

NHS Digital Maturity Assessment:

The Digital Maturity
Matrix



Document Purpose

This document outlines a high level, non exhaustive selection of digital maturity elements that correspond to maturity scores at the DMA Pillar level (e.g. Ensure Smart Foundations).

Please note

- As pillars have a varying number of domains (sections) each with varying amounts of detail, the summary provided here may not be fully representative of a respondent's ultimate position.
- Secondary Care providers answer tailored questions depending on their care setting.

Secondary Care

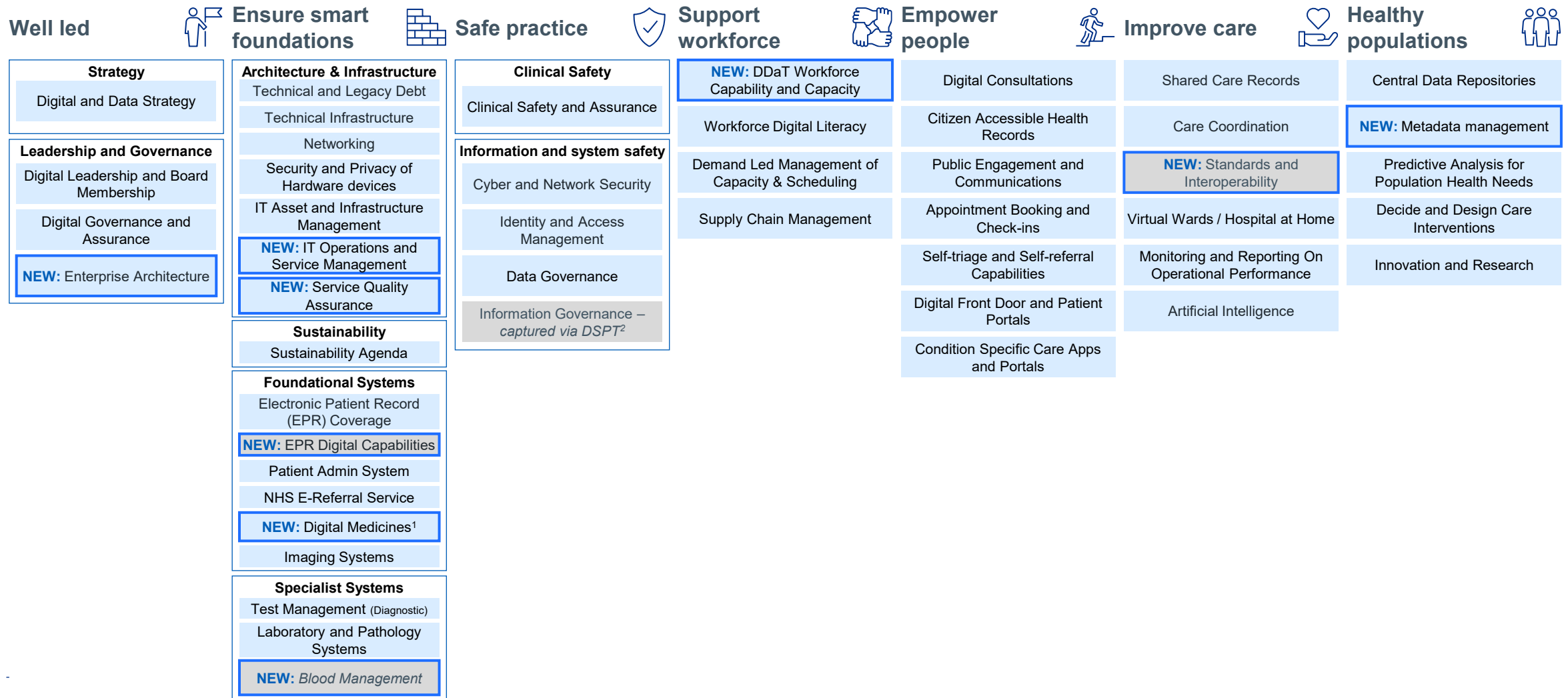
Summary DMA maturity matrix aligned to NHS What Good Looks Like framework – Example for Secondary Care

| | Well Led | Ensure Smart Foundations | Safe Practice | Support People | Empower Citizens | Improve Care | Healthy Populations |
|---|--|--|--|---|--|---|---|
| 5 | Orgs have clear, funded, long-term digital strategies with relevant user input, agreed targets, and board approval. Governance is robust with well managed digital initiatives | All key clinical systems and data are integrated across all stages of care in the org. Core infrastructure (e.g., Wi-Fi, cyber security, hardware devices) are secure and reliable | Security functions are fully resourced; best practices for data and information governance are applied across all IT systems and with reliable response times to unexpected events | Staff are highly adept at using digital technology, with out-of-org data input into complex demand forecasting models. All supply chain processes are automated | Digital channels to access care are fully integrated across systems and services, with personalised content enabling citizens to independently manage care and view their own data | Care is coordinated centrally, with data sharing across the ICS. 'Out of hospital' care is offered to patients to reduce demand on the health service. AI is well embedded and used across the org. | Enriched data architecture and dedicated teams have real-time data feeds. Innovation hubs run highly sophisticated health planning across a variety of internal and external data sources |
| 4 | Digital strategies and governance are detailed and fully established but need better implementation to guide priorities in initiatives | Most clinical systems are integrated with widespread uptake of data interoperability standards. Core infrastructure is stable, but not fully optimised. | Standards for security and infrastructure are aligned to best practice across the NHS, and processes are measured with system wide uptake and monitoring | Staff are confident in their digital skills, with both demand and capacity measured organisation-wide. Majority of supply chain is automated | Citizens have streamlined access to applications which have some integration, with personalised content and regularly updated information | Majority of records across services are integrated, with remote care offered to most relevant pathways. There is some uptake of AI with appropriate risk management | Established single data repository is used with data refined enabling more complex innovations, and monitoring of initiatives |
| 3 | Digital strategies and governance in place but not well embedded, or agreed across the org and relevant details are lacking | Standardised approaches to infrastructure and data models achieved, but only applied to some clinical systems with progress to be made on integration | Standards for security are well defined, but efforts to execute processed remain dependent on individuals across orgs | Staff are supported to develop basic digital skills and there are plans to address capacity gaps. Org. leverages demand modelling, to improve efficiency | Some online channels to access services are available, but there is duplication in delivery. Patient data has gaps and limited personalisation | Some data is shared across ICS partners. Care is co-ordinated for high priority pathways. Some AI tools are used to aid and automate services on an ad-hoc basis | Well-defined data warehouses are fed with mostly automated data collections. Simple models or tools are used for advanced use cases |
| 2 | Digital strategies and governance in progress but work is needed to have these formally established | Some use of resilient data centres across the org but gaps in integration key clinical systems. Core infrastructure is not digitally mature and introduces risk | Programmes for governance and infrastructure development are in progress, but alignment and implementation is variable across the org | Some staff have basic digital skills – but capability and capacity challenges remain. | Citizens have some access to applications; however, these are not personalised and there no integration between services or coverage of systems | Some data is connected to the Shared Care Record. Care is coordinated in silos and not all priority pathways are covered. There is a lack of 'out of hospital' care | Some warehousing exists but data collection is manual and use cases are applied on an ad-hoc basis |
| 1 | Orgs lack digital strategy, processes, and leadership to support digital initiatives | Digital infrastructure is inefficient and unsustainable, with little to no interoperability across clinical systems and increased risk faced by the organisation | Orgs lack the standards, governance and infrastructure needed for robust safe practices | Staff struggle with digital skills and tools. Org faces challenges in achieving operational efficiency. Supply chain management is highly manual | Access to services is not enabled by digital, or streamlined. Patients do not have dedicated tools or communications, or access to their own data | There are key gaps in the data and records being shared across the ICS. 'Out OF hospital' care is rarely offered, and there are gaps in the co-ordination of care | No data management teams or warehouses to support interventions, population health or innovation. |

Please note there are **250+ questions** across **47 domains** in the Secondary Care Provider survey, covering all 7 success measures of What Good Looks Like. This diagram above is a summary.

The Secondary Care Provider DMA is organised around the 7 pillars of the WGLL framework, generating a maturity score for 47 domain areas (Acute example below)

DMA domain
 New DMA domain for 2025 (unable to compare to 2024)
 Non-scoring DMA domain



1. Digital Medicines domain will provide 3 scores for: Digital Medicines Interoperability, Prescribing and Administration, Dispensing and Supply; 2. NHSE Data Security and Protection Toolkit (Self assessment) – no direct DMA score








Integrated Care Boards (ICB)

Summary DMA maturity matrix aligned to NHS What Good Looks Like framework – Example for Integrated Care Boards

| | Well Led | Ensure Smart Foundations | Safe Practice | Support People | Empower Citizens | Improve Care | Healthy Populations |
|---|---|--|---|---|---|---|--|
| 5 | Integrated digital and data strategy with delivery plans covering multiple years. Governance is organisation wide linking to ICS level processes. Decisions are driven by real time data. | Processes in place to ensure cloud resources are optimised. Very good wi-fi coverage including for visiting workers. IT operations have a focus on continuous improvement. | Data definitions in the ICBs internal data systems are fully aligned to NHS data dictionary with a process in place to identify any changes to NHS data dictionary and update internal systems. | Staff are highly adept at using digital technology. Workforce development is monitored at the system level to support continuous improvement. | There is an action plan and tracking of progress for digital inclusion. Self triage / referral platforms in use are consolidated. | 100% of trusts and GPs alongside a majority of local authorities consume and or provide data to the Shared Care Record. | Enriched data architecture. Coordinated ICS wide innovation supporting diverse organisations within the ICS. Analytics tools used to run whole system prevention initiatives |
| 4 | Digital (and data) strategies and governance are in place. Governance is well embedded with comprehensive pipeline management of initiatives. | Cloud resources are monitored for performance. Transition away from PSTN and ISN services is completed. | High alignment between definitions from the organisation's internal systems and NHS data dictionary with very few discrepancies. | Staff are confident in their digital skills. There are achievable plans to meet the continuous development of the DDaT workforce. | All available NHS app features for Primary & Secondary Care are enabled. Vast majority of appointments can be managed via digital channels | At locality level, care coordination is supported for the majority of pathways. Acute care capacity and activity data is collected at least weekly. | Established single data repository is used with data refined enabling more complex innovations, and monitoring of initiatives |
| 3 | Digital (and data) strategies and governance are in place. There is a delivery plan for at least this financial year. | Network capability is available with no constraints – but could be improved for some users. IT operations are documented & standardised. | Data is clearly structured in terms of consistency, format and quality, and in line with national policies and privacy management. | All staff are supported to develop basic digital skills and there are plans to address capacity gaps. | A digital inclusion strategy exists or is in development. The co-design of ICS wide public facing services is increasing. | There is a single ICS Shared Care Record in place between all primary and secondary care organisations across the ICS. | Well-defined data warehouses. ICS-level population health information based on current needs and forecasted demand is used to target pathway redesign. |
| 2 | Digital strategies and governance in progress but work is needed to have these formally established | Cloud migration plans are in place. Network capability is available but constrained for some users. Basic IT operation processes are established. | Some alignment between NHS data dictionary and ICS internal systems with known inconsistencies & discrepancies. | Some staff have basic digital skills – but capability and capacity challenges remain. Deployment of resources is not | Citizens have some access to applications; however, integration between services and coverage of systems varies. | Some sharing of patient data is possible between health and care systems. At locality level within the ICS care is co-ordinated for high priority pathways. | Some warehousing exists. Patient segmentation is based mostly on population demographic data. Care pathways are tailored and adapted on an ad hoc basis. |
| 1 | Orgs lack digital strategy, processes, and leadership to support digital initiatives | Digital infrastructure is inefficient. There is limited network capability. Hardware standards & IT operation processes vary. | No alignment between NHS data dictionary and ICS internal systems | Staff struggle with digital skills and tools. Org faces challenges in achieving operational efficiency. | Access to services is not enabled by digital, or streamlined. Patients do not have dedicated tools or communications, or access to their own data | There are key gaps in the data and records being shared across the ICS. There are gaps in the co-ordination of care | No data management teams or warehouses to support interventions, population health or innovation. |

Please note there are **150+ questions** across **27 domains** in the Integrated Care Board survey, covering all 7 success measures of What Good Looks Like. This diagram above is a summary.

The ICB DMA is organised around the 7 WGLL pillars, and generates a maturity score for 28 domain areas

| Digitise | | | Connect | | Transform | |
|--|--|---|---|--|--|---|
|  Well led |  Ensure smart foundations |  Safe practice |  Support workforce |  Empower people |  Improve care |  Healthy populations |
| Digital and Data Strategy | Technical Infrastructure | Cyber and Network Security | NEW: DDaT Workforce Capability and Capacity | Citizen Accessible Health Records | Shared Care Records | Central Data Repositories |
| Digital Leadership and Board Membership | Networking | Identity and Access Management | Workforce Digital Literacy | Public Engagement and Communications | Care Coordination | Predictive Analysis for Population Health Needs |
| Digital Governance and Assurance | Security and Privacy of Hardware devices | Data Governance | | Appointment Booking and Check-ins | Monitoring and Reporting On Operational Performance | Design of Care Interventions |
| NEW: Enterprise Architecture | IT Asset Management | | | Self-triage Capabilities | ICS Wide Data Availability | Innovation |
| | | | | NEW: Digital Front Door and Patient Portals | ICS Wide Analytical Use Cases (<i>non scoring</i>) | Research Data |