

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	28th September 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 next steps on the implementation of the programme following discussion by the Clinical Management Board and EPR Boards.

Links to corporate objectives	The EPR programme enables the corporate objectives of <i>excellent outcomes; great experience and high productivity</i>
Identified risks and risk management actions	As identified in Section 1
Resource implications	Not applicable
Legal implications	Not applicable
Report history	Regular presentations of progress via the EPR Programme Board
Appendices	Programme Highlight report attached

Action required by the Board

To note the report and latest progress.

Trust wide initiatives are being planned with a view to embedding the EPR into all areas for a number of functions.

Discussions with Clinical Directors and the Executive Team are progressing and the Board will be updated with next steps once this work is completed and a proposed way forward agreed.

Report to the Board of Directors, 28th September 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	Being initiated						
EPrescribing Outpatients	Being initiated						
Trust Wide Therapies	Being initiated						
Trust Wide Referral/Clinic letter Viewing	Being initiated						

REASONS FOR ANY AMBER OR RED ITEMS

Programme:

The focus of the Programme was planning to shift to focus on Trust wide initiatives. These are under planning and following the Clinical Management Board, further discussions will be had at the formal Executive Team to discuss the way forward.

A&E:

Is now on hold as a project but ongoing work continues on minor improvements.

Primary Outpatients:

The project has 12 more current clinics to complete which have not been able to plan in due mainly to Trust resourcing issues. Going forwards this project will be replaced by the Trust wide initiatives.

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.

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.

2. KEY NEXT STEPS

Programme

- The ICE Order Communications options paper was ratified by the EPR Programme Board in August and will now be progressed with Pathology as the recommendations were to use the EPR as soon as possible.
- To decide the next steps for the EPR Strategy

Primary EPR Outpatients:

- To make contact with the remaining clinics to schedule go live dates to fit with their resourcing
- Schedule the Radiology go live of RACOP

New Trust Wide Projects (Radiology, ePrescribing, Referral Viewing, Therapies)

- The EPR Team have been working on scoping out each of these projects together with an enabling piece of work to define and submit all core content to ALERT mainly around setting up all sites, wards, clinical specialties, etc.. This is required for all the Trust wide projects.
- Alongside these main projects it is proposed to provide Trust wide access to the Referral Management System from the EPR therefore taking out the need to print referral and clinic letters, resulting in a major time (and some cost) savings for the Booking Hub.
- Draft PIDs for the projects have been approved by the Programme Board.
- Full process mapping sessions have been booked with Therapies to start at the end of September

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
Outpatients – Elderly Medicine/VTE/TIA/Stroke (40 clinic rollout)						
Outpatients – Radiology in RACOP						
Install and test new version ALERT						
Digestive Diseases ePrescribing						
Trust Wide Initiatives to be agreed						

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

3. FINANCES

As at end July 15

	2015/16 Budget	2015/16 Actual To date
Revenue	£1646K	£498K
Capital	£628K	£308K
Capital also has a £2898K EPR license capital costs allowance (for ALERT)		

4. 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
September 2015