

<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>1<sup>st</sup> June 2015</b>
<b>Board Sponsor:</b>	<b>Medical Director</b>
<b>Paper Author:</b>	<b>EPR Programme Manager</b>
<b>Subject:</b>	<b>EPR Programme</b>

### **Executive summary**

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

The main highlight for this month is the forthcoming go live of 40 Outpatients clinics across both RSCH and PRH which is the result of 4-5 months of work. Included in this is an eprescribing quick win project which will be a model going forwards for some areas.

The Rapid Access Clinic for Older People (RACOP) early adopter will receive electronic ordering of Radiology tests on the 1st July.

This work also brings additional corrections and improvements to A&E PRH

<b>Links to corporate objectives</b>	The EPR programme is an enabler of the corporate objectives <b><i>excellent outcomes; great experience; empowered skilled staff; high productivity; deliver the clinical strategy</i></b>
<b>Identified risks and risk management actions</b>	As identified in Section 1
<b>Resource implications</b>	Not applicable
<b>Report history</b>	Regular presentations of progress via the EPR Programme Board. A full report will be made to the Board on 6 <sup>th</sup> July.
<b>Appendices</b>	Programme Highlight report attached

### **Action required by the Board**

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

## Report to the Board of Directors, 1<sup>st</sup> June 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
<b>Programme</b>	😊	✓	✓	✓	😊	✓	😊
<b>A&amp;E</b>	😊 2 Live	✓	✓	✓	😊	😊	✓
<b>ALERT Release Upgrade</b>	✓	✓	✓	✓	✓	✓	✓
<b>Primary EPR Outpatients</b>	✓	✓	✓	✓	😊	✓	✓
<b>Primary EPR Inpatients</b>	😊	✓	✓	✓	😊	✓	✓

#### REASONS FOR ANY AMBER OR RED ITEMS

**Programme:**

The strategy is to be clarified 6 months and beyond, the business case is at high risk from non-delivery of implementation according to the schedule and consequently the planned benefits for 2015/16.

The challenges of delivering change on the ground when EPR is seen as a choice are increasing. Despite this, progress is being made but at a much slower rate than planned which also affects benefits delivery.

**A&E Risks/Issues:**

The project has returned to business as usual mode for support, but all outstanding actions and embedding work still continues. There are no plans to consider moving to RSCH which requires strategic planning.

Slow progress still continues with Pathology to move towards turning on results reporting and the impact on not having this in place has been heightened by the loss of Winpath ward enquiry for clinicians.

**Primary Outpatients**

The next batch of Outpatients is booked for implementation June-Aug 2015, and normal project risks are being managed leading up to the go live.

**Primary Inpatients Schedule:**

It is now known that the Inpatients cannot proceed without a new version from ALERT, the approach to be approved by the Programme Board.

## **2. HIGH LEVEL PROGRESS**

### **Programme**

- Pharmacy are looking into other areas which may benefit from having prescribing in advance of the EPR to leverage benefits.
- Work is underway with Radiology to look at how we can offer order communications functionality to the whole Trust in advance of the EPR. This would mean a cross Trust wide implementation accelerated.

### **A&E Project**

- The Ergonomics review to look at people, process, equipment and department layout has been completed and reported on. Short term improvements have been agreed and A&E to feed this into their department reconfiguration plans.
- Work on the technical specification of interfacing the ECG and Blood Gas analysers continues, which will add benefit to A&E
- An upgrade is planned for the 16<sup>th</sup> June to deliver the final priority development to A&E as part of the improvement plans

### **Primary EPR Outpatients:**

- The developments needed on the PAS system to manage appointments between PAS/ALERT have been delivered and are under final testing
- ALERT delivery of the developments needed on the software side is underway
- All the training for the staff involved in this implementation are being booked into training
- Final user acceptance testing is underway for each clinic and concerns are being worked through. There is a potential delay for Stroke/TIA who have staff level concerns in this period to support an EPR implementation.

### **Version Upgrade**

- ALERT are compiling the list of new features to be included in the release.
- A demo of Inpatients was held for EPR to start thinking about how this might work.

## **KEY NEXT STEPS**

### **A&E**

- Deliver the final agreed development – 16<sup>th</sup> June 2015
- Setup an equipment demonstration area in PRH A&E for the Ergonomics work
- Continue to work on any outstanding actions as needed for PRH

### **Primary EPR Outpatients:**

- Go live with Radiology in RACOP on 1<sup>st</sup> July
- Gain final approval to go live with each clinic starting on the 18<sup>th</sup> June 2015 and continuing to August. Provide support to every clinic during this period across both PRH and RSCH sites
- Training to be completed in advance of each go live
- Start identifying the 3<sup>rd</sup> batch of Outpatients

### **Release Upgrade**

- Obtain approval from the Programme Board to proceed with the release strategy

### Deployments Completed

- A&E – Sussex Eye Hospital and PRH and further upgrade improvements to PRH
- Outpatients – RACOP Early Adopter
- 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.

### 3. FINANCES

As at end March 15 (end of year position)

	2014/15 Budget	2014/15 Actual To date
Revenue	£1582K	£1592K
Capital	£1063K	£627K
Capital also has a £2901K EPR license capital costs allowance (for ALERT)		

### 4. BUSINESS CASE

The following table is a summary of the forthcoming EPR quantifiable benefits.

	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 is being written for the Programme board concerning 2015/16 benefits.

**Judith Steen**  
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**May 2015**