

Caring for digital health

The Pennine Acute Hospitals 
NHS Trust

Setting up an EPR Programme

SUMMARY

At the start of 2018 Pennine confirmed they were about to begin implementing an EPR system. They were joining with Salford Royal GDE programme as a Fast Follower and would implement the Salford version of Allscripts Sunrise Clinical Manager. To ensure success it was important that doctors, nursing and therapy staff were at the heart of the design so the programme was to be clinically led by the CCIO and a part time supporting team.

Split across Royal Oldham, North Manchester, Fairfield General Hospital and Rochdale Infirmary Pennine had numerous existing clinical systems. Their network infrastructure was outdated and a mixed economy of electronic and paper based systems created inefficient processes and added clinical risks for patients and to the organisation as a whole.

The proposed EPR, along with infrastructure remedial projects would mitigate these risks and provide joined up working across multiple sites. The programme located on the Pennine sites would be set up from scratch with a new team and work closely with the Salford IT and EPR team. Populo were engaged to initiate and run the programme until substantive staff were appointed.



BACKGROUND

There are four 4 sites with principle specialities of ED, Diagnostics, Medicine, Surgery, Women & Children and Community Services servicing a population of 820,000 across North East Manchester. Pennine Acute is the largest non-teaching hospital in the country with 9000 staff and 100 active research consultants. During the initiation of the programme it became part of Northern Care Alliance joining with Salford Royal FT.

Large numbers of patients use the hospitals; 688,000 outpatients, 117,600 inpatients with 74,000 day cases and 153,500 home visits. 1m items are issued from pharmacy and over 1.6m patient meals are provided each year.

The aging technical infrastructure across multiple sites with frequent outages and a shortage of project resources proved a challenge. Key staff were absorbed in keeping the lights running and there was little time to implement change since the old PMO resources had been disbanded.

There were however some excellent in-house staff who had been involved in writing and implementing the proprietary systems still in use. Several attempts had been made at launching an EPR programme which for a variety of reasons had been thwarted. This had left clinical staff frustrated despairing that they would ever get their hands on a modern stable clinical support system.

The organisation was to merge technologies with the existing Allscripts Sunrise system at Salford Royal; this would bring cost benefits and reduce the time to implementation learning lessons from the long established existing users.

688,000
OUTPATIENTS

117,600
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DAY CASES

153,500
HOME VISITS



APPROACH

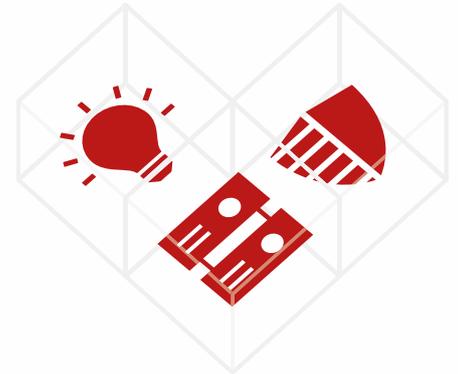
Building a new programme from scratch provides a blank canvas, there was considerable enthusiasm, and the programme was supported by the CIO, CCIO and the technical team. This proved invaluable support to the Populo team.

CONFIRMING PROGRAMME OBJECTIVES

This was important. The objective of the programme was to implement Allscripts EPR at Pennine Acute and embed change throughout the organisation ensuring staff were appropriately trained to actively use Allscripts as their key clinical system across Royal Oldham, North Manchester, Fairfield General Hospital and Rochdale Infirmary. Without clear objectives and signed off scope the programme would be in disarray. A Programme Initiation Document (PID) was written, risks and issues were documented in a RAID log and a formal reporting structure was set up.

GOVERNANCE IS CRITICAL

a working group made up of key programme staff, clinical leads and in-house technical staff was set up to report up to a central programme board. Workstreams and a high level plan were created to establish timelines, activities and milestones working closely with the supplier. Weekly working group meetings were held with technical, business change, clinical, nursing and AHP leads, benefits, training and test managers, information governance were also included along with the Data Quality department. DQ were particularly pleased to be included, this department is very often pushed to the margins only finding out about change once the decisions have been made. By including them as part of the key programme team it ensured that fixing DQ issues would be incorporated into the design and testing therefore lessening the impact on data migration issues along with KPI and national reporting.

ADVISORY SERVICES**INFRASTRUCTURE & SECURITY****DATA & INFORMATION MANAGEMENT**

APPROACH

RESOURCE REQUIREMENTS

programme resources were a mixture of seconded internal staff and contractors. A programme manager was appointed from Populo to drive the programme with PMO administrator who took responsibility for managing the PMO on a day to day basis. Chasing up the Risk, Issues and managing the RAID log, keeping the project plan up to date and providing support to the on-going project activities. EPR implementations are large programmes and it is unusual for a trust to have all necessary experience in-house. Pennine needed experts who had been there and were wearing the t-shirt. They brought in skills to fill capability gaps but we ensured that knowledge transfer took place as a mandatory part of the programme. That way Pennine received a good return their resource investment.

Finding the right resources was critical to the success of the programme. Once the programme manager had written the plan and was clear on the activities we began to look at the skill set and duration of the resources needed. Without the people in place at the right time the programme would be compromised and the risk of failure would have increased.

Finding a good team is methodical. Having identified the activities the programme manager wrote work packages and deliverables for each team member identifying the key capabilities required for each role. This helped Populo to find the best skill set from the consultancy market. The interview process was sufficiently formal to test the applicant but not so much that they were unable to perform to the best of their ability. Open and situational questioning allowed candidates to expand on their knowledge and for the programme manager to test how they handled different situations such as poorly performing team members, governance or risks. In all cases the project required team members to have good communications skills. We didn't plan too far ahead but left sufficient time to find the right resources so they were ready come on board when they were needed. It was a fine balance so we used MS power point to document a high level programme diagram, identifying the need in each phase and obtaining sign off and funding from the programme board. From this we built a resource plan.

“Setting up the programme office brought momentum to the programme...It gave us a structure making sure risks & issues were managed properly and provided routine for the team giving them the support they needed.”

- Phil James, Chief Information Officer



APPROACH

BUILDING THE TEAM

Let everyone know where they sit in the hierarchy. Who works for who and what each team member's role and responsibility is. The programme manager provided work packages so each team member's deliverables were clear. Where possible we empowered staff to manage subordinates to take the pressure off. Burnout is a big risk to a programme and so we kept an eye out for signs of stress particularly in leadership roles. "Because we spent time on recruiting good people we were confident they would be able to deliver to the plan" said Alison Clare, programme manager. We met in the working group once a week to set objectives and deliverables and review progress. By doing this we were able to see who the good ones were, leaving them alone freed

up time up to manage the staff who were less experienced. We were able to manage the activities rather than the effort required. For example by using the governance controls as long as the training manager was 25% through the work at the end of the first week, 50% by the second etc. we could see that their tasks were on target. Managing poorly performing staff can be time consuming; it could be capability or it could be capacity issues. So the programme manager set any underperforming staff individual tasks and micro managed them using leadership skills to get close and support them. Where there wasn't sufficient improvement we replaced them to ensure the programme remained on target.

"Because we spent time on recruiting good people we were confident they would be able to deliver to the plan"

- Alison Clare, Programme Manager.

WORKSTREAMS

We split the staff amongst workstreams across the programme stages; Initiation, Design, Build, Test, Train, Cutover, Go-Live, Business As Usual. For example while we were in Design stage we used the Communications workstream to develop comms assets such as posters, pop up stands and ran demonstrations to show clinical staff what their new system could look like.

We requested their input. This encouraged them to contribute to the new system. By explaining why we needed to understand their current processes and ensure that nothing was missed in the new design we strengthened the clinical commitment to the programme. This led to further engagement from nurses and doctors which in turn bolstered their support for the Benefit workstream



BENEFITS AND OUTCOMES

Benefits are the driving force behind any EPR programme. Pennine was no exception. Improving access to patient information in a timely and accurate manner can reduce clinical risk and improve the patient experience.

Benefit profiles and a realisation plan were created and used to baseline current metrics. These would be compared with post live measurements once the system was implemented. During the Design stage the anticipated benefits became communication assets. Turning what could have been viewed as another IT technical project into a change programme supporting clinical improvement was used to engage clinical staff across the sites.

This secured commitment from clinical staff and from the administration teams who provide their day to day support. We also set up a Digital Office in Royal Oldham dedicated to the programme where staff could drop in and see a demonstration or 'play' with the system. The programme team were based there so someone was always around to help. This continued to build relationships between clinical and IT team members.

After 12 months, once the programme was up and running, the foundations were in place with strong governance, planning and a programme methodology Populo handed the programme over to the IT staff on site for them to continue the implementation and take the programme through to Go-Live.



**BUILDING
RELATIONSHIPS**

**SUSTAINABLE
CHANGE**

**STRONG
GOVERNANCE**