

**Outline Business Case  
Appraisal Form****CA1/S**

<b>Name of Scheme/Project</b>	Outsourced Scanning and Medical Records Service
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**Section 1**

<b>Department/Ward</b>	Programme Delivery
<b>Business Unit</b>	Business Performance & Technology
<b>Project Sponsor</b>	Mike Meers
<b>Project Director</b>	Neil Turnbull
<b>Date</b>	January 2013

**Section 2****Project Description**

Since the Trust went live with its document management system at the end of 2009, the number of patients whose records exist only on Evolve has so far increased to over 50,000 as new patients are registered with the Trust and more legacy green case notes are scanned. However progress is relatively slow as an increasingly greater proportion of the Bureau's time is spent keeping up with scanning the active forward records and referral letters at the expense of clearing of the medical records library.

This paper outlines our vision for completing the transformation of the Medical Records library and the Trust's use of paper case-notes to exploit new technology and ways of working together with recent infrastructure improvements to deliver a fully electronic record. It builds on the success of Evolve and presents a cost-effective solution to scanning the remaining records and the clearing of the medical records library through the utilisation of an off-site service.

It is our intention to use the Government Procurement Service's Pan Government Document Storage and Related Services Framework Agreement RM1689 to progress this case. Lot 3 specifically deals with on-site and off-site storage and related services.

We would be seeking to very quickly remove all 450,000 case notes from the Trust to a secure off-site facility. Records would be scanned on demand five days in advance of an appointment date and then electronically transferred into the Trust's Evolve system. As the scan on demand service matured and a greater proportion of the records are available in Evolve it would develop into a more traditional archive solution, with the number of records gradually decreasing as files are destroyed at the end of their retention period. All day forward active scanning of notes and referral letters would also be transferred off site to rapidly reduce the need for on-site operational

resources.

This project will ensure that all medical records are delivered electronically to clinicians at all times whether through their desktop PCs, laptops or iPads. We would also seek to leverage additional benefits from the bulk scanning process such as data capture and classification to increase the granularity of information stored and the functionality available to clinicians.

Preliminary discussions with potential suppliers have produced some indicative costs which are shown below and in section 5.

Set-up costs of £468,101 (inclusive of VAT), followed by annual costs as below.

The costs reduce year on year to reflect a decrease in the volume of physical files requested to be scanned as the majority of requests will increasingly be fulfilled by previously scanned electronic records.

The costs are off-set by a reduction in the cost of the local Medical Records service, which will be decommissioned at the end of year 1.

Period	Scanning	Records Management	Trust Savings
Year 1	1,834,554	733,753	- 931,593
Year 2	940,745	205,030	- 1,242,124
Year 3	615,334	139,921	- 1,242,124
Year 4	296,124	64,264	- 1,242,124
Year 5	225,994	49,285	- 1,242,124
<b>Totals</b>	<b>3,912,752</b>	<b>1,192,252</b>	<b>- 5,900,089</b>

Total costs after 5 years £ 5,963,189

Transformation funds £ - 468,101

Trust savings £ - 5,900,089

**Total £ - 405,001**

<b>Project Aims and Objectives (outline financial, service delivery and other benefits to be derived from the project)</b>	
Financial	<ul style="list-style-type: none"> <li>• A reduction in back office support functions.</li> <li>• Reduced on-site space utilisation allowing development of estate.</li> <li>• Reduced utility bills and maintenance from reduced estate.</li> <li>• Minimised risk of litigation through lost records</li> </ul>
Service Delivery	<ul style="list-style-type: none"> <li>• A structured SLA based on key performance indicators upon which the Medical Records function can be managed.</li> <li>• Provides fully compliant services through industry leading, secure off-site facilities.</li> <li>• Transformed service delivery from a primarily physical service to a completely electronic solution.</li> </ul>
Quality/Patient Safety/Experience	<ul style="list-style-type: none"> <li>• Address quality issues concerning delivery of case notes.</li> <li>• Resolve issues with storage capacity and poor storage environments.</li> <li>• Maximum availability and minimised risk of information loss.</li> </ul>
Other	<ul style="list-style-type: none"> <li>•</li> </ul>

### Section 3

#### **Option Appraisal – List options that have been considered including ‘Do nothing’ option (maximum of 4 options to be evaluated)**

<b>Option 1</b>	<b>Do Nothing</b>
Continue current rate of scanning, persisting mixed economy of scanned and paper records. Also continue the labour-intensive delivery of medical records function.	
<b>Option 2</b>	<b>Increase on-site scanning.</b>
This has been looked at previously and locally scanning records cannot reach the efficiencies and economies of scale that outsourcing would bring and it would be impossible to clear and decommission the medical records library and stores within the timescales and costs of the proposed project. A mixed economy of scanned records and paper would persist for over a decade.	
<b>Option 3</b>	<b>Outsourced Medical Records and Scanning</b>

Outsourcing is the only option to rapidly achieve the benefits of clearing the on-site library and stores within a reasonable timescale; i.e. after 9 months.

**Preferred Option**

**3**

#### Section 4

**Rank the options according to benefits  
(0 = None, 1 = low to 3 being high)**

	Option 1	Option 2	Option 3	Option 4
Improve Quality of Patient Care	N/A	N/A	3	N/A
Improve throughput of elective activity	N/A	N/A	3	N/A
Improve throughput to meet emergency admissions	N/A	N/A	3	N/A
Improve efficiency	N/A	N/A	2	N/A
Evidenced Clinical Effectiveness	N/A	N/A	2	N/A
Income Generation	N/A	N/A	1	N/A
Other (please state)	N/A	N/A	N/A	N/A
<b>Total Score</b>	N/A	N/A	14	N/A
<b>Additional Comments (if required) i.e. quantification of activity impact</b>				
N/A				

#### Section 5

**Capital Funding - Provide provisional outline budget cost for the project options including additional equipment and VAT where appropriate.**

	Option 1 £000's	Option 2 £000's	Option 3 £000's	Option 4 £000's
Building and Engineering	N/A	N/A	0	N/A
Design & Planning costs	N/A	N/A	0	N/A
Equipment	N/A	N/A	0	N/A
IT (including project resources)	N/A	N/A	469	N/A
TOTAL CAPITAL COSTS	N/A	N/A	469	N/A
Cost Estimates prepared by: Neil Turnbull				
Building and Engineering	N/A			
Design & Planning Costs	N/A			
Revenue Implications – Provide provisional assessments for all options				
Additional Costs	Option 1 £000's	Option 2 £000's	Option 3 £000's	Option 4 £000's
Pay	N/A	N/A	0	N/A
Non Pay (including Estates & Facilities)	N/A	N/A	5,496	N/A

Capital Charges	N/A	N/A	0	N/A
<b>TOTAL COSTS</b>	<b>N/A</b>	<b>N/A</b>	<b>5,965</b>	<b>N/A</b>

Cost Savings/Income Generation				
Clinical Income	N/A	N/A	N/A	N/A
Other Income	N/A	N/A	469	N/A
Pay	N/A	N/A	5,901	N/A
Non Pay	N/A	N/A	N/A	N/A
Other	N/A	N/A	N/A	N/A
<b>TOTAL SAVINGS/INCOME GENERATION</b>	N/A	N/A	6,370	N/A
<b>NET COSTS/SAVINGS</b>	N/A	N/A	-405	N/A
Capital Funding to be funded by				
Trust Capital				
Non recurring Funds (please State)				
Trust Charitable Funds				
Other Charitable Funds (please State)				
Other (please state)		Transformation Funds		
Will the additional revenue costs be funded from existing ward/department budgets?			<b>YES</b>	<b>NO</b>
If 'Yes' please provide details below				
Business Unit				
Ward/department				
Cost Centre				
If 'the answer is 'NO' identify in detail how the additional revenue cost will be funded on a Recurring basis				

Section 6		
Service Impact - will any other Department/Business Unit be affected by the project or impact on Service delivery?	<b>YES</b>	<b>NO</b>
	X	
If 'Yes' complete the following details		
Has the Outline Business Case been developed and agreed with all interested parties?	<b>YES</b>	<b>NO</b>
	X	
	<b>YES</b>	<b>NO</b>

Have all associated departments costs been included in Section 5?	X	
<b>Detail below any anticipated service delivery impact &amp; risks</b>		
<ul style="list-style-type: none"> <li>• Disruption will be minimised where possible by removing case note folders out of hours and transferred, indexed and put-away in the minimum possible time.</li> <li>• All files will be scanned on demand five days in advance of an appointment date in line with existing picking operations with requests for additional files scanned as a priority.</li> <li>• The parallel project to deploy Evolve mobile on iPads will ensure sufficient access to the notes in all Trust locations.</li> </ul>		

<b>Section 7</b>	
<b>Name and details of Project Sponsor</b>	
I confirm that all necessary advice has been obtained from Estates and Finance Departments in completing this Outline Business Case	
<b>Name</b>	Neil Turnbull
<b>Designation</b>	Head of Programme Delivery
<b>Date</b>	January 2013
<b>Telephone/extension number</b>	1422
<b>Name and details of Finance Manager</b>	
I confirm that all financial information has been checked and verified.	
<b>Name</b>	Anneliese DaCosta
<b>Designation</b>	Finance Manager
<b>Date</b>	January 2013
<b>Telephone/extension number</b>	6312
<b>Name and details of General Manager of Business Unit</b>	
I fully support this Outline Business Case and confirm that this is supported by my Business Unit Management Team.	
<b>Name</b>	Mike Meers
<b>Designation</b>	Chief Information Officer
<b>Date</b>	January 2013
<b>Telephone/extension number</b>	1420