PWYLLGOR CYLLID
FINANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 February 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Digitisation of Health Records – Programme Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers – Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Gareth Rees – Deputy Director of Operations

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation This report provides the Committee with an update on the future direction of the Digitisation of Health Records programme of work which includes a revised set of priorities, building on the previous Health Records Modernisation Programme in 2019. At the time, the Modernisation Programme signalled a preferred direction of travel and identified key actions raised through internal audit reviews that would bring a reduction in costs and improvements in efficiency, governance and patient care across a number of clinical services. While the publication of the Health Board's (HB) 'Digital Response' has provided an aspirational blueprint for the future management of Electronic Patient Records (EPRs), this programme of work will aim to continue the short and medium-term projects that will provide robust foundations for clinical engagement and the significant cultural change required to realise the HB's digital ambitions. An outline Programme Plan has been produced with project management support from the Transformation Programme Office. It focuses on several key principles which will underpin its approach, and which will be highlighted clearly in all future engagement: • Reduction or eradication of paper generation in all health records; • Robust analysis across the organisation to identify where e-records are achievable; • Where this is not possible, emphasis on scanning at the point of production of a health record. The outline plan attached to this report at Appendix 1 also touches upon the remedial work referenced in a recent 'Executive Team Records Management' paper, relating to issues at the off-site records storage facility, which (due to a number of factors) presents significant operational risk - not least the potential for issue of a Fire Safety Notice from the Fire Authority. The outline plan will be developed and mobilised in the coming weeks.

Finance Committee is asked to consider and support the Outline Programme Plan and the proposed direction of travel, and to note the cost envelope allocated and the allocation of funding for the immediate remedial work at the off-site facility.

Cefndir / Background

Records Management within the HB has often been highlighted as an important area of operations that requires significant modernisation in order to address growing inherent challenges to existing practices, while at the same time realising significant opportunities underpinned by the HB's future direction of travel for digital transformation.

The Programme Plan which accompanies this paper (Appendix 1) covers the pertinent points in more detail, focusing on:

- Trends affecting existing practices and the impact of these;

- Specific issues at the current off-site facility which need to be addressed;

- Findings of the Records Management review undertaken in 2018;

- The opportunity framework identified in a previous change initiative (which forms the baseline for future developments).

The background referred to in the plan is also informed by previous documentation produced which relates to the above points.

Whilst the opportunities identified previously have not changed a great deal in terms of tangible outputs, this programme will be more aspirational, focusing on the cultural change needed to 'switch off' paper generation across all HB operations.

Asesiad / Assessment

The change in emphasis referred to above is one of the reasons why the plan is referred to as a 'Programme of Work', rather than as a single project. It signals the scale, longevity and tactical approach required to implement it at this point and to re-engage a wide audience in what is, operationally, a challenging time for the organisation.

It also highlights the risks in 'doing nothing' or failing to act upon quick wins and short-term opportunities which are highlighted in the fire safety issues at the off-site facility, and in information governance concerns.

The commitment to providing additional resources in terms of funding and project management support signals the importance of this long-term piece of work, which will realise significant benefits both operationally and in terms of improved patient outcomes.

Funding will also be earmarked for immediate costs that are evident in planning and include:

- The preferred option for remedial action at the off-site facility will incur in the region of £40,000 to £60,000 for 12 months.

- Implementation of initial scanning solutions show that there is likely to be some fixed term recruitment to assist in the interim with the mobilisation of any solution, as well as a need to consider the future business case for a comprehensive scanning solution.

- Additional resource deemed necessary by Information Asset Owners within services that require immediate assistance to tackle the existing records and requirements for transfer.

- The schedule of works at the off-site facility to avoid the risk of a Fire Safety Notice being served will require in the region of £50,000 (capital).

Argymhelliad / Recommendation

- Finance Committee is asked to take assurance from the development of a Programme Plan, and the arrangements in place to implement this;

- Finance Committee is asked to take assurance from the identification and planning of immediate remedial work at the off-site records storage facility;

- Finance Committee is invited to discuss and express views on the longer-term direction of travel of the Digitisation of Health Records programme of work.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.5.6 Reviewing financial proposals for major business cases (and investment decisions) and their respective funding sources.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 245 Inadequate facilities to store patient records and investment in electronic solution for sustainable solution – risk score 20
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.4 Information Governance and Communications Technology
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives:	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Evidence included in the report and at Appendix 1
Rhestr Termau: Glossary of Terms:	Explanation of terms included in the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to Finance Committee:	Transformation Programme Office

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	

Ariannol / Gwerth am Arian: **Financial / Service:**	A revenue stream of circa £300,000 has been identified by the Director of Finance to support the ongoing requirements of the programme going forward.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	The background papers identify the impact of a modernised health records system on patient care and quality.
Gweithlu: **Workforce:**	Outlined in the plan that funding is likely to used for recruitment purposes on a fixed term basis
Risg: **Risk:**	Risks and issues are included in the accompanying plan
Cyfreithiol: **Legal:**	Risks are referred to in the background papers, if a "do nothing" option is pursued going forward.
Enw Da: **Reputational:**	Background papers have highlighted inherent risks associated with delays to responding to FOI requests or access to health records. Potential for complaints arising from these matters.
Gyfrinachedd: **Privacy:**	ICO guidance & information governance has a strong influence in this area of work
Cydraddoldeb: **Equality:**	An EQIA screening will be performed on initiation of the programme

Digitisation of Health Records Programme

Outline Programme Plan
V1.0 – February 2021

Document History

Version	Date	Author	Description	Status	Authorised
V0.1	11/02/21	Andrew Hopkins	First draft – as TPO support appointed	Draft WIP	
V0.2	14/02/21	Andrew Hopkins (Rev GR)	Initial review	Final Draft	
V1.0	15/02/21	Andrew Hopkins	Final draft for FC	Approved	Gareth Rees

Contents

PROGRAMME INITIATION

Introduction

The modernisation of health records within the organisation has frequently been highlighted as an area of day-to-day operations that requires significant modernisation and hence investment in terms of planning and resources. Both, in the face of significant current issues as well as the opportunities that present from the Health Board's future blueprint around digital transformation. Any form of clinical transformation process must surely embrace the advantages that a digital form of health record can offer.

This Programme Plan, in its first iteration aims to set out an outline plan of work whilst at the same time provide assurance that recommendations from an internal audit (2018) and the previous work taken forward within the health records modernisation programme can be re-energised to begin the transformational changes required.

At its heart is a commitment to a set of key principles that shift the focus from traditional demand management of paper records into a hybrid of scanning and storage solutions to the elimination of paper health records.

Background and Challenges

Health records management is a complex subject matter which affects and impacts a wide range of users including patients, their relatives, carers, staff and members of the public. It is important that the processes that support good health records management standards are properly designed and implemented if surety of outcome, timely delivery and statutory compliance are to be achieved. This requires a system that deals with health records from 'cradle to grave' across all areas of its application – not only the acute record. Sub optimal working practices will invariably compromise good information governance and hence assurance to the Board will be limited. It is therefore imperative that unified health records management processes are implemented consistently across every department that generates health records.

Existing practices

An internal review of records management practices was undertaken in 2018. The review carried out in conjunction between the records management and audit teams found that the existing practices were no longer a viable or sustainable way of handling the ever increasing volumes of health records that were both already in the system and created daily.

This model focused on a filing libraries service supported by an off-hospital site storage facility at Llangennech (near Llanelli). The annual balancing of demand for

storage against available capacity has been offset by a routine and selective destruction programme, in line with retention guidelines and within the rules of the two embargoes that remain currently active.

A combination of an ever increasing demand for record storage from inherent pressures as well as two destruction embargoes placed on the NHS has made the current situation untenable at the offsite facility.

Immediate action is required at the offsite facility and a preferred option will soon be presented to executive team that proposes the rental of additional storage capacity, representing a medium term solution, whilst the work continues on the transition from paper to electronic records.

Further background to the storage issues at the off-site facility can be found within the appendices.

This plan proposes to implement what are considered optimal solutions outlined in the linked SBAR paper, with costs considered within the resources allocated to this programme.

Wider review

The review continues with highlighting the issues associated with wider records management arrangements across various clinical specialties and specific teams. The Health Records Manager is only currently responsible for the management of the acute patient record and whilst the long term goal would be for all Health Board records to fall under the ownership of one individual there are many milestones along the journey that need to be resolved before this can become reality.

With having additional health records not under the oversight of the central health records management team it does increase the risk of inappropriate records management behaviour within the organization. Individual services will have identified a designated lead who will be responsible for records management and will be the Information Asset Owner (IAO) for that specific area. **These individuals will play a critical role in supporting transition and implementing change to ensure the records arrangements are in an appropriate condition for transfer.**

The scale of this is illustrated by listing some of the sub-department's structures:

- **Therapies & Health Sciences** – Podiatry, Physiotherapy, Occupational Therapy, Dietetics, Speech & Language.
- **Mental Health** – Substance Misuse, Crisis Team, Psychology.
- **Child Health** – Health Visitors, School Nursing, Community.
- **Nursing** – Midwifery including community, community nursing, antenatal

The review also mentions recent changes in legislation, which has fundamentally changed the mindset and requirements of large public sector bodies in how they manage their data.

The implementation of the General Data Protection Regulations (GDPR) placed a significant emphasis on organization to be able without fail to provide requesters with all the information held about them. This information is not limited to the acute patient record and will often cross over into the various services identified above. The legal compliance timescales associated with GDPR (28 days) are significantly lower compared than those previously attached to the Data Protection Act (40 days) and makes the locating and copying of paper records an even more difficult task. Being unable to locate the information is not a valid reason for withholding information and could result in significant consequences.

The Information Commissioner's Office (ICO) currently has authority to implement a fine of up to the maximum limit of £17,000,000 (2% of revenue) for incidents involving lost records, inappropriate disclosure of confidential information or non-compliance with legal timescales. The Health Board has already received complaints that have been referred to the ICO. This is a significant risk to the organisation if the current issues associated with health records management are left unaddressed and the transition to an EPR will not only support compliance levels, but will also considerably increase governance arrangements within records management.

<u>Initiation of Health Records Programme</u>

The 2018 review also highlighted a number of opportunities and it is on these foundations that a Health Records Modernisation Programme was established led by the former Deputy CEO/Director of Operations in 2019. It outlined several key principles, an approach, a number of projects with leads appointed as well as broad solutions that the projects should develop.. The presence of project management support will provide these opportunities with the immediate support needed to facilitate and organize the workload going forward.

It is these broad solutions which remain valid and underpin the present case for change.

Case for Change

The 2018 review of records management highlighted a number of opportunities to be considered by a future change initiative. This was supplemented by the groundwork performed by the previous health records modernisation programme that we would usually consider within a typical "Discover" phase of a project/programme, including an appreciation of what the art of the possible could look like. This includes a visit to a NHS England Trust which provided a like for like comparison to Hywel Dda in terms of the extent of current issues.

At the time, the opportunities focused on three broad aspects of a future digital health records model:
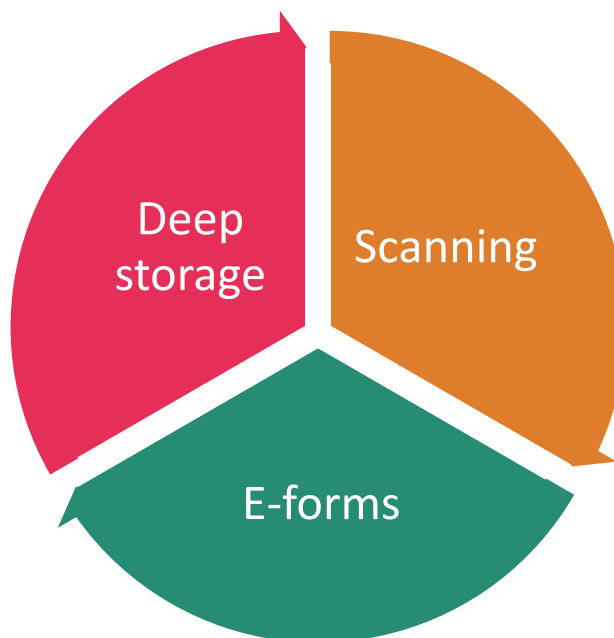
The example in question, the Worcester NHS Trust, servicing 3 main hospital localities based at Redditch, Worcester and Kidderminster reduced the number of physical records from 1 million (currently 1.2 million held in Llangennech) to approximately 400,000 (>50% reduction). They also negated all health & safety and governance risks, reduced a 20% error rate in records provision down to 0.01% and significantly improved performance together with realised costs savings. The programme implementation took ten years to deliver.

This gives a sense of the level of opportunity, but also gives us a likely option to explore in terms of investment given that the Trust used a commercial partner to deliver the entirely of its project.

In a tangible sense it is likely that these elements will be part of an ongoing programme of work, and all are evident in the previous projects identified the health records modernisation programme.

Paper Production Eradication

The programme will make a firm assumption that the scanning will be an integral part of the ongoing solution, given the extent of the current challenges and the ongoing opportunities that present, however this revised programme will adopt a change in emphasis which will underpin everything that develops from this point forward:

> 1. **Reduction or eradication of paper generation in all health records**
> 2. **Robust analysis across the organisation where e-records are achievable**
> 3. **Where this is not possible, emphasis on scanning at the point of production of a health record**

Paper eradication

Scanning & Deep storage
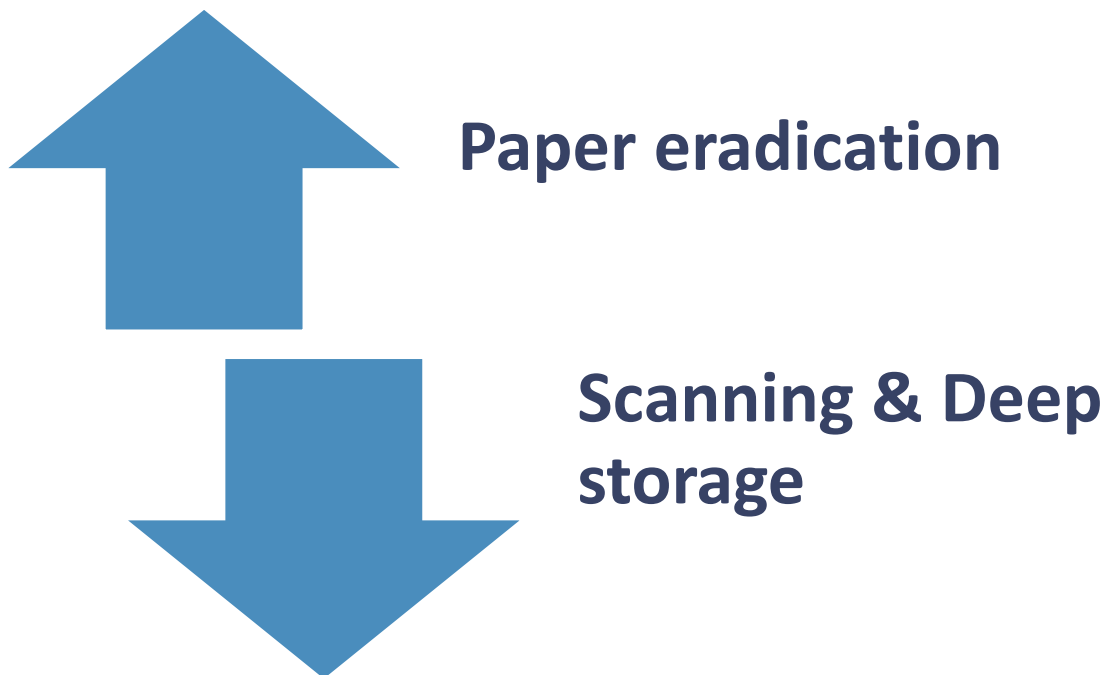
It has been firmly acknowledged that despite all the options available that support robust scanning, deep storage solutions, presence of existing projects that have made progress in this area etc, this programme will focus on the cultural transformation needed within the Health Board to "switch off demand". Eradicating the generation of paper in the health record at point of source.

This is a major commitment to undertake and will require a well-structured programme of engagement, proactive decision making, proof of concept, strong leadership and advocates at all levels of the Health Board to make this vision into reality.

"Digital Response"

Whilst the above are examples of the "human aspects of change", the case for change is strongly influenced by the Health Board's "digital response" that has recently been published.

The Health Board's Digital Response signals a commitment to improving digital technology over the next five years. The Digital Response will help meet the strategic vision of working together to drive excellence in care for our patients and communities.

The Digital Response helps frame the focus of the Digitisation of Health Records programme, as there are many references that support its aims and objectives.

In fact, digital health records are referred to 61 times in the Digital Response paper (a basic search). It is not simply about going paperless, it refers to the multi-faceted approach to digital transformation and why this programme needs to consider numerous links, dependencies and enablers within the digital roadmap.

Blueprint

The strong lineage between Digitisation of Health Records and the Health Board's Digital Response will provide this programme with a significant blueprint and mandate to develop the engagement and early progress that it requires to begin the path to success. The blueprint will include:

- Digitally enabled workforce – Enabling staff to easily record, access and share health and care records including interoperability, connecting care.
- Reduced administration from feedback recorded at the point of observation. i.e. ward rounds
- Digitally enabled patients – providing them with access to their records increasing engagement in their own health care
- Improved level of digital maturity, assessed by HIMSS
- A single clinical information portal. (Currently 130 clinical applications which are silos of information)
- Scanned paper records
- A roadmap for the development of a full Electronic Patient Record (EPR)

This blueprint provides a mere snapshot of the aspirations of digital transformation in Hywel Dda and outlines an "end game" that the programme should consider when planning its various project and deliverables.

It also provides the strategic alignment necessary when planning a programme of this scale.

Vision

The programme has put forward a vision for Digital Health Records based on the art of the possible:

"The Health Board will have a full Electronic Patient Record underpinning day-to-day working within 10 years, to achieve effective and efficient patient care. This will have been achieved through switching off the production of paper, introducing e-forms and adopting a pro-active approach to scanning where this isn't possible"

Aims and objectives

Whilst the blueprint presents significant opportunities longer term for the digitisation of health records, **this programme in its current form will have strict parameters around the interim steps on its journey. The short/medium term in other words**. This will balance the need to address the significant current challenges facing medical record storage and the longer-term aspirations:

- To agree the preferred option to relieve the backlog and existing pressures for the off-site storage facility;
- Develop a phased programme of work, optimising the project/ programme management approaches to deliver quick wins and the traction needed for longer term clinical engagement;
- Consider the best use of the committed resources that have been allocated for the transformation of medical records;
- Develop a business case to propose significant investment in a whole system scanning solution, that will need to dovetail with the principles of paper eradication
- Review the previously identified workstreams and agree their priorities based on timescales, return on investment, deliverability and benefits to the organization.

PROGRAMME DELIVERABLES & APPROACH

Identified projects

As a baseline for initial discussion and formal launch of the Digital Health Records programme, it is proposed that the 5 existing projects that were outlined previously remain. On agreement, a Project Initiation Document (PID "on a page") will be produced for the purposes of clarity.

These projects (listed below) were previously identified as separate work streams. The programme board/group as part of the organisation of this programme will review the best arrangements in this respect.

On revisiting these 5 projects/ work streams it should be said that not all were starting their journeys of modernisation from the same point. Some were and continue to be more advanced than others, the principal reasons being:

- The health records needs of some services are less complicated than others and hence the change process to be applied can be more straightforward.
- They involve fewer interdependencies i.e. departments/services/areas/staff groups.
- They are already more technologically advanced.
- They commenced their scoping phase at an earlier date, combined with having fewer issues to resolve.

A&E Storage (Cards)

Lead: GGH Site Manager

About: To discontinue the practice of storing A&E cards in paper form; a practice which not only creates an avoidable storage burden but also an unnecessary cost.

Progress:
- Scanning now commonplace across all Hywel Dda A&E's / MIU's. Has been slowly rolled out since 2015.
- Historical cards stored in private facility at cost, including some duplicate paper and scanned records during the rollout period
- Project lead has identified options for the scanning of historical records and has made significant progress with the requisite issues to be resolved in respect of this project.

Proposed next steps:
This project has been identified as a quick win. A short options appraisal will be developed to reviewing the most appropriate and best value for money options which include:

- Overtime for current staff to complete the work.
- Employing staff on fixed term contracts to complete the work.
- Utilizing a specialist scanning company.
- Leaving the records in storage with an agreed destruction process/ timetable.

Documentation Review

Lead: TBC

About: The aim of this scheme is to rationalize the scope of documentation produced in the processing of patient diagnosis and treatments.

Progress:
- Complex and wide ranging workstream, encompasses many aspects of the initial phasing of the programme
- Full list of documentation that the health board produced
- Much of the previous work identified and completed
- To explore which areas of the system can develop an e-form type approach

Proposed next steps:
- To review the scope of the workstream and identify documentation which could be turned off within the organization.
- Agree a lead responsible for supporting the change.
- To present a case for change at the relevant committee forum.
- To agree steps and actions required for the transition.

Specific Departmental Review – Dietetics

Lead: Clinical Director – Therapies

About: The aim of this scheme is to apply as many records modernization initiatives to a discreet area of service in order that the concept of the digital records can be proven empirically

Progress:
A number of previous actions agreed including:
- Review of dietetics pathway
- Identifying all documentation currently available electronically
- Identification of any e-form development
- E-docs development considering the NWIS position on WCCIS and WPAS

Proposed next steps:
- Review the e-forms developed by the Information department with the clinical director.
- Agree a proposal to trail the forms within the dietetics services.
- Review the success of the trail

Removal of Results

Lead: Pathology Services Manager and Head of Radiology

About: The aim of this scheme is to eliminate the production and distribution of paper based test and diagnostic results to both avoid the cost of producing paper records and eliminate any distribution costs.

Progress:
- All investigations, blood tests, and radiology examinations undertaken across hospital localities, are available for clinicians to review through the Welsh Clinical Portal (WCP), Picture Archiving and Communication System (PACS) or the Welsh Patient Administration System (WPAS)
- Issues remain around inability to clinically sign off that the record has been acted upon
- Failure demand created in that ward clerks chase clinicians for signatures when in reality the information has already been acted upon
- Electronic system offers greater opportunities and flexibility and is without doubt the direction of travel to be taken once a technological solution is available.

Proposed next steps:
- Alerts and notifications module to be developed by NWIS. However no current update available at time of writing
- Discuss the possibility of a pilot within an agreed area

Scanned Patient Record

Lead: Deputy Director of Operations

About: At its highest level the aim of this work is to remove as many paper records from the clinical diagnosis and treatment process as is possible whilst at the same time being mindful that scanning a health record is costly.

Progress:
- Most complex project identified and straddles all parts of the Health Board, including an aspect of those identified above
- Subject of the development of a business case for a whole system scanning solution

Proposed next steps:
- Development of full business case within the context of the wider "discover phase" of the programme

As outlined, the projects listed above are to be used as a starting point for the "re-launch of the programme." The work plan and associated projects or work streams may change based on a thorough re-assessment of the opportunities and the tactical approach needed to take the elements forward independently or interdependently.

It is critical to identify at this early stage that each of the above projects is going to require investment in staff resource to ensure delivery. The development of plans

is now clearly evident and to ensure the attainment of objectives and realization of cost savings there will be an initially spend required for the recruitment and utilisation of additional staffing to ensure the plans become reality.

Change management

If the 3 key principles of switching off paper demand, reduction or immediate scanning are to become a reality of the future health records model then the revised programme will need to consider the human aspects of change, particularly early on so that the planned interventions can be taken forward. These can include:

- **Inducting those who have already been involved on this initiative** to effectively re-scope, re-consider and re-energise.
- **Approach to clinical engagement** and ensuring that this initiative wins the hearts and minds of our workforce and that any proposed changes are to make their day-to-day work easier.
- **Specific analysis on those roles who will be impacted the most** by a digitization programme i.e. administration staff and how they are to be approached.
- **Consideration of establishing a network of change agents** who would advocate this initiative, and/or have an enthusiasm for the digital agenda to improve day to day processes.
- **Creating a focal point** for the programme such as a Sharepoint communications platform so that this journey becomes prominent in how staff receive information regularly.
- **Other communication and engagement** opportunities as per a typical programme managed approach.

Many of these could be argued as critical success factors. The demonstrable progress of the quick wins identified as well as the remedial actions at the off-site facility are extremely important in gaining traction and momentum.

Plan development

This programme plan will be continually reviewed and updated as the programme gathers momentum and will form a first sign-off/review at the end of the first phase (see timelines). Areas of focus will include:

- **Identification of the areas where greater emphasis** will be needed from the IAO's in transferring historic records into a format which is consistent with all requisites for digitisation

- **Full identification and appraisal of benefits**, including how the chosen measures will be baselined, tracked, and reported on so that the programme can demonstrate progress.
- **The approach of Discover, Design, Deliver** as the re-design methodology to help organize and phase the workload.
- **Full extent of links and dependencies**, particularly within the digital arena, so that the direction of travel does not conflict with the future blueprint.
- **Extent of process / quality improvement** required to revise processes.

PROGRAMME ORGANISATION & DELIVERY

Roles and Responsibilities

The organisation below will flex as the initiative develops, however the initial thought process will be to establish a small project team that will be overseen by the SRO to ensure that the workplan is enacted quickly and is empowered to make decisions on a day-to-day basis to ensure the incremental development of the project.

Project/workstream leads will be empowered to manage their respective areas as they see fit. An agile approach will be encouraged so that a team can be assembled that can develop the solutions needed for their particular requirements.

> **Senior Responsible Owner:** Gareth Rees, Deputy Director of Operations
> **Programme/Project Manager:** Andrew Hopkins, Transformation Programme Office
> **Service / Technical Lead:** Steven Bennett, Health Records Manager
> **Project Support**: Tiffany Polino, Transformation Programme Office
> Others TBC

Terms of reference will be developed in due course.

It is envisaged once the programme gathers momentum, scale and pace, that wider considerations in terms of strategic direction will need to be considered. This may require to broaden the input into project planning.

Timelines/Milestones

As this version of the plan represents an early iteration, the various unknowns and uncertainties will need to be systemically worked through in order to provide assurance on timescales. Once these are properly understood the plan can been further broken down to show each key milestone that will form part of the critical path. In the absence of this, the list below provides some context of expectation:

Discover Phase	
Initiation / re-launch of the programme	**Mar 21**
Re-scoping of the work plan including: • Projects and/or work streams • Change management / tactical approach • Identification of stakeholders • Timelines / milestones • Benefits mapping & plan	**Mar-Apr 21**
Agreement on remedial action for offsite facility	**Mar 21**

Look out at case studies / benchmarking i.e. similar schemes in Cwm Taf and Aneurin Bevan	**Mar-May 21**
Develop tactical engagement plan – key messages, audience, frequency, method etc.	**Apr 21**
Options appraisal for A&E Cards complete	**Apr 21**
Assessment of linked activities across projects. i.e. information gathering of current processes, paper generating activities. Decide approach to do this at programme level	**Mar-May 21**
Begin development of investment business case for full EPR solution	**May 21**
Agree budget / ongoing / committed resources	**May 21**
Review & Gateway inc. alignment to Digital roadmap	**May 21**
Design Phase	
Indication of which areas of the business can now begin the development towards a new way of working – whether this be an e-form, revised processes, removal of paper etc. Prioritisation exercise needed	**Jun-Jul 21**
Continuation of business case development	**Jun-Aug 21**
Deployment of chosen options for A&E cards	**Jun 21**
Continued incremental development of paper eradication – detailed timelines to be developed showing areas implemented / in pipeline	**Jun – Aug 21**
Business case submission to BPPAC/FC/Exec Team etc	**Sept 21**
Deliver Phase	
Sign-off and mobilistation of business case	**Sept 21**
Commissioning of commercial partner	**Sept 21**
Commencement of large scale scanning solution	**Jan 22**

Resources & Costs

A programme of work of this scale and longevity will require significant commitment from various roles identified and inducted as the programme develops. A thorough assessment of capacity will be made early in the Discover phase to ensure the relevant stakeholders can contribute the desired time as required.

A time limited recurrent annual sum of circa £300,000 has been made available by the Director of Finance to support this programme of work for a period of approximately 3 years. As early wins yield cash releasing savings a commitment to re-invest these proceeds has been given to perpetuate the resource. Early output of the project will demonstrate the usage of this budget in due course.

The most immediate costs to note however are as follows:

- Preferred option for remedial action at the off-site facility will incur in the region of £40,000 to £60,000 for 12 months;
- Implementation of initial scanning solutions show that there is likely to be some fixed term recruitment to assist with the mobilisation of any scanning solution in the interim, as well as having one eye on the future business case for a comprehensive scanning solution.
- Additional resource deemed necessary by IAO's within services that require immediate assistance to tackle the existing records and requirements for transfer
- Schedule of works at the off-site facility to avoid risk of a fire safety notice being serviced is in the region of £50,000 (capital)

The benefits identified and subsequently realized will show the return on investment from savings achieved from reductions in storage costs etc.

Risks/Issues

A number of risks and salient issues have been identified, with mitigation to be agreed on commencement / launch of the programme.

- Information governance risks associated with current practice. Based on ICO guidance.
- Risks associated with the non-compliance of legal obligations for the disclosure of information.
- Risks to health and safety from the current issues at the offsite facility.
- Impact on elective care waiting lists attributable to patient records being unavailable.
- Impact on national cancer and stroke targets attributed to patient records being unavailable.
- Risks with the delivery of financial targets due to continued spend of storage of records and documentation.

Appendices

The background to this initiative is supported by several papers, and can be accessed by clicking the hyperlinks below:

Records Management review – October 2018

SBAR – BPPAC – Records Management – October 2019

SBAR – Executive Team – Date TBC
(Off-site facility issues and recommendation of preferred option)