

Public Board of Directors
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Public paper:	Public
Report Title:	Rio programme update
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Vision and values:	The Trust vision is to ensure we work together for service users. Digital systems allow patient and staff information to be shared and analysed securely to improve clinical decision, ensuring we keep improving . Providing equitable access to digital services to all our stakeholders and specific reasonable adjustments when required, ensures we are inclusive and we provide respectful and kind care.
Purpose:	The purpose of the report is to update the Board of Directors on the progress of the Rio Programme.
Executive summary:	<p>The Trust successfully went live with Rio on 25 March 2025. The success was due to the widespread engagement that had occurred throughout the organisation. This is a result of the hard work of Rio champions, clinical leadership, digital colleagues and operational and clinical staff. The go-live key performance indicators (KPIs) were met and have received positive anecdotal feedback.</p> <p>Since the approval at the Board of Directors in April 2025 of funding for the Rio optimisation the programme Board has:</p> <ul style="list-style-type: none"> • Implemented the connector between Rio and the talking therapies system. This means staff can get a more holistic view of the care of patients. • Hired project management services to assist with optimisation. • Received an assurance report on the status of reporting. • Closed the risk (5399) on the deployment of Rio and created, validated and approved a new risk (5462) • Produced a draft plan for the optimisation period. This is now being validated with all stakeholders. <p>Additionally, a celebration event took place on 23 May 2025 attended by the Chair, the executive director of finance and the Chief Executive.</p>

Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	Yes	X	<i>No</i>		
Deliver Outstanding Care	<i>Yes</i>	X	<i>No</i>		
Great Place to Work	<i>Yes</i>	X	<i>No</i>		
Reduce inequalities	<i>Yes</i>	X	<i>No</i>		

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.	
<p>Increasingly digital clinical systems are used to share patient information to deliver outstanding care. With the introduction of Rio, there will be the ability to take part in the Shared Care Record and provide a Patient Engagement Portal.</p> <p>There is a legal responsibility to share information in the interests of providing care to patients and to keep patient and staff information secure and private. Partnership working is in place by securely sharing patient information to dashboards and for analysis by the ICS and the provider collaboratives. This requires technical work underpinned by useful information governance and cyber security.</p>	
Board assurance framework (BAF) and corporate risk(s):	<p>5462: There is a risk that the Rio optimisation phase does not deliver the expected benefits or introduces additional safety and efficiency challenges to existing clinical pathways. This could result in unsafe changes that put service users at risk, an unacceptable burden on staff and/or additional costs.</p> <p>5401: There is a risk that all corporate and clinical services cannot operate safely because technology is unavailable due to a cyber security incident.</p> <p>BAF021a: There is a risk of failure to ensure digital systems are in place to meet current and future business needs, caused by failure to develop and deliver an up-to-date modern digital strategy and systems and processes to support its delivery, resulting in poorer clinical safety, quality, efficiency and effectiveness.</p>
Any background papers/items previously considered:	<p>Assurance report on Rio reporting was reviewed at Rio programme board on 19 May 2025.</p> <p>Details of the risk were considered and validated by Rio programme board on 19 May 2025 and by the executive management team on 15 May 2025.</p>
Recommendation:	<p>The Board of Directors are asked to:</p> <ul style="list-style-type: none"> • Note for assurance the updates provided from the Rio programme board.

Board of Directors Electronic Patient Record (EPR): Rio Programme May 2025

1. Purpose of the report

The purpose of this report is to provide an update on progress of the delivery of a new patient electronic record system. The paper sets out the background to the programme, an update on go live activity and our achievements to date and a high-level timeline for optimisation.

2. Background

Throughout 2024-2025 the Trust priority programme has been to deliver and implement a modern Electronic Patient Record (EPR) called Rio. The investment will ensure that the Trust has a system that will improve recording, make available data which can be analysed to improve performance and systematise reporting. Rio will further support front line services so they can focus on providing high quality, safe and effective services supported by a system which is safer, standardised, and simpler. The journey to delivering this programme has taken several years, often with challenges, but was launched in March 2025. Rio now offers quicker access to all service users' records; Real time access to service user information and lab results; timely service user registration and appointment scheduling and faster communication with other services.

3. Rio Programme Update

The programme of work commenced in April 2024. A diagram below sets out the programme approach and milestones. The plan was delivered with the full support of the Board of Directors alongside a commitment to investment in delivery which included a comprehensive approach to staff training.





4. Rio Programme

4.1 Go-live and Early life support

Go-Live: On Tuesday 25 March at 7am The Trust successfully launched Rio in remaining Mental Health services (Older Adults had gone live in Oct 2023 and a refresh had been undertaken in Nov 2024). This was a big transition and changed the way staff work. Our digital teams worked in collaboration with our clinical staff to make sure the transition has been as smooth as possible.

In the preceding weeks and months, ahead of the go-live, we had prepared the whole Trust by recruiting a set of over sixty Rio Champions across all our services. These staff were crucial to the success and acted as an engagement partner to operational teams, explaining key parts of the system, features to look out for and mistakes to avoid. As well as this we engaged with every clinical team through workshops, to understand their current processes and how Rio would be able to support them in providing simpler, more standardised, and safer care.

We put in place a Clinical Safety Design Group chaired by the Executive Director of Nursing and Medical Director and including senior clinical leaders (Chief Clinical Information Officer, Executive Director of Operations, Chief Nursing Information Officer) to help standardise clinical practice and reduce the variation between services that has developed over years through custom and practice. This enabled us to reduce the over one thousand clinical assessment forms that were in place and standardise our care planning and risk assessment processes.

Our Director of Nursing is supporting clinical staff to use Rio to improve documentation practice as one of the quality objectives this year and there is a programme of work underway.

We held virtual engagement sessions for managers and clinical leaders, with key messages to support staff. Staff attended testing sessions so that we could check patient information had been migrated correctly and we had understood their needs.

During the go-live and early Life support period, we hired a set of floorwalkers who had knowledge of the system and could help staff with simple questions. These floorwalkers were adaptable, and we sent them to where the need was greatest responding to the requests and operational pressures of the services.

We have had **excellent feedback from many clinicians** including:

"After using Rio, you realise how straightforward and user friendly the system is. I really love that we can see all our notes in one place."

"Better than expected"

"Rio is easy to use and intuitive"

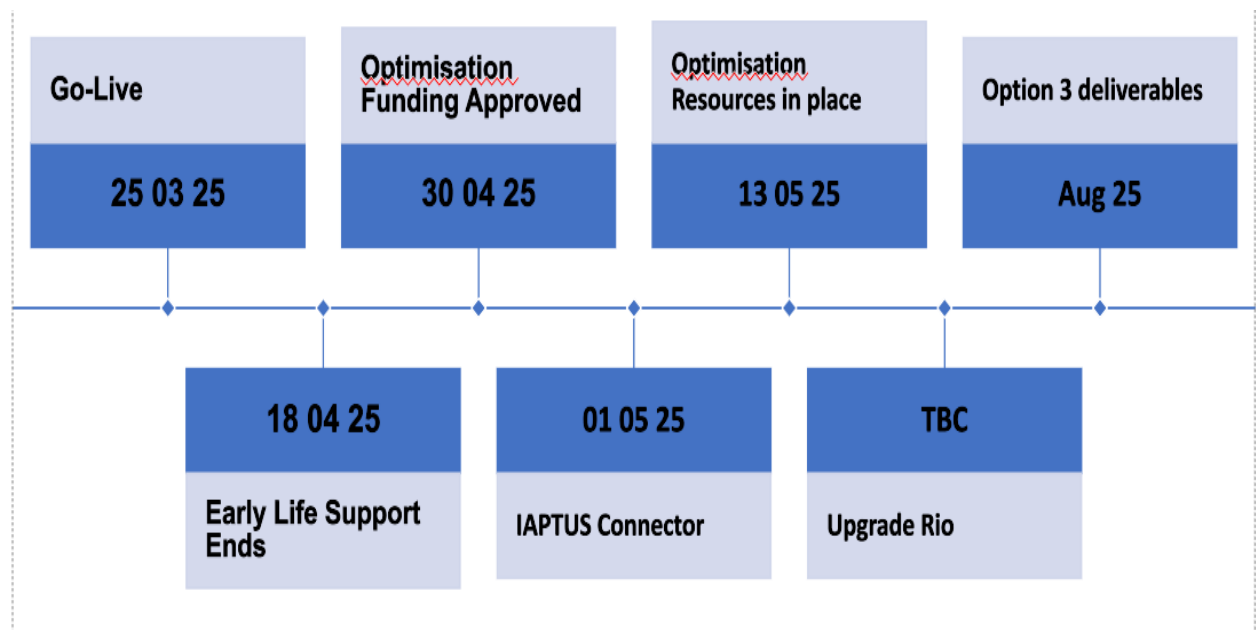
"As a team we have focussed on the basics but looking forward to seeing how we can use the system for the team/service users"

As we expected with a substantial change like this anecdotal feedback was mixed (with some staff struggling with specific features and new ways of working). By the 3 April, 15 out of twenty-three respondents agreed / strongly agreed that “My team is gaining confidence in using Rio”. There were several Key Performance Indicators before Go-Live. These metrics included:

- an increase in the number of Rio logins; an acceptable number of clinical safety incidents attributable to the system.
- a limited number of priority one computer incidents (system unavailable); an increase in the access to primary care records so that staff could see a holistic record for the person they are caring for.
- an increase in the number of patients reported outcome measures; and no significant drop-in clinical activity (admissions to wards and referrals to CMHTs)

4.2 Timeline since go-live

The timeline below shows the sequence of events that have taken place since the go-live date, including the end of the early life support period, the drafting of a case for optimisation of the record and the approvals of this case.



On 13th May we were joined by two project managers who are helping us align the plans of PMO and the Rio Programme.

4.3 Talking Therapies and Rio Connector

As part of the original scope of the programme, we planned to establish a two-way connection between the Talking Therapies and Rio system. In Q1 2025, we took the decision to delay this implementation and planned for a go-live date in May. This has been successfully completed.

4.4 Status of Reporting

The Trust has been successful in meeting its reporting requirements. Often when an electronic patient record is implemented reporting deadlines are missed.

For SHSC, because we had a high-quality data migration, with excellent testing that included frontline services and a robust discussion and decision-making process on priorities we have managed to meet all externally mandated reporting requirements.

These are listed in the table below along with the date they were submitted.

National Report	Submitted
Gender Dysphoria Clinic Submission	15/04/2025
Mental Health Services Data Set (MHSDS)	28/04/2025
Monthly inappropriate OAPs [out of area placements] stocktake	15/04/2025
Specialist Community Forensic Team (SCFT) - Horizon Weekly Collated Bed State Report: External	01/04/2025
Specialist Community Forensic Team (SCFT) - Horizon Monthly Clinical Data Updates: External	06/04/2025
Specialist Community Forensic Team (SCFT) - Horizon Update Quarterly: External	On track for 25/05/2025
Operational SitRep (daily)	25/03/2025
72 hour follow-up	14/04/2025
Demographics Completeness (protected characteristics)	30/04/2025
Bed Management Report	23/03/2025
CRFD Report - Weekly / CRFD Report - Monthly / CRFD vs Target	01/04/2025
Integrated Performance and Quality Report (IPQR)	18/04/2025
Acute & Community Directorate Integrated Performance and Quality Report (DIPQR)	14/04/2025
Rehab & Specialist Directorate Integrated Performance and Quality Report (DIPQR)	14/04/2025
Health Based Place of Safety (HBPoS) occupancy	14/04/2025
Health Based Place of Safety (HBPoS) 135/136 report to South Yorkshire Police	14/04/2025
Health Based Place of Safety (HBPoS) MHLC report	14/04/2025
OPEL	25/03/2025

There are issues with thirteen metrics, and we are working through these with operational and clinical colleagues.

4.5 Risk

As agreed with the Rio Programme Board in April we agreed to close the risk related to the deployment of Rio. As a programme we have drafted, reviewed, and approved a new risk: 5462: There is a risk that the Rio optimisation phase does not deliver the expected benefits or introduces additional safety and efficiency challenges to existing clinical pathways. This could result in unsafe changes that put service users at risk, an unacceptable burden on staff and/or additional costs.

This risk is being controlled through a combination of:

- Financial investment (approved at Board in April 2025)
- Rio Programme Governance
- Supplier engagement from the Access group
- External Assurance from St Vincents Consulting
- Investment in staffing in Digital department
- Rio/SystmOne Improvement Group to control changes to the live environment

4.6 Optimisation Plan

Significant work is taking place between the Rio programme and other significant pieces of SHSC transformation work. These need collaborative planning to ensure that joint initiatives (18-25 service, Gleadless, Home First) are successful and that the specific requirements of the Rio programme are met.

The table below show the current milestones

Milestone	Forecast date
Rio Upgrade	June 2025
Assessment Forms	July 2025
Decommission Insight	July 2025
Training (includes needs analysis, new eLearning modules)	August 2025
Patient Flow Module	August 2025

5. Recommendations

The Board of Directors are asked to:

- Note for assurance the updates provided from the Rio programme board.