

Digital Strategy

2025 – 2028





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Foreword

The South West London Integrated Care System (SWL ICS) Digital Strategy describes how the quality of care we provide for our service users will be improved through digital innovation over the next three years. We are committed to enabling service transformation to deliver the best healthcare outcomes for our citizens at all stages of their lives: Start Well, Live Well, Age Well. This Strategy describes how technology will support this commitment. We know, from what you have told us, that the delivery of services in SWL needs to change to meet this ambition, and that this will require the very best use of technology and information.

*Lord Darzi's report and letters from Rt Hon Wes Streeting highlighted that although many sectors of the economy have been reshaped by digital technology, the NHS are yet to maximise opportunities for digital transformation. This strategy details the steps we are taking to prepare SWL ICS for the future to embrace technologies that enable a shift from 'diagnose and treat' or 'sickness' to 'predict and prevent', by providing **more care in the community** - meaning that hospitals are able to treat the sickest patients.*



Dr John Byrne
Chief Medical Officer
NHS SWL Integrated Care Board

*Making better use of digital technology, and shifting from **analogue to digital**, holds a key to unlocking productivity within the system. Key findings from the London Region Digital Maturity Assessment 2024, which is organised around the 7 pillars of What Good Looks Like (WGLL), identified strengths and opportunities for ICSs to explore. For SWL ICS, this serves as a critical building block to strive towards WGLL and this Digital Strategy describes how we will prioritise our efforts to achieve this.*



Martin Ellis
Chief Digital Information Officer
NHS SWL Integrated Care Board

Section One: Introduction

Overview

This Strategy describes the key Digital Priorities SWL will focus on, over the next three years; and the essential enablers that will underpin their successful delivery. We have deliberately not described the details of how SWL will deliver these Digital Priorities as many of these workstreams will be developed with our stakeholders: the citizens of SWL using the services, and the staff and organisations providing them in both the Health Service and Local Authorities.

This strategy was developed through engagement with key stakeholders across the system, including representation at key meetings. To shape our thinking, we engaged with people and communities drawing valuable insights, that informed the SWL Integrated Care Board (ICB) Joint Forward Plan (2023).

Even though the Covid-19 pandemic may seem years behind us, its impact is still felt within the NHS, with many services still under huge pressure. The pandemic was a catalyst for change and showed us that services can be delivered in different ways. Technology and digital was at the centre of this change, and still remains a fundamental part of transformation and service recovery. We now have the opportunity to build services using technology that ensures we use the resources of our patients, their families, and our staff in the best ways possible. This strategy outlines the ambitions behind this.

The last four years have seen a real step change in the uptake of technology to support healthcare, and its value has been clearly demonstrated. This is reflected in the changes to national policy where Digital is a fundamental driver to enable transformation of services. As we continue working as an Integrated Care System, we know that we must invest in our Digital Strategy as well as investing in our people, ensuring we improve our Digital literacy and empowering our staff and clinicians.



Start Well



Live Well



Age Well

The use of technology has become a normal part of our everyday lives and should make organising our lives easier. This should also be true of managing Health and Care, whether as a provider of services or as a user. Having simple and effective solutions for users, (no matter how complicated the technology) whether staff or patients, must be a priority. Collaboration and communication through a co-production approach will ensure we develop new technology together that meets the needs of our population and is accessible to all. This will be a guiding principle as we deliver our Digital Strategy.

These Digital Priorities are depicted as a picture (see below). We have deliberately chosen a star, as a symbol of quality and as a guiding light to focus on our purpose of delivering the best outcomes for SWL ICS together.

As you read through our Strategy, you will see how we describe our Digital Priorities and Enablers, the clinical and organisational benefits and steps we will take with our stakeholders to deliver them. We have shown what we have already learnt from engaging with you and where we will need to do more. We have also referenced and aligned this work to the priorities of SWL ICS, London Region, and the National Health Service imperatives incorporating policy advice where appropriate.



Figure 1: SWL ICS 'North Star'

We hope you will support our Strategy, and that together we can use this to make a difference to the people of SWL, our staff, and the organisations and settings in which we provide Health and Care.

Section Two: Our Digital Vision

VISION:

“The people of South West London will be empowered to manage their health and well-being, confident that the Health and Care professionals providing services for them when needed will have accurate and timely information to deliver the very best care.

Digital will enable service transformation in SWL ICS so that they can deliver the very best healthcare outcomes for our citizens at all stages of their lives; Start Well, Live Well, Age Well”.

Our SWL ICS Digital Strategy will drive a step change in how Digital services support the delivery of integrated care, promoting the health and wellbeing of our SWL population and ensuring they are able to remain living independently at home, for as long as possible. We will support joined up patient pathways across care settings and patient touch points so that care is not compromised by the need to involve different agencies, care settings and places. For the users of our services, the ICS will provide Health and Social Care seamlessly for all its citizens.

Digital technology in Health and Care is constantly evolving, supported by new technologies and driven by emerging national and regional initiatives, along with new opportunities and challenges for digital innovation. In this fluid and often unpredictable environment, this Digital Strategy puts forward our Digital ‘North Star’ encapsulating five key Digital Priorities (see Figure 1), with the aim of keeping SWL ICS aligned, committed, and focused on the delivery of its Digital Vision.

Our Digital Priorities are summarised here and in more detail in the ‘Delivering our Digital Priorities’ section. The successful delivery of these five Digital Priorities and their associated benefits are also underpinned by several key enablers, summarised further down in ‘Our Digital Enablers’ and detailed in the ‘How we will Deliver’ section.

Our Digital Priorities

Our five Digital priorities are:



Digital Infrastructure

Creating a robust and secure digital platform across SWL, ensuring comprehensive cyber security, system and data availability, data quality and appropriate governance (*GPIT Infrastructure plans will be in alignment with this strategy*).

The current Digital Infrastructure within SWL organisations has grown organically and whilst there is commonality, we plan to co-ordinate efforts to truly leverage the benefits of a uniform, standard Digital Infrastructure to support our key digital systems. Across SWL ICS we will:

- Establish expert digital teams and develop digital competence
- Implement systems and processes that are effective, consolidate systems to reduce duplication, release clinical resource, and improve capacity management
- Develop a consistent, robust, and secure Digital Infrastructure including robust cyber security and effective information governance
- Ensure all system procurements and contracts deliver value for money and systems are interoperable
- Level up provider digital maturity
- Ensure progress towards the SWL Green Plan, sustainability, and resilience ambition

Clinicians, carers, and staff will be able to take advantage of a robust digital foundation. Digital tools will enable them to be truly mobile and fully perform their roles across all SWL ICS settings, improving staff productivity.

The SWL Digital Infrastructure blueprint is available in Appendix 3.



Integrating Systems

Enhancing and 'Levelling up' our information systems across the ICS to improve information flow and continuity of care for both our patients and clinicians.

We will continue to drive forward the EPR levelling up agenda by supporting the St George's and Epsom and St Helier (GESH) EPR Joint Domain implementation. Looking forward, we aim to develop a strategic approach to the future EPR provision across SWL ICS and consider the development of an ICS-wide Longitudinal Health and Care Record, so that our patients receive consistent delivery of care anywhere across SWL ICS.

Enhancing the functionality of the London Care Record, and access to the information within it, will remain a key priority for SWL, as the availability of a unified view of a patient at the point of care helps make appointments more impactful. In addition, the overarching aim of rationalising our Order Communications systems is to provide a platform to integrate SWL ICS diagnostic services across all settings.



Data Strategy

Describes how Health and Care Partners across South West London will work together to harness data to support the delivery of joined up, person-centred care.

We want to use connected data in new ways to enable and inspire teams to better fulfil their roles, improving health and care outcomes for all of our residents. Data can provide valuable insights into the health needs of our communities, the effectiveness of our services and the outcomes we achieve for patients. By using data more effectively, we can identify areas where improvements can be made, target resources more effectively and ensure that every person receives the care they needs, when and where they need it.



Empower Citizens

Support patients to self-care, providing personalised advice on staying well and information to support their care SWL ICS is committed to enabling citizens to access and interact with their Health and Care records via the NHS App and Patient Portals.

With clinical leadership we will work with the people of SWL to determine the best way to provide digital solutions with agreed minimum requirements (including single sign on) that improve access to care utilised by citizens and workers across SWL ICS, ultimately transforming our services. Individuals with long term conditions will be empowered to better care for themselves, prevent ill-health and live and stay well using patient-centred tools and interactive care plans. As people are empowered to care for themselves, Health and Care professionals will be better positioned to manage those requiring more intervention, with improved access to all the relevant information.



Innovation

Encourage and facilitate innovation and the use of new secure digital capabilities.

We will encourage and support innovative technology solutions to resolve known problems and leverage opportunities to improve how our services are delivered to improve Health and Care outcomes. Responding to the needs and opportunities identified by our ICS transformation programmes and clinical networks we will provide access to the latest technology and research, advances improvements in care treatment opportunities for patients, and attracts and retains the best workforce.

Enabling ICS Priorities

Examples of how our Digital Priorities will support delivery of our ICS Priorities.



Use Of Ambient Artificial Intelligence (Ai)

Ambient AI, refers to a location specific (or task specific) AI capability. It has the potential to significantly improve healthcare by simplifying medical record creation (into the person's Longitudinal Health and Care Record - LHCR) and enhancing clinician-patient interactions.

Enabled by: **Integrated Systems and Data Strategy**

One main use of Ambient AI is streamlining clinical documentation at the point of care, allowing healthcare providers to spend more time directly with patients.

This intelligent system listens to discussions between healthcare professionals and patients, automatically converting them into written notes, which are then checked by the professional using the Ambient AI tool. This ensures a more complete and richer medical record that is far more efficient to produce. It can also assist with medical coding, interact with hospital systems, and improve care delivery. This not only enhances patient experiences but also enables clinicians to focus on medicine itself, ultimately leading to more efficient outpatient services and improved documentation quality within LHCRs.



Diagnostics

Supporting improved diagnostic services across SWL. Enabling better access to diagnostic tests for patients, including at community hubs, to provide earlier diagnosis, treatment start and improved Health and Care outcomes for individuals in SWL.

Enabled by: **Digital Infrastructure and Integrated Systems**

A secure, accessible technical infrastructure which supports secure remote access to diagnostic images will allow flexible working for clinical staff to avoid delays in reporting results. Images will be available to all clinicians providing treatment wherever the test was undertaken and requests for tests will be possible digitally and with integrated clinical decision support. This will mean that the right test will be requested, and duplication avoided. For the patient this means delays will be minimised and unnecessary tests avoided.



Elective Recovery

The NHS continues to grapple with the backlog of elective care services. Transforming outpatient care, leveraging data intelligently and integrating our digital systems across the ICS are essential strategies that will streamline operations, enhance patient outcomes, and ensure a more resilient SWL ICS moving forward.

Enabled by: **Integrated Systems, Data Strategy and Empower Citizens**

Using our data intelligently will enable waiting lists to be managed at a SWL level across all providers, allowing capacity and demand to be best matched. This will drive out unwarranted variation in access and ensure efficient resource management. It will facilitate prioritisation of patient waiting lists to ensure interventions are not delayed or cancelled.

Transforming outpatient care by incorporating patient-initiated follow-up (PIFU) and virtual consultations can increase accessibility and efficiency, allowing more patients to be seen promptly and at their convenience. Integrating our health information systems across different platforms will ensure seamless communication and coordination among our healthcare providers, reducing delays and ultimately improving patient outcomes. We will also consider an emerging regional priority to redesign patient pathways (initially ophthalmology and dermatology).



Management Of Long-Term Conditions

People with both mental and physical Long Term Conditions can be better supported by providing them with the tools to allow them to undertake their own monitoring. This will reduce unnecessary appointments whilst also alerting them to changes in their condition, so they can seek medical advice, avoiding deterioration.

Enabled by: **Empower Citizens and Data Strategy**

By integrating information and data from remote monitoring devices, the Digital Strategy will empower patients to self-care and also to identify a changing condition which requires intervention. The NHS App and Patient Portals can also support care planning which patients can contribute to.





Supporting Primary Care Network (PCNs) and Integrated Neighbourhood Teams (INTs)

Utilising technology to signpost people to the appropriate care provider including social prescribers, community pharmacies and self-help pathways, to relieve pressures on GP Practices and the wider system. Providing PCNs/INTs with the information and tools needed to support more efficient collaborative working practice.

Enabled by: **Data Strategy and Empower Citizens**

We will provide our PCNs/INTs with access to timely population health insights and analytical support in line with our improved data capabilities, which will allow Primary Care and Community services to understand their capacity bottle necks and where to target service redesign. Gaps in care of an individual or within the PCN/INT will be identifiable and allow the appropriate targeted interventions.

The care planning tools accessible from the NHS App and Patient Portals will enable: multidisciplinary teams to collaborate in delivery of care around an individual more seamlessly through joined up systems; individuals to be more proactive with the management of their condition(s); and more effective communication with those responsible for their care.

In line with emerging regional priorities, we will consider how AI can be used to enable a digital front door into primary care.





Mental Health

Improving access to mental health services and improving physical health outcomes, for those with Serious Mental illness, with annual health checks. Increasing digital inclusivity.

Enabled by: **Empower Citizens and Innovation**

The NHS App and Patient portals will improve access to mental health services, enhancing patient engagement and streamlining communication between patients and providers, ensuring timely support and follow-up. Also, innovative solutions will allow us to transform our mental health services, in line with the NHS Long Term Plan. Importantly, we will ensure that all our patients are given the choice on how they would like to access our services, to ensure that digital transformation in the NHS does not disadvantage any individuals.



Maternity Shared Care

We will improve our Maternity Services with a dedicated focus on achieving equal outcomes for all the pregnant women of SWL. We will support this by enhancing communication and information availability between different clinical professionals involved in the care of pregnant women.

Enabled by: **Integrated Systems and Empower Citizens**

Integrating systems within maternity shared care enhances communication among all healthcare providers, ensuring comprehensive and coordinated patient care. It facilitates smooth transitions between different stages of care by providing easy access to up-to-date patient information. This integration supports better monitoring and follow-up through alerts and reminders, helping maintain adherence to care plans. Additionally, it empowers patients by giving them access to their health records and enabling better engagement in their care.



Understanding Our Impact



'Arthur's Story'

Arthur has recently been diagnosed with dementia. He also has a long-standing problem of raised blood pressure for which he takes medication and has regular check-ups, but has been monitoring his blood pressure at home. Arthur's wife, Mary, is worried about how he will manage this as he isn't coping so well but is stubbornly independent.

Arthur's GP has also suggested that he needs to have a hospital appointment which they are both worried about, as they will need their son to take them to it and it might not fit in with his work. The last time they went to hospital, Arthur had to wait for a while as the doctor couldn't see all his records, and then they had to make another appointment for a scan on a different day.

Arthur and Mary are really pleased that they now have access to his health records through the NHS App so that Mary can check with Arthur that he is taking the right medication. It is easy to see this as Arthur has allowed her to see his record on her mobile, and if she is concerned, she can easily check with their local pharmacist who also has access to Arthur's medication. It is a nuisance going to check Arthur's blood pressure, but the new blood pressure monitor puts the measurement directly



into Arthur's record, so the practice nurse can check all is well.

Now that Arthur and Mary have access to information, Arthur can look at it anytime. If he forgets, Mary can reinforce if necessary. They are also really pleased that they can now make and change the hospital appointments with Mary's smart phone so their son is free to help. Even better if Arthur's doctor wants him to have any tests before the appointment, they fix them up first and sometimes it has meant that the doctor could check the result and let them know so the appointment wasn't necessary.

Arthur's diagnosis has been a worry for all the family, but it is a great relief that they can keep control, knowing that all the information about Arthur is available to everybody, and that his plan of care that they worked on together with their GP is safe and secure.

Five sets of 'vignettes', intend to illustrate the realisation and application of our Digital Vision in practice, across familiar SWL ICS settings:



SWL Clinicians and Care Teams

Now that I can easily access the patient's records from wherever they have received care, I always check that I have the whole story. In the past it took so long I didn't always check even when I knew that it would mean asking the patient to repeat themselves. There were even times when I would request new investigations as it was easier than chasing results. It is so draining and stressful when systems don't work or are complicated.

Having reliable, easy to use technology means I can use my time to deliver care and have the information I need to really make a difference to outcomes for patients, especially when this helps prevent deterioration in their health. Mobile access means I can schedule my day on the move, have remote access and can work efficiently at home.



→ Application of Ambient AI by SWL Clinicians and Care Teams

Ambient AI will give our teams the opportunity to focus on delivery of care for the patient sitting in front of us, without having to simultaneously complete the paperwork 'burden'. As I can still check the clinical notes or letter before finalising its entry into the electronic health record, I still have control over what is written. I believe the implementation of Ambient AI will improve the quality of consultations and enhance outcomes for:

- The patient, who will have a better experience as the primary focus will be managing their care.
- Professionals, who will have the ability to listen and focus on delivery of care for patients.
- The hospital/ system, as the outpatient services will be more efficient, and documentation quality will improve in the electronic health records.



SWL Patients, Families & Carers

Even though I see healthcare professionals frequently, I still get nervous, flustered and don't remember what I've been told. I also forget to ask important questions. Being able to update information into my records between appointments is helpful and having information about my condition and what I can do to help myself, is really important. I feel much more in control.

Getting notifications about what my mother needs to check regularly and when her appointments are, has helped me to help her. It is great to be able to support her, with her agreement, without constantly nagging her to tell me. It always used to seem as if the health teams thought we were mind readers when they made changes in the plans for our residents and they didn't seem to realise we have important information to share. Now that we can see and add to the records, we feel properly involved and can advocate for our residents as well as being confident that we have the right information to keep them safe.



SWL Transformation

When we brought information together for the Covid-19 vaccination programme, we began to see what a difference it makes but it has been so good to see this develop further. Now that we have easily accessible, real-time data, we have a more equitable system with better evidenced resource allocation. It is hard to manage all the competing needs and demands and knowing what the priorities should be. Having a reliable source of information that everybody trusts has made some challenging discussions much easier and I feel confident in the decisions we have made.

The Urgent and Emergency Care services are so unpredictable to plan for, especially when the systems don't link up. We now know what 111, primary care, and the ambulance services are managing, making it very clear what will be needed in the hospitals, especially critical care. It is still complex but having a whole system view does make load balancing much easier. I don't remember the last time I had to deal with a complaint about a mistake with scheduling an appointment or the clinician not having the right information – I used to feel so uncomfortable apologising about things that really should never happen. It is so exciting working with designers of new technology, and I am really pleased I work in a system that embraces innovation.



SWL Community

The technology that has been introduced in the local community has really enabled our social prescribing programme to take off. It has meant that we can easily describe to our residents what is available to them and sign post them effectively.

We know that loneliness is a big factor in our community, and technology is giving us new ways to connect people. Being able to link services beyond health has made our PCN functional – it really does now feel like a neighbourhood system.

We have a say in how and when we receive care, and from whom and we are listened to. Technology that can support these decisions is tested with us and we are shown how to get the most out of it by trained staff. We use social media to connect with each other and are able to support each other, sharing our experiences, what has worked and what hasn't.

Key Digital Enablers

Leadership: Ensuring that SWL ICS Digital is 'well led', by building and nurturing digital and data leadership, and investing in digital leadership skills to develop digital competence where required and ensuring clinical involvement in design and decision making.

Governance (including Information Governance): SWL ICS Boards are well equipped to lead digital transformation and collaboration, and they are invested with owning and driving the SWL ICS digital transformation journey with the needs of patients and workforce at the centre.

People: SWL ICS and its member organisations must have well-resourced teams with the skills to deliver modern data and digital services, utilising a federated resource model where appropriate to optimise capacity. Data and digital literacy must be ubiquitous across SWL ICS and staff should be supported by appropriate digital tools to do their jobs well. An inclusive, user-centric approach fostering co-design ensures that digital solutions meet the needs of citizens. Encourage and facilitate innovation and the use of new secure digital capabilities.

Section Three: Delivering Our Digital Priorities

Digital Infrastructure

Digital infrastructure is comprised of the technical foundational services that are necessary to the IT capabilities of an organisation; it underpins the digital, cultural and social infrastructures to support the digitisation of the NHS; it includes the hardware and IT networks, with appropriate bandwidth.

In SWL, simply put, this is the hardware (e.g. networks, servers, storage), software (e.g. end user, enterprise, communication) and cybersecurity that supports ICS-wide digital capabilities. This is depicted in the SWL Digital Infrastructure Blueprint below (*Figure 2 and can also be found in Appendix 3*), which was developed to facilitate a clear and common understanding of the scope of the digital infrastructure priority and was agreed by the SWL Digital Infrastructure Steering Group (DISG), SWL Digital Leadership Team (DLT) and SWL ICS Digital Board.

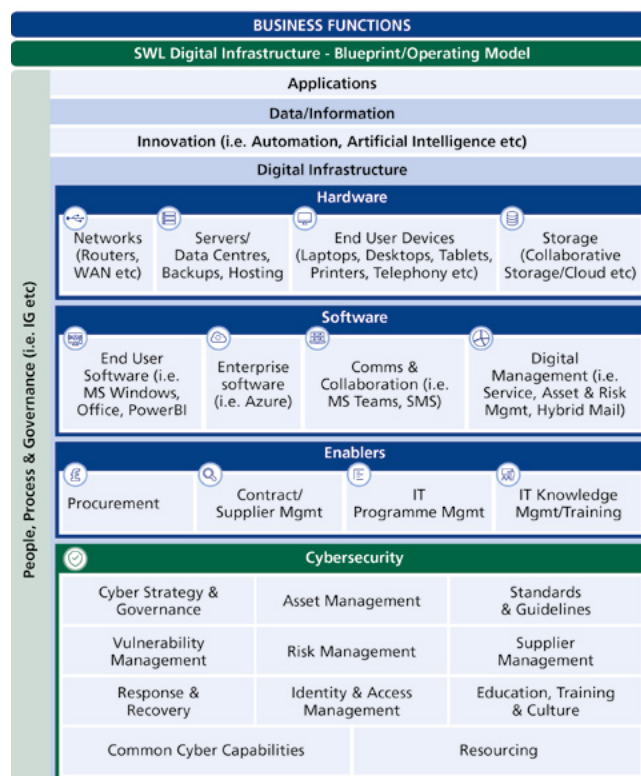


Figure 2: SWL Digital Infrastructure Blueprint



Digital Architecture

(SWL Enterprise Architecture Blueprint – Appendix 4)

The SWL Digital Infrastructure Programme, includes Architecture and Governance. Architecture is integral to the design and delivery of all products and services that we produce and maintain for the health and social care system. It provides a map of all the solutions we have across the SWL digital infrastructure.

In alignment with the What Good Looks Like (WGLL) framework, our architectural approach focuses on creating a more sustainable digital ecosystem that is safe, secure, robust, scalable, and user-friendly, with patient care at the centre of our design thinking.

Across SWL ICS, we are starting a piece of work to create a target architecture design that will support the SWL Infrastructure Blueprint. The aim is to map all organisations in SWL against this blueprint, to develop a view of the as-is position. From this we will be able to describe what the target architecture will look like and be able to create roadmaps at an organisational level to achieve this. Fig 3 (SWL Enterprise Architecture) depicts the organisations and systems to be considered in the creation of the target architecture design.

Organisation-wide Applications		EPR Systems
Pharmacies	Community Providers (Hospital)	Pathology Systems
Mental Health Providers	Primary Care	Diagnostic Systems
Community Providers	Social Care	Exchange and Integration Engines
London Ambulance	Acute Providers	Supporting Clinical Systems
		Business Intelligence and Analytics Systems
		Corporate Service and Management Systems

Figure 3: SWL Digital Enterprise Architecture

In the context of enterprise and technical architecture within the NHS setting, we will ensure that our strategies and implementations are tailored to support the unique needs of health and social care. The **SWL Enterprise Architecture Blueprint** has been designed to describe how we will approach this, and is underpinned by several core themes including:

Governance and Assurance

Includes streamlining processes and establishing ICS-wide technical forms that provide better assurance and consistency.

Collaboration and Co-design

Within SWL, alongside NHS London Regional and National teams to enhance cyber resilience and maintain trust in our services.

Principles and Standards

Adherence to industry validated and NHS-aligned methods and principles for consistency, reliability, and compliance.

Interoperability

Design and implementation of system and applications supported by open Application Programming Interfaces (APIs).

Embracing Artificial Intelligence (AI)

Integrating AI and machine learning technologies thoughtfully, including the management of digital assets.

Automation

Through rigorous vetting and monitoring processes for third-party suppliers, to ensure they adhere to the same cyber standards.

Digital First Applications

Commitment to ensure technology initiatives adopt a digital-first approach, fostering a culture of self-service and ease of use.

Secure by Design

All systems, applications and interfaces are designed with security at their core (including underlying data) for security and confidence.

Cloud First

Encourage the use of secure cloud services that offer scalability, flexibility and enhanced security. Guided by best practice.

Harmonisation of Tooling/ Applications

With the aim of facilitating better integration between applications across SWL and Providers to enhance data exchange.



Digital And Security Architecture (SWL Cyber Security Architecture Blueprint)

SWL ICS is committed to supporting the safeguarding of digital infrastructure and protecting sensitive data across its diverse network of NHS Trusts, primary care structures, and partner services. In alignment with the National Cyber Security Centre's (NCSC) Cyber Assurance Framework (CAF) and NHS England's Health and Care Cyber Strategy, our cyber security strategy is underpinned by the **SWL Cyber Security Architecture Blueprint** (*available in Appendix 6*). It includes several Core Themes that SWL will focus on to ensure robust cyber resilience and maintain trust in our digital health services, including:

Cyber Strategy and Governance Structure

With clear roles and responsibilities to develop policies, standards, guidelines, and procedures compliant to regulatory requirements.

Risk Management

Adoption of an approach that identifies, assesses and mitigates cyber risks across all parts of the system.

Response and Recovery

Implementation of robust monitoring systems to detect and respond to cyber threats in real time, minimising service disruption.

Education, Training, Culture, Resourcing

Building the culture that encourages a security conscious environment.

Intelligence Driven Threat and Vulnerability Management

Leveraging threat intelligence to identify and address vulnerabilities proactively.

Asset/Identity/Access Management

Support the identification and management of assets, to ensure they are inventoried and protected.

Supply Chain Management

Implement rigorous vetting and monitoring processes for third-party suppliers to secure our supply chain.

Cloud Strategy

Encourage the use of secure cloud services that offer scalability, flexibility and enhanced security. Guided by best practice.



Digital Infrastructure and Security Governance

SWL Digital Infrastructure Steering Group (DISG)

To drive the digital infrastructure priority forward, the SWL DISG was established in July 2023, bringing together digital infrastructure leads from SWL-wide organisations. It aims to foster ICS-wide collaboration and strategic convergence in the development, implementation and assurance of the SWL Digital Infrastructure programme.

SWL Cyber Assurance Group (CAG)

The SWL CAG was established in November 2023 as a Working Group of the SWL DISG, bringing together Cyber leads from SWL-wide organisations to drive adoption of the 2023 NHS Cyber Security Strategy and its 5 x pillars across SWL. It aims to provide coordination, advice and assurance to address and reduce cyber risks in SWL, and to improve SWL cyber defences. The SWL CAG will do this by applying the 2023 NHS Cyber Security Strategy's mandated, National Cyber Assurance Framework (the 'NCAF 39 steps') to:

- Establish a common, standard baseline of individual organisation & system Cyber Security maturity (i.e., 'As-Is').
- Identify the gaps between the baseline(s) and the target NCAF 39 steps.
- Develop and implement short/medium/long term plans for achieving the target NCAF 39 steps and improving SWL Cyber Security maturity and resilience.

SWL Technical Design Authority (TDA)

The SWL TDA was established in December 2021. Its key objective is to work in conjunction with all SWL Providers, offering advice and assurance to create a standardised technical ecosystem that is scalable, secure, robust, and cost-effective. This ecosystem aims to enhance patient care in SWL by following industry best practices and utilising the NHS "What Good Looks Like" framework to guide the group. The SWL TDA will ensure that digital solutions meet ICS-wide minimum standards and controls; and hold delegated authority to reject proposals in these areas that do not comply with agreed ICS architectural principles.

Digital Infrastructure Inputs

Since the 2021 SWL ICS Digital Strategy, there are several developments that will input into this digital infrastructure priority refresh, as depicted below in Figure 4. Several of these are described in more detail below.

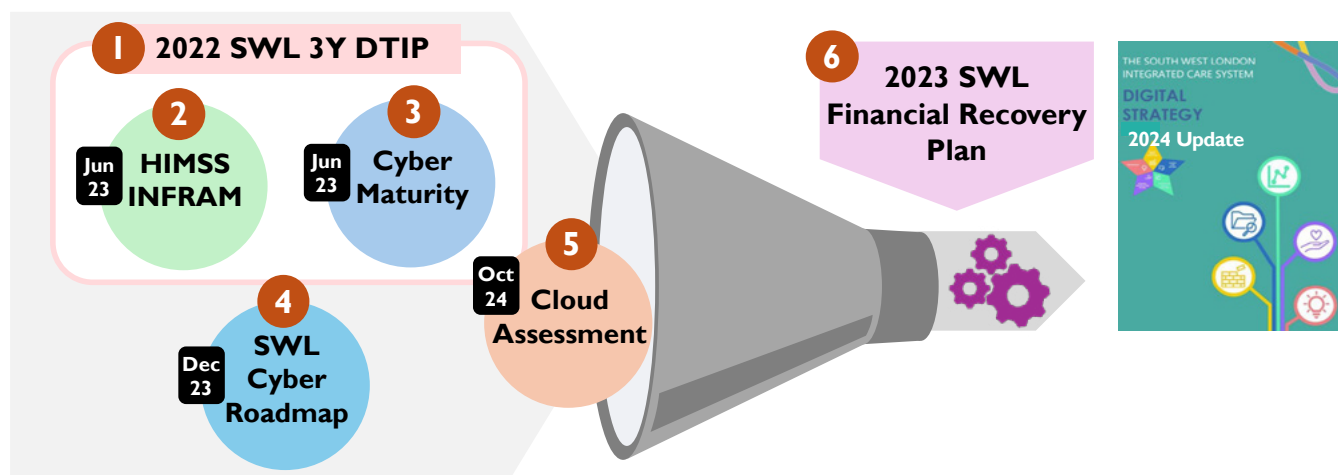


Figure 4: Digital Infrastructure Inputs

<p>1</p>	<p>3 Year Digital Transformation Investment Plan (DTIP)</p> <p>In early 2022, emerging ICBs were mandated by NHSE to develop 3-Year Digital Transformation Investment Plans (DTIPs). This was subsequently developed and signed off by SWL ICB SMT in January 2023 and included two digital infrastructure maturity assessment projects: HIMSS INFRAM & Cyber Maturity.</p>
<p>2</p>	<p>HIMSS INFRAM - Digital Infrastructure Maturity Assessment</p> <p>In June 2023, Healthcare Information and Management Systems Society (HIMSS) Infrastructure Adoption Model (INFRAM) digital infrastructure maturity assessments were completed for the six main SWL Providers. Outputs included detailed reports for each Trust along with a rolled-up SWL ICS system report.</p>

Across a range of 7 HIMSS INFRAM stages (i.e., 1 the lowest/ 7 the highest), and with Stage 5 as the ideal target stage, the SWL Trusts scored as follows:

	Croydon Hospital	Epsom & St Helier Hospital	Kingston Hospital	Royal Marsden Hospital	St. Georges Hospital	SWL St Georges Mental Health
Stage Achievement	4	2	4	4	3	4

Figure 5: HIMSS INFRAM Digital Infrastructure Maturity Assessment Scores

3

SWL Cyber Security Maturity Assessment

In July 2023, cyber security maturity assessments (using the Centre for Internet Security (CIS) 18 Controls) were completed for the six main SWL Trusts and SWL ICB. The outputs included detailed reports for each organisation along with a rolled-up SWL ICS system report. This was used to create the Cyber Roadmap.

4

Cyber Roadmap

The SWL Cyber Assurance Group (CAG), as a working group of the SWL ICS Digital Infrastructure Steering Group, developed and agreed the 2023-2025 SWL Cyber Roadmap, which can be found in *Appendix 5*. The SWL CAG comprises cyber leads from SWL ICS partner organisations, who together own the delivery of the SWL Cyber Roadmap.

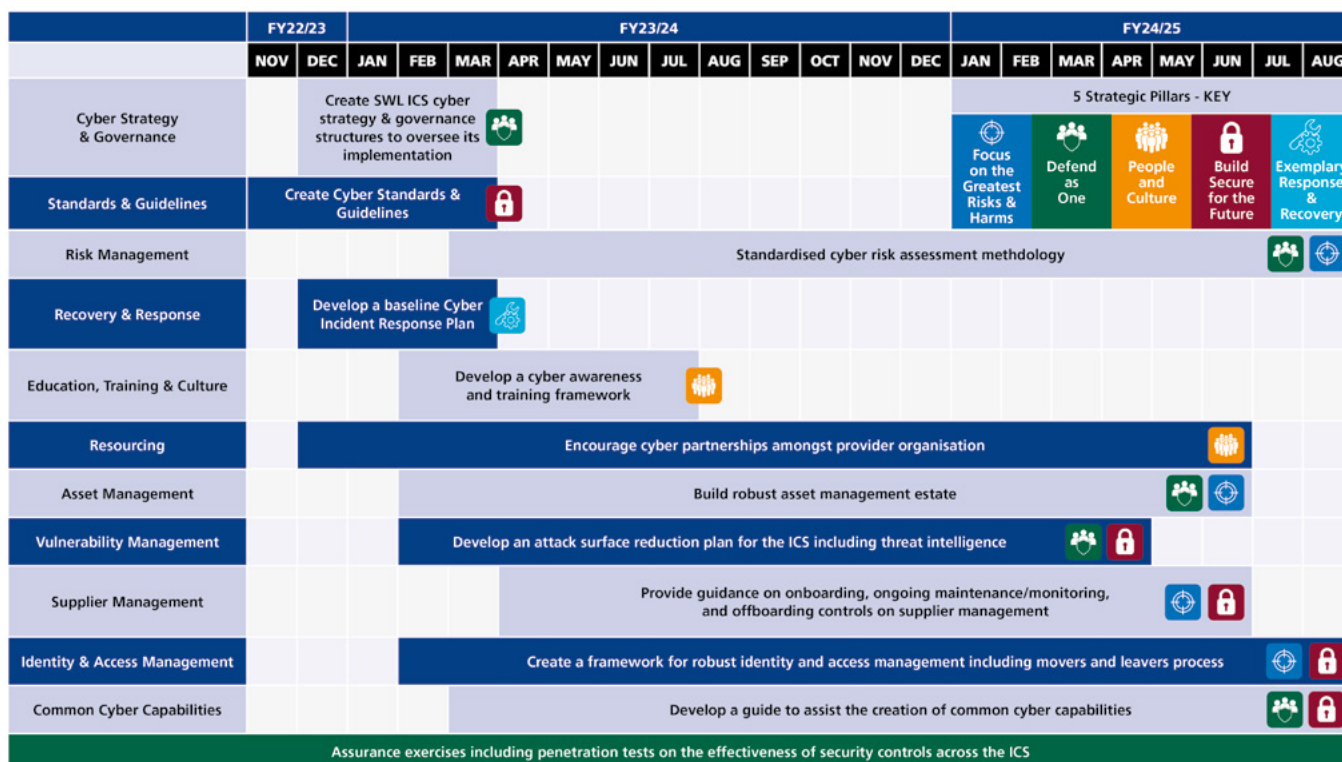


Figure 6: 2023 – 2025 SWL Cyber Roadmap

5

SWL Cloud Assessment

In October 2024, NHSE Cloud Centre of Excellence sponsored cloud maturity assessments were completed for the six main SWL Trusts, SWL ICB and SWL Community Healthcare. The outputs (to follow end of October) will inform the development of a SWL ICS Cloud strategy, to be co-designed by the recently formed SWL ICS Cloud Adoption Working Group. These outputs are expected to support SWL ICS in: understanding its application landscape; building a cloud transition strategy; creating a cloud target state architecture; defining a cloud target operating model; developing cloud business cases; and producing procurement requirements.

6

Financial Recovery Plan

As part of the 2023 SWL Financial Recovery Plan (FRP), several Digital workstreams were identified (see Figure 7 below). Of these, the IT Contractual Spend and IT Collaboration & Convergence workstreams have interdependencies with this refresh of the digital infrastructure priority i.e., the objectives of these workstreams will be considered here.

Digital FRP Programme	1	IT Contractual Spend	Identifying opportunities for SWL digital contract, licensing and asset convergence, rationalisation and savings
	2	IT Collaboration/ Convergence	Using outcomes from the IT contractual spend workstreams focusing on the emergent 4 x Infrastructure Working groups, highlighting where there are synergies/ opportunities to collaborate and converge
	3	Deployment of Automation (incl. AI)	Exploring SWL Automation and AI proof of concepts with a view to developing high level business cases for establishing this capability in SWL
	4	Pooling of Specialist Knowledge	Exploring opportunities to pool resource and share specialist knowledge in areas where technical skill gaps have been identified.

Figure 7: SWL Financial Recovery Plan – Digital Workstreams



4 x Digital Infrastructure working groups

To facilitate ICS-wide engagement and co-design, ICS CIOs and Infrastructure Leads attended the ICS Digital Infrastructure Workshop late May 2024. The workshop outputs included agreement on the formation of four digital infrastructure workstreams/working groups:

- Service Management,
- End User Devices and Software Licensing,
- Cloud Adoption,
- Networks Harmonisation

Each working group was tasked with co-designing and agreeing respective strategies, plans and digital transformation investment plans (infrastructure) for the next three years.

The SWL Digital Infrastructure Heatmap was also developed by mapping the core digital infrastructure blueprint elements to the corresponding outputs from the HIMSS INFRAM, Cyber Maturity Assessment, Cloud Assessment and Financial Recovery Plan. Going forward, this heatmap will be also used to help prioritise the allocation of funding and investment for the next iteration of our three-year Digital Transformation Investment Plan (Infrastructure).

3-Year Digital Infrastructure Strategy, Plans and DTIP (2024-2027)

As described above, the DTIP will outline the capital and revenue requirements across partner organisations in SWL for the next 3 years. This enables a holistic view of funding requirements across SWL ICS to:

- Build a picture of what the system priorities are, for when funding is available.
- Have a forward view for when initiatives/ mandates do come out.
- Have a collaborative approach to opportunity areas where the funding ask is similar (i.e. can we join hands to spend more efficiently where multiple providers require the same function).

The DTIP (infrastructure) overview is available in Appendix 7.



Alignment With The SWL NHS Infrastructure Strategy (July 2024)

Delivering services in more effective ways requires a much more effective use of infrastructure within local health economies. Partners working together on new models of care must have a vision for strategic estates and digital systems.

The South West London health infrastructure strategy, recognises that we work beyond our organisational and ICS boundaries and with non-health partners. The development of this strategy gave us opportunity to take stock with a wide range of health and care partners to understand the South West London response to our health infrastructure challenges and ambitions.

Infrastructure failures can lead to service closures, disruption and inefficiency, potentially leading to poorer patient outcomes and higher costs. Our work has brought to the surface what our infrastructure challenges across our health and care system are. These include:

- Significant estates and IT backlog maintenance needs in our hospitals
- Areas of inefficient use of our estate
- Disjointed digital infrastructure
- Cyber security risk
- Capacity issues in primary care contextualised by a lack of funding for primary care over several years
- Scope to improve the environmental sustainability of our sites and services
- People capacity and capability issues.

Cyber-attacks on SWL services have been identified as a significant risk, which could lead to data breaches, service disruption, and significant impacts on patient care, financial costs and losses, reduced public trust, and reputational damage. The SWL approach to managing and mitigating cyber-attacks is outlined in the SWL Cyber Security Strategy 2024-2030.

The SWL NHS Infrastructure Strategy (July 2024) sets out an ambitious long term vision for South West London with respect to health infrastructure in support of the South West London NHS Joint Forward Plan (2023 – 2028) and recognises the contribution to the South West London Integrated Care Partnership Strategy (2023 – 2028).

Digital infrastructure is recognised as a top priority for the ICS in the SWL NHS Infrastructure Strategy. It is critical that our foundations are strong and systems “work”, link up and are interoperable in order to keep information safe and secure, to ensure information is accessible to support care and to digitally-enable our patients and staff.

Effective integration between digital and estates strategies has been limited in the past, due to how we have historically worked in estates and digital silos. The advancement of technology means that we have more choices about how we deliver care through physical and digital means so closer working in the future is required.

The SWL NHS Infrastructure Strategy outlines some of the priorities for Digital, including:



**Digital
infrastructure**

**Disparate
systems**

**Digitally
enabled agile
working**

**Data driven
decisions**

**Financial
constraints**

These have been considered in the development of this ICS Digital Strategy.

Other Aligned Strategies

- **SWL Cyber Security Strategy 2024-2030**

The SWL Digital Infrastructure Blueprint (see *Appendix 4*) also includes Cybersecurity. SWL has an overarching Cyber Security Strategy (which is available separately) which informs how SWL plans to meet the 2023 NHS Cyber Security Strategy and its 5 x pillars.

- **SWL ICB ICT Strategy 2025 – 2028**

SWL have requirement to build out the longer-term strategy, aligning with the wider ICS were appropriate and building the technology pillars for the ideal Target Operating Model (TOM) for GP IT, transforming the service, making efficiencies and reducing costs whilst delivering increased service levels to the customer base. Digital will support by:

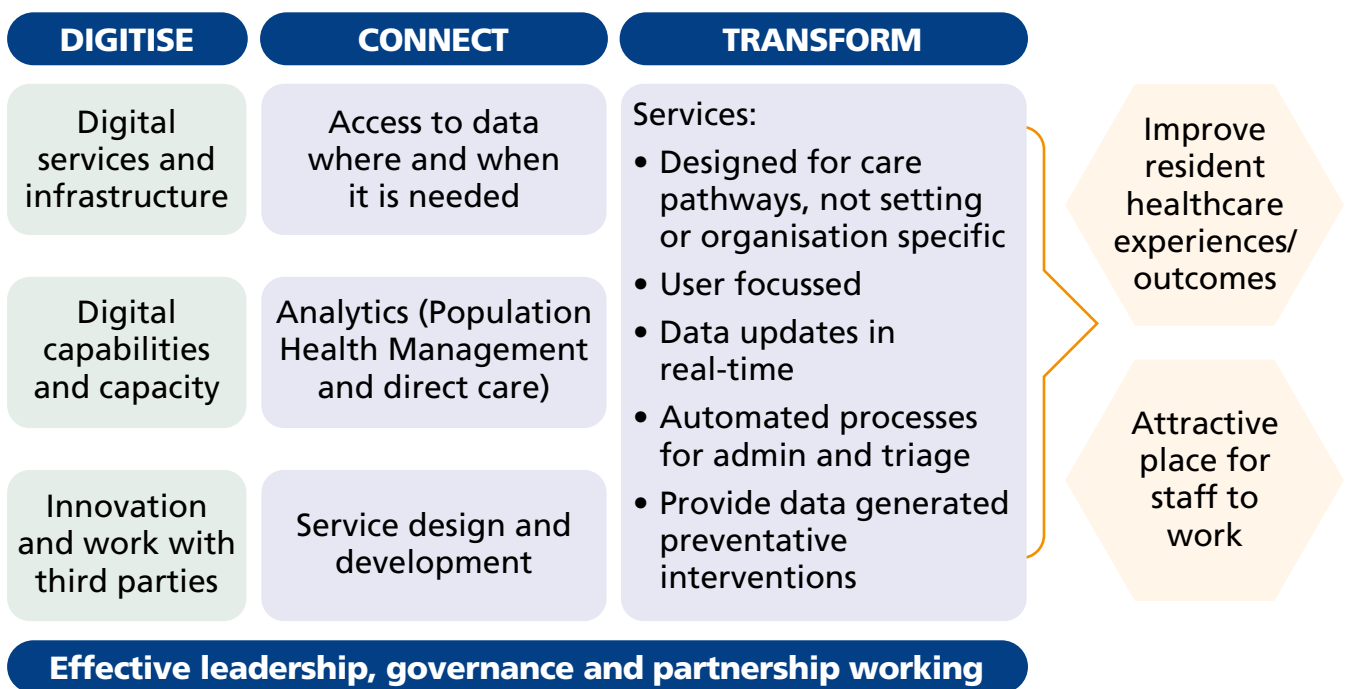


Figure 9: How Digital will enable SWL ICT Vision



Integrating Systems

The What Good Looks Like Framework states for Integrated Care Systems (ICS), embedding digital and data within improvement capabilities to transform care pathways, helps to reduce unwarranted variation and improve health and wellbeing. Digital solutions enhance services for patients and ensure that they get the right care when they need it and in the right place across the whole ICS.

In support of the above, **Electronic Patient Records (EPR)** and **Shared Care Records** have long been recognised as critical building blocks in the overall health and care digital landscape. Within SWL provider organisations have developed their EPR strategies and procurements around national programmes without external integration being a core requirement. Whilst the development of the London Care Record (LCR) has gone some way to surfacing clinical data from disparate systems the 'read only' limitation of the LCR has not contributed to an integration strategy.

The plethora of systems in use is diverse in terms of functionality offered, maturity and inter-operability making true information flows more difficult the SWL ICS. This can result in patients having to repeat the same information about themselves every time they present to a new professional or different care setting, patient transfers between organisations requiring rekeying of data and shared care being more difficult to deliver.

SWL wants to address the matter through the following four programmes of work

1	2	3	4
Longitudinal Health & Care Record (LHCR)	Supporting EPR Procurements & Deployments	Health Information Exchange (HIE) and the LCR	Rationalisation of common solutions
Strategic Outline Case (SOC) and Approach to the development of a LHCR	Supporting the deployment of Cerner to ESTH and the SOC for Kingston and Croydon	Enhancing the usage/deployment of the SWL HIE and London SCR	Reducing the number of EPR support solutions

1. The Longitudinal Health and Care Record



SWL ICS is committed to delivering integrated health and care services that reduce health inequalities across the region. The advent of new integrated models of care (with a push to deliver more health and care services out of hospitals and into the community) requires organisations, services and teams to collaborate more closely.

A Longitudinal Health & Care Record (LHCR), describes a system be it physical or virtual which provide seamless communication across multiple organisations, enables shared care, supports changes to service provision/ commissioning and provides a single view of an individual's health.

Currently SWL ICS has a mixed and complicated digital landscape with a variety of clinical systems in use across primary, secondary, tertiary, mental health, social and community care and their interaction with Local Authorities/ Care sector.

It is therefore imperative that appropriate data flows between the disparate systems used within health and care organisations across SWL ICS is seamless, timely, accurate and available at the point of care. To achieve this, the development of a robust and comprehensive LHCR is essential.

KEY ENABLERS

Seamless Communication

Effective information sharing and collaboration across multiple organisations within the ICS.

Unified Patient View

A single, comprehensive view of each individual's health and care journey.

Enhanced Mobility

Flexible patient and personnel movement across the ICS without disruptions in care.

Standardised Pathways

Consistent, evidence-based clinical pathways to reduce unnecessary variation and improve care quality.

Adaptability

The ability to adapt to evolving models of care and emerging technologies.

Improved Efficiency

Increased productivity and efficiency in the delivery of health and care services.

Rich Data

High-quality, standardised data to support research, analytics, and decision-making.

To deliver the requirement, SWL will adopt a two-step approach:

<p>1</p> <p>STEP 1</p> <p>Understand the Clinical Strategy for the ICS and determine future EPR requirements</p>	<ul style="list-style-type: none"> • Engagement to understand the future clinical model/s across the patient journey • Analysis of existing systems, processes, and challenges • Articulation of the vision for improved patient care, operational efficiency, and clinical outcomes • Elaborate needs/ambitions to consider for the future of EPRs 	<p>1</p> <p>OUTPUT 1</p> <p>A vision and 10-year roadmap for an ICS-wide LHCR (31st December 24)</p>
<p>2</p> <p>STEP 2</p> <p>Define strategic option for delivery, prioritising KGH/ CUH Oracle Millennium procurement</p>	<ul style="list-style-type: none"> • Further stakeholder engagement to inform strategic case • Secure a detailed understanding of existing EPR instances in place • Identify and evaluate different options • Develop a high-level implementation plan • Undertake financial appraisal incl. affordability/ROI • Identify risks and opportunities including commercial 	<p>2</p> <p>OUTPUT 1</p> <p>Strategic Outline Case (SOC) for an Acute EPR (by 31st March 25)</p>

2. Supporting EPR Procurements and Developments



The NHSE Frontline Digitisation (FD) Programme was launched in 2021 to assist Acute Trusts to reach a minimum level of digital capability with a target of achieving a 'core level of digitisation' by March 2026. SWL ICS currently has a mixed estate in terms of EPR provision.

Three out of four of SWL Acute Trusts and one Tertiary Trust have successfully implemented an EPR. The remaining Acute Trust, St George's, Epsom & St Helier Hospitals Group (GESH), launched its 5-year strategy for 2023 – 2028 in May 2023, which re-iterates the importance of the EPR programme in delivering the Group's shared mission.

In SWL there is recognition of the need to support procurement / re-procurement of SWL's EPR solutions as their contracts end. This would include the Epsom & St Helier/ St George's Cerner's shared domain, procurement of replacement EPRs for Kingston & Croydon hospitals and GP EPRs brought about by the New Market Entrant initiative.

Epsom & St Helier

Following Epsom & St Helier Hospital's (ESTH) competitive procurement of a new EPR, Oracle Cerner Millennium was selected on a shared domain basis, building on the St George's platform. While the decision pre-dates it, this is fully in line with the convergence principles of the frontline Digitisation programme.

Our support for this programme comprises

- Provision of a critical friend capability, to provide additional expert advice and guidance across all workstreams to support implementation and stabilisation of the joint domain EPR solution.
- Provision of additional programme assurance from SWL ICS Digital and Finance Teams to ensure that the EPR programme is performing against plan.

Kingston & Croydon

In 2023 SWL commissioned an external review of our EPR platforms. Part of that work involved a review of the contractual arrangement for Kingston & Croydon's EPR platform in the context of a wider view of Acute EPR provision across the ICS.

That review recommended that the contracts for Kingston & Croydon be extended and be co-terminus. Those extensions have now been arranged and both contract now terminate on the 31/12/2026.

As part of the wider work on the Longitudinal Health & Care Record, SWL will undertake and complete an option appraisal and Strategic Outline Case for the provision of EPR at both sites. That appraisal will consider:

- The business & clinical case for convergence of acute EPR domains
- The transformation opportunities arising from convergence, commissioning and service intentions, productivity improvements and technology developments

GP EPRs – the New Market Entrant (NME) initiative

The aim of the NME initiative is to identify and evaluate new market entrants for GP clinical systems that can potentially enhance the efficiency, functionality, and overall performance of the current system used in the NHS GP surgeries participating in the project. This will allow selection of preferred provider(s), leveraging the available NHS England funding. As this initiative is in a discovery phase, currently only suggestions for areas of exploration exist (as opposed to a prescribed series of compulsory steps).

In SWL there are 5 GP Practices on the Early Adoption Programme with NHS England, supported through GP IT. Since commencement, one practice has become the first of type, migrating from Vision to Medicus. The other 4 practices are still in discovery phase though potentially looking to become fast followers when NHS England have more clarity on the funding and support mechanisms (which is likely after the First of Types are done).

3. The Health Information Exchange and London Care Record

The London Care Record (LCR) provides health and care professionals providing direct care, access to core patient information held in a variety of clinical systems e.g. Acute Trusts, GP practices, Local Authorities, London Ambulance, Mental Health and Community Care. The LCR works on a Hub and Spoke model, whereby each ICS has its own local Care Record (SWL's is known as the SWL HIE/ Hub) and is fed by local clinical systems. Availability of a unified view of a patient at the point of care helps make consultations more impactful, treatment timelier, improves communication/ joined up decision making and drives better outcomes for patients.

The SWL Health Information Exchange has been one of the most successful sector integration projects in recent years connecting 15 critical SWL clinical & local authority systems as well as the wider federated London Shared Care Record (SCR) to provide a single view of a patient's care.

To date SWL has delivered

- A successful merger of the 3 local HIEs (CHS, STG, KHFT) to form the local SWL HIE (Hub) to reduce maintenance costs and aid and ongoing improvements.
- Connection of 15 critical system feeds to date across SWL including from GP practices, Local Authorities, Community and Secondary Care.
- Establishment of a SWL LCR Working Group, to play a central role in ensuring the LCR/ SWL HIE delivers relevant, accurate and accessible health information to health and social care professionals and patients across SWL.

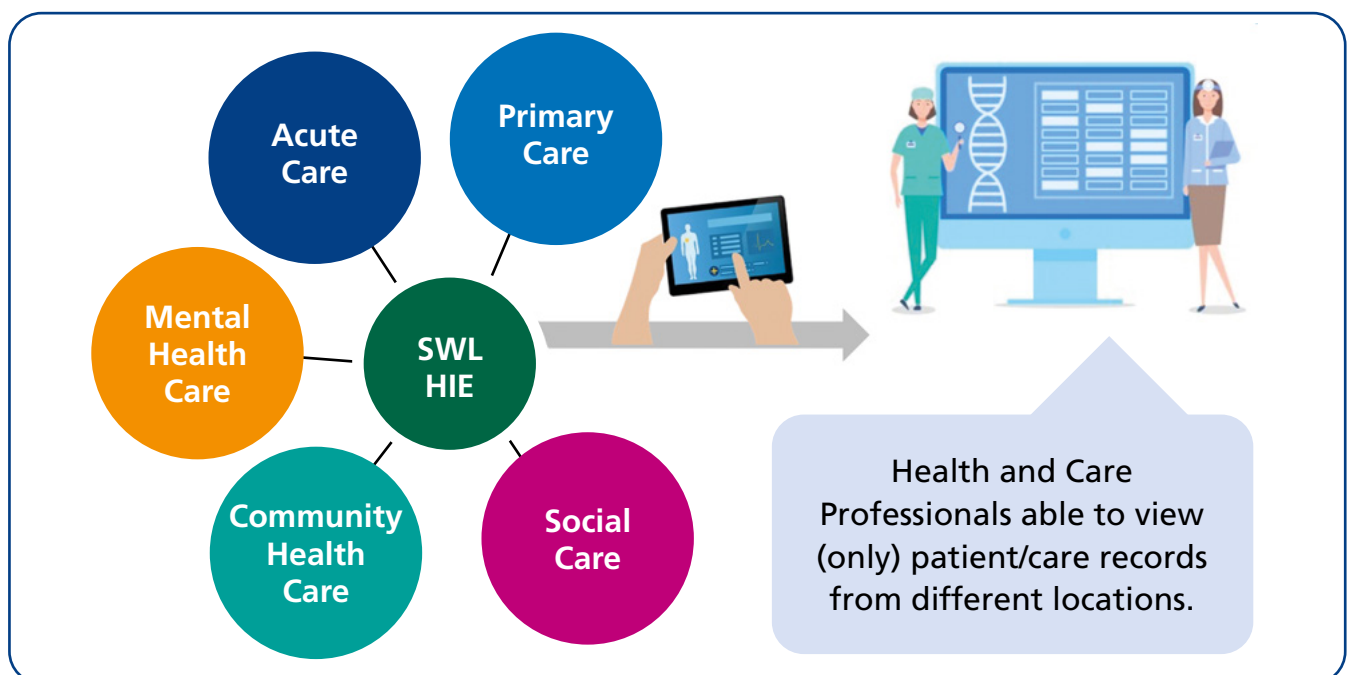


Figure 10: SWL Health Information Exchange

SWL ICS will continue to utilise the latest standards for integration, working with partners/ suppliers to provide a future proofed platform for information sharing. The ICS will also continue to grow the technical capability within SWL ICS to support the ongoing need for scalability and further connectivity.

Objectives in support of this strategic priority are:

OBJECTIVE 1

Re-establish connection the Royal Marsden Hospital following their move to a new EPR (EPIC). This will provide access to critical information about patients currently on cancer pathways.

OBJECTIVE 2

Enhance the functionality of the service in line with national initiatives e.g. implementation of Reasonable Adjustment Flag and to include appropriate new features as they become available from the infrastructure supplier (Oracle Cerner).

OBJECTIVE 3

Explore establishing a fair share cost model to underpin onboarding of new connections e.g., care homes, community pharmacies and hospices.

OBJECTIVE 4

Explore write back capability to the source clinical and social care systems e.g., UCP.

Realising the vision of a true system wide longitudinal health and care record will also require establishment of strengthened joint governance models and an acceptance that this may need to be approached incrementally, so as not to be overwhelming. Thought will also need to be given to optimising the use of existing systems in the immediate term.

SWL ICB will additionally seek to support existing projects, such as the implementation of the Radiology Information System (RIS), the replacement Picture Archiving and Communication System (PACS), and the wider Pathology solution. Going forward SWL will actively seek out integration and rationalisation opportunities as part of the sector's wider cost reduction programme. These include:

- Hybrid Mail & SMS the solution that provides paper patient communication capability and SMS messaging to SWL's Acute hospitals
- Digital Service IT Help Desk solutions

The Strategic Approach will have to consider the short, medium and long term as different organisations are at differing levels of digital maturity and have differing contractual arrangements needing attention at different points over the next 10 years e.g., imminent decisions are required for EPR provision for the Community health sector and SWL GPs. It is also important that SWL is considered as an 'Enterprise' and that critical peripheral systems (not just Acute EPRs) are reflected upon.





Data Strategy

The SWL Data Strategy 2024 (published separately) describes how Health and Care Partners across South West London working together, will harness data and over the next five years to support delivery of joined up, person-centred care across our health and care system.

The Plan provides clarity on the ICB's role, direction of travel for data and demonstrates how we collaboratively with all system partners to create meaningful improvements in health and care, through maximising capabilities in data. They support the core aims of the Integrated Care Partnership to:

- Improve outcomes in population health and healthcare,
- Tackle inequalities in outcomes, experience and access,
- Enhance productivity and value for money, and
- Help the NHS support broader social and economic development

Our ambition through data is to:

Work collaboratively with all system partners for all the people of South-West London to create meaningful improvements in health and care, wellbeing and equity of access to health and care services.

Implement the Data Strategic Plan, building from an understanding of how it can support the priorities of SWL as described in the Joint Forward Plan '23 and Integrated Care Partnership Strategy '23.

These ambitions have been encapsulated into Seven Vision Statements.



Seven Vision Statements

1	Improve Care	
2	Cultivate foundation that enable change	
3	Improve efficiency and effectiveness	
4	Drive transformation via big data	
5	Increase visibility of performance	
6	Improve overall health and wellbeing	
7	Enhance research and innovation	

Each of the 7 uses are also supported by deliverables over the next five years, where delivery of system strategic objectives are prioritised (further detail can be found within the Data Strategy Interim Report).

Achieving our ICS goals is dependent upon every one of us capturing and using data differently and delivery of the Data Strategic Plan will address these challenges. To do this we need to start small, build on what we have got and fix the basics, not just focus on building new or more advanced platforms.

Operational engagement and delivery is achieved by following a set of principles, whereby partner organisations can balance operational and strategic data needs, setting the tone of how data is used.

Data principles and guardrail themes for delivery include:

Data Quality	Data Integration	Data Security	Data Governance	Data Insights	Data Driven Artificial Intelligence
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There is lots of data in the data ecosystem, however joining it together is where we can turn information into insights and intelligence that can be used to better support the improvement of health and care. This Data Strategic Plan is about what we can do as a system to develop ways in which we use data, recognising the current state and priorities for the system; it encompasses the Vision Statements, Ambition, Principles and Data Ecosystem in a single holistic view.

Whilst the 7 priorities gives us a vision to aim towards, each is underpinned by a series of tasks that are interdependent and based on having the correct foundation in place, whilst developing the data infrastructure in which to deliver them.

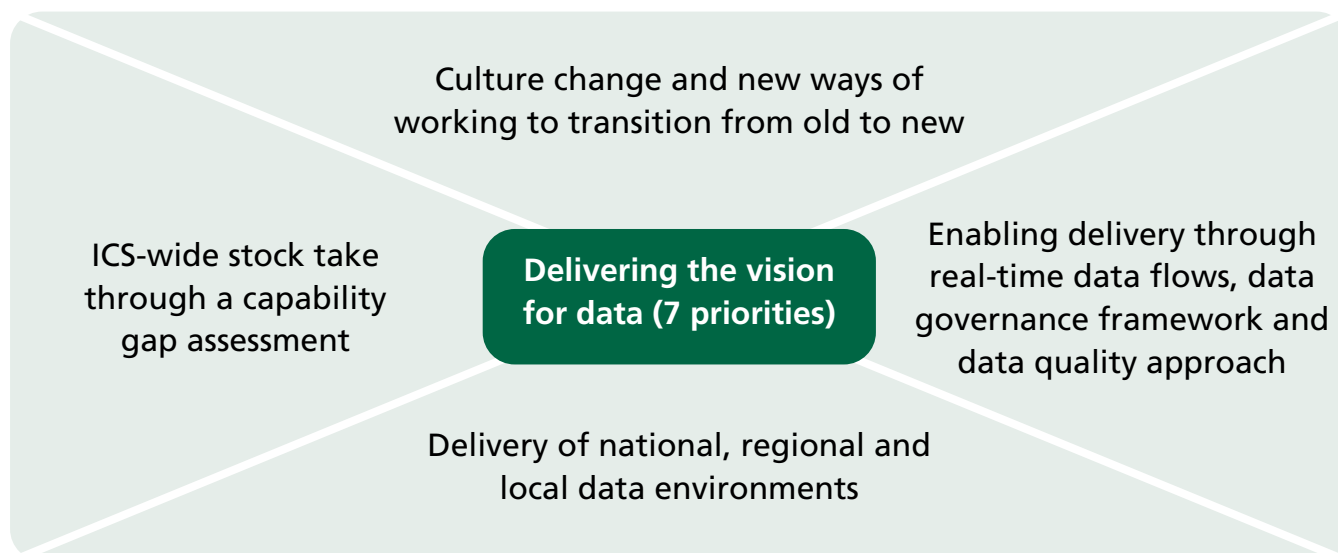


Figure 11: Requirements to deliver the vision for data

Our short-term objectives focus on starting small and getting the basics right, providing us with the correct foundation to deliver the vision for data. We have outlined 7 steps we can take in the next year to support us on this journey.

- Optimise our Analytics and Business Intelligence Team
- Build a community of data specialists in SWL
- Change the culture of how we use data in SWL
- Make sure we have good quality data in SWL
- Have a robust governance framework for data
- Delivery of data environments
- Creating the foundations for the 7 data priorities

Ultimately, by combining data and digital technologies, we can revolutionise how we provide care to our patients in SWL, enhancing patient outcomes and making our healthcare services more efficient and accessible.



Adoption Of Artificial Intelligence (AI)

SWL will be taking an innovative and forward-thinking approach, perfectly exemplified through exploring the capabilities through Artificial Intelligence (AI). AI has the potential to make a significant difference in health and care settings through its ability to analyse large quantities of complex information. This can include analysis of x-ray images, for example mammograms, to support radiologists in making assessments or remote monitoring technology (apps and medical devices) that can assess patients' health and care at home. The expectation is that clinical and operational service delivery, augmented by AI, will enhance: efficient workflows; quicker, consistent, and accurate diagnosis; better decision support for training/ treatment; restoration of clinician's connection with patients by decreasing the administrative burden; and optimised care pathways for patient outcomes/ experience and cost reduction for the system.

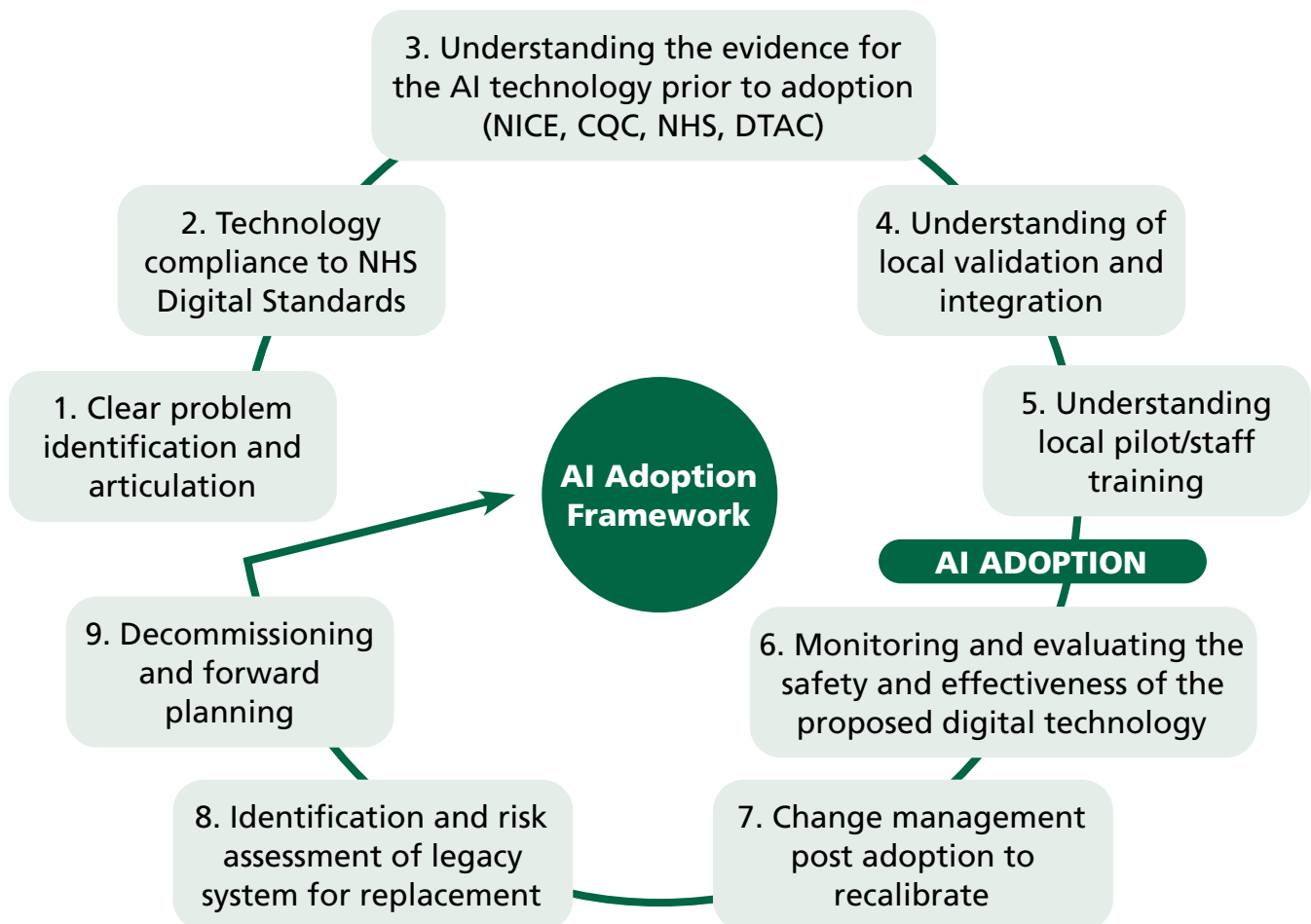


Figure 12: SWL AI Adoption Framework

In SWL we are keen to ensure we have the right framework set up to enable use of AI in a safe, ethical manner, and to ensure our approach is robust and consistent. We have been devising and adopting both an AI Adoption Framework and a Data Quality Framework in collaboration with colleagues across the sector, to ensure that there is joint ownership and effective governance in place in order to facilitate benefit realisation while providing sustainability.



Empower Citizens

Citizens are increasingly expecting to be able to use digital tools to manage their lives. The introduction of the NHS App in 2018 and in particular its use through Covid has seen it become the primary direct access app for the NHS. Though originally developed for primary care use in the last three years SWL has led on its use within acute care, with St George's being the first UK Acute hospital to integrate its patient portal into the NHS App in 2022. Kingston & Croydon Acute hospitals joined soon after and Epsom & St Helier will join in 2025.

The NHS App aims to integrate the Patient Engagement Portals (PEPs) of NHS provider organisations to provide a seamless interface to all supported platforms and is being heavily promoted as the digital Front Door to NHS services.

At the same we must continue to consider those that are digitally excluded, not through choice but for social, economic, or cultural reasons.



'Alex's Story'

Alex is registered blind and how the NHS App works makes it difficult for him to book GP Appointments. When promoting digital tools, he is keen to ensure that there is not a one-size-fits-all approach. For example, the NHS App should not be promoted as the only solution for everyone, if the way it works currently creates barriers for some users.

Alex noted that in his experience, GP practice website triage forms tend to be more accessible and where they are not, there is more opportunity to work with the practice to make changes to the website. This is very difficult to do for a large, nationally controlled system, like the NHS App.

When it comes to digital, patient journeys need to be well understood, so that the best option can be promoted to the right people.

Key aspects of our approach include:

<p>Empowerment and Informed Decision Making</p>	<p>Patient portals & the NHS App empower individuals to take a more active role in managing their health by providing access to their medical records, test results, and treatment plans. As patients become more informed about their health status and treatment options, they are better equipped to participate in decision-making processes alongside their healthcare providers.</p>
<p>Convenience and Access</p>	<p>Patient portals and The NHS App offer convenient access to healthcare services and information anytime, anywhere, through web-based platforms or mobile applications. This accessibility can improve patient engagement by eliminating barriers to communication and enabling individuals to interact with healthcare providers more easily.</p>
<p>Patient Self</p>	<p>Increasingly patients are able to use self management apps to manage their own care, the benefits of increased control, efficiency and convenience, improved education, enhanced communication and mental and emotional support . These Apps are increasingly being integrated into the NHS App and portals bringing with them the benefits of enhanced communication, remote monitoring & telehealth and condition monitoring.</p>
<p>Personalised Care and Patient-Centred Approaches</p>	<p>Patient portals and the NHS App can support personalised care initiatives by enabling healthcare providers to tailor treatment plans and interventions based on individual patient preferences, needs, and health data. By actively engaging patients in their care and considering their input, healthcare organizations can foster patient-centered approaches that prioritize the unique needs and goals of each individual.</p>
<p>Implementing the Digital Inclusion Toolkit</p>	<p>Digital exclusion affects around 20% of SWL's Citizens denying them access to digital services. The Digital Inclusion toolkit (available in appendix 9) follows NHS advice and provides a framework for local ICB work. SWL has developed an approach to Digital Inclusion which seeks to integrate the requirements into all of its digital projects, while signposting staff to resources and organisations able to support initiatives.</p>

Setting	What we have done since the last strategy
Primary Care	<p>The NHS App is now available to all primary care patients providing the following services:</p> <ul style="list-style-type: none"> • Order repeat prescriptions and nominate a pharmacy for collection • Book and manage appointments • Complete triage and general health questionnaires • Supply locally captured health data (blood pressure, weight) • View GP health record to see information such as allergies and medicines and increasingly the detailed medical record and test results • NHS 111 online to answer questions and get instant advice or medical help near you
Secondary and Tertiary Service	<ul style="list-style-type: none"> • The NHS App and local hospital Patient Engagement Portals (PEPs) have been introduced into three of our four acute hospitals and its cancer specialist hospital • At the time of writing over 400,000 acute hospital patients have registered with the PEPs, an adoption rate of between 60 and 70% • The acute PEPs are integrated into the NHS App • These PEPs provide the following services: appointment management; diagnostic test results; access to the medical records; questionnaires and messaging; and wait list validation. • Additionally, the following national services are available to acute hospital patients: hospital referral waiting times and patient provider choice
Other Digital Apps	<p>SW London continues to support a number of Patient Self manage Apps</p> <ul style="list-style-type: none"> • The GetUBetter app supports all common MSK injuries and increasingly Women’s pelvic Health • The Universal Care Plan, the London wide Care plan tool, hosted by SWL and the replacement for the End of Life Care plan tool • The Consensus Patient Procedure Consent Solution for managing acute hospital procedure consent

Setting	What we are doing now (not limited to, but including)
Primary Care	<ul style="list-style-type: none"> • Primary Care transformation continues to promote the use of the NHS App • The recruitment and deployment of four Digital Care coordinators across the sector working in GP Surgeries and increasing other Healthcare setting to promote the use of the NHS app and the secondary care PEPs
Secondary and Tertiary Service	<ul style="list-style-type: none"> • The introduction of the EPIC EPR to the Royal Marsden and its associated 'My Care' portal continues to be developed and promoted. • The PEP capabilities are being actively developed at the three Oracle/Cerner sites in SWL. These include the use of NHS App to: <ul style="list-style-type: none"> • Support the deployment of Patient Initiated Follow Up (PIFU) • Piloting the use of the App for Pre Operative Questionnaires to reduce the need for unnecessary face to face POA appointments. • Introduce and develop the use of 'Meet & Greet' processes to actively support the patient throughout the elective journey introducing welcome messages, service specific information, questionnaires and support.
Other Digital Apps	<ul style="list-style-type: none"> • The Universal Care plan – developing the use of the tool support Frailty • GetUBetter – Working closely with VCSE sector colleagues supporting the further use of the App to support Women's services

Within SW London over 60% of SWL citizens have registered with the NHS App. Though traditionally developed for Primary Care, it's now widespread use within Secondary, Tertiary & Special Hospitals is allowing patients greater control over their own care. At the same time the increase in Healthcare Apps more generally continues to grow. The integration of 111 services and direct access services into the NHS App is and will continue to change the way services are delivered. In time automation and AI will increasingly help patients to be directed to the right service at the right time, whilst dramatically reducing the burdens of administration within the NHS generally.

Patients can be expected to be provided with support and information directly through the health journeys, whether that be for chronic and long-term conditions, or elective and emergency episodes of care.



Population Health Management

Digital technology is now a significant part of our everyday lives. We want to use that technology to change the way we deliver services, providing faster, safer, more convenient care and supporting patients to self-care. Through our use of technology, we want to make the jobs of our clinicians and staff easier and improve productivity and patient outcomes.

Supporting delivery of care at Place

Nationally there is a focus on **Integrated Neighbourhood Teams (INTs)**, which bring together multidisciplinary professionals from different organisations across health and care services, to meet the holistic needs of the local population. Their aim is to deliver more joined up, preventative care at a neighbourhood level, through sharing of resources and information.

The health and wellbeing needs of the community informs the range of proactive care and support services available, which in turn determines the professional skill sets, roles and training needs within the team. Population health data will be pivotal in enabling INTs to have the information they need, in order to cater to the needs of the citizens they serve at a neighbourhood level.

People and communities tell us

Recognising that not everyone can or wants to engage with the NHS digitally, we will continue to offer a range of ways in which people can receive care and support and interact with us. So first we need to understand what the needs of people and communities are.

Several insight reports describe what we have heard from local people and communities across South West London, from which we have drawn out digital opportunities or barriers. These fell under three main themes:

- Better access to information and support for the public and patients
- More joined up services
- Digital exclusion

Additionally, Merton Mencap has been working to identify and put plans in place to overcome digital exclusion for people with learning disabilities, and their carers.

Key feedback from our citizens in relation to the use of digital included:



Feedback showed that digital engagement has increased following the pandemic and lockdowns. NHS and council websites were trusted sources for information. Internet use was high among many residents, with smartphones the most popular way to get online.



Across the engagement reports, digital apps, websites, online community meetings and appointment have helped to deliver health and care services. Some people were supportive of specific self-help digital apps, such as: pregnancy related apps to help people through their pregnancy journey; 'Car Find' to help people living with dementia to locate their parked cars; 'Brain in Hand' and 'Autonome' apps for people with learning disabilities; a pelvic health app; and an emotional wellbeing app for teenage and young adult cancer patients.



Engagement found that in groups more likely to experience health inequalities residents were worried about digital exclusion. For example, older people, people living with dementia, people living with a learning disability, people with autism, people with sight loss, and people for whom English is not their first language. While younger people were usually more confident to access digital healthcare, reports found a variance in willingness, ability, and confidence to use digital services and a continuing demand for face-to-face appointments. More generally only among those aged 75 and over, internet use starts to decrease.



Digital exclusion increasingly now means social exclusion as well as difficulty accessing services. People told us that overcoming this was about more than having community spaces for support and the training to gain skills; many people also need financial support for IT equipment or a technology package to match their needs.



Engagement also highlighted the potential of improved IT to provide better continuity of care and co-ordination between services. Examples of feedback are from frailty services, the London Ambulance Service and urology pathway.

Feedback about data sharing has told us that local people are keen to have clearer information about the benefits of data sharing for preventative healthcare and risk stratification. Participants highlighted the need for information to be accessible and in a range of languages and formats.

We are using these insights to ensure we are engaging, and more importantly listening to feedback and actively implementing solutions that will support our population

References for digital insights across South West London

- NHS South West London engagement on Section 251 (2024)
- Including Digitally Excluded Communities: Engagement Report 2024 | Healthwatch Kingston
- NHS SWL (2023) People and communities - engagement assurance group
- Clearview Research (2022) Enhanced Primary Care Hub Evaluation
- Findings from 17 recent PCN engagements on 'Enhanced Access' e.g. South West London ICS (2022) One Thornton Health Planning for Enhanced Access Service; South West London ICS (2022) Patient Feedback - Brocklebank PCN .
- Healthwatch Wandsworth (2022) Experiences of Health and Social Care Services for People with Sight Loss; Healthwatch Wandsworth (2022) Digital Support for People with Learning Disabilities; London Borough of Merton (2021) Community Dementia Services Public Engagement Report
- London Borough of Wandsworth (2019) Residents Survey; London Borough of Richmond Upon Thames (2019) Residents Survey





Digital Inclusion

Digital inclusion ensures that everyone, regardless of their background, demographics, disability or circumstances, has equal access to and opportunity to benefit from digital technologies and the internet. This includes both our patients and staff. In the context of health and social care, digital inclusion plays a significant role in supporting priorities such as self-care, managing long-term conditions, and promoting empowerment while reducing health inequalities. In South West London, we strive to be forward-thinking. To achieve this, we are committed to ensuring that digital health and care services are designed and delivered to meet the needs of our population, preventing any future 'digital divide.'

A 2024 Engagement Report by Healthwatch Kingston, 'Including Digitally Excluded Communities', provided a critical reminder of the need to ensure that core and targeted health and care information, education, promotion and engagement is co-designed and delivered in accessible formats for those who are digitally excluded. Collaboration with our partners in Local Authorities and Voluntary, Community and Social Enterprise (VCSE) organisations is essential to realising this goal. Together, we can work towards a digitally inclusive South West London.

SWL ICS Digital Inclusion Toolkit (see Appendix 10)

As part of our efforts to ensure a digitally inclusive South West London, we aim to embed a set of five key principles within the existing practices across our system, and in alignment with NHS England's guidance on inclusive digital healthcare.

1	Access to devices and data so that everyone can access digital healthcare if they choose to
2	Accessibility and ease of using technology, so that digital content/ products are co-designed
3	Skills and capability so that everyone has the skills to use digital approaches and health services
4	Beliefs and trust so that people understand and feel confident using digital health approaches
5	Leadership and partnerships so that digital inclusion efforts are co-ordinated to help reduce health inequalities

To achieve What Good Looks Like in SWL, our aligned objectives include:

OBJECTIVE 1

We will publish a Digital Inclusion Toolkit to signpost staff to good practice, national guidelines and local resources.

OBJECTIVE 2

We will ensure digital inclusion is considered and tracked as part of the Benefits Realisation Plan of all new digital projects.

OBJECTIVE 3

We will ensure funding bids referencing digital projects demonstrate a commitment to digital inclusion and outline strategies for reaching underserved populations.

OBJECTIVE 4

We will ensure all business cases include plans for addressing digital inclusion and include a digital inclusion impact assessment as part of the Equality Impact Assessment.



Whats Next – NHS App

We can expect a significant increase in the use of the NHS App going forward, both in terms of functionality and coverage. Though SW London is a leader in the region in its deployment of NHA App and PEPs we can expect to see the availability of integrated services from across South England allowing patient access to data wherever they receive treatment. In SWL our:

- We will ensure that all primary, secondary, tertiary, mental health and community provider portals can be accessed via the NHS App
- We will increase the adoption rate of the NHS App to above 65% of SW London Citizens
- We will continue to ensure that citizens that either choose not to or cannot take advantage of digital solution are not disadvantaged in the care they receive
- In relation to the services offered by acute Hospitals, efforts will be focussed on integration, visibility, wider use of functionality, including the availability of support information, videos, advice throughout the patient journey.



Innovation

Having the patient at the heart of everything we do will help determine our direction and allow for any developments and influences occurring as a result of our changing world. With a continuing process of improvement in mind, we will have confidence that what we deliver will support the often complex needs of our population to optimise the outcome of each contact and episode of care.

Innovation is critical to enabling NHS England to achieve the ambitions set out in the Mandate, to ramp up the pace and scale of change, and deliver better outcomes for patients across all five domains of the NHS Outcomes Framework [NHSE/I].

In SWL, working jointly with our Academic Health Science Network and Digital First colleagues, the Health Innovation Network and other health innovators, we will put innovation at the centre of the prioritisation process for new ideas and requirements allowing the experience of front-line practitioners, staff, and citizens to be captured, evaluated, and prioritised.

Balancing the rapidly advancing technology capability with resolving existing basic issues will be key to delivering a successful strategy. We will seek to partner with innovative staff, suppliers and organisations who have the expertise and knowledge of their clinical area and new technologies respectively, to help tackle the urgent productivity challenge of delivering better Health and Care outcomes for every pound. Our ambition is to augment locally sourced funding for implementing new technology, such as Artificial Intelligence, by applying for external funds aimed at supporting innovation and research. This will enable us to:

- Use innovative technology for research and the delivery of improvements in patient treatments/outcomes
- Access the latest technology, therefore attracting and retaining the best people
- Promote early adoption of new technology led by our local and Place based priorities



Design Thinking Approach

There is no single approach to managing technology and innovation that works best in all situations in healthcare. Successful innovation requires an understanding of how a healthcare model that was never designed to do the things now being asked of it, can operate in the context of a local system. Business communities have successfully adopted design thinking as a way to innovate in addressing people's needs. Healthcare systems must consider how design thinking can use this proven and accessible problem-solving process to foster new approaches to complex and persistent problems.

The approach should be:

- Person-centred through collaborative and diverse co-design, engaging a broader set of voices (which considers digital exclusions and health inequalities).
- Able to rapidly prototype (e.g. through a proof of concept or pilot) within communities that most need support.

What does good look like (WGLL)?

First let us understand, what good looks like for ICSs:

- Create and encourage a digital first approach across the ICS and share innovative improvement ideas from frontline health and care staff.
- Drive ICS digital and data innovation through collaborations with academia, industry and other partners.
- Organisations use data to inform their own care planning and support the development and adoption of innovative ICS-led, population-based, digitally-driven models of care.
- Ensure that organisations across your ICS make use of digital tools and technologies that support safer care, such as EPMA and bar coding.
- Ensure that organisations across your ICS employ decision support and other tools to help clinicians follow best practice and eliminate quality variation across the entire care pathway.
- Lead a system wide approach to collaborative and multidisciplinary care planning using an array of digital tools and services alongside PRSB standards.
- Make data available to support clinical trials, real-world evidencing and AI tool development.



Innovation Adoption Framework

Taking on board WGLL, application of design-thinking needs to be carefully thought through as a component of a wider innovation framework, to ensure that innovations improve the quality of care, enhance patient experience, and achieve sustainable cost savings. SWL aims to develop an Innovation Adoption Framework, considering key components of delivery, including:

Identification and prioritisation of need

Identifying any unmet needs (i.e. health inequalities, digital exclusion) and prioritisation based on organisational goals.

Approach to proof of concept/ evaluation

Implementing small-scale proof of concepts to gather real data and refine the innovation, embedding systematic review and evaluation processes.

Collaboration and co-design

Bringing together stakeholders from a wide range of perspectives in the innovation process to agree on the best options for the system.

Pre-implementation planning

Developing detailed plans that outline resource requirements, timescales, roles and responsibilities (and associated training).

Outcomes framework/ evaluation

An ability to monitor progress of outcomes through data and assess the effectiveness of interventions to iterate service design.

Quality Improvement (QI) cycles

Embedding the ability to learn from experience and share knowledge, in order to identify areas of improvement.

Successful delivery of this framework would be dependent on enabling factors such as: organisational culture, recognising the required shift in mindset; risk management associated with adoption of new technology; collaboration between ICS system partners and external organisations to optimise available expertise; and long-term sustainability to ensure viability.

Horizon Scanning

SWL's ambition is to horizon scan supplier and product landscape to identify where we can stay ahead with changes in technology, infrastructure and systems which will support the future, keeping in mind the SWL ambition to reduce the carbon footprint as part of its commitment to reducing the impact on climate change.

This will include the creation of:

- A web portal to capture new ideas and suggestions from all our people of SWL (citizens, patients, staff) can be captured.
- A rapid and transparent evaluation process for these inputs with fast feedback to the author.
- A clear communication and governance process to support prioritisation of these ideas and suggestions.
- An ability to rapidly prototype new ideas where appropriate using continuous improvement techniques.
- The ability and resources to build business and benefits cases for prioritised ideas.
- Clarity on the current Digital portfolio to drive synergistic investments that allow the fit of new ideas to be assessed against the agreed Digital Strategy, to assess ability to scale and potential benefits.
- To scan and assess the supplier landscape to understand the transformational benefits available from the market.



Section Four: How We Will Deliver

The SWL Digital directorate have successfully delivered and provided assurance on multiple projects and programmes ranging from the roll out of patient engagement portals digitising elective care pathways through to the implementation of Electronic Patient Record (EPR) systems. Sector wide professional frameworks / methodologies such as Prince2, Agile are an integral part of ensuring coherent delivery standards and processes utilised to enable and support change. The SWL Digital directorate will continue to work closely with ICS and regional partners to agree ways of working and mutual governance to ensure that Digital programmes are delivered to agreed cost, time, and quality, enabling ICS transformation programmes to realise any planned changes, benefits, and measurable outcomes.

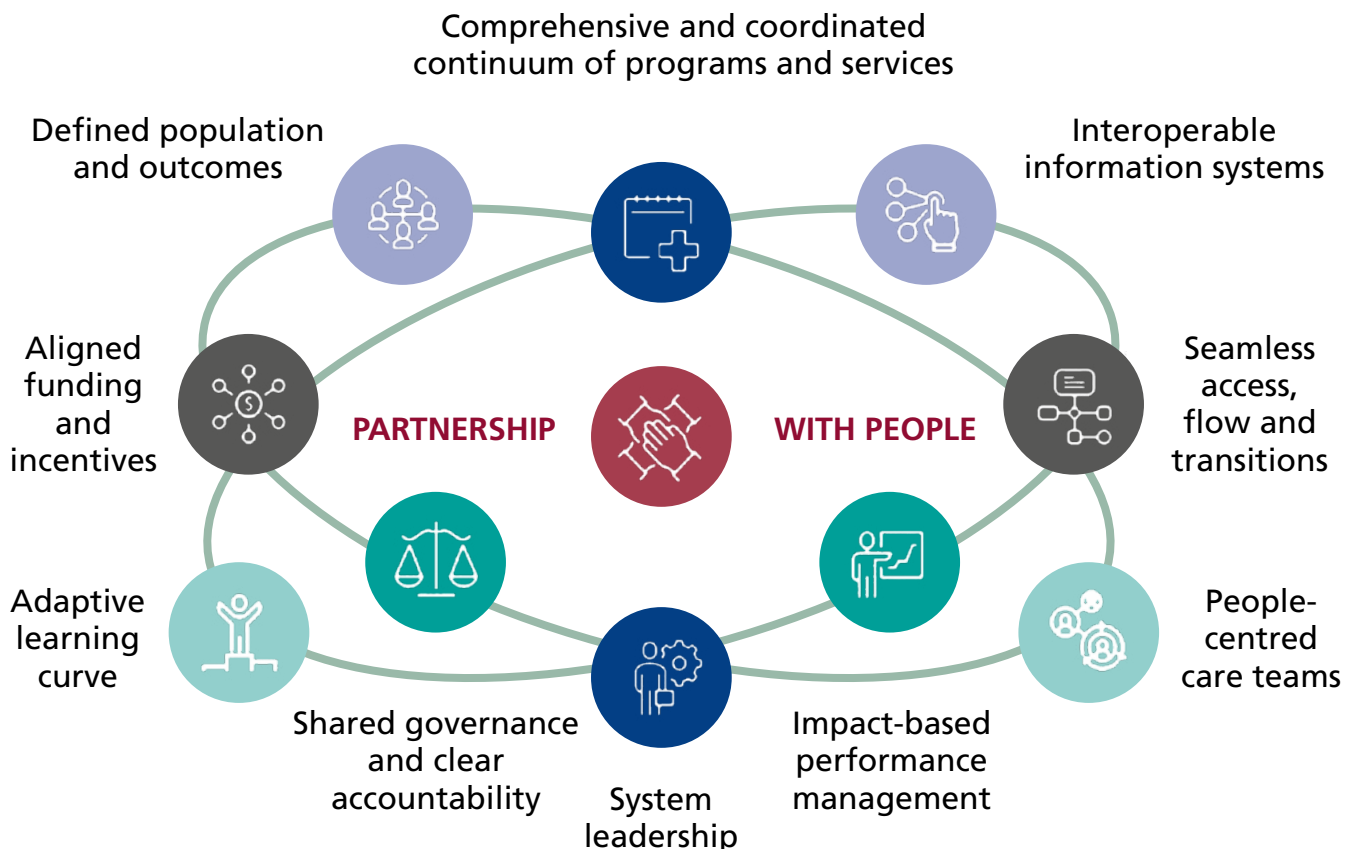


Figure 13: The Ten Design Principles of Integrated Care in the IPCHS standard

Vision

Proficient leadership plays a crucial role in advancing a digital strategy within an Integrated Care System (ICS). Leaders across primary care, acute, mental health, community, local authority etc. need to align to a 'system approach' helping to implement the vision for digital transformation that corresponds with the overarching objectives of the ICS. This includes enhancing patient outcomes, reducing health disparities, and increasing the effectiveness of care provision through a digital lens. This vision should encompass the incorporation of digital technologies to simplify procedures, enhance care accessibility, and facilitate data-informed decision-making.

The Digital directorate are committed to supporting multi-disciplinary teams across the ICS with a cohesive governance and framework approach ensuring joined-up strategic direction and alignment, bids for regional and national funding and the delivery of projects and programmes have transparent governance and assurance to key stakeholders, ensuring improved digital maturity, transformation of services and ultimately improve health and care outcomes.

Strategic Context

The Digital directorate is an enabler of transformation supporting and collaborating with clinical transformation teams, Estates, Workforce, and other enabling services to assist the ICS in achieving its objectives. It operates within the ICS governance framework, adhering to the ICS's Standing Financial Instructions, and maintaining strong connections with internal ICS and external NHS governance forums, such as NHS London digital boards. This necessitates ongoing engagement with stakeholders, including NHS trusts, primary care providers, social care services, patients, and community partners, to ensure that digital initiatives are tailored to meet requirements and expectations. Strategic alignment also involves prioritising digital projects that can make a significant impact and are in line with national health priorities.

SWL ICS Collaborative Service Management Approach

At present, Digital Service Management in SWL is organisationally based. As we introduce the ICS- wide solutions and services set out in this Strategy there will be an increased need for a service organisation that is optimised to support these new services. We will explore opportunities to develop a federated service delivery capability (e.g. common service platforms), which enables better resilience for service management teams across the system, including out of hours cover. We will leverage existing capabilities within the ICS to build on existing skills and capabilities. We will continue to ground our service delivery capability on the established NHS and international service standards (e.g., ITIL, ISO/IEC 27001) with formal Key Performance Indicators agreed.

Leadership and Governance

ICS Leadership Responsibility

Key principles:

- The SWL ICB Board continues to have digital and data expertise and accountability, delivered at present through the Chief Medical Officer who is the Senior Responsible Officer/ Board representative.
- Continue to develop digital leadership expertise in the Senior Executive Teams ensuring membership of Chief Digital Information Officer (CDIO) or Chief Clinical Information Officer (CCIO) at the SWL ICS Digital Board
- Mandate and develop Digital Board governance processes to review and develop the Digital Strategy, with a focus on the essentials: cybersecurity, services, delivery, data / Bi and risks
- Board assurance of Digital Strategy aligned to the SWL ICS, regional and national strategies
- Support in identifying and providing a budget to support delivery of the Digital Strategy
- Invest in regular board development sessions/workshops to develop Digital compete.

Information Governance

Assign a Senior Information Responsible Officer (SIRO) to ensure compliance with the Information Governance toolkit The Digital function is supported by the ICS Senior Information Risk Owner (SIRO) who ensures that staff are aware of their responsibilities when handling personal data and have visible and accessible policies in place to mitigate our information risks and deal with the consequences of any breaches. Reporting to the SIRO, the ICS Information Governance (IG) lead advises Digital on IG matters, assists in the development of compliant data sharing agreements in line with appropriate and emergent legislation. Ensure active involvement of Clinical Safety Officer (CSO) to oversee Digital deployments and ensure clinical systems and tools meet necessary clinical safety standards (DCB0129 and DCB0160).

Provider Leadership

- Ensure that the SWL ICS Digital Strategy is widely understood across their organisation's Senior Leadership Teams and Digital/IT teams including Local Authorities.
- CIO guidance on local, place based, digitally related programmes and projects to ensure they are in alignment with strategic direction.
- Establish a clear process for reviewing and responding to relevant safety recommendations and alerts sent out from the national teams.
- Ensure clinical and social care systems/ tools meet clinical and other relevant safety standards.

Clinical Leadership

- Senior clinical leadership representation, including the addition of a Clinical Safety Officer (CSO) on all Digital-related programmes and projects ensuring clinical safety standards are met and sustained
- Identify solutions to improve care by engaging with our users and the population of SWL and identify where technology can be implemented to improve efficiencies in clinical service delivery

Digital leadership role

- Ensuring that the resources of the ICS allocated to Digital transformation optimise patient and system benefits, delivering productivity growth and aid system sustainability
- Providing a single focus for the ICS to link opportunities afforded by Digital innovation to be realised
- Assuring that this Digital Strategy is realised.

Training and development leadership

- Aligning with the developing national Digital, Data and Technology (DDaT) workforce roadmap and continuing to build on the SWL Digital Workforce Strategic Plan (April 2022) to support the upskilling and development of all staff.

ICS Governance

Digital's governance ensures that the goals of this Strategy document are delivered through:

- a. **The SWL ICB Board:** Has oversight of the Digital portfolio, and includes digital and data expertise and accountability, to ensure delivery of the system-wide digital and data strategy.
- b. **The Digital Board (DB):** SWL ICS has a well- established Digital Board with representation from Acute, Primary Care, Mental Health, Voluntary, Community & Social Enterprise (VCSE), NHS England, etc. It is a monthly meeting chaired by the Digital SRO with representation from key organisations of the ICS including local authority representation.

Digital Board responsibilities include (please see Terms of Reference for full details):

- To agree the Digital Strategy with the ICS including key focus workstreams, investment prioritisation, funding approach, stakeholder engagement and supplier strategy
 - To be responsible for the financial management of allocated funds for delivery programmes
 - To govern and assure the boards which directly report to it.
- c. **The Digital SRO,** as the chair of the DB, reports to, for their Digital role, to the ICS Senior Management Team (SMT).
 - d. **Other governance forums:** reporting to or have some advising capacity to the Digital Board (and the Digital SRO). This includes:
 - **The Clinical Assurance Board:** comprises the SWL ICS CCIO and senior clinical leadership representations across ICS organisations. Its role is to advise the DPB on the clinical priority and suitability of proposed delivery programmes and lead the Clinical Safety process for Digital delivery programmes
 - **Digital steering groups:** responsible for managing Digital programmes through the programme lifecycle and ensuring delivery to cost, time, quality and agreed outcomes for in- scope programmes with the ability to escalate anything with perceived impediments to the scope programmes with the ability to escalate anything with perceived impediments to the DB, which can provide advice and direction to support progress as needed. Examples include:
 - The Technical Design Authority (TDA) will advise the DB on the technical alignment of proposed programmes with the Digital Strategy and assures proposed designs.
 - Specialty/ Approval groups e.g. Procurement Oversight, CPG, ICS IGSG etc. will continue to have an advisory role (as appropriate) to relevant agenda items brought to the the DB relevant to their individual functions.

- The relevant stakeholder groups e.g. Provider Collaboratives, ICB Place Boards & Patient Engagement Forums will continue to have an advisory role (as appropriate) relevant to their individual functions. The ICS Communications team will continue to support the Digital Directorate as needed to:
 - Elicit wider engagement of the ICS management and staff with the Digital Strategy and its components
 - Support engagement with key stakeholders for the delivery programme
 - Steering Groups who manage delivery of specific projects, programmes, workstreams (as onboarded onto the Digital Transformation Investment Portfolio) to cost, time, quality and agreed outcomes.

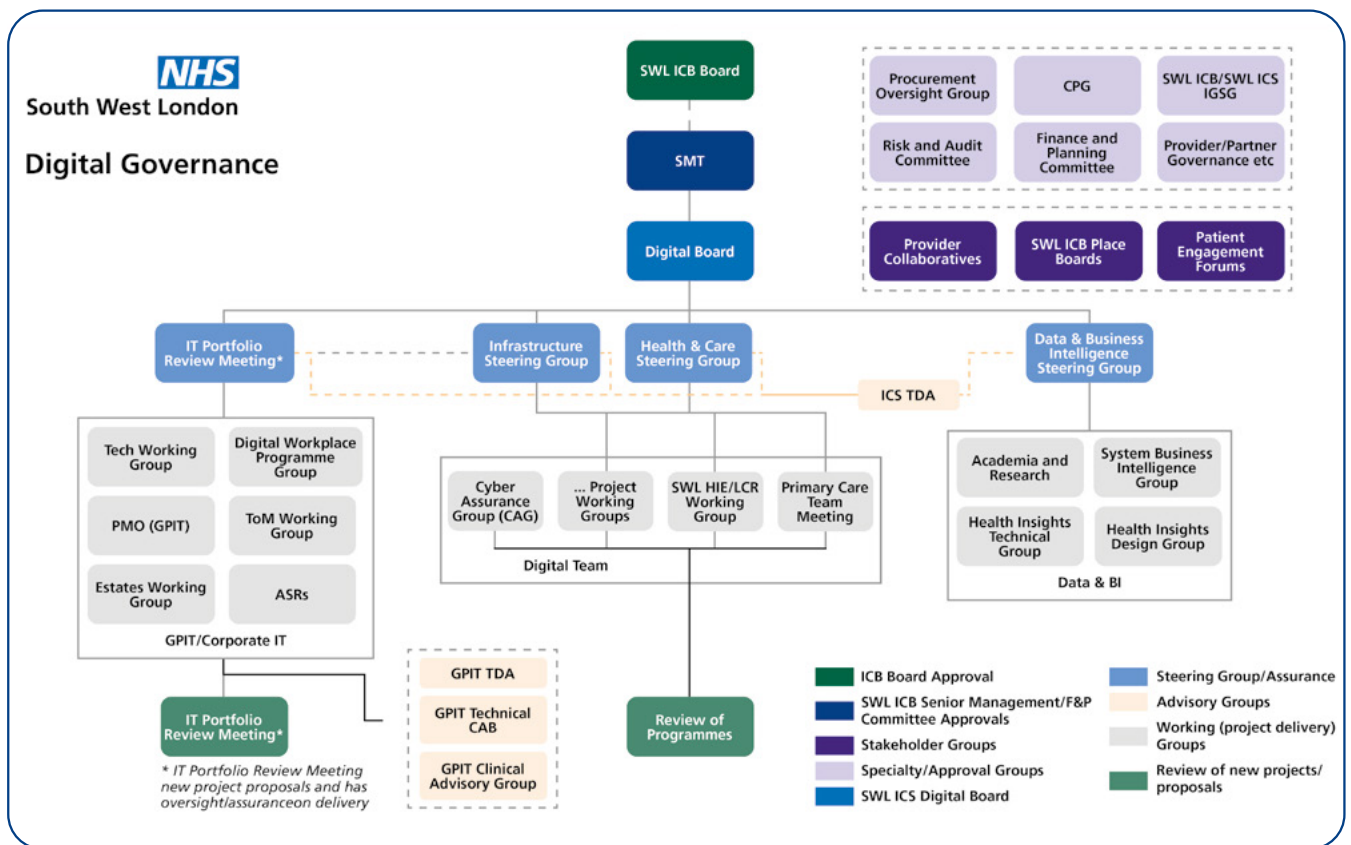


Figure 14: SWL ICS Digital Governance Structure (available in Appendix 9)

- e. Multidisciplinary Teams:** As an enabler of transformation, the Digital Directorate will work proactively with multidisciplinary ICS teams throughout the end-end transformation lifecycle to identify and scope digital opportunities (focusing on value and collaboration), support the approach and management of change, ensuring alignment to key identified strategic drivers.



Figure 15: Integrated Support Model

- f. The SWL DTIP 2024-27:** SWL ICS will provide assurance through the projects recorded in the DTIP, via steering groups (see appendix 9) ensuring visibility of system wide digital projects in train, encouraging best practice/lessons learned sharing to support effective delivery (including potential new projects requiring support).

Alignment with the SWL Green Plan

The NHS is dedicated to achieving Net Zero emissions for directly controlled activities by 2040, with an interim target of an 80% reduction by 2028-2032. For emissions that can be influenced, the goal is Net Zero by 2045, with an interim target of an 80% reduction by 2036-2039. There are significant opportunities to support the Net Zero agenda by leveraging existing infrastructure and capabilities.

The Digital Strategy is closely aligned with the SWL Green Plan, which aims to decarbonise operations and contribute to a sustainable future. Digital is a creator of emissions from its operations but also a means by which to mitigate emissions from other sources.

Digital emissions come from a range of sources including:

- Electricity and gas used to power devices and store records,
- Transportation from procuring devices/ accessories and traveling to fix items
- Waste management from safely disposing and recycling devices at the end of their shelf life.

On the other hand, digitisation can also support the reduction in other forms of carbon emissions for example:

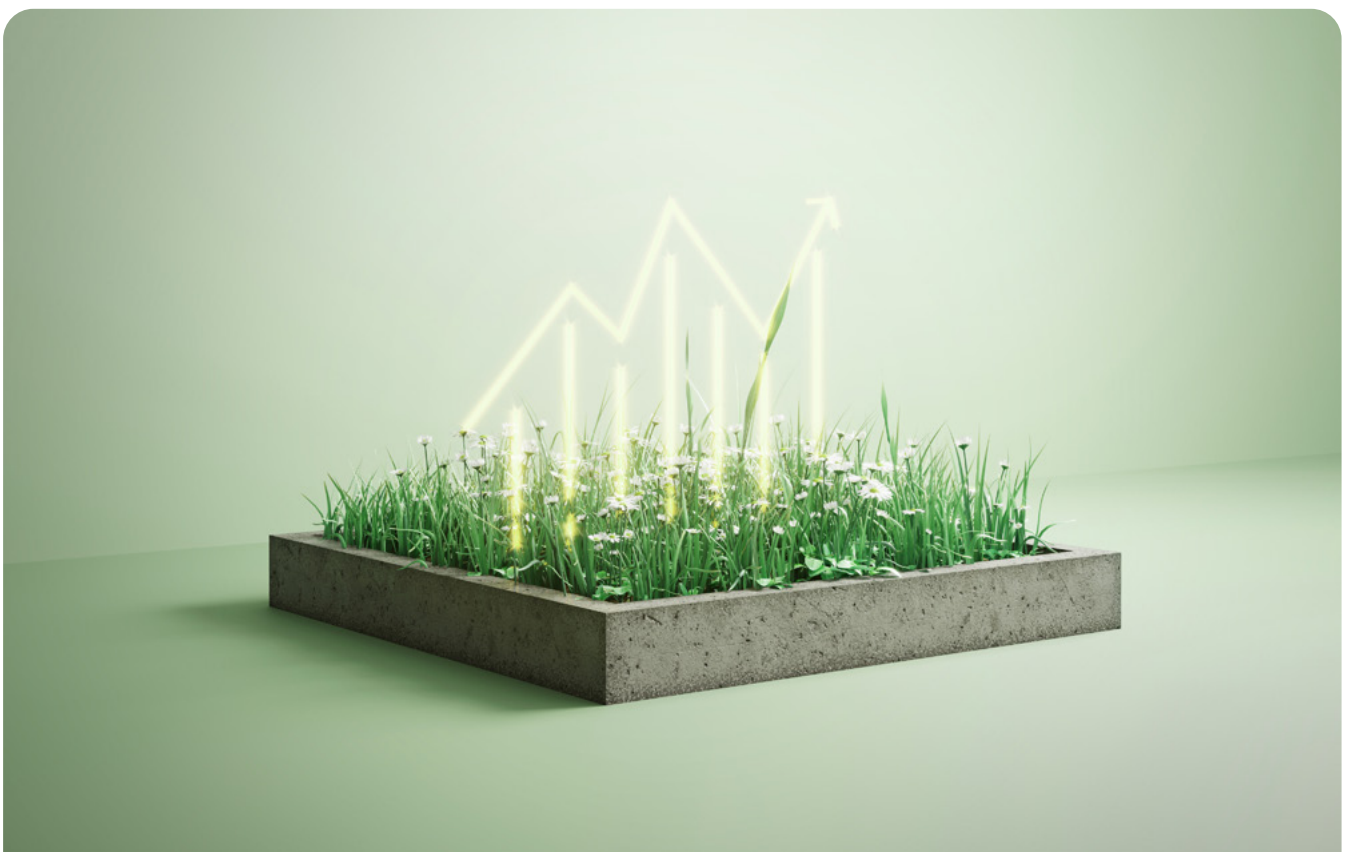
- Remote monitoring reduces carbon emissions from patient travel.
- Fully digital services reduce the carbon impacts of paper.

Digital is therefore both an enabler to reducing emissions and a generator of emissions and our work in SWL focuses on both of these areas. We need to get the balance right in terms of supporting and facilitating the streamlining of patient care whilst also reducing the carbon emissions from our services.

Through the following comprehensive initiatives, the Digital Strategy aims to balance streamlined patient care with reduced carbon emissions from digital services, contributing to the broader sustainability objectives of SWL and the NHS.

<p>Remote Care and Telemedicine</p>	<p>One of the primary objectives is to ensure that 25% of outpatient activities are conducted remotely through telephone or video consultations. This initiative will help reduce carbon emissions from patient travel, which currently contributes a significant portion to the NHS's total emissions. Projects such as the Digital First Programme, Virtual Wards, and Remote Consultations play a crucial role in streamlining care, minimising travel, and preventing unnecessary hospital admissions.</p>
<p>Paper Reduction and Digital Records</p>	<p>The strategy places a strong emphasis on digitising records to minimise paper usage and enhance the accessibility and efficiency of patient care. Initiatives such as the Electronic Patient Record and the National Frontline Digitisation Programme, along with Managed Print and Hybrid Mail solutions, are essential in achieving this objective.</p>
<p>Physical Space Optimisation</p>	<p>The increased utilisation of remote work tools could potentially lower the physical space requirements of SWL, directly impacting building energy emissions. Digital strategies will be integrated with SWL Estates and Green Strategies to meet commercial and sustainability objectives.</p>
<p>IT Asset Management and End-of-Life Practices</p>	<p>Efforts are underway to implement systems and procedures for improved IT asset management and sustainable disposal practices. The exploration of a joint Integrated Service Management Tool will facilitate the consolidation and efficient use of devices, ensuring environmentally friendly disposal.</p>
<p>Cloud-Based Services</p>	<p>The shift towards cloud-based services is a key area of focus. Initiatives such as the One Domain Project in Primary Care and the NHS Free Cloud Assessment seek to centralise server space in the cloud, following sound environmental practices. This transition will result in reduced carbon emissions and associated expenses.</p>

Network Reconfiguration	A digital maturity assessment conducted in June served as the basis for updates to the ICS Strategy, focusing on cloud and cyber solutions to improve collaboration and alignment across the network.
Travel Reduction and Remote Fixes	Efforts to reduce travel and enhance remote fixes include the implementation of Virtual Desktop Infrastructure (VDI) in Primary Care and better asset management, reducing the need for site visits and improving travel coordination to lower the carbon footprint.
Change and Sustainability	In order to ensure ongoing alignment with commercial and sustainable targets, the SWL Digital team will be integrated into the SWL Change and Sustainability Governance process, supporting the continuous development and implementation of strategies that promote sustainability goals.



Project Management Office (PMO)

The Digital PMO provides a strategic point of control ensuring that Digital programmes and projects align to this strategy. ICB Projects/Programme management will be administered based on industry best practices (i.e. Prince2, Agile, ITIL V4 etc) and the Digital Directorate will provide support to all ICS organisations as required. The initiatives which have been highlighted on the DTIP will follow an agreed assurance process, with formal governance intending to foster a collaborative, cohesive and transparent approach. This approach will be scalable, allowing potential network/ collaboration with all programme PMOs within the ICS to support transparency and reduce duplication to deliver value for money whilst enabling local and Place-based innovation to flourish. The ICB Digital, Data / BI, GPIT / Corporate teams are working towards a singular project/ programme standard of governance throughout the directorate where appropriate by:

- Standardised templates and detailed process diagrams illustrating the ‘typical’ touchpoints and considerations throughout the project/programme lifecycles i.e. Discovery, Business Case, Bid, Procurement etc.
- Encouraging the use of “pre project checklists” which can be referenced when teams may be looking to take forward any ideas or bid for any funding, allowing a more complete understanding of any potential pre-requirements for consideration i.e. PM requirements, funding requirements, timelines etc.
- Aligning internal processes and best practices where convergence opportunities have been identified.

Benefits and Prioritisation

Throughout this strategy we have described the high-level benefits we expect the Digital priorities to deliver. As an enabler, the delivery of the Digital programmes of work will be aligned to the ICS transformation priorities and expected to deliver benefits through: the implementation of integrated health and care; improvements to clinical safety for patients and their outcomes; as well as improving productivity, financial sustainability, workforce productivity and estates utilisation.

Business Case Development

To deliver this strategy, each of the priorities as detailed by the ‘SWL Digital North Star’ will need a programme of work with robust business cases developed, which will follow the appropriate business case format aligned to scale and governance through the Steering groups formulated within the ICS. The work will be co-produced with other transformational and enabling groups within the ICS and in particular, service users with staff or citizens or both. Business cases will include clearly defined benefits at the outset along with the process for realising and reporting progress in delivering them.

Communications

The ICS current communication and engagement channels will continue to be utilised to support the delivery and participation required, in delivering against the strategy.

Costs

- Funding for investment in Digital programmes is expected to continue to be from multiple sources:
- External funding from central NHS bodies (NHS England, NHS Digital, NHSX) accessed through a bidding process
- Internal ICS capital funds accessed through various internal Boards
- NHS England allocations for certain services (e.g. GP IT services)
- Funds provided by charitable foundations linked to then NHS (e.g., The Royal Marsden Cancer Charity)
- Revenue funding from the ICS or Acute Trusts to support the ongoing, in-life costs of delivered solutions

Next steps include a 5-year reasonable assessment of the financial requirements to support and deliver the agreed Digital strategy to provide guidance to the ICS for digital capital, non-recurring revenue & revenue financial planning/ budgeting and to support Region in their discussions with NHS/DHSC/Treasury over the NHS settlement.



Appendix 1: Acronyms

AHSN: Allied Health Science Network

BOT: An Internet bot, web robot, robot or simply bot, is a software application that runs automated tasks over the Internet and is commonly used for improved customer contact

DSCRO: Data Services for Commissioners Regional Offices

EPR: Electronic Patient Record (e.g., Cerner Millennium)

HSCN: Health and Social Care Network

ICS: Integrated Care System

IG: information Governance

ISO: The International Organisation for Standardisation develops and publishes worldwide technical, industrial, and commercial standards

ITIL: The IT Infrastructure Library (ITIL) is a library of volumes describing a framework of best practices for delivering IT services.

KPI: Key Performance Indicators

LAN: Local Area Network

LHCR(E): Local Health and Care Record (Exemplar)

MDT: Multi-Disciplinary Team

NHS: National Health Service

PACs: Picture Archiving and Communication System

PCN: Primary Care Network

PHM: Population Health Management

PHP: Population Health Platform

PHR: Population Health Record

RBAC: Role-Based Access Control

TCO: Total Cost of Ownership

WAN: Wide Area Network

Appendix 2: Glossary of Key Terms

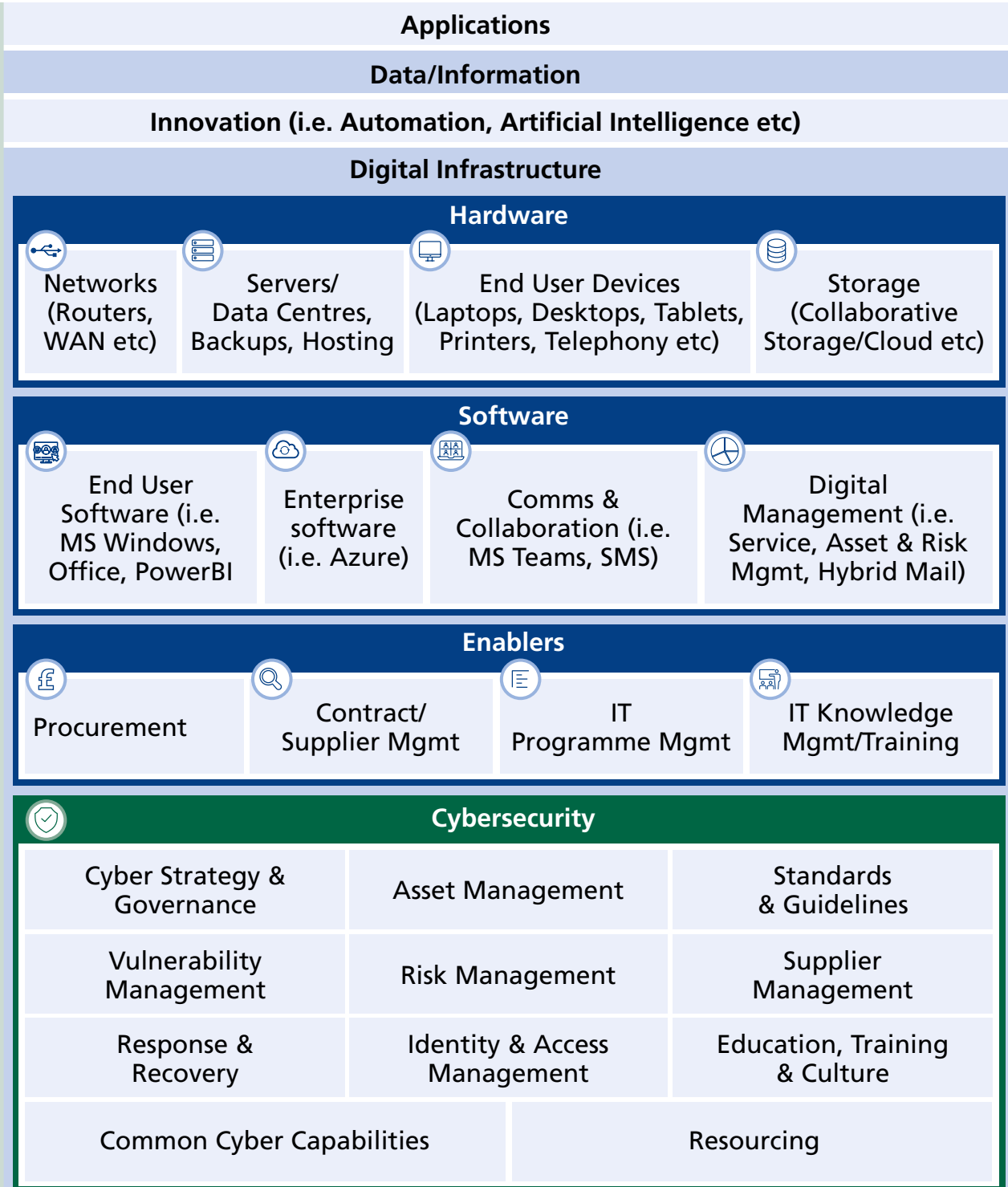
- **Digital Exclusion:** Refers to the lack of access, skill and capabilities needed to engage with devices or digital services that help people participate in society.
- **Digital Inclusion:** The approach for overcoming exclusion by addressing the barriers to digital, such as opportunity, access, knowledge, and skills; not only a matter of technological access; it is an essential component of efforts to address health inequalities and promote equitable healthcare access for all.
- **Individuals:** The recipients of Health and Care services in SWL.
- **Interactive Personal Health & Care Record:** The Personal Health Record enabling individuals to manage and improve their healthcare outcomes.
- **Longitudinal Record:** The complete patient health and care record and journey of all Individuals in SWL, organised in a consistent and easily accessible format, for use by both SWL ICS Clinicians and Individuals. Provides the key building block of the Population Health Platform.
- **Population Health Platform:** The Longitudinal Record coupled with the Data Science and Analytics tools that together enable ICS's to deliver insight-driven transformation of Health and Care (i.e., Population Health Management – see below).
- **Population Health Management:** **NHS England** defines Population Health Management as 'an emerging technique for local health and care partnerships to use data to design new models of proactive care and deliver improvements in health and wellbeing which make best use of the collective resources'.

Appendix 3: SWL Digital Infrastructure Blueprint

BUSINESS FUNCTIONS

SWL Digital Infrastructure - Blueprint/Operating Model

People, Process & Governance (i.e. IG etc)



Appendix 4: SWL Digital Enterprise Architecture Blueprint

PURPOSE

Ensure the strategic alignment of technology with healthcare goals, enabling the delivery of integrated, patient-centric care across Integrated Care System.

VISION

Open Standards	Interoperability	Interoperability	Security & Sustainability	Built for Future
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VISION

Assurance	Technology Adoption	Systems Design	Compliance
-----------	---------------------	----------------	------------

SERVICE LINES

Standards	Tooling	Principles	Security	Integration
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CORE THEMES

Standards & Principles

Digital First Applications

Governance & Assurance

Secure by Design

Harmonisation of Tooling

Automation & Interoperability

Collaboration & Co-Design

Technology Adoption & Cloud First

OPERATING OBJECTIVES



ESTABLISH

- Principles & Standards
- Governance
- Strategic Alignment



MANAGE

- Co-design Strategic Architecture
- Assurance & Design Authority coordination



ENHANCE























- Adoption of scalable & Secure Technologies
- Interoperability



DELIVER

- Promotion of System-wide Architecture best practise
- Coordinated Assessments/Reviews
- Future state architecture

Appendix 5: SWL Cyber Roadmap (2023-2025)

	FY22/23		FY23/24										FY24/25									
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
Cyber Strategy & Governance		Create SWL ICS cyber strategy & governance structures to oversee its implementation 													5 Strategic Pillars - KEY							
Standards & Guidelines	Create Cyber Standards & Guidelines 														Focus on the Greatest Risks & Harms 	Defend as One 	People and Culture 	Build Secure for the Future 	Exemplary Response & Recovery 			
Risk Management				Standardised cyber risk assessment methodology 																		
Recovery & Response		Develop a baseline Cyber Incident Response Plan 																				
Education, Training & Culture			Develop a cyber awareness and training framework 																			
Resourcing		Encourage cyber partnerships amongst provider organisation 																				
Asset Management			Build robust asset management estate 																			
Vulnerability Management			Develop an attack surface reduction plan for the ICS including threat intelligence 																			
Supplier Management			Provide guidance on onboarding, ongoing maintenance/monitoring, and offboarding controls on supplier management 																			
Identity & Access Management			Create a framework for robust identity and access management including movers and leavers process 																			
Common Cyber Capabilities			Develop a guide to assist the creation of common cyber capabilities 																			
Assurance exercises including penetration tests on the effectiveness of security controls across the ICS																						

Appendix 6: SWL Cyber Security Architecture Blueprint

PURPOSE

Coordinate a secure and resilient ecosystem for safe healthcare delivery across South West London Integrated Care System.

VISION

Focus on greater Risks & Harms

Defend as One

People & Culture

Built Secure for Future

Exemplary response & Recovery

APPROACH

Physical Controls

Administrative Controls

Technical Controls

Governance, Risk & Compliance

SERVICE LINES

Identify

Protect

Detect

Respond

Recover

CORE THEMES

Cyber Strategy & Governance Structure

Risk Management

Response & Recovery

Education, Training, Culture & Resourcing

Intelligence Driven Threat & Vulnerability Management

Asset/Identity/Access Management

Supply Chain Management

Cloud First

OPERATING OBJECTIVES



ESTABLISH

- Policies/ Standards/ Guidelines
- Secure Configi
- Monitoring
- Incident Management



MANAGE

- Communication
- System-wide coordination
- Risks & Issues



ENHANCE

- Security controls
- Resilience measures
- Intelligence



DELIVER

- Assessments/Reviews
- Support remediation
- Education & Awareness
- Assurance



Appendix 7: SWL Digital Transformation Investment Plan 2024 – 2027 (Infrastructure)

	2024				2025				2026				2027				2028													
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4										
Digital Infrastructure	Windows 11 Upgrade																													
	ICS Cyber Strategy																													
	Cloud Adoption Plan				Cloud Adoption Integration																									
	Privilege Access Management (PAM)																													
	Vulnerability Management																													
	Network Harmonisation Phase 1				Network Harmonisation Phase 2																									
	Service Management Consolidation																													
	End User Device & Software Licensing Optimisation																													
	FRP: Mobiles Savings				FRP: Identifying contractual opportunities, i.e. reseller data, consolidated contracts, convergence opportunities																									
	Integrating Systems	Supporting StG/ESTH (GESH) EPR Implementation																												
SWL 10Y EPR Roadmap																														
Acute EPR Strategic Outline Case (SOC)				Acute EPR Strategic Outline Case (OBC) development																										
HIE/LCR:RMH Reconnection																														
HIE/LCR: LB Merton*																														
HIE/LCR: Liaison/ Diversion/Prisons*																														
				HIE/LCR: SWL Community Pharmacists*																										
				HIE/LCR: Hospices connection*																										
				HIE/LCR: SWL Care Homes*																										
Order Comms Rationalisation				Ambient AI																										
Data Strategy	Data Strategy																													
	FDP on-boarding, training & pilot				SDE Migration																									
	Foundations for Success				Delivering 7 Priorities																									
	Culture change, new data and analytics operating model																													
	Elective Recovery Support e.g. Tele-dermatology, Hybrid Mail, pathway re-design exploration*																													
	Digital Inclusion Framework				Digital Self - Management tool exploration e.g. GetUBetter*																									
Patient Engagement Portals - Continued integration opportunity exploration*																														
Empower Citizens	Innovation Framework																													
	National Mandated Schemes																													
Inno- vation																														

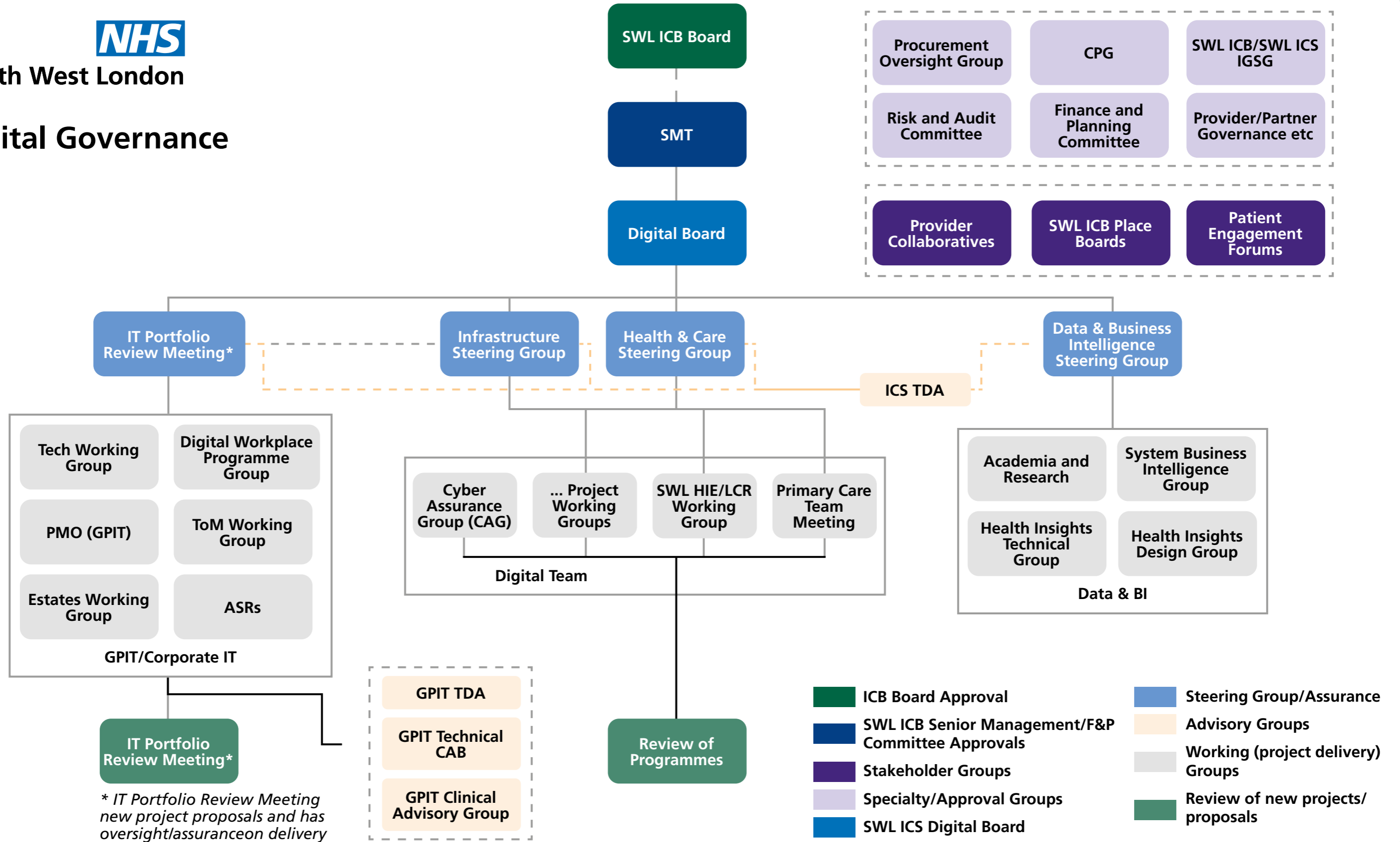
*Subject to funding

Appendix 8: ICS Digital Programme Risks And Mitigations

Programme Risk	Programme Mitigations
Degree of change: in working practices, roles and citizen engagement with NHS supported by Digital programmes	Manage Programme through established and accepted NHS change management processes
Funding: Availability of timely capital and revenue funding across all settings and pan-system	<ul style="list-style-type: none"> • Clarity of future funding streams over 5 year period from National to enable forward planning. • Continue working closely with NHSE OneLondon re: pan-London and national initiatives. • Clear process on benefits realisation.
Capacity to deliver - Digital: Timely and appropriate resourcing for digital programme teams	<ul style="list-style-type: none"> • Clear and effective resource processes for skilled digital staff and interims as agreed • Access to expertise market through effective procurement and governance processes
Capacity to deliver - system: Timely and appropriate resourcing for digital programme teams within providers and IT Service providers	<ul style="list-style-type: none"> • Senior sponsorship of programmes, quality programme planning, good stakeholder management, effective programme governance. • Continued focus on London and SWL IG towards ICS and London level agreements
Stakeholder Management: Breadth of stakeholder management to deliver digital programmes	<ul style="list-style-type: none"> • Senior officer sponsorship of programmes, effective liaison with other ICS programmes supporting change programmes, especially workforce and commissioning • Effective citizen through existing and developing channels
Programme dependencies on other NHS Digital and other related programmes	Continued senior management liaison with NHSE/ and OneLondon
Supplier capacity and availability	<ul style="list-style-type: none"> • Support from NHS Procurement throughout procurement cycle • Close engagement with NHSD support for critical supplier management

Appendix 9: SWL ICS Digital Governance Structure

NHS
 South West London
 Digital Governance



Appendix 10: SWL ICS Digital Inclusion Toolkit

South West London Integrated Care System (ICS) is committed to ensuring its population can understand, participate, and contribute to their own healthcare through the use of digital, and that staff have the right skills and capabilities to provide quality patient care.

The ICS recognises that it must take initiative to tackle the issue of digital isolation across its six boroughs, with the aim to achieve digital equality and fully realise the benefits that digital can have on people's health and wellbeing.

In the UK, it is estimate that eleven million people (20% of the population) lack basic digital skills, or do not use digital technology at all. These people tend to be older, less educated and in poorer health than the rest of the population meaning that they are also some of the heaviest users of health and social care services.

To help ensure digital health and social care services do not disadvantage the digitally excluded, care must be taken to implement interventions that help support digital inclusion, as well as ensuring non-digital alternatives are always available for those who can't, or do not wish to, access health and social care services digitally. A digitally inclusive SWL does not aim to replace in-person interactions with the NHS, but rather offer our patients the flexibility to access NHS services according to their individual preference.

In 2023, NHS England published a framework for NHS action on digital inclusion. The framework identified five domains where action is needed, outlined below.

Access to devices and data so that everyone can access digital healthcare if they choose to

Accessibility and ease of using technology, so that digital content and products are co-designed

Skills and capability so that everyone has the skills to use digital approaches and health services

Beliefs and trust so that people understand and feel confident using digital health approaches

Leadership and partnerships so that digital inclusion efforts are co-ordinated to help reduce health inequalities

This toolkit has been produced to support digital inclusion across SWL ICS, and to provide those responsible for designing and delivering digital health and care services with the tools needed to improve access and support for those who are, or are at risk of becoming, digitally excluded.

Collaboration with our partners in Local Authorities and Voluntary, Community and Social Enterprise (VCSE) organisations is essential to realising this goal. Together, we can work towards a digitally inclusive South West London.

This toolkit outlines our approach and recommendations for supporting digital inclusion. It serves as a resource for all our organisations to use to reduce digital exclusion in healthcare.

Our approach to Digital Inclusion, includes the following 5 components:

1. Inclusion in Digital Strategy

2. Inclusive Digital Projects

3. Communication and Publicity

4. Leverage Resources and Commercial Opportunities

5. Increase Visibility and Reporting

Our **recommendations** include:

Targeted Outreach and Education Programmes

Enhanced Digital Infrastructure Access

User-Friendly Support Services

Promotion and Utilisation of the NHS App

Please see the SWL ICS Digital Inclusion Toolkit for more information.

Appendix 11: References

Lord Darzi Independent Report (September 2024)

Letters from Rt Hon Wes Streeting and Amanda Pritchard (October 2024)

London Region Digital Maturity Assessment (September 2024)

What Good Looks Like Framework (October 2021)

SWL ICB Joint Forward Plan (2023-2028)

SWL NHS Infrastructure Strategy (July 2024)

SWL Cyber Security Strategy (2024 - 2030)

SWL ICB ICT Strategy (2025-2028)

SWL ICS Digital Inclusion Toolkit (May 2024)

The governments 2023 mandate to NHS England

Figure 13 **The Ten Design Principles of Integrated Care in the IPCHS** (2022)

SWL Digital Workforce Strategic Plan (April 2022)

SWL Green Plan (2024)

Figure 15 **Arden & GEM CSU Integrated Support Model**

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