

240

EPR SOPs BUILT
Across 9 clinical & admin areas

~3,900

SOP ACCESSES / MONTH
Across all departments, post go-live

85%+

STAFF QUIZ PASS RATE
Readiness verified pre go-live

3 months

TIME TO IMPLEMENT
Onboarding to go-live ready

Implementation data, NHS Acute Trust · Outpatient departments · Vendor-agnostic EPR deployment

THE CHALLENGE

EPR success is rarely limited by technology. Most delays and overruns stem from operational readiness and process design — unclear workflows, misalignment between EPR configuration and real practice, and weak governance once live. Without a single platform to build, manage and deploy SOPs, trusts rely on fragmented tools: Visio for process mapping, Microsoft Forms for sign-off, Excel for readiness tracking. None are version-controlled, audit-ready, or accessible at the point of care on any device.

IMPLEMENTATION

SOPHIA was deployed across an NHS acute trust ahead of a major EPR go-live to standardise, train and embed new ways of working across outpatient departments. The platform served two functions: a collaborative SOP authoring environment for the programme team pre-go-live, and the primary reference tool for all clinical and administrative staff from day one. **240 SOPs** were built across nine clinical and administrative areas — 26 covering outpatient workflows alone, from appointment booking and waitlist management through to clinic outcomes, DNA management, cancer pathway tracking, and results reporting. Each SOP was role-filtered, version-controlled, and approved through a full MDT sign-off workflow within the platform before go-live.

HOW STAFF USE SOPHIA IN PRACTICE



Staff survey: "Why do you use SOPHIA?" (select all that apply). Outpatient departments, post go-live. n=survey respondents.

WHAT THIS DEMONSTRATES

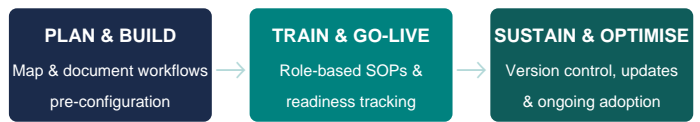
The survey reveals something telling: staff are not using SOPHIA because they were told to — they are using it because it is genuinely useful. The dominant reasons are process confidence and recovery from uncertainty, not compliance. This is the hallmark of a platform embedded in daily workflow rather than sitting alongside it.

An EPR deployment supported by SOPHIA gives trusts more than go-live readiness. It creates a living, version-controlled operational library that sustains correct ways of working long after the EPR supplier has left — reducing variation, supporting new joiners from day one, and providing an audit trail for every process change.

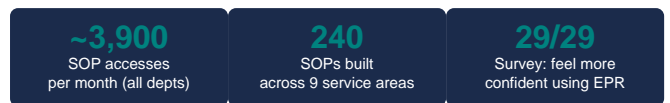
WHY CURRENT TOOLS FALL SHORT

Visio / Word / Excel	SOPHIA
Manual drawing, 20+ swim lanes	Auto-generated from structured steps
No version control or audit trail	Full approval workflow + audit trail
Specialist needed to update	Clinical teams own their processes
No usage data	Live dashboard: who accessed what, when

SOPHIA ACROSS THE EPR LIFECYCLE



PLATFORM USAGE — POST GO-LIVE



SOP Title (Outpatient Examples)	Monthly Accesses
Appointment Book — Adding/Removing Clinic Slots	62
Appointment Book — Adding Comment to Waitlist	61
Appointment Book — Action Cancelled/DNA	55
Outpatient Waitlist — Management and Oversight	48
Outpatient Check-In	44

Example SOP access counts — outpatient department, single month post go-live. 240 SOPs total across 9 areas; 26 outpatient SOPs averaging 40+ accesses each per month.

PLATFORM CAPABILITIES — EPR CONTEXT

- M Auto-generated Process Maps**
Structured SOP steps auto-generate role-filtered swim lane diagrams. No Visio, no manual drawing. Staff see only workflows relevant to their role.
- T Role-based Training & Readiness**
Interactive SOPs with embedded quizzes, screenshots and videos. Live completion dashboards give go/no-go readiness visibility by team and site.
- G Full Governance & Audit Trail**
Version control, MDT approval workflows, eSignature and review reminders built in. Every process change tracked and evidenced.
- V Vendor Agnostic**
Works alongside any EPR — Epic, Oracle Cerner, MEDITECH, System C, TrakCare, EMIS. No data transfer or proprietary lock-in.

FROM THE CLINICAL FRONTLINE

- “I use SOPHIA to make sure I am following the correct process and feel more confident when using the EPR system.”
Outpatient staff, NHS Acute Trust
- “I use SOPHIA when I have not completed a process for a while — it is there when I need it, on any device.”
Outpatient staff, NHS Acute Trust
- “SOPHIA gave us real-time visibility of SOP readiness across the whole programme — from preparation right through to live use.”
EPR Programme Lead, NHS Trust

Request a demo: transformation@carradalefutures.com
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