



**Public Board of Directors**  
**Item number: 22**  
**Date: 24 September 2025**

<b>Public paper:</b>	Public
<b>Report Title:</b>	<b>Improving Digital Maturity - 2025 Digital Maturity Assessment</b>
<b>Author(s)</b>	Chris Reynolds, Chief digital and information officer (interim)
<b>Accountable Director:</b>	Phillip Easthope, Executive director of finance and digital
<b>Presented by:</b>	Chris Reynolds, Chief digital and information officer Phillip Easthope, Executive director of finance and digital
<b>Vision and values:</b>	The Trust vision is to ensure <b>we work together</b> for service users. Digital systems allow patient and staff information to be shared and analysed securely to improve clinical decision, ensuring <b>we keep improving</b> . Providing equitable access to digital services to all our stakeholders and specific reasonable adjustments when required, ensures <b>we are inclusive</b> , and we provide <b>respectful and kind</b> care.
<b>Purpose:</b>	The purpose of the report is to update the Board of Directors on the digital maturity assessment that was completed in 2025 and how SHSC compares with other organisations locally.  These scores will be published by NHS England.
<b>Executive summary:</b>	<p>Between 2024 and 2025:</p> <ul style="list-style-type: none"> <li>• There has been an improvement in our scores from 1.77 to 2.02. We have improved in five out of seven pillars.</li> <li>• Our position relative to mental health peers in South Yorkshire ICS (two trusts) and North East and Yorkshire region (11 Trusts) has improved.</li> </ul> <p>In 2026 it is likely that we will improve in the following pillars: ensuring smart foundations; safe practice; support workforce; improve care; healthy populations.</p> <p>Since we have completed this assessment, two more digital maturity assessments have been published for Trusts to complete:</p> <ul style="list-style-type: none"> <li>• Allied health professionals digital maturity assessment</li> <li>• Estates &amp; facilities digital maturity assessment</li> </ul>

<b>Which strategic objective does the item primarily contribute to:</b>					
Effective Use of Resources	Yes	<b>X</b>	No		
Deliver Outstanding Care	Yes	<b>X</b>	No		
Great Place to Work	Yes	<b>X</b>	No		



Reduce Inequalities	Yes	X	No		
---------------------	-----	---	----	--	--

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.	
<p>Increasingly digital clinical systems are used to share patient information to deliver outstanding care. With the introduction of Rio, we will have the ability to take part in the Shared Care Record and provide a Patient Engagement Portal.</p> <p>We have a legal responsibility to share information in the interests of providing care to our patients and to keep patient and staff information secure and private.</p> <p>We take part in partnership working by securely sharing patient information to dashboards and for analysis by the ICS and the provider collaboratives. This requires technical work underpinned by useful information governance and cyber security.</p>	
<b>Board assurance framework (BAF) and corporate risk(s):</b>	<p><b>5462:</b> There is a risk that the Rio optimisation phase does not deliver the expected benefits or introduces additional safety and efficiency challenges to existing clinical pathways. This could result in unsafe changes that put service users at risk, an unacceptable burden on staff and/or additional costs.</p> <p><b>5401:</b> There is a risk that all corporate and clinical services cannot operate safely because technology is unavailable due to a cyber security incident.</p> <p><b>5474:</b> There is a risk of clinical harm, data breaches, and loss of public trust caused by staff using AI tools to support or influence clinical decision-making without appropriate governance, validation, and approval.</p> <p><b>BAF.0023</b> There is a risk of failure to ensure digital systems are in place to meet current and future business needs, caused by failure to develop and deliver an up-to-date modern digital strategy and systems and processes to support its delivery, resulting in poorer clinical safety, quality, efficiency and effectiveness.</p>
<b>Any background papers/items previously considered:</b>	<p>The report was presented to digital assurance and approvals group, chaired by the chief clinical information officer in June 2025 for information.</p> <p>The report was presented to the executive management team on 4 September 2025.</p> <p>The report was presented to Finance and Performance on 12 September. The committee requested changes to ensure that the internal and external governance/assurance processes were clear.</p>
<b>Recommendation:</b>	<p>The Board of Directors are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report for <b>assurance</b> and <b>discussion</b></li> </ul>

**Board of Directors**  
**Improving Digital Maturity - 2025 Digital Maturity Assessment**  
**September 2025**

**Purpose**

The purpose of the report is to update the Board of Directors on the Digital Maturity Assessment that was completed in 2025 and how SHSC compares with other organisations locally.

These scores will be published by NHS England.

**Background to the DMA**

- 1.1 In July 2022 NHS England commissioned a new piece of work to measure the digital maturity of NHS organisations. The Digital Maturity Assessment helps providers and integrated care systems across England to understand their level of digital maturity by identifying key strengths and gaps in the provision of digital services. This is initially a three-year programme, with the first assessment starting in 2023.
- 1.2 The Digital Maturity Assessment measures the seven dimensions of the What Good Looks Like framework (WGLL). WGLL is a part of the ICS design framework, the NHS Operational Planning and Contracting Guidance and A Plan for Digital Health and Social Care. The expectation is that Trust Boards, Integrated Care Systems and NHS Regions will use the standards in the WGLL framework will to accelerate digital and data transformation. The seven dimensions of the framework are:
  - Well led.
  - Smart Foundations
  - Safe practice
  - Support people
  - Empower citizens.
  - Improve care.
  - Healthy populations
- 1.3 Each of the dimensions aspires to aim for specific behaviours and/or decision making. The following paragraphs explain these for each pillar.
- 1.4 A digitally mature **Well Led** organisation will: have digital and data leadership expertise and strong board-level accountability for digital transformation; have board governance that regularly reviews digital and data strategy, cyber security and risks; ensure the digital strategy has wide clinical input; ensure organisational digital strategy is linked to ICS strategy (underpinned by finances); regularly engage with citizens regarding digital services; have regular board development sessions and invest in a CNIO and CCIO function
- 1.5 An organisation with **Smart Foundations** will: have invested in multidisciplinary teams with clinical, operational, informatics, design and technical expertise; be progressing towards carbon net zero; check projects and new initiatives against the Technology Code of Practice; have plans to move to cloud hosting; ensure all software and end user devices are within suggested supplier life cycle and are fully supported; ensure staff have access to digital services that they need for their roles; have a central electronic care record and contribute data to the ICS shared care record.
- 1.6 **Safe Practice:** The trust will: comply with [Data Security and Protection Toolkit](#) which incorporates the [Cyber Essentials Framework](#); use NHS Digital cyber services; have a secure and well tested back-up and a rapid turnaround of National High Severity Alerts; manage cyber risk proactively and have a cyber investment strategy and

improvement plan that is regularly reviewed at Trust Board level; have an adequately resourced cyber safety function that ensures products are deployed in line with clinical safety standards.

- 1.7 **Support People/Workforce:** A digitally mature organisation will: encourage a digital first approach and share innovative improvement ideas; support all staff to attain a basic level of digital literacy; ensure systems are intuitive and easy to use; support staff to work flexibly, remotely and across care settings; provide information that is role specific to staff; provide 24 hour access to digital support services.
- 1.8 **Empower citizens/People:** A digitally mature organisation will: have a coherent strategy (along with the ICS) for citizen engagement and codesign for digital services; make use of national NHS tools and services supported by complimentary local digital services; use digital communication to enable self-service and care; enable citizens to access and contribute to health and care data; have a clear digital inclusion strategy.
- 1.9 **Improve Care:** A digitally mature organisation will: use digital services to redesign care pathways across organisations; promote the use of digital tools to provide safer care; provide decision support tools for clinicians to eliminate unwanted variation; provide remote consultation and monitoring opportunities and promote MDT care planning.
- 1.10 **Healthy Populations:** A digitally mature organisation will: use good-quality data to inform care planning; contribute to ICS wide health management support new ICS led pathways and care models; make data available to support clinical trials and collaborate with academia and industry partners.
- 1.11 The assessment contains questions which are either Yes/No, or levels of maturity. For example, the questions shown below contribute to the maturity score of the Well Led pillar:

#### 2024 DMA Questions that contribute to this maturity score:

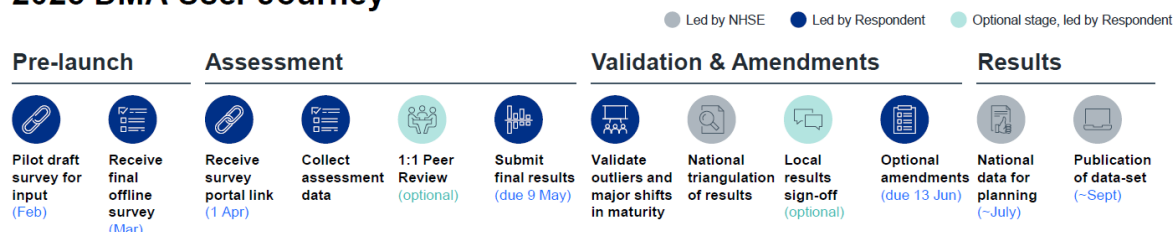
1. Does the CIO, or equivalent other most senior DDaT leader, have Trust board membership? [Acute, Community, Mental Health]
2. If they have Trust board membership, do they have voting rights? [All care settings]
3. Is the CIO, or equivalent other most senior DDaT leader, on the board of the Trust? [Ambulance]
4. To what extent do you agree or disagree with the following statement in relation to your organisation: "Board members feel comfortable taking measured risks in digital and data investments?" [Acute, Mental Health, Ambulance, Community]
5. To what extent do you agree or disagree with the following statement in relation to your organisation: "Board members have an understanding of the full range of DDaT and informatics roles required to support a digital transformation in your organization" [Acute, Mental Health, Ambulance, Community]
6. Are any of the following approaches used by the board and DDaT leadership to develop digital plans and business cases that are anchored in what users need? [All care settings]
7. Which of the following characteristics describe the data-driven decision-making processes within your organisation? [All care settings]
8. Which of the following statements best describe your leaderships view of enterprise architecture? [All care settings]

## 2 Digital Maturity of SHSC in 2025

- 2.1 Our previous digital maturity assessment in 2024, was poor. We scored 1.77 which was one of the worst in the NHS.
- 2.2 In 2025, we were asked to complete the assessment again. Our overall score has improved to just over 2.
- 2.3 It should be noted the NHS E do not encourage detailed comparisons between years, because the questions and scoring change every year. At the top level it is reasonable to have a general view on where we have improved.
- 2.4 The national process was started in Feb 2025, as we were approaching the go-live of RiO. The diagram below shows the process at a national and local level and the associated timeframes. The survey was made available on 1<sup>st</sup> April 2025 and our submission was due by 09<sup>th</sup> May 2025. The national team provide a comparator trust, that a peer review can be done with. This year we did not take advantage of this.

Following the submission on 9<sup>th</sup> May, the national team analyse data and give feedback on where they can see wide fluctuations or outliers to enable trusts to check their results. They did not feedback to SHSC which gives us negative assurance that we are not an outlier or unusual in our scores.

## 2025 DMA User Journey



2.5 The assessment was performed by groups of senior leaders within SHSC during April 2025, following the RiO go-live. As in the 2024 return, the Chief Digital Information Officer organised the completion of the return and sought support from peers based on who would be able to usefully contribute to a discussion on the different aspects of the return. Because of the operational pressures on the organisation during the early part of the year, some staff were not always able to attend these sessions. Within the groups, discussion and challenge took place and a consensus was reached on the appropriate score for the trust. The bullet points below explain who scored what areas:

- The Well led section was scored by the Executive Director of Finance with input from the Chief Clinical Information Officer and The Chief Nursing Information Officer
- Ensure Smart Foundations was completed by Chief Digital Information Officer, Head of Technical Services, the Service Desk manager, the Technical Architect, and the IT Operations lead.
- The Safe Practice questions were scored by Chief Digital Information Officer, the Chief Nursing Information Officer, the Information Governance manager, The Datawarehouse lead, the Registration Authority Clinical Applications lead, the Data Protection Officer, Head of Technical Services, the Chief Clinical Information Officer the Chief Pharmacist and the Deputy Chief Pharmacist
- The Supporting Workforce section was completed by the Digital Literacy, Chief Digital Information Officer, The Head of People Systems, and two colleagues from the procurement team.
- The Empower People question set was completed by Chief Digital Information Officer, the Chief Nursing Information Officer, the Datawarehouse lead, the Clinical Applications manager and the senior project manager
- The Improving Care section was scored by the Chief Digital Information Officer, the Chief Nursing Information Officer and the Chief Clinical Information Officer.
- The Healthy Populations area was scored by the Chief Digital Information Officer, the Head of Research and the Chief Clinical Information Officer.

2.6 The DMA was presented at Digital Approval and Assurance Group on 19<sup>th</sup> May 2025 for information. No specific feedback was received.

2.7 The DMA was presented at Executive Management Team on 4<sup>th</sup> Sep 2025 for discussion and was approved to be shared with Finance and Performance Committee (This was requested by the committee, when the previous results were presented).

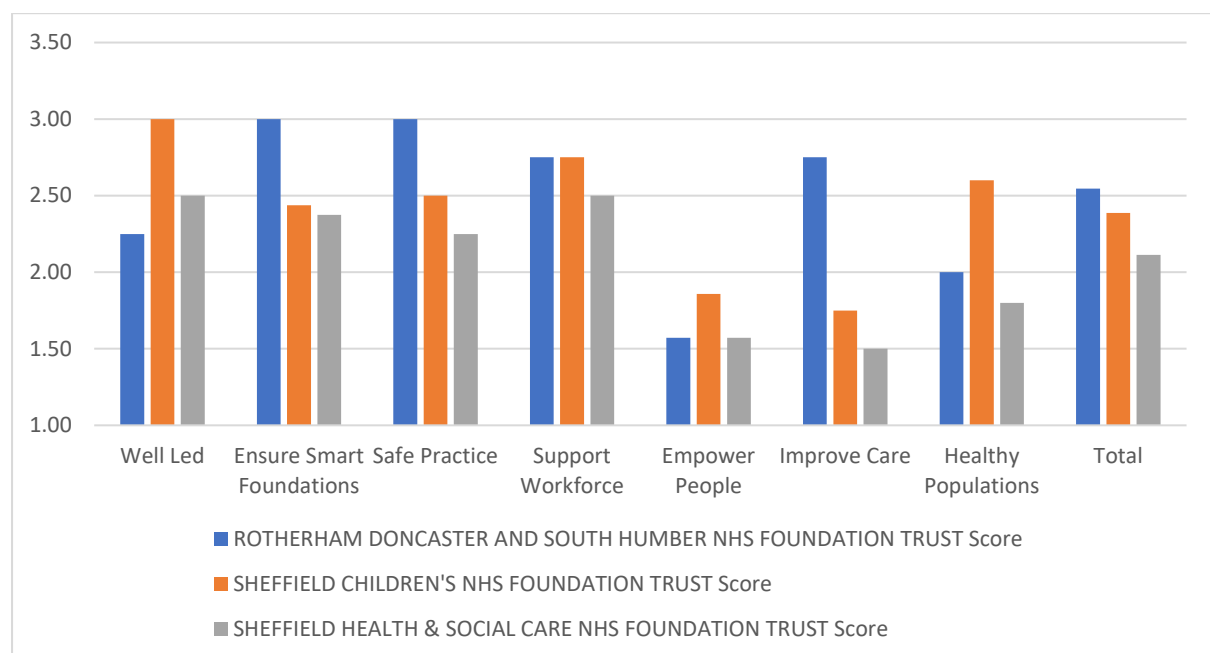
## Key Points for Reflection

- 2.8 The table below shows how the Trust has scored against the pillars of the assessment in 2024 and 2025. The range of scores is one to five and the ones that have improved significantly have been highlighted in Green

Pillar	2024	2025
Well Led	1.33	2.25
Ensuring Smart Foundations	2.23	2.25
Safe Practice	2.00	2.67
Support People/Workforce	1.33	2.00
Empower Citizens/People	1.83	1.57
Improving Care	1.00	1.50
Healthy Populations	1.60	1.80
Total	1.77	2.02

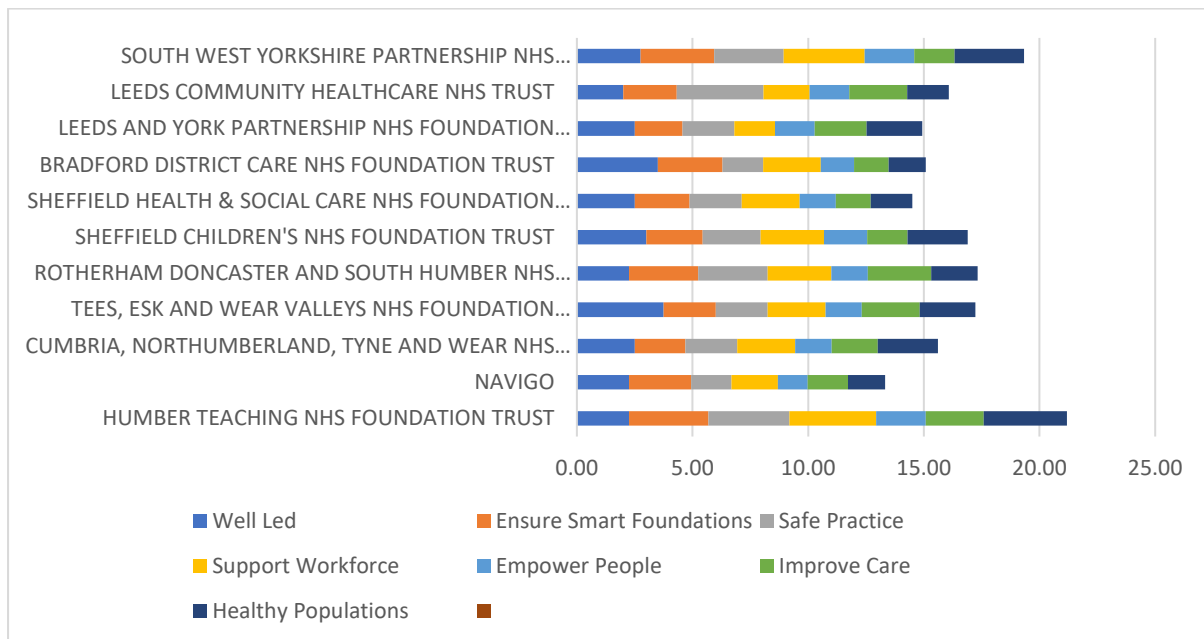
**Table 1: WGLL Scores for Digital Maturity Assessment 2024 and 2025**

- 2.9 In the following paragraphs we will undertake comparisons with mental health trusts in our ICS (RDASH and Sheffield Children's) and in our region (there are eleven mental health trusts in the Northeast and Yorkshire Region).
- 2.10 The chart above shows that SHSC is catching up with the other providers in South Yorkshire. This shows how our investment in digital services has improved our digital maturity.



**South Yorkshire ICS DMA scores (mental health)**





### Pillars for Northeast and North Yorkshire region (mental health trusts only)

- 2.11 The chart above shows that SHSC is no longer the worst performing organisation in the region and we have caught up with our peers. CNTW, Bradford District Care and Leeds and York are all within range of our scores
- 2.12 The national picture is more positive for SHSC as the lowest 20% nationally score a total of 1.0 with an average of 2.39 and the highest 20% scoring 3.0. As we are scoring just over 2, we are making our way towards the average.

### Analysis and reasons for optimism

- 2.13 SHSC digital maturity scores have improved because we have moved away from the use of a homegrown electronic patient record, the evolving maturity of our data management and a financial plan that addresses the digital infrastructure and workforce.
- 2.14 There is likely to be an improvement in scores in five of the seven pillars in our 2026 recording.
- 2.15 **Ensuring Smart Foundations.** This pillar contains statements about thirteen technical areas. When Insight is decommissioned, we will improve on questions about legacy infrastructure. We are doing considerable work on the sustainability agenda, and we expect to improve our current score of 1 out of 5 by baselining and then building a workplan to improve. We have mandated a sustainability course for all Digital staff, and we will build upon this.
- 2.16 **Safe Practice.** In our 25/26 Business plan we have included a development piece to support senior managers to understand their responsibilities as Information Asset owners. This will improve our Data Governance score within this Pillar.
- 2.17 **Support Workforce.** We are doing a lot of work with staff with poor data literacy and investing in the technology skills of Digital staff. We expect this to improve the two areas in this Pillar that cover: Digital, Data and Technology Workforce Capacity and Capability and Workforce Digital and Data Literacy
- 2.18 **Improve Care.** In this pillar we expect to improve our scoring on Artificial Intelligence (where we have governance now in place and will be doing two pilots) and Shared

Care records (Insight could not integrate with the NEY Shared Care Record. Now we have RiO we can put this in place).

- 2.19 **Health Populations.** This pillar measures our use of the Federated Data Platform and our interaction with Research and Innovation. Because we are doing so much work on improving our links to the University we will significantly raise our score in this area.

### **Recommendation**

The Board of Directors are asked to:

- **Note** the report for **assurance** and **discussion**