

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	26th January 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 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	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.

A&E Update and upgrade plans

Progress towards next Outpatients Go Live and New Release of ALERT

Report to the Board of Directors, 26th January 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	😐 PRH 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. (see Section 4)

A&E Risks/Issues:

PRH post implementation developments are being escalated through ALERT covering ease of use, income and tracking. EPR team still on site supporting the department and performance is critical from winter pressures.

Pathology Results Reporting has not yet been progressed, a new joint position has been recruited but progress is slow and no testing agreed towards implementing results reporting

Primary Outpatients

Due to the development work for PRH, ALERT developments are now delayed by approximately 6 weeks and has pushed the implementation to June 2015. Risks are increasing due to A&E continued focus.

Primary Inpatients Schedule:

Release upgrade and resource availability will affect any progress including the CDU early adopter

2. HIGH LEVEL PROGRESS

A&E Project

- The EPR Team have continued daily presence to keep supporting the department.
- Locums and temporary staff are continually being setup and discussing with HR how to improve turnaround and new staff information. A temporary password is in place.
- Data correction continues to be undertaken by the EPR Team until the income related development is in place. (now due by end February)
- BSUH have specified and signed off approximately 10 developments escalated through ALERT for PRH. ALERT have now provided delivery dates and an upgrade to PRH will be undertaken at the end of February and also end March
- The Ergonomics assessment work proposal is agreed and work will commence at PRH in January. This will assess the whole A&E environment from lighting, desks, workstations and working environment.
- Issues and feedback continue to be communicated via the A&E Leads to keep everyone up to date.

Primary EPR Outpatients:

- ALERT have estimated a delay of approximately 6 weeks in development delivery due to A&E development prioritisation. Work continues on the project for all aspects not affected by this to ensure as much is completed as possible.
- The revised PID for the project will be presented to the Project Board in January for final approval (authorised in principle late 2014)

Version Upgrade

- The technical environment for the new release to be installed for testing is underway. The PID and plan for the first stage of the project which will include installation, regression testing and assessment of the new features will be presented to the Project Board in January. Following this, the impact on our user base will be planned.

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 December 14

	2014/15 Budget	2014/15 Forecast / Actual To date
Revenue	£1582K	£1624K (end of year forecast) £1207K (actual to date)
Capital	£914K	£914K (end of year forecast) £480K (actual to date)
Capital also has a £2901K EPR license capital costs allowance (for ALERT)		

Note: some funding may be available from capital budget to implement the output from the Ergonomics assessment in March 15

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

Judith Steen
EPR Programme Manager
January 2015