

The Impact of a Major EPR Outage: Patient Safety Lessons Learned

A Nursing perspective

The Partnership between Barnet, Enfield and Haringey Mental Health Trust and Camden and Islington NHS Foundation Trust was established in 2021

One Chair, Chief Executive and Partnership Executive Team across both trusts

Providing Inpatient and Community Mental Health services across North Central London for adults of working age, adults with learning difficulties, older people and children and young people

6397 staff across the partnership

Serves a population of 1.6 million

Both trusts using EPR systems. Implementation of RiO at BEH in 2015 and C&I implemented CareNotes in 2015

C&I AND BEH PARTNERSHIP OVERVIEW



Barnet, Enfield and Haringey
Mental Health NHS Trust

Camden and Islington
NHS Foundation Trust

NHS SYSTEM PROVIDER CYBER SECURITY MAJOR INCIDENT



Barnet, Enfield and Haringey
Mental Health NHS Trust

Camden and Islington
NHS Foundation Trust



OFFLINE



4th August 2022: A number of electronic systems across NHS & Social Care affected by a cyberattack

Response by provider to take systems offline to mitigate further risk. **ALL** Access to C&I EPR shut down.

Advised on **Tuesday 9 August** that restoring the service may take several weeks

15th August options paper Board. Interim SharePoint Outage Solution developed

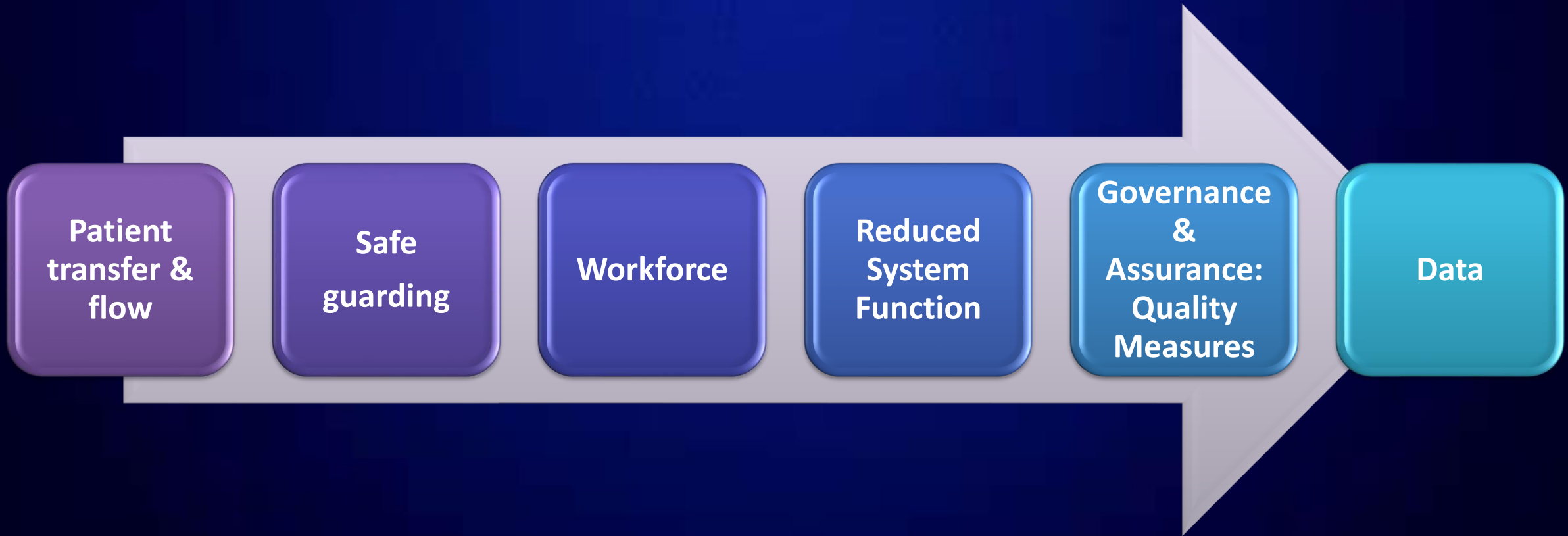
9th September Board confirmed move from SOS to RiO for 12 months.

19th September RiO GoLive date

PATIENT & CLINICAL SAFETY CONCERNS



THE IMPACT



MANAGING SAFETY: OUR MITIGATION



Clinically led response informing and supporting technical team



CCIO supported to temporarily step back from other clinical role to lead response



QI Methodology and Leadership: Process mapping across the organisation effectiveness of BCP and SOS. QI Team led training

5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5
	1	2	3	4	5

MS Form Risk Reporting Solution developed.

Clinical digital risk log used to assess clinical, organisation and technical risk



Development of clinical systems requirements.

Additional requirements and review of original statement of needs supported decision making and prioritisation.



Open, transparent and frequent communication updates.

Wellbeing initiatives and additional support for workforce

KEY LEARNINGS SO FAR....

Clinical Digital Leadership
was essential in
supporting safe and
effective decision making

Decision making in
disaster response: No
decision can be just as
risky as making an ill-
informed decision

Hearing concerns from
staff in real time and
adapting how we
managed **risk information**
was key to helping us see
the unknowns

QI approach: how we
framed our digital work
within QI methodology
supported better
engagement and
understanding

Processes and document
management – do not
underestimate the
importance of
**documenting your
decision making**

KEY LEARNINGS SO FAR....

Iteration: Agile working supported our ability to follow the information and data, allowing us to be brave and pivot direction when needed

Priorities: these at times were conflicting, but a **focus on being clinically led** and on patient safety supported the decision making process

Partnership working: sharing resources and expertise between both trusts was essential to a robust response

Collaboration and having the multidisciplinary teams voices in the room will bring innovation and answers

Keep it **SIMPLE.**

THANK YOU

Questions?

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