Scottish Government/COSLA Digital Maturity Assessment for Health and Social Care

Scottish Government
Riaghaltas na h-Alba
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COSLA

Summary of Findings

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An independent report by MEISTERWORKS

Contents

Introduction

In 2025/26, advancing organisational digital maturity continued to be an essential component of delivering health and social care services in a challenging landscape. The Scottish Government/COSLA Digital Maturity Assessment sought to track this development again this year, providing an essential tool for Scottish organisations to develop digital strategies, identify clear priorities for digitisation and track the real-world outcomes of their existing digital transformation projects. At a national level, the insights presented by the analysis of submissions provide an overview of the state of digital transformation. These measurable insights can inform policy development and decision-making at national, sub-national, and local levels, contribute to budgetary considerations and support evidence-based responses to parliamentary questions.

As the Scottish Government/COSLA Digital Maturity assessment enters its fourth year, local and national stakeholders are able to gain clear, comparative insights into their digital maturity journey over time and relative to their initial baseline. This commitment to continuous measurement makes the Scottish Government one of the few countries with access to time series data to assess progress towards digital maturity. The ongoing support for this approach is evident across the organisational network, with over 500 professionals and 1800 members of the Scottish health and social care workforce contributing to the success of this year's assessment.

The Scottish Government and COSLA contract with Meisterworks to manage the delivery and analysis of digital maturity across Scotland's health and social care landscape. All NHS Boards, Health and Social Care Partnerships and Local Authorities were invited to participate by completing self-assessments on-line initially in 2019, and in 2023, 2024 and 2025 thereafter.

This report has been independently created by Meisterworks as a national summary of findings based on the submitted self-assessed information. Individual organisation-level results are available to members of their respective local health and social care systems only. Organisation-level results are not published and comparisons are anonymised.

For more background on the Scottish Government/COSLA Digital Maturity process and insights from previous years visit www.festivaloftransformation.com

Summary of Findings

The 2025 Scottish Government/COSLA Digital Maturity Assessment reveals a national landscape of varying digital maturity with a persistent and growing disparity between the highest and lowest performing health and social care systems, leading to ever-fewer members of the population benefiting from top-tier digital capabilities[1]. While overall advancement towards digital maturity is evident, progress is inconsistent across operational and management themes.

Key Progress and Challenges:

- **Inconsistent Progress:** Overall scores show a steady, upward shift driven by advancements in Readiness and Capabilities. Positive year-on-year trends are seen in Infrastructure, Clinical Safety (greatest average increase, with highest indicators exceeding 80/100), Information Governance, Medicines Optimisation (notably a massive surge in Community Care prescribing scores, from the low 40s/100 to nearly 80/100), and Digital Channels.
- **Significant Declines**: This progress is counteracted by clear declines in vital Readiness metrics, including Strategic Alignment, Leadership, Governance, Resourcing, and Skills and Competences. Functional capabilities like Records, Assessments & Plans, and Business and Clinical Intelligence also recorded lower aggregate scores. These reversals are attributed partly to a shift of focus towards evaluating AI and LLM technology and an increase in the standard of 'what good looks like'.
- **Artificial Intelligence (AI) and Large Language Model (LLM) Focus**: Readiness and infrastructural components for AI/LLM are emerging strongly, maintaining high-level focus (scores 45/100-64/100) even as broader management indicators in these same categories decline. Functional deployment, however, is not yet ubiquitous.

[1] Individual health and care systems were each classified as leaders, mid-field or followers (see also page 5), and the aggregate size of the population they each serve compared to previous assessment years.

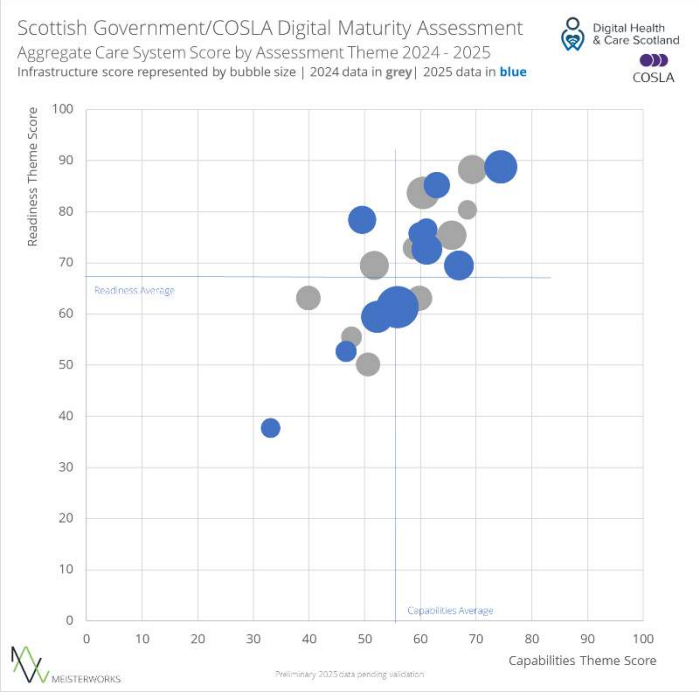
Operational & Workforce Friction:

- **Technology Basics Perception Gap:** A significant gap exists between leadership's encouraging self-assessment scores (e.g., Wi-Fi above 90/100, mobile access functional capabilities above 80/100) and the frontline workforce's reality (mobile access experience remains static at ~50/100).
- **Workforce Barriers:** Primary constraints on the workforce include lack of adequate skills and protected training time (44/100), followed by available systems not fit for required tasks (27/100), and inadequate Wi-Fi (23/100). Staff are largely reliant on self-education and peer support (59%) as the main drivers of digital capability.
- **Operational Friction:** The most persistent administrative burden is the duplicate data entry reported by the majority of the workforce when using Digital Records. While digital solutions improve efficiency and consistency, a striking proportion of staff reports that navigating them does not make their work more rewarding.

Strategic Imperatives:

- **Digitally Disintegrated Care Systems:** Digital integration of care across organizational boundaries remains a significant challenge. Strong cross-organizational leadership momentum is not translating into execution; core clinical capabilities like the digital sharing of information during external discharges and digital care summaries have experienced sharp drops.
- **National Alignment:** Organizations are actively favouring nationally aligned digital infrastructures over siloed developments. Upcoming deployment pipelines show an increase in ‘A single integrated solution’ and ‘A national solution’. Deployment momentum for Digital Channels has stalled due to national plans for the "MyCare" central solution.
- **Regional Disparity:** Mapping current data to the proposed subnational planning structure shows a clear and consistent disparity where Region West maintains a commanding lead over Region East across all Readiness, Capabilities, and Infrastructure themes. This profound disparity presents a critical challenge to a cohesive national digital health and care landscape.

Top Level Findings



Aggregating the assessment data to the theme levels of Readiness, Capabilities, and Infrastructure shows a national picture of **varying levels of digital maturity** between organisations.

Overall, plotting the progress from 2024 to 2025 demonstrates some advancement towards digital maturity across the majority of the Scottish health and social care landscape. Comparing the 2025 aggregate scores to the previous year shows that most organisations have held or improved their positions, indicating a **steady, ongoing shift** upwards and to the right on the assessment matrix.

This trajectory reflects the year's advancements across the Readiness and Capabilities sections (Infrastructure theme scores have remained largely consistent).

However, while we can see progress, the national landscape remains disparate. There continues to be a **persistent and growing gap between the highest and lowest performing health and social care systems**. This divide between the most and least digitally mature highlights exactly why continuous tracking is essential, providing the tangible evidence required to target interventions and ensure **equitable digital reform** across all regions.

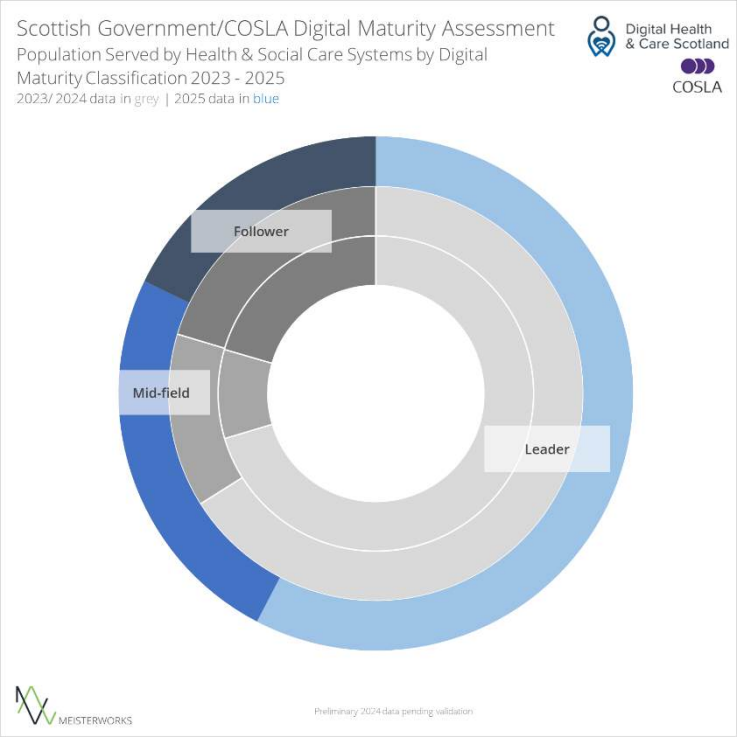
The SG/COSLA Digital Maturity Assessment (DMA) facilitates the required kind of tracking not only by allowing participating organisations to update their assessments when it best aligns with their **pace of continuous improvement**, but also via its dedicated custom data portal, which provides organisational leadership and management with **easy access to**

analysis of the DMA Data by organisational details, assessment structure and assessment data..

This growing **inequality may well be hindering other developments** like the integration of health and social care, and reinforces the need for the standardised, continuous tracking that this assessment provides. Only this approach can produce the evidence needed to direct essential interventions for those health and care systems that are falling behind and provide equitable, long-term digital transformation throughout Scotland.

Digital Maturity By Population Served

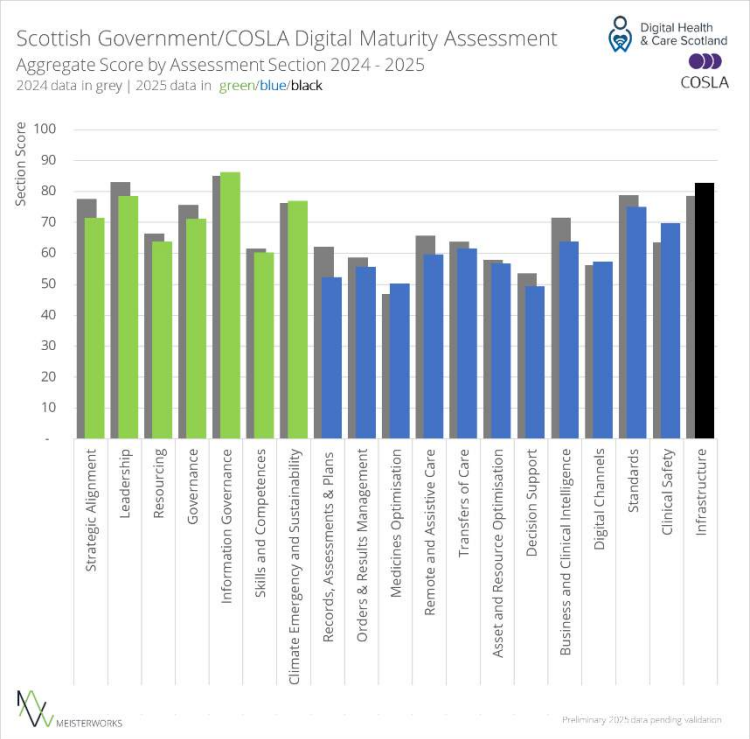
The 2025 assessment update reveals a continuing and significant shift in the distribution of national digital maturity across the population served. Charting the latest assessment data against the 2023/2024 baseline highlights a **downshift in the share of the population being served by "Leader" organisations** (health and social care systems classed as "leaders" in digital maturity).



At the same time, the proportion of the population being served by organisations achieving "mid-tier" or "follower" status has continued to steadily increase from 33/100 in 2024 to 45/100 in 2025. This illustrates that fewer members of the population are directly benefiting from health and social care organisations' leadership in digital maturity.

Progress has been made

Analysis of the 2025 assessment data shows a complicated picture of the recent progress in digital maturity. Comparing aggregate scores by assessment section between 2024 and 2025 demonstrates that **advancement is inconsistent across operational and management domains**. While progress can be seen in the data, it is not evidence of a steady digital improvement across all Scottish health and social care systems.



We can see that progress has been achieved in certain areas of critical importance. Most notably, there has been a distinct **increase in the aggregate score for the fundamental Infrastructure** supporting health and social care systems. This reflects the ongoing and necessary investments in foundational digital capabilities. Positive year-on-year trends can be observed in specific operational and readiness categories, with **increased scores reported in Information Governance, Climate Emergency and Sustainability, Medicines Optimisation, Digital Channels, and Clinical Safety.**

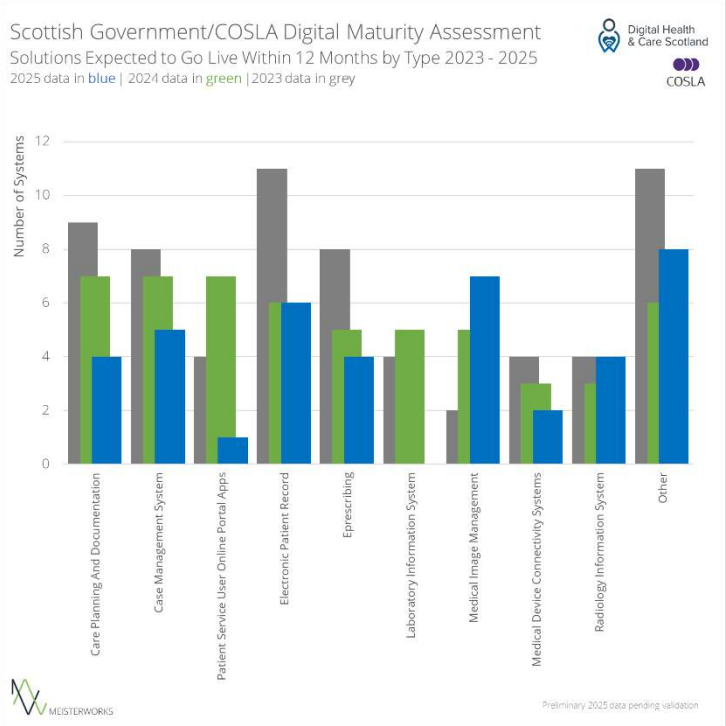
These positive improvements are not, however, reflected across the complete dataset. Clear declines are observable across a significant number of other vital assessment sections. Within the Readiness theme, metrics for Strategic Alignment, Leadership, Resourcing, Governance, and Skills and Competences have all decreased since the 2024 assessment. Similarly, functional capabilities such as Records, Assessments & Plans, Remote and Assistive Care, Asset and Resource Optimisation, and Business and Clinical Intelligence have all recorded noticeably lower aggregate scores in 2025.

We know that Leadership has committed some resources to evaluating the possible returns from introducing **Artificial Intelligence (AI) and Large Language Model (LLM) technology** to some of their organisations' processes and that the resulting **shift of focus away from other technologies or process-specific digital transformation is contributing to those growth reversals**. We also know that the **standard of 'what good looks like' against which organisations are assessed has moved** the end-goal of digital maturity further along by more than we might have predicted.

These observations across multiple assessment sections demonstrates the challenges of sustaining momentum across the breadth of digital transformation.

Upcoming Infrastructure Plans

Looking ahead to the solutions expected to go live within the next 12 months, the updated 2025 assessment data reveals **a notable shift in imminent deployment priorities** across the national landscape.



This development is expected; as organisations go live with ongoing deployments in Care Planning and Documentation, Case Management Systems and ePrescribing, the need for further work in the same areas of their IT infrastructure vanishes and resources are allocated to other projects.

Specific application areas that have been affected by external drivers and constraints include Digital Channels, where national plans to provide a central solution ("MyCare.scot") are causing health and social care providers to hold on further work local organisational digital channels .

The data highlights specific domains where deployment momentum is either steadfast or visibly accelerating. **The pipeline for Electronic Patient Record implementations remains completely stable**, maintaining the exact level recorded in the previous year.

Other types of systems for which major lifecycle events should be anticipated include Medical Image Management, and Radiology Information Systems.

This insight into the deployment pipeline might be useful in predicting where the next functional gains may be and, in turn, for planning targeted central support for stalling advancements.

Organisation leadership should consider:

- Can organisation leadership learn from peer rollouts of nationalised products and how can such learnings be implemented?
- What external drivers and constraints are impacting their own pipeline?

Opportunity for Maximising Implementation

The degree of implementation of digital practices across Scotland does not always match the degree of digitisation of the processes concerned. The latest assessment data evaluating key 'reach' indicators, which measure the actual adoption and widespread use of digital practices, against aggregate section scores highlights distinct operational trends in 2025.

In several areas, the actual reach of digital practices now noticeably exceeds their overall section

scores. Specifically within **Records, Assessments & Plans, Medicines Optimisation, and Digital Channels, core digital practices have achieved a strong degree of proliferation** across the workforce and service users, even as the broader capabilities and functions within those sections continue to mature. Staff are working digitally insofar as possible within insufficiently mature domains.

On the other hand, the data reveals some areas where digital practices do not yet fully permeate everyday operations. For example, **the reach of Business and Clinical Intelligence falls significantly behind its general section score**. This indicates that while the functional capabilities and operational readiness for intelligence tools have advanced, their widespread adoption and practical integration into daily workflows remain constrained. **Staff are working less digitally than their systems might, in theory, allow.**

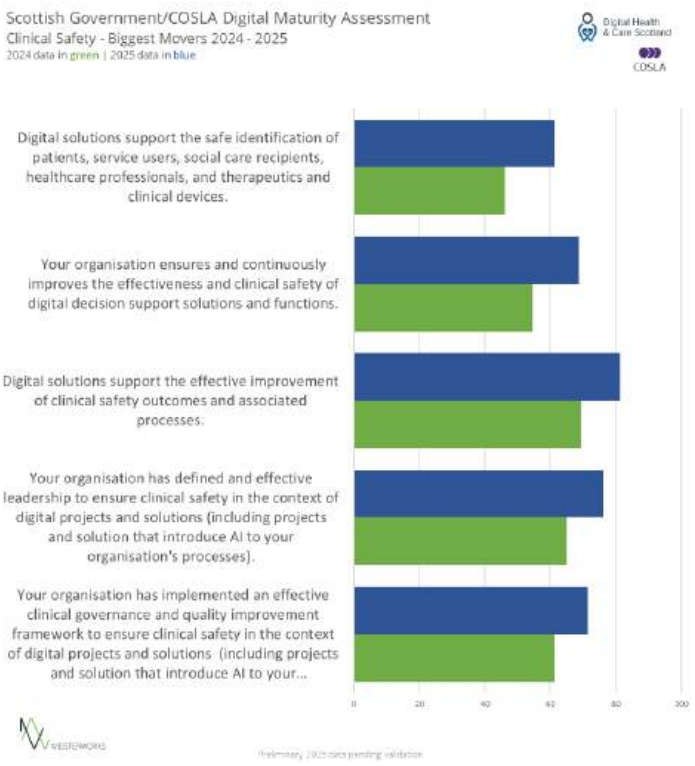
Meanwhile, in other core sections such as Standards, Transfers of Care, and Orders & Results Management, the reach of digital practices aligns closely with their overall section scores. This demonstrates a proportional progression between the development of functional capabilities and their actual operational adoption across the national landscape.

Organisations with partially rolled out technology should seek to understand:

- What are the blockers for broader technology adoption?
- Are expected efficiency gains threatened by implementation complexity?
- What is the cost of duplicating processes in this way, and what risks are associated?

Clinical Safety

The Clinical Safety section saw the greatest average increase in achievement in this assessment round. This possibly reflects clinical safety as a priority for health and social care organisations as clinical safety is a critical component of effective digital transformation.



The 2025 update to the assessment clearly shows a rapid pace of change within this area. We can see **positive progress across every measured indicator** when compared to the 2024 baseline.

Scores for the highest-performing capabilities in this section now sit strongly in the upper quartiles. Most notably, the use of digital solutions to support the effective improvement of clinical safety outcomes and associated processes is the highest scoring indicator, now exceeding a score of 80. Furthermore, indicators measuring **defined leadership and the implementation of effective clinical governance frameworks designed to ensure clinical safety—crucially including the safety of projects that introduce AI—have both demonstrated strong upward momentum,** scoring securely in the 70s.

While the trajectory is generally positive, the assessment also highlights specific areas where continued development is necessary. The **use of digital solutions to support the safe identification of patients, service users, healthcare professionals, and clinical devices remains the lowest scoring indicator in this category**, sitting at approximately 60. However, it must be noted that this still represents a substantial improvement from its

2024 baseline score of under 50. Similarly, while organisations are making clear strides in ensuring and continuously improving the clinical safety of their digital decision support solutions, this area remains a secondary priority for ongoing maturation.

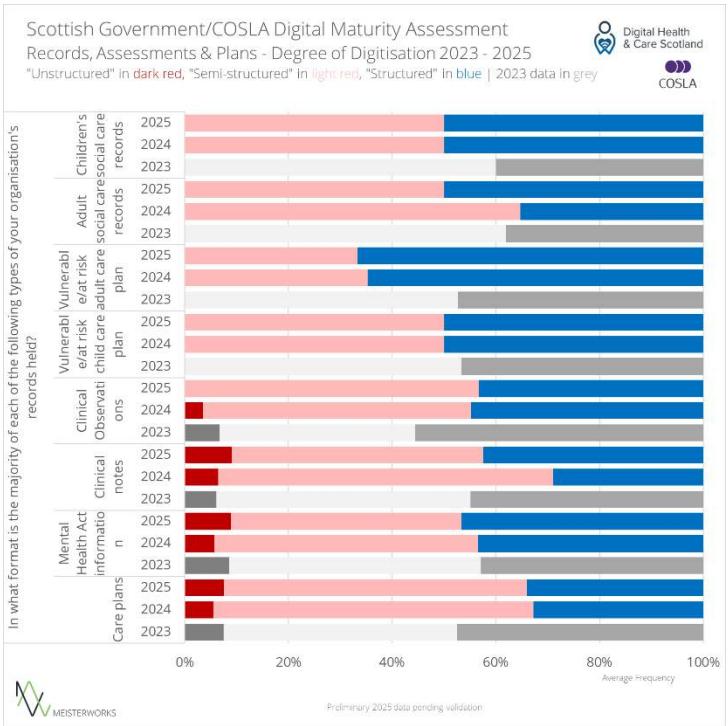
Organisation leadership for Clinical Safety should consider:

- Why is digital identification of patients, users and devices lagging behind other areas?
- How can AI support improvements in Clinical Safety and how can Clinical Safety be protected when implementing AI-supported tools?

Records, Assessments & Plans

Opportunity for Functional Upgrades

Within the Records, Assessments & Plans section digital records remains an important priority. Capturing data in structured formats is absolutely essential for supporting advanced computational use cases, including business and clinical intelligence, population health analyses, and the future integration of AI applications.



The latest 2025 assessment data illustrating the degree of digitisation across various record types demonstrates an **encouraging and continuous shift toward these highly valuable structured formats**. When compared against the 2023 and 2024 baselines, the proportion of structured records has noticeably expanded across core clinical areas, visibly increasing within overarching Care plans, Clinical notes, and Mental Health Act information. Meanwhile the

reliance on purely unstructured data within Clinical Observations has been virtually eliminated.

The updated data reveals a **significant turning point for social care** capabilities. Previous reporting noted that social care organisations were falling behind the healthcare sector in their structural digitisation. The 2025 chart highlights **substantial, positive progress within specific adult services**. The share of fully structured formats for Adult social care records and Vulnerable/at risk adult care plans has grown significantly year-on-year, successfully replacing a large portion of previously semi-structured formats.

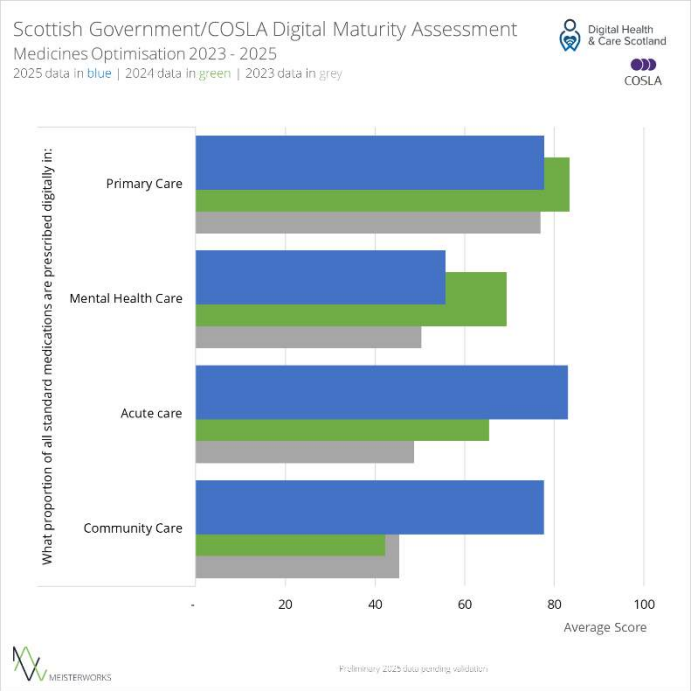
However this positive trajectory is not replicated across all domains. The structural formatting of Children's social care records and Vulnerable/at risk child care plans has not changed since 2024, maintaining an unchanged split between semi-structured and structured formats with no new ground gained. Furthermore, a proportion of unstructured records remains within Clinical notes, Care plans, and Mental Health Act information. Addressing these particular areas will be essential to ensure that all organisations can leverage the analytical benefits of comprehensive, structured digital records.

The digital management of Records, Assessments & Plans is widely regarded as a critical dependency for many other digital processes. Health and social care leadership should be aware of:

- The secondary risks and benefits from implementing (or omitting) high quality records systems, (E.g. inconsistent data formats requiring workarounds and thus dual processes for other processes and systems, or risks to the organisation's ability to collaborate deeply with its wider health and social care context .

Medicines Optimization

Opportunity for Greater Coverage



The comprehensive rollout of digital medicines optimisation is a vital component of safe and effective care delivery. **The latest 2025 assessment data, evaluating the proportion of standard medications prescribed digitally, depicts a highly dynamic and shifting situation across different care settings.**

Acute care services have demonstrated a continuous, strong upward trajectory over the past three assessment cycles. The digital prescribing of standard medications within this sector has risen steadily from baseline levels in 2023, accelerated through 2024, and now **impressively exceeds a score of 80 in 2025**.

The 2025 data reveals a significant and highly **positive turnaround within Community Care**. While previous reporting indicated that community services remained unaffected by the digitisation progress seen in other areas during 2024, the updated data highlights a **massive surge in digital prescribing. Scores for Community Care have jumped substantially from the low 40s in 2024 to just below 80 in 2025.** This demonstrates the profound impact of targeted transformation efforts (HEPMA) in previously lagging areas.

Unfortunately, there are less positive outcomes in other service areas. Both Primary Care and Mental Health Care, which had previously recorded strong gains between 2023 and 2024, have experienced reductions in their 2025 aggregate scores. The digital prescribing of standard medications in Primary Care has receded from its 2024 peak to fall back slightly

below a score of 80/100. Mental Health Care has experienced a sharper drop, falling from a high of approximately 70/100 in 2024 to the mid-50s/100 in the latest assessment.

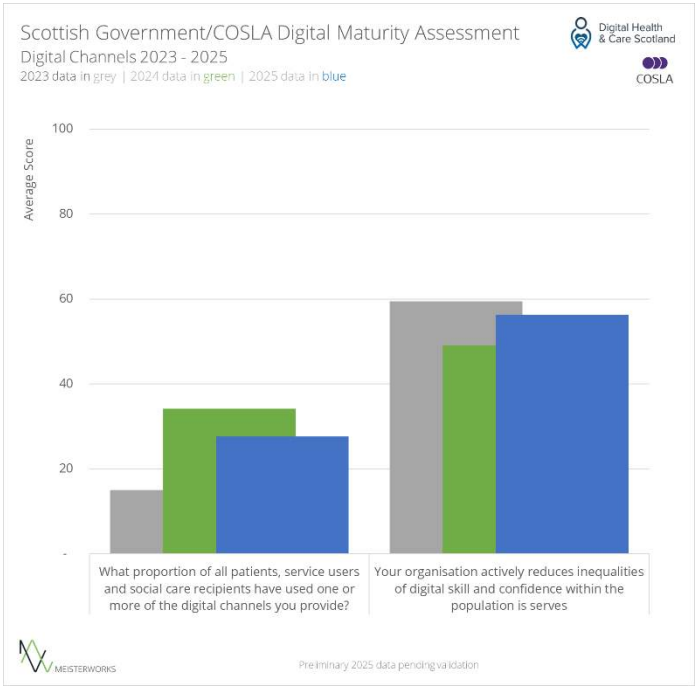
These fluctuations again support the usefulness of a continuous tracking approach; specific declines in Primary and Mental Health Care warrant further analysis whilst sustaining the momentum recently achieved within Acute and Community Care.

Health and social care providers should ascertain:

- That the functional limitations of recent centrally deployed medicines management technology do not exclude parts of the organisation?
- That those limitations do not create a need to operate functionally identical but parallel processes, and what cost?

Digital Channels

Digital access to Healthcare and Social Care Services is being consolidated



Making health and social care services accessible via digital channels wherever appropriate is a key national objective. The data for this section historically showed promising progression; **15% of service users were engaging with digital channels in 2023 and this figure more than doubled in the 2024 data collection**. This progression has stalled and, in some cases, declined for 2025. The latest update shows that **the share of citizens actively using one or more provided digital**

channels has fallen back from its 2024 peak, now sitting securely below 30 percent. We can look to the planned national roll-out of "MyCare.scot" over the coming years to explain this slow-down.

Scores show that organisational initiatives to reduce inequalities in digital skills and confidence amongst local populations remain strong, rebounding to 2023 levels. We can infer that organisational leadership remains committed to the spirit of digital transformation in the area of digital channels but, at a time of national developments , are not committing to organisation-level improvements in this area.

Health and social care providers and population health stakeholders strategically reliant on digital channels should ensure that the planned unified approach:

- Includes methods to check whether a potential service user is technically competent to read and interpret their record
- Ensures that records presented for potential alteration by service users are capable of being read, understood and checked for errors almost entirely by laypeople without formal medical training.

Organisational leadership might consider:

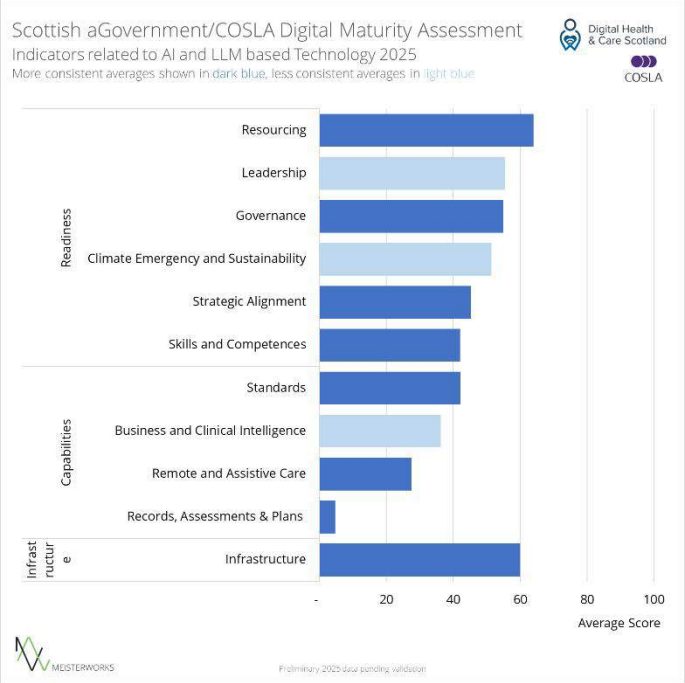
- Should the assessment discontinue measuring progress for digital channels aimed at service users? Should measurements of digital channels for the workforce continue? Should measurement of outreach work in the community continue?

Artificial Intelligence and Large Language Models

Focus on Readiness over Capabilities

Analysis of the 2025 data regarding indicators related to Artificial Intelligence (AI) and Large Language Model (LLM) based technology demonstrates that, while **specific**

readiness and infrastructural components are emerging strongly, the **functional deployment of these capabilities is not yet ubiquitous**.



The ongoing public debate about the use of AI in healthcare and social care provides plausible reasons for this.

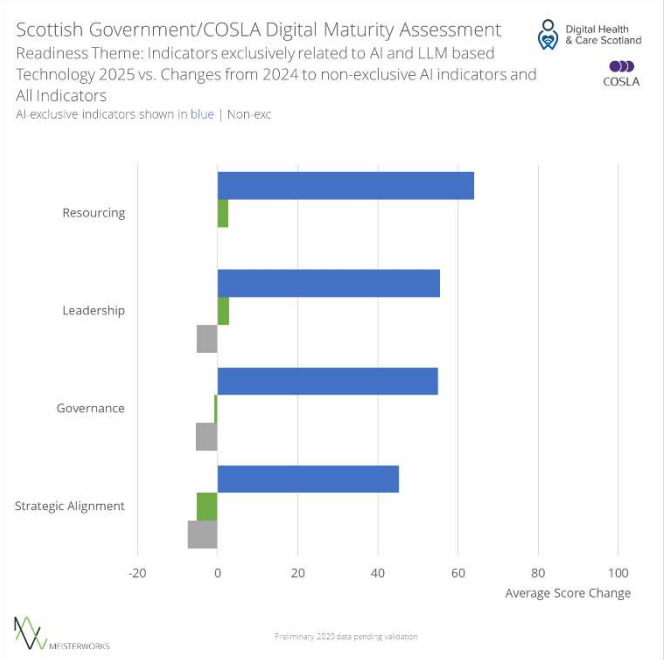
Because AI has the potential to make operations much more efficient not only in terms of one specific task or process but rather in a way that can be applied to many use cases in most organisations, the degree of leadership's attention given to AI is reasonable.

As such, the technology has the potential to decrease reliance on (and risks associated with) tasks currently handled by humans, meaning that their time and energy can be dedicated to other activities.

The potential that AI represents by virtue of being applicable to many processes while providing advanced functionality also fuels the development of tools aimed at preventing harm from AI use, such as, AI identification regulations, ethical frameworks etc. Without a specific application environment, a robust but generically permissive ethical and operational framework is needed to manage the risks and ethical boundaries associated with AI deployments while collaborative registers provide a retrospective record of applications and their utility to the end user.

Analysis of the Readiness theme highlights a **significant contrast between AI-specific momentum and general organisational trends**. Indicators exclusively related to AI and LLMs within Resourcing, Leadership, Governance, and Strategic Alignment maintain strong scores ranging between 45/100 and 64/100. Crucially, this high-level focus on AI

is occurring even as broader, non-exclusive indicators within several of these exact same management categories—specifically Governance and Strategic Alignment—have recorded observable score declines since 2024.



Health and social care providers should devote strategic decision making resources to:

- Regularly assessing which specific organisational challenges and plans may find efficient solutions from application of AI and LLM technology
- The share of strategic leadership and management attention' AI technology should receive
- To what extent the organisation has the necessary structured, good quality data, & infrastructure to be able to derive benefits from AI/LLM solutions

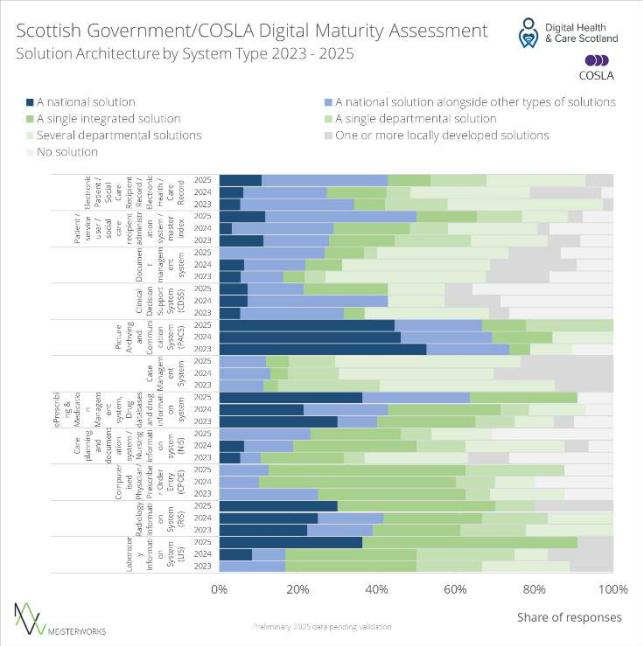
Organisational leadership might further ascertain:

- That the organisation's processes for developing business cases, shortlisting and procuring solutions are able to understand all features, functions, benefits and risks of AI/LLM solutions
- That the expected benefits of AI/LLM technology and the current concentration and dynamics of the provider market will not undermine the organisation's robust procurement processes

National Solutions

Adoption of National Solutions is Increasing

While there is still a complicated mixture of national and departmental systems in place, the 2025 assessment data shows that Scotland is continuing to move away from fragmented legacy approaches.



We are seeing a steady migration away from "one or more locally developed solutions' visible across multiple system types, particularly within Patient Administration Systems and Care Planning. **The latest data indicates an increased adoption of national frameworks for ePrescribing and Medication Management systems.**

The pipeline is also encouraging; with more national solutions expected to go live within the next 12 months. The 2025 data shows an **increase in upcoming deployments categorised as 'A single integrated solution' and 'A national solution'**. Rollouts of locally developed solutions have completely disappeared from the near-term pipeline, while new single departmental solutions are limited.

This year's data demonstrates that health and social care organisations are actively discarding siloed developments in favour of nationally aligned digital infrastructures.

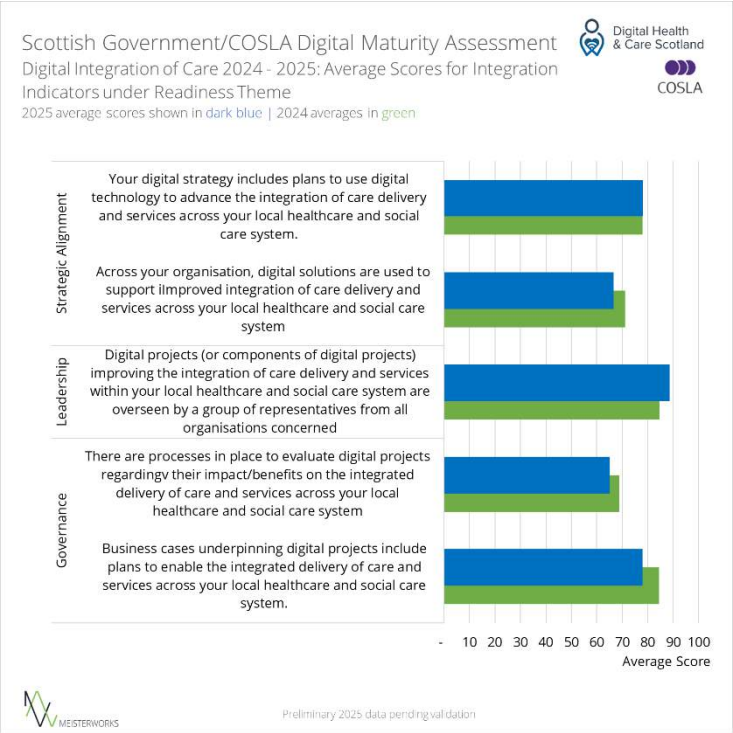
Organisations currently investing in new solutions and organisations intending to maximise benefits from future national rollouts should:

- Ascertain what capabilities they might be able to acquire from national sources
- Collaborate on specifications for potential national adoption and communicate their needs and requirements as a means of reducing local integration issues

Integrated Care Systems

Integrated Care Systems remain digitally fragmented

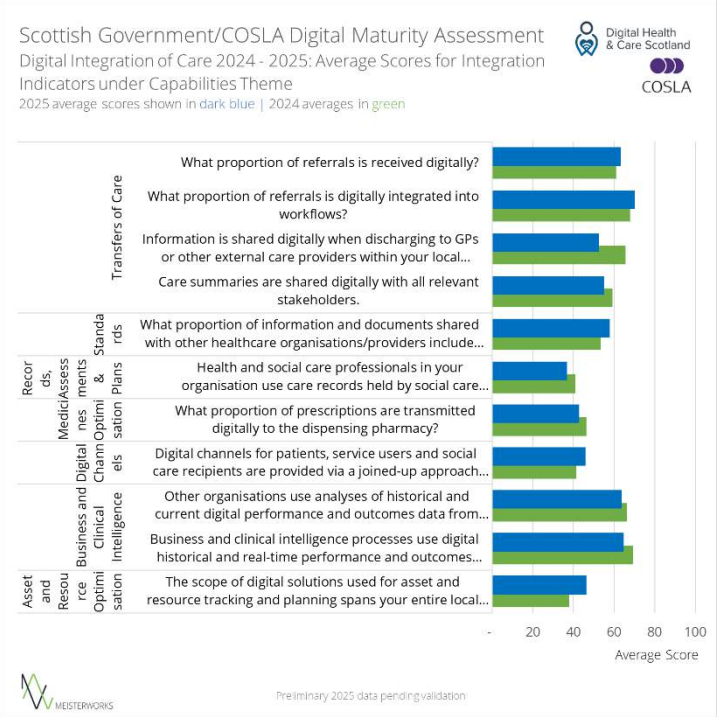
The 2025 Assessment data highlights that true digital **integration of care across organisational boundaries remains a significant challenge**.



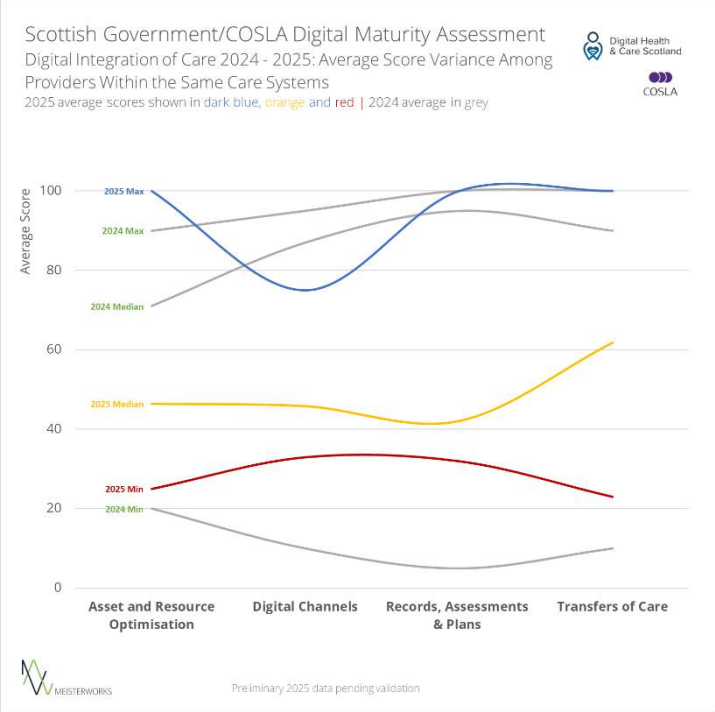
Within the Readiness theme, there is clear evidence of strengthening cross-organisational leadership. The oversight of digital projects by representative groups from all concerned organisations has visibly increased from 2024, approaching a score of 90. **However, this positive leadership momentum is not universally translating into stronger governance or strategic execution on the ground.** While broad digital strategies maintain a stable commitment to integrated care, the practical use of digital solutions to support this integration has slightly declined. Essential governance mechanisms are losing traction; business cases underpinning digital projects are less likely to include concrete integration plans than in 2024, and processes to evaluate the integration benefits of these projects have similarly receded.

This strategic friction is mirrored by a fractured operational landscape **within the Capabilities theme. Incremental progress is visible in specific administrative areas, such as a slight increase in the proportion of referrals received and integrated digitally, as well as a greater use of verified CHI numbers on shared documents.** The provision of joined-up digital channels for citizens and the cross-system tracking of assets and resources have also recorded measurable upward trajectories. However, the data

exposes concerning declines in the core clinical capabilities fundamentally required for safe, integrated care. Most notably, the digital sharing of information during external discharges experienced a sharp drop since 2024. Similar regressions are evident in the ability of professionals to access social care records, the digital transmission of prescriptions, and the cross-organisational utilisation of business and clinical intelligence data.



Local variation compounds these challenges. The 2025 data evaluating score variance among providers within the exact same care systems shows a widening gap between the most and least mature organisations. Across key functional areas such as Asset and Resource Optimisation, Digital Channels, Records, Assessments & Plans, and Transfers of Care, the divide between the highest and lowest performing providers has expanded significantly since 2024.



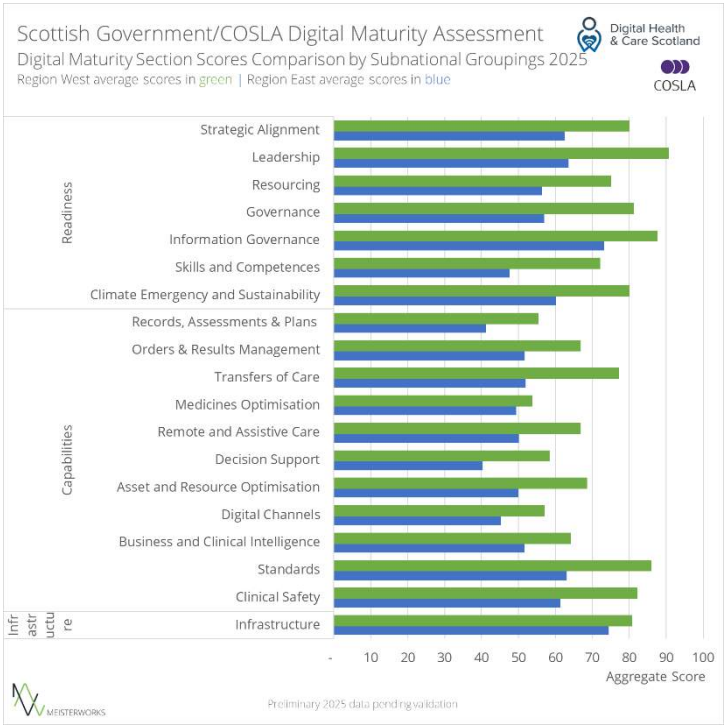
This growing divergence severely constrains the ability of organisations to collaborate efficiently, share data seamlessly, and deliver cohesive care. This disparity needs to be addressed to deliver an integrated digital health and social care system across Scotland.

Organisational leadership might consider:

- Why is stronger leadership and integration-aware policy development not translating into more collaborative design and deployment of digital care processes?
- Are blockers associated with your organisation or do they sit with other organisations within your health and social care system?

Digital Maturity remains variable in the short-term

In anticipation of the full implementation of the Scottish Government's new subnational planning structure, which divides healthcare organisations into two groups (Scotland East and Scotland West), we have mapped organisations' current digital maturity data to the proposed subnational groups.



The findings reveal a clear, consistent, disparity between the two regions across every single measured domain of digital health and social care.

Region West demonstrates a commanding lead in aggregate scores across all Readiness, Capabilities, and Infrastructure themes. Within the Readiness theme, Region West exhibits particularly robust performance in Leadership, scoring approximately 90, and Information Governance, which also approaches 90. By contrast, Region East lags significantly behind in these categories, recording scores in the low 60s and low 70s, respectively. This substantial gap is mirrored in Skills and Competences, where Region East

struggles with an aggregate score below 50, compared to Region West's score exceeding 70.

In Capabilities, core functional areas critical to the delivery of integrated care, such as Transfers of Care, Standards, and Clinical Safety, display some of the most pronounced differences, with Region West consistently scoring 20 or more points higher than Region East. Even in operational domains where both regions report lower overall maturity, such as Records, Assessments & Plans, and Decision Support, Region West maintains a clear and distinct advantage. While the gap narrows marginally for Infrastructure and Medicines Optimisation, Region East persistently lags behind across the board.

Elsewhere, our analysis has indicated that greater disparity of digital maturity hinders rather than promotes the digital integration of health and social care.

Similar disparity occurs when it comes to both the internal and the inter-group communication, process and data sharing requirements: **Such a uniform and profound disparity across administrative regions presents a critical challenge to the development of a cohesive, national digital health and care landscape.**

These projections firmly underscore the absolute necessity of targeted interventions and sharing good practice. It is imperative that we utilise this comparative intelligence to better understand the reasons for such variation and identify specific barriers and enablers in each region. Such actions will facilitate the acceleration of Scotland's digital transformation ambitions, ensuring that all citizens, regardless of their geographic region, benefit from modern, digitally integrated, and equitable care systems.

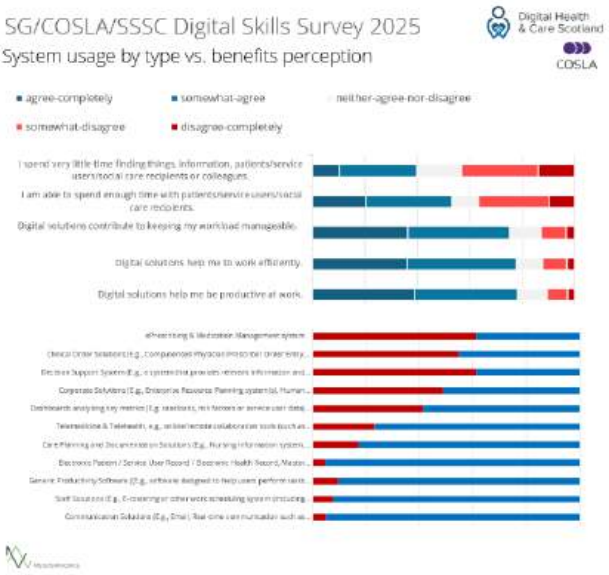
Organisational and regional leadership on both sides could consider:

- Given the difficulty of achieving joined-up service delivery within the smaller health board regions across Scotland over the past decade, what new strategic advantage is at the disposal of subnational regions to address this problem?
- Will the lower number of operators in future (two) create greater pressures to collaborate? What pitfalls does management need to prepare for?

The Workforce Perspective

Digital Maturity in the real world

The 2025 staff survey provides new insights into how the health and social care workforce engage with digital systems and their attitude towards these tools.



Workforce engagement with digital systems varies depending on the functional category of the solution. General administrative and foundational tools, such as communication solutions, staff scheduling systems, generic productivity software, and overarching Electronic Patient/Service User Records, demonstrate exceptionally high levels of workforce engagement and positive adoption. More complex and highly specialised operational solutions, on the other hand, encounter significant friction. The workforce reports noticeably lower engagement and higher levels of frustration with e-Prescribing and Medication Management systems, Clinical Order Solutions, Decision Support Systems, and analytical dashboards.

Staff attitudes regarding operational output of digital transformation remain pragmatically positive. Staff mostly agree that digital solutions help them to work efficiently, be productive, and keep their overall workloads manageable. However, these administrative efficiencies are not always translating into frontline care environments.

Used here as a proxy for having an overall efficient workplace that is conducive to health and social care professionals' roles, **being able to spend enough time with patients and service users is not yet a standard achieved everywhere**.

Similarly, the notion of interacting with other parts of the organisation - things, information, patients, or colleagues - efficiently because they are identifiable by efficient means rather than much more time consuming search operations ("I spend very little time finding things, information, patients/service users/social care recipients or colleagues") describes a **high potential standard of asset utilisation, which was also not yet reality for some**.

A closer examination of core operational capabilities, such as Digital Records, Assessments & Plans, reveals the specific pain points driving these mixed attitudes. While staff indicate a very high reliance on digital records at the point of care, there is significant frustration regarding their practical application. One hurdle which remains is the **lack of seamless interoperability and unified data architecture, evidenced by a large portion of the workforce reporting that they must still record and enter information more than once**.

Similarly, when evaluating the broader effects of tools like **Digital Records and Digital Order Solutions** on their daily professional lives, staff recognise that these systems **make their work more consistent, efficient, and increase overall quality.** Yet, a proportion of the workforce report that navigating **these digital solutions does not make their work more rewarding.**

These insights provide the Scottish Government and local organisational leadership with a clear mandate. While digital systems that have been deployed support broad productivity, their usability, integration and design still needs improvement. Eliminating duplicate data entry and minimising time spent on multiple systems is vital for true digital transformation, thereby easing administrative work and freeing up time for patient and social care.

Organisational leadership should consider:

- What is causing the need for duplicate entry? Interoperability failings or usage error? Is this issue monitored and reviewed? Can the existing infrastructure ever facilitate single entry?
- Are existing systems being used optimally and to their full potential?
- What value does management / organisational culture ascribe to workforce efficiency? Is this reflective of reality?

Technology basics are not yet consistently a foregone conclusion

Basic technological provision is a prerequisite for advancing digital maturity. This includes adequate end user devices, reliable connectivity and efficient systems.

The main assessment data reflects the perspective of organisational leadership and in 2025 paints a encouraging picture of ongoing investment and infrastructure progress. Across every measured indicator within the core technology basics, aggregate organisational scores have visibly increased from their 2024 baselines. Most notably, leadership reports that Wi-Fi access for health and social care professionals is now approaching universal availability, scoring securely above 90/100. Furthermore, capabilities designed to meet the demands of mobile access and remote working have seen a sharp upward trajectory. Provision of end-user devices has also increased.

This view is not shared by the wider workforce. The 2025 staff survey results clearly demonstrate that while slight, incremental improvements have been felt on the ground regarding **Wi-Fi access, device availability, and log-in times compared to the 2024 staff responses, a large gap in perception remains**. This disconnect is most glaring in terms of mobile access and remote working capabilities. While organisational self-assessments confidently score these functional capabilities above 80/100, the actual workforce experience remains virtually static at a score of approximately 50/100, showing almost no improvement from the previous year. Similarly, while leadership reports log-in and information retrieval times are meeting demands, staff assessment of this area is less positive.

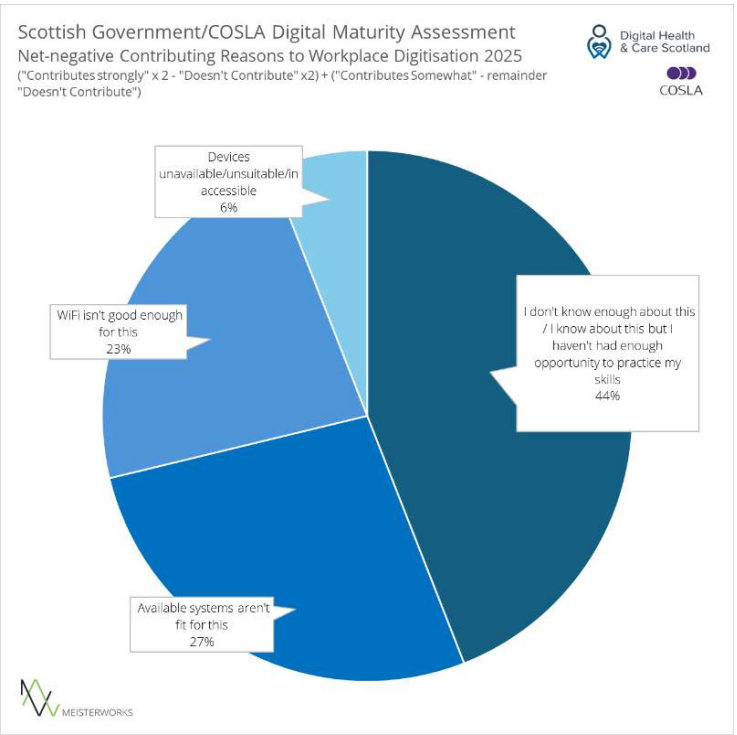
It is clear that while the theoretical provision of basic technology is expanding, its practical, seamless accessibility at the point of care is not yet a foregone conclusion for many professionals.

Organisations ought to investigate the gap between leadership's perception and frontline reality. This should not just be understood as an administrative goal. It is

fundamentally necessary to ensure the workforce is equipped to deliver modern, digitally-enabled care unhindered by technological barriers.

Organisational leadership should reflect on the following areas:

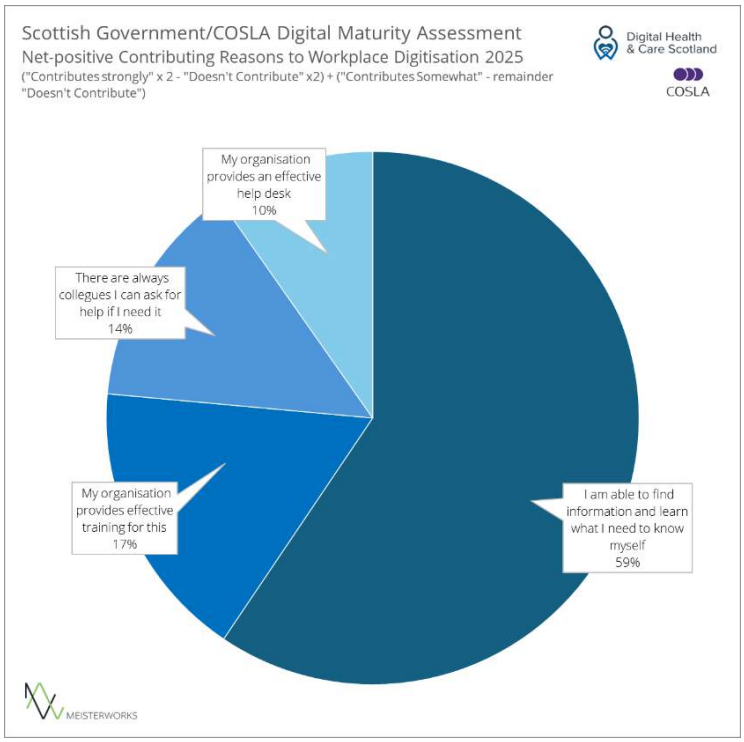
- Are staff perceptions of "tech basics" accurate? Do organisational leadership report "best case" scenarios?
- Could under-adoption of existing tech (or existing features) explain the perception gap?



The Staff Survey was updated in 2025 to provide a much richer dataset to allow analysis of the causes, restraints, drivers and effects of digital transformation from the workforce perspective.

This dataset shows specific barriers hindering the frontline workforce. Lack of adequate skills and protected training time is a real constraint. The updated survey indicates that 44 percent of net-negative contributing reasons to workplace digitisation stem from staff feeling they do not know enough about the systems or have not had sufficient opportunity to practice their skills. Furthermore, functional and infrastructural constraints remain significant hindrances. **Over a quarter (27/100) of negative feedback highlights that available systems are simply not fit for their required tasks, while inadequate Wi-Fi accounts for 23/100 of the reported barriers.** By comparison, the outright unavailability or inaccessibility of devices makes up a much smaller proportion, representing just 6 percent of these net-negative factors.

When evaluating the positive drivers of workforce digital capability, self-reliance and peer support emerge as critical elements. **A significant majority (59/100) of net-positive contributions to workplace digitisation are driven by staff being able to independently find information and learn what they need to know.**



Formal organisational support systems also play a vital, albeit secondary, role in promoting digital capability. Effective training provided by the organisation accounts for 17/100 of these positive drivers, followed by the availability of supportive colleagues to ask for help at 14/100, and the provision of an effective help desk at 10/100.

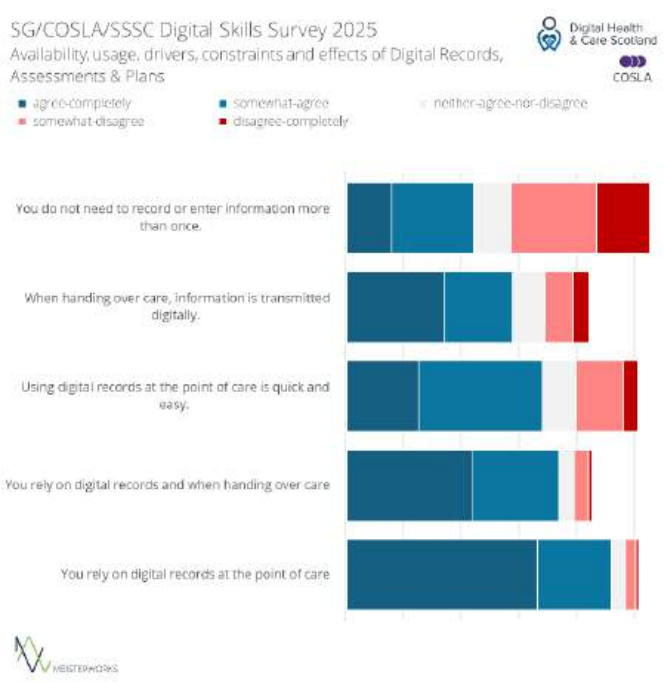
These insights firmly demonstrate that while basic technological infrastructure must be secured, providing the workforce with the time, resources, and collaborative environments necessary to build their digital skills is equally imperative for ensuring the successful adoption of new care solutions.

Organisational leadership should reflect on the following areas:

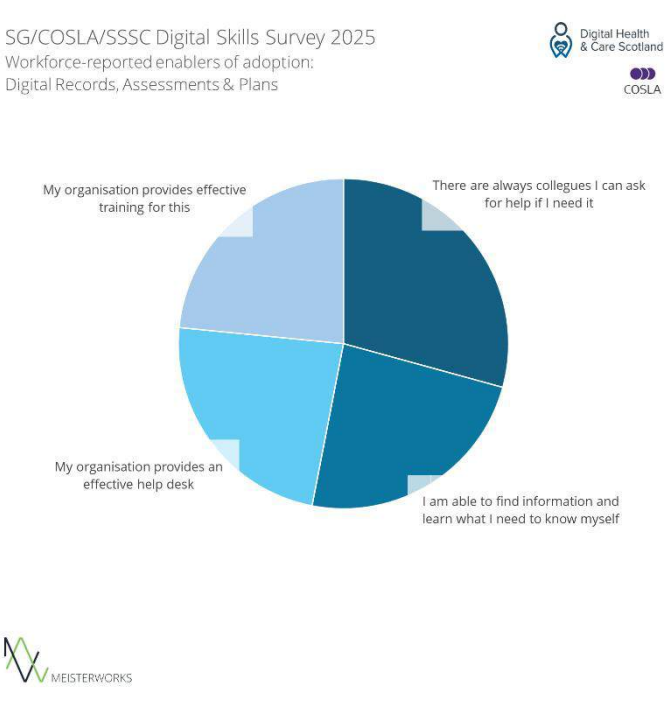
- How will the organisation manage the variation of workforce skillsets associated with independent (ad-hoc) learning?
- What can your organisation do to ensure knowledge gained by members of the workforce is compliant with your standards, based on the best current evidence and using efficient, modern learning tools?
- Considering those factors, what is the real cost of having/not having a digitally enabled workforce?

Records Assessments & Plans

The 2025 Staff Survey also captured insights into how the workforce practically engages with digital Records, Assessments & Plans. This data shows that **there is a high reliance on digital systems in this area but that it is accompanied by significant operational friction**.

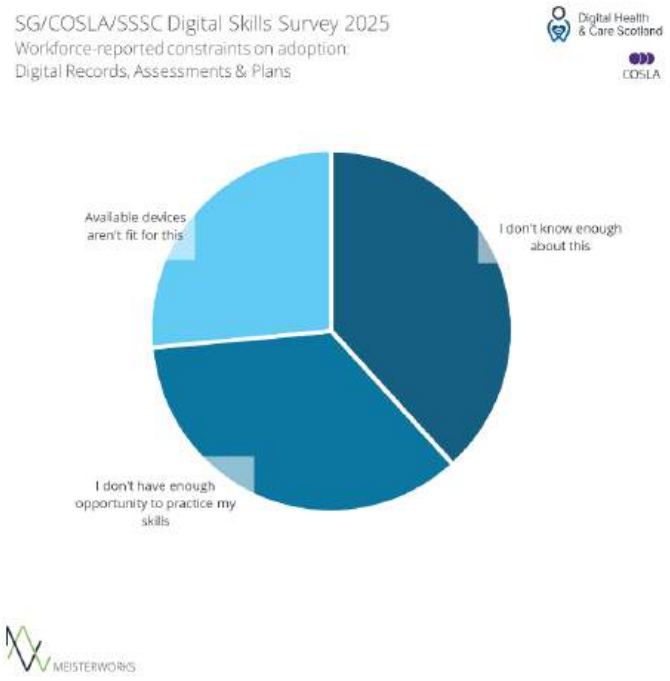


The data demonstrates that the workforce is successfully utilising digital records both at the point of care and at care handover. However, there are barriers to the practical application of these systems. Once again, **duplicate data entry is a persistent administrative burden**. A majority of the workforce actively disagrees with the statement that they do not need to record or enter information more than once. Furthermore, while reliance on these systems is high, the actual digital transmission of information during handovers remains inconsistent, and staff are divided on whether utilising digital records at the point of care is actually quick and easy. Self-reliance and informal peer networks are crucial to navigating these systems. **The most significant enabler reported by staff is their own ability to find information and learn what they need to know independently**, closely followed by the availability of supportive colleagues to ask for help. Formal organisational support structures, such as the provision of effective

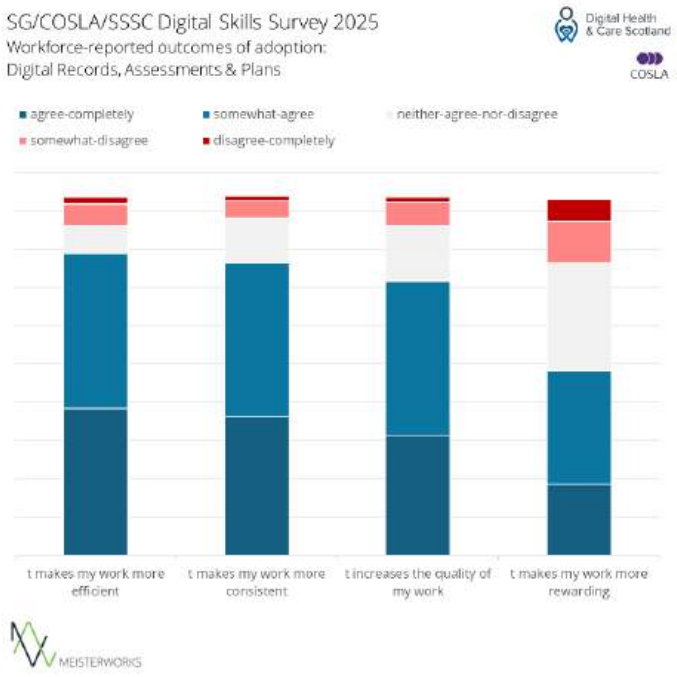


training and help desks, represent necessary but distinctly smaller contributing factors to successful adoption.

The primary constraints hindering the effective use of digital records are rooted in workforce readiness and practical system design. **The barriers reported by staff are a lack of adequate knowledge about the systems and not having enough opportunity to actually practice their digital skills**. Additionally, a notable proportion of the workforce clearly highlights that the available systems are simply not fit for their specific tasks, alongside secondary concerns regarding the suitability of available devices.



Despite these clear practical and educational challenges, the workforce acknowledges the overarching operational benefits of digitising records. **Staff broadly agree that utilizing these solutions makes their work more efficient, improves consistency, and increases the overall quality of their output**. However, these functional improvements do not currently translate into enhanced professional satisfaction. A substantial proportion of the workforce remains neutral or actively disagrees that utilising these digital records makes their work more rewarding.



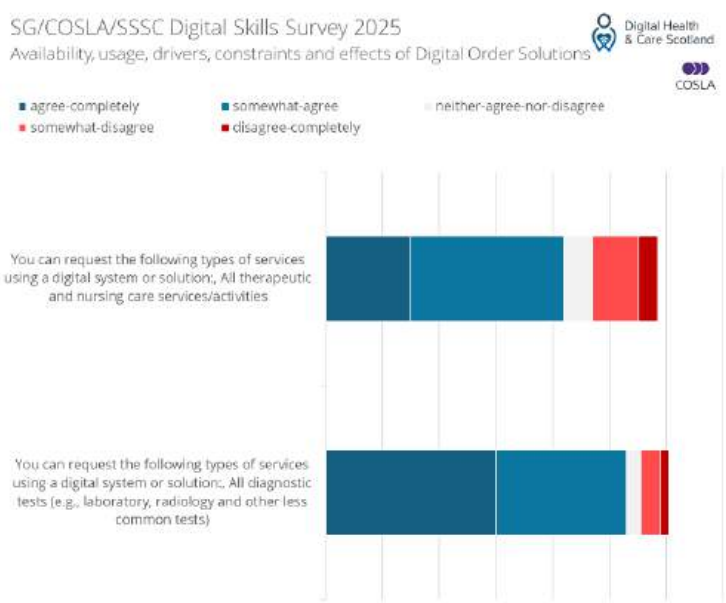
The elimination of duplicate data entry is essential to realising the benefits of digitisation for staff. The workforce also need to be provided with the necessary time and resources to confidently build their digital skills and the usability of the systems at hand.

Organisational leadership should invest in:

- Understanding why uncontrolled and non-professional methods like self-education and peer support are seen as the primary methods of learning to operate these critical information systems
- Professional, efficient learning programmes being available, visible and accessible to staff

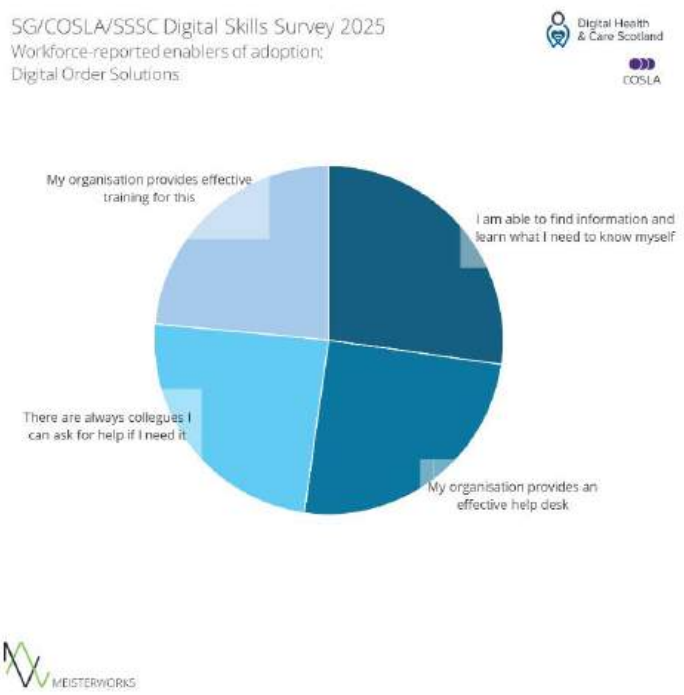
Digital Order Solutions

Digital Order Solutions data suggests a high level of installation but gives a slightly less optimistic impression of their functional adoption: **Digital Order tools are being used consistently but not necessarily to their full potential or in every possible situation**.

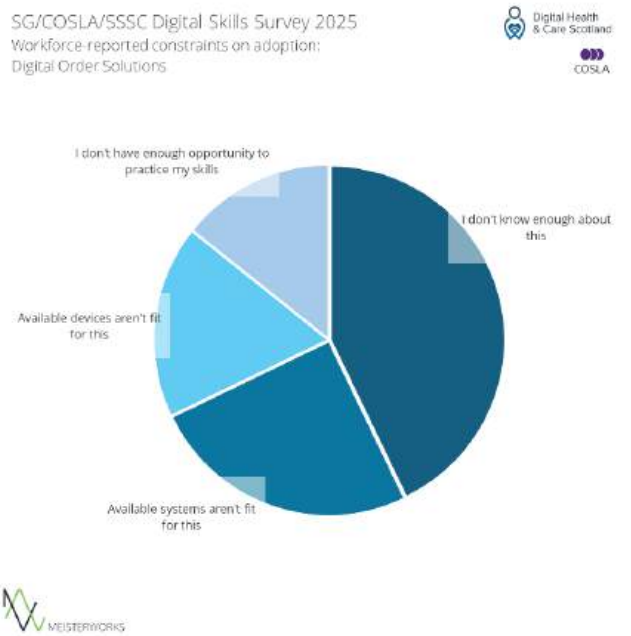


The data shows that staff experience high availability and actively **utilise digital systems to request diagnostic tests, such as laboratory and radiology services**. However, the capability to use these digital solutions to request **therapeutic and nursing care services or activities is noticeably less widespread** and is met with a greater degree of workforce disagreement. This may be an area requiring further development.

Staff did appear to be empowered to use Digital Order Solutions. They highlighted equally their own ability to find information and learn independently, the provision of effective training by the organisation, the availability of supportive colleagues, and the provision of an effective organisational help desk. **This distribution clearly demonstrates that a comprehensive, multi-faceted support strategy, combining formal organisational resources with informal peer networks, is highly effective in driving adoption within this specific domain.**

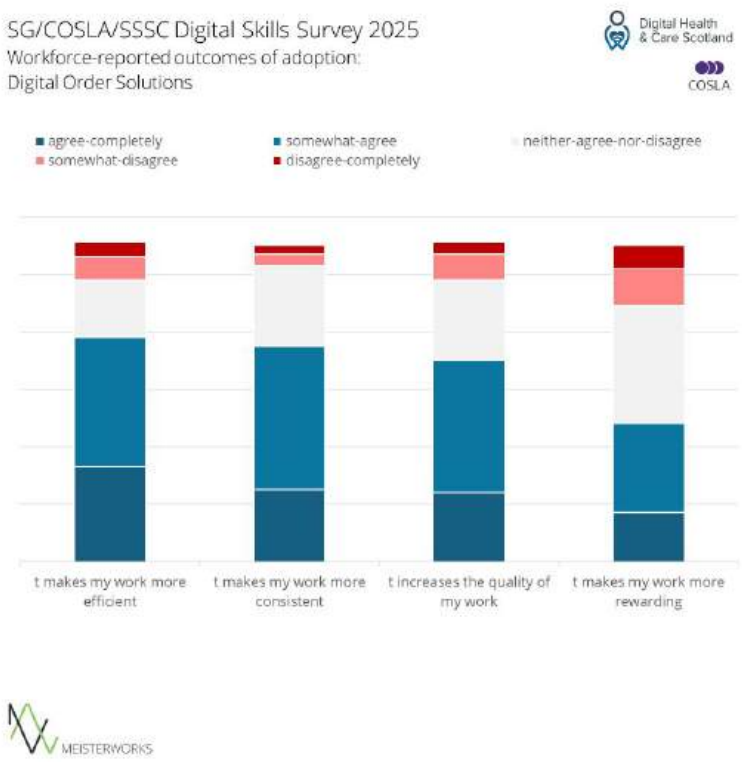


The constraints hindering optimal use are also clear. The most significant barrier reported by the workforce is a **fundamental lack of specific system knowledge**, which emerged as the largest single detractor. Furthermore, **functional inadequacies present a real problem**. A substantial share of staff report that the available systems are simply not fit for their required tasks. Secondary constraints, including a lack of opportunity to properly practice digital skills and the unsuitability of available devices, further restrict the workforce's operational capabilities.



Despite these educational and functional restraints, **the workforce firmly recognises the overarching operational value of Digital Order Solutions**. Staff exhibit strong

agreement that these systems make their work more efficient, increase operational consistency, and ultimately enhance the overall quality of their work. These tools do not yet yield increased professional satisfaction, however. A significant proportion of the workforce remains neutral or actively disagrees with the premise that utilising these digital solutions makes their work more rewarding.



Leadership might consider:

- Are the functional limitations due to incomplete implementation, lack of change management or other addressable issues - and would it make sense to try and remove those barriers?
- Can a support strategy combining formal, efficient training and skills development programmes encourage better use of available systems?
- Does staff satisfaction in this area impact practical adoption? Or does practical adoption inspire staff satisfaction?

Explanatory Notes

About this Report

This report provides a summary of findings from the 2025 update to the Scottish Government/COSLA Digital Maturity Assessment originally conducted amongst 42 organisations from within the Scottish healthcare and social care sector between May and September 2025.

The intention is to provide an update to previous published reports [2]on the progress of digital maturity across the Scottish health and social care sector.

Each participating organisation nominates a co-ordinator to facilitate completion of the survey. It is the co-ordinators role to direct the questions to the right person/team for completion. Once the survey it is completed it is submitted to the nominated Approver for sign-off prior to uploading the completed survey.

Overall, more than 600 participants from 24 organisations collaborated on the submissions for the 2025 assessment update. This indicates that overall, participating organisations have made better use of the assessment platforms' capabilities for managing the completion of the assessment. It also indicates that coordinators have drawn on the insight and expertise of their colleagues in order to solicit accurate, informed responses to the assessment.

Additionally, more than 1,800 general staff[3] completed the 2025 redesigned staff survey. Those statistics illustrate the engagement and interest in digital ways of working among the Scottish healthcare and social care workforce and should serve as encouragement to continue prioritizing digital transformation nationally.

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[2] Available at https://www.digihealthcare.scot/our-work/digital-maturity/digital-maturity-assessment-2023/ (2023) and https://www.digihealthcare.scot/our-work/digital-maturity/digital-maturity-assessment-2024/ (2024)

[3] Includes responses from staff in Nursing or Midwifery, Allied Health Professionals, Medical, Senior Leadership, Department or Specialist Leads, Corporate and Admin Staff, Pharmacists, Dental Professionals, Emergency Call Handlers and Dispatchers, Social Care or Social Work Professionals working in Community Healthcare, Primary Care, Acute Healthcare, Mental Health, Children's Social Care, Adult Social Care and Ambulance Services

About the Assessment

The Scottish Government/COSLA Digital Maturity Assessment is undertaken by organisations within the Scottish healthcare and social care landscape on an annual basis. It can be completed and updated in as many stages and as many times as is necessary provided that each of the 20 assessment sections is updated at least once in the 12 months to 31st Julyeach year.

For the 2025 update to the assessment, questions about the following topics were added to the assessment:

- Artificial Intelligence

Topics added to the assessment as part of previous updates have included:

- Software as a Medical Device (SaMD)
- Digital Workforce
- Integrated Care

A bespoke online platform, which offers participants a number of relevant benefits in order to complete the survey efficiently, is used to host the survey. Those benefits include:

- The ability to answer questions and sections in any order
- The ability to assign whole sections to different colleagues
- The ability to poll any number of colleagues on any number of questions to get their input on determining the best response
- The ability to issue a generalized, shorter version of the assessment as a survey to general staff anonymously as a way of aiding respondents in finding their most appropriate assessment response
- The ability to conduct remote and in-person conferences to work through any part of the assessment as a group
- The ability to see further information for each question, including a definition of 'what good looks like
- The ability to include notes with their submission

- The ability to upload supporting evidence with their submission
- The ability to contact support in real time to get assistance with technical matters and questions about the survey content.

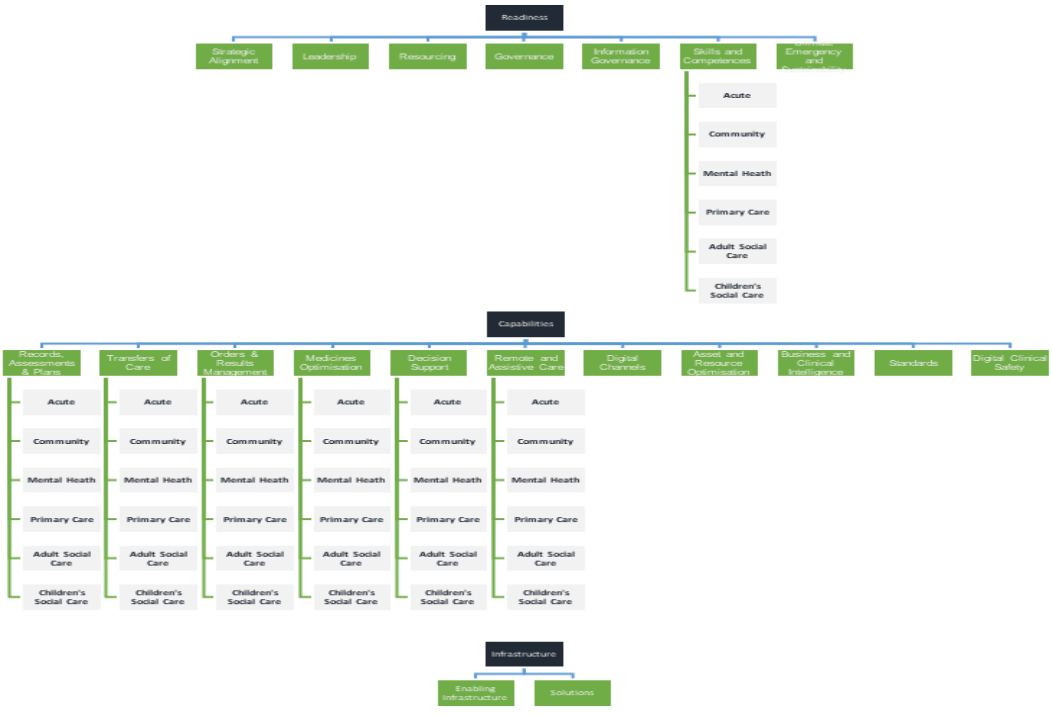
Participating organisations use the assessment portal's collaboration functions to share assessment sections and questions with organisational colleagues best suited to answer them.

Regular support is provided via two drop-in sessions per month held via MS Teams for the nominated co-ordinators and approvers from each organisation..

Assessment Structure

The assessment is divided into three themes, each of which includes a number of sections. For some sections, responses were sought separately by service type.

Each assessment section represents a group of questions about digital ways of working in a specific area of operation measured against a subject matter expert view of 'what good looks like'. Questions in any of the sections taken together are designed to describe digital maturity for the entire subject. A section score is understood as representative of all of an organisation's activities in that field even though there may not be questions about every aspect.



Scoring and Weighting

The assessment only uses three sets of answer options. Conversion to scores, which are expressed as an integer out of 100, is linear in all three cases (see information below):

Likert-style answer option scale	
Answer Option	**Assigned Score**
Disagree completely	Score: 0
Somewhat disagree	Score: 25
Neither agree nor disagree	Score: 50
Somewhat agree	Score: 75
Agree completely	Score: 100
Don't know	Score: 0
Not applicable	Not scored

Custom percentage scale	
Answer Option	**Assigned Score**
0%	Score: 0
1% to 20%	Score: 20
21% to 40%	Score: 40
41% to 60%	Score: 60
61% to 80%	Score: 80
81% to 100%	Score: 100
Don't know	Score: 0
Not applicable	Not scored

One of the questions within the Records, Assessments & Plans section, which concerns the format of digital records held, uses the following answers options and associated scores:

Records structure scale	
Answer Option	**Assigned Score**
Unstructured	Score: 0
Semi-structured	Score: 50
Structured	Score: 100
Don't know	Score: 0
Not applicable	Not scored

No weighting by theme, section, service or question has been applied. While it is understood that not all theme/sections/services/questions carry the same weight, it is the conclusion of our subject matter experts that this will vary greatly for every individual organisation and that a generalised weighting would do more to distort reporting than to enhance it.

Aggregations in this report are performed following the assessment's hierarchy: Questions are aggregated into services (where available), questions or services into sections, and sections are aggregated into themes. Disregarding this hierarchy (E.g., by aggregating questions into themes) may produce varying results.

Score Homogeneity

Throughout this report, we're relying on averages calculated for different parts of our data; sometimes, this may include all data collected; at other times we might only use data from a relevant subsection of the data (for example, "mental health services").

We have provided extra analysis whenever necessary to demonstrate the consistency or homogeneity of the data we are using. That's because health and social care in Scotland is often fragmented, and we feel that the degree to which that affects digital maturity can often be very relevant.

No information pertaining to any single participating organisation has been published here, and no comparisons between individual organisations have been included.

Staff Survey

We introduced some significant changes to the staff survey component in 2025. This was done without affecting the compatibility of the survey with previous versions.

Changes made include the reordering of existing questions about existing capabilities and the introduction of dynamic follow-up questions based on users' responses to each of them, which seek to establish drivers and constraints of using digital processes. One further question in this set-up interrogates the extent to which users perceive certain generic benefits for their work.

Further, the staff survey now also collects information about digital confidence, internet confidence and device confidence.

Validation

Every year following completion of data collection, we select around 20 organisations for participation in the validation programme based on their assessment responses. During validation, participating organisations' completion team answers questions on a pre-defined list of topics with the intention of ensuring that their interpretation of relevant questions and answers is appropriate. Validation is also used to identify topics where the organisation may have achieved best practice status, and to collect qualitative information around the assessment's quantitative indicators for potential inclusion in future workshops and webinars.

Data Use

The assessment data is available via a dedicated results portal to participating organisations for their own analysis. Also available are the assessments of participating organisations that are part of the same health and social care system and, in aggregated and deidentified form, comparison to national average scores for all sections for benchmarking purposes.

For participating organisations and data customers from within Scottish Government, the data portal facilitates instant analysis and visualisation of baseline data, data snapshots,

whole timeseries of data along with more specialised metrics around benefits realisation and the digital capabilities & experience of the workforce.

The DMA Support team builds understanding of the impact and challenges of digital transformation across government and the wider healthcare and social care sector with custom data analysis, briefings, workshops and webinars. Moreover, the team maintains its information sharing and learning portal at festivaloftransformation.com, and regularly contributes live- and recorded video features and written articles for use by the sector.

Contacts

If you have any questions about this report or the Scottish Government/COSLA Digital Maturity Assessment, please contact sg@dma.works.