

Risk Notification to Neonatal Executive Board



Identified Risk	Trusts migrating to using Trust wide EPR (Electronic Patient Record) systems and cease using BadgerNet for neonatal data capture		
Author	Charlotte Bradford (CB)	Date	20 th August 2021
Full Description	<p>Trusts are moving towards the use of full Trust wide EPR systems to improve internal data capture and flow. However this is at the detriment of some specialities that already have highly successful data collection systems in place.</p> <p>Neonatal services in Yorkshire & Humber have been collecting electronic data in the BadgerNet system for at least 10 years (some parts of the region even longer). This system provides comprehensive data capture and data sharing. The neonatal data capture facility in the current EPR systems being used (typically EPIC & Cerner, but there are others too) is of a far lower quantity, depth & quality than that recorded in BadgerNet and there are no means of easily extracting data from the systems or submitting to external bodies.</p>		
Impact/Risks	<ul style="list-style-type: none"> • Patient safety risk – reduces the quality of the transfer of data between organisations. Gaps would appear in patient journeys if any unit withdrew from BadgerNet. Of particular importance to babies who move between different unit types. Goes against all of the recommendations around communication and data flow stipulated in the Ockenden report. • ODN reporting – would have no ability to collate data from multiple systems. If a unit stopped submitting data in to BadgerNet we would have no mechanism for accessing a unit's data or including that unit within any of the ODN reporting. • National reporting –MBRRACE, NNAP, NNRD, NIB & NCCR – currently these organisations obtain their data either directly from an extract from Clevermed or from the NNRD (which derives its data from Clevermed). None of these organisations currently have the ability to accept submissions via any other source and units would be omitted from these National reports. • Decreased data quality – varying data items collected with inconsistent data validation within each system. Poor interfaces between systems. • Double costs - Some units will embark on double data entry (as to not lose the benefits of the BadgerNet system) but this is neither good practice nor good value for money; paying for two systems and the time spent doing data entry twice. • Poor data sharing, data flow & timely access to data – this would be a backwards step for neonatal data collection and we would be facing the same issues that maternity face now. 		
Timescales	<p>In Y&H – anytime in the next 5 years</p> <p>England wide – some London trusts already using a Trust EPR but for now are doing double data entry but this is likely to change in a few months' time.</p>		
Actions	<p>CB to write a full position statement for Yorkshire & Humber to ascertain plans at each Trust in the region, with timescales for implementation.</p> <p>Trusts to have an understanding of the position that neonatal services are in currently and what would be lost should they not be able to collect and share all relevant data – to be done through communications with Trust IT departments and EPR implementation teams, as well as neonatal colleagues.</p>		
Solutions	Development of a central portal which all systems could share/upload data to, against standard data variables, but this comes with a number of challenges - Who has responsibility for this? Who pays for it? Who commissions it? Who accesses it?		
Ongoing Monitoring	<p>Update the Executive Board once the YH position statement is complete.</p> <p>Provide ongoing updates from the BAPM Sub Group as available.</p>		
Further Information	BAPM Data and Information Sub group (CB is a member) are taking the issue forward at a National level to engage all stakeholders in discussions – including Clevermed, EPIC, Cerner (& any other EPR provider), NHSX, NHS Digital & NHSE England.		