

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	30th 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 and the agreed priorities for the next stage of the programme, which will be reported to the Board on 21st December.

Links to strategic 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	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 Clinical Management Board and Executive Team have approved the following:

- The implementation of the EPR Trust wide approach starting with Digestive Diseases.
- Support for the Therapies project Trust wide
- Confirmation that the EPR will be used for Pathology ordering rather than purchase the full ICE order communications product.

Report to the Board of Directors, 30th 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	😐	✓	✓	✓	😐	😐	😐
Primary EPR 1st Batch Outpatients	😐	✓	✓	✓	😐	😐	😐
Trust Wide Radiology	✓ (DD first)	✓	✓	✓	✓	✓	✓
Trust Wide EPrescribing Outpatients	✓ (DD first)	✓	✓	✓	✓	✓	✓
Trust Wide Referral/Clinic letter Viewing	✓ (DD first)	✓	✓	✓	✓	✓	✓
Trust Wide Therapies	✓	✓	✓	✓	✓	✓	✓
ALERT Release Upgrade	✘	✓	✓	✘	✓	✓	😐
A&E	2 Live						On hold

DD – Digestive Diseases

REASONS FOR ANY AMBER OR RED ITEMS

Programme:

Approval has been received for Digestive Diseases as an initial directorate for the Trust wide approach. The programme overall is still at risk until the formal review of this implementation is completed, expected not before March 2016.

Primary Outpatients:

The programme will make continued progress for some of the outstanding clinics alongside other priority work.

Release Upgrade:

This project is been put as secondary to the focus needed for the Trust wide projects and Therapies.

2. HIGH LEVEL PROGRESS

Programme

- Following CMB discussions, agreement has been reached for the priorities for the Programme to be Therapies, Digestive Diseases as the initial directorate for the Trust wide Radiology/Prescribing/Referral projects and Pathology to be used for order

comms rather than ICE. Communications to all parties confirming these decisions are underway.

New Trust Wide Projects

- All of the Project Initiation Documents for the projects are under final review and approval.
- Engagement work is fully underway with the Therapy functions and Digestive Diseases. Criteria for success is being discussed with DD and an EPR newsletter is being done as part of this to make this change feel different to other Trust wide business change initiatives
- All the enabling work around setting up of all clinics, locations and configuration into ALERT is underway and Digestive Diseases information is now being configured by ALERT.

A&E Project

- Minor improvements and fixes are still ongoing, but one larger development to implement an interface to the ECG system is almost complete. This will be a big benefit for A&E and safety of patient identification and their ECG records.

Primary EPR Outpatients:

- Still following up on outstanding clinics where possible.

Version Upgrade

- The installation of a new test environment is almost complete and BSUH have had presentations on the new features.

3. KEY NEXT STEPS

Programme

- To communicate the CMB decisions to the Trust as needed

Primary EPR Outpatients:

- Radiology ordering in RACOP will go live in November 15

Trust Wide Projects

- Approve the remaining PIDs for each project post Project Board approval
- Receive the configured content from ALERT
- Progress the enabling work tasks
- Demonstrations to Digestive Diseases staff are booked for Nov/Dec 15
- Commence testing for Digestive Diseases in December and organise training for January 16.
- Complete working through all the Therapy functions to identify all detailed work and decisions required.

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	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	April 16	May 16	Jun 16
Outpatients – remaining 1 st batch clinics		tbc						
Outpatients – Radiology in RACOP								
Digestive Diseases implementation **								
Therapy project – SALT 1 st go live								

** Formal review of the Trust wide approach following DD

4. FINANCES

As at end Sept 15

	2015/16 Budget	2015/16 Actual To date
Revenue	£1646K	£795K
Capital	£388K	£249K
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	£13K	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 and are now exceeding original estimations.

Judith Steen
EPR Programme Manager
November 2015