

**BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST**

**TRUST BOARD TO BE HELD ON WEDNESDAY 25 MARCH 2015**

<b>Trust Risk Register - Risks associated with running multiple patient systems</b>
<p><b>Strategic or Regulatory Requirement to which the paper reports</b></p> <p>Supporting corporate strategic goal relating to being a well-led, effective, and informed organisation and to develop a high performing Trust Board.</p>
<p><b>ACTION:</b></p> <p>To consider the issues raised in the report and note below the work plan being taken forward:</p> <p>a) By end April 2015 - Recognising the strong possibility of future implementation of clinical systems separate to RiO, policy leads across information, information governance and ICT functions will be working with the Chief Clinical Information Officer to develop a statement of standards that such secondary clinical systems will need to meet. It is proposed that this list will both inform future systems choices, and provide a checklist for system implementations.</p> <p>b) By the end of June 2015 - Information Asset Owners (IAOs) for existing clinical systems will be supported in conducting a gap analysis against the same list and update their system risk registers accordingly.</p> <p>c) By the end of July 2015 - Information and ICT Services will scope the requirements and resources necessary: i) to incorporate data from all clinical systems (see footnote 1 on page 2) into the data warehouse in a consolidated format such that they form part of routine corporate reporting; and ii) to present relevant data from all clinical systems through RiO's iFOS (Information from other Systems) viewer ; and that the potential projects identified are then considered for prioritisation alongside other reporting infrastructure development projects.</p> <p>d) By the end July 2015, via the Information Governance Steering Group to develop a work plan based on priorities for the continuation and improvement of the IAO framework including IAO responsibilities and professional support requirements from the lead officers in ICT and the information team.</p>
<p><b>Executive Summary:</b></p> <p>This paper was requested for Trust Board following discussion of the Quarterly Review of Risk Registers at the February 2015 Trust Audit Committee meeting – see Appendix 1 for the specific risk that was discussed. In summary, this identifies the risks to corporate reporting relating to RiO not being the primary clinical system for all Trust services and assurance of the actions planned to mitigate the identified risk.</p> <p>On review, the risk score of 15 was overstated, having likelihood 'almost certain' and consequences 'moderate' based on a projected financial impact between £10k and £100k if data cannot be managed to the required standard to support claims for payment or avoid penalties for poor data quality. The lack of data processing and data quality infrastructure is being associated with the risk that this may lead to financial penalties or losses, or reputational damage if we are unable to meet or report on key national performance targets. The inherent risk likelihood would be better described as 'possible' rather than 'almost certain' giving an inherent risk score of 9. As mitigating arrangements are also in place to meet the key reporting requirements, the residual risk is reduced to 6. This will be corrected in the risk register.</p>
<p><b>BOARD DIRECTOR SPONSOR:</b> Sandra Betney, Executive Director of Resources</p>
<p><b>APPENDIX:</b> Appendix 1 – Risk Register entry</p>
<p><b>PREVIOUSLY DISCUSSED:</b> Not applicable.</p>

## 1) Overview

- a) 2012 saw completion of RiO's implementation as the primary integrated care records and clinical information system for all core Trust services. However, other smaller clinical systems<sup>1</sup> have also been retained or newly implemented on a tactical basis for their specific fit to specialist system or commissioning requirements.
- b) The risk as outlined in Appendix 1 reflects the differences in management arrangements between RiO and the Trust's other clinical systems. A whole series of support services and processes are built around RiO to ensure that the system and the data it holds are fit for both its primary purposes of supporting clinical care, record-keeping and operations, and for secondary use of the data in corporate and external reporting. Other clinical systems in use in the Trust are not subject to the same level of support and scrutiny. Their data is currently not included in the Trust Data Warehouse, and therefore their activity information is largely unavailable through corporate reporting. Any activity or clinical performance data reported for the services concerned is processed locally, reported to commissioners separately, and subject to relatively few if any corporate assurance processes.
- c) There are a number of risks around this fragmentation of systems, and challenges involved in using or managing the peripheral systems as effectively as RiO. The body of this paper explores the risks associated with running multiple clinical systems from a corporate reporting perspective and suggests possible mitigations.

## 2) Risks and Issues Analysis

- a) The risk was scored as 15, having likelihood as 'almost certain' and consequences 'moderate' based on a projected financial impact between £10k and £100k if data cannot be managed to the required standard to support claims for payment or avoid penalties for poor data quality. On review, this is over-stated as the lack of data processing and data quality infrastructure is being associated with the risk that this may lead to financial penalties or losses, or reputational damage if we are unable to meet or report on key national performance targets. The inherent risk likelihood would be better described as 'possible' given process in place rather than 'almost certain' giving an inherent risk score of 9. In practice, mitigating arrangements are also in place to meet the key reporting requirements, through a combination of data management effort by local services with some support from Trust information services reducing the residual risk to 6. This will be corrected in the risk register.
- b) The absence of some services, particularly Birmingham Healthy Minds and Prison Health Services, from most corporate activity and performance reporting is a concern, and potentially reduces the Trust's corporate ability to identify and resolve local service issues.
- c) A further issue is that services using systems other than RiO are currently not able to take advantage of corporate reporting tools and infrastructure, such that, for example, service performance targets cannot be explored and exceptions identified through the Trust KPI Explorer, nor can individual clinicians and team managers take advantage of the new MyDashboard tool to help identify and action their outstanding individual tasks in relation to clinical standards or performance targets.
- d) Risk from multiple systems has also been identified on the Information Governance risk register, both from a care records availability and legal 'access to records' compliance perspective.

## 3) Actions planned:

- a) By end April 2015 - Recognising the strong possibility of future implementation of clinical systems separate to RiO, policy leads across information, information governance and ICT functions will be working with the Chief Clinical Information Officer to develop a statement of

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<sup>1</sup> The main secondary systems are IAPTus for Birmingham Healthy Minds, Illy CarePath for Solihull Integrated Alcohol Service, TPP SystemOne for Prison Health Services, EMIS for the Primary Care Homeless Service and CoreNet for monitoring CORE psychological assessments.

standards that such secondary clinical systems will need to meet. It is proposed that this list will both inform future systems choices, and provide a checklist for system implementations.

- b) By the end of June 2015 - Information Asset Owners (IAOs) for existing clinical systems will be supported in conducting a gap analysis against the same list and update their system risk registers accordingly.
- c) By the end of July 2015 - Information and ICT Services will scope the requirements and resources necessary to:
  - i) incorporate data from all clinical systems (see footnote 1 above) into the data warehouse in a consolidated format such that they form part of routine corporate reporting; and
  - ii) present relevant data from all clinical systems (see footnote 1 above) through RiO's iFOS (Information from other Systems) viewer; and that the potential projects identified are then considered for prioritisation alongside other reporting infrastructure development projects.
- d) By the end July 2015, via the Information Governance Steering Group to develop a work plan based on priorities for the continuation and improvement of the IAO framework including IAO responsibilities and professional support requirements from the lead officers in ICT and the information team.

**Appendix 1: Risk Register Entry:**

Risk	Gaps in corporate reporting and reliability of information processes due to services using clinical systems other than RiO without sufficient resources being committed to overcoming the extra data management challenges involved
Inherent Risk Score	15 (Likelihood = 5, Consequence = 3)
Control Measures	Information Asset Ownership (IAO) processes place a duty on services to manage systems effectively. Duty to audit KPI reporting processes where affected
Gaps in Control	Lack of explicit policy requiring services using other systems to contribute data to corporate reports. IAO requirements around data quality are implicit only
Assurance	Trust SIRO (Senior Information Risk Owner) receives reports from IAO Owners on some aspects of system management
Gaps in Assurance	No formal requirement for services to contribute to corporate reporting. IAO processes are "light touch" and retrospective so may not provide adequate confidence in data quality processes
Residual Risk Score	15 (Likelihood = 5, Consequence = 3)
Actions Required	Review of policy around corporate reporting and separate clinical application systems as part of information strategy development. Strengthen data quality duties of information asset owners as part of data quality policy review.