SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**18 November 2024**					
Title of report	**STW ICS Digital Strategy Progress**					
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations	**X**	Approval of recommendations (With discussion by exception)		Information only (No recommendations)	
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Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People		Joined up working		X	
	Mental Health		Improving Population Health		X	
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities			
	Workforce	X	Reduce inequalities (see below)		X	
What inequalities does this report address?						

Report content - Please expand content under these headings or attach your report ensuring the three headings are included.

1. **Executive Summary**

This report provides a comprehensive update on the progress of the Shropshire Telford, and Wrekin (STW) Integrated Care System (ICS) Digital Strategy. Since its approval in March 2024, the strategy has been driving digital transformation across health and care services to enhance outcomes, optimise operational efficiencies, and promote digital inclusivity. Key accomplishments include the rollout of Electronic Patient Records (EPR) across acute, community, and primary care settings, advancements in digital diagnostics, and initiatives to support local care transformation through virtual care delivery and remote monitoring solutions.
However, challenges remain, particularly in securing sustainable funding, improving system interoperability, and ensuring digital inclusivity for all citizens. This report outlines critical next steps to address these challenges, including enhancing digital infrastructure, expanding workforce training, and leveraging data integration for improved care coordination. By addressing these areas, STW ICS aims to achieve its vision of a digitally enabled, equitable health and care system by 2028.

2. **Recommendations**

- **Expand Digital Inclusivity and Access**
  Strengthen partnerships with local councils and community organisations to address digital inequalities. Prioritise digital literacy programmes and device distribution to underserved populations, ensuring equitable access to digital health and care services, especially in rural areas.
- **Secure Sustainable Funding for Digital Programmes**
  Actively pursue additional funding streams and collaborative bids with NHS England to support the expansion of frontline digitisation projects, including EPR systems, digital diagnostics, and integrated care solutions. This is critical to maintaining the momentum of current initiatives and scaling new projects.
- **Enhance System Interoperability and Data Integration**
  Focus on achieving seamless data sharing between EPR systems across acute, community, and primary care settings. Invest in solutions that standardise data formats and promote

interoperability, enabling clinicians to access comprehensive patient information for better clinical decision-making.

- **Strengthen Cybersecurity and Infrastructure Resilience**
  Continue to invest in cybersecurity measures and infrastructure upgrades to ensure the safety of patient data and the resilience of digital health systems. This includes enhancing protections for medical devices and addressing potential vulnerabilities across the network.
- **Drive Engagement for Integrated Care Records Adoption**
  Launch a targeted awareness campaign to increase the adoption of the Shared Care Record among clinicians and care providers. Provide training and resources to promote the benefits of integrated care records, ensuring that data-sharing supports proactive care and improved patient outcomes.
- **Optimise Workforce Digital Skills Development**
  As technology evolves rapidly, it is vital that our health and social care workforce is confident, capable, and motivated in its use. To achieve this, we aim to cultivate digital literacy across all staff groups. We will streamline existing training resources into a cohesive system-wide approach, enhancing digital skills and competencies. To support this, we seek to offer digital skills assessments, enabling staff and managers to identify training needs and develop personalised learning plans.
  By aligning our training initiatives with education partners, it will be possible to standardise learning frameworks, ensuring consistency and responsiveness to evolving workforce needs. This approach will empower our staff to effectively leverage digital tools in their roles.
- **Evaluate and Scale Virtual Care Solutions**
  Following the successful pilot of GenieConnect and the upcoming trials of CareBuilder's lifestyle monitoring sensors, conduct thorough evaluations to determine scalability. Focus on expanding virtual care solutions to rural and underserved populations to increase access to remote care and reduce pressures on hospital services.
- **Reassess the Virtual Wards and Remote Monitoring Strategy**
  Given the decommissioning of the *Docobo* solution and the lack of demonstrable benefits, the ICS should reassess its approach to remote monitoring. This includes exploring alternative solutions and re-prioritising investments to focus on areas where digital tools can have a proven impact on patient care.

3. Report

See report attached.

Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	The implementation of the STW ICS Digital Strategy is progressing, but several risks need to be managed to achieve its objectives. Key risks include limited progress in remote monitoring capabilities, challenges with system interoperability, and potential funding gaps that may impact the scalability of digital transformation initiatives. Cybersecurity remains a critical concern, particularly as digital infrastructure expands across care settings. Opportunities exist to optimise digital inclusion by partnering with local authorities to address digital inequalities, particularly in rural areas. Additionally, leveraging integrated data systems can enhance patient outcomes through better-informed decision-making and streamlined care pathways. Further investment in workforce digital skills and cybersecurity measures will support the long-term resilience and efficiency of the healthcare system. By addressing these risks and capitalising on identified opportunities, the ICS can continue to advance its digital strategy, improve people's outcomes, and enhance operational efficiency across the health and care system.
Financial implications (Any financial implications of note)	

Climate Change Appraisal as applicable		
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)		
Cabinet Member (Portfolio Holder) Portfolio holders can be found here **or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead**		
Appendices Appendix A. Health and Wellbeing Board Report on STW ICS Digital Strategy Progress		

Contents

Health and Wellbeing Board Report on STW ICS Digital Strategy Progress

Executive Summary

This report provides an update to the Health and Wellbeing Board on the progress of the Shropshire Telford, and Wrekin (STW) Integrated Care System (ICS) Digital Strategy. Developed to guide digital transformation across the ICS until 2028, this strategy aims to create a connected, inclusive, and people-centred health and care environment. This report highlights achievements, addresses ongoing challenges, and outlines next steps across the strategy's core programmes.

Key areas covered include digital inclusion, electronic patient records (EPR), integrated care records, local care transformation, infrastructure optimisation, and leadership in digital governance. The report also details critical future actions required to ensure continued alignment with strategic objectives and effective digital transformation across the ICS.

1. Introduction

The STW ICS Digital Strategy, approved in March 2024, establishes a roadmap for digitally enabling the health and care system. Its goals are to enhance the outcomes for our population, improve operational efficiency, and support workforce capabilities across STW ICS.

The Digital Strategy was developed in alignment with the UK Government's published plan for digital health and social care which defines the What Good Looks Like (WGLL) framework and the measures of digital success for organisations.

This report provides a structured overview of progress, challenges, and future directions across the primary programme areas, demonstrating our commitment to an inclusive digital-first health and care system that serves all stakeholders effectively.

2. Digital Strategy Objectives

The Digital Strategy is structured around agreed key objectives, each aimed at advancing healthcare delivery through digital transformation:

2.1. **Safe Practice and Governance**: Implement frontline systems that support safer clinical practices and establish robust digital foundations.
2.2. **Cybersecurity and Resilience**: Strengthen cybersecurity and ensure infrastructure resilience to safeguard patient and organisational data.
2.3. **Digital Inclusivity**: Design all digital services with inclusivity in mind, ensuring equitable access to healthcare resources.
2.4. **System Integration and Collaboration**: Foster a unified system that encourages collaboration and digitally empowers our population.
2.5. **Resource and Workforce Optimisation**: Address workforce challenges by promoting resource sharing, building digital skills, and embedding good digital practices across the ICS.
2.6. **Care Quality and Patient Experience**: Leverage digital tools to enhance care quality and improve the patient experience.
2.7. **Staff Productivity**: Enhance staff efficiency and satisfaction by streamlining workflows and reducing manual tasks through digital solutions.

3. Digital Transformation Programmes

The Digital Strategy establishes seven strategic areas of focus, each addressing key objectives through specific digital transformation initiatives. These areas guide the ICS in meeting its digital priorities and are outlined in Table 1 below.

Table 1: Strategic Areas of Focus

Leadership, Collaboration and model for digital

Aims to strengthen governance, collaboration, and resource management across the ICS to support a cohesive digital transformation:

- ICS Digital Portfolio Management and Demand Management, Risk Register: maintains alignment with strategic goals.
- Finance Alignment: Coordinates budget allocations, manages funding bids, and ensures financial accountability across digital initiatives.
- ICS Digital Lead and PMO Functions: Provides dedicated digital leadership and project management to facilitate smooth delivery of digital projects.

Digital Inclusion – Citizen, Community and Workforce

Ensures digital initiatives are inclusive and accessible, minimising digital inequality among citizens and staff:

- Reasonable Adjustment Digital Flag: Identifies and accommodates accessibility needs to support equal access for all citizens.
- Digital Consent Programme: Empowers citizens by allowing them to manage their health data with transparency and control.
- Patient Engagement Portal: Centralises citizen access to health services, fostering engagement and ease of use.

Local Care Transformation

Focuses on improving access and quality of care within local communities, leveraging digital solutions for remote and virtual care:

- Virtual Wards & Remote Monitoring: Provides care at home for eligible patients through digital monitoring tools.
- Digital Social Care Records: Enhances continuity of care through digitised social care records.
- Virtual Care Delivery System: Expands virtual healthcare options, improving patient experience and accessibility.
- Primary Care Access: Streamlines primary care access via digital platforms, enhancing efficiency and patient satisfaction.

Integrated Care Transformation

Aims to integrate care delivery across services to improve outcomes and productivity:

- MSK Phase 2/HTAAF: Enhances digital capabilities in musculoskeletal care, increasing access and coordination.
- EeRS Programme: Facilitates electronic referrals, making patient transitions smoother and reducing wait times.
- Medwise Primary Care Clinical Productivity Pilot (HTAAF): Pilots digital tools in primary care to improve clinical productivity and patient outcomes.

Infrastructure Optimisation and Cyber Security

Strengthens the digital infrastructure to ensure security, reliability, and resilience:

- Infrastructure Upgrades/Optimisation: Modernises and optimises the digital infrastructure across STW.
- Infrastructure Convergence: Aligns and consolidates systems to reduce redundancy and improve interoperability.
- Cyber Security Strategy and Cyber Operations Group: Establishes comprehensive cybersecurity protocols and manages ongoing security operations.
- Medical Device Cyber Security: Protects medical devices from cybersecurity threats to ensure patient safety and data security.

EPR (Electronic Patient Records) and Digital Diagnostics

Focuses on digitising patient records and diagnostic services to streamline care and improve accuracy:

- EPR Implementation at RJAH and SaTH: Deploys electronic patient records at the Robert Jones and Agnes Hunt Orthopaedic Hospital and Shrewsbury and Telford Hospital.
- Orders Communications & Reporting: Enhances communication and reporting around patient orders to improve coordination.
- Laboratory Information Management Systems and Imaging: Digitises laboratory and imaging workflows, supporting faster diagnostics and better care delivery

Integrated Care Records

Leverages data insights to support health outcomes and informed decision-making:

- Shrewd: A data analytics platform offering real-time insights to support patient care and operational decisions.
- Population Health Analytics: Uses data to identify and address community health trends and support proactive care.
- Integrated Care Records (One Health & Care) Reset: Refreshes the integrated care records system, improving data sharing and accessibility across care providers.

3.1 Leadership and Collaboration in Digital Transformation

Progress Overview:

Effective leadership and collaboration are core measures of success within the NHS's *What Good Looks Like* (WGLL) framework for digital maturity assessments (DMA). Under the "well-led" standard, the focus is on strong, strategic leadership for digital transformation and collaborative initiatives across the ICS. Significant progress has been made toward these objectives, aligning leadership and governance with the ICS's broader digital transformation goals:

3.1.1 **Digital Leadership**: The establishment of strong digital leadership across the Integrated Care Board (ICB) and all provider organisations has been instrumental. With the Chief Medical Officer (CMO) and Digital Lead roles now in place within the ICB, all system partners are equipped with Chief Information Officer (CIO) or equivalent roles, along with dedicated programme leads. Each partner has developed a clear digital transformation strategy that aligns with the overarching ICS objectives. This distributed yet cohesive leadership structure demonstrates the system's capability to leverage data technology to transform healthcare delivery, ensure people-centric services, and enhance operational efficiency.

3.1.2 **ICS Digital Portfolio and Demand Management**: The ICS has established a Digital Delivery Group (DDG) to provide central oversight and coordination of digital initiatives. This group plays a critical role in ensuring that digital programmes and projects align with the ICS's strategic goals, managing demand through a rigorous framework that includes a risk register. This governance structure provides a comprehensive view of project priorities, resource requirements, and potential risks, enabling agile responses to emerging needs across the system.

Challenges and Next Steps:

Achieving the ICS's digital transformation goals requires strategic alignment, a robust foundation of governance, resource alignment, and ongoing communication. Addressing the following challenges will be essential for continued progress:

3.1.2. **Securing Funding for Digital Initiatives**: The expansion and sustainability of digital capabilities across the ICS depend heavily on securing dedicated resources and financial support. Engaging with NHS England (NHSE) to secure funding remains a priority. This includes advocating for targeted investments that support both foundational and innovative digital projects, enabling the ICS to expand its digital portfolio and meet the WGLL standards effectively.

3.1.3. **Strengthening Financial and Resource Coordination**: In line with organisational targets, the ICS has initiated cost-saving measures aimed at reducing overall spend while maintaining the quality and safety of digital services. Collaborative procurement strategies are under continuous development to ensure the best value for digital investments across the ICS. This includes refining operational processes to maximise cost-effectiveness and ensuring that priority digital transformation projects receive adequate support without compromising service standards.

3.1.4. **Enhancing Stakeholder Communication**: A key challenge for digital leadership has been maintaining consistent communication and engagement with stakeholders across transformation programmes. To address this, the ICS is revisiting its stakeholder engagement approach to ensure that user-centred design and co-production principles are prioritised. Enhancing communication channels will keep stakeholders well-informed of programme developments and achievements, fostering transparency, adoption, and alignment with ICS objectives. Engaging stakeholders through regular updates and

feedback mechanisms will also support a culture of shared ownership and active participation in the ICS's digital transformation journey.

3.2 Digital Inclusion – Citizen, Community, and Workforce

Progress Overview:

Digital Inclusion is focused on ensuring that healthcare services are accessible to all citizens by addressing digital inequalities and enhancing digital literacy among patients and healthcare staff. This initiative aims to bridge gaps in digital access and equip individuals with the skills and support needed to effectively engage with digital health and care services.

3.2.1. **Reasonable Adjustment Digital Flag (RADF)**: The RADF programme remains a central component of our commitment to equitable digital access. This initiative helps identify patients requiring specific adjustments to access digital services effectively. By flagging these needs, the system can tailor digital interactions, ensuring that all patients receive accessible and personalised digital care. This step will ensure that all digital health services remain accessible to individuals with diverse needs, reinforcing our commitment to inclusivity.

3.2.2. **Patient Engagement Portal Integration with NHS App**: Improving patient access to health records, appointments, and notifications is a key goal, and plans are underway for PEP implementation across partner organisations. The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) and Shrewsbury and Telford Hospital (SaTH) are progressing with the implementation of the *Doctor Doctor* portal, while Shropshire Community Health NHS Trust (SCHT) will use the Patient Knows Best portal together with Midlands Partnership Foundation Trust (MPFT). Although these portals are not yet live, once implemented, they will be instrumental in promoting health equity by enabling all citizens to access their medical records conveniently.

3.2.3. **Workforce Training**: As technology continues to advance at a rapid pace, it is essential that our health and social care workforce remains fully capable, confident, and motivated in leveraging these tools effectively in their roles. To achieve this, we are committed to fostering a digitally literate workforce across all staff groups, ensuring that everyone is equipped with the necessary skills to thrive in a digitally enabled healthcare environment. To support this goal, we will consolidate existing training resources to create a cohesive system-wide approach for developing digital literacy skills, competencies, and confidence. This includes offering tailored training programmes that align with current technological needs, thereby empowering our workforce to use digital tools efficiently and effectively. Additionally, we will introduce digital skills assessments to help both individuals and their managers identify specific training needs. This targeted approach will enable personalised learning plans that are aligned with professional development goals. To further enhance this initiative, we will collaborate with our education provider partners to establish a standardised learning and development framework. This will ensure consistency in training delivery, support adaptability to evolving workforce requirements, and enhance our capability to respond swiftly to the digital training needs of our staff.

Challenges and Next Steps:

To ensure the Digital Inclusion programme benefits all citizens and staff, addressing both digital literacy and access remains a priority. Key actions include:

3.2.4. **Digital Literacy and Access**: Digital literacy varies widely across the population, impacting engagement with digital services. Financial constraints limit the distribution of devices and the reach of digital literacy programmes. Connectivity remains an ongoing barrier to

access, especially in our rural communities. Collaborations with council partners have improved access to digital devices, yet more effort is needed to bridge gaps.

3.2.5. **Finalising Patient Engagement Portal Integration**: Completion of the PEPs and their integration with the NHS app is essential for providing patients with seamless access to appointments, health records, and notifications. This step will significantly improve convenience, promote engagement, and empower patients to take an active role in personal health management.

3.2.6. **Public Awareness, Security and Confidence**: Educating citizens about available digital health and care services is essential. Engaging patient groups in the design and development phases of these services will foster trust and promote greater engagement with digital healthcare platforms. Adopting a patient-centred design approach across digital services will improve accessibility, while ensuring that these platforms are user-friendly, secure, and compliant with Web Content Accessibility Guidelines (WCAG) to instil confidence. Security protocols must be rigorously maintained to protect patient data, further building public confidence in the digital healthcare ecosystem.

3.3 Local Care Transformation

Progress Overview:

The Local Care Transformation programme focuses on improving access to quality care within local communities by deploying digital solutions that support remote and virtual care, enhance social care services, and streamline primary care operations. These initiatives address the diverse needs of patients, care providers, and primary care staff, leveraging technology to increase care efficiency and accessibility across Shropshire.

3.3.1. **Digital Social Care Records:** A system-wide programme led by Telford and Wrekin Council, phase 1 of the Digital Social Care Records programme helps care providers - care homes and domiciliary care services, transition from paper-based records to digital care planning systems. The programme successfully met its target to engage 75 care providers over three years, assisting them with Expressions of Interest (EOIs), supplier contracts, and access to match funding. This shift to digital care planning in the community enhances care continuity, data accuracy, and service quality, ultimately improving care delivery for residents.

3.3.2. **Virtual Care Delivery:** Through the CareTech fund, Shropshire Council is pioneering Virtual Care Delivery, leveraging technology to support social care for adults within their homes. The programme includes the deployment of digital devices that provide task reminders, enable connections with family members, and serve as directories for essential services. In 2024/25, the programme successfully piloted *GenieConnect*, a platform designed to alleviate the burden on caregivers by automating daily reminders and wellbeing prompts, facilitating family communication, and supporting remote care for individuals in rural areas. With care worker shortages and the need for efficient home-based care, *GenieConnect* bridges gaps by empowering individuals with greater independence. Following the pilot, GenieConnect will undergo an evaluation to determine its potential for wider rollout. Looking ahead to 2025/26, the programme aims to pilot *CareBuilder*'s lifestyle monitoring sensors, which use advanced algorithms to monitor residents' daily activities, detect anomalies (e.g., prolonged inactivity or night-time restlessness), and provide wellbeing alerts to care providers, improving safety and response times.

3.3.3. **Primary Care Digital Improvements**: This programme focuses on advancing digital capabilities within primary care to streamline workflows, improve clinical productivity, and enhance patient care. Significant milestones have been achieved, with all GP practices

across the ICS now successfully implementing the *EMIS* Electronic Patient Record (EPR) system. This system allows for secure, comprehensive patient record management, supporting seamless data sharing across primary and secondary care.

In addition to *EMIS*, the *DocMan* document management system has been rolled out, simplifying correspondence processing within practices and reducing administrative workloads by automating document workflows. The Electronic Referral System (EeRS) has also been deployed to facilitate more efficient patient referrals, enhancing patient flow and alleviating administrative pressures on primary care staff.

Efforts to upgrade critical network infrastructure are ongoing, with improvements to firewalls and routers underway across GP practices. These upgrades are essential for enhancing both security and connectivity, ensuring that practices have a robust digital foundation capable of supporting current and future technologies.

A key innovation initiative in this programme is the introduction of *Medwise*, funded through the Health Tech Adoption and Acceleration Fund. *Medwise* is a sophisticated search platform that allows clinicians to quickly access up-to-date medical guidance, policy documents, and best practice resources directly at the point of care. This tool not only boosts clinician productivity but also minimises errors in referrals and promotes adherence to best practices by making critical information readily available during consultations. Currently, *Medwise* is being piloted in collaboration with selected GP practices, with plans for wider rollout across primary care pending a successful evaluation of its impact on clinical workflows and care quality.

Challenges and Next Steps

To ensure the Local Care Transformation portfolio's objectives are met, addressing current challenges and focusing on key expansion efforts will be essential.

3.3.1. **Virtual Wards and Remote Monitoring**: SCHT initially piloted the nationally funded Docobo remote monitoring solution to enhance Out-of-Hospital patient care by providing real-time health monitoring for patients who would otherwise require hospitalisation. However, the pilot is now being decommissioned due to inconclusive results regarding its effectiveness. The recent acquisition of Docobo by Graphnet presents new opportunities for integration and enhancement, particularly in merging remote monitoring data with Electronic Patient Records (EPRs) and the Shared Care Record. This development creates a timely opportunity for the ICS to reconsider its options and potentially re-evaluate the use of this solution in its Virtual Wards and Remote Monitoring strategy.

3.3.2. **Integrating Remote Monitoring with EPRs**: The Digital Delivery Group (DDG) is working to define a roadmap for supporting virtual wards through Digital Remote Monitoring solutions. This includes completing evaluations of current tools, selecting optimal solutions, and ensuring seamless data integration between remote monitoring systems and EPRs to enable more effective in-home care and real-time monitoring.

3.3.3. **Strengthening Primary Care Digital Infrastructure:** Continued infrastructure upgrades are planned across GP practices to optimise connectivity and security, ensuring that primary care providers can fully leverage digital tools. These upgrades, particularly to firewalls and routers, will enhance the robustness of primary care digital systems, allowing for secure, high-quality service delivery.

3.3.4. **Scaling Virtual Care Solutions**: Pending the successful evaluation of *GenieConnect*, the programme will focus on expanding its reach to a broader patient population, particularly targeting rural and underserved areas. Additionally, in 2025/26, the introduction of *CareBuilder's* lifestyle monitoring sensors will further support in-home care by providing

real-time wellbeing checks for vulnerable individuals, enhancing the capacity of care providers to respond promptly to potential issues.

3.3.5. **Supporting Digital Social Care Record Adoption**: Continued engagement with care providers will be crucial in promoting the adoption of Digital Social Care Records. The ICS will provide guidance, assistance with EOIs, and explore additional match funding options to help more providers transition from paper-based systems to digital care planning, supporting high-quality and accurate care delivery.

3.4 Integrated Care Transformation

Progress Overview:

The Integrated Care Transformation programme is designed to enhance clinical pathways across key service areas, including musculoskeletal (MSK) services, diabetes management, and urgent and emergency care. By implementing digital solutions, this programme aims to improve patient outcomes, streamline referrals, and optimise care delivery across the ICS.

3.4.1. **MSK Pathway Transformation**: The MSK pathway transformation initiative, led by the ICB, has introduced several digital tools to enhance patient engagement and streamline referral processes. The *MyRecovery* app, a comprehensive pathway companion for STW MSK patients, supports end-to-end engagement, allowing patients to actively manage their care and improve outcomes through self-guided support. The ICB has also deployed *StrataPathways* for referral management, which automates the transfer of referrals from the NHS e-Referral Service (e-RS) to SCHT's *RIO* system, creating a unified user experience (UX) for clinical triage at the STW MSK Single Point of Access. The platform also enables self-referrals through MyRecovery, enhancing accessibility and convenience for patients. Additionally, the *Goodboost* system offers AI-guided exercises both in swimming pools and on land, supporting patients in self-managing MSK and population health-related conditions with safe, accessible exercise options.

3.4.2. **Electronic Eye Referral System (EeRS) Implementation**: Launched in STW on 1st November 2023, the Electronic Eye Referral System (EeRS) is a secure digital platform that enables optometrists to electronically refer patients for further investigation or treatment of eye conditions. As part of an NHS Midlands regional rollout, two-thirds of optometry practices in STW are now live on EeRS, streamlining referrals and enabling optometrists to access advice and guidance directly. Benefits include faster more convenient referrals without the need for email, post, or fax; the ability to attach documents and eye scans; reduced administrative burdens on GP practices; and improved communication between optometrists and secondary care providers, who can now track referral status and outcomes. This system is anticipated to enhance referral efficiency, improve patient experience, and support continuity of care across services.

Challenges and Next Steps

As the Integrated Care Transformation programme progresses, the focus will remain on expanding digital pathways and adopting proactive care solutions. Key next steps include:

3.4.3. **Digital in Women's Health**: The ICB is developing an online Women's Health information repository, which will provide both the public and clinical staff with easy access to the latest information on women's health issues. There is potential to leverage the *Healthier Together* platform for this purpose, ensuring accessibility and inclusivity in alignment with the digital inclusion agenda. Additionally, the team is exploring the possibility of using *Medwise* to help clinicians quickly navigate the information repository of women's health information, making evidence-based guidelines more accessible and actionable.

3.4.4. **Exploring Digital Solutions in Diabetes management**: In line with the ICS Diabetes Strategy, efforts are underway to explore how digital solutions can support proactive diabetes care. The ICS is assessing the role of Remote Monitoring and Population Health Management (PHM) to help patients manage diabetes more effectively and to enable clinicians to monitor patient progress. This approach is anticipated to improve patient outcomes by facilitating early intervention, reducing complications, and optimising resource allocation in diabetes care.

3.4.5. **Exploring Digital Solutions in Urgent and Emergency Care**: The ICS is investigating how population health data can be used to enhance urgent and emergency care services. By analysing PHM data, the ICS aims to predict demand, allocate resources more effectively, and optimise response times for urgent and emergency cases. This data-driven approach will allow for improved service delivery, enhance patient outcomes, and increase operational efficiency across emergency care settings.

3.5 Integrated Care Records and Population Health Management

Progress Overview:

The implementation of the Shared Care Record through the Graphnet contract has laid a critical foundation for data-sharing across the ICS, enabling clinicians and care providers to access real-time patient information and fostering collaborative care. This step marks a significant advancement toward a unified, integrated care system that supports continuity of care, better decision-making, and improved patient outcomes.

3.5.1. **Data Feed Integration:** A major achievement has been establishing a data feed across the ICS, allowing seamless integration into the One Health & Care (OHC) Shared Care Record. This capability enables healthcare providers across the ICS to access vital patient information directly within their Electronic Patient Record (EPR) systems through the OHC interface. As a result, clinicians now have access to comprehensive patient history when delivering care, which enhances clinical decisions, reduces duplication, and minimises the risk of error. This integration allows for better-informed and more personalised care delivery across different healthcare settings.

3.5.2. **Collaborative Solution Development with Regional ICS Partners:** In partnership with neighbouring ICSs—Staffordshire and Stoke-on-Trent, and Black Country—we have established a unified platform for the Shared Care Record. This collaborative approach has been instrumental in standardising data-sharing protocols, harmonising patient record formats, and improving interoperability across systems. By aligning our systems regionally, the Shared Care Record now supports cross-boundary care delivery, allowing for a smooth flow of patient information across organisations and ensuring that clinicians have consistent, reliable access to critical health data. This collaboration is paving the way for a more integrated, patient-centred healthcare experience across the Midlands, fostering a proactive, preventative approach to care.

Challenges and Next Steps:

To fully realise the potential of the Integrated Care Records and Population Health Management programme, several challenges need to be addressed. These challenges are closely tied to resource allocation, stakeholder engagement, and the enhancement of system functionality.

3.5.3. **Contract Renewal and Funding for Ongoing Development**: The One Health & Care contract for STW is set to expire in 2026. To ensure the continuity and expansion of integrated care record capabilities, securing funding for contract renewal will be essential. Renewing this contract will not only maintain our alignment with other ICSs but also sustain the critical infrastructure required for seamless data-sharing across the region.

This funding will enable us to continue to support the integration of care records, develop additional functionalities, and remain responsive to evolving healthcare needs.

3.5.4. **Awareness and Engagement Among Clinical Staff and Stakeholders**: A significant challenge remains in raising awareness and promoting adoption of the Shared Care Record among clinical staff and stakeholders. Due to limited awareness about the Shared Care Record's potential, adoption rates have been suboptimal. Furthermore, the absence of key features—such as Care Planning and Population Health Management (PHM) functionalities—as well as intermittent data feeds, have limited clinicians' engagement with the OHC. To address this, we will launch an extensive awareness campaign targeting clinical staff, administrative teams, and decision-makers across the ICS. The campaign will aim to highlight the benefits of the Shared Care Record, provide hands-on training, and promote success stories from neighbouring ICSs to encourage engagement and consistent use of the platform. By improving understanding and usability, we anticipate a substantial increase in adoption rates, which will enhance care coordination and patient outcomes.

3.5.5. **Acquiring Programme Resources:** To drive engagement, communications, and Information Governance (IG) compliance, reinstating the support agreement with the Midlands and Lancashire Commissioning Support Unit (MLCSU) is essential. MLCSU resources will provide critical IG guidance, ensuring adherence to regulations surrounding data-sharing and secondary use of patient information. Furthermore, MLCSU support will enhance communication efforts, providing a structured approach to promoting the Shared Care Record's benefits and ensuring that clinicians and support staff receive the guidance they need to adopt this system effectively. MLCSU's involvement will be key in overcoming barriers to adoption and building a sustainable engagement model across the ICS.

3.5.6. **Expanding Care Planning Capabilities:** Compared to neighbouring ICSs, STW lags in deploying the Care Plan module within the OHC platform. Other ICSs have successfully implemented modules that provide access to care plans, End-of-Life care plans, Learning Disabilities and Autism (LDA) registers, pathology and radiology results, ReSPECT forms, frailty management tools, and comprehensive clinical correspondence. Expanding these capabilities within STW's Shared Care Record will enhance care coordination, provide clinicians with a holistic view of patient health, and support data-driven decision-making. Securing additional funding to implement these functionalities will bring STW in line with best practices, enabling our clinicians to access detailed patient information, anticipate care needs, and improve care continuity.

3.5.7. **Enhancing Information Governance (IG) Compliance**: Compliance with Information Governance regulations, particularly for secondary use of data, is a critical step for leveraging the Shared Care Record for Population Health Management. IG standards for data usage are stringent, especially when data is used for analytics beyond direct patient care. To address this, we will allocate resources specifically to IG compliance efforts, ensuring that PHM applications adhere to regulatory standards while enabling the use of health data for broader population health insights. This compliance will empower the ICS to leverage data effectively for proactive care planning and to identify population health trends while maintaining patient confidentiality and trust.

3.5.8. **Implementing Population Health Management (PHM) Solutions**: Addressing the IG hurdles surrounding the secondary use of OHC data will allow for the full implementation of digital PHM tools, including a PHM dashboard and an enhanced case-finding tool. These functionalities will enable the ICS to conduct predictive analytics, identify at-risk populations, and target interventions for chronic disease management, such as diabetes. With PHM, clinicians and care managers can access population-level insights and proactively address long-term conditions, leading to improved outcomes and reduced healthcare costs. Funding for these tools will facilitate data-driven, preventative care that

is responsive to population health trends and enables the ICS to better manage healthcare resources.

3.5.9. **Engaging with Care Homes, Domiciliary Care Services, and Hospices**: To ensure comprehensive participation in the Shared Care Record, we need to support care homes, domiciliary care services, and hospices in transitioning from paper-based to digital records. These providers, often limited in resources, face barriers to adopting digital solutions, which impacts the overall integration of care records across the ICS. Providing technical assistance, facilitating training, and exploring funding options will be critical to overcoming these barriers. By including these care providers in the Shared Care Record, the ICS can create a more robust and interconnected network of healthcare providers, ensuring that all patient information is readily accessible across care settings, which will improve the quality and continuity of care for vulnerable populations.

3.6 Electronic Patient Records (EPR) and Digital Diagnostics

Progress Overview:

The goal of this programme is to ensure that frontline patient systems across the ICS are fully digitised, enabling real-time access to patient information and facilitating seamless integration across care settings. This approach not only improves care delivery and operational efficiency but also supports safer, data-driven clinical decision-making. Substantial progress has been made in the rollout and integration of Electronic Patient Records (EPR) systems, with additional strides in digital diagnostics to enhance coordination, accuracy, and efficiency across primary, community, and acute care.

3.6.1. **System C Careflow EPR Implementation at Acute Trusts:**
The implementation of the System C Careflow EPR is advancing well within acute settings. SaTH went live with Careflow in April 2024, marking a significant milestone in the digitisation of patient records within the ICS. This system enables clinicians to access comprehensive patient information in real-time, improving workflow efficiency, clinical decision-making, and patient care coordination. RJAH is scheduled to go live with System C Careflow in November 2024, further expanding digital integration across acute trusts. RJAH's adoption of the System C EPMA (Electronic Prescribing and Medicines Administration) module will also enhance medication management, supporting safer prescribing and administration practices.

3.6.2. **Access Group's RIO EPR Implementations at Community Trusts:**
Both SCHT and MPFT have achieved mature implementations of The Access Group's RIO EPR. These systems provide robust support for patient management in community and mental health settings, ensuring that clinicians and care teams have access to accurate, up-to-date patient information. RIO's integration supports continuity of care by enabling information-sharing between community-based services and acute or primary care providers, streamlining workflows and improving patient outcomes.

3.6.3. **EMIS EPR Rollout Across Primary Care:**
EMIS EPR has now been fully deployed across all primary care practices within the ICS, enabling GPs to securely access, update, and share patient records within the broader healthcare network. This implementation strengthens data accessibility, enhances patient care continuity, and reduces duplication of patient data entry, thereby improving the overall efficiency of primary care services.

3.6.4. **Electronic Prescribing and Medication Administration (EPMA):**
The CLEO EPMA system, which supports electronic prescribing and medication administration, has been successfully implemented at MPFT and is now fully integrated with the RIO EPR. This integration facilitates safe and efficient medication management within community care settings, reducing the likelihood of medication errors and enhancing

patient safety. SCHT and SaTH are actively exploring the suitability of CLEO EPMA for their environments to achieve similar efficiencies, while RJAH is on track to implement the System C EPMA module in alignment with its Careflow EPR rollout.

3.6.5. **OrderComms Solution (Clinisys ICE) for Pathology and Radiology:**
To improve diagnostic processes and coordination between primary and acute care providers, the ICS is exploring the implementation of Clinisys ICE as an OrderComms solution. This platform would facilitate electronic orders and results management for pathology and radiology tests, streamlining diagnostic workflows between primary care practices and acute trusts. Clinisys ICE integration will allow GPs and hospital-based clinicians to access test results directly, improving diagnostic accuracy and enabling faster, more informed treatment decisions.

Challenges and Next Steps:

While progress has been considerable, the successful deployment and integration of EPR systems and digital diagnostics across the ICS face several key challenges. Addressing these challenges is essential to maximise the potential of digital solutions in enhancing care quality and operational efficiency.

3.6.6. **Bed Management System Integration within EPRs:**
One of the primary limitations within current EPR implementations is the absence of an integrated bed management system. This restricts our ability to optimise bed allocation, track patient flow accurately, and fully realise our bed capacity potential. Implementing a bed management module within existing EPR systems would allow real-time tracking of bed occupancy, streamline patient admissions and discharges, and improve overall hospital efficiency. Exploring and investing in bed management solutions that can integrate with the existing EPR infrastructure remains a key next step for the ICS.

3.6.7. **Uncertain NHS Frontline Digitisation Funding:**
Future funding for NHS frontline digitisation initiatives remains uncertain, which presents a significant risk to the continuation of EPR development and the expansion of ancillary digital systems. Securing sustained funding from NHS sources or alternative streams is critical to advancing the functionality of EPRs, supporting the rollout of OrderComms solutions, and achieving complete digital integration. Contingency planning and proactive engagement with funding bodies are necessary to ensure that financial constraints do not hinder the progress of digital transformation initiatives within the ICS.

3.6.8. **Ensuring EPR Interoperability Across Systems:**
With different EPR platforms in use across primary, acute, and community care settings, ensuring interoperability between these systems is essential. The ICS must continue to work closely with EPR vendors to enable seamless data-sharing and to standardise data formats across platforms. This will support comprehensive patient records that follow patients across care settings, reducing information silos, improving continuity of care, and enabling clinicians to make fully informed decisions. Ensuring interoperability also supports future enhancements, such as integrated diagnostic tools and predictive analytics, which require access to unified patient data.

4. Conclusion

4.1. The progress made by the STW Integrated Care System (ICS) in advancing the aims of its Digital Strategy highlights significant strides in establishing a people-centred, data-driven, and digitally inclusive health and care environment. Through dedicated focus areas, the ICS has laid a solid

foundation for improving healthcare delivery, enhancing operational efficiencies, and empowering citizens and staff to engage meaningfully with digital health services.

4.2. Key achievements include the deployment of Electronic Patient Records (EPR) across primary, community, and acute care, which is transforming patient data accessibility and clinical workflows. Additionally, innovative tools such as *DocMan* and *Medwise* in primary care are streamlining correspondence and enabling clinicians to access critical guidance at the point of care. The integrated OrderComms solution and EPMA systems further enhance diagnostics and medication safety, supporting a cohesive digital ecosystem that prioritises quality and efficiency.

4.3. In parallel, initiatives under Digital Inclusion are bridging the gap in digital access, while Local Care Transformation is empowering citizens with virtual care solutions like *GenieConnect*, enhancing in-home care through remote monitoring and support systems. Collaborative partnerships with regional ICSs and the expansion of Integrated Care Records underscore the ICS's commitment to interoperability and cross-boundary data sharing, strategically positioning STW for integrated care delivery.

4.5. However, several challenges remain, including the need for sustained funding, expanded functionality in care records, and enhanced interoperability across diverse digital platforms. Addressing these challenges will be critical to maintaining the momentum of transformation and fully realising the strategy's goals. Continued investment in digital infrastructure, workforce training, and stakeholder engagement will be essential to overcoming these barriers.

4.6. As STW ICS moves forward, the focus on scalable, secure, and inclusive digital solutions will drive sustainable improvements in patient care and operational resilience. By building on the accomplishments of each digital programme and addressing the outlined challenges, the ICS is well-positioned to achieve its vision of a digitally enabled, equitable healthcare system by 2028.