

Executive Summary T3 Programme Electronic Patient Record (EPR)

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VERSION CONTROL

Version	Date Issued	Summary of Change	Owner's Name
1.0	15/08/14	Updates from Trust review of draft document	Stephen Schuz Rob Brown
0.9	08/08/14	Updates from Trust review of draft document	Stephen Schuz Rob Brown
0.8	17/7/14	Draft issued for Trust review	Stephen Schuz Rob Brown
0.7	16/7/14	Further updates and addition of comments from friendly reviews	Stephen Schuz Rob Brown
0.6	10/7/14	Further updates and addition of comments from friendly reviews	Stephen Schuz Rob Brown
0.5	30/6/14	Initial draft issued for friendly review	Stephen Schuz Rob Brown
0.4	25/6/14	Draft	Stephen Schuz Rob Brown
0.3	13/6/14	Draft	Stephen Schuz Rob Brown
0.2	29/5/14	Draft	Stephen Schuz Rob Brown
0.1	8/5/14	Draft	Stephen Schuz Rob Brown

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APPROVERS

Board	Date
T3 Programme Board	20/08/14
Trust Assurance and Planning	21/08/14
Capital Investment Team	01/09/14
Trust Executive Group	10/09/14
Trust Board	17/09/14

For more information on the content or status of this document, please contact:	Rob Brown
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1 EXECUTIVE SUMMARY

1.1 General

- 1.1.1 This business case is sponsored by the Chief Executive at Sheffield Teaching Hospitals (STH) NHS Foundation Trust.
- 1.1.2 It describes one project out of the three which make up the Transformation Through Technology Programme (T3).

1.2 Scope & Proposed Solution

- 1.2.1 The scope of the project is the implementation of a new Electronic Patient Record (EPR) system. The chosen solution is Lorenzo provided by CSC. Upon go-live of Lorenzo the current PatientCentre Patient Administration System will become read only.
- 1.2.2 The system will be implemented across the Trusts five main sites. It will not be implemented at community locations that currently use TPP.

1.3 Weaknesses of the Present System

- 1.3.1 There are a number of weaknesses in the current Trust systems that are used to collect patient data and activity. These are:
- The current systems landscape is disjointed and patient information is collected in many systems; e.g. PatientCentre and multiple clinical systems. This is because the current STH systems are limited in their functional scope and coverage.
 - The current Trust systems do not allow prescribing to be managed electronically.
 - The present PatientCentre system is not an enabler for STH to move to 'paperless' and many Trust areas still work on paper.
 - The contract for the Patient Administration System expires in March 2015, with the option to extend for a further two years.
 - The PatientCentre application is not smartcard or spine enabled which limits the efficient sharing of data with other organisations.
 - The PatientCentre system has not been configured as a single system across STH which means that users have to switch between STH sites within the application.
 - There are a number of functions in PatientCente that have to be performed in the legacy text based Clinicom system, e.g. Clinic changes.
 - A user can only have one instance of PatientCentre open at any one time on a single device, limiting parallel working on tasks.
 - The current operational reporting in PatientCentre is not fit for future needs and is paper heavy.

1.4 Benefits

- 1.4.1 The high level benefits identified in the project include:
- Transforming patient care – an integrated digital care record available in multiple locations, with more time to spend with patients and improved patient safety.
 - Improving efficiency – quicker turnaround of data and once only collection and input of data.
 - Enhancing performance – more timely and better quality information.
 - Reducing reliance on paper – moving from a paper heavy organisation to a paper lite organisation.
 - Reduction in drug budget – better management of the prescribing of drugs. This is subject to the Trust deploying Lorenzo Inpatient Prescribing and Medications Administration (IPPMA).

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- Parallel working – Lorenzo allows a user to have multiple sessions open on a single device thereby aiding productivity.

1.5 Costs

1.5.1 The costs of the project over 10 years are as follows:

- The capital costs are £6,418,995 net of Department of Health (DoH) funding.
- The non-recurrent revenue costs are £4,867,162 net of DoH funding.
- The recurrent revenue costs excluding capital charges are £8,526,818
- The lifecycle capital charges are £7,235,210.
- All figures include VAT, where applicable.
- As this project will bring significant funding from DoH, the project has been costed over 10 years based on the DoH requirement to do so.

It should be noted that the actual full cost of the project before funding is £32,951,798. The amount of funding being sought from DoH is £13,141,217.

1.5.2 Included in the capital and revenue figures above is a quantified risk value of £2.4m plus a 5% general contingency of £475k.

1.5.3 Benefits to the value of £70m have been identified, of which £45m are cash releasing. This makes the project self-funding over the 10 year project lifecycle. These benefits and values have been derived by use of the HSCIC benefits calculation tool (BART) and are currently in validation with the Trust directorates.

1.5.4 Taking into account the costs and benefits detailed the Return on Investment is 3.33

1.6 Timescale

1.6.1 Subject to the agreement of this FBC in September 2014 and award of investment by HSCIC and DoH on 2nd October, the system go-live is scheduled for the 28th September 2015.

1.7 Risks

1.7.1 Four overarching risks have been identified:

- Business change is either not implemented or not fully implemented when the project goes live.
- Training is not effective or not fully implemented when the project goes live.
- Technical dependencies have not been fully implemented when the project goes live.
- The high values attributed to the benefits are not realised.

However against these risks appropriate mitigation has been identified:

The business change process has already begun and a detailed plan has been prepared. Further, a number of Operational Change Managers will be employed by the organisation to drive the business change and organisational transformation required to manage the implementation of the EPR system. These roles are expected to be filled from 1st September 2014 onwards.

Training planning has already begun and a Training Strategy and draft Training Needs Analysis has been put together. More detailed training planning with the individual

directorates is scheduled over the coming months and this will be done in conjunction with the Operational Change Managers when they are in post.

Technical dependencies will be tracked through the project and planned and delivered under the governance of the wider Trust Informatics Delivery programme.

The benefits are in the process of being re-evaluated and directorates have agreed in principle to those benefits identified. This process is being run via the Efficiency Programme Management Office (EPMO)

1.7.2 As identified above, risk has been quantified at £2.4m

1.8 Change & training

1.8.1 Against the proposed deployment scope of the EPR, change activities conducted to date have shown that the Lorenzo EPR broadly fits STH's operational activities and ways of working. No major showstoppers have been highlighted.

1.8.2 STH Lorenzo training needs have been assessed and documented in a training strategy and high level plan. In summary, role based training will be provided to up to approximately 11,500 staff, equating to between 10,000 and 15,000 days of training over a three month period.

1.9 Conclusions

1.9.1 That an investment in a new EPR using Lorenzo is appropriate for STH to help it achieve its vision of an integrated digital care record; improving patient safety, care and the patient experience as well as helping maximise the productivity and efficiency of STH.

1.9.2 However, to successfully deliver the required outcomes from the project the challenges facing the Trust cannot be underestimated. As STH embarks on its business transformation it needs to understand the difficult road ahead. In order for the project to be a success the Trust will have to go through a period of unprecedented transformation in its use of technology to improve patient record keeping and outcomes for patients, clinicians and staff. Key to this is a shift from current ways of working that are heavily paper dependent to an approach enabled by intelligence and technology. The change represents a fundamentally different way of working and will involve a significant reduction in the use of paper combined with the timely collection and use of data to better inform and deliver improved patient safety, income generation, performance management and continuous improvement.

1.10 Recommendations

1.10.1 The recommendations are as follows:

- Approve this Business Case.
- Fund the capital costs of £6,418,995.
- Fund the non-recurrent revenue costs of £4,867,162.
- Fund the recurrent revenue costs of £8,526,818.
- Fund the annual capital charges of £7,235,210.
- Use the benefits of £70,000,000 to offset this cost.
- Note that risk has been quantified at £2.4m and a £475k general contingency has been included in the capital and revenue costs detailed.

It should be noted that this project gives an ROI of 3.33 over its project life.