To ensure the optimum availability, accuracy, completeness, relevance, reliability, confidentiality and security of all information that is collected and reported, thereby supporting delivery of the Trust’s healthcare services.
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0. Executive Summary

This Strategy identifies how Gloucestershire Care Services NHS Trust (“the Trust”) will seek to develop and augment its IM&T services over the next five years. In doing so, this Strategy recognises that both its IT and information assets are key enablers to delivering continued improvement and modernisation in local healthcare services, not only to ensure better efficiency for the Trust, its workforce and professional partners, but also and more significantly, to help improve the experiences and outcomes of service users, their families and carers, and the wider Gloucestershire community. Similarly, the Trust acknowledges the role of information governance as a means of regulating the flow of information, and ensuring that optimum safety, security and confidentiality is maintained at all times.

As such, this document aims to provide the strategic foundations upon which the Trust will:

- use technologies that add distinct benefit to Trust operations and efficiencies, by, for example, continuing to improve Trust colleagues’ abilities to securely access relevant information, communications and technology from any location and at any time in order to improve the quality of delivered care; also to better support service users by providing the public with access to their information, and implementing services such as self-help, appointment booking, secure messaging etc;

- rationalise the number of clinical and corporate systems in use across the Trust in order to deliver cost-efficiencies, and reduce the unnecessary need for additional system-specific training and system support services;

- use a robust performance management framework to deliver the Trust’s vision, values and strategic objectives, and to cascade appropriate learning and improvement across all Trust services: this will help ensure that the delivery of high-performing, high-quality services is rightfully regarded across all teams in the Trust as a required standard;

- ensure that information is used intelligently, thereby enabling the production of reliable and credible reports that practically support the delivery of high-quality care: this begets the need to achieve the highest standards of data quality, and create fully coordinated and triangulated activity, finance, quality and workforce information so as to enable holistic analysis;

- ensure adequate control in information systems and processes, in order to conform fully with information governance legislation and standards.

This IM&T Strategy therefore outlines the Trust’s corresponding aspirations over the next 5 years. The accompanying implementation plan will detail the practical actions to be taken in the period 2016-2021 in order to fulfil these goals.
1. **Introduction**

"Better use of technology and data is a prerequisite for supporting and enabling the key developments needed to reshape the health and care system, which are at the centre of the Department of Health’s vision for health and care and the NHS's Five Year Forward View, in response to increasing demand and constrained resources."

*Personalised Health and Care 2020: Using Data and Technology to Transform Outcomes for Patients and Citizens*  
(National Information Board, 2014)

1.1 This Strategy acknowledges information as a fundamental Trust asset, and a key enabler to supporting the provision and continued modernisation of local healthcare services. It also places clear focus upon the technology used to access and maintain that information, as well as key internal controls such as information governance which seeks to ensure that all types of information used by Gloucestershire Care Services NHS Trust (the Trust) are sourced, held and used appropriately, securely and legally.

1.2 This Information Management and Technology (IM&T) Strategy therefore combines the previous Information Technology (IT) Strategy, Information and Performance Management Strategy and Information Governance Strategy, in order to demonstrate the Trust’s integrated approach towards:

- ensuring that technology is used as an aid to empower Trust colleagues both to improve planning and also to provide service users with the best possible care;

- achieving legal and regulatory compliance with information management standards;

- generating the ready availability of comprehensive and credible information that will:
  - highlight good performance, encourage learning across teams, and validate excellence to the Trust’s service users, public and commissioners;
  - identify areas where service delivery improvements can be made;
  - ensure that the Trust is meeting all of its mandatory, statutory and contractual requirements;
  - recognise trends in activity, workforce and/or finance and their corresponding impacts on care delivery;
  - measure the relative success of healthcare interventions on the well-being of the local Gloucestershire population, so as to be assured that all viable actions are being taken to provide the highest possible quality services.
2. Ambition and Objectives

2.1 The ambition of this IM&T Strategy is “To ensure the optimum availability, accuracy, completeness, relevance, reliability, confidentiality and security of all information that is collected and reported, thereby supporting delivery of the Trust’s healthcare services”.

This aligns to the Trust’s overarching vision which is “To be the service people rely on to understand them and organise their care around their lives”, given that both intentions aim to enable the delivery of exemplar care and support to the Trust’s service users, and provide increased choice so that local people may receive the care they want, where and when is most appropriate to them.

2.2 This five year strategy seeks to ensure that by 2021, the following objectives have been achieved, linked to the Trust’s overarching strategic objectives:

<table>
<thead>
<tr>
<th>Trust Strategic Objectives</th>
<th>IM&amp;T Strategy Objectives</th>
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<tr>
<td>Achieve the best possible outcomes for our service users through high quality care</td>
<td>• Supporting a robust information technology, management and governance infrastructure that allows colleagues to focus on core clinical work, and that facilitates the best use of information and knowledge in order to improve standards of care</td>
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<td>• Continuing to provide service users across Gloucestershire with access to a range of specialist technologies that will enable them to maintain themselves with optimum safety and independence within the community</td>
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<td>• Maximising the Trust's analytical capacity by converting raw data into intelligent information that enables decision-makers to evaluate the outcomes of local healthcare activities and interventions</td>
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<td>Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work</td>
<td>□ Providing service users with appropriate access to information about their own care so that they may best understand their condition, and work with care professionals to improve the services that they receive</td>
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<td></td>
<td>□ Ensuring an appropriate balance between openness and confidentiality in the management and use of information</td>
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<td></td>
<td>□ Ensuring that the preferences of service users are recorded and respected, and seeking feedback from service users to monitor Trust effectiveness in the use of new technologies</td>
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## Information Management and Technology Strategy 2016-21

<table>
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<th>Action Area</th>
<th>Objectives</th>
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| Actively engage in partnerships with other health and social care providers in order to deliver seamless services | - Implementing the shared vision of all Gloucestershire health and social care providers by supporting delivery of the Local Digital Roadmap  
- Promoting effective information sharing through the implementation of Joining Up Your Information, which will allow data to be shared with other providers in a controlled manner consistent with the interests of the service user  
- Benchmarking Trust information to enable all relevant stakeholders to understand performance within the local, regional and national landscape |
| Value colleagues, and support them to develop the skills, confidence and ambition to deliver our vision | - Continuing to assess and deploy the latest technologies to support new ways of working for colleagues to enable them to deliver highest quality care  
- Enabling clear understanding of the Trust’s performance by all colleagues and teams across the organisation so as to create a shared single vision for improvement  
- Supporting operational colleagues to optimise the quality, accuracy, completeness and reliability of information that is recorded and reported |
| Manage public resources wisely to ensure local services remain sustainable and accessible | - Exploiting systems in order to deliver benefits, and achieve value from money from investments  
- Ensuring that reports are clear, meaningful, timely and accessible, and facilitate understanding of the Trust’s progress in delivering its key objectives  
- Aiming to replace paper-based information at the point of care |
3. National Context

3.1 The NHS Operational Planning and Contracting Guidance 2017-19 published by NHS England and NHS Improvement (September 2016) describes how Trusts will work towards the development and implementation of local Sustainability and Transformation Plans (STPs), and how in turn this will serve to deliver the ambitions of the Five Year Forward View (NHS England, 2014), driving improvement in health and care, restoring and maintaining financial balance, and achieving core access and quality standards.

With specific reference to IM&T, the document describes how NHS England, the Department of Health and NHS Digital are working together as part of the National Information Board and Digital Delivery Board to oversee the delivery of Local Digital Roadmaps, which serve to articulate how individual health economies are aiming to digitise providers and achieve integration of information across care boundaries.

3.2 The strategy for innovation, sustainability and transformation being developed by NHS Digital as at September 2016, based upon the principles previously espoused within the paper Personalised Health and Care 2020: Using Data and Technology to Transform Outcomes for Patients and Citizens (National Information Board 2014), focuses upon achievement of the following ten programmes:

- **service user engagement: self-care and prevention**, which aims to help people take control of their own health, and reduce the pressure on frontline services;

- **urgent and emergency care**, which seeks to improve telephone and online triage, and provide better technology to support clinicians so that treatment is better targeted;

- **transforming general practice**, whereby technology will be used to free GPs from time-consuming administration and to provide patients with online services;

- **integrating health and social care**, so as to inform clinical decisions across settings and enhance the flow of service user information;

- **digital medicines**, which will give people greater choice and convenience by enabling them to choose where, when and how their medicines are delivered;

- **elective care**, which seeks to improve referral management and provide better treatment choice by automating referrals across the NHS;

- **paper-free at the point of care**, which aims to equip the NHS with technology that will transform care, and ensure that the workforce has appropriate skills;
• **data availability for outcomes, research and oversight**, which intends to improve the quality, availability and integrity of health data so that decision-makers are better informed;

• **infrastructure**, which seeks to enable information to move securely across settings by maintaining robust national systems and networks;

• **public trust and security**, which aims to respect the data sharing preferences of service users and keep their data secure in all settings.

3.3 In terms of information governance, the major national drivers include:


• the European Union General Data Protection Regulation, which will take effect from 25 May 2018 (NB despite Britain’s pending cessation of EU membership, it is anticipated that Britain will still adopt the Regulation);

• the review of information sharing and associated information governance policies, led by the National Data Guardian Dame Fiona Caldicott. (*Information: To Share or Not to Share?*, Department of Health, 2013), which led to an updating of the six original Caldicott principles, and the addition of a seventh (namely “The duty to share information can be as important as the duty to protect patient confidentiality”);

• the Health and Social Care Information Centre’s Cyber Security Programme (CSP) CareCERT Project;

• O’Donnell’s *Data Handling Procedures in Government* and the Thomas/Walport report on data sharing, whereby organisations are required to report any Serious Incidents Requiring Investigation (SIRIs) and provide assurance of compliance with information governance standards within their annual reports;

• the agenda which has been developed from the *Open Data White Paper* (Department of Health, 2012), aimed at making increased levels of information available to all, in order to stimulate the information market and economic growth, as well as facilitating greater accountability;

• a stronger focus on improving health and wellbeing outcomes for the public at large, measured by the Outcomes Frameworks for the NHS, social care, public health and commissioning;

• *Everyone Counts: Planning for Patients 2014/15 to 2018/19* (NHS England, 2014), which describes an approach to transformational change across the NHS so as to achieve the continued ambition to secure sustainable high quality care for all, now and for future generations.
4. **Local Context**

4.1 The Trust has clearly defined directorates, roles and responsibilities for the management of IT, performance and information, as well as information governance, and recognises that in order to deliver the shared ambitions of this Strategy, leaders for these three disciplines must work together closely.

This management structure is ably supported by the following governance mechanisms:

- a comprehensive library of policies, procedures and guidance documents which support staff to work to prescribed standards;
- training programmes which facilitate colleagues’ increased learning and education;
- internal management forums, such as the IM&T Steering Group and the Information Governance Steering Group, which report to the Audit and Assurance Committee and thereafter to Board, and which receive regular progress reports against this Strategy and the supporting implementation plan;
- countywide management forums such as the Local Digital Roadmap Infrastructure Delivery Group and the Gloucestershire Information Governance Group (GIGG) wherein local partner organisations share knowledge and information regarding IM&T development plans;
- countywide agreements such as the Gloucestershire Information Sharing Partnership Agreement (GISPA) which facilitate joint working across the local health and social care economy;
- a rolling programme of self-assessments including work to validate compliance with the requirements of the national Information Governance Toolkit;
- on-going programmes of development including the initiatives to:
  - further enhance the Trust’s primary electronic clinical information system, working collaboratively with clinicians;
  - introduce Electronic Prescribing for all relevant services to include electronic transfer to countywide pharmacies directly.

4.2 In September 2015, a process began to enable local health and care systems to produce Local Digital Roadmaps as referenced in section 3.1 above. Working with partners across the Gloucestershire health community, the Trust continues to articulate and implement measures to progress this workstream and thereby achieve ‘paper-free at the point of care’ by 2020.
4.3 The Trust is also committed to working with local partners on the development and implementation of the Joining Up Your Information (JUYI) initiative which seeks to bring all countywide system information into one place.

4.4 The Trust’s Performance and Information Team currently fulfils a range of mandated requirements from the Department of Health, NHS Digital, Public Health England, NHS England, NHS Improvement and the Health Protection Agency. These requirements include the following:

- completion of statutory returns for which information is routinely collated, validated and submitted to meet necessary deadlines;

- submission of nationally-mandated datasets within requisite timescales: these include, but are not limited to:
  
  - data flows to the Secondary Uses Services (SUS) in respect of admitted service user care, minor injuries and illness units and outpatients;
  
  - data flows on behalf of the Trust’s sexual health services including the Chlamydia Testing Activity Dataset that is submitted to the Health Protection Agency, the Genito-Urinary Medicine (GUM) Clinic Activity Dataset that is submitted to Public Health England etc;
  
  - Safety Thermometer data, as well as the Children and Young People’s Health Services (CYPHS) dataset, that is submitted to NHS Digital etc.

4.5 The Trust has recently updated its Clinical Strategy, which includes an explicit commitment to “champion the use of technology to enhance our practice, reduce variation and increase consistency in our work”. Corresponding goals within this Strategy include delivering:

- monthly service activity reports that are accurate and appropriate to support service developments;

- a Clinical Systems User Forum that meets regularly, and is actively supported by services that contribute to the live forum work plan;

- clinical system templates which consistently and accurately support service data, and whose redesign is always completed within 8 weeks;

- an IM&T strategy that is developed with, and shared around the needs of, clinical services, reflecting their vision for future service needs;

- training to 100% colleagues, enabling them to use their electronic clinical systems, with refresher training available when required.
5. **Quality Goals**

In order to ensure that this IM&T Strategy maintains optimum focus upon achieving quality outcomes, the following five quality goals have been identified:

- to identify, promote and utilise technologies and systems that add distinct benefit to Trust operations and efficiencies, providing service users and the wider Gloucestershire public with increased choice, quality and flexibility;

- to consolidate corporate and clinical systems, enabling delivery of high quality care, and actively supporting system roadmaps;

- to ensure robust performance management that actively enables delivery of the Trust’s vision, values and strategic objectives, and facilitates appropriate learning and improvement across all Trust services;

- to ensure that the Trust’s information is of optimum accuracy, completeness and timeliness, and that information is used intelligently, thereby enabling the production of reliable and credible reports that practically support the delivery of high-quality care;

- to ensure adequate control in information systems and processes, in order to conform fully with information governance legislation and standards.
6. Priorities and Actions

The following priorities have been identified and mapped against the Strategy’s quality goals. Further detail will be included within the Strategy’s implementation plan, progress against which will be monitored on a regular basis by the Audit and Assurance Committee.

6.1 To identify, promote and utilise technologies and systems that add distinct benefit to Trust operations and efficiencies, providing service users and the wider Gloucestershire public with increased choice, quality and flexibility

6.1.1 Throughout the lifecycle of this IM&T Strategy, relevant authorities within the Trust, and ostensibly the Head of IT and Systems Management, will be responsible for maintaining an up-to-date view of the external environment, in order to recognise all opportunities for future IT acquisitions or enhancements. Thereafter, any emerging technologies that are identified as having the potential to offer tangible benefit to the Trust and its service users, will be subject to rigorous scrutiny so as to evaluate their perceived effectiveness, viability and cost-efficiency prior to recommendation for use, which will be addressed via the Audit and Assurance Committee.

6.1.2 Every electronic system in use within the Trust relies upon an operating system, which comprises the fundamental software and files that provide system functionality, and that communicate with the system’s associated hardware. To this end, the Trust will routinely ensure that all operating systems that underpin both the organisation’s clinical and corporate IT systems are kept up-to-date, offer optimum security and protection from hacking, computer viruses and all other forms of malicious software, and enable more seamless transfer of information both internally and externally.

In particular, the Trust must be aware of any technical vulnerabilities in software and/or systems which may increase the risk of a cyber-crime attack, and mitigating these risks to ensure that the Trust network remains as safe as possible.

6.1.3 In order to provide storage for its wealth of data, the Trust utilises a number of servers across the county. The Trust is committed to:

- centralise servers across the Trust establishing a primary data centre at Cirencester and a secondary site at EJC. This will improve the Trust’s ability to protect, manage and support this business-critical equipment;
- provide better coordinated back-up of Trust data so as to support disaster recovery, and improve resilience and reliability;
- ensure the data warehouse server infrastructure remains fit-for-purpose as part of a resilient design, enabling the storage of all relevant system data including archived decommissioned system information;
- provide quicker access to applications, and ensure system availability 24/7.
6.1.4 The Trust will routinely identify the most efficient and cost-effective way in which to purchase and manage its licences, whether these are in relation to software, hardware, clinical / corporate systems or system servers. This focus upon efficiency will ensure that the organisation is able to remain legally compliant, whilst providing Trust colleagues with appropriate access to the systems and technology that they require in order to be able to deliver the highest quality of care.

6.1.5 In order to provide the most effective and reliable IT service, the Trust will utilise appropriate external support and agencies as necessary. To this end, the Trust will regularly review all such contracts and arrangements so as to ensure that each contains a comprehensive and binding confidentiality clause, and that the Trust will benefit from the most cost-effective solutions at all times.

6.1.6 The Trust will continue to use Information Technology to support colleagues who require access to organisational systems wherever and whenever they are working. The Trust will therefore continue to support the roll-out of appropriate mobile equipment such as laptops, phones and tablet devices, by which colleagues may be able to securely access all necessary information irrespective of their location. Moreover, this equipment will be regularly reviewed and updated in order to ensure the continued suitability of such devices, and to maintain an appropriate balance between improved efficiency and cost-effectiveness.

6.1.7 The Trust will continue to review the technical infrastructure that supports all forms of communication so as to maintain the most efficient and cost-effective ways of keeping colleagues and other appropriate health and social care professionals aware and informed. This will include:

- maintaining a robust network infrastructure which will underpin information exchange, whether internally across organisational locations or externally to partners and other stakeholders: moreover, the Trust will continually reassess this infrastructure so as to ensure that it remains fit-for-purpose, enables maximum flexibility of working, and provides clinical and care professionals with fast and easy access to service user records in any location and at any time;

- ensuring that the email services provided by the Trust are suitable, efficient and secure.

6.1.8 The Trust recognises the value of technology, not only as a way of enhancing Trust operations and efficiencies, but also as a means to directly support service users. The Trust is therefore committed to making relevant technologies accessible to service users where these may improve their experiences and quality of life.
This commitment is reflected by, for example, the Trust’s plans to use communications technologies to improve service user contact with the Trust. This will include, for example, the use of technologies to:

- support the delivery of the NHS e-referral service (NHS e-RS, formerly Choose and Book) that will allow service users to make, change or cancel appointments online or by phone;
- enable appropriate messages, that include appointment and test result reminders, to be sent via text;
- provide free guest Wi-Fi across all clinical based Trust sites that will enable service users to link to service information, surveys etc.

Similarly, technology will be used to support those contact mechanisms that are designed for the use of local healthcare professionals, which will nevertheless also improve the speed and efficiency by which service users may access relevant services. These mechanisms include:

- online patient portals delivered by the Joining Up Your Information (JUYI) project which will enable service users to access and update details and be signposted to services as required;
- telecoms technology such as Skype or Webex which will allow for direct clinical contact with service users;
- robust and secure email technologies to keep service users informed.

6.1.9 The Trust will continuously explore technologies that will enable service users to remain safe and independent within the community. These technologies will include, for example:

- emerging smartphone applications which may allow, for example, service users to view their clinical records, track the progression of chronic conditions, provide a unified diabetes management system etc;
- specialist speech and language therapy software which can enable service users to trial speech support;
- upgraded diagnostic kits being used within the Trust’s Minor Injuries and Illnesses Units.
6.2 To consolidate corporate and clinical systems, enabling delivery of high quality care, and actively supporting system roadmaps

6.2.1 The Trust will continue to rationalise the number of clinical and corporate systems that are in regular use across the organisation. Such rationalisation will ensure cost-efficiencies, as it will result in fewer systems requiring licensing and maintenance, and will reduce unnecessary need for additional system-specific training and system support services.

However, the Trust is clear that where there is a defined operational benefit to the maintenance of a separate standalone system (for example, where specialist care services such as Sexual Health have specific legislative requirements or unique data capture and reporting standards), rationalisation will not apply.

6.2.2 In addition, the Trust is committed to the Joining Up Your Information (JUYI) initiative which seeks to bring countywide system information into one place. Thus, for example, the Trust will be able to use a single system to monitor the care journey of any individual service user in real-time, irrespective of setting, rather than having to access this information from a number of different systems or having to request information over the phone or by post/fax/email.

The benefits of adopting this approach are that it will:

- facilitate improved care delivery and professional decision-making;
- reduce time spent unnecessarily searching and retrieving clinical and care information;
- reduce delays in processes such as referral vetting;
- introduce new control and security around access to information.

6.2.3 The Trust is actively committed to ensuring negligible use of paper and other consumables. This will create service efficiencies and enable the Trust to refine the use of clinical systems through clinically-led redesign in order to implement, for example:

- electronic referrals;
- e-prescribing;
- improved sexual health and dentistry systems.

6.2.4 The Trust will ensure the improved efficiency of its key corporate business areas (finance, human resources, governance, estates and performance and information) by delivering more robust IT solutions, creating a centralised team, rationalising software and by using free functionality where possible.
6.3 To ensure robust performance management that actively enables delivery of the Trust’s vision, values and strategic objectives, and facilitates appropriate learning and improvement across all Trust services.

6.3.1 The Trust will maintain a structured performance management system in order to ensure that:

- there is clear and consistent focus upon the Trust’s achievement of its strategic, contractual and quality objectives, and attainment of its overarching vision and values;

- the delivery of high-performing, high-quality services is regarded across all teams in the Trust as a required standard;

- there is accurate reporting of performance at team-level so that all Trust colleagues are empowered to act and drive forward continuous quality improvement in service delivery;

- teams can be clear about their performance priorities and can communicate their performance against these priorities comprehensively and responsively to the Trust Board, Executive team, colleagues, service users, the public and commissioners;

- there is clear opportunity to recognise and identify any weaknesses in performance or delivery which can then be addressed proactively;

- the Trust is able to effectively promote the quality of its services and achievements in order to improve its credibility and reputation locally, regionally and nationally.

Functional details of this system will be articulated within the Trust’s Assurance and Escalation Framework, which will also demonstrate how responsibility / accountability for performance management is defined across the organisation’s governance structure. Thus, the Assurance and Escalation Framework will describe how individual Board-subcommittees, steering groups, working groups and other forums have specific responsibility for:

- validating information relevant to their particular speciality, discipline or area of influence;

- overseeing the implementation of action plans in respect of areas that have been reported as under-performing;

- identifying, reviewing and/or escalating concerns or risks;

- capturing learning about quality and performance, and ensuring that this is used to support future quality improvement.
6.3.2 To inform its performance management system, the Trust will develop a series of service scorecards and datasets based upon:

- indicators and metrics that are meaningful to colleagues;
- national requirements, including those within the Single Oversight Model launched by NHS Improvement in September 2016;
- national and local service specifications issued by the NHS Gloucestershire Clinical Commissioning Group and other commissioners, to which Trust colleagues will be expected to contribute.

These service scorecards and datasets will be regularly reviewed and updated in line with the Trust's business needs. As such, they should all serve to demonstrate:

- the Trust's ability to meet the needs of service users, carers and families;
- the Trust's ability to meet its contractual obligations as established with commissioners, and the mandatory standards set by regulators;
- the Trust's ability to meet its own internal standards, and in particular, those that are fundamental to achievement of the organisation’s vision, values and strategic objectives;
- areas of current excellence by way of assurance, as well as areas for potential improvement so that appropriate investigative or remedial action can be taken proactively;
- the Trust’s effective and efficient use of resources including finances, equipment, staff, estates etc;

Where a scorecard contains an indicator that is not achieving target, the responsible manager must develop an action plan to identify the necessary remedial actions so that performance will become satisfactory within a given timeframe.

The responsible manager must also ensure that all risks associated with non-delivery or poor performance are reported on the Trust’s risk register: the Head of Performance and Information together with the Head of Planning, Compliance and Partnerships, will be responsible for ensuring the robustness of this process and validating relevant risks.

These service scorecards and datasets, together with the corresponding action plans, will be coalesced into a high level Quality and Performance report for the purview of the Board on a routine basis.
6.3.3 In line with the spirit of transparency and openness, the Trust will ensure that aggregated information about the performance of its services is also more readily available to the public so as to enable them to make informed decisions about their care. This will require the Trust to support national initiatives such as the MyNHS web portal, and also to submit data regularly to NHS Digital in order to assist in the production of national dataset publications.

It also requires the Trust to ensure that non-service user specific information is available in a range of settings and locations so as to inform the public. This includes the need, for example, to maintain information boards in community hospitals in order to provide detailed, up-to-date information about a range of metrics including service user experience, infection control, waiting times etc.

6.3.4 To enable relative understanding of Trust activity, the Trust will undertake benchmarking as appropriate. This will include local benchmarking, so that Trust services delivered by different teams can be assessed against each other to identify areas in which the Trust can develop greater consistency, and utilise national benchmarking information.

National benchmarking will enable comparison with other Community Trusts across the country; also to identify performance, against a number of criteria including quality, access, productivity, workforce and finance. This will allow the Trust to identify areas where improvements can be made, and strengthen the organisation's existing reputation for delivering high quality care.
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6.4  To ensure that the Trust’s information is of optimum accuracy, completeness and timeliness, and that information is used intelligently, thereby enabling the production of reliable and credible reports that practically support the delivery of high-quality care.

6.4.1 In order to enable exemplar information reporting, the Trust remains committed to ensuring the highest possible data quality. This requires the Trust to undertake the following actions:

- ensure adequate built-in validation controls are available and operate in new and existing information systems and processes;
- empower all relevant operational and administrative colleagues across the Trust to have specific personal responsibility to gather data that is accurate and complete, and that is input into the relevant system or systems in a timely manner;
- facilitate clinical colleagues to add their own data directly onto the relevant system and thereby achieve real time entry, rather than relying on clerks or administrative staff to input data on their behalf at a later date;
- ensure that the Performance and Information Team produces regular reports that highlight missing or erroneous data so as to support operational and administrative colleagues;
- ensure that all colleagues understand the principles of data quality, their personal responsibility thereto, and the impact of poor data quality;
- ascribe and define accountability for data quality at both Board and team level, with Data Quality Leads receiving targeted support and dedicated training;
- maintain a clear and up-to-date Data Quality Policy which will be supported by other complementary guidance materials and documentation, all of which will be readily accessible to colleagues via the Trust intranet;
- regularly undertake a comprehensive review of data quality management processes against an agreed baseline in order to identify all possible opportunities for improvement;
- ensure that input data is validated to prevent incorrect or erroneous data being reported. For key validations, this requires a responsible owner and process to be defined: it also necessitates clinical colleagues to be involved in the validation of information that is derived from the recording of clinical activity. It may also require the Performance and Information Team to undertake batch tracing to validate key demographic data such as invalid or missing NHS Numbers or GP Practice codes.
6.4.2 The Trust will utilise a web-based Business Intelligence Reporting Tool (BIRT) so that information reports can be shared in a quick, easy and interactive way and provide the requisite level of granularity in reporting.

Throughout the lifecycle of this strategy, this tool will become the single repository for accessing information reports relating to Trust business in order to ensure that:

- all Trust professionals have access to the information that they need, when they need it;
- clinicians are able to run reports for purposes such as caseload management;
- information is readily available to managers to enable performance management and decision-making.

The Trust will continue to refine and enhance this capability to include other data that will be of relevance to Trust understanding - this will include, for example, benchmarking information, population data, cross-organisational pathway information etc. This will ensure that the Trust’s reporting represents coordinated and triangulated activity, finance, quality and workforce information, to enable more intelligent analysis and understanding of organisational performance. It will also enable the Trust to more readily identify correlations and trends in activity, recognise and respond more swiftly to emerging risks and pressures, and ensure more efficient and cost-effective service delivery.

Additionally, the Trust will seek to ensure that this supports a drive towards predictive modelling, thereby enabling services to recognise previous trends and forecast future need and demand, rather than merely conducting retrospective analysis.

6.4.3 The Trust will ensure that all national reporting and requisite data submissions continue to be completed in line with prescribed timescales, and that these submissions are accurate and complete. Moreover, the Performance and Information Team will seek to remain aware at all times of any changes in national reporting requirements, and will respond accordingly.

6.4.4 The Head of Performance and Information will work closely with the Information Governance and Risk Manager so as to ensure that all Information Standards Notices (ISNs) issued by NHS Digital and announcing new, or changes to, information standards published under section 250 of the Health and Social Care Act 2012, are consistently reviewed and implemented across the Trust, and that responsible owners are identified in a timely manner.
To ensure adequate control in information systems and processes, in order to conform fully with information governance legislation and standards

The Trust is fully committed to maintaining the accuracy, completeness and timeliness of its information as described in section 6.4 above. Additionally, the Trust will seek to ensure the optimum confidentiality, security and accessibility of all information within its care, in particular that information which is either person-identifiable (relating to service users or colleagues) or confidential (relating to the business activities of the Trust). To order to support these commitments, colleagues with specific information governance responsibility within the Trust will work closely with other teams / directorates so as to ensure a fully integrated approach to relevant disciplines such as information security, data management, records management etc.

The Trust will maintain oversight of all local and national developments in information governance standards, directives and legislation so that these are reflected within organisational policy and actions, enabling the Trust to continue to improve upon its commitment to uphold the confidentiality, integrity and security of the information entrusted to it. This will require the Trust to routinely horizon-scan guidance issued by the Information Commissioner’s Office, the Department of Health, NHS Digital etc, and interpret for local use. It will also require the Trust to actively engage with countywide forums such as the Gloucestershire Information Sharing Group.

The Trust will endeavour to maintain minimum Level 2 compliance with the requirements of the Information Governance Toolkit: to this end, the implementation plan which supports this Strategy will serve to demonstrate the improvements to processes necessary to achieve this, including the setting of clear responsibilities, disseminating robust operational policy via effective communications and training, undertaking proactive activities to identify and mitigate risks to system and data security etc.

The Trust will maintain an Information Governance Management System (IGMS) which will detail the responsibilities of colleagues to comply with all relevant information governance standards, including for example, data protection / confidentiality, information security, records management, incident management etc. Where appropriate, the IGMS will be supported and complemented by more detailed policy documents, such as the Incident Governance Policy which will provide more granular advice upon responding to all forms of adverse events (clinical, health and safety, information governance etc) which may occur across the Trust.

The Trust will facilitate all appropriate access to information: for sharing with service users, this will require adherence to relevant guidance within the Freedom of Information Act 2000, the Data Protection Act 1998 and the Access to Health Records Act 1990. Moreover, it will beget the Trust to ensure that suitable security and consent procedures are in place when looking to implement new technologies as a means of more widely sharing service user information.
It also requires the Trust to maintain robust information sharing processes for exchanging information with partner organisations, ensuring that relevant, timely and accurate information is available to those involved in the care of service users, but also that person-identifiable information is not shared more widely than is necessary.

6.5.6 The Trust will maintain appropriate procedures for the investigation and reporting of incidents where there is an information governance impact. These incidents will be managed in line with NHS Digital’s Checklist Guidance for Reporting, Managing and Investigating Information Governance and Cyber Security Serious Incidents Requiring Investigation protocol. As such, any incidents assessed as a ‘Level 1’ will also be raised with the Trust’s Senior Information Risk Owner and Caldicott Guardian, whilst any ‘Level 2’ incidents will also be reported to the Department of Health, NHS Digital and the Information Commissioner’s Office. Data breaches will also be reported in the Trust’s Annual Governance Statement.

6.5.7 The Trust will manage risks to information security and confidentiality - in addition to any risks which may impede the ability of the organisation to achieve Level 2 compliance with the Information Governance Toolkit – via those processes detailed within the Trust’s Risk Management Policy.

6.5.8 Annual assessments of information governance arrangements and practices will be undertaken or commissioned by the Trust in order to demonstrate compliance and/or identify opportunities for further improvement.

6.5.9 A multi-layered approach will be taken to cascade policy, responsibility and accountability through the Trust, and ensure sufficient training and guidance is in place. This will include but will not be limited to:

- ensuring robust contractual clauses relating to confidentiality and other relevant information governance standards are included in the contracts of all colleagues and third parties;
- making suitable independent expert training available to inform and support the Trust’s appointed Information Governance and Risk Manager, the Senior Information Risk Owner and the Caldicott Guardian;
- providing dedicated internal support to Information Asset Owners and departmental leads;
- mandating information governance training for all colleagues at induction, to be refreshed annually thereafter;
- maintaining a full suite of information governance policies, procedures, guidance documents etc, to be held on the Trust’s intranet;
- cascading updates via regular Information Governance briefings, the Trust’s CORE newsletter, visibility at the CORE Network etc.
7. **Quality Measures**

Each of the goals identified in Section 5 above, will be supported by a series of performance measures as detailed below, to be reported to, and monitored by, the Audit and Assurance Committee on a routine basis:

<table>
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<th>Quality Goal</th>
<th>Quality Measure</th>
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| To identify, promote and utilise technologies and systems that add distinct benefit to Trust operations and efficiencies, providing service users and the wider Gloucestershire public with increased choice, quality and flexibility | • Increase in the number of electronic communications sent to service users in respect of appointments, reminders and other appropriate communications  
• Increase in the number of colleagues with access to suitable devices that support connectivity and real-time data access  
• Increase in the appropriate sharing of information with relevant external stakeholders, so as to build effective partnerships with both public and professional groups |
| To consolidate corporate and clinical systems, enabling delivery of high quality care, and actively supporting system roadmaps | • Increase in the number of Trust staff actively using JUYI, so as to share real-time information between all relevant local health and social care partners  
• Increase in the number of services actively using the Trust’s primary electronic clinical information system in a standardised manner following clinically led redesign |
| To ensure robust performance management that actively enables delivery of the Trust’s vision, values and strategic objectives, and facilitates appropriate learning and improvement across all Trust services | • Evidence of participation in all relevant benchmarking networks  
• Ensure 100% delivery of first draft performance scorecards to relevant teams by the fifth working day of each month, final scorecards by the tenth working day of each month, and Board and sub-Board Committee information reports to time, including evidence of action plans against metrics rated amber or red  
• Minimum annual update of service specifications including targets and KPIs |
## Information Management and Technology Strategy 2016-21

| To ensure that the Trust’s information is of optimum accuracy, completeness and timeliness, and that information is used intelligently, thereby enabling the production of reliable and credible reports that practically support the delivery of high-quality care | • Validate that Data Quality Leads are assigned and active at both Board and team level, ensuring minimum 96% data quality for information relating to admitted care, outpatients and Minor Injuries and Illness Units  
• Increase in the number of services with data available through BIRT  
• 100% compliance with mandated data flows |
| --- | --- |
| To ensure adequate control in information systems and processes, in order to conform fully with information governance legislation and standards | • Increase in compliance with the requirements of the Information Governance Toolkit  
• Decrease in the number of information governance breaches across the Trust  
• Compliance with requirements to share data with the public under the terms of the Data Protection Act 1998 and the Freedom of Information Act 2000 |
8. **Accountabilities and Assurances**

8.1 **All Trust colleagues**

All colleagues across the Trust will be responsible for using the IT, systems and information for which they are permitted access, with optimum responsibility and security in line with the Trust's policies and procedures. Moreover, it is the responsibility of all colleagues to ensure that information is accurate and up-to-date, and that it is used proactively.

8.2 **Registration Authority Manager**

The Registration Authority Manager is responsible for the control processes required to ensure that individuals who need to access computer systems linked to the NHS Spine, have their identity rigorously checked and are assigned appropriate access according to the user's business need. Thus, the Registration Authority Manager has responsibility to develop and review the procedure to monitor and enforce compliance with the Terms and Conditions of NHS Smartcard usage, in conjunction with the Information Governance and Risk Manager.

8.3 **Head of Information Technology and Systems Management**

The Head of IT and Systems Management is responsible for oversight of the Trust's IT function, as well as the clinical and corporate systems teams. The role is also responsible for the reporting of IT security and cyber-crime related risks and incidents, and will act as the Trust's nominated cyber-crime advocate to partake in the Cyber Information Sharing Partnership.

8.4 **Head of Performance and Information**

The Head of Performance and Information is responsible for the management of the Performance and Information Team and its portfolio of service delivery. The role is also responsible for overseeing the Trust's Data Quality leads who ensure that the organisation’s data is of optimum accuracy, completeness and timeliness.

8.5 **Head of Planning, Compliance and Partnerships**

The Head of Planning, Compliance and Partnerships has specific responsibility for managing the Trust’s information governance agenda, and ensuring that robust systems and processes are fully implemented Trust-wide. In doing so, the role is actively supported by the Information Governance and Risk Manager, who has particular responsibility for information governance policies and procedures, training and adherence to the Data Protection Act 1998 and Freedom of Information Act 2000.

8.6 **Medical Director**

The Medical Director is the Trust’s Caldicott Guardian, and as such, has an advisory role in order to ensure the optimum confidentiality of service user information, and to enable appropriate information sharing with partner organisations.
8.7 **Director of Finance**

The Director of Finance is the Trust’s executive lead for IM&T, and thus is responsible for overseeing all IM&T developments and implementation programmes across the Trust.

The Director of Finance is also the Senior Information Risk Owner (SIRO): as such, the Director of Finance has overall responsibility for ensuring the security of all information assets. In doing so, the Director of Finance is supported by nominated Information Asset Owners who provide assurance that information risk is being managed effectively in respect of the information assets that they oversee: they also have responsibility for ensuring the integrity and availability of information assets, and for defining and documenting requirements for both system and user access controls. In fulfilling their role, Information Asset Owners are supported by Information Asset Administrators.

8.8 **Chief Executive**

The Chief Executive is the Trust’s Accountable Officer, and as such, has overall responsibility for ensuring that the organisation has access to the necessary resources in order to deliver the highest quality care services: this includes responsibility for the effective management of IM&T.

8.9 **Board subcommittees**

The Audit and Assurance Committee has specific responsibility for ensuring that all IT systems that are in use across the organisation are able to support relevant operational activity: additionally that there is an effective system of integrated governance and internal control across the whole of the Trust’s activities. Thus, the Audit and Assurance Committee will receive regular reports from all relevant sub-groups and other forums including the SystmOne Deployment and Operational Project Board, the Information Governance Steering Group, and the Partnership Board that encompasses representation from the Trust as well as Gloucestershire Hospitals NHS Foundation Trust and 2gether NHS Foundation Trust in order to consider local shared IT services and countywide strategic planning.

Additionally, the Quality and Performance Committee, Finance Committee and Workforce and Organisational Development Committee have responsible for reviewing data and performance relevant to their respective areas of operation.

8.10 **Trust Board**

The Board has specific responsibility for ensuring that all resources are used efficiently: this includes the Trust’s IT infrastructure which must remain fit-for-purpose, and provide optimum benefit and value to local service users, carers and families. Additionally, the Board has overall responsibility for ensuring optimum information governance standards are in place across the Trust.
9. **Enabling and Supporting Strategies**

This IM&T Strategy complements the following additional strategy documents maintained by the Trust:

- the Quality Strategy, which seeks to champion a whole-system approach so as to ensure that consideration of quality becomes fundamental to every decision and action taken by the Trust;

- the Clinical Strategy, which seeks to empower the Trust to remain a leading provider of community-based healthcare services that provide optimum quality, safety and effectiveness, and enable every person in Gloucestershire to experience a positive journey and outcome;

- the Health, Safety and Security Strategy, which serves to confirm the Trust’s clear commitment to ensuring the optimum protection of all buildings, systems, property and other assets owned and/or operated by the Trust, and maintaining the physical and personal security of all Trust colleagues, service users, carers, families as well as the wider Gloucestershire public who attend any of the Trust’s facilities;

- the Workforce and Organisational Development Strategy, which seeks to ensure that the Trust’s projected staffing models are appropriate to deliver effective healthcare within Gloucestershire, and that all Trust colleagues are suitably involved, motivated, supported, resourced, trained and developed.

- the Business Continuity Strategy, which seeks to outline the Trust’s strategic approach to continuing its most critical services in light of a major incident including the unavailability of the organisation’s systems and networks;

- the Estates Strategy, which seeks to ensure that all users of the Trust’s facilities receive the best experience the Trust is able to provide, offering safety, privacy and dignity to all, whilst respecting the need to match commissioned services, quality and environmental sustainability with cost-effectiveness.

This IM&T Strategy is directly supported by the IM&T Implementation Plan which clarifies the actions to be undertaken by the Trust within the period 2016-21.