

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Trust Board Bulletin – 1 September 2011

The following reports are attached to this Bulletin as items for noting, and are circulated to UHL Trust Board members and recipients of public Trust Board papers accordingly:-

- **Progress Report on Electronic Prescribing and Medicines Administration.** Lead contact point – Ms K Bradley, Director of Human Resources (0116 258 8903) – **paper 1**;
- **Trust Board meeting dates for 2012.** Lead contact point – Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8615) – **paper 2**.

It is intended that these papers will not be discussed at the formal Trust Board meeting on 1 September 2011, unless members wish to raise specific points on the reports.

This approach was agreed by the Trust Board on 10 June 2004 (point 7 of paper Q). Any queries should be directed to the specified lead contact point in the first instance. In the event of any further outstanding issues, these may be raised at the Trust Board meeting with the prior agreement of the Chairman.

To:	Trust Board
From:	Chief Pharmacist
Date:	1 September 2011
CQC regulation:	Outcome 9

Title:	Progress report on electronic prescribing and medicines administration (EPMA)										
Author/Responsible Director:	Chief Pharmacist and Director of HR										
Purpose of the Report:	To provide a progress update on EPMA										
The Report is provided to the Board for:	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">Decision</td> <td style="width: 25%;"></td> <td style="width: 25%;">Discussion</td> <td style="width: 25%;"></td> </tr> <tr> <td>Assurance</td> <td>x</td> <td>Endorsement</td> <td></td> </tr> </table>			Decision		Discussion		Assurance	x	Endorsement	
Decision		Discussion									
Assurance	x	Endorsement									
Summary / Key Points:	Go live in early adopter areas (Oncology and Haematology) will be in September and Ward 23 , Medicine in October. Full rollout commences in January 2012. Project is on track against milestones in project plan										
Recommendations:	Paper is for noting current progress										
Previously considered at another corporate UHL Committee ?	Executive Team										
Strategic Risk Register 8,9,11,16	Performance KPIs year to date Draft KPIs developed – no performance data yet as project go live has not started										
Resource Implications (eg Financial, HR)	Finance- costs of project staff (fixed term contracts)and managed service contract (although no cost this year due to project delays) Cost of contract is 300K pa										
Assurance Implications	To note progress										
Patient and Public Involvement (PPI) Implications	None										
Equality Impact	None										

Public Bulletin paper 1

Information exempt from Disclosure No

Requirement for further review ? Yes- further update will be provided as project progresses

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: Trust Board

DATE: 1st September 2011

REPORT FROM: Chief Pharmacist
Director of HR- Executive Sponsor

SUBJECT: Progress report on the implementation of
Electronic Prescribing and Medicines
Administration (EPMA)

1. Introduction

This paper seeks to update the Trust Board on current progress with the implementation of electronic prescribing and medicines administration (EPMA). The Trust has been able to procure the iSOFT EPMA product known as Medchart as part of a review of the existing contract in April 2011. This will also be part of a managed service contract. Due to some initial delays with the work commencing, iSOFT have agreed not to charge us for the system costs for this financial year. This represents a cost avoidance of 300K in this financial year.

2. Current Progress

- The system has now been uploaded on to Trust servers and all technical activities to integrate with our existing IT infrastructure are on track
- Preliminary interface testing between Patient centre and MedChart has been completed successfully
- A pre concept study has been completed and iSOFT have been in the Trust shadowing medical, nursing and pharmacy staff to map the “as is process”. This information then allows the system to be configured in light of how we currently work.
- Baseline data has been collected to allow analysis of the benefits of introduction of the system.
- The Pharmacy team have uploaded the Trust formulary and drug catalogue onto the system and are working with clinicians to develop a range of order sets. These will be tailored to the early adopter specialities, to make prescribing a smoother and efficient process.

- The system will go live within the first early adopter area (Oncology and Haematology) in September 2011. The second early adopter area, Ward 23, LRI (Medicine) will go live in October 2011.
- The early adopter areas will evaluate different types of hardware devices to establish which represents the best solution. It is recognised that there will be variances between both specialities and professional groups as to which hardware device best fits with working practices.
- Training of Clinical Champions and staff in early roll out areas has commenced and iSOFT will be on site during the go live to support with training.
- Essential actions that must have been achieved prior to go live have been agreed and we are currently working through these.
- Engagement with Paediatrics has commenced as there will be a longer lead in time to prepare the system to support paediatric prescribing.
- Savings by CBU are being profiled so this can both align with CIP plans but also provide the funding for the system and project costs as defined in the business case.
- A draft set of KPIs have been developed to enable the benefits of implementation of EPMA to be measured. These include quality measures such as reduction in prescribing errors and specifically 10 x errors and measures of efficiency (process, staff time and financial) The absolute target values for reduction are being developed in light of feedback from other UK Trusts who have implemented EPA and evidence in the literature
- For system resilience a 3 server model is being implemented spread over two physical sites. At ward level, copies of all patient charts are saved to designated fallback computers on essential power which will allow printing off of patient charts in the event of application failure. These are in the form of PDF documents.

3. Future Plans

The full roll out is planned to commence in January 2012. During November and December the following will happen

- The system and supporting processes and training will be adjusted in light of learning from early adopter areas
- The optimum sequencing of the roll out will be finalised in November as our understanding of how the system works in practice increases

- Planning for implementation in clinical areas which present more complexities in how the system is deployed (Intensive Care and Theatres) will commence

4. Challenges

This project has an ambitious implementation plan, given the known benefits in quality and safety and optimum use of resource (both staff time and finance). Implementation of the technical aspects of the project has gone smoothly and to plan. There are two IT issues that won't be resolved until the full rollout. These are:

- The Trust Patient Centre system requires two upgrades in order to facilitate access to EPMA via patient Centre. This means that the early adopter areas will have to use an additional log in during the initial implementation. This will be resolved by the autumn.
- The interface with ICE is awaiting development. This is specified within the project plan but will not be complete until January 2012. This means that the medications in EPMA cannot be electronically transferred to ICE and clinicians in the early adopter areas will need to generate the discharge letter as current practice. A meeting was held with UHL's senior account manager from iSOFT to seek assurances and a timetable on the development of this key interface.

We recognise the importance of getting these matters resolved before the full rollout and will work closely with the suppliers and our IT team to resolve this. We need to manage the delivery against the revised contract very tightly and mechanisms for improving our capability to do this robustly are being implemented.

The transformational aspect of the project has been more challenging due to the need to get clinical colleagues engaged and involved in a very quick timescale and at time that there are many competing clinical priorities and pressures. However, despite this, there is a real commitment to get this project to work successfully and when clinicians have seen the system in action, we have received positive feedback as people can see the benefits that this will bring, even though there will be some hard work required during implementation.

Recommendations

- The Trust Board are asked to note progress with implementation of EPMA

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TRUST BOARD MEETING DATES 2012

As in 2011, the formal Trust Board meetings will be held from 10am on the first Thursday of every month (venues to be confirmed).

THURSDAY 5 JANUARY 2012

THURSDAY 2 FEBRUARY 2012

THURSDAY 1 MARCH 2012

THURSDAY 5 APRIL 2012

THURSDAY 3 MAY 2012

THURSDAY 7 JUNE 2012

THURSDAY 5 JULY 2012

THURSDAY 2 AUGUST 2012

THURSDAY 6 SEPTEMBER 2012

THURSDAY 4 OCTOBER 2012

THURSDAY 1 NOVEMBER 2012

THURSDAY 6 DECEMBER 2012

Trust Board members are invited to note the 2012 meeting dates above.

S Ward
Director of Corporate and Legal Affairs