worcestershire
c o u n t y c o u n c i l

HEALTH OVERVIEW AND SCRUTINY COMMITTEE
18 APRIL 2023

CARENOTES ELECTRONIC PATIENT RECORDS OUTAGE

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on the Carenotes electronic patient records outage, which was experienced recently at Herefordshire and Worcestershire Health and Care NHS Trust (the Trust). The HOSC seeks assurances around systems in place to mitigate any impact on patient care.

2. Senior representatives from Herefordshire and Worcestershire Health and Care Trust will be present in order to respond to any question the HOSC may have.

Background

3. In early August, the supplier of a number of national IT systems were subject to an external cyber security attack. This incident disabled access to Carenotes, an electronic patient record system used by a number of Trusts across the country, provided by OneAdvanced, including Herefordshire and Worcestershire Health and Care NHS Trust. Carenotes enables the Trust to digitally input patient records and clinical notes, and to plan, manage, record and analyse care across a range of settings.

4. When the incident was reported, the Trust adopted its business contingency processes, which essentially involved manual recording of patient information and other activities. However, manual downtime processes were not intended for long-term use, so when it became clear that Carenotes would remain unavailable for a longer period, the Trust's IT team developed an interim electronic system, called THEA.   This was not a replacement for Carenotes, but from early September did give staff the ability to view historic clinical information and digitally record new clinical notes and related patient activity. The Trust's teams have adapted well to THEA and developed their own comprehensive downtime processes.

5. Carenotes was unavailable for a prolonged time period, due to the complexity of the work required by OneAdvanced to ensure that all of its systems and services were working correctly, and additional security implemented. The rebuild of Carenotes for the Trust concluded on 21 November 2022 with isolated Trust testing commencing on that date which lasted several weeks to ensure the system was fully fit for purpose and it was officially received back by the Trust in December 2022.

6. During the downtime period, the Trust instigated a Command Centre to plan and oversee how individual teams and services would return to using Carenotes. This complex process considered the different downtime processes adopted by the teams and planned how each service would transition back to using Carenotes to minimise any disruption to patient care and stress to staff.

7. The Command Centre approach reviewed and established what clinical information was essential to be restored to the Carenotes record before teams started to use it again, as it was recognised that given the large volume of downtime information being created each day it would not be possible to get all clinical information back onto the system before teams began to use it. Certain teams, such as Integrated Safeguarding and the Mental Health Act Team followed bespoke and specific manual restoration plans.

8. The phased re-introduction of Carenotes to clinical teams began in January 2023 and over a period of eight weeks, 158 clinical teams, with 4166 individual user accounts, returned successfully to using Carenotes as their electronic patient record.

9. During the return to active use of Carenotes, essential clinical information was restored for each service which included:
   - 11,000 new patient records
   - 41,000 new referrals to clinical services
   - 440,000 clinical notes that had been recorded within THEA
   - 1,800 inpatient stays

10. It is recognised that this prolonged downtime period led to some disruption in patient care and impacted the Trust's ability to access and share key documents with partners which is acknowledged to have had an impact on partners as well. For example, the Trust's partners in the Multiagency Safeguarding Hub would usually have access to read Carenotes so the internal Integrated Safeguarding Team utilised downtime processes to ensure information was still shared. The Trust's Social Care and Continuing Health Care colleagues would also usually have read access to Carenotes to find information.

11. Mitigations and new processes were developed by teams to ensure information was shared but this was not as efficient as using the direct route into an electronic patient record. Furthermore; the Trust was unable to provide assurance to stakeholders with regards to key performance indicators, including waiting times, as this information is generated via reporting from the electronic patient record.

12. All patient activity continued during downtime with no specific cancellations as a result of the downtime, and the Trust website shared updates as to what patients might expect during an appointment due to the unavailability of the patient record.

13. All clinical services continued to fully function during this period of prolonged downtime, and it is recognised that this caused significant additional challenges for staff who are already under pressure, and the Trust remains very grateful for their perseverance and flexibility during the downtime period and their enthusiasm and commitment to returning to active use of Carenotes and helping to achieve full restoration.

14. The Trust's incident reporting system had a category to specifically report any incidents related to Carenotes downtime and these were monitored by the patient safety team and the Command Centre. There have been no incidents of patient harm attributable to Carenotes downtime, all incidents have been resolved with appropriate business continuity from clinical teams.

Current Position

15. All clinical services have now returned to full use of Carenotes as their electronic record, all activity and clinical information is being recorded within this system. The planned phased return to using the system has minimised any further disruption to patient care.

16. All clinical services have robust plans in place so that all clinical information is available to them when they are seeing patients whilst they await the full restoration of this information to the electronic patient record.

17. Given that there is still information to be restored to the system, it is not yet possible for the Trust to report of some of its performance data, including waiting times. All clinical teams were able to maintain interim waiting lists during the downtime period and new referrals to services were restored to the Carenotes record prior to services returning to active use, ensuring that patients are seen based upon clinical priority and time waiting.

18. The Command Centre continues to oversee the complex process of full restoration to the electronic record for each service with formal sign off as teams complete this process, with dedicated support being provided to teams identified as requiring a specific focus. Several services have significant volume clinical documents organised and stored within their business continuity downtime processes that need restoring to the record; Health Visiting within the Starting Well Service have 44,000 documents, Community Paediatrics 12,000 documents and the Community Stroke Service 23,000 documents.

Purpose of the Meeting

19. The HOSC is asked to:
    - consider and comment on the information provided; and determine whether any further information or scrutiny on a particular topic is required.

Contact Points

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Background Papers

In the opinion of the proper officer (in this case the Assistant Director Legal and Governance) there are no background papers relating to the subject matter of this report.

All agendas and minutes are available on the Council's website here.