UPDATE ON E-HOSPITAL ISSUES AT CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

To:	**HEALTH COMMITTEE**
Meeting Date:	**28th May 2015**
From:	**Jessica Bawden, Director of Corporate Affairs, and Debbie Oades, Local Chief Officer for the Cambridge System, Cambridgeshire and Peterborough Clinical Commissioning Group**
Electoral division(s):	***All***
Forward Plan ref:	**Not applicable**
Purpose:	**Information for the Committee on E-Hospital issues**
Recommendation:	**The Committee is asked to note the update on E-Hospital issues at Cambridge University Hospitals NHS Foundation Trust.**

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1. BACKGROUND

1.1 As part of their E-Hospital Programme Cambridge University Hospitals NHS Foundation Trust (CUH) implemented a new clinical information system EPIC on 26th October 2014. There was a substantial team in place following Go Live to resolve any issues that emerged. The changes that were required were either technical (in the EPIC system itself or to systems EPIC has to integrate with) or with clinical and administration processes. There was also a significant training and development need for staff to use the system.

The Go Live phase is over and the Trust is in a stabilisation phase where it is continuing to make improvements to both the technology and organisational processes. Generally it is felt the system is bedding in well particularly as staff have become more familiar with EPIC and as organisational processes have changed to reflect the new methods of working. Many issues were resolved in the immediate months post Go Live but there are still some areas which require further improvements.

2. MAIN ISSUES

2.1 Potential Harm to patients

Over the period since Go Live there have been other problems that have affected CUH services, such as demand and capacity pressures and cancellations of surgery, which have made it difficult to distinguish the impact of EPIC from other impacts.

The number of overall incidents reported and serious incidents reported to the CCG has been broadly comparable with the period prior to E-Hospital. Three serious incidents related to EPIC have been reported to the CCG (business continuity, an analyser interface and three patients with pulmonary thrombosis on their death certificates). Neither of the first two incidents caused serious patient harm. The investigations on the three patients have been completed and all actions required are being progressed

Up to 14th April within the Trust there were 14 incidents that were linked to EPIC where patient harm had been reported and required investigation and follow-up. The last incident reported was in February 2015. Prior to their investigation, nine of the incidents were rated as causing moderate harm, four were rated as minor harm and one (the three patients with pulmonary thrombosis) was rated as major harm. Following investigation two of the incidents were found not to be EPIC related. The remaining 11 incidents rated as moderate or minor have had their investigations completed and actions are underway or implemented.

Up to the end of March 2015 there were 11 complaints to the Trust that were explicitly linked to EPIC, the last one being in January 2015. PALS enquiries and concerns have been stable, and no significant changes can be seen from patient experience data.

Many issues that get reported are not due to the EPIC system itself but to staff's knowledge about how EPIC works and that their working processes may need to change because previous clinical information systems (electronic or paper based) are no longer in place.

2.2   Trust management of issues

Oversight of any EPIC issues is provided through a weekly, moving to fortnightly, E-Hospital Assurance meeting which involves the Executive Directors of CUH, key managerial and clinical staff and the CCG. There are 10 stabilisation work streams in place which cover:

•   Pathway reporting and patient tracking lists (PTL)
•   Outpatient clinical optimisation & reporting
•   Outpatient administration
•   Emergency medicine pathway
•   Medicines
•   Inpatient optimisation
•   Pathology (Beaker module of EPIC)
•   Transfusion
•   Hardware and infrastructure distribution
•   Training and long term education needs

Each of the work groups reports weekly to the E-Hospital Assurance Group and includes on its plans the issues raised by partner organisations including Primary Care, Community Services and Public Health NHS England.

2.3   Post-acute care communications to other services

Following Go Live significant numbers of formal communications to other organisations following care at the Trust were either missing, incomplete or of poor quality. These include referral letters from CUH to other organisations and for GPs: A&E and outpatient attendance letters and discharge summaries.

Referral letters to other service providers have largely been resolved.

Much work is still underway to improve the quality of the discharge summaries. At the end of April an audit of discharge summaries averaged that 70% were complete, with 80% complete but with limited information. The Trust is aiming to have 95% of summaries complete by the end of May.

The Trust is planning to ensure A&E attendance letters meet contractual requirements by the end of June and outpatient attendance letters by the end of November.

2.4   Outpatient capacity and administration

The Trust planned a reduction in outpatient activity for the three week period post Go Live. However it has taken some time for some specialties to get back to normal capacity. There are still some specialties, such as ophthalmology, where productivity is lower than prior to E-Hospital. There were issues with outpatient bookings and availability of appointments on Choose and Book prior to E-Hospital but these problems have been exacerbated by post Go live pressures around capacity, use of IT systems and in some specialties increases in demand.

The solutions do not require changes to EPIC but are about the Trust having the appropriate capacity and then consistent stable booking processes in place.

2.5   Pathology services including GP Direct Access

Most GP pathology services are provided by The Pathology Partnership (TPP) which is hosted by CUH on behalf of a partnership of East of England Acute Trusts. In the immediate period Go Live there were many tests that were not being reported through to GP practices or were being sent to the wrong GP practices. Most of the issues were due to configuration issues between the EPIC pathology module (EPIC) and TPP systems where information was not being correctly exchanged between the two systems. GP Practices were left with a service that they felt had potential safety impacts in that they are unsure if requests for pathology tests have been actioned and the results returned. There has been significantly increased workload for practices and other Providers to manage the missing reports and the multiple copies of reports (as results were resent as each issue was fixed).

A significant number of the outstanding issues were only resolved in the last month and the success of these is being monitored and audited. The CCG meets with TPP on a weekly basis to review any outstanding problems.

2.6   Performance Reporting

Many of the areas highlighted above are how information is reported from EPIC to other systems, to staff and to external organisations. The system is effective in capturing information which is used in the clinical management of patients but where it comes to reporting information for other purposes not all those requirements were identified, set up or tested prior to Go Live. These issues are being resolved as they are being identified.

Areas of national and contract reporting which are not complete or accurate include:
•   Non-admitted referral to treatment
•   Some national information returns
•   Contract commissioning datasets (including SUS submissions)
The Trust is working at reviewing and validating this information but have no date yet for completion for this work.

2.7   Conclusion

The EPIC system has started to embed itself into the Trust systems and is being used more effectively. However the Trust underestimated the impact that implementation would have on the whole health system including its partners in primary care and in other Providers. It has resulted in new operational processes having had to be developed to ensure systems are working effectively and has led to times of increased workloads as staff have had to deal with the consequences. As the use of EPIC develops further the challenge for CUH is to ensure it has the resources and processes in place to train and develop staff to use the system and to configure, change and develop the EPIC system.

Not all the fixes and solutions to problems will require changes to EPIC. Some of them will be about developing new organisational processes that will then need to be consistently followed by all staff. This requires continued investment in training and development.

3. SIGNIFICANT IMPLICATIONS

3.1 Resource Implications

There are no significant implications within this category.

3.2 Statutory, Risk and Legal Implications
Not Applicable

3.3 Equality and Diversity Implications
Not Applicable

3.4 Engagement and Consultation Implications
Not Applicable

3.5 Localism and Local Member Involvement
Not Applicable

3.6 Public Health Implications
Not Applicable

Source Documents	Location
NONE	