NYHDIF Report
NHS 10-Year Plan & Future Digital Leadership

Executive Summary - NYHDIF Report on NHS 10-Year Plan & Future Digital Leadership

The **Northern, Yorkshire & Humberside Digital Informatics Forum (NYHDIF)** surveyed its members in August 2025 to assess views on the NHS 10-Year Plan, identify enablers and barriers to digital transformation, and explore future leadership needs.

Key Findings

- **Optimism Gap:** While most senior leaders are positive about the NHS 10-Year Plan, **50% of NYHDIF Emerging Leaders are not optimistic**, signalling a need for early engagement and inclusion in strategic planning.

- **Top Enablers:**

  - Improving **digital literacy** for staff and patients

  - Expanding the **NHS App** as a comprehensive digital front door

  - **AI and automation** to boost clinical and operational productivity

  - Interoperability, leadership development, and co-design with users

- **Persistent Barriers:**

  - Lack of recognition for digital leadership as a strategic function

  - Cultural resistance and layered governance slowing decisions

  - Underinvestment in digital teams and workforce capability gaps

- **Future Leadership Priorities:**

  - Empathy, confidence, adaptability, resilience, and collaboration

  - Strong advocacy for distributed leadership across national, regional, provider, and neighbourhood levels

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Emerging Leaders' Perspective

- Greater emphasis on **real-time data**, **AI integration**, and **user-led design**

- Strong call for **digital upskilling** and protected time for innovation

- More critical of top-down approaches, advocating for co-creation and rapid prototyping

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Strategic Implications

- Engage Emerging Leaders in shaping strategy to build ownership and optimism

- Prioritise interoperability, workforce empowerment, and inclusive design

- Simplify governance and invest in sustainable digital leadership capacity

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Role of NYHDIF

- Act as a **regional convenor**, **policy influencer**, and **leadership incubator**

- Drive best practice sharing, amplify the regional voice, and support next-generation leaders

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Background

The **Northern, Yorkshire & Humberside Digital Informatics Forum (NYHDIF)** has been a cornerstone of digital health collaboration in the region for over **35 years**. The forum brings together digital, data, and informatics leaders from across NHS organisations to share best practices, develop strategy, and support digital transformation across a range of settings—from acute trusts to integrated care systems (ICSs).

In **August 2025**, NYHDIF conducted a qualitative and quantitative survey of its membership to gather insights into:

- Perspectives on the NHS 10-Year Plan
- Barriers and enablers to achieving a fully digital NHS
- Views on how digital leadership should be structured in the future

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Survey Participation

Responses were received from across the NYHDIF membership, including **a cohort from the NYHDIF Emerging Leaders group**. Respondents represented a range of organisational types, including:

- ICSs and ICBs
- Acute, Community, and Mental Health Trusts
- Academic and digital partnerships
- Primary care and support networks

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Key Insights

Key Insights

Optimism Toward the NHS 10-Year Plan

While there was a clear sense of optimism across the broader NYHDIF membership regarding the NHS 10-Year Plan, this sentiment was **not universally shared**.

Whilst many digital leaders expressed confidence in the plan's potential to deliver digital transformation across the NHS, feedback from the NYHDIF **Emerging Leaders** sub-group revealed more cautious views, with **50%** (of those who responded in the allotted time) **stating they were not optimistic**.
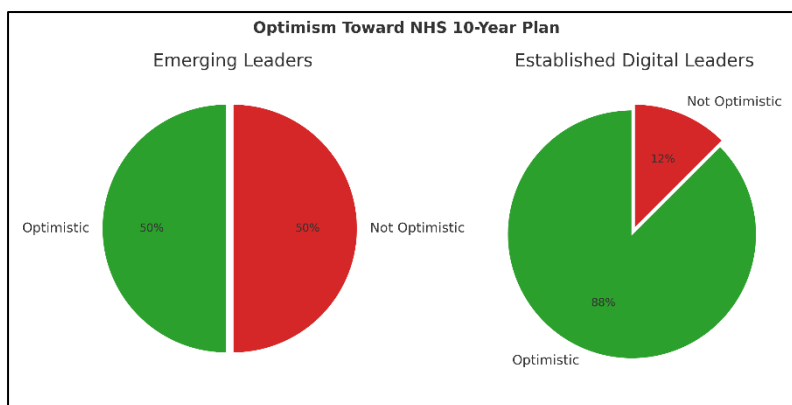
This matters. A 10-year vision requires long-term belief and commitment, particularly from those who will be leading and delivering that future. If our emerging digital leaders are not fully engaged from the outset, there is a risk that the momentum, leadership pipeline, and cultural alignment needed to realise the plan's ambitions may be weakened. Their hesitations reflect critical implementation realities — but also point to a pressing need to involve them more directly in shaping the plan's direction and ensuring it resonates across generations of leadership.

There is an urgent need to understand why there is this perceived difference in optimism between our emerging and established leaders, and to understand how widespread this is across the country.

Biggest Enablers of a Digital NHS

Respondents highlighted several core enablers that they believe are essential to achieving a digitally mature NHS:

Improving digital literacy among staff and patients was the most consistently cited enabler. Many participants noted that successful transformation depends not only on having the right technology but also on ensuring that people can use it confidently and effectively.

Expanding the NHS App into a comprehensive digital front door was another top priority. There was a strong appetite for the App to evolve into a platform that enables end-to-end patient interaction — including booking, communication, monitoring, and data access.

Empowering staff with AI and automation tools was viewed as critical to unlocking clinical and operational productivity. Respondents pointed to use cases in diagnostics, administrative automation, and predictive care planning — provided ethical and governance frameworks are in place.

Other frequently mentioned enablers included:

- Interoperability and shared data platforms

- Leadership capability development

- Investment in infrastructure and connectivity

- Co-design with service users

Emerging Leaders reflected similar priorities but placed added emphasis on:

- Real-time data use

- User-centered design

- Staff empowerment

These views reflect a shared commitment to systems that are **usable, scalable, and people-focused**, with growing recognition of the need for **intelligent, adaptive technologies** that keep pace with service demands.

Greatest Operational Challenges

NYHDIF members identified several persistent operational challenges that may hinder the effective delivery of the NHS 10-Year Plan and broader digital transformation goals.

Interoperability between systems remains a core technical and strategic challenge. Participants cited fragmented infrastructure and the lack of enforceable standards as ongoing barriers.

Cultural readiness and change management were highlighted as critical. Technology adoption is often hindered by workforce resistance or lack of clarity on benefits. Respondents viewed transformation as a behavioural journey that requires dedicated leadership and support.

Workforce capacity and capability gaps were common — both in terms of digital leadership skills and clinical/operational bandwidth. Upskilling and protected time for digital roles were seen as essential.

Transitions of care across settings (e.g., hospital to community) were viewed as points of risk, where poor digital continuity can disrupt care delivery.

Funding fragmentation was seen as an inhibitor to long-term planning. Siloed budgets and short-term funding cycles often prevent scale and sustainability.

Overall, respondents called for transformation that addresses not just technology, but the culture, workforce, and structures around it.

Current Barriers to Digital Leadership

Survey participants identified a range of structural, cultural, and systemic challenges that are limiting the effectiveness and visibility of digital leadership across the NHS. These challenges fall into several key categories:

Retention and Career Development
Respondents described a lack of clear, standardised career pathways for digital professionals. Without structured frameworks for progression, organisations struggle to retain skilled staff and provide meaningful development opportunities.
"Retention and career development is difficult — we don't have standardised structures in place."

Pay Disparity and Workforce Competition
The perception of public sector pay was listed by respondents as a significant barrier to attracting and retaining digital talent, particularly in comparison with the private sector. Agenda for Change banding was also seen as inconsistent, with similar roles spanning a wide range (e.g., project managers at Band 5 through to Band 8b, a £31k–£75k range). This variability was cited as creating inequity and confusion around digital roles.
"Agenda for Change doesn't work — a project manager can be paid anywhere from Band 5 to 8b."

Awareness and Visibility of Roles
Participants highlighted the NHS's ongoing difficulty in communicating the availability and value of digital roles. The profession is often poorly understood, meaning opportunities go unnoticed and the career path remains unclear to potential recruits.
"We continue to be very poor at letting people know we even have these roles across the NHS."

Recognition and Professionalisation
Many felt digital leadership is still not fully recognised as a profession in its own right. For example, DDaT staff continue to be categorised under "Admin and Clerical" rather than alongside established staff groups such as estates or pharmacy. Respondents saw this as undermining legitimacy, status, and influence.

"Why is DDaT still bundled inside Admin and Clerical in 2025? Estates or pharmacists have their staff groups."

Pipeline Disruption

Concerns were raised about the long-term pipeline of digital talent. For instance, participants cited cancellations or limitations within schemes such as the NHS Graduate Management Training Scheme (GMTS) for Health Informatics graduates, which has constrained opportunities to bring new talent into the profession.

"The Digital graduate into health scheme has been cancelled, and there a circa 20 places in the national GMTS — enough said."

Organisational and Cultural Resistance

Cultural barriers within organisations were described as slowing adoption. Leadership teams may express support for digital in principle but lack urgency or deep understanding, creating disconnects between ambition and delivery.

"Lack of digital engagement from the board below. This is increasing but still currently limited."

Layered Governance and Decision Paralysis

Respondents expressed frustration with increasingly complex governance structures, including new decision-making levels such as neighbourhoods. Duplication and indecision were seen as key blockers to timely digital action.

"More and more layers of decision (or indecision), with the latest addition of 'neighbourhood' level now."

Siloed Priorities and Competing Pressures

Digital leaders often face tension between long-term transformation goals and short-term operational demands. Many described a sense of burnout or constraint, especially when balancing innovation with managing legacy systems and ongoing cost pressures.

"Conflicting priorities being asked of us (whilst also trying to deliver BAU)."

NHS

"Digital transformation will only succeed if our workforce is supported, skilled and confident to use new technologies."

– Fit for the Future Plan

Low Digital Literacy and Unrealistic Expectations

Some respondents reported unrealistic expectations that digital transformation should be "plug and play," without recognition of the complexity involved or the need to build trust and foundational skills.

"The increasing misunderstanding that digital will be simple plug and play…"

Implications of these Key Insights:

These insights point to a pressing need to:

- Elevate digital leadership to strategic parity with other executive functions

- Simplify governance and reduce barriers to timely decision-making

- Invest in digital teams with long-term roles, career paths, and incentives

- Support cultural change across organisations to raise digital literacy and ownership

Digital transformation will only succeed if digital leadership is **empowered, resourced, and integrated** into how the NHS thinks, plans, and delivers.

Digital Investment Priorities (Next 3–5 Years)

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Survey respondents identified several high-impact areas for digital investment, reflecting both practical delivery needs and longer-term ambitions for a fully digital NHS. Priorities were consistent across the broader NYHDIF group and the Emerging Leaders cohort, with some distinct emphases.

Interoperable Data Infrastructure

Investment in **shared data platforms and APIs** was seen as foundational to system-wide progress. Respondents called for:

- Seamless data flow between settings (acute, community, primary care)
- Real-time access to structured clinical data
- Common standards to reduce duplication and improve trust in information

Why it matters: Without data fluidity, care remains fragmented, and analytics capabilities are limited. Interoperability underpins everything from population health to discharge planning.

Digital Access and Self-Service Tools

Participants strongly advocated for continued development of the **NHS App** and other self-service portals. Key features of interest included:

- Patient booking and test results
- Digital messaging with care teams
- Integration with wearables and monitoring devices

Why it matters: A more autonomous, digitally enabled patient population helps shift the balance of care and reduce system pressure — but only if the tools are inclusive, accessible, and easy to use.

Scalable Decision Support and AI

Respondents saw value in increasing access to **AI-powered tools**, particularly for:

"By the end of the decade, all hospitals will be fully AI-enabled, using safe and effective tools to improve diagnostics, reduce waiting times and support clinical decision-making."
– Fit for the Future Plan

- Imaging and diagnostic support
- Operational forecasting and triage
- Automating routine admin processes

Emerging leaders were especially enthusiastic about AI's potential — paired with strong governance, ethics, and explainability standards.

Why it matters: Done right, AI can reduce clinical burden, improve speed of service, and uncover insights that help manage complexity at scale.

Workforce and Clinical Empowerment Tools

Investment in tools that **empower frontline staff** was a recurring theme. Respondents asked for:

- Customisable workflows for clinical teams
- Systems that reduce cognitive load and support wellbeing
- Training platforms to upskill digitally curious staff

Why it matters: Technology must enable—not hinder—the workforce. When staff feel ownership and agency, adoption and impact improve significantly.

Infrastructure, Devices, and Connectivity

Though less "headline grabbing," many respondents stressed the need to **modernise foundational infrastructure**, including:

- Up-to-date hardware and mobile devices
- Cybersecurity and network resilience
- Reliable connectivity across rural and community settings

Why it matters: Core infrastructure remains patchy in some areas. Without stability, even the best software or services fail to deliver consistently.

6. Co-Design and Inclusion Investment

Both experienced and emerging leaders emphasised the importance of **inclusive design processes**, calling for:

- Dedicated capacity for service user co-production
- Investment in local engagement and user testing
- Prioritising accessibility and digital equity

Why it matters: Building solutions **with**, not just **for**, the people who use them ensures relevance, usability, and trust.

Present and Future Digital Leadership

What Future Digital Leaders Will Need Most

Participants were asked to identify a single capability, mindset, or behaviour that they believe will be essential for future digital leaders. Their answers reflect a strong belief that effective leadership in the digital era is as much about **people and adaptability** as it is about technology. The most commonly cited themes were:

Empathy and Compassion

Many respondents emphasised the need for leaders to be **attuned to the human side of change** — to listen carefully, understand frontline challenges, and ensure staff and patients feel heard and included.

"Empathy — this is going to be hard. We must make sure everyone feels valued."

Confidence and Influence

Future leaders must be **persuasive and bold**, able to advocate for digital approaches at board level and across partner organisations — even when navigating complexity or resistance.

"Confidence and influence."

Openness to Change

Flexibility, curiosity, and **openness to new tools and ways of working** were frequently mentioned. Respondents felt that leaders must be willing to let go of outdated models and embrace constant evolution.

"Be open to change and new technologies."

Resilience and Tenacity

The ability to sustain focus, recover from setbacks, and **maintain energy over the long term** was cited as critical — especially given the scale and complexity of transformation across the NHS.

"Resilience and a can-do attitude — anything is possible with digital."

Collaboration and Partnership

Future digital leaders must operate across organisational boundaries and **build strong partnerships** at every level. This includes engaging patients, providers, system partners, and communities.

Implication: Future digital leaders won't just need technical fluency. They will need to be **collaborators, communicators, and catalysts** — equipped to lead change with empathy, resilience, and strategic vision.

Where Should Digital Leadership Sit?

NYHDIF members articulated a layered model for digital leadership — one that ensures national coherence while empowering regional, provider, and community-level innovation. The consensus was that no single tier can deliver digital transformation alone; success depends on clear role allocation, shared accountability, and seamless collaboration.

Strategic Leadership (Vision, Investment, Priorities)

Best placed: National leadership

Why: Sets a unified vision, priorities, and funding approach, ensuring alignment across regions and care settings.

Risks if misplaced: Without a national anchor, regions risk diverging on strategy, creating inefficiencies and inequities in digital access.

Assurance on Delivery (Execution Oversight)

Best placed: NHSE Regional Team

Why: Able to bridge national policy with the operational realities of local delivery, holding systems accountable without losing sight of context.

Risks: Over-centralisation here can slow response times; too localised, and oversight becomes inconsistent.

Accountability (Performance & Standards)

Best placed: NHSE Regional Team

Why: Embeds ownership close to the point of care, fostering a direct link between performance data, service quality, and leadership action.

Risks: If accountability sits too far from service delivery, issues may go unaddressed until they escalate.

Interoperability & Data Sharing

Best placed: National leadership

Why: Enforceable national standards and shared infrastructure are essential for seamless data flow and system-wide analytics.

Risks: If left to local discretion, fragmentation will persist, undermining care continuity and

population health planning.

Digital Inclusion & Equity
Best placed: Neighbourhood Teams
Why: Local teams understand the unique barriers their communities face — from language needs to digital literacy gaps — and can tailor solutions.
Risks: National or regional bodies may overlook micro-level access issues without local leadership feeding insights upward.

Delivery of Enablers & Solutions
Best placed: Provider Partners
Why: They operate in the day-to-day clinical environment, allowing rapid feedback loops between users and digital teams.
Risks: If delivery is managed remotely from the point of care, adoption and usability suffer.

Digital Primary Care
Best placed: Neighbourhood Teams
Why: Close proximity to patient interaction allows for agile, user-focused digital service design and continuous improvement.
Risks: Centralising this work risks one-size-fits-all solutions that fail to meet diverse population needs.

Why This Works
This distributed leadership model balances coherence and agility:
- National ensures standards, scale, and shared investment.
- Regional/ICS translates policy into system-wide delivery oversight.
- Providers & neighbourhoods adapt solutions to real-world contexts, driving engagement and   adoption.

When each tier plays to its strengths, the result is a digitally mature NHS that is both consistent and locally responsive.

Bold Actions to Unlock Digital Transformation

NYHDIF members were asked to identify a single bold action that could significantly accelerate digital progress across the NHS. Their responses covered a wide spectrum — from **culture change** to **structural reform**, **technology mandates**, and **investment in people**. Despite their variety, the suggestions clustered into several clear calls for action:

Enforce Interoperability

A leading theme was the need for **national mandates on interoperability**, compelling suppliers to open systems and support true data sharing.

"Enforce interoperability on suppliers — unlock the data we hold to be used anywhere, any time, any place."

Establish a Powerful Central Digital Arm

Some respondents called for the creation of a bold, empowered national digital function — with authority and embedded presence across NHS organisations.

"A digital arm that reports to national leadership but sits inside every organisation."

Radically Streamline Governance

Respondents expressed frustration with layers of approvals and process that stall delivery. A bold change would be to **simplify and speed up governance**, enabling faster testing and learning.

"We waste time ticking boxes when we could be delivering."

Invest in User-Centered Design

A recurring call was to make user needs — especially those of staff and patients — the **starting point for every digital project**.

"User-centred design."

Support Innovation Through Trust and Failure

Respondents urged the system to create **safe spaces for digital experimentation**, with freedom to try, fail, and learn fast.

"Opportunities to test and fail fast — but that requires trust and investment."

Unify Procurement and Standards

Shared procurement across regions and ICSs was seen as a way to reduce duplication and improve efficiency.

"Joint procurement when using the same suppliers."

Empower the Frontline

Finally, several responses emphasised the power of unlocking transformation from the bottom up — supporting digitally engaged clinicians, operational leads, and admin staff.

"Empower frontline staff who are interested in digital — support them with time, trust, and recognition."

Emerging Leaders vs. Combined Group

While the perspectives of the Emerging Leaders cohort were broadly aligned with the wider NYHDIF membership, their priorities and tone revealed some distinct differences that warrant attention.

Shared Ground
Both groups agreed on the need for:

- A strong interoperability framework underpinned by national standards.

- Continued investment in the NHS App as a central patient interface.

- Workforce empowerment through training, co-design, and accessible tools.

- A balance between national direction and local flexibility in digital leadership.

Key Differences
Emerging Leaders placed **greater emphasis on:**

1. **Real-Time Data and AI as Core Enablers**

    o Stronger appetite for data to be instantly available and actionable at the point of care.

    o Higher expectations that AI will be mainstreamed into diagnostics, triage, and operational forecasting within the 10-year timeframe.

    o Cited examples such as AI-driven patient flow optimisation and predictive analytics for staffing.

2. **Workforce Empowerment and Digital Upskilling**

    o A sharper call for digital skills development to be embedded in all clinical and operational training, rather than offered as optional CPD.

    o Desire for protected time for staff to experiment, learn, and innovate without jeopardising BAU delivery.

3. **User-Led Design and Frontline Co-Creation**

- More insistent that digital service design should start with those who use the systems every day — clinicians, operational managers, and patients.

- Advocated for rapid prototyping and testing cycles that allow frontline feedback to shape solutions before large-scale rollout.

Tone and Outlook

- **Emerging Leaders** were cautiously optimistic but also more forthright in challenging perceived "top-down" delivery models that lack user input.

- **Established Leader Group** members generally expressed confidence in the NHS 10-Year Plan, with more focus on scaling proven approaches and building on current successes.

- **Emerging Leaders** were more likely to frame digital transformation as an *adaptive challenge* requiring cultural change as much as technology change.

- Based on the responses received **Emerging Leaders** are more people focused, workforce upskilling, user centric and starting from the ground up. Whereas Established Leaders are more strategy driven, structure and delivery driven

Implications for Leadership Development

- The divergence in optimism suggests a need to engage Emerging Leaders early in strategic planning — not just in delivery, this will allow for the different and complementary emphasis in focus to be included in the whole lifecycle of the programme, at benefit to all.

- Mentorship, reverse mentoring, and shared leadership forums could bridge generational perspectives and ensure the next wave of leaders feel ownership over the NHS's digital future.

- Harnessing the innovation energy of Emerging Leaders, while grounding it in the delivery experience of more senior leaders, could accelerate both adoption and impact

The Future Role of the NYHDIF Community

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Participants offered a rich and consistent view of NYHDIF's ongoing value. While its current strength lies in **collaboration and knowledge sharing**, respondents also identified important **future roles** that reflect the evolving landscape of digital health.

1. Supporting the professionalisation of Digital

NYHDIF is seen to have a role in the continued professionalisation of digital, through central co-ordination, support and promotion of professionalism, CPD, regulation and re-validation of membership of professional bodies.

"Not recognised as a profession when compared to finance or HR."

2. Convening & Collaboration

NYHDIF is seen as a critical forum for **bringing people together** to share learning, surface challenges, and collectively pursue opportunities.

"Fantastic opportunity to hear what others are doing — but we need to go further and drive change together."

3. Best Practice & Blueprinting

Many want to see NYHDIF function as a **hub for replicable success** — enabling rapid spread of what works and helping to reduce duplication across organisations.

"Convener of progress, blueprinting, networking."

4. Amplifying the Regional Voice

Respondents highlighted the power of NYHDIF in **influencing national agendas**, ensuring the distinct needs and strengths of the region are represented.

"Raise awareness of concerns in the region and have one voice to influence national strategies."

5. Supporting the Next Generation

A strong theme was the importance of **creating space for new leaders** — using NYHDIF to mentor, support, and elevate emerging voices in the profession.

"To be a foundation for upcoming digital colleagues who want to become leaders themselves."

6. System Leadership

Finally, there was appetite for NYHDIF to take on a **more strategic and systemic role**, offering guidance on direction, capability, and collaboration at scale.

"Provide systemic oversight across all NYHDIF organisations."

In Summary: The NYHDIF community is more than a network — it is a shared resource, strategic partner, and leadership engine for the region. Its future lies in enabling professional development progress, shaping policy, and building the next generation of digital leaders.

In Conclusion

The August 2025 NYHDIF survey paints a nuanced picture of the NHS's digital future. Across the membership, there is clear optimism about the 10-Year Plan's potential to deliver a truly digital NHS — yet this is tempered by practical concerns around interoperability, cultural readiness, and workforce capacity.

While enablers such as digital literacy, the NHS App, AI, and co-design are widely recognised, their success will depend on addressing the persistent barriers of fragmented systems, change resistance, and funding instability. The divergence in outlook between the wider membership and Emerging Leaders underscores the importance of inclusive leadership development — ensuring tomorrow's leaders are engaged, empowered, and invested in shaping the strategy they will inherit.

It is essential that the confidence and optimism of today's senior leaders is actively shared with Emerging Leaders from day one — not through words alone, but through meaningful involvement in strategy-setting, co-design, and delivery. Early inclusion will **build trust,** generate ownership, and create the cultural alignment needed to sustain digital transformation over the long term.

The survey findings reaffirm NYHDIF's value as more than a network: it is a regional convenor, a platform for amplifying collective insight, and a catalyst for action. By continuing to unite voices across senior and emerging leaders, NYHDIF can:

- Drive adoption of bold actions such as enforcing interoperability, streamlining governance, and embedding user-centred design.

- Strengthen collaboration between national, regional, provider, and community levels to realise a coherent, agile leadership model.

- Support the cultural shift needed for technology to be a natural, trusted part of care delivery.

The path forward is clear: digital transformation will not succeed on technology alone. It requires shared vision, distributed leadership, and relentless focus on usability and equity. With the right mix of strategic direction, local innovation, and empowered leadership, the NHS can deliver on the promise of its 10-Year Plan — and NYHDIF stands ready to help make that vision a reality.