

## Camden PCT Provider Services Case Study 26/05/2009

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Camden PCT Provider Services is a leading provider of community health services in Camden and surrounding London boroughs. Their professional teams care for people at every stage of life: from new-born babies to people reaching the end of their lives. Following their recent purchase of an enterprise licence for CIRIS under a five year agreement, Richard Brown, 3E's Managing Director, talked to John Breen, the Provider Services' Governance Project Manager, about their decision.

**Richard Brown: You have made a major long term commitment to CIRIS, with plans to give every single member of your staff access to the system. What were the drivers?**

*John Breen:* As an Autonomous Provider Organisation (APO), we wanted to take the opportunity to build for the future on good foundations rather than rely on the patchwork of systems that we had inherited. We were also mindful of the changes that were coming with the formation of the Care Quality Commission.

Lots of areas needed to be addressed, but rather than acquire solutions for each in a piecemeal fashion, and then trying to integrate them, we really wanted to find one system that could bring it all together. The idea was to ensure that information was entered once only and then re-used many times for something else. This approach has lots of advantages, for example in ensuring the integrity of the information, promoting accountability and sharing of information.

### **What were the particular areas that needed to be addressed?**

There were a number. One of the top priorities was our arrangements for evidencing Standards for Better Health. We didn't want this to be just a central activity. It needed to be devolved down to the service teams where the information is actually held. We wanted to avoid the process of sending out an annual template for people to fill in. What we were after was a system where evidence is maintained on an ongoing basis and that at the end of the year, the declaration is just a matter of checking rather than a hugely disruptive exercise. When we worked out the cost of running such a system manually, the additional staff that we would have required would have cost the same as CIRIS!

Another area was the need for more systematic arrangements for NICE compliance. It was clear that the CQC requirements would require significant change to our processes, with assessments needing to be done at recommendation level, not just at guidance level. The sheer quantity of recommendations was quite daunting.

The third area was the management of our process for commissioning, reviewing and approving our policies and procedures. We needed this to be much more systematic. The governance information system had to have an appropriately controlled and managed policy and procedures manual, ideally fully integrated with the compliance management and evidence collection process. CIRIS had this covered.

### **Presumably there were other options open to you than CIRIS?**

The PCT had acquired a number of systems over the years for different purposes. Increasingly, as needs develop, these are becoming quite clunky, with a lot of the functionality not as joined up as we would like.

We considered buying additional separate commercial packages and integrating them into a total solution but the time and effort to procure and then do this was prohibitive. Before

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becoming aware of CIRIS, we also looked at commissioning a bespoke system from a software development house. However that would have meant not only high cost, much of it hidden, but also a long delay in procuring and then getting the solution operational. There were also major risks in not getting the functionality required or being able to maintain it when new requirements come up, as they always do.

### **Were there any other considerations?**

Quite a few, in fact. Having a system that meets today's needs is one thing. Having a system that can keep up with all the change that the NHS is constantly going through is another. CIRIS seemed to be the only true platform based approach that we could find out there. We got a demonstration of the power of the approach when 3E deployed a sophisticated, live, policies and procedures manual in CIRIS within a few hours of discussing the need for one with you!

Another factor is the quality of information collected. You can use a spreadsheet to log risks but the limitations mean that you don't get to describe the risk properly. Because of this, the review process works with lower quality information and the outcome is lower quality decisions, of course. With CIRIS, we can not only describe the risk fully but we can cross reference it directly with equipment, organisation units, information resources, projects, strategic plans and so on.

### **With CIRIS being a business critical system, were you happy with the disaster recovery and security arrangements for it?**

As you know, we put you through a pretty thorough information security audit. We were particularly impressed by your arrangements for hosting the service and the fact that you are working towards achieving ISO 27001.

### **How do you see the future?**

We need to deliver on the immediate priorities first. But the platform approach clearly opens up lots of possibilities. The work that you have planned on applying lean processes to the compliance function itself is particularly interesting and we are looking forward to seeing how that develops.

I suppose that, ultimately, we see CIRIS as our system for running the organisation to best practice standards. That's the future we want.

### **For further information contact:**

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