

Understanding and Engaging Stakeholders

Module Code: LCLM5001

Module Leaders: Alastair Moyes and Nishi Ramsurrun

Name: Pellegrino Venturino

Student ID: 2336525

Submission Date: April 2026 Resit

Executive Summary

This report critically explores the importance of stakeholder engagement in the successful implementation of wearable health technology within NHS England. The project focuses on the proposed use of Fitbit wearable devices to support remote patient monitoring for people living with long-term conditions such as cardiovascular disease and diabetes. The purpose of the project is to improve early intervention, support self-management, reduce avoidable hospital visits and strengthen the efficiency of healthcare delivery.

The report applies a range of strategic and stakeholder engagement tools, including SWOT analysis, PESTLE analysis, SMART objectives, stakeholder identification, a Power/Interest Matrix, an engagement plan, a communication plan and a RACI matrix. These tools are used to demonstrate how a project manager can structure stakeholder involvement during the planning, design, implementation and evaluation stages of a digital health project.

The analysis identifies several challenges that may affect implementation, including digital inequality, workforce pressures, legacy IT systems, cybersecurity concerns, data governance requirements and resistance to change. The report argues that these challenges cannot be managed through technology alone. Instead, early, continuous and inclusive stakeholder engagement is required to build trust, clarify responsibilities and reduce conflict.

The 4Cs model of communication, coordination, cooperation and collaboration is used to evaluate the engagement process. The report concludes that stakeholder engagement should be viewed as a strategic success factor rather than a simple communication activity. Recommendations are provided to improve digital inclusion, staff capability, interoperability, cybersecurity transparency and continuous stakeholder evaluation.

1. Introduction

NHS England is responsible for the planning, coordination and delivery of healthcare services across England. It operates within a complex public service environment where patient needs, workforce capacity, financial pressures and national policy priorities must be balanced. Digital transformation has become a major strategic priority for the NHS because it can improve access to care, support earlier intervention and increase efficiency across services.

This report focuses on the implementation of Fitbit wearable devices within selected NHS care pathways. These devices can monitor health indicators such as heart rate, oxygen levels, sleep patterns and physical activity. The aim is to support remote monitoring and personalised care for patients living with long-term conditions. In practical terms, wearable technology may help clinicians identify deterioration earlier and help patients become more involved in managing their own health.

However, successful digital transformation is not only a technical issue. It depends strongly on the engagement of stakeholders who influence, use or are affected by the project. These stakeholders include patients, carers, clinical staff, digital and IT teams, project managers, senior leaders, regulators, suppliers and community organisations. If their concerns are not understood, the project may face low adoption, resistance to change, inequality of access and reduced trust.

Therefore, this report examines the importance of stakeholder engagement in supporting the successful commencement and completion of the Fitbit wearable project. It uses relevant stakeholder theories, strategic tools and practical engagement mechanisms to show how the project manager can manage expectations, reduce conflict and support sustainable project outcomes.

2. NHS Context

The NHS is currently facing persistent pressures that affect service delivery. These include an ageing population, increasing numbers of people living with long-term conditions, workforce shortages, financial constraints and unequal access to healthcare services. These pressures create a need for new models of care that are more preventative, integrated and digitally enabled.

Integrated Care Systems are designed to improve collaboration between hospitals, general practice, community services, local authorities and voluntary organisations. This makes stakeholder engagement even more important because the success of digital health projects depends on coordination across different services and professional groups. A wearable monitoring project cannot be delivered by one department alone; it requires clinical input, technical support, patient participation, governance oversight and supplier reliability.

Wearable devices such as Fitbit may support the NHS by shifting care away from purely reactive treatment towards prevention and early intervention. For example, regular monitoring of patient data may help clinicians identify changes in health status before an emergency occurs. Nevertheless, the use of wearable technology raises practical and ethical issues, including digital exclusion, data privacy, cybersecurity, staff workload and interoperability with existing systems.

This context shows why stakeholder engagement is central to the project. Engagement enables the project team to understand barriers, design appropriate support and build confidence among those expected to use or manage the technology.

3. Project Outline

The proposed project involves introducing Fitbit wearable devices into selected NHS care pathways over a six-month launch period. The devices would be used by eligible patients with long-term health conditions to collect data on heart rate, oxygen levels, sleep patterns and activity levels. This

information would be shared securely with healthcare professionals to support monitoring, triage and personalised care planning.

The key aims of the project are to:

- improve self-management for patients living with long-term conditions;
- support proactive clinical interventions rather than relying only on emergency care;
- increase workforce efficiency through improved triage and prioritisation;
- reduce unnecessary hospital visits where safe and appropriate;
- strengthen digital inclusion through training and patient support;
- improve trust in digital healthcare through transparent data governance.

From a project management perspective, stakeholder engagement is required throughout the full lifecycle of the project. During planning, stakeholders help define requirements and risks. During design, they help ensure the device and support materials are user-friendly. During implementation, they support training, onboarding and workflow alignment. During evaluation, stakeholders provide feedback on outcomes, barriers and improvements.

4. SWOT Analysis

The SWOT analysis evaluates the internal strengths and weaknesses of NHS England in relation to the wearable health technology project, together with external opportunities and threats that may affect success.

Strengths	Weaknesses
High levels of public trust in NHS services	Workforce shortages may increase workload pressures
Skilled clinical and digital workforce	Digital inequality may affect patient access
Strong national digital transformation strategy	Legacy IT systems may limit integration
Clear governance and patient safety procedures	Some staff may resist workflow change

Opportunities	Threats
Advanced wearable technologies support earlier detection	Cybersecurity risks and data breaches
Prevention focus may improve long-term health outcomes	Funding constraints for devices and training
Partnerships with industry innovators	Potential widening of health inequalities
Reduced hospital admissions and operational costs	Policy changes may affect project continuity

The SWOT analysis shows that the NHS has important strengths, particularly its public trust, clinical expertise and established governance procedures. These strengths provide a strong foundation for the introduction of wearable technology. However, strengths do not automatically guarantee success. Public trust can be weakened if patients feel that their data is not secure or if they do not understand how wearable monitoring will be used.

The weaknesses are especially relevant to implementation. Workforce shortages may reduce staff capacity to engage with training or respond to additional data alerts. Legacy IT systems may also limit integration between Fitbit data and existing NHS platforms. This means that stakeholder engagement must involve IT teams and clinical users early, so that workflow and technical barriers are identified before full rollout.

The opportunities are significant because wearable technology can support prevention, remote monitoring and more personalised care. If successful, the project may reduce avoidable hospital visits and support better allocation of healthcare resources. At the same time, threats such as cybersecurity risk and digital exclusion must be managed carefully. Overall, the SWOT analysis suggests that successful delivery depends on combining technological innovation with strong stakeholder governance.

5. PESTLE Analysis

PESTLE analysis examines the wider external environment affecting the project.

Factor	Key Points
Political	Government policy supports digital transformation and integrated care. The project must align with NHS priorities and Integrated Care System planning.
Economic	Wearables require upfront investment in devices, training and IT support, but may reduce long-term costs through fewer avoidable admissions.
Social	Ageing populations and long-term conditions increase demand for remote care. Digital inequality may limit adoption among vulnerable groups.
Technological	Wearables and data platforms create innovation opportunities, but interoperability with legacy systems remains a major risk.
Legal	GDPR, confidentiality rules and clinical safety standards require secure handling of patient data and clear governance.
Environmental	Remote monitoring may reduce travel, but device procurement and disposal should consider sustainability and electronic waste.

Political support for digital healthcare creates opportunities for innovation, but policy priorities can change. This means the project should be aligned with national NHS objectives and local Integrated Care System priorities. Engagement with senior managers and commissioners is therefore necessary to secure strategic support.

Economic pressures are also important. Wearable devices may offer long-term value by reducing unnecessary appointments and supporting prevention. However, the initial costs of procurement, training and system integration may create resistance. The project manager must therefore communicate both the short-term investment requirements and the potential long-term benefits.

Social factors are central because patients differ in digital confidence, language needs, health literacy and access to smartphones or internet connectivity. Without targeted support, the project could widen existing inequalities. Stakeholder engagement with patients, carers and community organisations helps identify these barriers.

Technological and legal factors are closely connected. Wearable monitoring depends on reliable systems, secure data sharing and clear accountability. If data is inaccurate, poorly integrated or insecure, clinical safety and public trust may be affected. For this reason, IT teams, information governance leads and regulators must be engaged from the start.

6. SMART Objectives

SMART Element	Application to the Project
Specific	Deploy Fitbit wearables to support remote monitoring for selected patients with long-term conditions.
Measurable	Measure adoption rates, staff training completion, patient satisfaction, data reliability and avoidable admission rates.
Achievable	Use clinical champions, digital support teams and phased implementation through selected care pathways.
Relevant	Align the project with NHS priorities around prevention, personalised care, digital transformation and efficiency.
Time-Bound	Complete planning in 3 months, deployment within 6 months and evaluation within 12 months.

SMART objectives are important because they make the project measurable and accountable. Without measurable objectives, it would be difficult to evaluate whether stakeholder engagement

has contributed to successful implementation. The objectives also help stakeholders understand what success looks like and how progress will be monitored.

7. Stakeholder Identification

Stakeholder identification is essential because the project affects a wide range of groups.

Stakeholders may influence the project directly through decision-making power, or indirectly through adoption, feedback and public trust.

Internal Stakeholders	External Stakeholders
Patients and carers	Fitbit UK and technology suppliers
Clinical staff such as GPs, nurses and allied health professionals	Integrated Care Boards
Digital and IT teams	Regulators such as CQC and ICO
Project managers and service leads	Community organisations and local authorities
Procurement and finance teams	Voluntary and support groups
Senior managers	Wider population groups indirectly affected

Patients are central stakeholders because they are the users of the wearable devices. Their acceptance, confidence and ability to use the technology will directly affect project outcomes. Clinical staff are also critical because they interpret data, respond to alerts and integrate remote monitoring into care decisions. IT teams are needed to ensure system reliability, security and troubleshooting.

External stakeholders also have important influence. Fitbit UK provides devices and technical support. Regulators ensure compliance with patient safety and data protection requirements. Community organisations may help reach groups who are less digitally confident. Identifying these stakeholders early helps the project manager design engagement strategies that are inclusive and targeted.

8. Roles, Responsibilities, Benefits and Challenges

Stakeholder	Role and Responsibilities	Benefits	Challenges
Patients	Use the device correctly, report concerns and attend onboarding.	Improved monitoring, empowerment and reduced hospital visits.	Digital confidence, access to internet or smartphone and privacy concerns.
Carers	Support patients with use of devices and communicate issues.	Better visibility of patient needs and reduced uncertainty.	Limited time, stress and digital skills.
Clinical staff	Review data, respond to alerts and make clinical	Improved care quality and better prioritisation.	Increased workload, alert fatigue and

	decisions.		workflow change.
IT/Digital teams	Support security, integration and troubleshooting.	Modernisation and improved technical capability.	Legacy systems and high support demand.
Fitbit UK	Provide devices, updates and technical support.	Stronger NHS partnership and innovation scaling.	Meeting NHS governance and reliability expectations.
Managers and ICBs	Governance oversight, resources and risk management.	Population health benefits and reduced service pressure.	Financial constraints and regional alignment issues.
Regulators	Ensure data protection, safety and compliance.	Greater public assurance and safer implementation.	Complex compliance requirements and documentation burden.

The table shows that each stakeholder group brings different benefits and faces different challenges. For example, clinical staff provide expertise but may experience increased workload. Patients benefit from improved monitoring but may face digital barriers. These tensions show why engagement must be tailored rather than generic.

Stakeholder theory suggests that organisations should consider the interests of those affected by decisions, not only those with formal power. In this project, patients may have less organisational power than senior managers, but their interest and practical experience are essential to adoption. A balanced engagement approach therefore supports both ethical and practical project success.

9. Stakeholder Power/Interest Matrix

Power / Interest	High Interest	Low Interest
High Power	Senior managers, Integrated Care Board leaders and clinical leads	Regulators such as CQC and ICO
Low Power	Patients, carers and community organisations	Wider public

High power and high interest stakeholders should be managed closely because they can strongly influence project direction and success. Senior managers, clinical leads and ICB leaders require regular involvement in decision-making, risk review and evaluation.

High power but lower interest stakeholders, such as regulators, must be kept satisfied through evidence of compliance, governance and safety. Low power but high interest stakeholders, such as patients and carers, should be kept informed and actively supported because their adoption determines whether the project works in practice. The matrix therefore helps the project manager allocate engagement effort according to influence and interest.

10. Engagement Plan

Project Phase	Engagement Activities	Responsible Stakeholders
Planning	Focus groups, workflow mapping and prototype review.	Patients, clinical teams and IT teams.
Design	Co-design of materials, accessibility testing and feedback sessions.	Patients, carers and digital inclusion teams.
Implementation	Training, onboarding sessions, helplines and weekly issue review.	Clinical staff and digital support teams.
Evaluation	Surveys, data analytics and lessons-learned workshops.	All major stakeholder groups.

The engagement plan ensures that stakeholders are involved throughout the project rather than only at the end. Early engagement reduces the risk of designing a solution that does not match clinical workflows or patient needs. During implementation, continuous engagement helps resolve issues quickly and maintain confidence.

11. Communication Plan

Element	Details
Objective	Build trust, clarity and confidence in wearable device use.
Key Messages	Devices support care, protect data and do not replace clinical staff.
Audiences	Patients, carers, clinical staff, digital teams and partner organisations.
Channels	NHS App notifications, posters, email updates, staff briefings and webinars.
Frequency	Weekly internal updates, monthly patient forums and quarterly evaluations.
Responsibility	The project manager oversees communication and alignment.

Good communication reduces anxiety and supports behavioural change. However, communication should not be one-way. Stakeholders should be able to ask questions, raise concerns and see how their feedback changes the project. This helps build trust and reduces resistance.

12. RACI Matrix

Task / Decision Area	Responsible	Accountable	Consulted	Informed
Planning and	Project Manager	Senior Manager	Clinical leads	All staff

resourcing				
Device procurement	Procurement team	Digital Programme Lead	IT and clinicians	Patients and carers
Technical integration	IT Team	Information Governance Lead	Clinical staff	Service users
Staff training	Training department	Clinical Lead	Digital support	All staff
Patient onboarding	Clinical staff	Service Manager	Community groups	Carers and families
Evaluation and reporting	Analysts	Senior Manager	Clinical leads and patients	All stakeholders

The RACI matrix prevents confusion by clarifying who is responsible, accountable, consulted and informed. This is particularly important in digital health projects because multiple teams may be involved in decisions. Clear accountability reduces duplication, delays and conflict.

13. 4Cs Model – Critical Evaluation

The 4Cs framework of communication, coordination, cooperation and collaboration provides a structured way to evaluate stakeholder engagement. In this project, the model is useful because the implementation of wearable technology requires both technical delivery and behavioural change.

C	Application to the Project
Communication	Clear information about device benefits, data privacy, support and expected workflow changes.
Coordination	Alignment between clinicians, IT teams, procurement, suppliers and managers.
Cooperation	Shared participation from staff, patients and partners to support adoption.
Collaboration	Co-design and joint problem-solving to ensure solutions meet real-world needs.

Communication is fundamental because poor communication can create anxiety, misunderstanding and resistance. Patients may worry that devices replace clinical care or monitor them unfairly. Staff may worry that wearable data creates extra workload. Clear communication therefore needs to explain benefits, limitations and safeguards.

Coordination is also essential because the project cuts across departments. If procurement purchases devices without clinical input, or if IT systems are not prepared, implementation may fail. The project manager must coordinate responsibilities, timelines and escalation routes.

Cooperation helps stakeholders work towards shared objectives. However, priorities may conflict. Senior managers may focus on efficiency, while clinicians may focus on safety and workload.

Patients may prioritise simplicity and reassurance. Effective engagement helps balance these perspectives.

Collaboration is the strongest form of engagement because it involves shared ownership. Co-design with patients and frontline staff can improve usability and reduce exclusion. Overall, the 4Cs model shows that engagement should be active, continuous and adaptive rather than a single consultation exercise.

14. Impact of Stakeholder Engagement

Effective stakeholder engagement has a direct impact on project success and organisational performance. First, it improves patient outcomes by increasing adoption and supporting earlier intervention. If patients understand how to use the device and trust the system, they are more likely to participate consistently.

Second, engagement supports operational efficiency. Clinicians and IT teams can identify workflow issues before they become major barriers. This may reduce delays, duplication and avoidable escalation. A well-engaged workforce is also more likely to see the technology as a support tool rather than an additional burden.

Third, stakeholder engagement supports financial sustainability. Although the project requires investment, better monitoring may reduce unnecessary appointments and hospital admissions over time. However, financial benefits depend on sustained adoption and reliable data.

Fourth, engagement reduces risk. Involving information governance teams and regulators early helps manage cybersecurity and data protection concerns. Involving community organisations helps reduce the risk of digital exclusion. Therefore, stakeholder engagement contributes to both ethical and operational performance.

Without strong engagement, digital projects may fail to scale or deliver expected benefits. This suggests that stakeholder engagement should be treated as a strategic success factor rather than a supporting activity.

15. Recommendations

1. Strengthen digital inclusion through training, translated materials and loan devices for patients who lack access to smartphones or internet connectivity.
2. Improve interoperability between Fitbit data and NHS systems before wider rollout to avoid duplication and workflow disruption.
3. Provide ongoing staff capability development and dedicated IT support, rather than relying only on one-off training.

4. Maintain co-design forums involving patients, carers and clinical staff to support continuous improvement.
5. Increase transparency around cybersecurity and data governance so patients understand how their information is protected.
6. Monitor equality impacts to ensure vulnerable or digitally excluded groups are not disadvantaged.
7. Scale the project gradually into wider long-term condition pathways only after pilot evaluation confirms safety, usability and value.

These recommendations support both short-term implementation and long-term sustainability. They also reflect the need to balance innovation with inclusion, safety and trust.

16. Conclusion

Stakeholder engagement is essential for the successful implementation of wearable technology within NHS England. The proposed Fitbit project offers opportunities to improve remote monitoring, patient self-management, early intervention and healthcare efficiency. However, these benefits cannot be achieved through technology alone.

The report has shown that SWOT, PESTLE, SMART objectives, stakeholder mapping, engagement planning, communication planning, RACI and the 4Cs model provide useful tools for managing stakeholder relationships. These tools help the project manager identify risks, clarify responsibilities, reduce conflict and support adoption.

The main challenges include workforce pressure, digital inequality, legacy IT systems, cybersecurity concerns and resistance to change. These risks can be reduced through early involvement, transparent communication, co-design and continuous evaluation. Ultimately, stakeholder engagement should be viewed as a strategic driver of successful digital transformation within NHS England.

References

- Bryson, J.M. (2018) Strategic planning for public and non-profit organizations. 5th edn. Wiley. Available at: <https://www.wiley.com> (Accessed: 25 April 2026).
- Ellis, C.A., Gibbs, S.J. and Rein, G.L. (1991) 'Groupware: Some issues and experiences', *Communications of the ACM*, 34(1), pp.38–58. Available at: <https://doi.org/10.1145/99977.99987> (Accessed: 25 April 2026).
- Freeman, R.E. (2010) *Strategic Management: A Stakeholder Approach*. Cambridge University Press. Available at: <https://www.cambridge.org> (Accessed: 25 April 2026).
- Greenhalgh, T. (2020) 'Digital health adoption challenges', *BMJ*, 368, pp.1–5. Available at: <https://www.bmj.com> (Accessed: 25 April 2026).

- Helsper, E.J. (2021) *The digital disconnect: The social causes and consequences of digital inequalities*. SAGE. Available at: <https://uk.sagepub.com> (Accessed: 25 April 2026).
- Kotter, J.P. (2012) *Leading Change*. Harvard Business Review Press. Available at: <https://store.hbr.org> (Accessed: 25 April 2026).
- McCartney, M. (2021) 'Data sharing and trust in digital health', *BMJ*, 372, pp.1–3. Available at: <https://www.bmj.com> (Accessed: 25 April 2026).
- NHS Digital (2022) *Data Security and Protection Toolkit*. Available at: <https://digital.nhs.uk> (Accessed: 25 April 2026).
- NHS England (2023) *Digital Transformation in the NHS*. Available at: <https://www.england.nhs.uk> (Accessed: 25 April 2026).
- Office for National Statistics (2023) *UK population ageing report*. Available at: <https://www.ons.gov.uk> (Accessed: 25 April 2026).
- Patel, M.S., Asch, D.A. and Volpp, K.G. (2015) 'Wearable devices as facilitators of health behaviour change', *JAMA*, 313(5), pp.459–460. Available at: <https://jamanetwork.com> (Accessed: 25 April 2026).
- Shaw, J. et al. (2018) 'Digital health and remote monitoring', *BMJ Open*, 8(2), pp.1–9. Available at: <https://bmjopen.bmj.com> (Accessed: 25 April 2026).
- The King's Fund (2022) *NHS Workforce Trends*. Available at: <https://www.kingsfund.org.uk> (Accessed: 25 April 2026).
- Wang, Y. (2018) 'Wearables in healthcare', *Journal of Medical Systems*, 42(9). Available at: <https://link.springer.com> (Accessed: 25 April 2026).
- Project Management Institute (2021) *A Guide to the Project Management Body of Knowledge (PMBOK Guide)*. 7th edn. Available at: <https://www.pmi.org> (Accessed: 25 April 2026).
- Christopher, M., Payne, A. and Ballantyne, D. (2013) *Relationship Marketing: Creating Stakeholder Value*. Taylor and Francis. Available at: <https://www.taylorfrancis.com> (Accessed: 25 April 2026).

Approximate word count (including table text, excluding this line): 3718