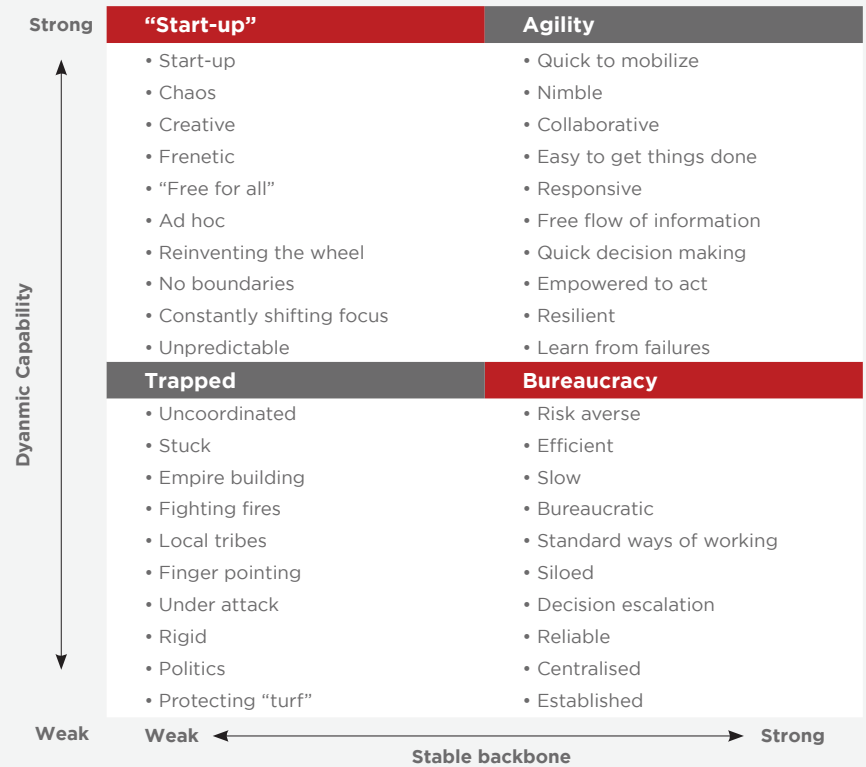
Organisational agility is the right balance of stable backbone and dynamic capabilities

Consumer-centricity requires payers to invest in new services and products and do so at the speed of the consumer, in a manner that meets the needs of that consumer.

Research by McKinsey's Organization Practice has shown that agility combines a stable backbone with being dynamic. Truly agile organisations (those in the upper right quadrant in figure 1) are characterised by resilience, quick decision making, and empowerment to act. The other three quadrants reflect varying imbalances between stability and dynamism.

Organisations that are weak on both attributes typically lack the coordination and leadership to seize opportunities. Bureaucratic organisations are often so slow to adapt to changes that they find they must pursue a disruptive organisational restructuring every two or three years, just to keep up with changes in the changes in the healthcare provision landscape.

Strong

"Start-up"	Agility
• Start-up	• Quick to mobilize
• Chaos	• Nimble
• Creative	• Collaborative
• Frenetic	• Easy to get things done
• "Free for all"	• Responsive
• Ad hoc	• Free flow of information
• Reinventing the wheel	• Quick decision making
• No boundaries	• Empowered to act
• Constantly shifting focus	• Resilient
• Unpredictable	• Learn from failures
Trapped	**Bureaucracy**
• Uncoordinated	• Risk averse
• Stuck	• Efficient
• Empire building	• Slow
• Fighting fires	• Bureaucratic
• Local tribes	• Standard ways of working
• Finger pointing	• Siloed
• Under attack	• Decision escalation
• Rigid	• Reliable
• Politics	• Centralised
• Protecting "turf"	• Established

Dyanmic Capability

Weak

Weak ← → Strong

Stable backbone

Digital agility can help NHS organisations take on not only the ongoing change and evolution of how health and social care in delivered and their associated national and regional initiatives, but also more tactical challenges, such as:

• Pursuing new partnerships and alignment models and innovative care partnerships for integrated care.

• Where to investing in services and technology that enable rapid benefit realisation.

• Increasing efficiency and reducing costs by improving productivity, without losing local responsiveness to patient care.

• Improving performance transparency in both clinical and non-clinical areas.

• Empowering frontline staff to meet evolving patient expectations and needs more readily.

In short, agility can enable healthcare NHS organisations to adapt quickly without requiring a full-scale redesign. Change becomes part of the norm (rather than a disruption that seems to crop up randomly), and it evolves fluidly and naturally - often bottom-up, without intervention from the top. By developing the ongoing capacity to change, NHS organisations can acquire the flexibility and dynamism needed to respond to challenges.