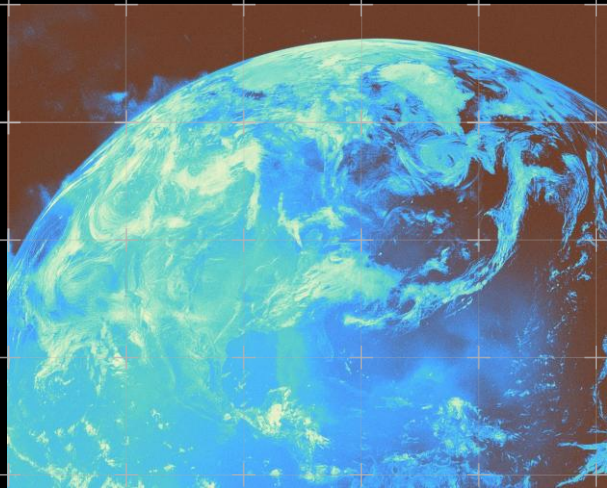
Minimum Viable Hospital

Building resilient foundations for tomorrow's NHS

Kev Johnson, Rubrik

rubrik

PHOENIX



The question is not how fast we can restore everything.

It is what we need to keep treating patients safely.

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We already know what a bad day looks like

MAY 2017

WannaCry ransomware

81 of 236

NHS trusts in England affected

19,000+

appointments estimated as cancelled

A global attack, not aimed at the NHS, still reached a third of trusts.

JUNE 2024

Synnovis pathology attack

10,000+

outpatient appointments disrupted

1,700+

elective procedures postponed

One supplier was hit. Blood tests stopped across south east London.

The lesson: care stopped in places nobody had planned for.

Sources: National Audit Office, Investigation: WannaCry cyber attack and the NHS (2017); NHS England London clinical impact updates (2024)

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Why restoring everything is the wrong goal

Restore everything

Every system joins one queue, in no agreed order

ED tracking	Email	Payroll	Lab results	Intranet	Rota
Finance	Patient record	Printing	Telephony	Estates	Imaging
Guest Wi-Fi	HR	Prescribing	Archive	Catering	Outpatients
Maternity	Portering	Comms	Bed board	Theatres	Records

Day 3: 12% restored

Clinicians wait for the systems they need, stuck behind the ones they don't.

vs

Minimum Viable Hospital

A short list, agreed in advance, on a trusted base

ED tracking	Email	Payroll	**Lab results**	Intranet	Rota
Finance	**Patient record**	Printing	Telephony	Estates	**Imaging**
Guest Wi-Fi	HR	**Prescribing**	Archive	Catering	Outpatients
Maternity	Portering	Comms	**Bed board**	**Theatres**	Records

Foundation: trusted identity and core network

The services that keep patients safe come back first, on a base you trust.

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The Minimum Viable Hospital is the smallest set of systems, data, and identities needed to keep treating patients safely.

Agreed before the crisis, not during it.

Building your MVH in four steps

01

Name the services

Which clinical services must not stop? Start where delay puts patients at risk.

LED BY
Clinical leaders

02

Map the dependencies

What systems, data, and networks does each of those services rely on?

LED BY
Clinical systems and IT

03

Trace the identities

Who and what has to log in for those systems to work? People, admins, machines.

THE STEP MOST PLANS SKIP

LED BY
Identity and security

04

Agree the order

Set the recovery sequence and who signs it off, before you ever need it.

LED BY
Executives and board

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Why identity sits at the centre

Everything asks it first

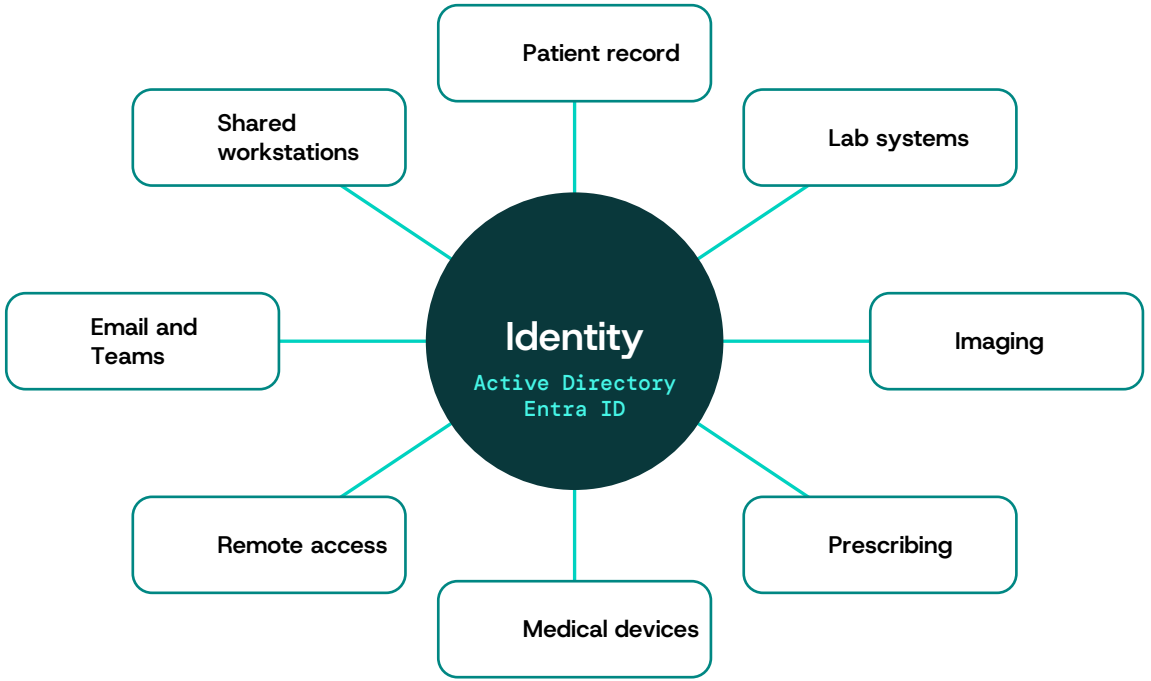
Clinical apps, devices, and remote access all check the directory before letting anyone in.

Attackers go there first

Control the directory and you control access to everything else.

Recovery depends on it

If identity is down or untrusted, restored systems still can't be used.



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Three kinds of identity your MVH depends on

Clinicians and staff

EXAMPLES

- Smartcards
- Shared workstations
- Single sign-on

IF IT FAILS
Care slows down immediately.

Privileged accounts

EXAMPLES

- Domain and cloud admins
- Break-glass accounts
- Recovery tooling access

IF IT FAILS
Nothing else can be rebuilt.

MOST FORGOTTEN

Service accounts

EXAMPLES

- Lab analyser interfaces
- Imaging integrations
- Device and app links

IF IT FAILS
Systems return but can't talk.

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An MVH recovery plan on one page

RECOVERY ORDER

WAVE 1 Keep patients safe now	WAVE 2 Restart planned care	WAVE 3 Business as usual
Emergency department Clinician sign-in, shared logins	**Theatres** Clinician and device accounts	**Outpatients** Staff logins
Pathology Service accounts, lab staff	**Pharmacy** Role-based access	**Corporate systems** Staff logins
Maternity Clinician sign-in, devices	**Imaging** Integration accounts	**Everything else** As capacity allows

FOUNDATION **Trusted identity: Active Directory, Entra ID, privileged accounts, core network**

Illustrative example. Your trust's services, waves, and dependencies will differ.

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Resilience is a shared responsibility

Clinical leaders

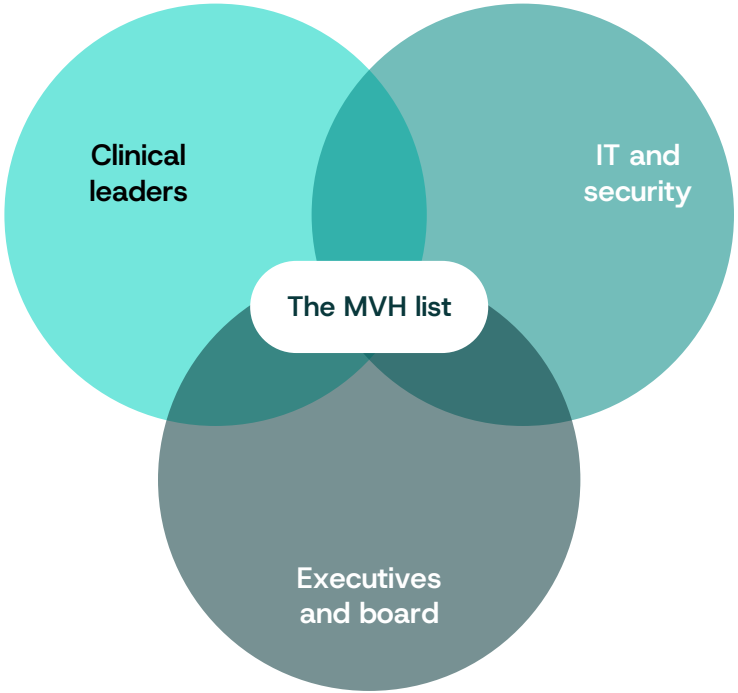
Define what safe care means and which services come back first.

IT and security

Map the dependencies, protect identity, and build recovery you can test.

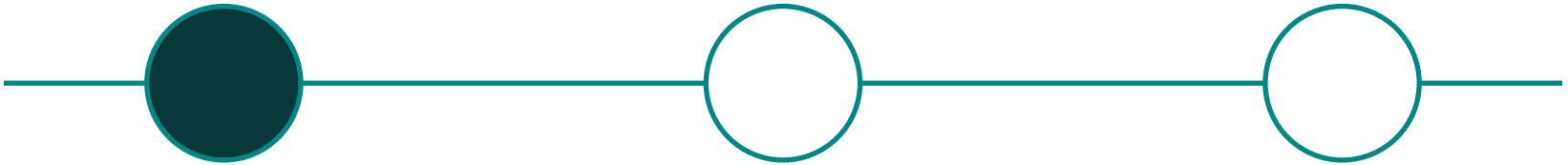
Executives and board

Agree the priorities, fund the work, and join the rehearsal.



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Take this back to your trust



THIS MONTH

Agree the list

Put clinical, IT, and executive leaders in one room and name your minimum viable services.

THIS QUARTER

Map identity underneath it

Find which services rely on directory, privileged, and service accounts.

THIS YEAR

Rehearse the MVH

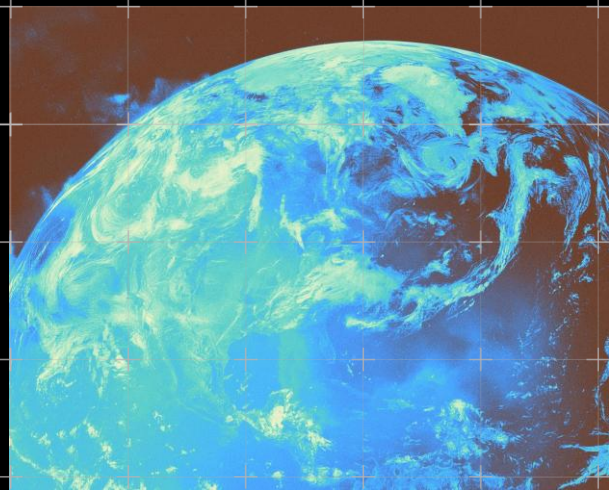
Test recovery against your minimum list, including a directory you can't trust.

Start with one question: if we lost identity tomorrow, what would we bring back first?

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Thank you

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