Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	11 September 2025	**Agenda Item**	9
Author(s)	Dr Jason Bincalar, Chief Digital Information Officer	**Confidential**	NO
Exec Sponsor	Dr Jason Bincalar, Chief Digital Information Officer	**Date submitted**	4 September 2025
Title of paper	Millennium Electronic Patient Record Update		
Presented by	Dr Jason Bincalar, Chief Digital Information Officer		

Committee(s) where paper has been discussed previously and outcome of discussion:

Strategic Objective(s)

Quality of Care	**X**	**People**		**Modern Healthcare**		**Digital**	X	**Collaborate**	

Executive Summary

Millennium Electronic Patient Record update previously presented at the April 2025 CoG meeting.

The follow-up questions and the responses are included in this paper.

Millennium Electronic Patient Record (EPR) launched across Ashford & St. Peter's and Royal Surrey County Hospital in May 2022. The EPR is used extensive across the hospitals to register patients, book appointments, admit patients, order diagnostics, view results, clinical noting, observations, prescribe medications, schedule theatres and discharge patients.

The adoption of the EPR has improved since the implementation of May 2022, which is demonstrated by an increase in the number of staff using the EPR and volume of patient transactions. The EPR is now business as usual, with the clinical and administrative teams using the EPR in their day-to-day work. The bulk of support requests relate to resolving data quality or system workflow issues, whereby the Digital Service team review the data and then help the requestor understand the Standard Operating Procedure to avoid re-occurrence.

The Digital Service team has developed considerable skills to support the EPR and lead on technical changes for ASPH and RSCH.

The Digital Service team are keen to ensure that all issues are logged and resolved and seek the assistance of Governors along with all other stakeholders to ensure that nothing goes unreported.

Recommendation	For: Decision ☐ Discussion ☒ Information ☐

Key issues: State impact/implications and mitigation (*detailed info should be in the report)*	
Quality, safety & patient impact	*N/A*
Employee	*N/A*
Other stakeholder(s)	*N/A*
Equality, diversity & inclusion	*N/A*
Finance	*N/A*
Legal	*N/A*
Risk(s) Identified (include link to Corporate Risk Register / Strategic (Board Assurance Framework) Risks:	
SR5: Failure to use Digital technology and innovation to improve clinical pathways, safety and efficiency and empower patients.	

1.0 Introduction

Millennium Electronic Patient Record (EPR) launched across Ashford & St. Peter's and Royal Surrey County Hospital in May 2022. The EPR is used extensively across the hospitals to manage the patient pathways including registering patients, booking appointments, admitting patients, ordering diagnostics, viewing results, prescribing medications, managing theatre scheduling and discharging patients.

Most of the implementation activity took place during the Covid-19 pandemic, making it difficult to bring large groups of staff together for configuration, testing and training activities. As such, technical and data quality issues were experienced over the months following go-live, with Outpatient appointments and clinic outcome processing being the most impacted. Several interventions took place including reconfiguring the clinic definitions (build), 1:1 training, custom outpatient check-out screens (mPages) and removing unnecessary system choices, such as diagnostic orders.

Further improvements have subsequently been implemented including ElectroCardioGram (ECG) device integration, integration with the Surrey Shared Care Record, a Patient Portal and improvements to the discharge summary format.

The EPR had its first software update in September 2024 and the next software update is scheduled for September 2025. Our Chief Digital Information Officer is a member of the Millennium CIO Special Interest Group, which is a national group of Digital leaders that negotiate features with the supplier (Oracle Health). Future work includes integrating endoscopy diagnostic requests and electronic consent.

A millennium update was provided to the Council of Governors in April 2025, prompting several follow-up questions, which are addressed in the next section.

2.0 Response to questions

1) What are the routes for staff members to raise IT issues related to the Millennium system?

The Digital Service has developed several contact methods to make it easy for clinical and operational staff to raise support requests as follows: -

i) Walk-in at St. Peters and at Ashford (Monday to Friday 8am to 5pm). Great feedback from staff about this service, ~50 Walk-in per day
ii) Phone call to service desk (Monday to Friday 8am to 6pm) – Highest use
iii) Submit a request via the Digital Portal "Two-Can" – Moderate use
iv) Email to Digital Services – Low use
v) Discussion at stakeholder groups
vi) Out of hours emergency support via Clinical Site Team.

2) How does the IT function engage on an on-going basis with all staff user groups to understand the issues being experienced with Millenium; how do (the IT function) get visibility of what it is really like with staff on the ground?

In addition to resolving the support requests, Digital staff attend the following meetings: -

i) Weekly Millennium Operational Data Quality Group
ii) Scheduled bi-monthly stakeholder groups (Nursing, Medical, Administrative)
iii) Digital Innovation project Meetings (Electro-Cardiograms (ECG), Prescribing, Same Day Emergency Care build, Ophthalmology EPR, Maternity)
iv) Service Improvement Meetings – Improving Flow, Clinical Office Re-design
v) Clinical Safety meetings

Nb: Digital staff undertake routine patrols across the Emergency Department and Abbey Wing (Maternity and Neonatal Intensive Care Unit).

3) What is the scale of the number of issues being raised on a month-to-month basis and how is this trending over time? (since implementation)

We are trending at ~200 per month and expect that this year will close out with a lower number of support requests than the previous year.

4) How does this compare to the number being raised by RSFT?

- Similar numbers.

5) Which of our departments are using the system and which are not – if not, why not?

- All clinical services use Millennium (Emergency, Inpatient and Outpatients).
- Additionally some clinical areas also use purpose-built systems that are adopted regionally or nationally, such as Maternity (Badgernet), Ophthalmology (Medisight), Pathology (CliniSys), Imaging (Sectra PACS) and Caner Services (Somerset Cancer Registry)

6) When an issue is raised how is it investigated? (please use examples to bring to life)

Example: -

i) Patients Lost to Follow-up (complex issue – weeks)
   - Define the problem, or hunch, quantity, speciality, logic
   - Analyse patient episodes
   - Root cause analysis (system bug?, configuration?, training?)
   - Remediation – Audit reports made available to booking teams

- Remediation – Additional 1:1 staff training provided
- Dedicated working groups with Ops and Digital

ii) Change to Outpatient clinics (typical issue, hours)
    - Complete request form
    - Request confirmed
    - Implementation date agreed

iii) Unable to login to Millennium (Simple issue, minutes)

Are you an existing user?

- Yes - Smart card reader checked, smart card read checked, role checked - Appropriate fix or configuration applied.
- No – Access request submitted, user training, smart card issued, role granted, access confirmed.

7) The Millenium paper shared with Governors 29/4/25 showed there has been a slight increase year on year (2024 vs 2023) in issues raised, there has been no improvement year on year and based on the Jan-April 25 numbers the figures are likely to be the similar this year. How is the timely and effective governance of issues being raised and closures managed and who is accountable? Specifically, is there a robust governance process around the resolution of the tickets raised/issues identified with the system and what assurance can Governors have over this?

- The logging of support requests is encouraged, so that resolution can be provided, avoiding productivity issues.
- Yes, each support request is logged and remains open in the IT Service Management tool until resolution. Each team lead reviews their team's open tickets and progresses to resolution.
- Requestors are informed of delays and will also contact Digital Services if the resolution is delayed or urgent.
- Associated Director of Digital Service reviews outstanding support requests with the teams.
- Many moderate support requests are resolved within 5 working days.
- Some support requests require custom development, such as custom outpatient check-out screens and so take many months to complete as careful planning, development and testing is required before introducing into the live environment.
- Some requests are projects requiring many technical resources over many months, such as the Same Day Emergency Care department build in the Millennium FirstNet Emergency Care module.

8) The paper from 29/4/25 references key themes as Outpatient clinic changes, Medicines/formulary, Staff training and Discharge summaries and yet the only one of these areas listed as Planned Improvement is Discharge Summaries. Again, on behalf of Governors what assurance can we take that the other 'key themes' are going to be addressed and what is the timeline to address these?

- Outpatient Clinic Changes – Now Business As Usual process and not a technical fault to fix. Clinics slots and session changes are now based on clinical needs. Eg: Moving from face to face to telephone, AM to PM, reducing/increasing slot times.
- The discharge summary template has now been improved, following a similar format to the St. Georges Hospital. Further work on discharge summary standard operating procedure and content for authors is planned.

- The other themes stem from data entry errors arising from staff training/staff not applying the correct workflow. The data/transaction is reviewed, and the requester is shown the correct Standard Operating Procedure and offered 1:1 training to help avoid a re-occurrence.
- There is an on-going initiative to rationalise the formulary and ensure Millennium is updated to simplify the prescribing process.

9) What is the extent/scale of the admin staff resource being absorbed into checking accuracy of Millenium data?

    - In Fiscal Year 2025/2026: -
        - £120k spend on third-party pathway validators
        - £105k spend on admin staff overtime payments

    - Digital and operations teams are working together on a key programme of work to ensure clinical teams in outpatients and clinical offices teams are trained to ensure ongoing data quality issues due to incorrect use of the system are minimised.

10) Specific system issues that have been raised, that need to be addressed:

i) Since the implementation of the system - how much has the use (and cost) of paper reduced?

    - 75% reduction in the use (and cost) of paper compared to 2021 (pre-Millennium)

ii) Admin cannot access Royal Surrey Patient details, (could have resulted in duplication of tests), is this a Millenium problem or a management decision?

    - RSCH management decision. Reconsideration requested.

iii) Reports of significant numbers of letters lost in the system.

    - The system is a database, so nothing is lost. 2% of dictations need an admin team review to move on.

iv) Reports of nurses not getting access due to poor Wi-Fi on wards to be able to use the system effectively.

    - The wards reported multiple Wi-Fi issues, all now resolved.
        - All workstations on wheels received new antennas
        - Falcon, NICU and Joan Booker wards had there Wi-Fi access points relocated.

    - A Wi-Fi survey has been commissioned (October 2025), whereby every area will be walked and signal coverage marked on the floor plans.
        - Remediation work will be planned accordingly, and a subsequent survey will take place.

v) Reports that it is taking 3x longer to check patient in to clinics – is this true?

    - Possibly, as patient contact details and GP details are also checked to ensure that they are up to date.
    - Patient Self-Service check-in kiosks have also been deployed across all outpatient areas.

vi) Some depts sending out letters 18 months in advance / some not sending letters; inconsistent processes and procedures division to division.

- This issue relates to differences to the approach to booking follow-up appointments across specialities often driven by the differing nature and requirements of the conditions and presentations managed, rather than a digital issue.
- The booking horizon varies by clinical service. E.g. Patients on surveillance pathways such as Cardiology Pacing often get appointments issued 12 months into the future.
- Appointment letters are now available electronically on the NHS App/Patient Portal.

11) How do ASPH (RSFT) interact with the Oracle Millenium User Group - how are system issues raised and considered for the backlog by the Oracle team?

- Technical faults and system change requests are logged with the Oracle Health service team as support tickets via an electronic portal. Digital staff attend two key meetings with Oracle Health as follows: -
  - Weekly ticket review meeting of all open tickets
  - Quarterly service review meeting including issue resolution times.

12) IT Contractors: -

- How much contract resource is being used in the IT function for ASPH?
  - No third party contractors. There is one vacancy that is filled through staff bank at Agenda For Change Band 4 rate.

13) IT Contractors: -

- How is use of contractors governed to ensure we get value for money; who has oversight of this to ensure we are not paying over the odds?
  - Not applicable – see answer 12 above.

3.0 Conclusion

The adoption of the EPR has improved since the implementation of May 2022. The EPR is now business as usual, with the clinical and administrative teams using the EPR to support their day-to-day work. The bulk of Millennium support requests relate to resolving data quality or system workflow issues, whereby the Digital Service team correct the data and then help the requestor understand the Standard Operating Procedure to avoid re-occurrence.

The Digital Service team has developed considerable skills to support the EPR and lead on technical changes for ASPH and RSCH.

The Digital Service team are keen to ensure that all support issues are logged and seek the assistance of Governors along with all other stakeholders to ensure that nothing goes unreported and unresolved.