



Royal Cornwall Hospitals
NHS Trust

Patient Administration System (PAS) Business Continuity Plan

V4.1

October 2024

Table of Contents

1.	Introduction	4
2.	Purpose of this Policy/Procedure	4
3.	Scope	5
4.	Glossary	5
5.	Ownership and Responsibilities	6
5.1.	Role of the RCHT Management Team	6
5.2.	Role of the Information Asset Owner	6
5.3.	Role of Cornwall IT Services	7
6.	Standards and Practice	7
6.1.	Health Records Service	7
6.2.	Disclosure Office	8
6.3.	Outpatient Booking Services	8
6.4.	Outpatient Reception Services	9
6.5.	Paying Patient Office	9
6.6.	Overseas Visitors Office	9
6.7.	Emergency Department	10
6.8.	Data Quality Team	10
6.9.	Inpatient Activity	10
6.10.	Booked Elective Admissions	11
6.11.	Waiting List Validation	11
6.12.	Clinical Coding	11
6.13.	Other Information Systems	12
7.	Business Continuity Action Sheets	14
7.1.	Immediate Action (zero to two hours)	15
7.2.	Subsequent Action (two to six hours)	17
7.3.	Sustained Action (six to twenty four hours)	18
7.4.	Long-term Action (one to seven days or more)	20

8.	Dissemination and Implementation	22
9.	Monitoring compliance and effectiveness.....	22
10.	Updating and Review	22
11.	Equality and Diversity.....	22
	Appendix 1. Governance Information	23
	Appendix 2. Equality Impact Assessment.....	26
	Appendix 3. Health Records Tracking	29
	Appendix 4. Booking/Reception Data Capture.....	30
	Appendix 5. Paying Patient Office Data Capture	31
	Appendix 6. Admission Demographics Data Capture	32
	Appendix 7. Transfer/Discharge Data Capture	33
	Appendix 8. CDC Data Collection Form.....	34
	Appendix 9. CDC PAS Failure Tracer Contingency form	35
	Appendix 10. SwiftPlus Specific Business Continuity and Data Capture	36
	Appendix 11. Ancillary and Interdependent Systems.....	45
	Appendix 12. Manual Bed State Data Capture	49

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. Failure of the Trust wide Patient Administration System (PAS) could have a detrimental effect on patient care and safety.
- 1.2. Business continuity management (as defined by the Business Continuity Institute 2001) is “a holistic management process that identifies potential impacts that threaten an organisation and provides a framework for building resilience with the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating activities.”

Business Continuity Management is concerned with managing risk to ensure that, at all times, the Trust can continue operating to, at least, a pre-determined level, in the event of a major disruption. These risks can be classed as external – such as a power failure, severe weather or internal, such as systems failures or loss of key staff.

- 1.3. The Trust has a responsibility under the Civil Contingencies Act 2004 as a category one responder. This means that the Trust is required to take up civil protection duties and be able to perform its functions so far as necessary or desirable to respond to an emergency. Part of this is to produce Business Continuity Plans (BCP).
- 1.4. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

- 2.1. The purpose of this procedure is to provide advice and support to staff who use the patient administration system in the event of a system failure. It will provide manual forms to be printed that must be used until such time that the system is back up and running again.
- 2.2. The Patient Administration System is considered to be a critical organisational system. There are many aspects to the Patient Administration System and each area that uses PAS will need to consider what its functions are, so that it may be able to foresee how it may have to professionally react to an emerging situation.
- 2.3. Currently, an equipment or system which is the subject of malfunction or failure, and which cannot be resolved locally by the Team is reported to the Cornwall IT Service (CITS) Desk.
- 2.4. CITS will contact the appropriate Information Asset Owner (IAO) with responsibility for the system or equipment. The IAO will work with CITS staff to manage the situation until such time as the system or equipment has been restored or replaced.
- 2.5. In the event of the loss of a server and therefore potentially the loss of access to the Patient Administration System (all of which are necessary requirements to ensure the continuation of service), CITS will be responsible for switching applications affected by the loss of a server onto another server to enable work to be progressed.

2.5.1. Risk Assessment

All activities within the service need to be risk assessed in order to determine the sequence of reactivation. The risk assessment is incorporate into the Action Plan.

3. Scope

- 3.1. This BCP covers the loss of servers and other equipment necessary for the continuation of service.
- 3.2. The BCP seeks to plan for the worst-case scenario and in particular the plan aims to:
 - 3.2.1. Identify the RCHT Senior Duty Manager responsible for the initiation of the contingency plan following the loss of service or location.
 - 3.2.2. Ensure that all staff are advised of the situation.
 - 3.2.3. Ensure that the managers are aware of any individual roles and responsibilities which they may have been given as a result of the loss of service or location.
 - 3.2.4. Ensure that the organisation becomes operational as soon as possible at another location following the loss of location.
 - 3.2.5. The loss of PAS would have a significant impact on the Trust due to lack of information regarding its patients and records whereabouts, both for inpatient and outpatient activity. The other consideration is the feed into all the other systems that PAS interfaces with. There would also be an impact upon the Referrals Management Service as they would be unable to make, agree and book appointments (particular concern would be around the cancer referrals). The impact would be specifically around the safety of patients in the event of a fire and delivery of care without the benefit of the patient record, although this would extend to potential loss of income with receptionists unable to record the outcome of an attendance.

4. Glossary

BCPs	Business Continuity Plan(s)
CDC	Clinical Data Capture
CFT	Cornwall Foundation NHS Trust
CITS	Cornwall IT Services
COWs	Computer on Wheels
DNA	Did Not Attend

ED	Emergency Department
EHIC	European Health Insurance Card
EPMA	Electronic Prescribing and Medicines Administration
EPRR	Emergency Preparedness, Resilience and Response
eRS	e-Referral Service
G&S	Group & Save
HSCIC	Health & Social Care Information Centre
IAO	Information Asset Owner
PACS	Picture Archiving Communications System
PAS	Patient Administration System
PD	PAS Downtime
PTL	Patient Tracking List
RCHT	Royal Cornwall Hospitals NHS Trust
RTT	Referral to Treatment
TCI	To Come In

5. Ownership and Responsibilities

5.1. Role of the RCHT Management Team

All members of the RCHT senior management team will meet as soon as is practically possible to conduct a full appraisal of the situation.

5.2. Role of the Information Asset Owner

To ensure that the remainder of the service team and Trust are informed of the interruption in service. The IAO will record the system outage on the Trust's incident reporting system, Datix.

5.3. Role of Cornwall IT Services

Cornwall IT Services (CITS) will provide assistance in all system failure incidents within this Business Continuity Plan. Their role is to support the Trust in order to bring the systems back to normal working mode as fast as possible.

CITS will provide the following:

- Call management service via ext 1717 or externally via 01209 881717.
- Evaluate the priority of the issue.
- Assign an Incident Manager within CITS.
- Escalation and liaison with Third Party Suppliers.
- All user communications.
- Progress reports to the RCHT Senior Duty Manager.
- Emergency service out of hours via ext 1717 or externally via 01209 881717.

The CITS service has been accredited by HSCIC and will implement the “Incident Management Process” and “Problem Management Process” in order to resolve any issues.

6. Standards and Practice

Manual processes will be implemented differently depending on which area of work the individual is currently working in.

6.1. Health Records Service

6.1.1. Health Records Libraries

- 6.1.1.1. This service will not be able to access ‘pulling lists’ to retrieve records, so the only records that the health records libraries will be able to retrieve will be those needed in an emergency and this will need a hospital number which will be available through the Maxims or eNotes (CITO) systems. If these are not available and the hospital number is not known, then records cannot be located in the library. If the number is known the staff will check to see if the records are on file in the main libraries, if they are not then there is an assumption that they are out in the organisation somewhere and are not available.
- 6.1.1.2. Routine pulling can continue working from lists already waiting to be dealt with. All records moved out of the department must be manually recorded using the template at Appendix 3.
- 6.1.1.3. Any records being sent to the Scanning Partner MUST be recorded on the template in Appendix 3. This includes any movement of the record within the department in the Pre-Scan

area.

- 6.1.1.4. All records that continue to be returned to the department must be manually recorded before filing.
- 6.1.1.5. Ensure that the eNotes System Manager is aware of the PAS downtime as messages from PAS will not update eNotes. This may impact scanned records from the scanning partner ingesting into Cito (eNotes).

6.1.2. Clinic Preparation

- 6.1.2.1. This service can continue to work from lists already waiting to be dealt with, but all records must be manually recorded using the template at Appendix 3 before sending out of the department.
- 6.1.2.2. Once PAS has been restored a small team of staff to be identified to input the data retrospectively ensuring the sequence of date events on the tracking system.

6.2. Disclosure Office

The staff in the Disclosure Office can continue processing requests for duties that do not require PAS, for example photocopying, retrieving notes if they are on file, marking up and collating for sending out. Work that is dependent upon PAS being available can be put to one side until it is available and then enter the information.

6.3. Outpatient Booking Services

- 6.3.1. The Booking Team will not be able to book/cancel/amend appointments whilst PAS is unavailable, including requests received via Patient Hub for rebook/cancellation. Clinic changes requested via CCAT will not be able to be actioned.
- 6.3.2. The Booking Team will place a temporary on-line message via CITS/Netcall to say that the booking office was temporarily closed due to technical difficulties, asking patients to call back in two hours.
- 6.3.3. Manual record to be kept of patients calling, using the manual data capture form in Appendix 4.
- 6.3.4. Other duties to consider during downtime would be eRS referral uploading to Maxims via RADAR Outpatient Waiting List Analysis report. Keeping a record to update PAS coded comment field '55 Uploaded to Maxims' when PAS is restored.
- 6.3.5. Once PAS has been restored, staff will be expected to retrospectively input the information that had been recorded manually ensuring the chronology is maintained throughout.
- 6.3.6. Once PAS has been restored, staff will be expected to prioritise the management of rebook/cancellation requests received via Patient Hub.

6.4. Outpatient Reception Services

- 6.4.1. Reception staff will be expected to keep a manual record of patients who have attended their outpatient appointment and those that did not attend by recording such information on their clinic list and using the manual data capture using the form at Appendix 4. Reception staff will also be expected to retain outcome forms for retrospective data entry once PAS becomes available.
- 6.4.2. All telephone enquiries will be captured and recorded on the manual data capture sheet. Reception staff will not be able to book, cancel or amend any appointments whilst PAS is unavailable. Under no circumstances should verbal appointments be given out. When PAS becomes available again then appointments should be made, letters generated and sent to the patients.
- 6.4.3. I've Arrived will not be refreshed during PAS downtime, though the system will continue to message patients to invite them to confirm their arrival on site and should continue to be managed as per usual arrangements.
- 6.4.4. Once PAS has been restored staff will be expected to retrospectively input the information that had been recorded manually ensuring the chronology is maintained throughout.

6.5. Paying Patient Office

- 6.5.1. The Paying Patient Office will be expected to keep a manual record of patient contact whilst PAS is unavailable. Appointment details for private patients are also maintained on a Register of Private Appointments and this data will remain accessible whilst PAS is unavailable. Payments for private appointments will continue to be taken via a card machine or via General Office. Any patient cancellations received by telephone or email to be communicated to the relevant department as soon as possible and a manual record maintained until such time as PAS is available again. This is contained at Appendix 5.
- 6.5.2. In response to telephone enquiries from potential private patients wishing to arrange a private appointment, explain to the caller that the main IT system is not currently available and that they will be telephoned as soon as PAS is available. Information can continue to be provided on price and expected wait and appointment times. Patient details to be captured using Appendix 5.
- 6.5.3. Once PAS has been restored, staff will be expected to retrospectively input the information that had been recorded manually ensuring the chronology is maintained throughout.

6.6. Overseas Visitors Office

- 6.6.1. The Overseas Visitors Office can continue with tasks that do not require PAS e.g. scanning and uploading evidence to the shared drive and EHIC portal, responding to general email enquiries and telephone calls,

visiting patients and relatives on wards.

- 6.6.2. Continue to record information on the Excel spreadsheet utilised in the Overseas Visitors Office to record information about the patients.
- 6.6.3. Work that is dependent upon PAS being available can be processed retrospectively using RADAR reports.

6.7. Emergency Department

- 6.7.1. The Emergency Department have been provided with 'downtime' packs which have all been allocated a patient identification number, and the packs contain patient ID labels, wristbands and printed ED documentation. These packs should only be used for patients that are not already registered on Oceano during the PAS downtime.
- 6.7.2. Once PAS has been restored staff will be expected to retrospectively update the system with the correct patient information that has been recorded manually. If a pack has been used in error and the patient is already registered on PAS the Data Quality team need to be advised so they can merge the records.

6.8. Data Quality Team

- 6.8.1. Once PAS is available, merge any 'downtime' packs that may have been used in error as the patient was already registered on PAS.
- 6.8.2. Once PAS is available, ensure downtime packs are replenished so there are 100 packs held in the Emergency Department.

6.9. Inpatient Activity

- 6.9.1. Once PAS is unavailable SwiftPlus will be unavailable (please refer to Appendix 10 for detailed information).
- 6.9.2. Ward Clerks will be expected to keep a manual record of patients who have been admitted, transferred or discharged; this process can be maintained for up to 24 hours for elective patients being admitted as they will be known to the Ward. Appendix 6 is to be used for patients being admitted (note that the greyed-out areas do not need to be collected). Appendix 7 is to be used for patients being transferred or discharged. Once 24 hours has been exceeded then only emergency patients will be admitted to the hospital and a manual record kept until PAS is available again, using the form at Appendix 6.
- 6.9.3. Once PAS has been restored staff will be expected to retrospectively input the information that had been recorded manually ensuring the chronology is maintained throughout.
- 6.9.4. For emergency patients being admitted the only method of retrieving patient records is a phone call to the Health Records Libraries to see if they are on file. If they are not on file and Maxims or eNotes is still operational then it will be possible to access existing patient's

correspondence from previous consultations, this will not be possible for new patients as Maxims and eNotes are fed by PAS details.

- 6.9.5. Wristbands will not be able to be printed whilst PAS is unavailable; therefore, they will need to be handwritten. Special security ink chemical eradication resistant pens should be available on the Wards and attached to the wristband printers and are specifically for the use of writing on wristbands, these are permanent ink pens and will ensure that information is not able to be removed from the wristbands. It is the Ward Manager's responsibility to ensure the pens are available. These pens can be ordered through Unit 4. In the event of these pens not being available other permanent ink pens may be used. If ordinary ink pens are used the Ward will need to be aware and record the risk of information being able to be removed (for example when patients shower/bath, water may remove/smudge their information).
- 6.9.6. Telephone enquiries can be dealt with in the usual manner for patients known to the Ward. If the patient is not known to the Ward and the time has exceeded 24 hours then redirect the caller to the ED department.

6.10. Booked Elective Admissions

- 6.10.1. All specialty areas are to refer to their local procedures, which may include, but not restricted to:
- Revert to using the weekly download of waiting list in paper format providing list management during short term unavailability.
 - TCIs are to be recorded manually in a paper diary or spreadsheet.
 - PTL is printed each week to work from and is saved to a shared drive.
 - Once PAS has been restored staff will be expected to retrospectively input the information that had been recorded manually ensuring the chronology is maintained throughout.

6.11. Waiting List Validation

- 6.11.1. Automated waiting list validation functionality would be impacted during the period of PAS unavailability.
- 6.11.2. Staff to check all patients subsequently contacted during the period of the outage.

6.12. Clinical Coding

- 6.12.1. In the event of a PAS failure, case notes/episodic folders should be coded using the daily uncoded report to identify episodes dates to code. The coding information should be recorded on a CDC data collection form (Appendix 8) and the episode deleted from the daily uncoded report. This information should be retained and entered onto PAS as soon as practically possible once the system becomes available.
- 6.12.2. Any casenotes/episodic folders leaving the department need to be

recorded on a PAS failure tracer form (Appendix 9). PAS must be updated with these details as soon as practically possible once the system becomes available.

6.13. Other Information Systems

6.13.1. There are a number of critical systems that are reliant upon PAS for patient demographics and patient identifiers. These systems will continue to operate for those patients that are already registered at the point of PAS being unavailable. Any new patients not known to that particular system must be managed in accordance with their own business continuity plans.

6.13.2. Systems that are reliant upon PAS [but not limited to]:

- 3M Medicode Encoder.
- Aria - Chemotherapy and Radiotherapy.
- Bluespier Orthopaedic System.
- BioConnect.
- Change Healthcare.
- Chemocare.
- CITO (eNotes).
- Capture Stroke.
- Cardiology systems – CVIS.
- Careview Critical Care.
- Clinical Imaging – CRIS and PACS.
- Devon and Cornwall Care Record (DCCR).
- Dragon Dictation.
- Euroking E3 Maternity system.
- Galaxy Theatres.
- IBD System.
- IC Net Infection Control.
- JAC EPMA/Pharmacy.
- Maxims.
- Medisoft Ophthalmology systems.
- Meridian.

- MindRay System.
- Oceano Emergency Department.
- Nervecentre.
- Netcall Liberty Converse.
- Netcall Patient Hub.
- PACS Radiology.
- Pathology Winpath for Cornwall and Plymouth.
- POCcelerator System.
- Renalplus.
- Salts Stoma System.
- Scorpio Endoscopy.
- Somerset Cancer Register.
- Sunquest ICE Pathology Order Communications.
- Twinkle (Paediatric Diabetes System).
- Viewpoint Fetal Monitoring System.
- VitalData Renal Patient System.

7. Business Continuity Action Sheets

Disruption Category	Service/Business Interruption					
Disruptive Event	Loss of the Patient Administration System					
Risk Rating (Refer to risk matrix)	Likelihood (1-5)	3	Impact (1 – 5)	3	Overall risk rating	High
Description of Nature/extent of impact of this event on service	There are planned down times for systems enhancements which normally only occur monthly and for short periods of time. These are planned for, and processes are in place to capture and retrospectively enter data once the system is back up and running again. The impact upon delivering patient care can vary from insignificant if it is not available for up to 1 hour but once past this it becomes more critical as each hour passes. Patients cannot be admitted, transferred or discharged nor can patient records be located and all other systems that interface with PAS will not function either.					

7.1 Immediate Action (zero to two hours)

	Description of necessary action (and if appropriate, the reason for the necessity)	By whom	Resources required	Inter-dependencies
1.	Contact CITS service desk (1717) or via the portal and request for a message to be played on their answering service informing of system outage.	Information Asset Owner		
2.	Contact appropriate staff in the following areas to begin manual recording of information: • Service Managers (all specialty admin staff). • Head of Patient Services (centralised services only). • Operational Health Records Manager. • Admin Lead for Emergency Medicine. • Access Manager. • Clinical Administrative Leads (Medical Secretaries). • Ward Managers (Ward Clerks). • Other Information Asset Owners.	Information Asset Owner		

	Description of necessary action (and if appropriate, the reason for the necessity)	By whom	Resources required	Inter-dependencies
	Records/Information Governance Manager CFT.			
3.	Check eNotes to see if the health record has been scanned. If not, all calls for urgent records will be initially made to the Health Records Libraries to see if the records are on file. This is dependent upon eNotes or Maxims still being available to search for the patient and locate their hospital number.	Individual staff members as required		
4.	Inform all staff in the organisation not to move any records from their current location unless it is absolutely essential, and then only if they have notified the Health Records Library so that they can record the tracer movement.	Operational Health Records Manager		
5.	Local procedures to be implemented.	All appropriate staff		

7.2 Subsequent Action (two to six hours)

	Description of necessary action (and if appropriate, the reason for the necessity)	By whom	Resources required	Inter-dependencies
1.	Update Service Desk phone message with current situation.	Senior Manager, Support Services, CITS		
2.	Continue with manual data collection.	All appropriate staff		
3.	Check eNotes to see if the health record has been scanned. If not, all calls for urgent records will be initially made to the Health Records Libraries to see if the records are on file. This is dependent upon eNotes or Maxims still being available to search for the patient and locate their hospital number.	Individual staff members as required		
4.	Continue to remind all staff in the organisation not to move any records from their current location unless it is absolutely essential, this includes episodic folders and then only if they have notified the Health Records Library so that they can record the tracer movement.	Operational Health Records Manager		

7.3 Sustained Action (six to twenty four hours)

	Description of necessary action (and if appropriate, the reason for the necessity)	By whom	Resources required	Inter-dependencies
1.	Update Service Desk phone message with current situation.	Senior Manager, Support Services, CITS		
2.	Keep other RCHT senior managers and members of the CITS senior management team apprised of the situation.	Information Asset Owner		
3.	Continue with manual data collection.	All appropriate staff		
4.	Check eNotes to see if the health record has been scanned. If not, all calls for urgent records will be initially made to the Health Records Libraries to see if the records are on file. This is dependent upon eNotes or Maxims still being available to search for the patient and locate their hospital number.	Individual staff members as required		
5.	Continue to remind all staff in the organisation not to move any records from their current location unless it is absolutely essential, this includes episodic folders and then only if they have notified the Health Records Library so that they can record the tracer movement.	Operational Health Records Manager		

	Description of necessary action (and if appropriate, the reason for the necessity)	By whom	Resources required	Inter-dependencies
6.	Consider using external media to cancel elective patient activity as records will not be available and the organisation will not know who has been booked to come in as an inpatient or outpatient.	Communications Team Head of EPRR		

7.4 Long-term Action (one to seven days or more)

	Description of necessary action (and if appropriate, the reason for the necessity)	By whom	Resources required	Inter-dependencies
1.	Continue to remind patients via external media not to come to hospital for elective activity as records will not be available and the organisation will not know who has been booked to come in as an inpatient or outpatient.	Communication Team Head of EPRR		
2.	Update Service Desk phone message with current situation.	Senior Manager, Support Services, CITS		
3.	Keep other senior managers apprised of the situation.	Information Asset Owner		
4.	Check eNotes to see if the health record has been scanned. If not, all calls for urgent records will be initially made to the Health Records Libraries to see if the records are on file. This is dependent upon eNotes or Maxims still being available to search for the patient and locate their hospital number.	All appropriate staff		
5.	Continue to remind all staff in the organisation not to move any records from their current location unless it is absolutely essential, this includes episodic folders and then only if they have notified the Health	Operational Health Records Manager		

	Description of necessary action (and if appropriate, the reason for the necessity)	By whom	Resources required	Inter-dependencies
	Records Library so that they can record the tracer movement.			
6.	Continue with manual data collection.	All appropriate staff		
7.	Consider using external media to inform the general public of the situation.	Communications Team Head of EPRR		

8 Dissemination and Implementation

- 8.1 This business continuity plan is available on the Trust's Document Library.
- 8.2 It is essential that all PAS users are aware, engaged and understand the processes that must be initiated if PAS becomes unavailable.
- 8.3 Staff will be updated through the monthly communication regarding new and updated policies and procedures.
- 8.4 Senior managers who have responsibility for staff who are PAS users must ensure that they have seen and understood their business continuity processes.

9 Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Retrospective data entry – sample test.
Lead	Heads of departments who have responsibility for staff using PAS.
Tool	Manual data entry sheets to be quality assured against data retrospectively entered to ensure chronology and accuracy is correct.
Frequency	This is only monitored in the event of a system failure.
Reporting arrangements	The PAS User Group and Information Governance Group will be appraised of the findings.
Acting on recommendations and Lead(s)	Head of departments working with the Head of Emergency Preparedness, Resilience and Response will identify any actions and ensure that the BCP is updated to reflect any changes that may need to take place.
Change in practice and lessons to be shared	Any changes in practice will be communicated to all PAS Users and where appropriate the CITS Training Team will be informed of any changes.

10 Updating and Review

This procedure document should be reviewed no less than every three years, unless there are any changes affecting any of these procedures.

11 Equality and Diversity

- 11.1 This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion and Human Rights Policy'](#) or the [Equality and Diversity website](#).

- 11.2 Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Patient Administration System (PAS) Business Continuity Plan V4.1
This document replaces (exact title of previous version):	Patient Administration System (PAS) Business Continuity Plan V4.0
Date Issued/Approved:	October 2024
Date Valid From:	October 2024
Date Valid To:	September 2027
Directorate / Department responsible (author/owner):	Ian Nicholls, eHealth Transformation Manager/Interim PAS IAO
Contact details:	01872 254500
Brief summary of contents:	Business continuity plan in case the patient administration system fails and becomes unavailable. This document sets out the manual processes needed to be put in place to capture information in a structured way so as to ease retrospective data entry once the system is back up and running.
Suggested Keywords:	PAS, Patient Administration System, Business Continuity, Business Continuity Plan
Target Audience:	RCHT: Yes CFT: Yes CIOB ICB: No
Executive Director responsible for Policy:	Chief Information Officer, CITS
Approval route for consultation and ratification:	PAS User Group Information Governance Group
General Manager confirming approval processes:	Chief Information Officer, CITS
Name of Governance Lead confirming approval by specialty and care group management meetings:	Matt Overton - Head of EPRR
Links to key external standards:	None required
Related Documents:	None required

Information Category	Detailed Information
Training Need Identified?	Yes, via Heads of Departments and CITS Training Department
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Health Informatics/ Corporate and Health Records

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
04.01.2012	V1.0	First issue	Kim Bellis, Records Services and PAS Manager
28.02.2012	V1.1	Second issue to include comments from PAS users	Kim Bellis, Records Services and PAS Manager
17.05.2012	V1.2	Includes detail on special pens needed to write on wristbands	Kim Bellis, Records Services and PAS Manager
06.01.2016	V2.0	Minor changes to document. Approval sought via email through PAS User Group. Short review date as the PAS User Group will conduct a full review.	Kim Bellis, Records Services, PAS and Data Quality Manager
15.07.2016	V2.1	Update references to PCH, CfH, Job Titles that have changed. Added in Appendices E and I as examples of forms to be used. Changed email addresses to reflect change to NHS.net. Added RADAR as source of information as well as Cognos.	Kim Bellis, Records Services, PAS and Data Quality Manager
02.01.2018	V2.2	General review and update in line with Policy. Very minor changes to include new systems that are dependent upon PAS to operate. Changes to OP Booking and removal of an appendix. Change of footer to reflect new Chairman and Chief Executive.	Kim Bellis, Records Services, PAS and Data Quality Manager

Date	Version Number	Summary of Changes	Changes Made by
22.01.2019	V3.0	Full review and new format. Minor changes to job titles	Kim Bellis, Records Services, PAS and Data Quality Manager Demi Scott-Ward, Corporate Records Manager
02.2023	V4.0	Full review. New format to include AIS and amendments to content by PAS User Group (PASUG)	Kim Bellis, Records Services, PAS and Data Quality Manager Elise James, Deputy Service Manager, Records Management
7 October 2024	V4.1	Reformatted to new template and learning incorporated from preplanned scheduled downtime on 5/10/24.	Matt Overton, Head of EPRR

All or part of this document can be released under the Freedom of Information Act 2000.

RCHT requires all Policies, Strategies and Operating Procedures, including Business Plans, to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team
richt.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Patient Administration System (PAS) Business Continuity Plan V4.1
Directorate and service area:	Records Management, CITS Shared Service
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Matt Overton
Contact details:	01872 256356

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	All staff who use the patient administration in their daily work. This includes all staff working at RCHT, CFT and Hospices.
2. Policy Objectives	To provide a manual business continuity process to capture data.
3. Policy Intended Outcomes	To enable staff to implement the manual processes needed to capture the data in preparation to enter retrospectively and chronologically once the system is back up and running again.
4. How will you measure each outcome?	By carrying out spot quality assurance checks on data entered retrospectively.
5. Who is intended to benefit from the policy?	All staff who use the patient administration system and patients.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	- Workforce: Yes - Patients/ visitors: No - Local groups/ system partners: No - External organisations: No - Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: PAS User Group Information Governance Group
6c. What was the outcome of the consultation?	Agreed
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	Yes	Our current PAS does not allow for recording of all these categories. A new electronic health record will include these.
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Matt Overton

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

[Section 2. Full Equality Analysis](#)

Appendix 3. Health Records Tracking

Patient Records Sent/Filed Without Tracing Due to Unavailability of PAS

DATE	CR NUMBER	SURNAME	FORENAME	LOCATION OF PATIENT RECORDS Hospital/Dept/Username/Comment/Filed

Appendix 4. Booking/Reception Data Capture

Date:

Clinic Code	Reception/ Speciality	Patient Name	NHS Number or CR Number	Date of Birth	Attended/ DNA	Additional Comments

Appendix 5. Paying Patient Office Data Capture

Date:

Patient Name	NHS Number or CR Number	Date of Birth	Procedure Required	Insured or Self-Pay	Contact Telephone Number	Additional Comments

Appendix 6. Admission Demographics Data Capture

Link to the online form can be found here <https://forms.office.com/r/YJD9z62gLX>



Appendix 7. Transfer/Discharge Data Capture

Ward:

Patient Name	NHS/CR Number	Hospital and ward transferred to or destination on discharge	Consultant transferred to	Date of transfer/discharge

Appendix 8. CDC Data Collection Form

CR number:

Patient Name:

Episodes dates:

Presenting complaint		
Primary diagnosis		Date diagnosed
Other conditions arising during hospital stay		Date Identified
Co-morbidities		
Investigations/scans/HCD's, etc.		Dates
Procedures		Dates
Post-op complications		

Appendix 9. CDC PAS Failure Tracer Contingency form

CR number	Patient Name	Tracer location

Appendix 10. SwiftPlus Specific Business Continuity and Data Capture

Aims and Objectives of the Procedures

Aim

This procedural document has been designed to prepare Royal Cornwall Hospitals NHS Trust to cope with the effects of SWiftPlus systems failure. It is intended that this document will provide the basis for a relatively quick and painless return to 'Business as Usual' regardless of the cause.

Objectives

- Understand the critical functions and activities of SWiftPlus within the organisation;
- Analyse and respond to the risks for the organisation;
- Provide a detailed prioritised and timetabled response to a SWiftPlus system/s failure situation;
- Identify the key roles, responsibilities and contacts to respond to SWiftPlus system/s failure.

Initiation of Business Continuity Process

This document may be used as a checklist to ensure that critical tasks are completed according to a pre-agreed priority schedule.

Identification of a Business Continuity Event

A SWiftPlus systems failure will normally be identified in one of two ways:

- Detected by the ward staff or Site Co-ordination Team, through whiteboard monitoring;
- Detected operationally, through usage of the system or process failure.

Key Stakeholders

Where any such SWiftPlus systems failure is identified, the following individuals should be alerted by e-mail; telephone; and Net Page Message.

Role	Name	Net Page/Email/Tel No
Ward Managers		
Shift Leaders		
Site Co-ordination Team		
IT Duty Engineer	Duty Engineer	Telephone via switch

Establishing Roles and Responsibilities

At the point of a SWiftPlus Application Systems failure, a **Business Continuity Event Lead** will be agreed by the business and will co-ordinate and initiate the Business Continuity Procedures liaising with CITS.

Cornwall IT Services Role

Cornwall IT Services (CITS) will provide assistance in all system failure incidents within this Business Continuity Plan. Their role is to support the Trust in order to bring the systems back to normal working mode as fast as possible.

CITS will provide the following:

- Call management service via ext 1717
- Escalation and liaison with Third Party Suppliers
- All user email communications
- Progress reports to the RCHT Senior Duty Manager
- Emergency service out of hours via ext 1717.

The CITS service has been accredited by HSCIC and will implement the “Incident Management Process” and “Problem Management Process” in order to resolve any issues.

Business Continuity Checklist

This checklist should be used by the **RCHT Senior Duty Manager** during the SWiftPlus system/s failure.

Completed Date/Time/By	Task
	Potential SWiftPlus Systems failure identified
	SWiftPlus System Failure Confirmed (and not user error)
	RCHT Senior Duty Manager agreed (Operational)
	Identify SWiftPlus Systems Failure Type • Web server Failure • Electronic Whiteboard Failure • PC Failure

Completed Date/Time/By	Task
	• Network/Power • PAS SWiftPlus Messaging Failure • PAS Failure • PAS Connectivity Failure
	Initiate Immediate Communication to Users (Wards and Customers): • Ward Manager/Shift Leader • Hospital Duty Manager (switch telephone) • Ward Staff (face to face/telephone/email) • Site Co-Ordination Team (face to face/telephone/email) Instruct all Ward Managers to collect a laminated A3 Ward Board from the Control Centre (example at Appendix 12). These will be manually maintained until such time that SwiftPlus is working again. <i>The content/type of communication will depend upon the system/s affected and action/s required.</i>
	Initiate appropriate Business Continuity Event Type Actions
	Convene Business Recovery Planning with the following stakeholders as necessary: • Senior Duty Manager for the Trust • IT Incident Manager • Site Co-Ordination Team • Ward Manager/Shift Leader
	Confirm Business Recovery Plan timescales and approach
	Maintain Business Communication and implement Business Recovery Plan

Completed Date/Time/By	Task
	• Ward Manager/Shift Leader • Trust Senior Duty Manager (switch telephone) • Ward Staff (face to face/telephone/email) • Site Co-Ordination Team (face to face/telephone/email)
	Carry out review, follow up and escalation as necessary through Ward Manager/Shift Leader

• Web Server Failure

Objective

To maintain clinical operations when there is a web server failure.

Overview

In the event of a web server failure:

- SWiftPlus bed states will not be up to date/visible via the Ward Whiteboard
- SWiftPlus bed states will not be visible via pc's or COWS

Resources Required

- PAS (CORE)

Procedure for Web server failure

	ACTION	RESPONSIBLE
1.	Check whether there is access via another pc/whiteboard or user	Users
2.	Arrange to view bed state via PAS (CORE) - print bed state	Users

Procedure when Web server is back up

	ACTION	RESPONSIBLE
1.	Refresh whiteboard or Log back into whiteboard	Users

• **Whiteboard Failure**

Objective

To maintain clinical operations when there is a PC failure.

Overview

In the event of a Whiteboard failure:

- Bed State may not be visible on whiteboard
- Assume that issue is localised to one Whiteboard

Procedure for reporting whiteboard failure

	ACTION	RESPONSIBLE
1.	Check whether there is access via PC in immediate vicinity and use this, reporting a fault on first whiteboard to CITS via 01209 881717	Users
2.	Check whether there is access via another PC in another area	Users
3.	Print bed state from SWiftPlus or PAS as necessary	Users
4.	Install contingency whiteboard or temporarily move whiteboard from area where whiteboard is not in use.	Assigned by RCHT Senior Duty Manager

Procedure when PC is back up

	ACTION	RESPONSIBLE
1.	Use as normal	Users

• **PC / COW Failure**

Objective

To maintain clinical operations when there is a PC failure.

Overview

In the event of a PC/COW failure:

- SWiftPlus will not be accessible;

- Assumed that issue is localised to one PC.

Procedure for reporting workstation failure

	ACTION	RESPONSIBLE
1.	Check whether there is access via PC/COW in immediate vicinity and use this one, reporting a fault on first pc/COW reporting a fault to CITS via 01209 881717	Users
2.	Check whether there is access via another PC in another area	Users

Procedure when PC is back up

	ACTION	RESPONSIBLE
1.	Use as normal	Users

• Network / Power Failure

A network failure could include any, or all of the following:

- Switch failure to whiteboards PC's or COWS;
- Power failure to switches or key areas;
- Wide area network faults.

Objective

To maintain clinical operations when there is a network or power failure, and perform data recovery when these come back on line.

Overview

In the event of a network or power failure:

- SWiftPlus and PAS will not be available
- Assumed some areas are not affected and able to function as normal.

Procedure for Network / Power failure

	ACTION	RESPONSIBLE
1.	Use alternative facilities if available on site	Users Assigned by Business Continuity Event Lead

	ACTION	RESPONSIBLE
2.	Consider using alternative facilities off-site	Users Assigned by Business Continuity Event Lead
3.	Keep a manual list of patient moves	Assigned by RCHT Senior Duty Manager

Procedure when Network / Power is restored

	ACTION	RESPONSIBLE
1.	Record attendances on SWiftPlus/PAS in chronological order	Users Assigned by RCHT Senior Duty Manager

• PAS - SWiftPlus Messaging Failure

A PAS – SWiftPlus Messaging failure could include any, of the following:

- Slow network speed;
- Wide area network faults;
- PAS system down

Objective

To maintain clinical operations when there is a PAS - SWiftPlus Messaging failure by performing housekeeping and data recovery when these become fully functional.

Overview

In the event of a PAS/SWiftPlus Messaging failure:

- Bed States may/may not all be sent from SWiftPlus to PAS;
- Bed States may/may not all be received by SWiftPlus from PAS;
- User Defined Items will be available and updatable.

Resources required

- Pen and Paper

Procedure for PAS/SWiftPlus Message failure

	ACTION	RESPONSIBLE
1.	Update SwiftPlus	Assigned by RCHT Senior Duty Manager

Procedure when PAS/SWiftPlus Messaging restored

	ACTION	RESPONSIBLE
1.	Updates should automatically flow through to PAS.	Assigned by RCHT Senior Duty Manager
2.	Investigate any unprocessed updates.	Assigned by RCHT Senior Duty Manager

• **PAS Failure**

Objective

To maintain clinical operations when there is PAS failure and perform data recovery when the systems come back on line.

Overview

In the event of a PAS failure:

- Users will be unable to register new patients;
- Users will not be able to update patient demographics;
- Users will not be able to merge patients;
- (In) Patient location will not be up to date

Procedure for PAS

	ACTION	RESPONSIBLE
1.	All user email	CITS Service Desk
2.	Requests against unregistered patients require a paper request using Examination/Specimen Order Request back-up form	Requestor/Clinician
3	Keep log of patient moves	Ward Staff

Procedure when PAS is restored

	ACTION	RESPONSIBLE
1.	Record all patient moved on SWiftPlus or PAS in chronological order	Ward Staff Assigned by RCHT Senior Duty Manager

• **PAS Connectivity Failure**

Objective

To maintain clinical operations when there is PAS connectivity failure and perform data recovery when the systems come back on line.

Overview

In the event of a PAS connectivity failure:

- New registrations will not be available on SWiftPlus;
- Updates to patient demographics will not be available within SWiftPlus;
- Any merge operations being carried out will not be fulfilled.
- (In) Patient location may not be up to date

Procedure for PAS connectivity failure

	ACTION	RESPONSIBLE
1.	All user communications	CITS Incident Manager Assigned by RCHT Senior Duty Manager
2.	Manual list of unregistered patients	User

Procedure when PAS Connectivity is restored

	ACTION	RESPONSIBLE
1.	Register patients/update demographics on PAS	Assigned by RCHT Senior Duty Manager

Appendix 11. Ancillary and Interdependent Systems

1. RADAR

All of the information contained within PAS/SWIFTPLUS is downloaded for both historical and live reporting through the RCHT Business Intelligence tool; RADAR.

[Pages - RADAR Home \(cornwall.nhs.uk\)](http://cornwall.nhs.uk)

This encompasses data relating to both planned and historic activity across all of the modules within PAS. Therefore, RADAR can be used as a data source for any PAS related activity up to the moment of any downtime occurring, including for identifying expected admissions/attenders.

RADAR holds hundreds of reports presented via familiar modules such as; Inpatients, Outpatients, Waiting Lists, RTT etc as well as some modules dedicated to specific services such as Maternity, Theatres etc

Admin and Clinical staff at RCHT are familiar with RADAR, as it supports their daily work, and are ofay with viewing and extracting reports that will enable them to continue to, for example; book patients for In and Outpatient episodes, check the RTT status of their patients etc.

RADAR provides a robust backup to enable Admin and Clinical staff to continue to function, without PAS for a period of time. Albeit they will need to maintain a separate record of any changes that will need to be retrospectively recorded on PAS following the downtime.

2. Nervecentre

ED patients will be recognised by Nervecentre as being in the department as it works from a data feed from OCEANO. Once the patient is discharged from OCEANO they will disappear from Nervecentre.

Nervecentre on wards draws the data from PAS/Swiftplus and so will not know the patient is on the ward. Nervecentre does not allow manual admission of patients unlike EPMA.

Therefore, clinical observation and any other vital assessments will need to be done on paper downtime for these patients. As per the normal business continuity process, do not add retrospective data to Nervecentre once PAS is back online. Paper downtime observation charts/assessments should be filed in the patients notes

3. Blood Transfusion

Printing patient ID bands will be unavailable.

New patient admissions will be booked under a PAS downtime (PD) pack patient: e.g. DELTAPD, Papa RCHT, these wristbands can be scanned (BloodTrackTx PDA) and used as normal.

Group & Screen (G&S) blood samples: if handwritten ID band (unable to use BloodTrackTx PDA), handwrite details on tube.

If blood required, contact Blood Bank to confirm if a second sample is needed.

Make sure that G&S request form and sample details match before sending.

Blood transfusions: if handwritten ID band (unable to use BloodTrackTx PDA), complete the reverse of the blood tag.

Make sure that wristband and blood tag match before transfusing.

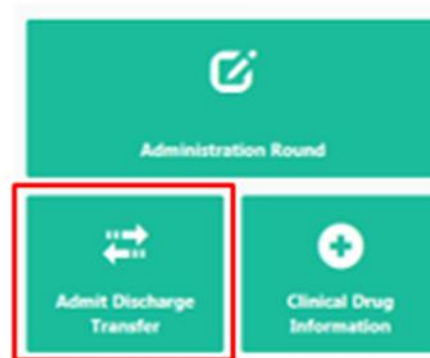
In the event of electronic tracking being down/unavailable, this label <u>MUST</u> be completed and returned to the transfusion laboratory without delay.			
Donation no.		<u>Unit removed from fridge</u>	
Surname:		Date:	
Forename:		Time:	
Hospital / NHS number:		Signature:	
<u>Unit started</u>		<u>Unit taken down:</u>	
Date:	Time:	Date:	Time:
Signature:		Signature:	
Print name:		Print name:	
Location:		Location:	

4. EPMA

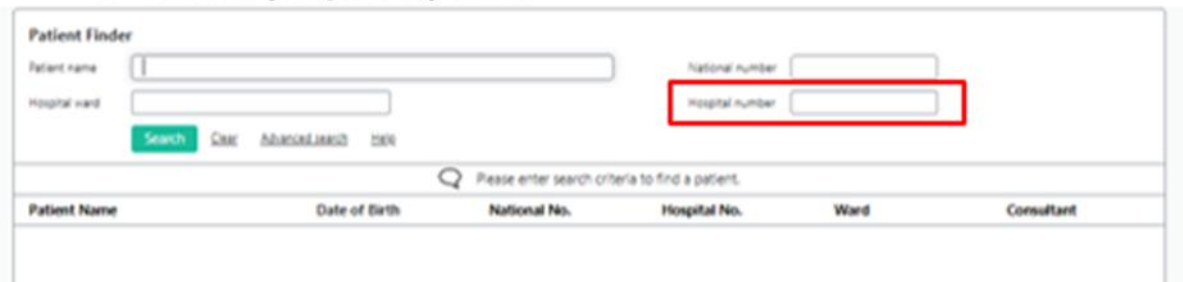
Admitting patients on EPMA when PAS is down:

Admitting a Patient on EPMA

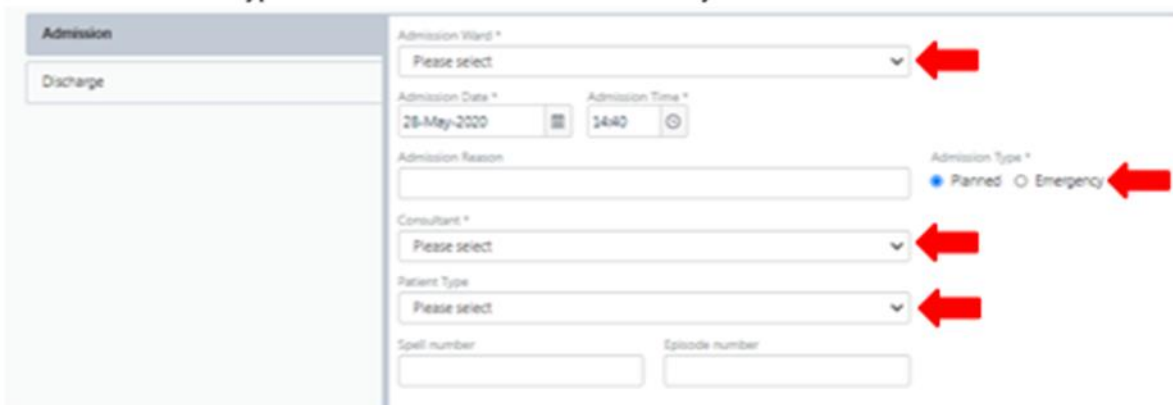
1. Open and login to JAC Web (also known as WellSky) from the desktop
2. Select 'Admit Discharge Transfer'



3. Search for your patient by number



4. Select the patient and fill in the Admission Ward, Admission Type, Consultant and Patient Type. The other boxes can be left as they are.



5. Click Admit Patient

Transferring a patient on EPMA when PAS is down:

Transferring a Patient on EPMA

1. Open and login to JAC Web (also known as WellSky)
2. Select 'Admit Discharge Transfer'



3. Search for your patient by NHS number or ward.

The image shows a 'Patient finder' search form. It includes fields for 'Patient name', 'Hospital ward', 'National number', and 'Hospital number'. The 'National number' field is highlighted with a red box. Below the fields are buttons for 'Search', 'Clear', 'Advanced Search', and 'Help'. A table below the form lists search criteria: Patient Name, Date of Birth, National No., Hospital No., Ward, and Consultant.

4. Select 'Transfer' and choose the ward. Then select 'Transfer Patient' in the bottom right. The patient should now appear on the selected ward. (Note – this won't be reflected in RQ)
- Go to step 5 if the transfer option is not available.

The image shows an 'Admission Information' form. On the left, there are buttons for 'Admission', 'Consultant', 'Transfer' (highlighted with a red box), and 'Discharge'. The main form area contains fields for 'Admission Ward', 'Admission Date', 'Admission Time', 'Admission Reason', 'Admission Type', 'Consultant', 'Patient Type', 'Spill number', and 'Episode number'. A section at the bottom is titled 'Transfer patient to a new ward' and contains a dropdown menu for 'Transfer Ward' (highlighted with a red box). At the bottom right, there is a 'Cancel' button and a 'Transfer Patient' button (highlighted with a red box).

Appendix 12. Manual Bed State Data Capture

One + all | we care

Royal Cornwall Hospitals 
NHS Trust

ELECTRONIC BEDSTATE FAILURE (SWIFTPLUS)

This template is only to be used when SwiftPlus fails to accurately record patients within the Ward/Unit. The paper bed-state must also be kept up to date.

Ward name:

Bed allocation	Surname	Forename	Consultant	NEWS RAG Rating

Care + Compassion | Inspiration + Innovation | Working together | Pride + Achievement | Trust + Respect