To:	**Trust Board**
From:	**John Clarke, Chief Information Officer**
Date:	**27 February 2014**
CQC regulation:	

Title:	**Electronic Document and Records Management Update**

Author/Responsible Director: John Clarke, Chief Information Officer

Purpose of the Report:

To provide an overview of the EDRM Trial Implementation and seek clarification on the next steps for the Business Case for the Full Implementation.

The Report is provided to the Board for:

Decision		Discussion	X
Assurance	X	Endorsement	

Summary / Key Points:

The full business case was presented to the Trust Board in November 2013. After due consideration it was decided to proceed with a proving stage to test both the deployment methodology and the deliverable benefits.

We have reached agreement between UHL and IBM to proceed with the 16 week EDRM Trial Implementation project this paper provides an overview of the scope of the project, the timeline, the anticipated benefits and potential next steps around how this could evolve into the wider implementation across the Trust as a whole.

Pilot Areas

The two pilot areas are clinical genetics and MSK. Clinical Genetics was chosen because of a pressing need for this technology within its service, the closed nature of the service and the clear demonstrable clinical commitment to making the POC work. MSK was chosen to test the workflow element of the solution to enable it to manage its referrals within the service and several key clinicians have volunteered to be part of the work.

The clinical champions for each department, Dr Pradeep Vesudevan from Clinical Genetics and Kevin Boyd and Sally Le-Good from MSK, are engaged with the process and have been involved in defining the benefits that the trial will bring to their areas.

The project will implement the trial EDRM Solution in the two departments concurrently over a period of 8 weeks. This will be followed by a further 8 week evaluation period which will validate the benefits of the EDRM Solution compared to those anticipated at the outset.

Next Steps

Work has started, on the 17th of February, to take the POC forward and IBM resources are at UHL starting the implementation programme.

To proceed to a full roll out we will need to submit the relevant business cases to the NTDA. With this in mind the Business Case for the Full Implementation was prepared using the Five Case Model and is ready to start the approvals process.
Recommendations: The Board is asked to discuss/note the 1. The nature and makeup of the proof of concept and its governance. 2. The decision to take the outline business case, as previously presented to the Trust Board, to the NTDA in parallel with the POC.
Previously considered at another corporate UHL Committee? UHL/IBM joint Governance Group EDRM Project Group

Board Assurance Framework: Yes	**Performance KPIs year to date: N/A**

Resource Implications (eg Financial, HR): Yes – costs of the POC
Assurance Implications: Yes
Patient and Public Involvement (PPI) Implications: Yes - As part of the POC we will be working with clinical genetics to identify any issues and concerns.
Stakeholder Engagement Implications: Yes – The POC will be used to build engagement with key stakeholders
Equality Impact: N/A
Information exempt from Disclosure: No
Requirement for further review? Yes

Background

A decision was taken at the Trust Board in November to scope a piece of work to look at the potential for undertaking a pilot or trial implementation of the EDRM solution being proposed for the hospital as a whole.

A number of options were put forward for consideration with the final candidate areas being agreed as being the Clinical Genetics and Musculoskeletal Departments due to their size and the nature of the challenges they are facing.

A subsequent Business Case was prepared for the Trial Implementation which was discussed and agreed from a business, financial and technical perspective and the contract for this piece of work was signed at the beginning of February.

The project commenced on the 17th February and the purpose of this report is to provide an overview of the scope, activities, timelines, and anticipated benefits etc for your information.

The next step, for the approval of the Business Case for the Full Implementation that was circulated to the JGB and Trust Board in November, is to issue the OBC to the NTDA. This will be done in parallel of the pilot to ensure that there is a limited gap at the end of the POC for the Trust to undertake the full implementation.

Scope of the Trial Implementation

The scope of the project is for UHL, in partnership with IBM through the Managed Business Partnership (MBP), to undertake a trial implementation of the proposed EDRM Solution in two areas of the Trust: the Clinical Genetics and Musculoskeletal (MSK) departments.

The clinical champions for each department, Dr Pradeep Vesudevan from Clinical Genetics and Kevin Boyd and Sally Le-Good from MSK, are already engaged with the process and have been involved in defining the benefits that the trial will bring to their areas.

Clinical Genetics Scope

The Clinical Genetics department currently have around twenty thousand (20,000) sets of family notes dating back to the 1980's which are stored onsite in the Clinical Genetics offices. It is outpatient based, seeing around 3,000 patients per year.

The proposal is that the Clinical Genetics Specialty Case Notes will be scanned in a one off back-scanning exercise and loaded into the EDRM Solution where they will be indexed according to the family ("pedigree") number and surname. This is in line with the proposal for the full implementation where only case notes logged on TrackIt will be scanned on demand. All other notes held in the various specialty departments will be scanned in total as a one-off exercise.

Ongoing paper produced by the Clinical Genetics department will be scanned within the department and stored in the EDRM Solution. Existing photographs and clinic letters will be loaded into the EDRM Solution and stored with the scanned notes so that the EDRM record contains all of the relevant information for the clinicians. Optical Character Recognition (OCR) will be applied to the scanned notes to allow clinicians to search their entire corpus of information to discover more links between

conditions or families that would not be possible using the current paper-based process.

The benefits of the EDRM solution for Clinical Genetics include:

- Proving the solution in an outpatient environment.
- Proving that the selected EDRM Solution will function in a UHL clinical department that will make full use of the EDRM search and navigation function to significantly speed up clinical access and decision-making whilst maintaining strict security controls.
- Bringing together disparate files and sources of information into a single record so that the clinicians have all the information to hand when dealing with patients.
- Freeing up of space occupied by numerous paper files that can be re-purposed as clinical rooms and will therefore increase the capacity within the Clinical Genetics department, allowing them to see more patients and reduce waiting times for referrals, once the space has been re-purposed.

Musculoskeletal Scope

The Musculoskeletal (MSK) department currently have issues with managing their GP referral letter process. The current process is heavily paper-based and it can take up to three (3) weeks for a consultant to respond to a GP referral letter for various reasons, including getting access to the paper referral letter or letters getting lost or going missing. The paper-based process also has issues where a consultant is on leave and their GP referrals cannot be easily retrieved for processing by someone else. The paper-based process is contributing to breaches in the RTT targets and fines are being incurred by the Trust as a consequence.

Implementing the EDRM Solution and using the workflow capability of the EDRM Solution in the MSK department will enable GP referral letters to be scanned in and distributed electronically to consultants. This will allow consultants to read and respond to the GP referral letters from any computer that has had WinDIP installed on it, rather than having to find the paper letter. This will speed up the process and reduce the manual effort required. Other benefits to MSK include:

- Better visibility of the progress of referrals, enabling bottlenecks to be identified and resolved quickly.
- Freeing up of administrative time for other tasks within the department.
- Less likelihood of referral letters getting lost or misplaced.

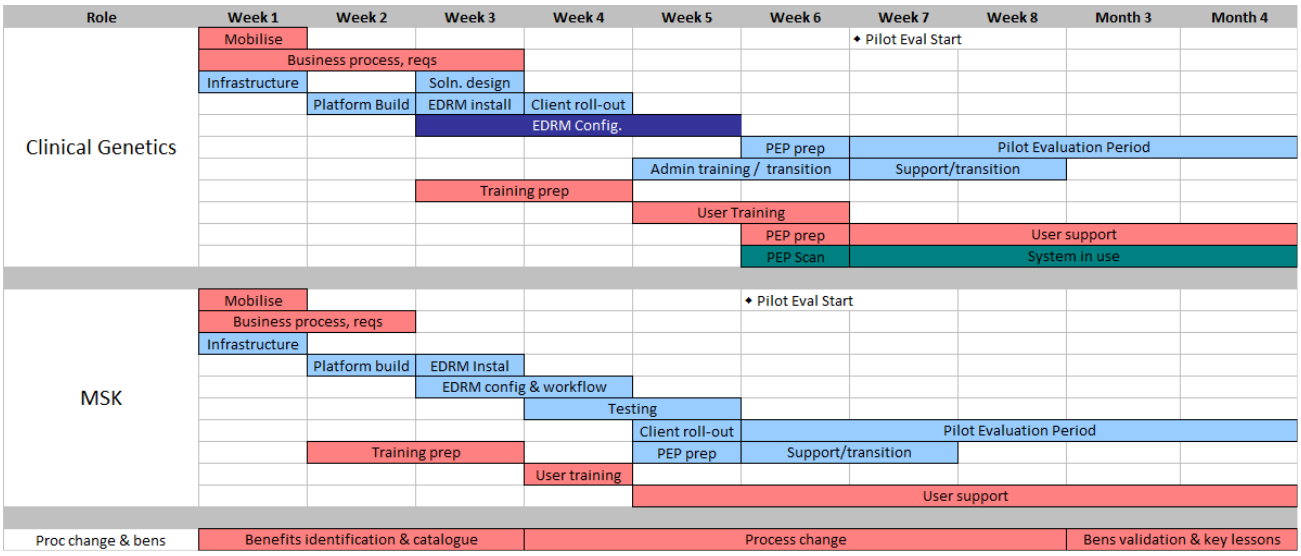
In addition to addressing these real business needs in both departments, implementing the EDRM Solution brings other benefits:

- It establishes the EDRM platform within the Trust that can be expanded to meet other business needs.
- It enables Trust staff to get used to and see the benefits of an electronic way of working.
- It acts as a “showcase” for the EDRM Solution across the Trust in preparation for the full roll-out of the EDRM for Core Case Notes and other Specialty areas.

Timeline

The project will implement the trial EDRM Solution in the two departments concurrently over a period of 8 weeks. This will be followed by a further 8 week evaluation period which will validate the benefits of the EDRM Solution compared to those anticipated at the outset.

The outline plan for completing this project is as follows.



At the end of the project evaluation period there will be a decision point. This will include a review of the effectiveness of the trial implementation, taking into account the experience of the clinicians who have been using the system in each department as well as examining how well the EDRM solution has met its objectives:

- Has the technical solution been deployed successfully into the departments ?
- Are the clinicians using the solution ?
- Are the benefits capable of being realised ?

The options for the Trust at this point are:

- Continue with the use of the EDRM solution in both departments.
- Decommission the EDRM trial implementation, revert back to the paper-based processes in both departments and return the scanned notes to the Clinical Genetics department.

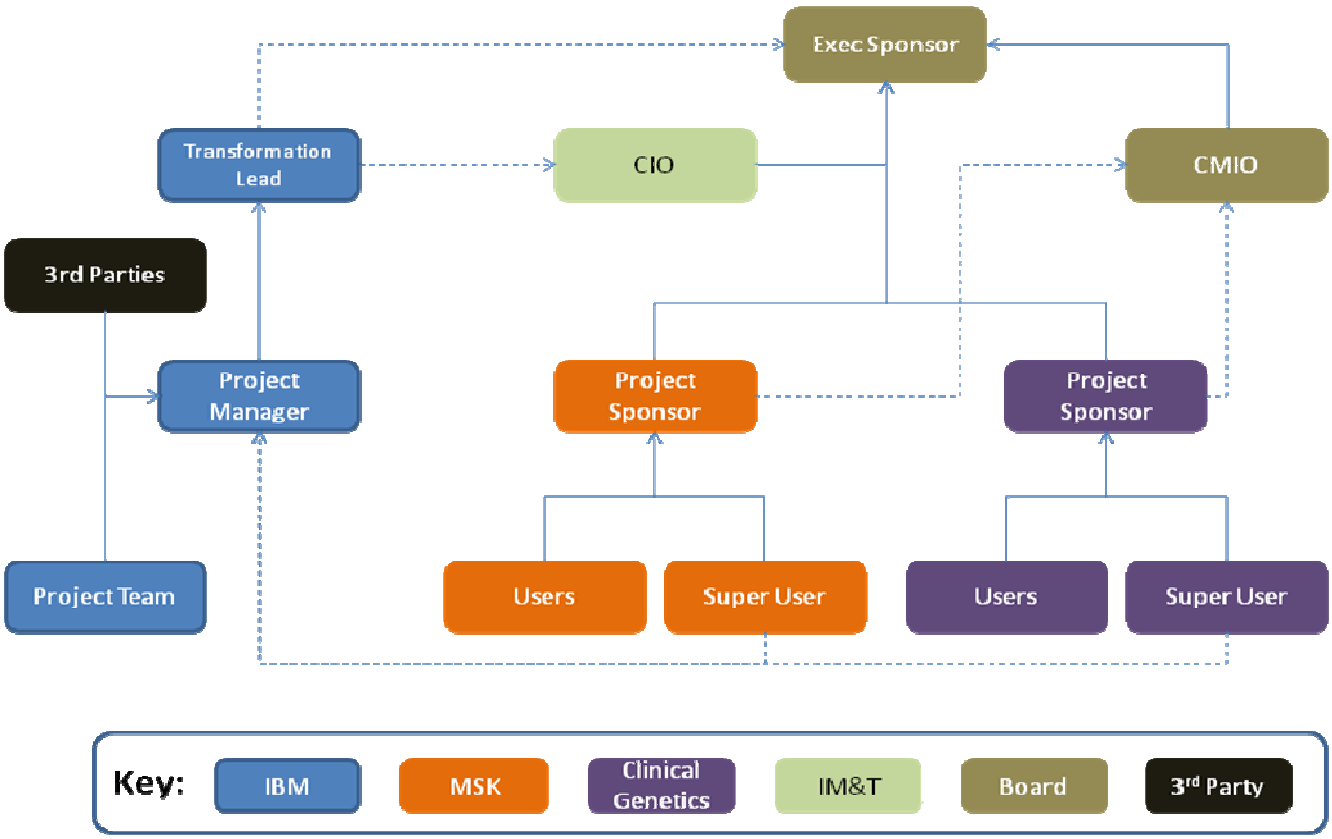
Governance

Weekly Project Meetings with the Department Champions will be run to report progress and raise any issue or concerns. The Project Manager will produce a weekly report that will be issued ahead of the meeting as a basis for the discussion.

In addition to this fortnightly Project Steering Board meetings will be arranged to discuss progress and issues on the work being carried out under this, plus any other relevant Project Orders. Trust attendees at this meeting will include the CIO, CMIOs

and the Project Sponsors for each area supported by any additional resources as required.

The organisation chart is show in the diagram below.



Implications for the Full Implementation

Carrying out the trial implementation will mean the following benefits for the wider implementation of EDRM within the Trust:

Inform

- Brings electronic ways of working to outpatient activity, validating efficiency benefits, process change impacts and improving confidence in the technical implementation.
- Applies practical information governance to electronic patient records within a highly confidential area of the hospital.
- Provides the opportunity to measure tangible and intangible benefits, including staff efficiency, clinical adoption, patient experience and safety.
- Surfaces the clinical and cultural adoption issues and potential mitigation that can in turn be fed into the full implementation approach.
- Tests the key solution components – 3rd party scanning services and EDRM platform with real workload and live operation.

Reuse

- Starts the Specialty adoption – creates a potential re-usable adoption model and platform that can be applied in other specialties to accelerate the implementation, where they have similar outpatient processes. This could

save in the order of 10-15% of the planned duration for the latter Specialty roll out.
- Although not targeted at the main Core Notes, the trial implementation creates some reusable assets that will need to be extended for the full implementation, such as configuration and training elements, which could save time in the wider implementation.
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Reduce

- Investment in licensing for the trial implementation will be removed from the full implementation license costs.
- Creates a baseline design and configuration that can be extended for the full implementation.
- Creates training template / assets and a re-usable approach that can be enhanced to support the full roll out.
- Creates a change and communications template that can be extended to the full rollout.
- Although the trial implementation is focused on a single Speciality and MSK referrals it is anticipated that this could lead to a potential reduction of between 3 - 5% of the effort for the full implementation, based on current scope.

Next Steps for Full Business Case

A Business Case for the Full Implementation was prepared at the end of last year, using the Five Case Model, and circulated to the JGB and Trust Board in November. A question remains as to how this should be taken forward while the Trial Implementation is underway for which there are essentially two options:

1. Submit the Business Case for the Full Implementation to the NTDA as soon as possible in order to commence discussions, refining if necessary as the Trial Implementation progresses.

2. Wait for the Trial Implementation to finish i.e. June 2014 and then take the decision about whether or not to submit the Business Case to the NTDA.

The decision from the project team is that, as we need to do an OBC followed by FBC, we are better off starting the process ASAP as we will be able to inform the FBC better as we get the information through the pilot work. If we wait for the pilot to complete, we will have a “dead period” after the pilot when we are seeking authority to proceed.

John Clarke
Chief information Officer