

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	24th August 2015
Board Sponsor:	Medical Director
Paper Author:	EPR Programme Manager
Subject:	EPR Programme

Executive summary

The report describes recent progress with the EPR programme but also agreed next steps on implementing chosen “mini big bang” projects following sign off by the Clinical Management Board and EPR Boards.

Links to corporate objectives	The EPR programme is a fundamental priority within the Annual Plan 2015/16
Identified risks and risk management actions	As identified in Section 1
Resource implications	Not applicable
Report history	Regular presentations of progress via the EPR Programme Board
Appendices	Programme Highlight report attached

Action required by the Board

The Board is asked to note the report and latest progress.

The main highlight for this month is the ongoing implementations in the Outpatients clinics. Plans are being scoped for 3 Trust wide projects to embed the EPR into the Trust and are being presented to the Clinical Management Board in August.

Report to the Board of Directors, 24th August 2015 EPR Programme Highlights Report

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	😐	✓	✓	✓	😐	✓	😐
A&E	😐 2 Live	✓	✓	✓	😐	😐	On hold
ALERT Release Upgrade	✓	✓	✓	✓	✓	✓	✓
Primary EPR Outpatients	✓	✓	✓	✓	😐	✓	✓
Primary EPR Inpatients	😐	✓	✓	✓	😐	✓	✓

REASONS FOR ANY AMBER OR RED ITEMS

Programme:

Plans are being scoped for a number of Trust wide initiatives to embed the EPR and start to see planned benefits. These projects are a) Radiology ordering/resulting Trust wide, b) Therapies Trust wide and c) Electronic prescribing in Outpatients

A&E Risks/Issues:

Plans for moving to RSCH A&E are on hold but there are continuing improvements for PRH and development work on an ECG interface.

The Pathology work stream is making some progress and is working towards turning on the results feed to A&E (and wider to the Trust)

Primary Outpatients:

Risk remains around implementation progress being slow against the programme timescales due to the complexity of using the full EPR. The Trust wide initiatives will help to embed the EPR to speed up progress.

Primary Inpatients Schedule:

It is now known that the Inpatients cannot proceed without a new version from ALERT. Analysis into the version features is now complete and will be installed for testing.

2. HIGH LEVEL PROGRESS

Programme

- An Order Communications Options paper has been completed by an external party which recommends using the EPR for pathology ordering rather than ICE long term.

This paper is being discussed by the EPR Programme Board in August and will help support the programme's objectives.

A&E Project

- An interface between the EPR and the ECG system to order and store these electronically is under testing. This will bring about time saving and safety benefits to A&E and the wider Trust once implemented.
- Pathology 4 point matching has been signed off by Pathology which will lead to turning on the results feed for the whole Trust. EPR are now liaising with Pathology on next steps
- Work has been undertaken to look at hardware different models for PRH A&E and beyond, operational management needed to pursue.

Primary EPR Outpatients:

- Implementations continue and support has been ongoing for clinics where they are repeated. Further progress is expected in September as VTE and Stroke have delayed their implementations. The following table shows the statistics for first of type installations.

	18/6 to 24/6	7/7 to 20/7	Mid Sept	29-Jun	16-Jul	26/6 to 8/7	Total
Clinics Planned/wk	9	4	9	7	1	4	34
Clinics Implemented/wk	8	2	0	7 but now on hold	0	4	21
Clinics Outstanding	1 (Mat leave)	2	9	0	1	0	13
Planned staff	16	20	13	5	2	11	67
Staff live	13	1	0	5	0	6	25
Staff outstanding	3 (2 on mat leave)	20 (inc OPD nurses)	13	0	2	5 (1 on mat leave)	43
	Elderly Med (PRH)	Elderly Med (RSCH)	Stroke / TIA	VTE Nurse	VTE DR	Inf Diseases	

Note: 20 outstanding staff in July are remaining Eld Medicine clinics who have concerns about clinic speed and therefore nursing staff not yet trained. Being addressed. VTE & Stroke have requested a delay until September due mainly to staff levels.

Version Upgrade

- Following analysis, BSUH will be taking a recent upgrade of ALERT into a new environment for testing. This is required to receive new features and ongoing stability to our platform.

3. KEY NEXT STEPS

Programme

- A presentation will be made to the Clinical Management Board on 3/9/15 regarding the Trust wide approach to projects and the support needed. This includes Radiology, eprescribing in Outpatients and the Therapies project. Once

supported, this will launch these projects with a stronger emphasis on delivery across the organisation.

- The programme will be setting up a proof of concept for exchanging information with other organisations which will support future Trust tenders for community services.

A&E

- Complete the ECG testing at the PRH A&E site and plan the implementation.
- ALERT to bundle up remaining issues to deliver in a future hotfix

Primary EPR Outpatients:

- The RACOP Radiology go live is planned for 25th August
- Radiology to submit the remainder of their catalogue by 14/8/15 to enable readiness for OP 1st batch and Trust wide Radiology.

Release Upgrade

- Installation and start of technical testing.

Deployments Completed

- A&E – Sussex Eye Hospital and PRH
- Outpatients – RACOP Early Adopter, and Over 20 Outpatient clinics
- Internal Pharmacy deployments including DoH Technology Funds

Key Next Deployments are now planned as follows:

Project	May 15	June 15	Jul 15	Aug 15	Sept 15	Oct 15	Nov 15
Outpatients – Elderly Medicine/VTE/TIA/Stroke (40 clinic rollout)							
Outpatients – Radiology in RACOP							
Outpatients – Infectious Diseases Prescribing							
Install and test new version ALERT							

Agreement on slots to be gained for rolling out Radiology across the whole Trust, the installation of the new release, further prescribing quick wins, and the next batch of Outpatients.

4. FINANCES

As at end June 15

	2015/16 Budget	2015/16 Actual To date
Revenue	£1637K	£659K
Capital	£625K	£230K
Capital also has a £2898K EPR license capital costs allowance (for ALERT)		

5. BUSINESS CASE

The following table is a summary of the forthcoming EPR quantifiable benefits. Some benefits are starting to be seen from the implementation of prescribing and mobile devices in Pharmacy

	2015/16	2016/17
Business Case	£276K*	£1141K
Actual	Tbc	Tbc
Forecast	<£50K **	Tbc

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

**An escalation report has been submitted from the Programme.

Judith Steen
EPR Programme Manager
August 2015