Department of Health & Social Care

NHS England

Clinical Leadership in Digital Transformation

Northern, Yorkshire and Humberside Digital and Information Forum
12th November 2026

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We face some challenges…

Patients have increasingly high expectations, productivity is behind historic rates, and we face an ageing and increasingly complex demographic.

If we want to continue to provide healthcare free at the point of need, incremental improvement isn't enough. We need to think differently.



NHS spending is rising faster than the economy
UK health spending is ~11% of GDP—38% of public expenditure (£203bn)—and growing faster than the economy.



Workforce issues are damaging the NHS
NHS FTE staff has increased by ~36% since 2010. 1 in 10 left the NHS in 2024.



Public satisfaction is falling
Public satisfaction with the NHS has fallen to 21%—the lowest on record—driven mainly by access to appointments and care.



People are living in worse health for longer
Healthy life expectancy lags over 10 years behind average life expectancy, driven by dementia, CVD and respiratory disease.



Health inequalities
Healthy life expectancy is 18+ years lower in the most deprived communities, with longer waits for elective care.

Public confidence has improved, but remains fragile

Headline: sentiment has turned, but access, confidence in the future, and perceived efficiency remain weak.

26%

satisfied with the way the NHS runs

↑ 6 percentage points

First increase since 2019, but still the third-lowest result in the survey's 42-year history.

51%

remain dissatisfied

Down 8 percentage points, the largest fall in dissatisfaction for more than 25 years.

16%

expect care to improve

By contrast, **53% expect the standard of NHS care to get worse over the next five years.**

13%

say money is spent efficiently

Although 66% think government spends too little on the NHS.

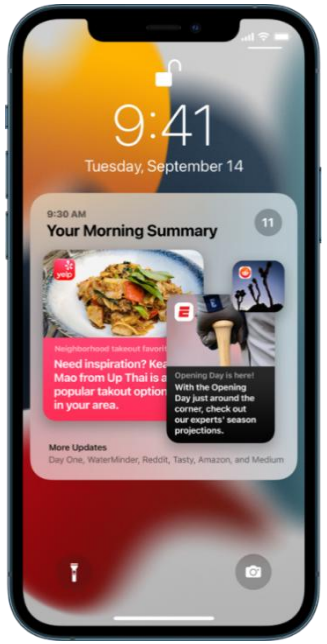
50%

satisfied with care quality

A marked gap compared with the 26% satisfied with how the NHS runs.

Source: British Social Attitudes survey 2025; NatCen, The King's Fund, and Nuffield Trust, published 25 March 2026.

Our connectivity and collaboration

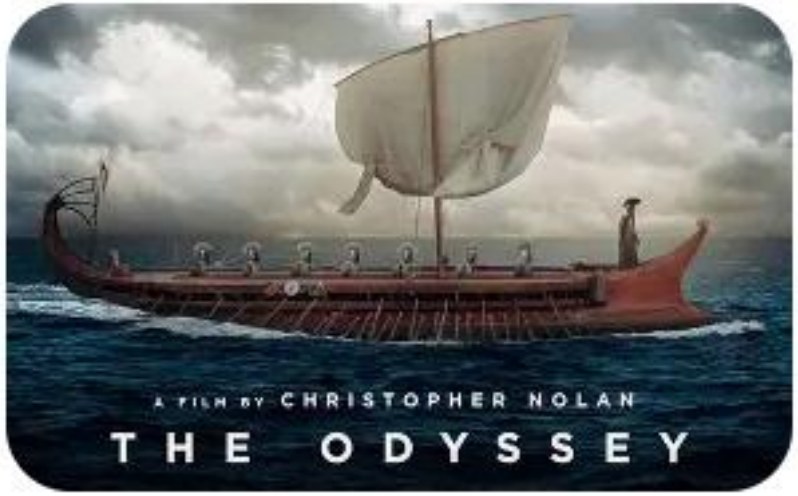


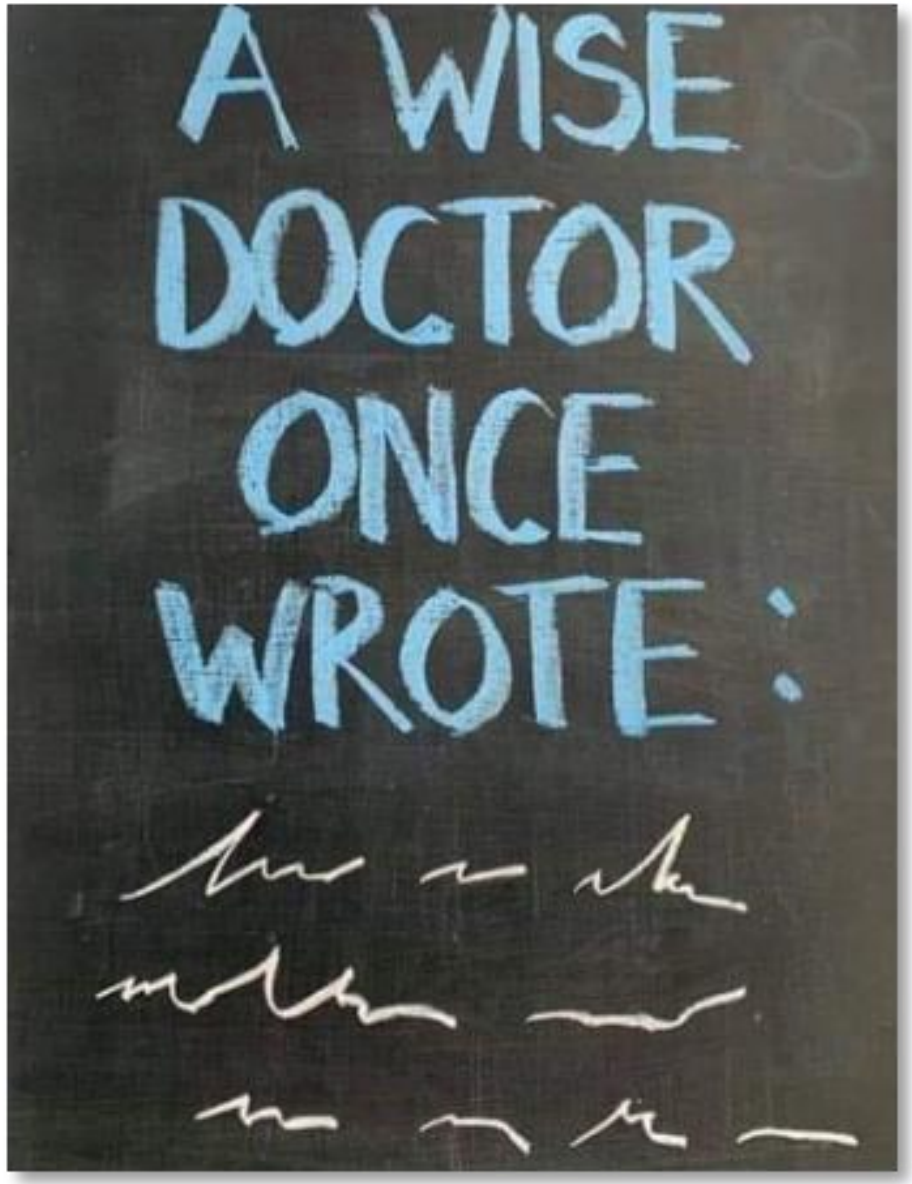






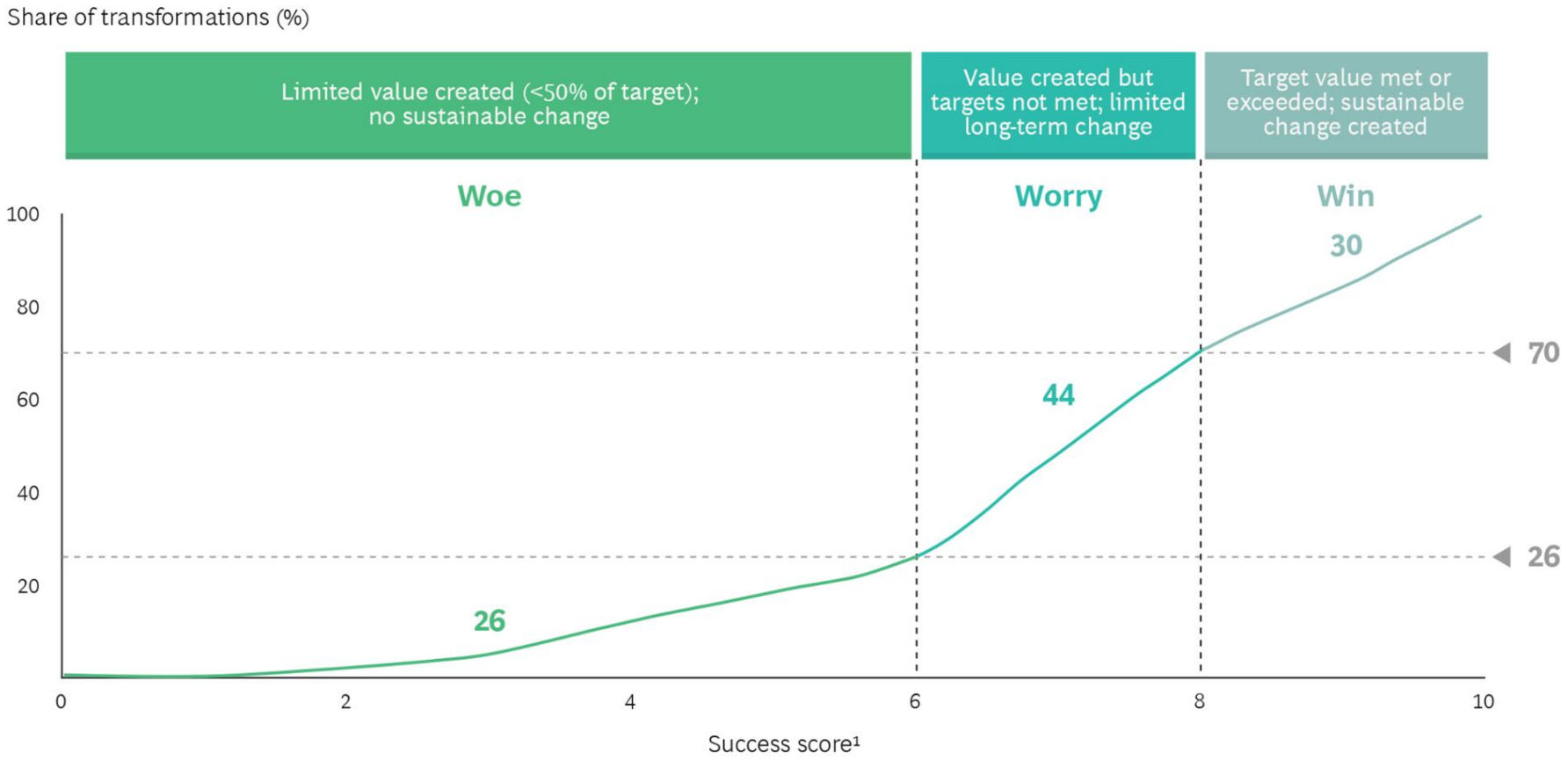




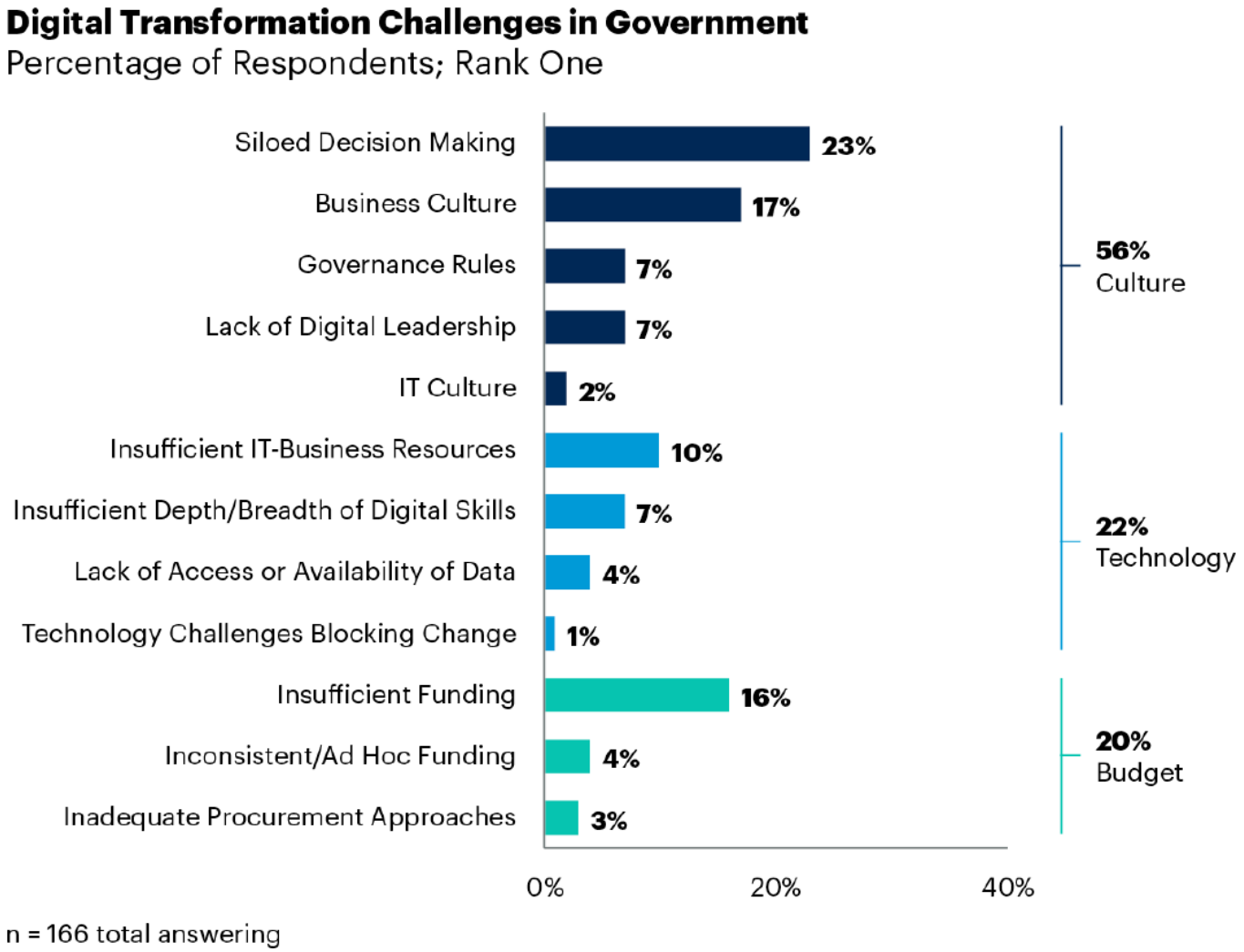

A WISE
DOCTOR
ONCE
WROTE :



70% of digital transformations fail to meet expectations



Most failures are caused by cultural problems



A vision statement/ North Star, co-created in a workshop for MSFs convened in February 2026 with NCDs and others

To create a seamless, person-centered experience for everyone, enabling care anytime & anywhere so all people live healthier, fairer, fuller lives.

Trusted	Timely	Equitable	Evidence-based	Impactful
Reliable, secure services patients and clinicians can depend on	The right care and information at the right time	Inclusive services that ensure fair access for all	Decisions guided by data, research and insight	Solutions that measurably improve outcomes and experience

Care should happen as locally as it can: digitally by default, in a patient's home if possible, in a neighbourhood health centre when needed, in a hospital if necessary

THE 10 YEAR PLAN

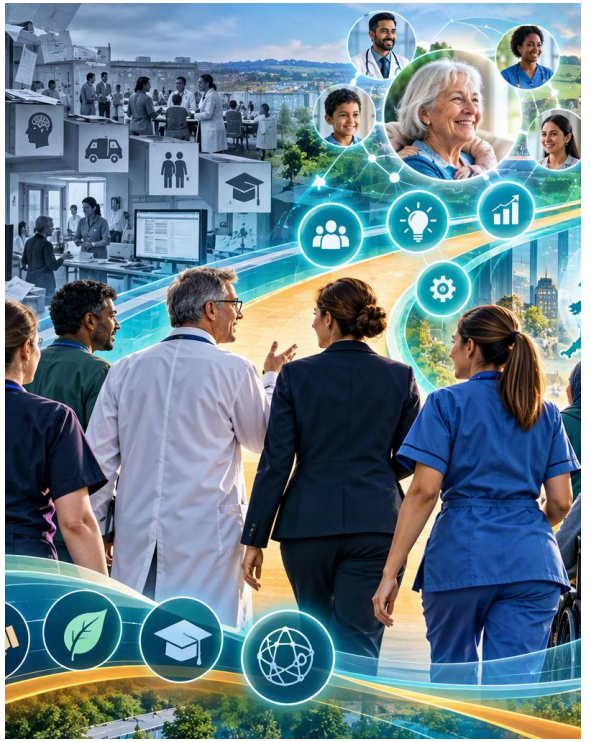
Where that leaves us: system priorities in the months ahead…

Performance & productivity	• Getting the basics right, deliver during Winter, with strong local (incl. board) accountability • Delivering the new model of UEC and Planned Care (esp. care management, simpler front door, outpatient reform)
Quality	• MSFs; Maternity, Mental Health; Frailty; Dementia • Patient Experience
Prevention & population health	• Simplifying Neighbourhoods, IHOs, etc; better integration w/ASC • Children and young people, including NEETs
Operating model	• Aligning commissioning, contracting, payments, technology and workforce and leadership development behind the priorities above

Technology succeeds only when it changes care for the better

National ambition must connect with frontline reality: better outcomes, better staff experience and more sustainable delivery

1. **Clinically owned** — Clinical leaders help define the problem, the pathway and the outcome.
2. **Operationally grounded** — Solutions must work in real services, under real pressure, with clear accountability.
3. **Digitally enabled** — Technology, data and AI make redesigned care safer, more connected and scalable.



Four challenge themes

1 National architecture

Create shared foundations, standards and interoperability so local teams can deliver without rebuilding the basics.

2 Person-centred care

Organise information and services around the person, not the institution or professional boundary.



Where are patients or staff currently bridging gaps that our systems should bridge for them?

3 People and change

Invest in leadership, capability, adoption and benefits realisation. Technology alone will not change practice.

4 Health and care integration

Join up NHS organisations, social care and academic partners around shared outcomes and practical delivery.

TECHNOLOGY DELIVERY PLAN

Delivering the 10 Year Health Plan through technology

Critical and central to delivering NHS reform

UP TO

£10bn

technology investment
over the next three years

The NHS is accelerating major technology adoption to support delivery — improving patient experience, increasing productivity and reducing pressure on frontline staff.

Strategic objectives

01 Improve patient care

Faster access to services
Reduced waiting times
More personalised care
Improved digital experience

02 Increase productivity

Reduce administrative burden
Release clinical capacity
Improve operational flow
Support efficient care delivery

03 Enable NHS reform

Digital by default
Care closer to home
Neighbourhood health services
Enable NHS Online delivery model

KEY OUTCOME **Technology succeeds only when it is adopted, used routinely and delivers measurable improvements for patients and staff.**

PRIORITY TECHNOLOGY INVESTMENTS

The technologies that will transform care delivery

From connected data to digital-first services — delivery priorities for adoption at scale

Investment areas Each priority is judged by adoption, routine use and impact on patient flow, staff capacity and care quality.

1 Connected Care

Single Patient Record

Joined-up health and care record.
Safer decisions; fewer repeated histories.

Federated Data Platform

Operational management and pathway insight.
Elective, cancer, discharge planning; data-led decisions.

2 Workforce Productivity

Ambient Voice Technology

AI-assisted clinical documentation.
More patient time; reduced admin burden.

Microsoft Copilot

Available to 505,000 NHS staff in Office apps.
Embedded in work tools; frees time for higher-value work.

3 Access & Patient Experience

AI Triage

Intelligent access through the NHS App.
Right service routing; better appointment access.

Patient Initiated Follow-Up

Follow-up care when patients need it.
Fewer outpatient appointments; elective recovery support.

4 Digital-First Care

NHS App Expansion

Digital front door for NHS services.
Personalisation, prevention, self-management and future AI.

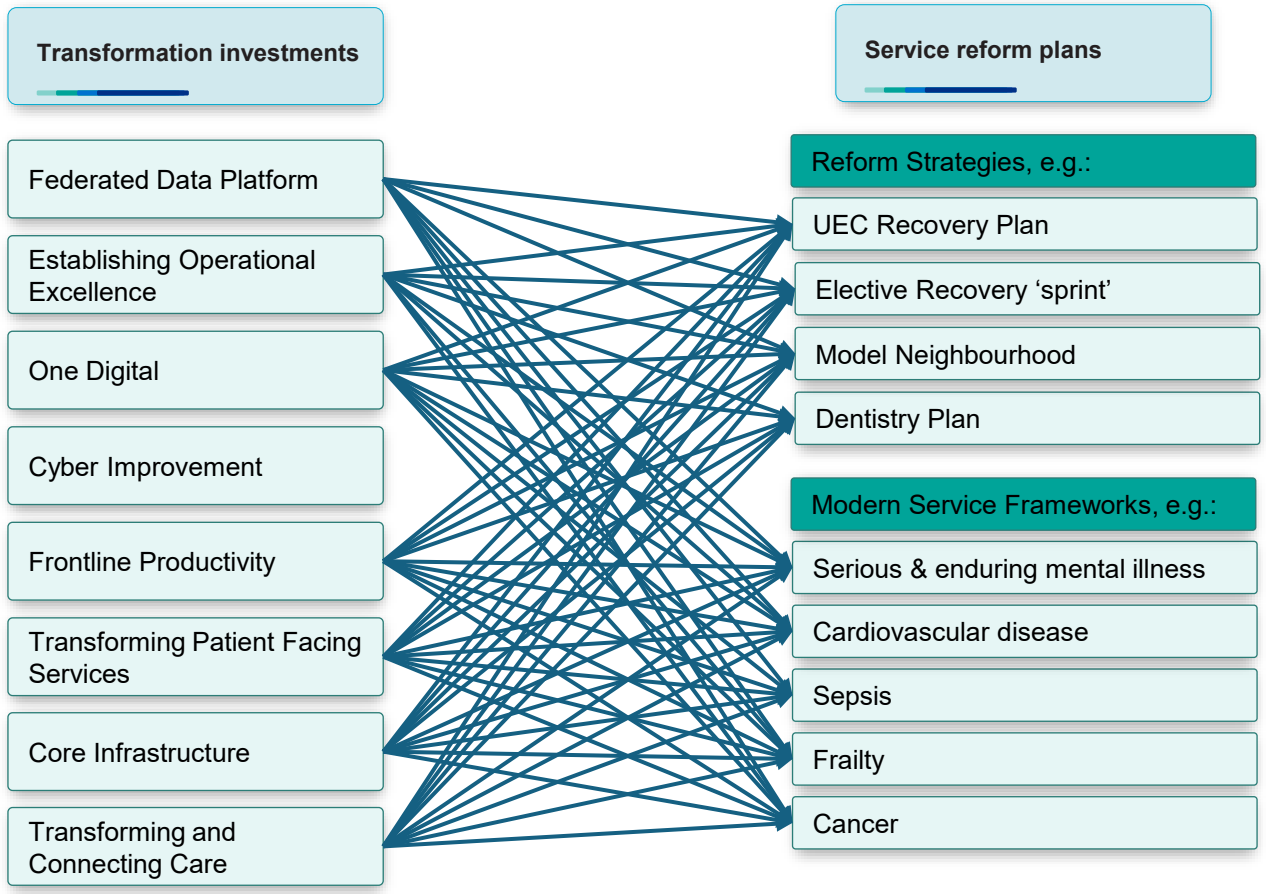
Digital Therapeutics

Clinically assured digital treatments.
Long-term care at home; lowers unnecessary demand.

A more personalised, preventative, productive and patient-centred NHS enabled by technology.

These programmes will make extensive contributions to the wider reform agenda

Our programmes will make extensive contributions to wider business reform strategies, and we are starting to move to a model which unites tech delivery and business reform much more closely.



What does this mean?

Every one of the reform strategies will depend on each of our programmes to deliver tech capabilities and services.

We will work with business owners to ensure they understand the services available today, and what we will make available over the next four years – but we recognise this is an evolution of what we have today and will not go the whole way.

We have worked extensively to collaborate with the Modern Service Frameworks and the Quality Strategy to make sure we are delivering the right things to advance those objectives, and in return, to make sure technology assets are fully embedded into clinical reform.

Moving to digital by default will help address the key challenges that the NHS is facing – with the NHS App at the centre



Patient confidence in the NHS

(Driving satisfaction up, with less variation)



Return to statutory performance

(18 RTT performance)



High demand for services

(Same day GP access, 4 hour waits in A&E)



Using our investments to drive efficiency

(Productivity savings)



Transforming the workforce experience

(Staff satisfaction and retention)

The Medium Term Planning Framework sets out three NHS App propositions that will transform how NHS services are delivered and unlock a range of benefits across the above challenges:

Delivering My NHS GP

Navigating unplanned care: harnessing modern technology to establish care need and support patient to access most appropriate service.

Transforming Planned Care

Managing planned care: digitising elective pathways by rolling out existing capabilities all trusts to improve elective performance.

Managing My Health

Avoiding preventable disease and future unplanned care by increasing access to vaccines and home testing services.

Our 2028 vision

The NHS App will be the **companion** that makes it easier for people to access the NHS – while making it easier for the NHS to care for its patients.

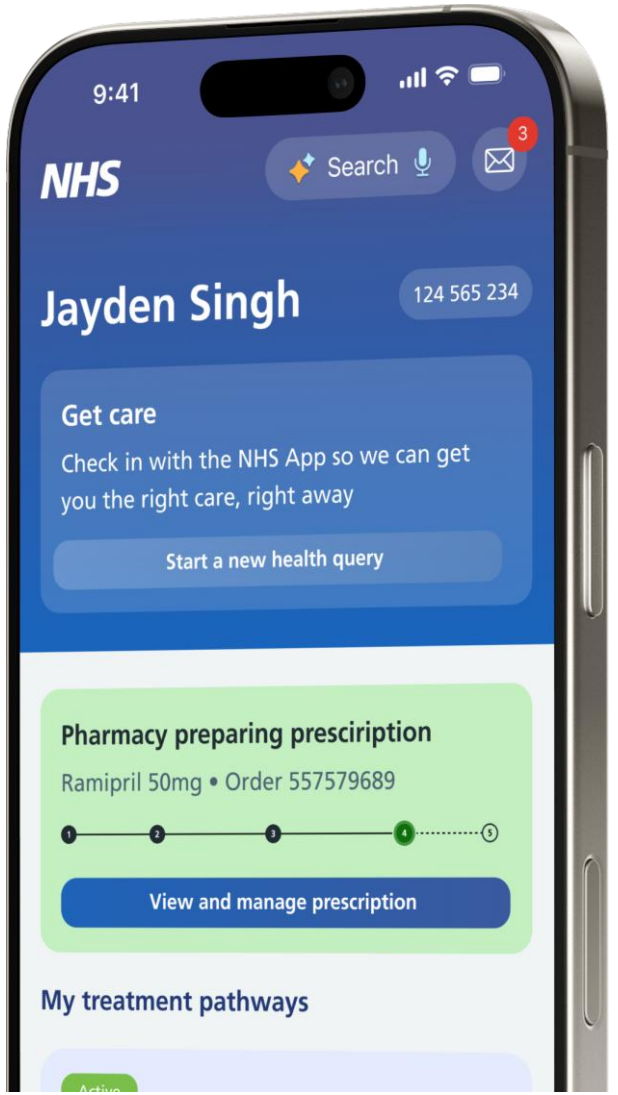


Figure 1

The 15 core care processes

The building blocks of person-centred care

These 15 core care processes are the "atomic" elements comprising each person's care journey. They combine to form clinical pathways (e.g. diabetes, heart failure) and, for many people, multiple pathways across conditions, care settings and organisations.



Access and assessment
Understanding needs and starting the journey

Planning and intervention
Making decisions and delivering care

Review and ongoing care
Monitoring, adapting and supporting long-term health

Person-centred care across the whole journey

Building blocks
Each process is a core element of a person's care journey.

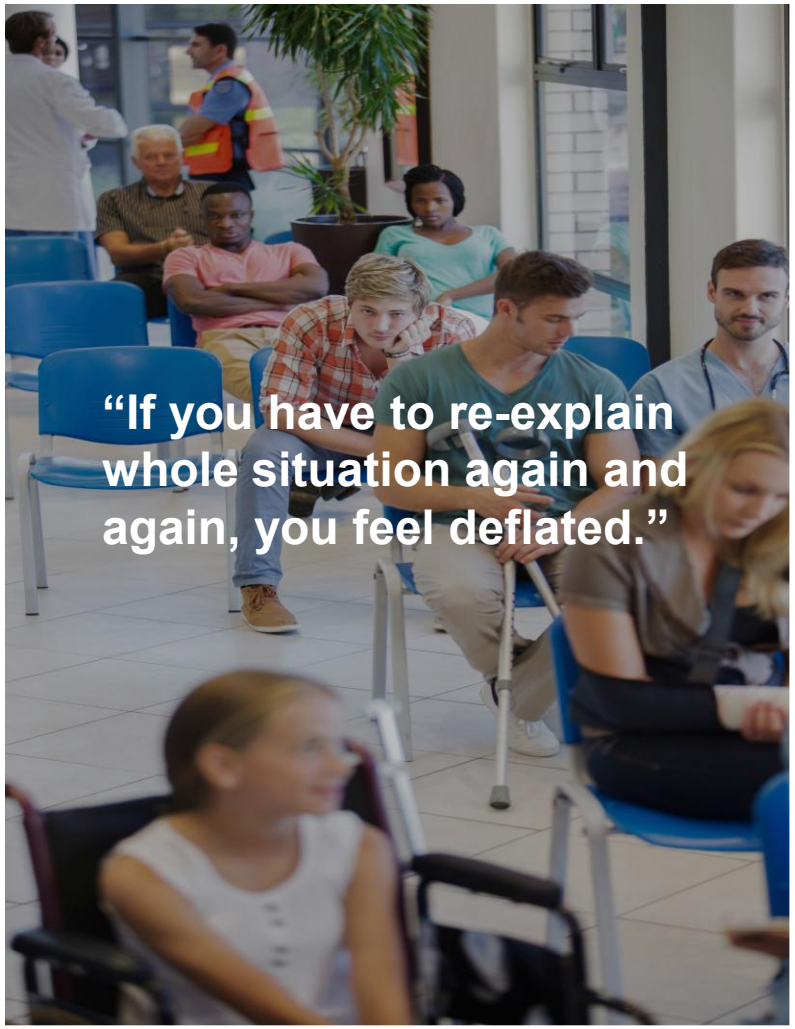
Combine into pathways
The 15 processes combine to form clinical pathways (e.g. diabetes, heart failure).

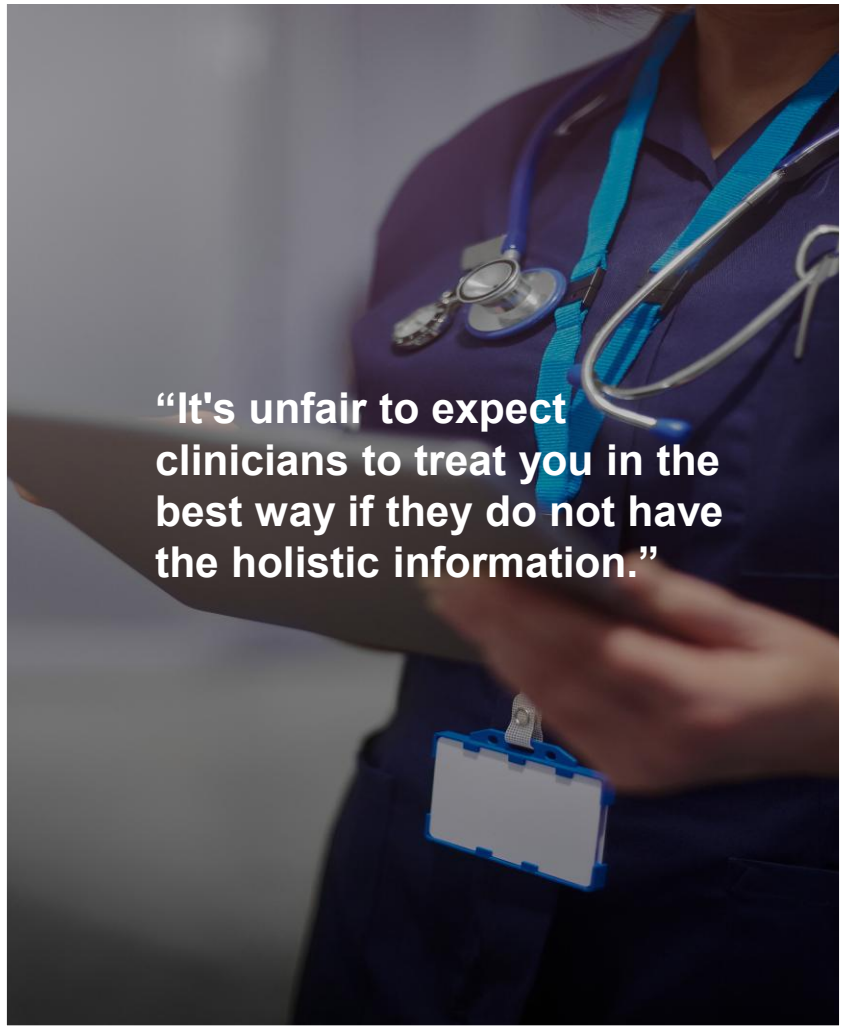
Multiple conditions
Many people live with multiple conditions, requiring multiple, interconnected pathways.

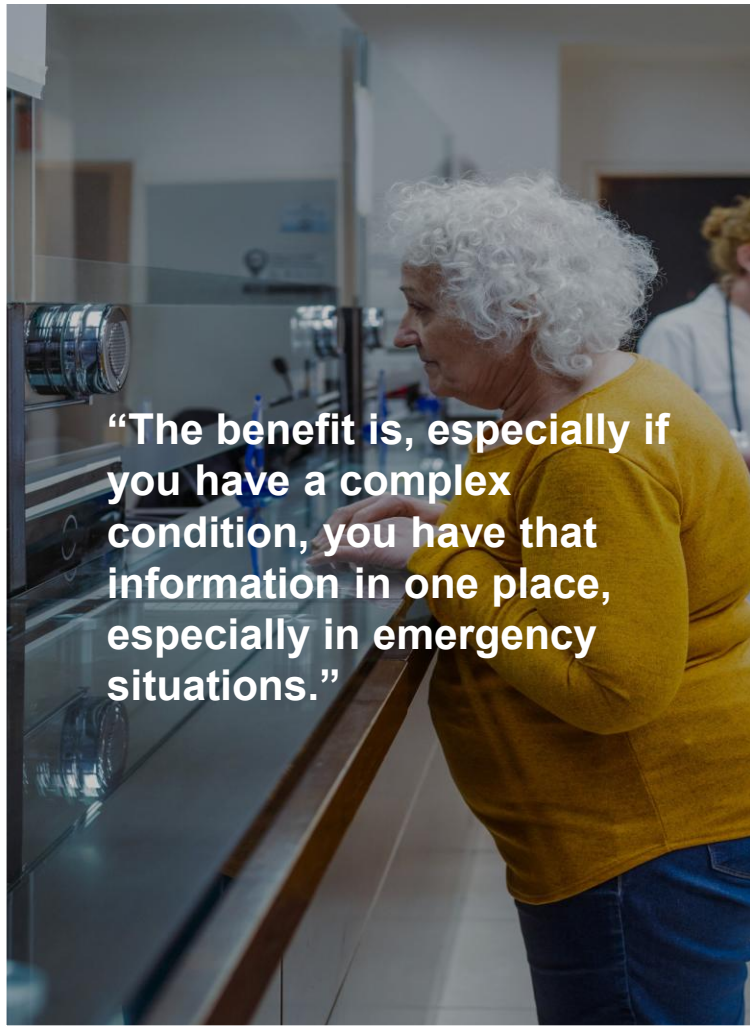
Collaborative by nature
Most processes involve multiple professionals, organisations and care settings.

Person-centred care means ensuring that these processes and pathways are organised around the person, with seamless collaboration across clinicians, organisations and geographies.

The Single Patient Record programme







What do we mean by Single Patient Record

The core vision for the SPR is to:

Give patients **visibility and control of their data**, enabling them to read, write, share joint care plans and offer corrections to data - while also being able to manage sharing preferences and have access to an audit of who has viewed their record and for what purpose.

Provide a **single version of the truth** by integrating data across settings, enabling patients, health care professionals and social care providers to work from the same record and to see key primary and secondary care NHS interactions, as well as autonomously prompt actions to occur.

Enable the **secure availability of data** for third-party applications such as research and clinical trials (allowing for patient choice).

We see the SPR as the single most important enabler of delivering the 10 Year Plan. The scale of the changes outlined in the plan and needed for our patients and staff simply won't be possible without it. Whether it is linking hospital, community, and primary care pathways to support the delivery of care in the community or enabling the creation of a “Doctor in your pocket” where patients can navigate their care as easily as online shopping, a single connected patient record will be needed.

We also know the SPR will be at the heart of how we make better use of our NHS data, helping research and innovation to develop the treatments of the future and moving us from sickness to prevention.

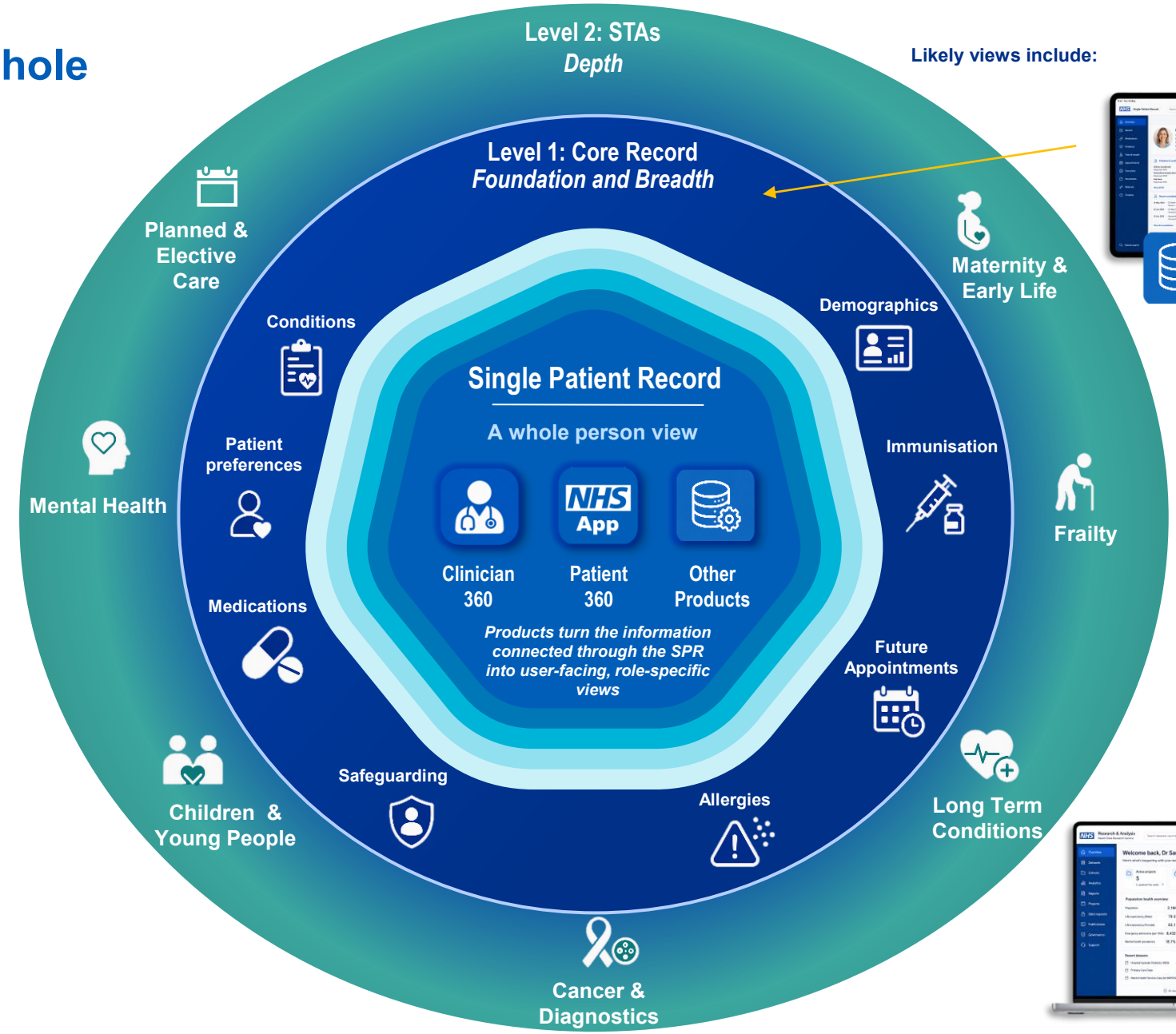
For Information

SPR will give a whole view of a person

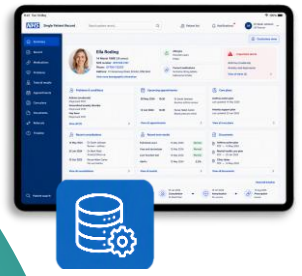
Core Record provides population breadth by covering over 80% of patients in England by June 2027 [1] with a core set of patient information

Service Transformation Areas (STAs) provide depth to create a whole view of a person. These will connect all relevant health and care data sources and rollout across England by March 2030.

[1] We estimate that we will provide some data for over 90% of GP registered patients combined with additional data from their Shared Care Records in 2027 but are confirming the exact coverage.

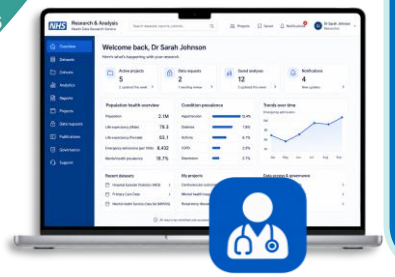


Likely views include:



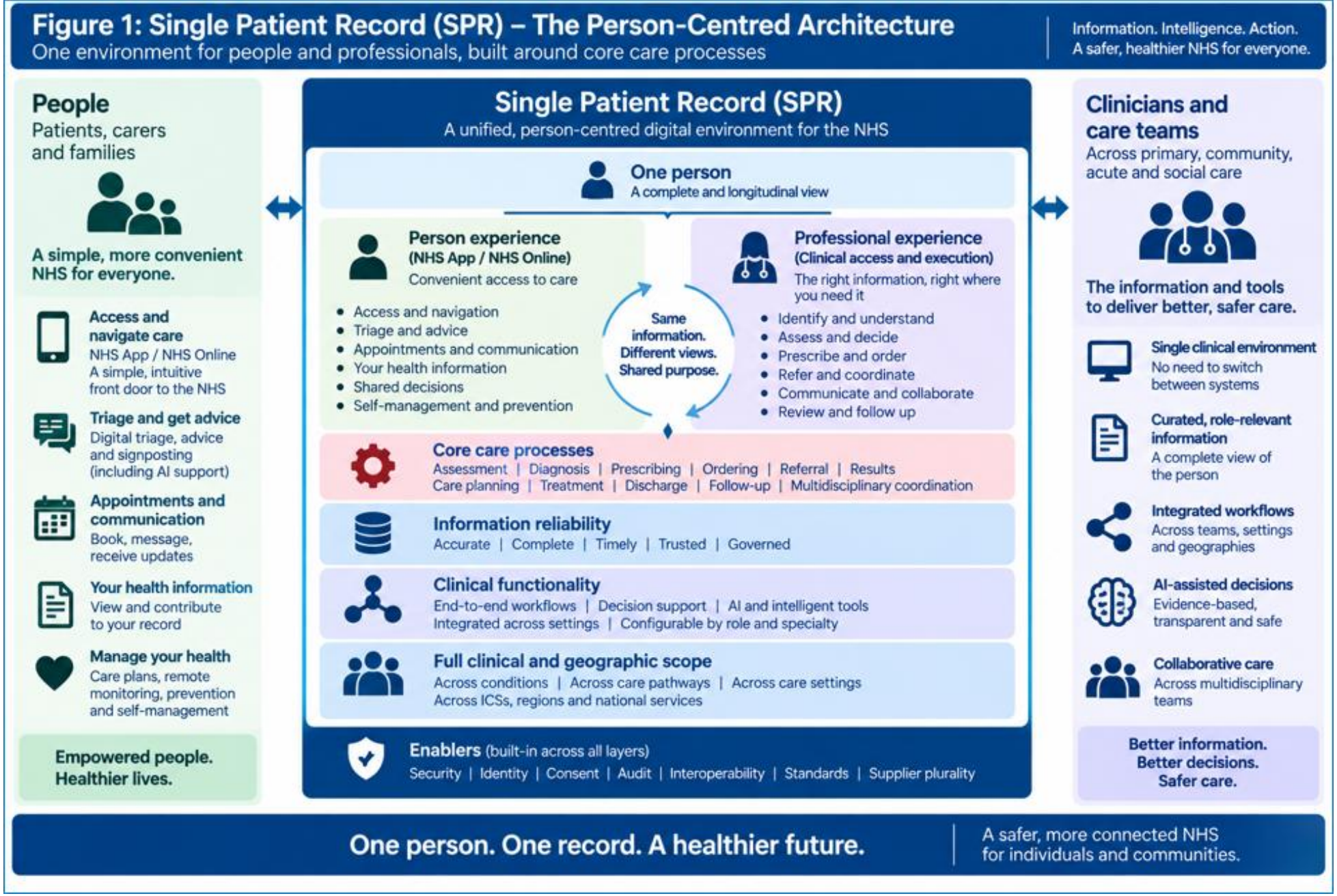
Generic view:
A patient centric view of essential information provided in an interactive user interface

Aligned to Core Record



Full view:
Information from across all specialties, with search and AI helping users find what matters most

Capturing information from Core Record and STAs


Figure 1: Single Patient Record (SPR) – The Person-Centred Architecture
One environment for people and professionals, built around core care processes
Information. Intelligence. Action.
A safer, healthier NHS for everyone.
People
Patients, carers and families
A simple, more convenient NHS for everyone.
Access and navigate care
NHS App / NHS Online
A simple, intuitive front door to the NHS
Triage and get advice
Digital triage, advice and signposting (including AI support)
Appointments and communication
Book, message, receive updates
Your health information
View and contribute to your record
Manage your health
Care plans, remote monitoring, prevention and self-management
Empowered people. Healthier lives.
Single Patient Record (SPR)
A unified, person-centred digital environment for the NHS
One person
A complete and longitudinal view
Person experience
(NHS App / NHS Online)
Convenient access to care
Access and navigation
Triage and advice
Appointments and communication
Your health information
Shared decisions
Self-management and prevention
Same information. Different views. Shared purpose.
Professional experience
(Clinical access and execution)
The right information, right where you need it
Identify and understand
Assess and decide
Prescribe and order
Refer and coordinate
Communicate and collaborate
Review and follow up
Core care processes
Assessment | Diagnosis | Prescribing | Ordering | Referral | Results
Care planning | Treatment | Discharge | Follow-up | Multidisciplinary coordination
Information reliability
Accurate | Complete | Timely | Trusted | Governed
Clinical functionality
End-to-end workflows | Decision support | AI and intelligent tools
Integrated across settings | Configurable by role and specialty
Full clinical and geographic scope
Across conditions | Across care pathways | Across care settings
Across ICSs, regions and national services
Enablers (built-in across all layers)
Security | Identity | Consent | Audit | Interoperability | Standards | Supplier plurality
Clinicians and care teams
Across primary, community, acute and social care
The information and tools to deliver better, safer care.
Single clinical environment
No need to switch between systems
Curated, role-relevant information
A complete view of the person
Integrated workflows
Across teams, settings and geographies
AI-assisted decisions
Evidence-based, transparent and safe
Collaborative care
Across multidisciplinary teams
Better information. Better decisions. Safer care.
One person. One record. A healthier future.
A safer, more connected NHS for individuals and communities.

OUR COMBINED AMBITION

A connected, productive and digitally enabled NHS

designed around people rather than institutions

SIX STRATEGIC PILLARS | THE CORE OF OUR DIGITAL TRANSFORMATION STRATEGY

1 SUSTAINABILITY THROUGH PRODUCTIVITY

Digital is a principal mechanism for making the NHS financially and operationally sustainable.

2 REDESIGN, NOT DIGITISATION

Stop digitising existing processes. Redesign care around how people actually live, using digital across, automation, AI and new access, models of delivery.

3 RELEASE CLINICAL CAPACITY

Technology must demonstrably release time, remove administrative work, improve flow and enable clinicians to care for more people.

4 ONE CONNECTED DIGITAL NHS

Interoperability, standards and connected information become foundational. Patients and staff shouldn't experience the NHS as a collection of disconnected institutions.

5 NATIONAL STANDARDS, LOCAL FREEDOM

The centre focuses on standards, accreditation, interoperability, assurance and market stewardship; systems and providers have greater freedom to choose, invest and deliver.

6 BENEFITS BEFORE TECHNOLOGY

Success is measured by productivity outcomes: financial return, clinical capacity and patient/staff experience – not the technology deployed.

UNDERPINNING THE STRATEGY | TRANSFORMATION, NOT INCREMENTAL IMPROVEMENT

We need revolution and not incrementality – using digital to create the NHS we need, not just digitise the NHS we have.

DIGITAL ENABLEMENT

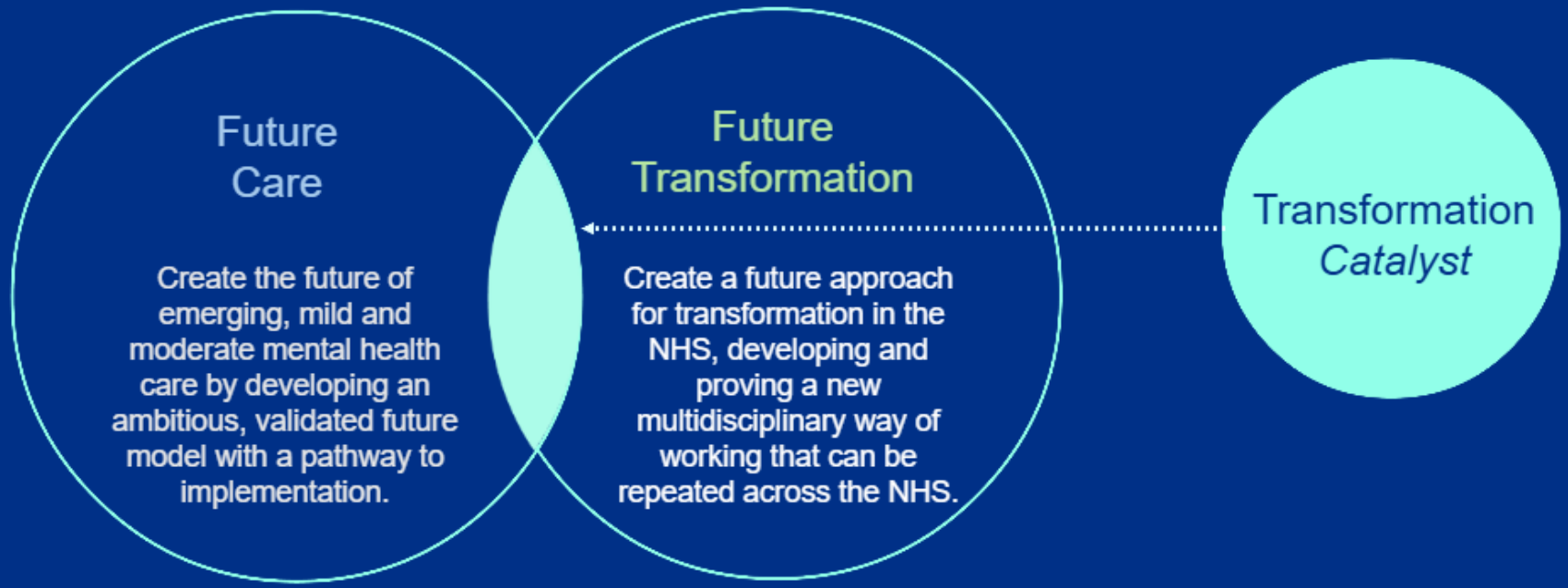
The 10-Year Health Plan set out to use digital to enable people to get the right care in the right place for them. The role of the Catalyst is to help bring to life what that could look like.

The strategic shift: The pathway is the product, not the technology capability

1. Focus on care outcomes, not just technology outputs.
2. Policy, clinical, operational, digital and data expertise work as one team.
3. Products & platforms become enablers of a transformed pathway, not the destination.
4. Evidence from real testing shapes what we scale.

Our ambition

This programme has two equally important goals.



Colleagues from across TDD (and beyond) have formed a multidisciplinary catalyst team

We agreed to evidence an entirely new way of doing service transformation, uniting tech, clinical, and other teams to fundamentally redesign a care domain – a pre-cursor to a new operating model. The catalyst core team is made up of colleagues from most of TDD's sub-directorates, including clinical, digital, data, and policy.

Multi-disciplinary team

Experts from clinical and policy at the Core to design rather than just advise

Inquisitive mindset and innovative culture

Encourage big and bold thinking; no idea is a bad idea



End-to-end pathway design

Human-centred and evidence-led approach applied across a whole pathway

Integrated Implementation

Maintain momentum and eliminate the traditional drop-off between vision and implementation

Transformation Methodology

New ways of working agreed, tested, refined and documented

Accelerating innovation adoption: Exec summary

An outcomes-led approach to improving access, strengthening NHS delivery and supporting UK life sciences growth.

OUR VISION

An NHS that routinely adopts and scales priority innovations, improving outcomes and productivity and strengthening the UK's reputation as a leading market for innovation.

BETTER OUTCOMES AND ACCESS

Get proven innovation to patients who need it, faster and more equitably

- Faster access to effective medicines, HealthTech and digital solutions
- Reduced unwarranted variation in adoption
- Innovation focused on priority patient, service and system outcomes

A MORE EFFECTIVE NHS CUSTOMER

Create the conditions for innovation to be adopted and scaled.

- Joined-up national and local levers across finance, commissioning, commercial, planning, performance and accountability
- A clearer route from evidence and guidance through to routine adoption and scale

ECONOMIC GROWTH AND UK LIFE SCIENCES

Make the NHS a more credible market for innovation, attracting investment and supporting economic growth

- Greater confidence in the NHS as a market for innovation, strengthening the UK's attractiveness to investors and industry.
- Assess potential economic contribution and measure the growth realised through adoption

HOW WE WILL DO IT

SPRINT TO TEST AND LEARN QUICKLY

1 START WITH NHS OUTCOMES

Understand national, regional and local needs and priorities.

2 MAP EXISTING PROGRAMMES

Identify current innovation programmes and priority innovations across the system.

3 DEVELOP ADOPTION ARCHETYPES

Group innovations by the adoption challenges they face to identify common patterns and responses.

4 SELECT & TEST DEMONSTRATORS

Choose a balanced set of priority innovations to test our approach.

5 ALIGN SYSTEM LEVERS

Join up national, regional and local levers to drive adoption for each demonstrator.

6 LEARN AND SYSTEMATISE

Measure what works, capture learning and develop repeatable approaches for future innovations (post sprint).

SCOPE OF INNOVATION

AGILE AND ITERATIVE APPROACH

- Medicines
- HealthTech
- Digital, data and technology

The sprint will work alongside existing programmes leading priority innovations, adding value by joining up the wider NHS system around their delivery and aligning the levers needed to accelerate adoption and scale.

Faster adoption of priority innovations can help the NHS deliver better outcomes, release capacity and improve productivity and value

Proven innovations can help address priority outcome gaps and operational pressures, but too few are adopted consistently and at scale.

Better outcomes

Improve outcomes, experience and equitable access for patients

Released capacity

Reduce avoidable demand and waits, freeing staff time for care

Higher productivity

More effective care through better use of workforce, estates and technology

Greater NHS value

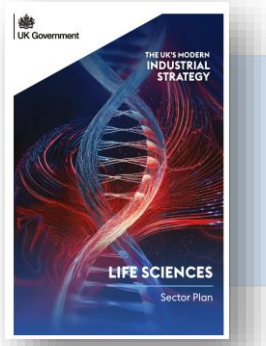
Avoid costs, reduce waste and support financial sustainability

Reduced variation

Enable more consistent access, adoption and outcomes

Delivery of regional priorities

Focus innovation on outcomes and pathway pressures that matter locally



National ambition: faster and more widespread patient access

The 10-Year Health Plan and Life Sciences Sector Plan share a clear ambition: translate effective innovation into better NHS outcomes, greater productivity and faster, more equitable patient access.



The health and economic value of uptake is substantial.

Slow adoption means lost patient and NHS value at home, while global competitors build research, commercial and investment advantage.

The immediate NHS opportunity

Slow uptake means lost patient benefit, productivity and public value

PwC analysis of the cost of delayed uptake in four medicine classes[1]

1.2 million
Patients in the UK are missing out on innovative treatments

429,000
QALYs (quality adjusted life years) could be gained from increased uptake

£17.9 billion
In productivity gains would accrue to the UK as a whole

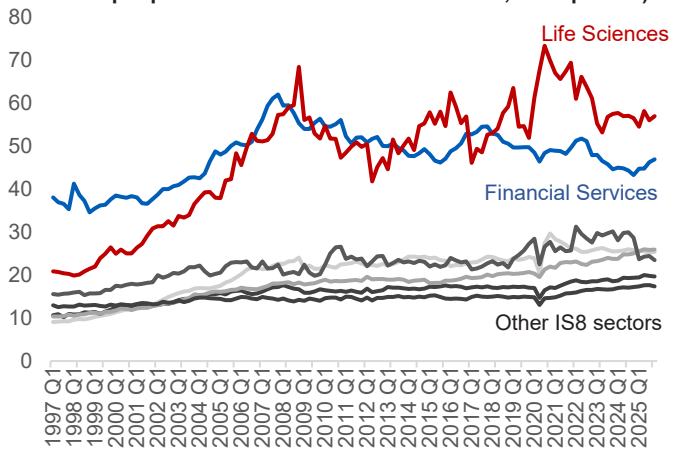
£5.5 billion
Of which would be paid back to the Exchequer through taxes

Better outcomes, more capacity and productivity, and significant financial value go unrealised.

A high-value UK sector with income at risk

Life sciences is the UK's most productive of IS-8 sectors

Output per worker – IS8 industries *£000's, 2023 prices[2])

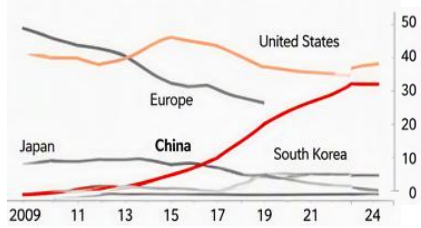


If UK innovation does not translate into adoption and scale, income and productivity generated by this high-value sector are increasingly at risk

Investment & economic value are moving elsewhere

Research activity is moving towards Asia

Clinical-trial starts by company location, %[3]



China is becoming a major source of licensable innovation

Global & China product deals values 2021—26 ($bn[3])



Failure to adopt means value lost twice

POORER HEALTH OUTCOMES AND NHS VALUE
Delayed access, worse outcomes, persistent inequality, unrealised financial benefit

LOST UK INCOME AND PUBLIC REVENUE
Less investment, loss of scaling companies to global competitors, fewer and less productive jobs, reduced economic potential and lower tax returns to fund the NHS

1 PwC (2021) The cost of delayed uptake across four medicines classes

2 DBT analysis of ONS data; output per worker, IS8 industries, 2023 prices

3 Citeline; IQVIA Institute; Evaluate Pharma (May 2026)

NOT FOR ONWARD SHARING – NOT GOVERNMENT POLICY

Existing innovation activity is not consistently translating into local outcomes.

The barriers are well known. The unresolved problem is that we have a fragmented approach to existing programmes and do not routinely use system levers to deliver on national priorities.

Problem statements

Innovation not systematically driven by need

Outcomes are mapped within individual programmes, but not systematically across the innovation portfolio, making it difficult to align activity with national priorities and regional and local outcome needs

BREAK

Limited regional engagement

Regions and systems lack a consistent route to test priorities against local outcome needs, readiness and delivery constraints

BREAK

Disconnected NHS levers

Planning, finance, implementation, improvement and performance mechanisms are not consistently aligned to accelerate existing programmes

BREAK

Uneven delivery accountability

Ownership, expectations, measures, support and challenge are not consistently connected across programmes, regions, systems and providers

The barriers and enablers are known. The unresolved issue is how to align the system to overcome them….

Known barriers

- Pathway changes
- Clinical trust
- Workforce capacity
- System capability & integration
- Procurement & commercial
- System readiness
- Regulation & Assurance
- De-commissioning

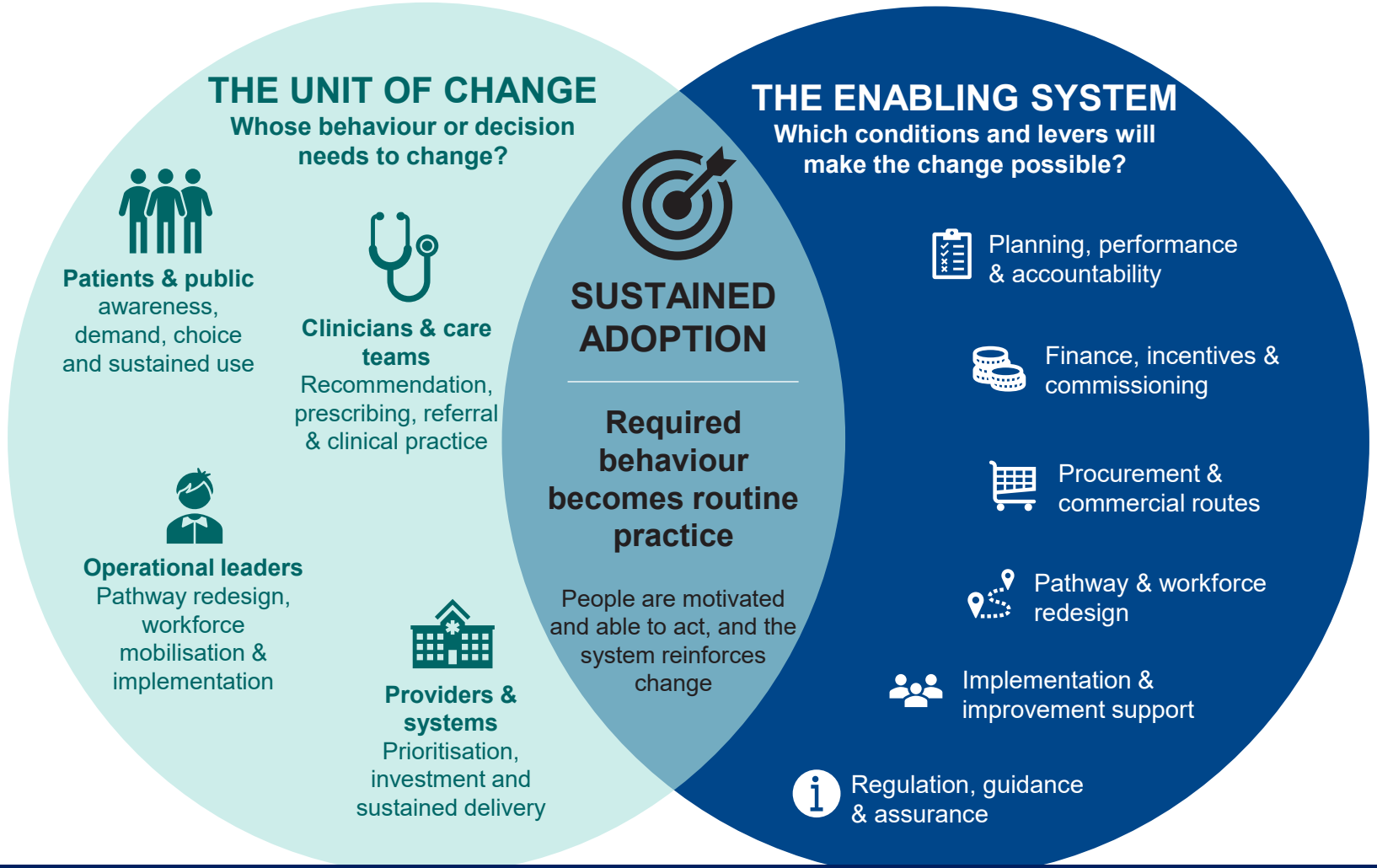
People and organisations drive adoption. The system creates the conditions for change.

What activates change?

Motivation
Compelling benefit, incentive, expectation or consequence

Opportunity
Time, capacity, funding, permission and a workable pathway

Capability
Knowledge, skills, confidence, tools and implementation support



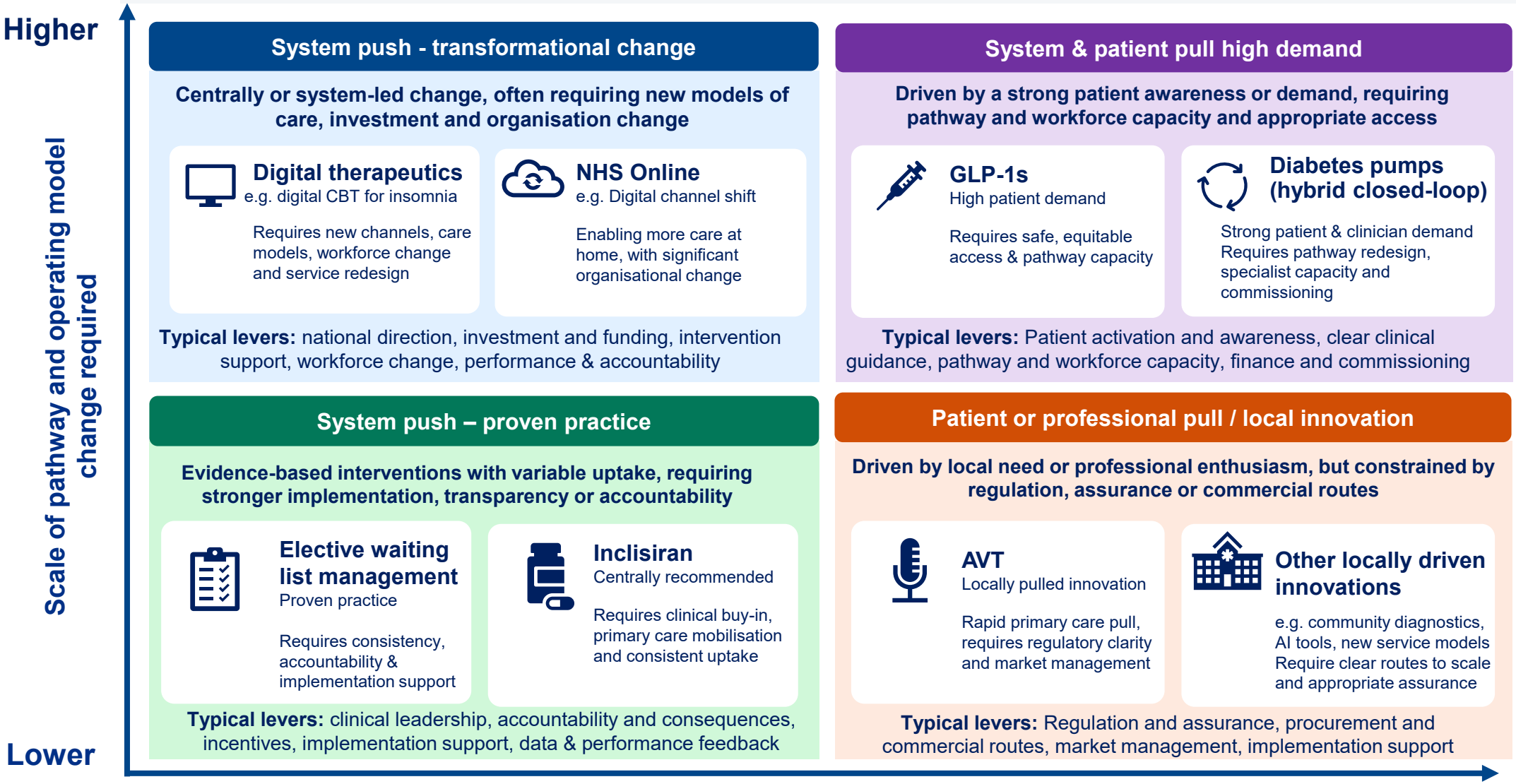
What makes it possible?

- ✓ **Aligned system levers**
- ✓ **Clear ownership**
- ✓ **Clear priorities**
- ✓ **Aligned incentives**
- ✓ **Practical implementation support**
- ✓ **Transparency & challenge**

We anticipate each archetype will require a tailored combination of behaviour-change strategies and system levers

Different adoption archetypes require different responses.

We will tailor a combination of levers to the adoption challenge for each demonstrator.



Key point

There is no one-size fits all approach to innovation. Each archetype requires a different combination of levers, depending on the adoption challenge, who needs to act and what will motivate and enable change.

Cross-cutting levers

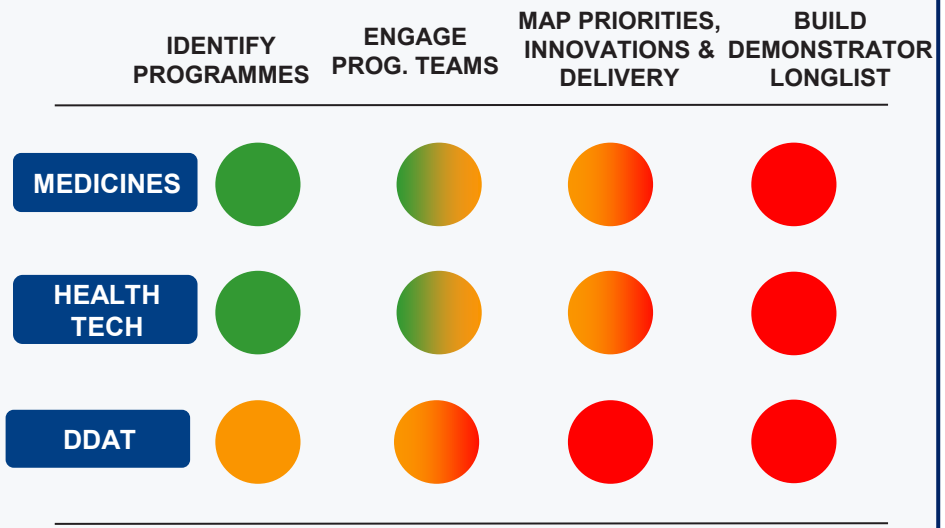
- ✓ Outcomes & value
- ✓ Finance & incentives
- ✓ Procurement & commercial
- ✓ Implementation support & capability
- ✓ Data, transparency & accountability

NOT FOR ONWARD SHARING – NOT GOVERNMENT POLICY

We are mapping innovation programmes in delivery or development, and the levers they are utilising.

Outputs from this mapping will also be used to develop the long list for priority innovations to be considered as demonstrators.

PROGRAMME MAPPING: PROGRESS



CURRENT FOCUS: completing **programme-level mapping** and **targeted engagement** to validate objectives, priority innovations, barriers and levers before **consolidating findings to inform demonstrator selection and delivery mechanisms.**

1 MEDICINES

- Single National Formulary (SNF)
- BioSimilars Programme
- GLP-1 implementation and obesity pathway
- Medicines Sprint Programme

2 HEALTH TECHNOLOGY

- Innovation Procurement Taskforce
- HealthStore
- National HealthTech Access Programme
- Priority Pathway Transformation Programme
- Innovator Passport
- Medtech Compass
- Value-based procurement

3 DIGITAL DATA & TECHNOLOGY

- Ambient Voice Technology
- AI programmes
- Digital & data productivity programmes
- NHS-owned technology programmes

Priority Modern Service Framework Innovations

Question

Are we missing any existing innovation programmes in your areas that we should consider as we scope which delivery mechanisms we can align with?

NOT FOR ONWARD SHARING – NOT GOVERNMENT POLICY

How do we build Digital Confidence?

Digital Champions
Programme Toolkit

NHS
Health Education England

@NHS_HealthEdEng @HEE_DigiReady

Digital and Data Confidence and Competence (DDCC)

We have been undertaking
the many things that fall int

There are forums which hav
steering group with sub gro
going on in this space. Acc

Resources About Search c

1. Using digital techn
2. Caring for patients
3. Ethical, legal and re
4. Planning for AI
5. Managing Health Data
6. AI for All – One big thing (Civil Service)

Medical education and training review

The medical education and training review is a nationwide initiative. The first phase was led by Chief Medical Officer, Professor Chris Whitty, and the former National Medical Director at NHS England, Professor Stephen Powis.

This process began with an extensive programme of engagement and listening to ensure that doctors, educators, patients and NHS leaders had the opportunity to shape medical education and training for the future.

Professor Dame Jane Dacre has now been appointed as independent chair of the review, to take forward the recommendations set out in phase 1.

Professor Dare will professionally lead the four nation approach to turning the findings so far into meaningful improvement and reform.

Next



Adobe Acrobat
Summarise with AI
Ask AI about page
Convert to PDF

Volunteer with us

Discussion forums

We encourage you to engage in our discussion forums, a thriving community includes debate, sharing ideas, solving problems together and lots of interaction.

How do we build Digital Skills?

- Do you know the extent to which lack of user confidence and competence is impacting you?

- Do you have existing digital skills initiatives?
  - If so, do you measure impact?

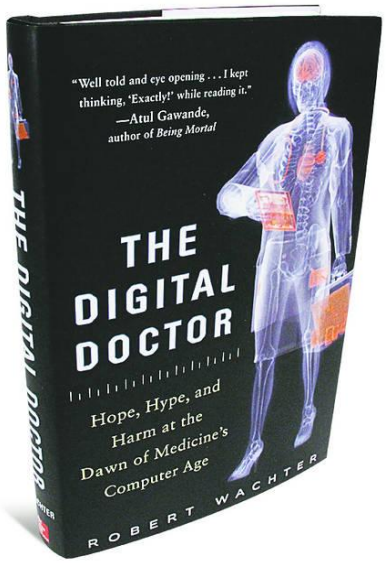
- Where is there both mandate and capacity to lead digital skills education programmes?

- Do you have Digital Champions programmes already?
  - How might you set one up?

The Charter

Do you sign up to...

- **Raise awareness of the essential digital skills gap in the workforce and the opportunity to be realised through concerted action.**
- **Work together as part of a national change program to supercharge action on workforce digital skills.**
- **Empower people of working age to build solid digital foundations.**

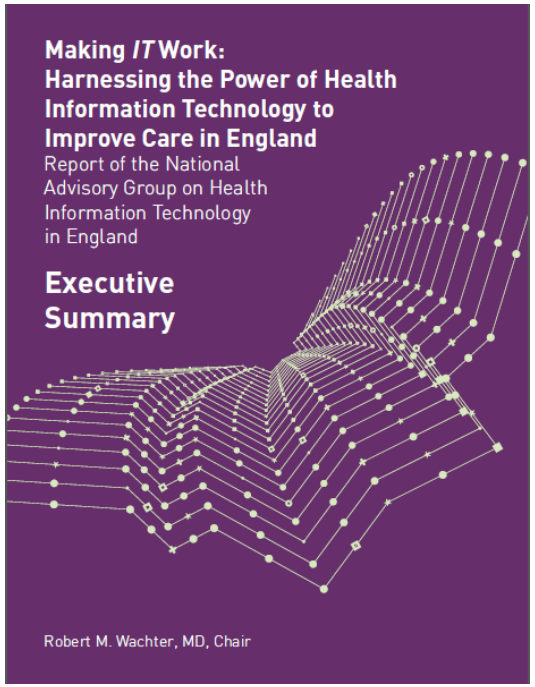


Transformation First

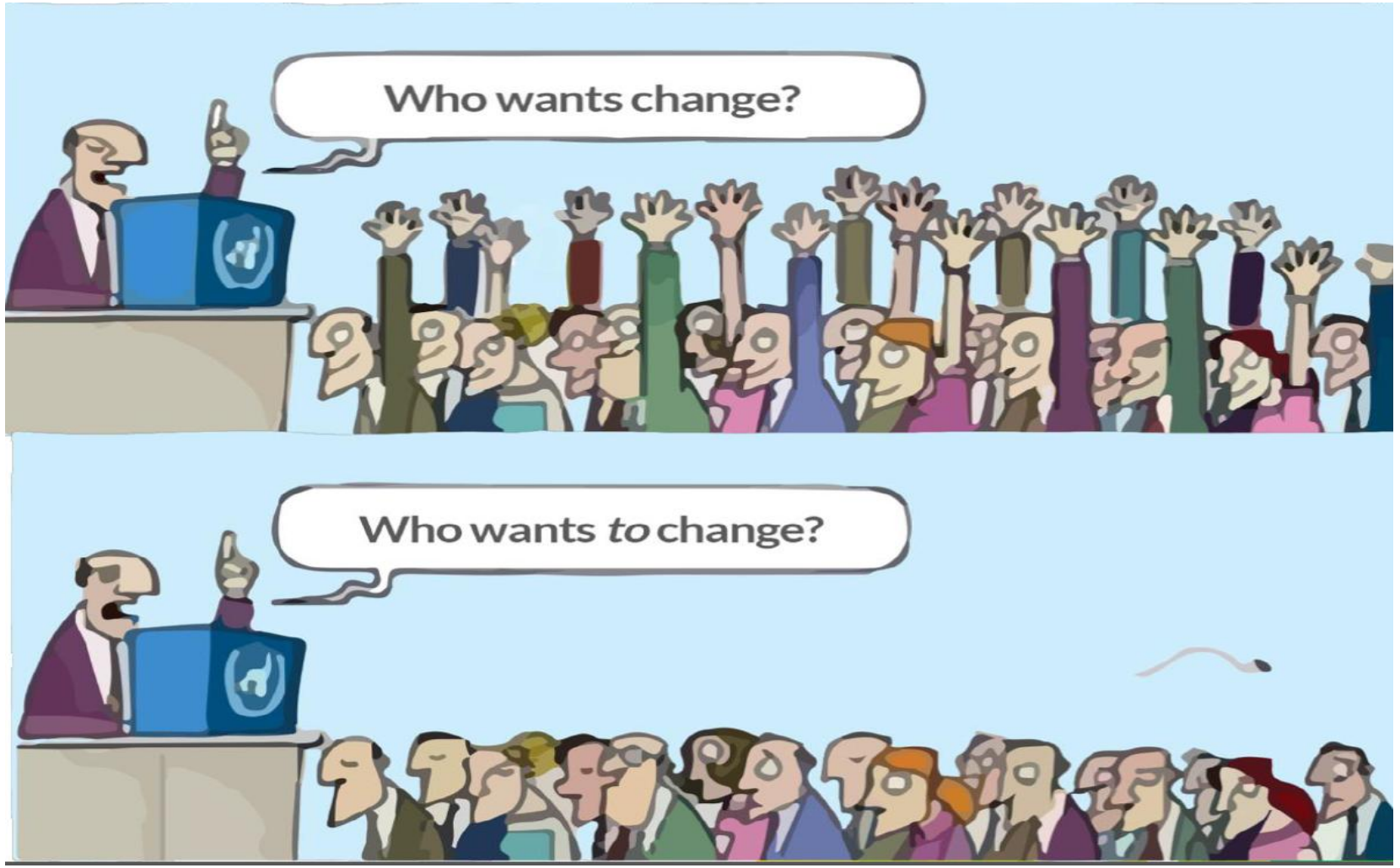
"It's fundamentally not a technology project"

Bob Wachter

Our whole programme is about enabling and addressing human factors and changing behaviours leading to whole system cultural transformation for the benefit of patients and service users



Cultural change – this is about all of us working differently!



Mable's Community Care Journey

Workforce Tools

Ambient voice technology



Clinicians use Ambient Voice AI to record notes so more quality time with patients is available.



AI digital assistant



AI enabled digital assistance for health and care staff, such as organising work schedules with risk stratification and logistical organisation to optimise timetables for visiting patients.

Patient Access to Support

Remote consultations



Virtual support for physio and wound care following surgery, with less time in a clinic and more time at home to recover.



Mable can easily access the clinical support she needs

Personalised Insights



Real-time health data



Real time health insights to help care teams and patients understand and prepare for changes in health and wellbeing.

Mable has the support of carers who know her needs

Real-time notifications



Real time updates including notifications and reminders shared with carers, trusted networks and clinical teams.

Single patient record



An interactive single patient record which builds a full view of a patient's health.

Social Patient Networks



Mable stays connected with her trusted networks



This is Mable

Proxy access



Proxy access for trusted networks including carers, family and friends with relevant health and wellbeing updates.

Wearables and MedTech



Remote tech, such as smart watches, digital medicine box reminders and pendant alarm sensors for falls.

Mable uses technology at home to improve her health

Health Tech at Home

Personalised insights



Holistic support package, including shared care plans, and live monitoring technology.

AI support for patients



AI enabled digital guidance and support, such as AI-enabled care plans, empathy support and rehabilitation plans.

System Intelligence

Real time data insights



Real time patient-level and estate data for ICB and provider teams to enable smarter delivery and planning of services.





This is a speculative view of what a community care journey could look like in the future. This is not agreed policy.

The UK's Digital Health Ecosystem ©

Innovation hubs

Research, technology and clinical resources along with innovation hubs and supporting services

Growth pathway

Support along each stage of the innovation lifecycle to enable growth for relevant solutions



Funding

Funding and investment – public and private – across research, development and scale-up.

Central infra

Infrastructure that provides the backbone for health information solutions countrywide

Aligned interests

Partnership working between the health system and innovation ecosystem - clinical and commercial alignment between patients, payers, providers, suppliers and others.

Data

Availability of high-quality data in a transparent, safe and secure manner to enable innovation and care

Skilled Workforce

Technical and clinical workforce that is skilled at producing and leveraging technology



Trust

A well-established process for gaining confidence of clinicians and the public

Regulation and policy

A regulatory system that balances rigour and safety with supporting innovation growth

Digital transformation in perspective

- Successful digital transformation is not primarily a technology challenge - it is an operating model, leadership, and workforce transformation.

Evidence from Gartner concluded there are 10 critical success factors. Ultimately, to succeed organisations must move from technology-led change to enterprise-wide transformation characterised by:				
Co-owned leadership	**Fusion team delivery (digital takes a team)**	**Capability-led operating models**	**Strong clinical engagement**	**Continuous, value-driven improvement**

“The opportunity is not simply to digitise today’s NHS, but to build tomorrow’s NHS through safer, more connected and more human care.”

Conversation

Are digital and clinical leaders discussing the same outcomes and risks?

Capability

Do teams have the skills, time and support to adopt and optimise new ways of working?

Consistency

Which foundations should be standardised so local innovation can scale safely?

Commitment

What is one practical “low-hanging fruit” action we can take now?

- **Digital transformation is a clinical and operational change programme, not a technology hobby**
- **Safe, scalable delivery depends on shared language, mutual respect and clear accountability**
- **The next generation of leaders and the wider workforce must be equipped to adopt and optimise digital services.**
- **Collaboration must cross organisational boundaries, including health, social care and academia**

A National Perspective

Transformation is a collective endeavour

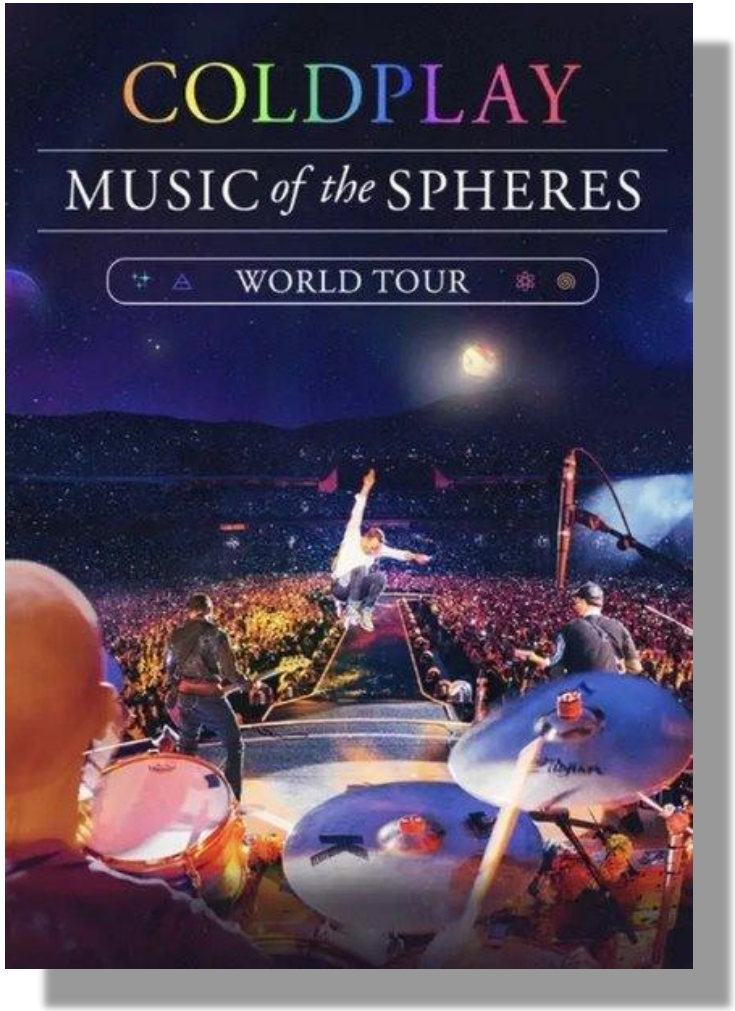


"Great things are rarely done by one person, they are done by teams of people"

STEVE JOBS

A National Perspective

Delivering consistent, high-quality healthcare to patients



Standardised | Repeatable | Consistent



A National Perspective

Restoring person-centred care

