



A successful transition to paperless working

Ashford and St. Peter's Hospitals NHS Foundation Trust cleared their Medical Records library in less than a year through the deployment of an Electronic Document Management Solution (EDMS) and outsourced scanning.



The Trust aim was to make the first fundamental steps in the paperless agenda. A document management solution was procured, followed by a meticulous planning, preparation and testing phase. The implementation phase, however, was swift. This in itself significantly contributed to the success of the project. An incessant, varied and targeted clinical stakeholder engagement plan has ensured the delivery of tangible benefits. These stem from a partnership approach with suppliers, strong leadership and an unfaltering drive.

ABOUT THE TRUST

Ashford and St. Peter's Hospitals NHS Foundation Trust (ASPH) comprises of 400 beds and a workforce of 3,300 who provide a wide range of acute care services across North West Surrey, parts of Hounslow and beyond. In 2015/16 it had a turnover of £268m.

"Apira have been involved in the project from the beginning. They wrote the first draft of the business case, and then worked with me to build up my sense of ownership. This enabled me to present the case to the Trust Board and to visualise the benefits and the path to realisation. Apira has provided ongoing anticipated volume statistics, which have been so precise that we have never had to adjust our agreed commitment to our scanning supplier. The partnership approach with Apira has been instrumental in ensuring the success of the project."

Laura Ellis-Philip
Associate Director of Informatics
Ashford & St Peters
NHS Foundation Trust

OBJECTIVES

The objectives of the project are two-fold:

- To digitise all active legacy records and put in place a process for digitising "Day Forward" paper created during care processes after go-live; and
- To progressively reduce the amount of paper generated by creating eForms.

DRIVERS

- Improvements in the quality of patient safety and care, resulting from:
 - immediate access to patient information
 - better patient outcomes due to easier collaboration and more timely clinical decisions
 - increased time for patient care due to reduced time spent searching for records
- Reductions in on-going costs from the management of paper records:
 - Fewer staff (up to 80% reduction of Whole Time Equivalents)
 - Reduced storage requirements
 - Reduced stationery costs
- Office and storage space to be reallocated to clinical services

TIMESCALE

The procurement was done in collaboration with two other Trusts and with input from the Department of Health. The contract was signed in March 2015 with the detailed pre-go-live implementation plan quickly established. A 5-Phased Approach to roll-out was adopted, going from Early Adopter within one specialty to Scanning files on Discharge from wards and then rapidly moving through the Hop, Skip and Jump phases, which simply divided the clinics into three groups.

This avoided a Big Bang approach, but also meant that the project did not get bound by specialties and was not held hostage to any individual department. The main roll-out phase of the project is complete, with the development of eForms and the realisation of benefits work set to take the project up to the end of 17/18.



July 2016



March 2017



17,183
BOXES PACKED



462,250
RECORDS SCANNED



53,099,915
IMAGES INGESTED

METHODOLOGY

The stages of the project were based on getting to signed contracts by:

- Justifying the project with robust investment appraisal in a 5-case Business Case model including:
 - Justification in qualitative, economic and financial terms
 - Modelling the options for project delivery including the scanning options
 - Detailing full costing, including Trust-side execution costs
 - Precise modelling of anticipated scanning volumes
 - Benefits quantified to cover the release of staff, space and consumables;
 - Return on investment, breakeven point and net present value for each option calculated
 - Account taken of quantified risks to delivery and of optimism bias
- Specifying requirements for the EDM software and the scanning service, defining the user experience and capabilities expected in the EDM and the Service Levels to be delivered by the scanning service.
- Buying the solution/services via a robust procurement exercise using a Restricted OJEU process for the EDM and a framework for the scanning service.

And then deploying and adopting the solution by:

- Configuring the EDM, setting up the scanning service and testing the overall solution end-to-end before embarking on live use with an Early Adopter service in Breast Care;

- Following this, the adoption of the technology proceeded rapidly through following the 5-Phased Approach, focussing on ensuring the medical records team remained in full control of a high quality service provision;
- Supporting the adoption process by a Rapid Response pro-active training and floor-walking service;
- Actual volumes tracked extremely close to those projected in the business case;
- Securely destroying once validation of the records returned was completed.
 - Note, to ensure legally admissible records, the scanning supplier is accredited to the BS10008 standard (Evidential Weight and Legal Admissibility of Electronic Information)

PARTNERS

A strength of the project was the spirit of true partnership with the following vendors:

- Kainos – who supplied the EDM software (Evolve) and worked alongside the Trust core team, providing a joined-up approach to the configuration, testing and project management of the solution deployment;
- Hugh Symons – who provided the scanning service as well as contributing to the overall approach and delivery of the project, providing the blueprint for excellent control of process management
- Apira – who developed the business case and specifications and supported the deployment by setting up the change team; leading on testing and providing valuable project assurance support to the Trust management team throughout the deployment.

THE 5-PHASE ROLL-OUT APPROACH



KEY SUCCESS FACTORS

Leadership: Significant buy-in from the Executive Team including Clinicians, Nurses, Midwives and AHPs

Partnership Working: Working with suppliers as partners, ensuring that they were part of key decision making

Transformation not IT: The deployment of EDMS not being treated as an IT Project. Significant time was spent understanding business processes and implementing new, safer processes

Phased Deployment: An incremental approach where areas going live were defined by the Medical Records Team's capacity or ability to cope, and not by Speciality

Communications: A dynamic and interactive approach to communications, ensuring that the right message was issued to the right people at the right time, supporting the Change Management activities

Testing: Splitting testing into technical testing, providing assurances to the Trust that the system has been configured and setup correctly and business validation, testing the new processes within various environments with Clinicians.

ABOUT APIRA

Apiira have worked for 20 years helping the NHS harness clinical IT and Information systems for the benefit of patients and to improve efficiency.

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ACHIEVEMENTS

- In little over a year from the Commencement Date, the whole of the Trust is now live on the EDMS and the benefits are beginning to be realised in terms of release of staff; office space and the qualitative benefits for clinicians from having notes ubiquitously available. This is tracking very close to the Business Case estimates in both the timing and value of the savings. When fully realised these will amount to **between £1.2m and £1.5m in each and every year** moving forwards, or approximately **0.5% of the Trust's turnover**. Sustainability in Action!
- At the present time, the Trust has digitised over 150,000 legacy files (or over 50m images) and over 300,000 day forward files (representing over 7m images).

The Trust is now developing eForms to progressively reduce the amount of Day Forward paper created to further reduce costs and increase the overall uptake and use of clinical software in day-to-day practice. To date, the forms developed include:

- Clinical Record Note
- Research Note
- Multi-disciplinary team note
- Discharge planning pathway tool (used in conjunction with social care to speed safer discharges)

The symbolic importance of now operating as a digital hospital is important as it sets the Trust apart from its peers as a leader in the effective delivery of technology-enabled change.

As a result the project has led the Trust to have greater confidence and capability moving forward in its ability to use technology to enhance patient care and deliver cost savings. This has created a widespread "can do" spirit across the organisation with staff empowered to take managed risks to deliver organisational rewards.

THE FUTURE

The results of the project have led to a significantly enhanced capability to deliver technology-enabled change. This means that in future the Trust will be able to take managed risks to improve patient care and reduce costs as well as being willing and able to "scale" developments rapidly when they are seen to work.

Aside from the significant cash savings, the specific impact of digitising medical records is profound for the organisation as it means:

- Ubiquitously available notes so clinicians can review anytime and in concert with (remote) colleagues if necessary
- Easy access to (scanned) Casualty Cards on wards
- Ability to share digitised records with partners e.g. Social Care
- Fast processing of day forward paper to add to the digitised record
- No more lost (or delayed) records resulting in cancelled appointments or sub-optimal care

The focus of the project will now move to the digitisation of more and more of the Day Forward paper so that this does not get generated in the first place and does not therefore need to be scanned. This will take some time but by focussing on high volume paper, more care processes can be fully digitised meaning no Day Forward files are needed.

As services become fully digitised, more opportunities for innovation in care processes and indeed the role of the patient and (potentially) carers become possible, e.g. capturing more data from patients directly. Thinking "out of the box" in this way is expected to reduce costs but also increase the engagement of patients in their own care, improving the patient experience, staff job satisfaction and clinical outcomes.

