

# Rewired | 2026

Key takeaways for digital leaders in the NHS



# Creating strategic allies

Hundreds of NHS digital workers walked through the doors of the NEC to attend this year's Digital Health Rewired. While at one point attendees were predominantly IT workers, the job roles have become much more varied, and increasingly clinical.

It's a sign of how intrinsic digital has become within healthcare. And now a much larger part of the NHS workforce is seeing technology responsibilities incorporated into their remit.

For CIOs and CDIOs this holds the opportunity to drum up a much larger backing for digital investments, with support coming from across the Trust. That's promising for leaders who are trying to secure budget while facing ever-tightening purse strings.

However, it also means the number of opinions on how digital should be done in NHS Trusts is increasing. CIOs will have to listen to these voices, incorporating feedback into their decisions to win buy-in and create a culture open to adopting new technologies.

That will likely come with some disagreements, particularly among those who see 'fixing the Wi-Fi' as a straightforward task. (As we know the reality is often very different). Yet, those voices are important ones, and may provide perspective into areas further away from the digital team, such as community care and maternity wards. Finding alignment here may well be the key to tying digital even closer to integrated care goals and patient experience outcomes.

So, we've created a starting point for this by translating just some of the clinical voices at Rewired into actionable steps for digital leaders and their teams.

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# Overview

**Digital transformation**



**Best practice showcase**

**Integrated care**

**Artificial intelligence**

**Digital leadership**

**Cyber & infrastructure**

**Patient engagement**

**EPR implementation & optimisation**

**Data & digital**



**Digital frontline**

# Building resilient infrastructure

Cyber attacks on the NHS are increasing and massively impacting patient care. This is putting pressure on digital teams to shift their focus from prevention to resilience in order to withstand the inevitable. In fact, disruption is now becoming an expectation rather than a possibility. Complex, legacy heavy environments expand the attack surface, and zero trust, visibility, and leadership accountability are critical. AI adds another layer of risk. For CIOs, this reinforces the need for resilient, well-architected network foundations across hospital sites.

## Moving to a resilience-first model:

- ▶ **Assume breach:** design systems to contain and recover, not just prevent.
- ▶ **Segment networks:** to limit the blast radius of an incident.
- ▶ **Prioritise visibility:** know your users, devices, and behaviours.
- ▶ **Apply zero trust** principles incrementally, not as a “big bang”.
- ▶ **Align cyber strategy** to patient impact, not just compliance.
- ▶ **Standardise controls** to reduce tool sprawl and complexity.
- ▶ **Treat AI as an active risk surface:** govern its use, don't block it.
- ▶ **Elevate cyber to the boardroom:** risk ownership must be shared.

**“Disruption is going to happen. The question is whether your organisation can continue to deliver care when it does.”**

Regan Newman, Solutions Engineer at Cisco



## Scaling the network beyond hospital sites

Clinical adoption, poor data quality, inconsistent standards, and governance are challenges for Trusts wanting to deliver integrated care within neighbourhoods. CIOs will need to consider interoperability across their Trust's region, identity-based access, and workflow integration to make care in the community a realistic goal. For clinicians, the vision is to get hospitals, GPs, and community carers working from a single source of truth. However, some clinicians choose not to work with shared records, so digital teams will need to shift this behaviour with clinical leaders.

### Actions for digital leaders:

- ▶ **Standardise data capture** for better interoperability, analytics, and AI.
- ▶ **Investigate workflow tools** to reduce friction and mandate clinical use.
- ▶ **Establish system-wide data governance** that includes social care and community sites.
- ▶ **Implement strong identity and access management** as you expand systems.

**“There’s a tension regarding data sovereignty. How can we allow our practitioners to work on systems that aren’t owned by the Trusts they work in?”**

Dr James Hayward, Consultant in Intensive Care Medicine and Anaesthesia and Clinical Lead at Sussex Shared Care Record



# Implementing Agentic AI

The Digital Health and Care Wales team has built 'Albot,' an agentic AI virtual assistant designed to improve access to healthcare advice via the 111 service, by providing faster advice in multiple languages. The project gives patients reassurance and clarity in moments of uncertainty. The development team focused on creating a simple, high-value use case for Albot, rather than launching a large-scale transformation. Albot is designed with clinical governance, user feedback, and scalability in mind, with the idea being to complement, not replace, human care.

## 6 lessons for delivering digital that actually lands

- ▶ **Start with the problem, not the tech:** Define a clear, real-world use case before selecting any solution.
- ▶ **Build with clinical safety from day one:** Early governance and compliance input prevents reworks later.
- ▶ **Design for humans, not just systems:** Keep people in the loop, digital should support, not replace.
- ▶ **Test early, learn fast, iterate constantly:** Real user feedback reveals gaps you won't see in planning.
- ▶ **Make it inclusive and scalable:** Think multilingual, accessible, and future-ready from the outset.
- ▶ **Don't underestimate change management:** Engage teams early, build ownership, and make it feel part of the organisation.



**“Don't start with the technology.  
Start with the problem you're  
trying to solve.”**

Aasha Cowey, Assistant Director Digital Services at the Welsh Ambulance Services University NHS Trust

# Connecting maternity care

Frontline maternity staff are keen to better involve digital teams in improving services, following national scrutiny. The community is keen to provide mothers-to-be with better access to patient data via an EPR system and using digital translations for ESL (English as a Second Language) mothers. There are also ambitions for introducing bio-metric door access for parents who have premature babies in NICU. However, the reality is many midwives are struggling with wireless black spots across their maternity ward, which would make these innovations unreliable. There may be an opportunity for digital leaders to harness maternity's appetite for improvement and gain the support of the Chief Midwifery Officer or Director of Midwifery for wireless upgrades. However, you'll need to communicate how this work will open the door for the upgrades the maternity community have identified.

## Winning support for the network:

- ▶ **Change fatigue:** Midwives would like more digital training to feel confident using future digital investments. They would like dedicated time allocated to learning digital within their shift.
- ▶ **Digital champions:** CIOs and Network Managers will need to invest time in creating super-users for new technology. This means training a midwife to use tech on the ward to a high enough level that they're confident being an example to others.
- ▶ **Clinically-developed systems:** The community is very engaged with midwife- and obstetrician-founded systems as it's so specific to their department. Network managers will need to communicate the value of the connectivity beneath that.

**“We need to engage with key stakeholders to support implementation... it's very difficult to reach leaders to say this is something worthy of investment.”**

Michelle Knight, Consultant Midwife, Researcher, and NHSE Midwifery Ambassador at Epsom and St Helier University Hospitals NHS Trust



# Backing digital with business value

Securing backing for digital investment when budgets are tight and expectations are high is a familiar challenge for CIOs and CDIOs. So how can leaders make a compelling case? The answer lies in linking digital plans directly to organisational priorities like productivity, quality, workforce pressure, and patient outcomes. Digital can't afford to sit in silo or justify investments on technical merit alone. This alignment has to be clearly demonstrated. Strong proposals solve a real problem, show measurable value, involve the right partners, and support whole pathways, not point solutions. CIOs will need to step away from the technology and start with the business need.

## 10 tips for building a stronger case:

- ▶ Start with the problem, not the product.
- ▶ Link every proposal to a live organisational priority.
- ▶ Show both short-term wins and long-term transformation value.
- ▶ Avoid point solutions that add complexity without improving pathways.
- ▶ Use plain language, not technical jargon or acronyms.
- ▶ Bring in clinical, operational, workforce, and finance voices early.
- ▶ Include patient benefit, not just system benefit.
- ▶ Be honest about risk, but recognise that doing nothing carries risk too.
- ▶ Use evidence from elsewhere when needed, and be clear about the source.
- ▶ Secure executive sponsorship before the case reaches a decision point.

**“Standing still is not a neutral position. In the face of such rapid development and expectation of experience, standing still is retrograde.”**

Dr Nnenna Osuji, CEO at North East London Integrated Care Board

## Scaling digital innovation

Scaling innovation requires the right conditions from the outset. Shared success metrics, clear ownership beyond the pilot, and early alignment to operational funding must be in place. Without this, even strong ideas stall. Most failures aren't due to the innovation itself, but the environment around it. For example, ownership remaining in pilot teams, overly localised evidence, and siloed working usually limits adoption across Trusts. Capacity constraints and competing priorities also slow progress. For digital leaders hoping to scale innovation, focus must shift from proving the value to ensuring people, systems, and culture are aligned.

### What drives successful innovation?

- ▶ **People:** identify leaders across clinical, operational, and corporate teams to drive adoption.
- ▶ **Culture:** build trust through clear outcomes and continuous feedback.
- ▶ **System:** align pathways, ownership, and accountability.

**“Innovation doesn't scale because it's clever. It scales because the organisation is ready.”**

Poonum Wilkhu, Strategy Lead for R&I at Buckinghamshire Healthcare NHS Trust



# Communication strategy during EPR rollout

Clinical buy-in, driven by clear communication from the outset, is critical to successful EPR optimisation. Early engagement ensures systems are embedded smoothly and aligned to real clinical needs. Clear communication of practical benefits, such as time saved and improved patient outcomes, helps build trust. Evidence matters and demonstrating measurable impact, like reductions in missed insulin doses, is more effective than relying on a business case alone. Consistent visibility and structured training support adoption and confidence across teams. Plus, ongoing feedback, open communication, and continuous improvement are what turn EPR into a long-term asset that genuinely gives time back to care.

## Turning communication into action

- ▶ Engage clinical leaders early, pick a champion.
- ▶ Define clear, outcome-led use cases.
- ▶ Share real-world evidence of impact.
- ▶ Maintain consistent, visible communications.
- ▶ Provide structured, role-based training.
- ▶ Create feedback loops to drive improvement.

**“Communicate what you know, today. Don’t wait!”**

Nikki Turner, CDIO Sherwood Forest Hospitals  
NHS Foundation Trust



# About Block

Block delivers healthcare infrastructure and technology designed specifically for NHS Trusts, Integrated Care Systems (ICS), and private healthcare organisations across England and Wales. In fact, we've been working in healthcare for more than 20 years.

Our experts can work with you to design, deploy, and manage solutions based on your current infrastructure, goals, and budget.

## Block's services

- ▶ **Network infrastructure:** wired, wireless, wide area networking, data centre networking, firewalls, web filtering, access control, and network segmentation.
- ▶ **Collaboration tools:** telephony, video, and agentic AI for Contact Centres.
- ▶ **Smart hospital technology:** equipment tracking, patient tracking, in-building cellular, building intelligence, smart ID badges, wayfinding, and digital signage.





# Build resilience with Block

- ▶ We work with you to design, deploy, optimise, and manage your infrastructure.  
Email: [marketing@block.co.uk](mailto:marketing@block.co.uk)

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