

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	29th March 2016
Board Sponsor:	Medical Director
Paper Author:	EPR Programme Manager
Subject:	EPR Programme

Executive summary

This report updates the Board on the Digestive Diseases implementation which went live on the 1st March to the RSCH and PRH clinics (60 in total).

A report on the plan for the EPR Programme is submitted separately to the Board

Links to strategic objectives	The EPR programme is one of the seven fundamentals, key corporate strategic programmes, which underpin the Trust corporate objectives
Identified risks and risk management actions	Key risks to the programme are defined in section 1 of the report
Resource implications	A financial summary is detailed in sections 4 and 5 of the report
Legal implications	Not applicable
Report history	A report from the EPR Programme Board is made to each meeting of the Board
Appendices	None

Action required by the Board

The Board is asked to note the update to the Digestive Diseases implementation and general EPR progress

Report to the Board of Directors, 29th March 2016 EPR Programme

1. SUMMARY STATUS

Key:

✓	On Schedule	😊	Completed
😐	Behind schedule / Issues encountered but able to recover	✘	Not delivered / Major issues that will result in non-delivery

	Schedule	Scope	Budget	Resource	Risks	Issues	Summary
Programme	😐	✓	✓	😊	😐	😐	😐
Primary EPR 1 st Batch Outpatients	😐	✓	✓	✓	😐	😐	😐
Trust Wide Digestive Diseases Project	✓ (DD first)	✓	✓	✓	✓	✓	✓
Therapies	✓	✓	✓	✓	✓	✓	✓
ALERT Release Upgrade							On hold
A&E	2 Live						On hold

DD – Digestive Diseases

REASONS FOR ANY AMBER OR RED ITEMS

Programme:

- The Digestive Diseases implementation is of major importance to prove the Trust wide approach and the formal review is booked for 11th April.
- The Pathology results reporting work is progressing well towards a go live in April 16, therefore risk reducing.
- The decision around MSK still needs to be communicated to the Trust to reduce the risk of unclear direction.

Release Upgrade: This project is on hold pending Digestive Diseases focus

Primary Outpatients: Awaiting ALERT outstanding work to implement the VTE clinics

HIGH LEVEL PROGRESS - GENERAL

Programme

- The Pathology results reporting work is progressing well, the results feed is being tested and ALERT have configured the catalogue.
- Testing is being conducted on the changes made by ALERT
- EPR are liaising with A&E with a view to set a go live date for April 16

A&E Project

- The ECG interface went live on 16/2/16 at PRH A&E with staff. Already it is being used effectively and clinicians are seeing the benefits. Liaising with the doctors to start marking as read in the EPR to realise the admin benefits.

- An article has been written for Talkback and published, which has generated requests for the same functionality.

Primary EPR Outpatients:

- No progress on the data mart, with ALERT still to deliver.
- The VTE template required was delivered for testing on 1st March

New Trust Wide Projects (Digestive Diseases Implementation)

- The go live started on 1/3 at both RSCH and PRH sites plus Medical Secretaries
- Radiology and Prescribing orders are being completed successfully from both sites
- Any implementation issues are being logged and resolved as needed
- Referral letters are being accessed via the EPR but still being printed due to nursing staff using for clinic preparation
- Support from the EPR team was provided for 3 weeks as planned, and is now reduced in agreement with Digestive Diseases.
- The implementation has gone well to date and feedback is being gathered for the review.

Therapies

- Site surveys of all the Outpatient areas are almost complete
- All the Inpatient service and clinical service information has been submitted to ALERT for configuration
- Delivery schedules for the developments required are now being agreed.
- The implementation dates and order of implementation are being agreed, targeting the first implementation to be mid June 16

2. KEY NEXT STEPS

A&E

- Doctors to start using the EPR for ECG's and realise the admin benefits.

Primary EPR Outpatients:

- Test the radiology/prescribing model for the VTE clinic and arrange go live

Pathology

- Go live for Pathology order communications to be agreed (targeting April) post CQC visit

Trust Wide Projects (Digestive Diseases Implementation)

- Conduct the formal review of the implementation on 11/4/16

Therapies

- Testing plans and scripts to be developed.
- Therapy areas to agree hardware plans.
- To agree whether OT outpatients is in or out of scope, following pilot of Rheumatology clinics on SystemOne.
- Scope the benefits for Therapies project.

Key Next Deployments are now planned as follows:

Project	April 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16
Digestive Diseases Outpatients	Support						
Digestive Diseases Inpatients (tbc)							
Pathology Results Reporting Trust wide	Go live						
Therapies project go lives							
SALT							
Physio							
Dietetics							
Occupational Therapy							
Inpatients start							

3. FINANCES

@ Feb 2016	2015/16 Budget	2015/16 Actual To date
Revenue	£1646K	£1553K
Capital	£628K	£528K
Capital also has a £2898K EPR license capital costs allowance (for ALERT)		

4. BUSINESS CASE

Programme Summary	2015/16	2016/17
Approved Business Case	£276K*	£1141K
Actual To date	£29K	N/A
Forecast for Year	£50K	@£200K **

* Approval was based on 10% Inpatients, 20% Outpatients for ½ year, and A&E completion

** Requires further work post Digestive Diseases Trust wide approach review.

Specific benefits for Digestive Diseases are being agreed and tracked as follows:

Benefit	Tracking Mechanism
Radiology Trading Account	To track the monthly trend and analyse if repeat ordering warnings reduce orders.
Prescribing Trading Account	To track the monthly trend and analyse prescribing costs from Pharm@Sea and PRH Pharmacy
Junior Doctor/Support staff	To track or report any time savings through availability of results on line. Will be non-quantifiable.
Booking Hub time	Up to 1 x wte time for notes preparation could be saved, and advantage of having all letters available to staff (cost avoid). Printing reduction expected once Trust wide.
Clinic slots	Setting the objective of no delays or patient turnaround as a consequence of using EPR
Business Change measures	Monitor success of using super-users, newsletters and staff questionnaires
EPR Project Measures	Staff trained statistics, go live issues closed, support team levels achieved.

Judith Steen
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March 2016