

BOARD OF DIRECTORS

Agenda Item	10	Date of Meeting: 31/03/2022
Report Title	Digital Strategic Plan (Embracing Digital) 2021-2026	
Executive Lead	Dylan Williams, Chief Information Officer	
Lead Officer		
Action Required	To approve	

<input type="checkbox"/> Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of controls
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Key Messages of this Report (2/3 headlines only)
<ul style="list-style-type: none"> The Plan summarises main digital priorities and measures of success in support of the Trusts Strategy The Place, Integrated Care Systems and national digital landscape is still emerging, and this Plan is based on the latest position but may require a review in Autumn 2022

Next Steps (actions to be taken following agreement of recommendation/s by Board/Committee)
<ul style="list-style-type: none"> Divisional and corporate services engagement to agree a detailed digital annual operational plan Sharing with Place and ICS to inform the regional digital strategy

Strategic Objective(s) (indication of which objective/s the report aligns to)	
<ul style="list-style-type: none"> Provide safest and best care <input type="checkbox"/> Become a leading and sustainable health care system <input type="checkbox"/> 	<ul style="list-style-type: none"> Be the best place to work <input type="checkbox"/> Push boundaries in clinical, technology and digital innovation <input checked="" type="checkbox"/>

Impact (is there an impact arising from the report on the following?)	
<ul style="list-style-type: none"> Quality <input type="checkbox"/> Finance <input type="checkbox"/> Workforce <input type="checkbox"/> Equality <input type="checkbox"/> 	<ul style="list-style-type: none"> Compliance <input type="checkbox"/> Legal <input type="checkbox"/> Risk/BAF BAF13 Technological/people requirements - DCS implementation

Equality Impact Assessment (must accompany the following submissions)			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	

REPORT DEVELOPMENT

Committee/ Group Name	Date	Report Title	Lead	Brief summary of key issues raised and actions agreed
DTIS Exec	Feb 2022	Digital Plan on a Page	CIO	Clarify how an agreed delivery plan will be approved
WDT	21 Mar 2022	Digital Strategic Plan	CIO	Approved with note to strengthen reference to What Good Looks Like framework and funding.

Digital Strategic Plan

Introduction

1. This document is the first iteration of the Trust's five-year Digital Strategic Plan.

Executive Summary

2. The Digital Strategic Plan and supporting plan on the page outlines the high-level deliverables and frameworks that the Board will use to monitor digital's contribution in support of the Trust Strategy.
3. The plan shows our dependency on the Place and regions for the delivery of the Trust Strategy.

Background and Analysis

4. The plan should be reviewed in conjunction with the main [Trust Strategy](#) and other enabling strategic plans including
 - a. Workforce Strategic Plan
 - b. Environmental and Social Responsibility Plan
 - c. Leadership Strategic Plan
 - d. Estate Strategic Plan
 - e. Championing Partnerships Strategic Plan
5. The National, ICS and Place digital and data strategies are under development and this Plan is based on the latest information. A further review of the Plan will be required in Autumn 2022 to account for the impact of the new ICS strategy.
6. It should be noted that many of the digital objectives will need to be delivered via our regional stakeholders organisations e.g. shared care record, patient facing applications and population health management.
7. Whilst many of the local deliverables have clear plans and business cases e.g. DCS the timescales and funding required to fund the a fully costed strategy from a Place and regional ICS perspective are still unclear and will need close monitoring.

Conclusion

8. The plan is a high-level summary of key the digital elements in support of the Trust and Place strategies and will set the direction for the digital annual operating plan.

Recommendation

9. To approve.

Mid Cheshire Hospitals NHS FT

Author: Dylan Williams, Chief Information Officer

Date: 22 March 2022



Digital Strategic Plan

Embracing Digital

2021-2026

Because you ♥atter

Introduction

The Digital Strategic Plan outlines how Mid Cheshire Hospitals Foundation Trust (MCHFT) will become a highly sophisticated digital organisation – one that will utilise digital technology and data to improve service experience for both patients and staff. The Plan will work in harmony with the other strategic plans, which are shown in Figure 1 below, to support the central Trust Strategy: The use of digital services and good data are vital to the success of the Trust, but their benefits can only be achieved by developing a highly digitally skilled workforce and an activated digitally aware patient.

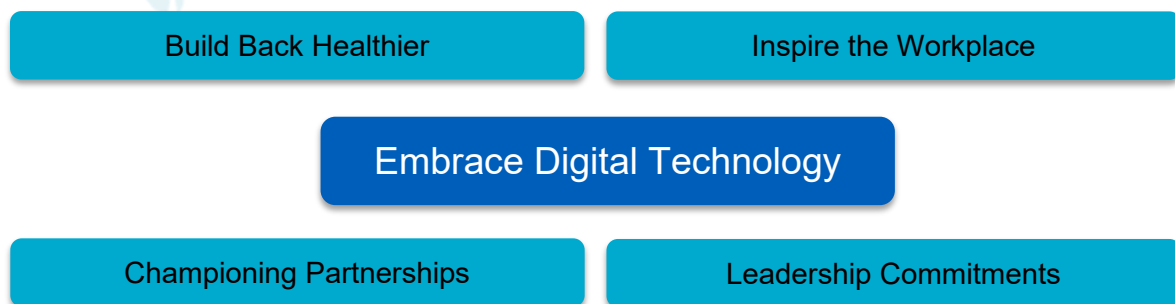


Figure 1: The Trust's supporting strategic plans

Central to this strategic plan will be the need to continually improve services and work in partnership with other stakeholders. The use of data and digital health services will be key to ensure our patients receive, not only the best care in hospital, but also across all health and care services in the Cheshire East Place and across Cheshire and Merseyside.

In our drive to use digital technology to benefit patients and staff we must ensure that care is taken to recognise the needs of those who are unable or choose not to adopt digital solutions to support their health and care.

By utilising the latest technology, best practice and sharing data effectively with patients and partners we will support the longer-term population health management approach that leads to improved service design and will allow citizens to access the most appropriate health and care services for their needs.

The Future Digital Strategic Plan 2021-2026

The future Digital Strategic Plan for Mid Cheshire will support the shift towards Place and regional working as outlined in the Trust's Strategy.

We will need the capacity to ensure we can create a digital workplace, where we will foster an environment in which people feel empowered to make decisions, guided by information which supports our drive for continuous quality improvement.

This will require further prioritisation of projects, tasks, and workloads to ensure the Digital Technology and Information Services (DTIS) department is structured appropriately, and the digital and data teams have the capacity and capability to deliver the key priorities over the next five years.

The Digital Clinical System (DCS) will be our main vehicle for creating an advanced electronic medical record for the patient. It is our flagship digital transformation programme and will provide our clinicians with a single cohesive view of patient information. However, the success of the DCS is contingent on many factors and related systems and it is essential that we have a balanced portfolio of technologies, infrastructure, operating processes, and evaluation frameworks to ensure that we deliver against our objectives. We will ensure that the DCS and other core digital schemes are not seen as technology projects but are seen as enablers to transform the way we work and improve staff skills and patient outcomes. Our digital transformation will need to be clinically led and focused on the best outcomes for our patients.

This Plan outlines the context in which the Trust operates and summarises the major initiatives and ambition to become a digitally enabled organisation. This Plan will be used to engage with divisional and corporate services (and external partners) to develop an effective annual operational plan and will be reviewed annually.

Our priorities will be

1. Leveraging Place and ICS level technologies and solutions to support system working
2. Digital first approach
3. Digital workforce
4. Develop a digitally enabled hospital
5. Actionable analytics – a data driven organisation

National and regional context

MCHFT can only operate services effectively in the context of regional and national initiatives because Trust strategy focuses on population health management and ensuring we become an excellent provider and anchor organisation within the Cheshire East Place.

Joining up care for people, places and populations' the government's proposals for health and care integration, prioritises giving health and social care professionals access "to the right data and technology to make more informed decisions, and it will create a more agile workforce with professionals easily moving between roles in health and care."

The government intends to use digital to maximise transparency and personal choice: In order to support place-based organisations, the Integrated Care Systems (ICSs) will develop digital investment plans for bringing all organisations to the same level of digital maturity. These plans will outline how ICSs will ensure data flows seamlessly across all care settings and use technology to transform care so that it is person-centred and proactive at place level.

The ICS will use the What Good Looks Like digital maturity framework (see appendix 2) to measure the digital maturity of the region, places and health organisations in order to develop a digital baseline that will inform targeted investment order to level up the digital services across the region – this will be a key source of funding for our digital initiatives.

The ICS is currently developing a Cheshire and Merseyside digital and data plan that will be finalised in summer 2022.

Cheshire East Place

Place level governance arrangements for digital have been established and the digital leads are currently reviewing priorities and developing a digital strategy in partnership with the ICS.

The list below is not exhaustive but shows a positive contribution and the opportunities emerging in the Place from a digital perspective.

<ul style="list-style-type: none">➤ Essentials – getting the basics right – partner maturity assessment and planning underway➤ Common technology standards being reviewed and adopted➤ Joint Live Well website➤ Joint Communities portal➤ Cyber-Security and engagement with NW Warning, Advice and Reporting Point➤ Microsoft platforms (federated across many), power apps, application change management including e-learning and training➤ Provider free public wi-fi and broadband rollout➤ Joint GovRoam and EduRoam connectivity which allows health and social care staff to access their networks from most public sector buildings	<ul style="list-style-type: none">➤ Joint Cheshire Care Record and shared records available➤ Patient Health Record – MyCareView with 32,000+ patient registrations and growing every week.➤ Active Place Digital workstream engagement with the ICS on the emerging population health, data sharing and patient facing platform business case.➤ Joint Population Health Business Intelligence reporting across Cheshire➤ Joint Electronic Patient Record development in Mid Cheshire and East Cheshire Trusts (DCS)➤ Assistive technologies➤ Engagement with patients, care homes and hospices
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The Trust and Place Strategy together with the Digital Clinical System programme puts the Place in a strong position to improve the quality of our service and contribute to a wider digital ecosystem. However, clarity on the overall regional priorities i.e., fully costed plans for regional digital transformation will not emerge until summer 2022 and a review of the MCHFT and Place digital strategic plans may be required in Autumn 2022.

Our digital priorities

4.1. Leverage Place level technologies

Only by leveraging Place and regional technologies and solutions can we deliver system working in order to support

- Patient access to their data
- Safe regional Patient data sharing to facilitate effective, integrated planned and unplanned care across the Place
- Population health management - support service developments based upon intelligence

Figure 2 below illustrates how the Trust's digital systems – such as DCS will work within a regional digital ecosystem. The DCS will be our Health systems (EPR) and provide local clinicians with the cohesive view of the patient record as well as being the source data for supporting digital health and population health management.

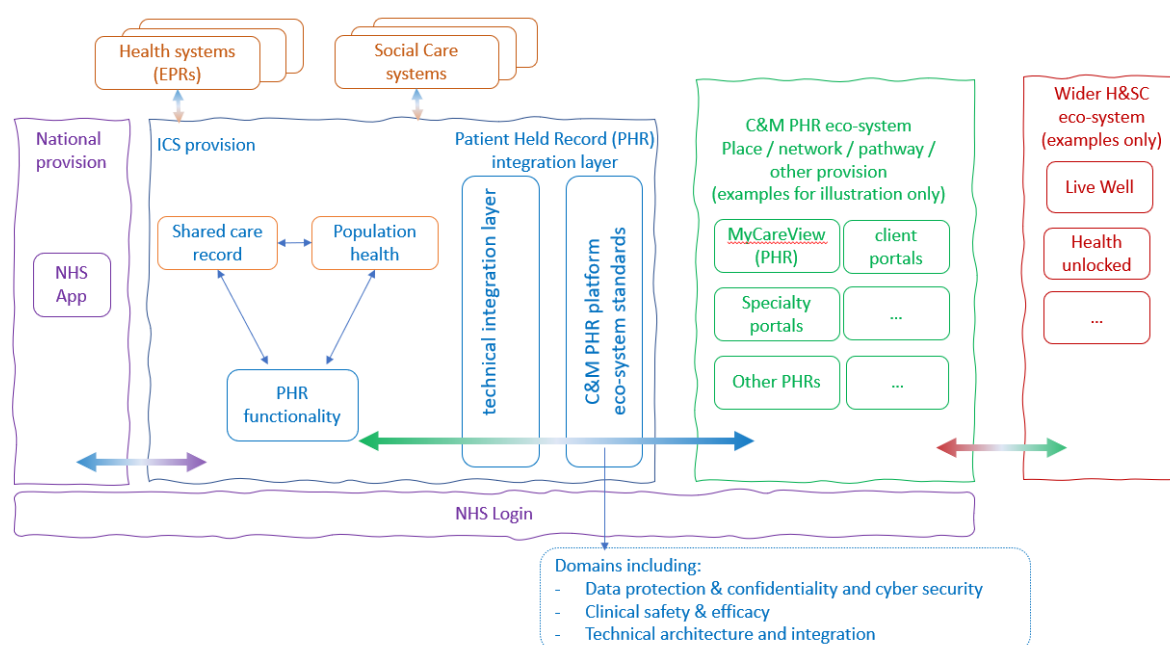


Figure2: Proposed regional digital architecture - Note: DCS is categorised as a Health systems (EPR)

The quality of services provided by MCHFT will be directly impacted by the implementation of core systems such as EPRs (DCS in secondary care, EMIS, for example, in the community). However, the wider Digital Health model will require patients to access their own data and services digitally and these patient facing applications will be delivered at Place level on behalf of the Trust as shown in Figure 2. Therefore, strong partnership arrangements at the technical, workforce and patient engagement level will be essential to deliver our strategic ambitions.

Digital Health

We will enhance the patients' interaction with Trust's services using digital health apps and solutions. The focus is on empowering patients through better access to services and helping clinicians and staff to optimise care delivery. A key element of this will be to determine how digital health solutions can improve patient flow and experience whilst delivering greater efficiency and better health outcomes.

4.2 Digital Workforce

We will equip our workforce with the digital skills they need to respond to the growth in digital solutions: Digital technologies are changing the way we work and live. This requires all employees to reach a level of digital competence to be able to operate effectively in the digital workplace and at home.

As we embark on the new Trust Strategy there are considerable technology developments that require ongoing changes to knowledge and practices to allow the Trust to operate in the most effective way and take advantage of digital developments

What this means for the Trust:

- we need staff with digital capabilities that are both general and specialised
- we must recruit, retain, reward, and recognise digital talent
- we need digitally capable leadership and a strategic approach to digital capability
- Digital capability becomes intrinsic to professional practice, identity and learning
- The wellbeing of our staff is paramount on this extends to digital wellbeing

What this means for staff:

- We will set out clearly, in a new Digital Capability Framework, expectations on levels of proficiency for different roles in the organisation.
- To support all staff to reach a level of basic digital literacy we will provide learning solutions tailored to suit learning styles.
- We will support the identification of specialised digital skills required for the organisation and work towards providing learning solutions to meet these needs.
- We will provide staff with ways of working that support their digital wellbeing, ensuring technology enhances our ways of working rather than adding unnecessary burden.

There will be a strong focus on developing a cohort of digital clinical champions – building on our existing Chief Clinical Information Officer and Chief Nursing Information Officer leadership capabilities.

4.3 Digital first approach

This Strategic Plan commits the organisation to transition from paper based medical and administrative records and processes into a digital first service – one which embraces digital capabilities to optimise service provision and provide high quality care. Many of the technologies are already in place but are not being utilised effectively and our challenge will be to deploy the latest digital technologies whilst maximising the use of existing systems. Looking ahead, our key core digital services will be based on the following technologies

- Digital Clinical System – our flagship programme which will allow us to develop a cohesive modern electronic patient record and clinical decision support system across the Trust. This will include the introduction of digital dictation and voice recognition and electronic prescribing capability and providing digital clinical workflow.
- Laboratory system – hosted by University Hospitals North Midlands
- Radiology Information System – a single imaging diagnostic information system hosted by the ICS
- Pharmacy system
- Multiple specialist departmental clinical systems
- Data warehouse and business intelligence technology
- Community clinical record and scheduling systems – Central Cheshire Integrated Care Partnership is already at an advanced digital level with respect to patient records and scheduling applications
- Corporate systems including Finance, Electronic Staff Records, online training technologies and Trust Intra and intranets
- Microsoft Office 365 suite
- Electronic Referral System
- Digital infrastructure - a blend of cloud and local secure network and computing estate.
- Patient Held Records (MyCareView) – delivered at Place level
- Shared Care Record – delivered across Cheshire East and West Place level

This above is not an exhaustive list, but the effective implementation and adoption of these technologies underpinned by strong leadership and change management will create a safer, more effective, and digitally advanced organisation which is capable of contributing effectively to the population health needs in the Place.

4.4 Digital Hospital

Technology and digital integration needs to be at the centre of our transformation journey– it will enable the Trust to become a 'Digital First' organisation and we will develop the requirements for a digital hospital in readiness for the new Leighton Hospital development as a priority.

Our initial digital hospital requirements are based on the NHS 'Blueprint for Digitally Advanced Hospitals' which highlights a number of digital themes and principles to consider at each stage of the hospital design. These include:

- Digitally empowered patients to promote self-care and increase patient engagements.
- Interoperable and Intelligent systems – provide clinicians with anytime information capture, access, and decision support regardless of setting.
- Smart Building to support delivery and access of technology.
- Digitally enabled staff – digital tools and services to aid efficiency.
- Hospital without walls – acute and specialist care routinely delivered in patients home prioritising a 'virtual first' model.

The blueprint also highlights the need for:

- Medical Device connectivity from bedside devices to Digital Clinical System.
- Communications tools to support staff – secure, available, resilient.
- Wireless connectivity to reduce network costs.
- Converged network – Building Management Systems / Fire / Communications / Data all on one network – increasing complexity but reducing cost.
- Systems to support all the Trust's staff – administration (PAS), clinical (DCS with decision support and business intelligence), Estates (Ancillary & BMS), connected care (remote and virtual monitoring, self-care etc.)

At this stage the initial emerging priority schemes include:

- Modern nurse call system – replacing existing plus non-essential paging
- Real time location tracking for devices, patients and critical staff
- Control command centre to help with patient flow
- Converged network – BMS, CCTV, environment monitoring, medical devices on main LAN.

We also need to be cognisant of current infrastructure projects in our existing buildings to ensure what we are implementing can be transferred to a new build, so we are not wasting capital spend.

- We will work closely with an experienced partner to develop outline business cases to support any new technologies required for the build. We will design digital into the fabric of the new build whilst ensuring cyber security and privacy risks are mitigated

4.5 A data driven organisation

The case for becoming a data driven organisation is compelling; the Trust Strategy sees actionable analytics and a digital first approach as key to ensuring better outcomes for our patients and citizens of Cheshire. The COVID-19 pandemic has demonstrated the importance of the ability to draw upon the right intelligence at the right time. This would not have been possible without analytical collaboration between the NHS, local authorities and other partners. System-wide analytical working is crucial to inform planning decisions that address cross-system priorities to deliver the best health and social care for local populations and support improved and equitable health and wellbeing.

For this to happen, a multi-disciplinary approach is needed that requires analytical teams to work seamlessly with digital and IT, information governance, finance, people/workforce, service redesign, quality improvement, clinical, and public health and other local authority teams. This should include other teams that are responsible for generating or using quantitative and/or qualitative data and insights from across the system.

We are therefore compelled to capture accurate, timely and high-quality data about a patient's care and to also make sure that data is secure, governed and shared effectively with stakeholders.

We will focus on ensuring our local data and reporting processes are of the highest quality in readiness for the DCS and the shift to collecting patient, performance and quality data as a by-product of the care process.

By utilising the ICS Intelligence Toolkit, we will develop a data and intelligence strategy that will allow the Trust to make better decisions through the systematic use of timely and relevant evidence. Through grounding decisions in robust analytical intelligence that draws on wide multi-disciplinary knowledge and expertise, systems can respond to a more comprehensive and detailed understanding of their populations, supporting a targeted, more effective use of resources analytics

Our data and analytics strategy will build on our existing data warehouse and business intelligence technology and develop links with Place and regional data sets.

A pre-requisite to good analytics is good quality data and assessing all our data collection and reporting processes against a robust data quality framework will be a priority in the first phase of our strategic plan. We will capture data accurately and in a timely manner and only retain data that is necessary or relevant.

Resources to deliver the Digital Strategic Plan

To deliver this ambitious five-year strategic plan, a capacity and capability exercise will be completed within DTIS functions and reviewed annually and in partnership with Place and ICS as services continue to evolve.

The DTIS annual operating plan (AOP) will be developed based on this Plan and service priorities. Where necessary, resources will be redirected within teams to priority areas and to enable prime focus on the key deliverables of the Trust's Strategy. This will require a robust review of current workloads to ensure that we are concentrating all our efforts on the Trust's Strategy. The allocation of resources will be achieved via a balance of prioritisation and investment. Digital and data services are subject to increasingly complex demands which are often driven by emerging technologies. It is therefore important that all additional work or changes to the agreed AOP are subject to a formal operating model. Figure 3 below illustrates the process we will follow in agreeing and accepting additional items onto our Plan.

To ensure our plan meets our strategic priorities the management of the flow from service need, idea, or innovation through to the operational plan will follow the processes that are shown below.

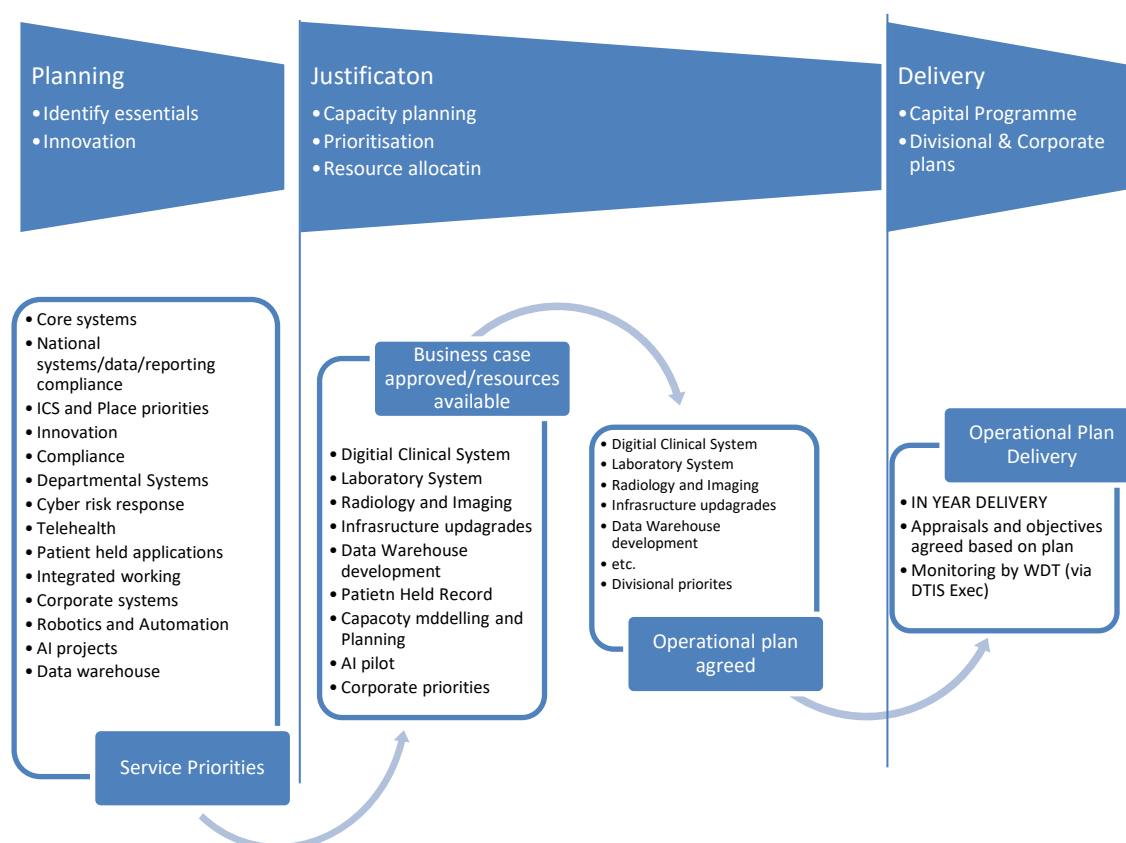


Figure 3 – Flow from demand to delivery

Figure 3. Illustrates how the demand or pipeline of work for digital technologies is identified at a strategic, national, or operational level. These demands will be prioritised by the service via the normal planning route, such as capital management process or submission of bids

for regional or central monies. Schemes that are approved via a business case or have the resource capacity will form part of the AOP. Schemes that are not approved or are not deliverable within existing resources are queued for the subsequent annual plan or can become part of the existing annual operational plan via two routes;

- A business case justification and/or resource for delivery is approved – including support costs.
- Existing schemes are de-prioritised to allow capacity for other emerging priorities.

Where additional resources are required, we will develop business cases to support our plans. Where different capabilities are required, we will develop our existing team and recruit new talent where necessary. We will continually evaluate our ability to deliver the Plan, bringing in external support should we need bespoke expertise.

Supporting the four care models

In developing the Trust Strategy, we have concluded that four different care models are required to cater for the population we serve.

These are illustrated in Figure 4 -which shows how digital and data schemes will be mapped to the four models as part of the prioritisation process and a higher weighting will be given to those schemes that support these care models. Funded schemes or those that can be delivered within existing resources, together with those that achieve compliance or mitigate risks will be approved by the DTIS Executive Group.

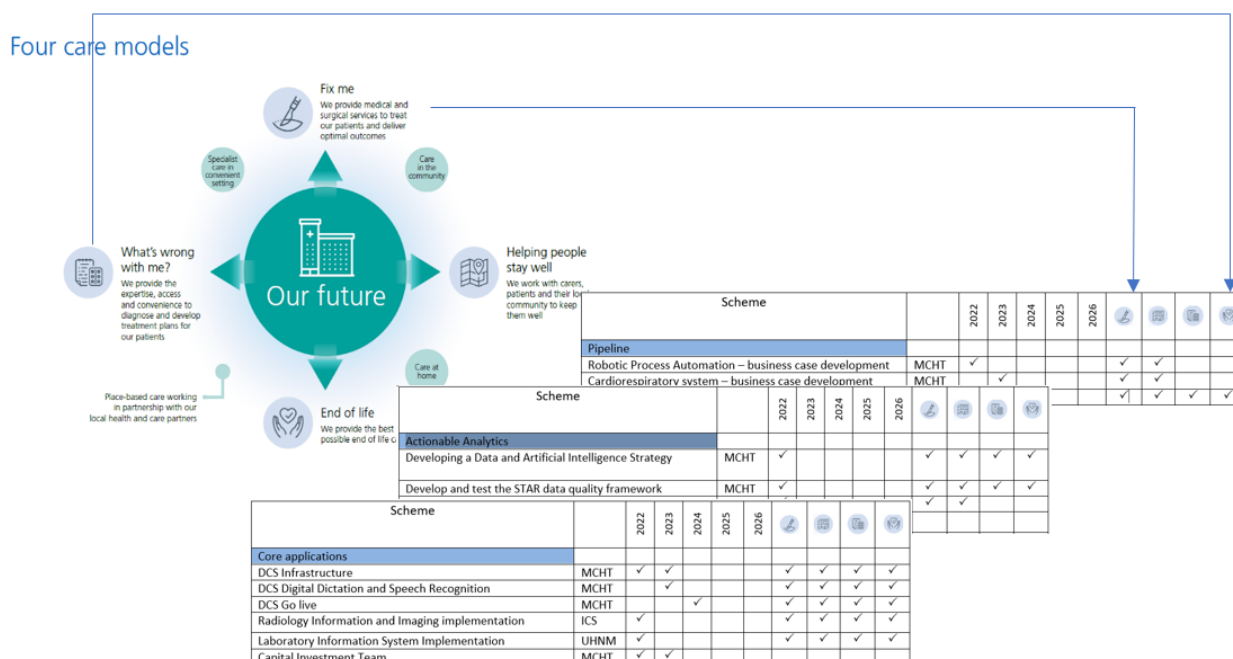


Figure 4 – Mapping and prioritisation against the four care models

This process will also allow innovations or good ideas to be evaluated: If they can be seen to deliver benefits they will be added to the pipeline for further analysis and potential business case development.

The tables in Figure 4 highlight examples of key initiatives that will be required to underpin the four models but need business analysis or further justification.

Digital Strategic Staircase

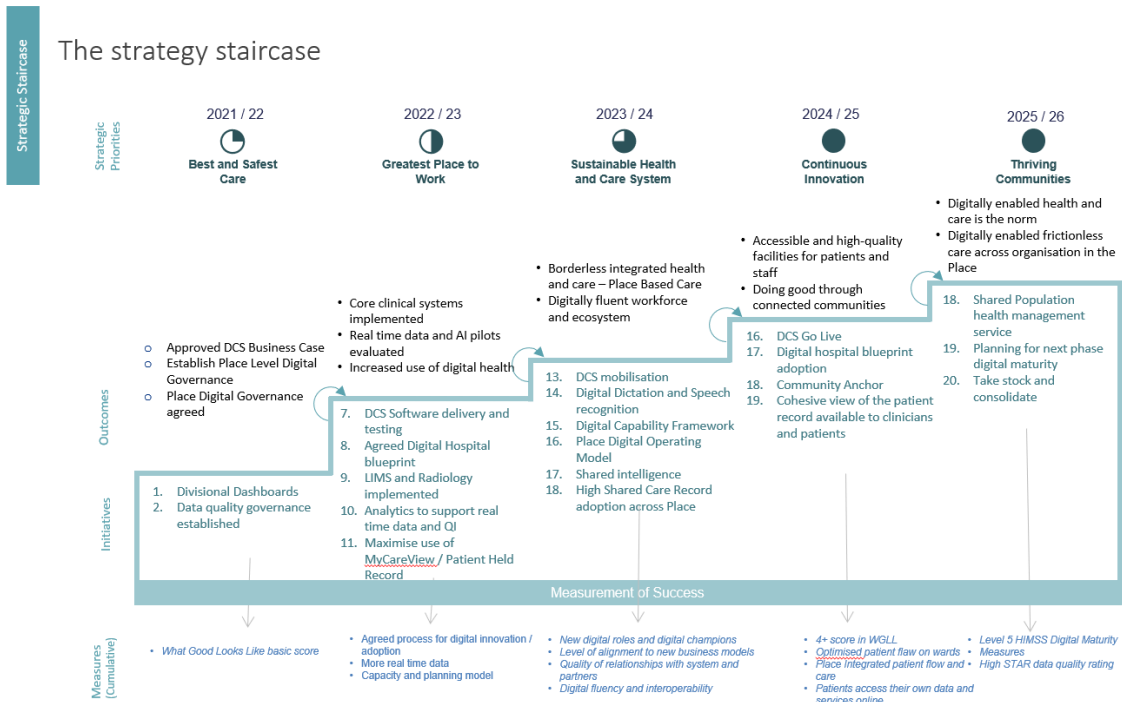


Figure 5 – Digital strategic staircase

The Board of Directors and its committees will be also provided with summary updates on progress against the Plan using the strategic staircase model as shown in Figure 5 which should help maintain a clear line of sight to the overall strategic direction in the Place.

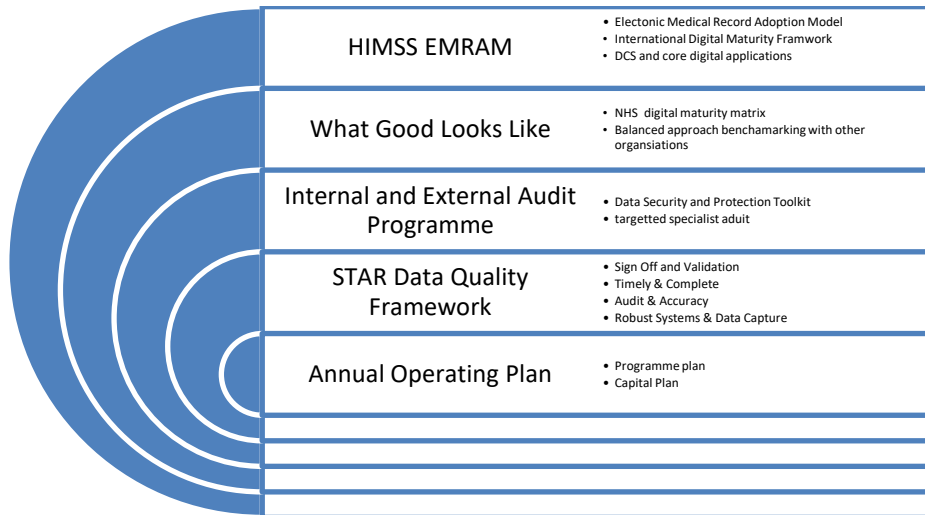
How will we measure progress?

The digital AOP will be a detailed, resourced and time bound representation of the schemes required to deliver the Strategy and will be monitored quarterly. The plans will be approved once the annual budgets have been agreed for each year.

The Digital Technology and Information Services Executive Group (DTISEG) will provide detailed scrutiny and challenge to the digital AOP and will receive reports from the DTISEG sub groups, which will monitor operational delivery of the Digital Strategic Plan.

Assurance against the strategy and risks to delivery will be reported to the Workforce & Digital Transformation Committee and up to the Board as appropriate.

External assurance on progress against the Strategy will be measured against the following frameworks. See Appendix 1 - 3 for further details



Key Enablers to our Digital Strategic Plan

Key enablers to delivering this Plan will be the Trust's digital and estate infrastructure, and continuous improvement plans. The impacts upon the workforce from these plans will include changes to where we work and the environment that we work in, requiring us to work differently to deliver treatment and management of patients. Digitally enabled staff, working with the latest equipment and technology to carry out their roles will help the Trust attract and retain the best people, alongside creating a culture whereby digital solutions are considered first.

The digital operating model will ensure that all data and digital initiatives will reference and comply with policy and governance requirements including

- Ensure good Information Governance and data security standards and best practice by design
- Environmental and Social Responsibility Policy

Accessible information and digital exclusion

As we deploy new technologies we must ensure that we recognise patients' circumstances and respect service user' needs and preferences. For example, we must recognise how patients wish to be contacted to make sure that we understand their needs and ensure that their experience of our hospital services is excellent. By doing this we will maximise the benefit of digital for patients, optimise the use of precious hospital resources whilst ensuring that no one will be disadvantaged due to digital exclusion – be that by choice or circumstance.

The ICS is currently developing a digital inclusion/exclusion blueprint which will be applied across the 9 places across Cheshire and Merseyside, and we will adopt their recommendations as digital exclusion can only be addressed in collaboration with stakeholder organisations across the Place.

Appendix 1

Electronic Medical Record Adoption Model (EMRAM)

The Healthcare Information and Management Systems Society (HIMSS) is a non-profit organization whose goal is to promote the best use of IT and management systems across the global healthcare industry. Their EMRAM framework measures clinical outcomes, patient engagement and clinician use of electronic medical record technology to strengthen organisational performance and health outcomes across patient populations. This nationally applicable framework incorporates methodology and algorithms to score a whole hospital including inpatients outpatients and daycase services provided on the hospital campus. EMRAM scores hospitals around the world relative to their digital maturity, providing a detailed road map to ease adoption and begin a digital transformation journey towards aspirational outcomes.

Measuring evidence-based data at each stage the Trust will use EMRAM to optimise digital work environments, improve performance and financial sustainability built a sustainable workforce and support an acceptable patient experience collaborating information digitally improves patient safety and clinician satisfaction by reducing errors and streamlining the access and use data to inform care delivery.

STAGE	HIMSS EMRAM Cumulative capabilities
7	Complete Electronic Medical Record and data analytics to improve care
6	physician documentation brackets templates, full Clinical Decision Support System, closed loop medication administration
5	full R – Picture Archive and Communications System (digital X ray imaging)
4	computerise practitioner order entry (CPOE) or test requesting and results reporting clinical decision support (clinical protocols)
3	clinical documentation, clinical decision support system (error checking)
2	clinical data repository, controlled medical vocabulary, health information exchange capable
1	all three ancillary systems installed -laboratory, radiology, pharmacy systems
0	The three ancillary systems (laboratory, radiology, and pharmacy) not installed

Note: The Trust would currently score at just below a 1 in the EMRAM Stage. The target stage level is 5 once the DCS is operational

Appendix 2

What Good Looks Like (WGLL) Framework and Criteria

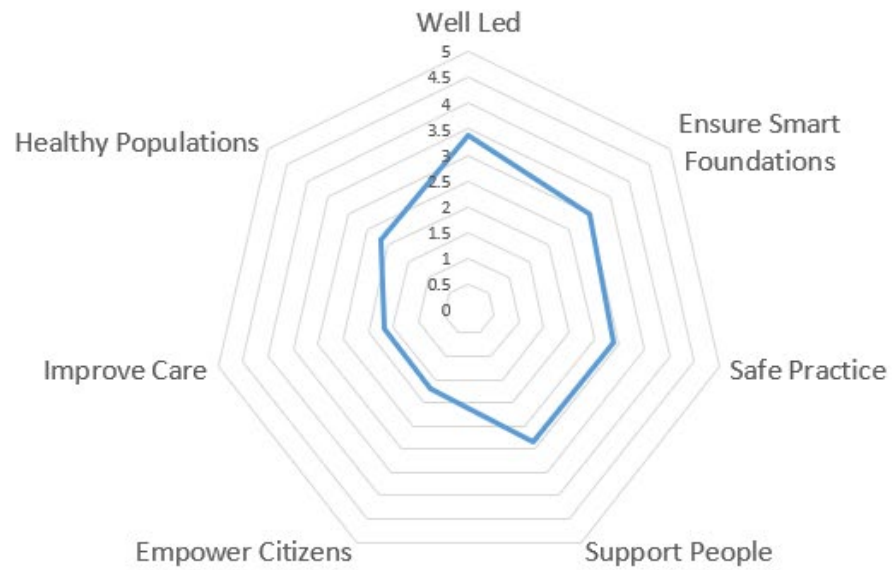
The WGLL Framework (<https://www.nhs.uk/digitise-connect-transform/what-good-looks-like/what-good-looks-like-publication/>) sets out a clear set of expectations for local systems and organisations with regards to good digital practice across health and care. Its aim is to provide clear guidance for leaders to digitise, connect and transform services safely and securely.

The framework is based around seven success measures which are aligned to the themes of digitise, connect, transform. An initial assessment local assessment for Leighton Hospital is included in the graph below. There are no detailed criteria for the scoring, but the following scoring key have been used for this initial assessment.

0 = Unaware and not on our radar or not plan	3 = Started with good plans but limited funding/ capacity or reliant on other stakeholders for delivery
1 = Aware but no progress or clear plan in place	4 = Optimising with good progress and clear well-resourced plans
2 = Aware with clear understanding of what is required, and plans being developed	5 = Compliant and consider the organisation to be an exemplar.

MCHFT's current rating (not externally assessed) is shown below

What Good Looks Like - MCHT



The WGLL will be used to help prioritise investment to level up digital maturity across the region.

Appendix 3

Data Quality Framework – STAR

As we continue to digitally mature as an organisation and begin to capture significantly more patient data electronically as we implement the DCS it is essential that we foster a culture and practice all ensuring our data collection, reporting and analysis is of the highest quality and value. The data will be used for direct care, decision support, quality improvement, performance management, benchmarking, and service planning. The Trust has agreed to trial and evaluate the STAR data quality framework which allows our data, reporting and supporting processes to be assessed objectively and provide assurance that the data and usage is meaningful. Only with the highest quality real time data will we be able to create actionable analytics. The STAR framework provides 4 different perspectives on data which are outlined below.

All key critical data items and reports will be subject to a STAR review on an ongoing basis. In addition, internal audit plans will include regular verification that we are applying the STAR framework correctly.

S - Sign Off and Validation	Is there a named responsible person apart from the person who produced the report who can sign off the data as a true reflection of the activity? Has the data been checked for validity and consistency?
T - Timely & Complete	Is the data available and up to date at the time someone is attempting to use it to understand the data. Are all the elements of information needed present in the designated data source and no elements of needed information are missing?
A - Audit & Accuracy	Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / One Off)?
R - Robust Systems & Data Capture	Are there robust systems which have been documented according to data dictionary standards for data capture such that it is at a sufficient granular level?