

Headline Sponsors:





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May 2020

EPR Programme Commenced

Focused on strategic overview and user engagement.

December 2020

EPR FBC Approved

Approved by Trust, ICB and NHSE

October 2021

Go-Live Phase 1, Clinical Documents

Trust went live with the solution. Treated as a transformation go-live, not technical

September 2023 (Planned)

Go-Live Phase 3, Order Comms

Aim to replace existing Order Comms solution

EPR Programme Timeline



Digital Strategy

Clear digital strategy developed (engagement with staff and patients) approved by the board.

April 2021

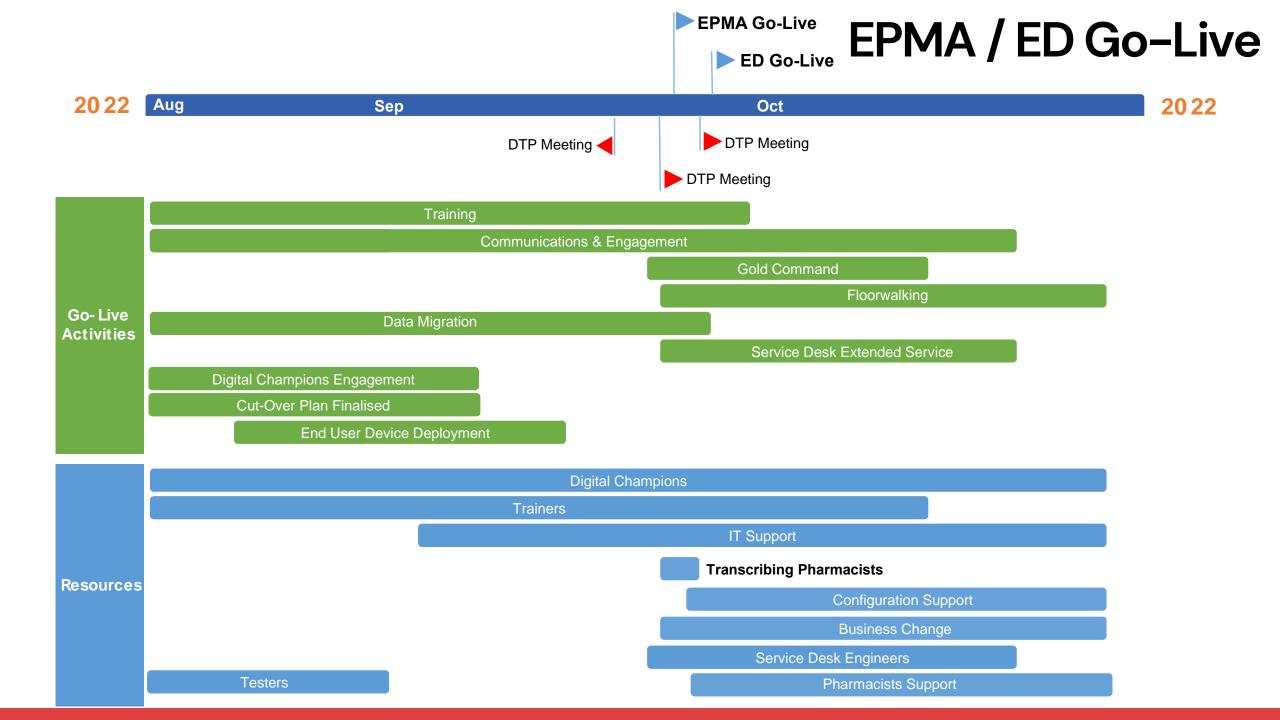
EPR Deployment Commenced

Key resource in place from Trust and supplier.

September 2022

Go-Live Phase 2, EPMA and ED

Two go-lives within 4 days of each other.



Early benefits from EPMA / ED Go-Live

Benefits

90% of clinicians were positive about the EPMA functionality and new process compared to the previous paper drug chats.

2.9 WTE Band 5 Nurses saved per year for time saved on drugs rounds.

5.9 WTE Doctors saved from Ward Round process per year.

Capillary Blood Glucose Recordings time saving of 5.4 WTE Band 2 clinical support workers

4 WTE administrative staff saved from ward-based records management

EDN's completed real-time increased to 98%

Key Recommendations



From Executive team to users, engage early and often. Building confidence and ownership beyond the digital team



Need to be able to work with your system supplier, fail to do so leads to mistrust and will increase risks with your deployment



Acceptance Criteria

Agree early on what is the acceptance criteria to proceed. Don't golive if the risks are too great.



Plan From The Start

It's never too early to think about go-live. This should be considered when developing the business case. And a good cutover plan is essential.



Plan that stablisation is required post go-live. These are complete programmes, something will need addressing