

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	4th November 2015
Board Sponsor:	Medical Director
Paper Author:	EPR Programme Manager
Subject:	EPR Programme

Executive summary

The report describes recent progress with the EPR programme. The next stage will be agreed following discussion with the Clinical Directors at the Clinical Management Board on 5th November and reported to the Board on 30th November.

Links to corporate objectives	The EPR programme is one of the seven <i>fundamentals</i> , key corporate strategic programmes, which underpin the Trust corporate objectives
Identified risks and risk management actions	As identified in Section 1
Resource implications	Not applicable
Legal implications	Not applicable
Report history	The Board receives a monthly report on progress via the EPR Programme Board
Appendices	None

Action required by the Board

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

Report to the Board of Directors, 4th November 2015 EPR Programme Highlight 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	✘	✓	✓	✓	😐	✘	✘
Trust Wide Radiology	Approved in draft						
EPrescribing Outpatients	Approved in draft						
Trust Wide Therapies	Approved in draft						
Trust Wide Referral/Clinic letter Viewing	Approved in draft						

REASONS FOR ANY AMBER OR RED ITEMS

Programme:

The focus of the next stage of the Programme will be agreed following discussion with the Clinical Directors at the Clinical Management Board on 5th November.

There are ongoing discussions regarding Pathology order communications. Finalising these are crucial as part of the roll-out of EPR and also impacts on the radiology development. Decisions on this will be discussed ahead of the 30th November Trust Board and reported there for confirmation on the way forward.

A&E: On hold

Release Upgrade:

Resource to test the new release will be limited from both the Trust and EPR due to the effort needed for the Trust wide initiatives and a reduction in EPR staff. Slow progress continues to be made.

Primary Outpatients:

The remaining clinics will be approached with best endeavours until Trust commitment can be reached.

Trust Wide Initiatives:

All Trust wide projects are being initiated and are approved in draft to proceed. Progress on all of them will be taken forward following discussion with Clinical Directors and approval by the Clinical Management Board.

2. HIGH LEVEL PROGRESS

Programme

- Demonstrations and discussion on the EPR have been had with the Clinical Directors to help an informed decision and a further discussion with Clinical Directors will be held at CMB on 5th November.

A&E Project

- Minor improvements being worked on (desk arms for workstations, locum doctor profile, lead consultant grid improvements). An interface to the ECG system is almost at completion and will be a big improvement for A&E.

Primary EPR Outpatients:

- Still following up on outstanding clinics where possible.

Version Upgrade

- ALERT have installed the new release into the new test environment and are quality assuring it. Presentations on the new features have been completed to EPR and key stakeholders

New Trust Wide Projects

- All PIDS were approved in draft at the last Programme Board but not yet in final approval.
- Therapy Project current process workshops have started.
- The enabling piece of work around setting up of all clinics, locations and configuration into ALERT has started. Directorates have been sent clinic spreadsheets to confirm.
- Clinical Directors are all having demonstrations of ALERT and being asked to complete an eprescribing questionnaire to help ascertain order of rollout.

3. KEY NEXT STEPS

Programme

- Project Initiation Documents are still being worked on in order to get final approval. Agreement to be gained following discussion with the Clinical Directors for the Trust wide initiatives and therefore Trust commitment to proceed. Once this approval is gained detailed implementation plans will be made

Primary EPR Outpatients:

- RACOP Radiology to go live mid-November.

Trust Wide Projects

- Approve the PIDs for each project post Project Board approval
- Progress all the enabling work tasks and content needed for Digestive Diseases
- Define eprescribing order of implementation following analysis of questionnaires with the Clinical Directors
- Therapies future process mapping sessions to be held

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	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Outpatients – remaining 1 st batch clinics			tbc				
Outpatients – Radiology in RACOP							
Install and test new version ALERT							
Digestive Diseases ePrescribing/radiology							tbc
Trust Wide Initiatives to be agreed							

Agreement on slots to be gained for rolling out Radiology, Prescribing and Referral Viewing across the Trust.

4. FINANCES

As at end August 15

	2015/16 Budget	2015/16 Actual To date
Revenue	£1646K	£759K
Capital	£628K	£308K

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	£7K	N/A
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, but benefits have started to arise from Pharmacy.

Judith Steen
EPR Programme Manager
October 2015