
WGLL pillars vs OAM business capabilities

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Rapid review of how WGLL pillars might relate
to draft OAM business capabilities

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Summary

Both OAM and WGLL have similar intended users and audiences but OAM has a much wider scope. WGLL focuses on part of the OAM metamodel – business capabilities that directly support digital improvement and transformation in line with the 10YP, MTPF and 3 shifts. Additionally, OAM covers the entire health and care system in England, whereas there is a separate WGLL framework (albeit closely aligned) for social care.

There is good alignment between the 5 OAM business capability groups and the 7 WGLL pillars. Business capability groups typically sit across two WGLL pillars, reflecting the relationships that exist in the real world.

For example, data and cyber security are covered by WGLL ‘Smart foundations’ and ‘Safe practice’. In OAM, ‘Cyber security’ sits under ‘Technology and data management’ in the ‘Support’ business capability group – which aligns to both these pillars.

The review allowed constructive conversations to take place between both teams, leading to agreed actions and approaches:

- Each revised WGLL pillar can have an explicit read-across to its relevant OAM business capability groups – initially as five tags that can be applied to individual success measures and pillars, with the potential to create a hierarchy and links to OAM published content in the future.
- The WGLL graphic is redrawn and reordered to show high-level relationships to OAM business capabilities instead of the original ‘transform, connect, digitise’ – but retaining the familiar original colours (see [Annex - redrawn WGLL graphic](#))
- The OAM team will review language and terminology relating to digital transformation capability needed to support the 10YP and 3 shifts (eg user research as part of service redesign) as this is a key element of the WGLL refresh
- The OAM team will consider how the extent to which WGLL supports organisational goal-setting and how WGLL may relate to different OAM object types beyond business capabilities (which are just one part of OAM) – for example, the emerging strategy/motivation layer elements in OAM might define outputs and outcomes.

These actions will create a basis for joined-up future working, in which OAM’s consistent descriptions of health and care capabilities can be directly and meaningfully linked to WGLL’s success measures that articulate and illustrate ‘what good looks like’ for these capabilities.

Background

What Good Looks Like (WGLL)

The [NHS What Good Looks Like \(WGLL\) framework](#) was published in 2021. It provides a framework for NHS service transformation and improvement, for example supporting digital maturity and cyber assessments.

A cross-functional digital team is currently reviewing, refining and revising WGLL, aligning it to Government's three shifts, the 10 Year Plan (10YP), the Medium-Term Planning Framework (MTPF) and setting an overarching approach for digitisation.

Building on the draft WGLLv2, the revised WGLLv3 provides detailed guidance on how organisations can transform and improve the services they provide in line with the 10YP.

Particular focus is on 5 priority areas:

- GPs/Primary care
- EPR implementation and optimisation
- NHS App usage by Trusts and how they support it
- Digitising HR/People services
- Neighbourhood working

The WGLL team has developed a 'alpha' prototype which provides updated content, improved signposting and content categorisation to make it easier for users to find and use WGLL to support strategy and implementation of service transformation and improvements set out in the 10YP. This is currently being tested with end users and internal NHSE stakeholders.

One Architecture Model (OAM)

The One Architecture Model (OAM) is intended to describe the health and care system in England. It covers the NHS, government, social care, commercial, voluntary and other organisations that are part of, or contribute to, the health and care system.

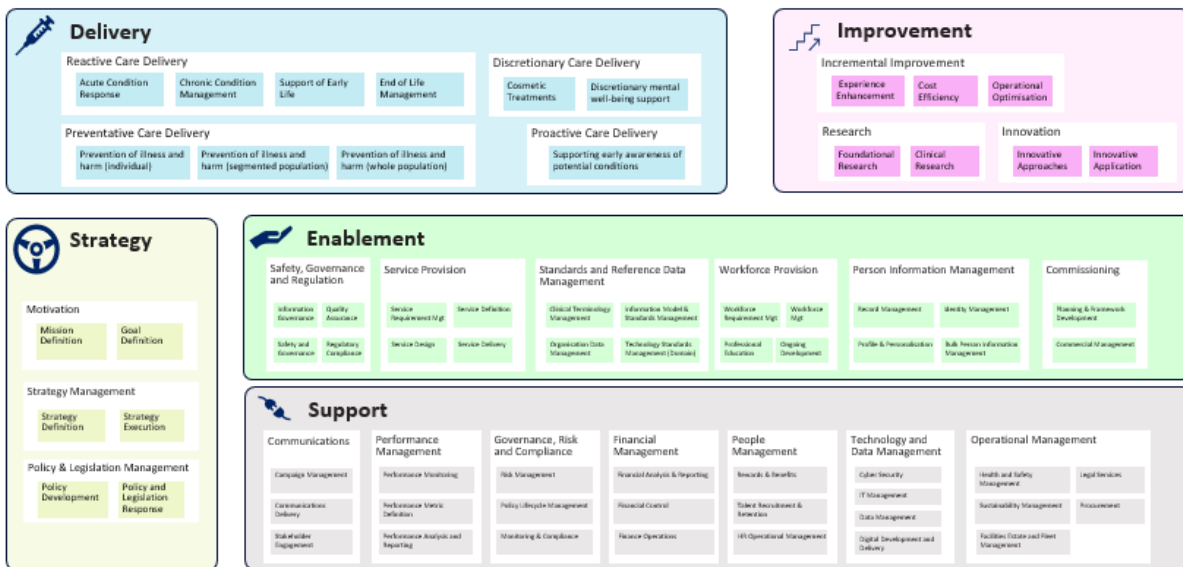
By including strategy, motivation, business, application and technology aspects, OAM helps people understand how the health and care system is structured, the variety of clinical and other business services that are offered to the public, how the public interacts with those services, and the digital products and applications that support the public and the workforce.

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This increased understanding should support decision-makers and leaders to make effective, data-driven, decisions across local, regional and national parts of the health and care system.

OAM is designed to provide a view of the health and care system at a point in time, whilst also helping determine a credible and deliverable path to the transformation that is described by the 10 Year Plan.

The NHSE TSAS team has developed a draft set of business capabilities for health and care organisations operating within the NHS:



Potential for alignment

Audiences and users

Both WGLLv3 and OAM are designed to support the transformation that is needed to deliver on the 10YP, further detailed in the MTPF, as well as [national priorities](#) for each financial year. Their audiences are similar – decision-makers and leaders – and they both emphasise the importance of consistent, data-driven approaches to transformation.

Positioning

WGLL provides a set of success measures that organisations can use to evaluate the maturity of their business capabilities; or ‘how well’ they are set up to deliver against their objectives. The actual measurement is carried out by a range of national reporting mechanisms, such as but not limited to:

- [NHS Oversight Framework](#) for ICBs and Trusts, including delivery metrics
- [ICB annual assessments](#)

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Joining the dots across health and care

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- [Quality and outcomes framework](#) (QOF) for general practice
- [IPRAF](#) for independent sector providers
- [Digital Maturity Assessments \(DMA\)](#) which are directly aligned to the WGLL pillars/dimensions
- [Data Security and Protection Toolkit \(DSPT\)](#) which measures cyber security against the National Data Guardian's 10 data security standards and allows submission of improvement plans

Additionally, many [NHS standards that are legally required in England](#) have a reporting mechanism or component that assesses how well individual business capabilities function.

In comparison, OAM describes 'what' these business capabilities are. A business capability is *'An ability that an organisation has, had, needs or wants, of perceived value, towards achieving a goal ... the means through which an organisation, wider group or system of organisations, or type of organisation, achieves (or intends to achieve) their objectives.'*

OAM business capabilities are organised hierarchically, eg 'L1: Reactive care delivery > L2: Support of early life' > L3 Antenatal care'. L1 business capabilities are organised into five business capability groups – delivery, improvement, strategy, enablement and support – that share the same fundamental objectives.

Scope and overlap

The OAM metamodel covers two other types of capability:

- **application capability**, which describes generic functionality provided by digital Applications to support business processes
- **technology capability**, which describes generic requirements for technology and infrastructure required by digital Applications

These capability types have some relevance to WGLL's 'Smart foundations' pillar but are supported by NHS application capability frameworks (such as [NHS Digital Capabilities Framework for secondary care EPRs](#)) and NHS [technology and infrastructure standards](#).

OAM covers 'business as usual' (BAU) as well as service improvement and transformation, whereas WGLL is primarily a framework to guide and support improvement and transformation. This means that from a WGLL lens, OAM business capabilities are the most

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relevant type of capability, but not every OAM business capability at every level will be relevant to WGLL pillars – or be a meaningful indicator of digital maturity.

WGLL focuses therefore on part of the OAM metamodel – business capabilities that directly support digital improvement and transformation in line with the 10YP, MTPF and 3 shifts. Additionally, OAM covers the entire health and care system in England, whereas there is a separate WGLL framework (albeit closely aligned) for social care.

The [NHSE Blueprinting](#) programme provides examples of good practice, aligned to WGLL pillars but typically focusing on the procurement and/or implementation of new applications or technology. This could be a potential read-across to OAM application types and instances.

Approach to the review

Based on the scope, positioning and audience/user groups above, the review was conducted within the narrowest lens – the 7 WGLL pillars. For each pillar, the desk review looked at the success measures set out in the WGLLv2 draft¹, and considered which L1 and L2 business capabilities in the 5 business capability groups were most relevant.

Initial findings were shared with the NHSE TSAS OAM team in November 2025 and discussed in a workshop on 7 January 2026.

Review findings

1. Well led

This WGLL pillar sets out success measures for the strong digital leadership and governance needed to set strategy and priorities for improvement. Example success measures include:

- Creating and/or developing board-level digital expertise
- Digital and data are embedded within strategy and planning
- Clear governance and accountability for digital and cyber
- Clinicians, workforce, service users and wider stakeholders are directly involved in strategy development
- Investing in leadership development and strategic oversight

¹ Although unpublished, the WGLLv2 draft was used as a basis for the review because it had been widely socialised in early 2025, whereas the WGLLv3 draft is still being worked on and has very limited user and stakeholder feedback at the point of the review.

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The WGLL team felt it aligns well to the OAM 'Strategy' business capability group, along with the WGLL 'Ensure smart foundations' pillar. Organisations exhibiting strong digital leadership and governance should have the capability to:

- Define mission and goals
- Understand and respond to local, regional and national challenges and policy and legislative drivers
- Identify where improvements are needed and what the priorities are
- Set and implement strategies to deliver against goals and priorities, founded on a good understanding of what works (as per medium term plan)

Discussion on 'Well led'

From a WGLL perspective, there was a question if the capability to involve internal and external users and stakeholders in strategy design and implementation should be in OAM 'Strategy' or 'Improvement'. It is currently in 'Support'.

The OAM team explained that "Support" is intended for common, domain-independent business capabilities that are likely to support other business capabilities (including those in Strategy and Improvement).

The WGLL team asked if stakeholder research and patient/public involvement and engagement should also be added, potentially to 'Improvement > Research'. The OAM team supported this suggestion in principle but wanted to check if other L2 groups (eg incremental and innovation) might also use this capability, or if it should be considered a type of service.

2. Smart foundations

This WGLL pillar sets out success measures for services, data and infrastructure that are reliable, secure, sustainable and resilient. Other pillars also set out the people and skills needed to own, operate and improve digital and data services.

Success measures include:

- Multi-disciplinary teams with the right people and skills to build, own, operate and iteratively improve modern digital and data systems
- Accountability for increasing digital maturity, reducing complexity of infrastructure, assets and services, and getting best value for money from suppliers and contracts

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- Alignment to One Architecture Model to reduce variation and inform investment decisions (including EPRs, EPMAAs and other application types), as well as complying with information legislation, strategies, frameworks and standards
- Adopting shared care records that increase interoperability and standardised data availability, both for direct care and for PHM/research purposes, aligning to and using FDP and other national services and standards by default
- Migrating away from legacy solutions and infrastructure, as part of a proactive lifecycle management plan to ensure all systems are supported and appropriate business continuity plans are in place
- Procurement decisions follow the NHS framework, carried out by digitally literate procurement teams that use standard tools and the OAM framework to support evaluation and testing

The WGLL team felt this pillar aligns well to OAM 'Strategy' business capability group, along with the 'Well led' pillar. It also covers some of the OAM 'Support' business capability group which also aligns to the WGLL 'Safe practice' pillar.

Discussion on 'Smart foundations'

The OAM team noted that some of the existing measures referred to specific products and solutions such as Shared Care Records and FDP. They felt WGLL should be solution-agnostic, excluding illustrative examples, which was agreed by both teams.

The WGLL team suggested that 'Sustainability' could be moved from 'Operational management' under 'Support' and made into a business capability group itself, populated by business capabilities that share sustainability as a fundamental objective. For example, any capability that helps an organisation create, monitor and improve environmental plans as well as the wider use of the word to reflect in-house expertise needed to sustain digital transformation and improvement.

The OAM team understood the argument but explained that this would be a significant structural adjustment that needed careful consideration. Any service type that delivered any business capability would need to do so in a sustainable way, meaning that sustainability may be an indicator of maturity and/or a required facet for a business capability rather than a description of 'what' a business capability is, or a fundamental objective shared by several.

The two teams also discussed if 'Performance management' should be under 'Support' or 'Improvement', reflecting how data should be used to inform decision-making within service

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improvement, and, also, to identify where investment is not delivering expected benefits. As with 'Stakeholder engagement', the OAM team felt it was better to keep common (and re-used) business capabilities in one place.

3. Safe practice

This WGLL pillar sets out measures that ensure organisations uphold standards for safe care. Within a digital context this focuses on cyber and information security, plus identity and access management. Success measures include:

- Cyber security is recognised and embedded as a strategic priority, adopting national standards and services and appropriately resourced and governed by qualified SIROs, DPOs and Caldicott Guardians
- Clinical safety is considered in all relevant digital and data development, through named DCSOs and CSOs with the appropriate skills and agency to ensure new and updated tools and services are safe to use in clinical contexts.
- A clear process is in place for reviewing and responding to relevant safety recommendations and alerts (from NHSE, MHRA, HSSIB etc)
- Technology-enabled aspects of services are monitored continually in routine operational performance management, meeting national contract provisions
- Single sign-on supports robust identity and access management and allows staff to work across care settings, using national services and complying with identity management standards (GPG44 and GPG45)

It aligns mainly to OAM's 'Support' business capability group, along with some aspects of OAM 'Enablement'. 'Support' has the most groups (7 total), mostly corresponding to traditional views of 'support functions' within large health and care organisations.

Discussion on 'Safe practice'

The WGLL team suggested there may be potential overlap between 'Governance, risk and compliance' > 'Monitoring and compliance' in 'Support' and 'Safety, governance and regulation' > 'Regulatory compliance' in 'Enablement'.

The OAM team agreed the labelling could be clarified. However, they explained that items in Enablement are intended to cover domain-specific areas (eg CQC-related things) whereas those in Support are domain-independent (eg risk management which all domains would do).

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Similarly, 'Service design' and 'Service delivery' sit under 'Service provision' in Enablement because they cover domain-specific business or clinical services. Meanwhile Support has 'Technology and data management' > 'Digital development and delivery' which covers the need to create digital support for these services.

The OAM team recognised that many of the work needed to deliver against the 3 shifts and 10YP would fall under 'Improvement' and will consider if any business capabilities in Support might be better aligned to this group.

4. Support workforce

This WGLL pillar sets out how organisations should ensure that digital and data tools and systems meet their users' needs, with a particular focus on usability and accessibility to maximise productivity and reduce inefficiency and nugatory effort.

It also covers staff training and development needed to create a digitally literate workforce with the right skills, experience and support to work effectively. Success measures include:

- Clinical and non-clinical workforces are directly involved in designing services, with staff suggestions routinely captured and actioned appropriately
- Technology is designed to support flexible working arrangements and locations, improving collaboration and reducing unneeded travel
- Front-line systems are easy for staff to use, presenting all the information they need at point of care to work safely and effectively. It's easy for staff to share patient information securely and collaborate across care settings.
- Staff know about and can access digital professional and frontline skills training and development, including peer support and on-the-job training to improve their confidence and competence with digital, data and cyber security.
- Organisations work collaboratively through IHOs and other contractual arrangements to pool key resources and skills, such as specialist digital transformation roles, and provide development opportunities to other staff. Communities of practice exist and are supported.
- People and process elements of service transformation and improvement are embedded in strategies and plans; change management capability ensures that new and updated systems meet their users' needs and are implemented well.

This pillar mainly aligns to the 'Enablement' business capability group.

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Discussion on 'Support workforce'

Some business capabilities seem to overlap with those in other groups, for example 'Workforce provision' in Enablement contrasts with 'People management' in Support.

The OAM team explained that this is deliberate – again, it reflects the split between domain-specific business capabilities in 'Enablement' and generic or all-domain capabilities in 'Support'. In this case, 'Workforce provision' covers highly domain-specific training and development (formerly carried out by Health Education England) whereas 'People management' covers generic 'human resources' type activities within all organisations.

The WGLL team noted that the 'Support workforce' pillar also aligns to some business capabilities under 'Delivery'. Whilst some of the WGLL success measures relate to digital elements of 'Reactive care delivery' and 'Discretionary care delivery', proactive and preventative care are still emerging, and digital tools and training are needed to support effective collaborative working across care settings.

It was agreed that this kind of training and tooling was domain-specific and would therefore be covered by 'Workforce provision' and 'Service design' in Enablement.

The teams discussed potential for equivocal language – for example, 'service design' describes a different kind of practice in ITIL service lifecycle management than in DDaT service transformation. The consensus was that terminology should follow NHS/GOV.UK service manual by default.

The OAM team agreed to check that DDaT digital transformation-related business capabilities were covered sufficiently under 'Service design' along with specialist digital practitioner training and development under 'Workforce provision' in Enablement.

5. Healthy populations

This WGLL pillar focuses on how data and analytics are used to design, deliver and evaluate improvements to population health and wellbeing, with a focus on improving equity of access to care, reducing avoidable demand for non-elective care and improving health outcomes.

Success measures include:

- Front-line staff have the right tools and knowledge to deliver personalised preventative care, including population health monitoring, service analytics, cohort identification, personalised care and support planning, secure information sharing at patient level and monitoring health outcomes following interventions

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- Systems and platforms integrate with national enterprise and data architecture models and standards and can federate in NHS and non-NHS data sources as needed
- EPRs and other systems enable the safe, appropriate release of standardised health data for research carried out in secure, controlled data environments (NHS SDE Network and forthcoming Health Data for Research service), to support research and innovation
- The organisation has a multi-disciplinary analytical intelligence and insights function, providing routine and ad hoc reports as needed to analyse trends plus predictive demand and capacity monitoring
- Proactive preventative care targets people in the poorest homes and communities (CORE20PLUS5); the impact of interventions are monitored using appropriate metrics (focusing on outcomes as well as quantifiable benefits)
- The medium- and long-term impact of PHM initiatives are monitored and evaluated consistently, following national guidance and enabling meta-analysis of initiatives in different localities and contexts.

This pillar mainly aligns to the OAM business capability group 'Delivery' with a particular focus on 'Proactive care delivery' and 'Preventative care delivery'.

Discussion on 'Healthy populations'

The WGLL team explained that its position in the graphic has been moved to sit alongside 'Support workforce', recognising the increasing need for more staff to use data and digital tools in PHM-led work, for example risk stratification to identify cohorts of people for proactive, preventative care.

The WGLL team suggested that geospatial capability could be added to Improvement under 'Research' – supporting decisions in care planning and delivery. The OAM team felt that this was more likely to be a service – provided by an organisation's in-house geospatial team – than a business capability.

6. Improve care

This WGLL pillar sets out how digital and data tools enable care service and pathway redesign to improve experiences and outcomes for people providing and receiving care. It focuses particularly on reducing unwarranted variation in care provision and pathways and

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how technology-enabled care can support people to live healthily at home for longer. Success measures include:

- Creating and improving digital- and data-enabled care pathways that join up patients' care journeys across organisations, informed by research into patient, carer and workforce experiences
- Adopting digital tools and technologies that support safer care and improve efficiency of service provision, eg EPMA, tracking and barcode technologies, supported by appropriate change management tools to ensure uptake and reduce barriers to change
- Support clinicians to follow best practice and work consistently by providing guidance and modern, digitally-optimised clinical pathways that support safe, consistent approaches to tests and diagnosis for specific conditions and/or presentations
- Collaborate with local authorities to adopt technology-enabled care for people who are housebound, in care homes or have limited mobility, including point-of-care testing and involving patients and carers in decisions about whether to admit to hospital
- Using bed management and flow and capacity planning tools to maximise bed capacity, including the use of virtual wards where appropriate and in line with guidance and regulatory oversight for AI-enabled tools

This WGLL pillar's closest alignment is to the OAM business capability group 'Improvement' and business capabilities under 'Incremental improvement', 'Research' and 'Innovation'.

Discussion on 'Improve care'

Given the focus on transformation in this pillar, particularly around digital-enabled care pathways and innovative AI-enabled tools, the WGLL team suggested that some business capabilities relating to digital tools and approaches could be grouped alongside 'Incremental improvement' in a new group 'Transformative improvement'.

The OAM team explained that, as per previous discussions, 'Develop and deliver digital' is intended to cover the underpinning ability to support any improvement activities. The word 'improvement' could refer to the smallest incremental change to the most radical improvement, with transformation being a potential goal of any improvement activity.

7. Empower people

This WGLL pillar sets out how organisations place local people at the heart of service design and make sure they can access the care they need through standardised, accessible digital

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services. It sets out how people can access and contribute to their healthcare information, making choices about the care they receive and taking an active role in their health and wellbeing. Success measures include:

- Participatory co-design and patient and public involvement and engagement (PPIE) are standard approaches for public-facing services, proactively seeking out and engaging with seldom-heard communities
- Taking active measures to increase digital inclusion, particularly focusing on people who face economic, psycho-social and other barriers to accessing digital services, supported by a consistent and equitable digital support offer
- Using NHS App as the default and other national tools and services where available, transitioning away from legacy products and portals to provide a consistent, coherent user experience
- Enabling people to access and contribute to their health and care data, eg care plans, test results, medication, clinic records and correspondence.
- Offering digital self-service tools for key transactional tasks such as booking and managing appointments, providing information, receiving alerts and providing tailored advice and guidance

This central WGLL pillar relates to all the other pillars, placing people at the heart of What Good Looks Like. Consequently, many of the recommendations made already support it, directly or indirectly.

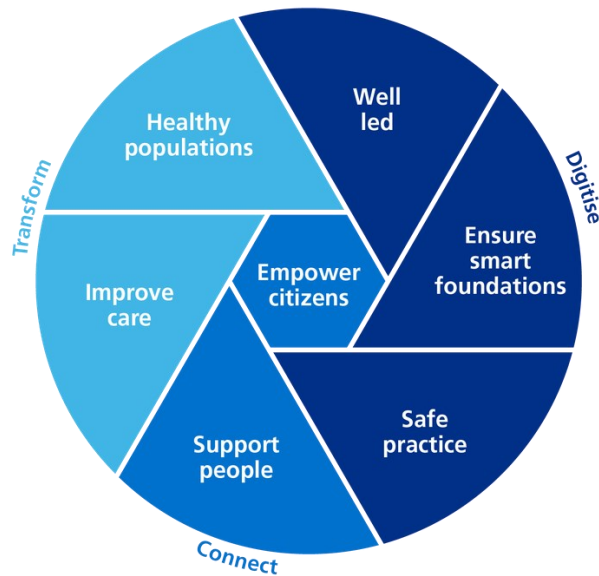
It relates primarily to the OAM business capability group 'Improvement', particularly in 'Experience enhancement' and 'Innovative approaches' (for example, person-centric approaches to improve staff experience and reduce administrative burden).

Discussion on 'Empower people'

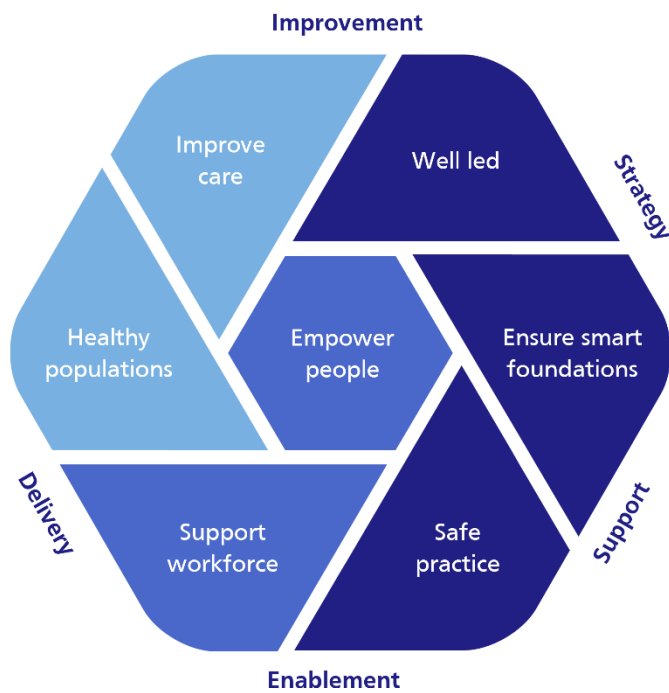
The OAM team agreed to make person-centred capabilities more explicit and visible in OAM, as the model itself is designed to support people at the heart of health and care organisations.

Annex - redrawn WGLL graphic

Original



Revised



Key changes: 'citizens' to 'people', 'people' to 'workforce', circle to hexagon, healthy populations and improve care reordered, OAM business capability groups straddle pillars