

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	30th March 2015
Board Sponsor:	Medical Director
Paper Author:	EPR Programme Manager
Subject:	EPR Programme

Executive summary

The report describes progress with the EPR programme and identifies key risks and mitigations; next steps and the financial implications of the programme.

Links to strategic objectives	Best and Safest Care ✓
Identified risks and risk management actions	As identified in Section 1
Resource implications	Section 3 details the programme finances and section 4 the programme benefits
Legal implications	Not applicable
Report history	The Board has received regular presentations on progress via the EPR Programme Board
Appendices	Programme Highlight report attached

Action required by the Board

To note the report and latest progress.

Of particular note is the update on the improvements made for PRH and also the bulk of the EPR work currently which is focussed towards an Outpatients implementation starting in June 2015.

EPR PROGRAMME
HIGHLIGHT REPORT for Trust Board
March 2015

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	✓	✓	✓	😐	😐	✓
ALERT Release Upgrade	✓	✓	✓	✓	✓	✓	✓
Primary EPR Outpatients	✘	✓	✓	✓	😐	✓	✓
Primary EPR Inpatients	😐	✓	✓	✓	😐	✓	✓

REASONS FOR ANY AMBER OR RED ITEMS

Programme:

Strategy to be clarified 6 months and beyond, the business case is at high risk from non-delivery of implementation according to the schedule.

A&E Risks/Issues:

These are reducing due to the upgrade having gone well. A “project close down” meeting for PRH has been arranged for 1st April. Once this is completed, plans can be made via the Project and Programme Board, but this will need careful discussion to ensure it is truly Trust owned to avoid business change issues.

A plan to move ahead with Results reporting has been drafted with Pathology including a demonstration and 2 days high level testing at the end of March.

Primary Outpatients

Work continues towards the Summer implementation of next batch, this is now scheduled for starting in June 2015 (@50 clinics across both PRH and RSCH).

Primary Inpatients Schedule:

Progress is being made, but the Release upgrade and resource availability will affect any progress including CDU early adopter.

2. HIGH LEVEL PROGRESS

Programme

- Discussions with Communications have been held, interviews with key people started and may lead to an EPR video.
- The implementation of the new mobile devices to PRH Pharmacy is complete and has highlighted some additional EPR benefits for the programme.

A&E Project

- The upgrade with associated support (from midnight to 10pm) and communications was completed and contained on 25/2 with most of the ALERT accelerated developments.
- The Ergonomics assessment draft report has been produced and fed back to the Trust on 13th March. There are some minor points that can be picked up but also major reconfiguration proposals which will need owning by A&E, the EPR Programme Manager is following up with the Directorate Manager, Acute Floor
- Work on developing interfaces to the ECG and Blood Gas analysers continues, the ECG one being slightly more advanced.
- Work has been completed with the IQ Team on the whole GP letter process from ALERT, issues have been resolved and they are now content with the process and the technology.

Primary EPR Outpatients:

- EPR have worked with ALERT to sign off all the proposals for developments needed
- Scoping work is ongoing around any 18 week related changes in the EPR, and holding regular meetings with BSUH key staff to agree the approach
- Test Plan signed off, developments with the PAS system currently in testing.
- Demonstrations held with all of the proposed areas affected and working through clinic shadowing to check timings of the ALERT system alongside clinics (key lesson learnt from A&E)
- Hardware is being installed in readiness for the implementation

Version Upgrade

- The new technical environment has been installed and the Test Plan draft is underway
- The PID for the project has been signed off

KEY NEXT STEPS

A&E

- Delivery the priority developments to PRH A&E
- Start the Ergonomics assessment work.
- Continue to support the department along with other decided business change actions to improve department performance in the winter period.

Primary EPR Outpatients:

- Continue with work and plans for the next batch of Outpatients.
- Obtain approval for the updated PID.

Other

- Pharmacy internal rollout of the Motion devices and EPR awareness training to be completed at PRH.

- Start the technical installation of the new release environment and gain approval for the project to proceed.

Key Next Deployments are now planned as follows:

Project	Jan 15	Feb 15	Mar 15	Apr 15	June 15	Jul 15	Aug 15
A&E Upgrades for PRH							
Pharmacy Internal Implementations							
Outpatients – Elderly Medicine/VTE/TIA/Stroke (50 clinic rollout)							
Outpatients – Infectious Diseases							
Install and test new version ALERT							

3. FINANCES

As at end February 15

	2014/15 Budget	2014/15 Forecast / Actual To date
Revenue	£1582K	£1528K (end of year forecast) £1389K (actual to date)
Capital	£1063K	@£900K (end of year forecast) £657K (actual to date)
Capital also has a £2901K EPR license capital costs allowance (for ALERT)		

4. BUSINESS CASE

The following table is a summary of the EPR quantifiable benefits

	2013/14	2014/15	2015/16	2016/17
Business Case	£16K	£16K	£276K*	£1141K
Actual	£16K	£16K	Tbc	Tbc
Forecast	£16K	£16K	£276K (at risk)	Tbc

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

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March 2015