Health and Social Care Board

Report on the
Audit of Information Systems

April 2014

Any request for the document in another format or language will be considered

1. Background

1.1   Introduction

In line with Equality Commission requirements, the Health and Social Care Organisation has committed to undertaking an audit of information systems.

In this report we:

- spell out what exactly we have committed to and outline what approach we took
- report the outcome of our audit and
- describe what we will do as a result of the audit (our priorities).

1.2   Our Commitment and its rationale

Under Section 75, public authorities are required to undertake equality screening (and if necessary equality impact assessments). Likewise, organisations have committed to ongoing monitoring to identify opportunities to better promote equality and good relations.

Our Equality Scheme (para. 4.29) requires us to carry out:

> *"An audit of existing information systems, where appropriate, within one year of approval of this equality scheme, to identify the extent of current monitoring and take action, where appropriate, to address any gaps in order to have the necessary information on which to base decisions."*

The Equality Commission thus clearly defines the audit as not an end in itself but a key stepping stone for organisations to ensure their decision-making is equality evidence-based.

While monitoring is twofold, involving not just the data collection of quantitative and qualitative information but also its analysis to assess inequalities and emerging issues, in our audit we concentrated on the extent of data collection in a first step and within this strand on data systems (thus excluding, for example, data held in personnel files).

1.3   Our Approach to the audit

In the absence of further guidance by the Equality Commission, we adopted the following approach to the conduct of the audit.

As a starting point, we drew on our Information Assets Register, a register which includes all information assets that we hold as an

organisation including those in the form of databases, reports and papers. Each organisation is required to hold such as register, under governance requirements.

For the purposes of this audit, we focused on those databases that capture information on people, relating to both services and employment. This meant that many other types of information databases that we maintain for administrative purposes, for example to record the number of boxes we store off-site, were filtered out.

We undertook the audit in four steps.

> STEP 1 We identified people-based information systems.
>
> We reviews all databases in our organisation to identify those that relate to people.
>
> STEP 2 We scrutinised these systems as to the coverage and use of Section 75 and postcode data.
>
> We looked at which of the nine equality categories and postcode the system currently captures.
>
> If the system does not capture a particular group we determined whether this is because:
> (1) the data field exists but the data field is not populated (use)
> (2) the system is not capable of recording the data – no data field exists (coverage).
>
> STEP 3 We further identified the databases in our organisation where it was considered that additional section 75 data may add value. See Table 1.
>
> STEP 4 We decided on our priorities for addressing gaps.

2. The outcome of our audit

Table 1 below shows the results of our audit. The table lists a number of selected people-based information systems that we identified as having potential for review. Against each system, it records what Section 75 and postcode data is currently being collected. It then summarises the outcome from the review in terms of the feasibility to amend and the added value of doing so.

Table 1: Audit outcomes

Database Ownership	Description	Section 75 Data Collected										High Level Assessment
		Age	Gen	Dis	Rel.	Pol	Sex O	Race	Mar S	Dep.	Post code	
Social Care and Children	Separated /Trafficked Children	Yes	Yes	Yes	No	No	No	Yes	No	No	No	The inclusion of other data fields will not significantly impact on the approach or decision making that will apply to these children. The priority is safeguarding and protection The tendency is that these are able bodied children being facilitated into the country for inappropriate and often exploitative reasons. The dataset for Separated / trafficked children is designed and implemented primarily for the purposes of HSCB governance and monitoring to ensure Trust compliance with DHSSPS / PSNI guidance on responding to trafficked / separated children therefore the data fields were designed exclusively for that purpose.

Database Ownership	Description	Section 75 Data Collected										High Level Assessment
		Age	Gen	Dis	Rel.	Pol	Sex O	Race	Mar S	Dep.	Post code	
Social Care and Children	Homeless (16/17 year olds)	Yes	Yes	No	No	No	No	No	No	No	NO	The spread sheet and dataset for this group of young people was reviewed in January 13 and now incorporates ethnicity and disability.

 It was considered whether information on marital status of a homeless young person would assist with decision making on the status of the young person and her or his entitlement. The conclusion was that this was not necessary.

If the homeless young person had dependents that would inform decision making therefore before issue/ implementation of the dataset this would be incorporated as a data field.

This dataset was implemented across Trusts from 1 April 13 and reported on the HSCB on a quarterly basis. |

Database Ownership	Description	Section 75 Data Collected										High Level Assessment
		Age	Gen	Dis	Rel.	Pol	Sex O	Race	Mar S	Dep.	Post code	
Commissioning	IFR (Individual Funding Requests). ECR (Extra Contractual Referrals)	Yes	Yes	No	No	No	No	No	No	No	Yes	Having conducted a detailed review of the data held in respect of IFRs IFR (Individual Funding Requests) and ECRs (Extra Contractual Referrals) against each of the Section 75 equality categories it was the view of the group that the information captured was sufficient and appropriate in the context of considering individual funding requests for either drugs or extra contractual referrals for acute care.

The group took the view that to record or consider data other than Date of Birth, Postcode and gender would have the potential to impact inappropriately on the decision making process.

Core to IFR/ECR process in the decision making process, is the requirement to consider only the clinical details of the case without any reference to non-medical factors. Availability of other information has the |

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												potential to influence this process. The group also commented on the fact that submissions made to the IFR/ECR process are selected at Trust level and the IFR/ECR function is therefore contained to a review of a pre-selected group of patients which is out with HSCB influence.
Commissioning	Patient Travel	Yes	Yes	No	No	No	No	No	No	No	Yes	It is not viewed as a requirement to know someone's ethnicity in order to plan the patient travel service. In practical terms all they need to know is if they speak English. They could ask for ethnicity but are unsure of the justification for recording it. In most instances if someone doesn't have English as a first language a family member or social worker will call to make the arrangements. The patient travel contract does not include provision of a interpreter for someone when they get to receiving hospital It

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												is the duty of the referring clinician to make the receiving hospital aware of this requirement and the receiving hospital has a responsibility to arrange interpreting and translation. Disability –many of the people for whom travel is arranged do not have a disability in the context of the legislation but may have a very short term physical restriction as a result of a medical condition. Concerns related to confusion in terms of the definition Dependents- The patient travel contract includes provision of support for dependents to facilitate travel. If there are issues with dependents it falls to the patient's family or social services to address it. There are exceptional circumstances where it impacts (i.e. breast feeding mother is able to bring a baby) but these issues are often highlighted by patient or

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												referring professional on first contact with the service and are treated as exceptional rather than something they would seek to commission routinely. The patient travel system runs in tandem with ECR system so it is very much planned on a case by case basis.
Performance Management and Service Improvement	Substitute Prescribing Database	Yes	Yes	No	Yes	No	No	Yes	No	Yes	Yes	The data listed is gathered on entry to substitute prescribing treatment. It is thought that asking sexual orientation or political opinion may form a barrier to treatment to a population already difficult to engage in treatment and may be detrimental to engaging with new clients. For marital status, relationships in this particular patient group are relatively unstable therefore gathering information on entry to treatment may not be representative.

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												Disability is often reported by substitute prescribing patients in their own opinion rather than medical fact therefore this would be an unreliable measure. It is not thought that political opinion, sexual orientation, marital status or disability would have any bearing on entry to treatment and therefore for the reasons outlined above at this point in time recording this information could be either inaccurate or detrimental to service provision..
Performance Management and Service Improvement	Needle Exchange Database	Yes	Yes	No	No	No	No	No	No	No	Yes	Given the sensitive and personal nature of some of the Section 75 information requirements, it is not always appropriate to seek to ascertain this information in a community pharmacy setting, particularly as pharmacies serve communities at a very local level. Seeking such information could be detrimental as it may discourage service users who appreciate the anonymity the services

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												offers. Therefore the current minimum data set for clients using this service is adjudged an appropriate balance to meet our requirements for monitoring purposes.

Age= Age

Gen = Gender

Dis = Disability

Rel. = Religion

Pol. = Political Opinion

Sex o _ Sexual Orientation

Race = Racial Group

Mar= Marital Status

Dep. = Dependants

3. Our priorities

In order to decide what priorities we will focus on those with knowledge of the system considered the specific databases using the following criteria:

a) Original priority of the databases and sufficiency of the data already collected to meet this priority;

b) Timing when last reviewed; and

c) Influence of the HSCB to amend.

The outcome of this review is that that in respect of Homeless Young People aged 17/18 disability and ethnicity will be recorded as identified in Table 1.

4. Conclusion

This report has outlined how we went about conducting the audit of information systems, reported the outcome of our audit and described what we will do as a result of the audit (our priorities).

In our Annual Review of Progress of Section 75 implementation in our organisation, which we publish on our website we will provide details of this review.

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