

Case study

Delivering a *national
EPR usability survey* to
understand impact on
productivity and burnout





Overview

In partnership with **KLAS Research**, Ethical Healthcare was commissioned by **NHS England** to support a national programme aimed at improving the usability of electronic patient records (EPRs) across England.

Building on the 2022 National EPR Usability Survey, the 2024-25 programme had two core objectives:

1. Nationwide survey delivery – to evaluate EPR usability across all NHS trusts in England.

2. Targeted support for 10 trusts – to help trusts with the lowest usability scores from 2022 to identify and implement improvements.

This case study focuses on the first objective: developing and delivering the usability survey to clinical and clerical NHS staff to understand the current user experience of EPRs.



The need

In 2021, NHS England commissioned Ethical Healthcare to deliver a nationwide, user-led survey that measured and compared how well EPR systems supported frontline clinicians. The results challenged assumptions about what makes an EPR effective and critical areas for improvement and started a national conversation about the importance of usability and user-generated feedback.

NHS England wanted to measure trust experience of EPRs in England three years on to understand if there had been any improvements and provide richer baseline data. The aim was to:

- ✓ Capture the experience of staff using EPR systems on a national scale – including views on functionality, configuration, and the wider training and support offer, to see if there had been improvements, guide national policy, and shape discussions with suppliers.
- ✓ Give individual NHS organisations bespoke data and feedback to assess their own EPR systems, helping them to identify areas for improvement and gain access to relevant support and best practice.
- ✓ Provide the ability, via the KLAS Arch Collaborative programme, to benchmark NHS organisations against other health organisations nationally and internationally, opening opportunities for collaboration and peer support.





Solution

We worked with KLAS Research, the NHS England digital maturity team, and representatives from community, mental health, ambulance, and acute sectors to gather input into the new survey. We made changes to the survey whilst ensuring the baseline data remained consistent. Given the prominence of burnout amongst NHS staff, we included new questions to understand the impact of EPRs on mental wellbeing and surveyed clerical staff alongside clinical staff to get a comprehensive picture from all EPR users. Alongside our partners at KLAS Research, we designed and delivered the survey, provided communications and engagement support and supported the analysis and dissemination of key findings.

Our role included:

Delivering expert-led design

The survey needed to reflect the language and priorities of the NHS workforce while remaining consistent with other KLAS studies to allow international comparability. The Ethical team ran a series of workshops with clinicians, admin staff, and NHS digital teams, to ensure the questionnaire was adapted for the NHS environment.

Engaging the NHS leadership community

Extensive pre-launch engagement of senior staff across all NHS organisations helped to explain the rationale for the research and achieve buy-in. We developed messaging and other communications collateral to enable the NHS England team to engage with confidence through their channels and networks.

Helping NHS organisations to engage their staff

We developed and tested a suite of communications resources for trusts to use to promote the survey. This included social media assets, posters and display adverts, copy for internal bulletins and newsletters, webinars, CxIO forum materials, and a Q&A sheet. A communications toolkit was distributed through NHS England's regional channels and networks.

Securing wider advocacy and external partnerships

To support wider take-up of the survey, we also developed a national advocacy campaign, working with WeNurses, NHS Confederation and the Digital Health Network to raise awareness of the research and encourage senior leaders to speak in support of it. This resulted in a series of blogs from leading CxIOs, which were shared via social media.

Analysing and disseminating the results

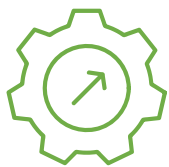
The Ethical team supported KLAS Research in designing bespoke dashboards for trusts with over 30 responses, breaking down their usability scores into a series of actionable insights. We hosted a series of online meetings to explain the results to the CxIO community and are running themed webinars for those showing significant areas of improvement to share best practice with other trusts.

Overcoming obstacles

✓ The survey was developed in February 2024, but due to the general election, couldn't be issued until October 2024. This coincided with the annual staff survey, so the same group of busy staff were potentially being asked to complete two surveys. We ensured clarity in our communications to highlight the importance of this targeted survey and how it would be used to improve their experience. We also offered trusts the option to launch our survey later, with an extended runtime to December 2024 to allow for the clash in timing.

✓ It was a challenge to encourage some trusts that were taking part to promote the survey to their staff, particularly as their priority was the staff survey. The communications toolkit helped as they could easily disseminate messages, and we enlisted staff advocates such as CIOs and CNIOs in the trusts to spread the word.





Impact and benefits

The survey's response rate was the most successful for both England and for KLAS Research's work worldwide. We received double the number of responses from 2022; increasing from 11,000 to 24,000. The results presented an accurate picture of the scale of the problem, with both trusts and the suppliers needing to implement changes to improve the usability of EPRs.

NHSE are subsequently using the data to inform the planned Frontline Capabilities Programme.

Some of the key insights are:

Experience

The Net EPR Experience Score, measuring clinicians' experience with their EPR, has seen almost no change since 2021 (60.4 to 69). It had worsened for nurses and allied health professionals, although it had slightly improved for physicians.

Training

- ✓ Training remains a key focus for improvement with 60% of physicians and 70% of nurses wanting more EPR education and 44% of clinicians having reported receiving no ongoing EPR education.
- ✓ The ideal would be 3-5 hours of initial training with 1-2 hours of annual training post implementation.

Burnout

- ✓ NHS clinicians are three times more likely to be burnt out by their EPR than peers globally. EPRs are now the leading cause of burnout.
- ✓ It is easier to prevent burnout by increasing EPR efficiency early on than it is to reduce burnout after it has already peaked.
- ✓ Burnout rates are similar to the global average (33%), yet predicted turnover rates are 8.6% higher in England than elsewhere.
- ✓ NHS clinicians are more than twice as likely to attribute their burnout to the EPR inhibiting efficiency than elsewhere.
- ✓ Those who are leaving, and plan to leave healthcare entirely, are the most dissatisfied with their EPRs.

Infrastructure

- ✓ EPR satisfaction is capped by an organisation's ability to provide a stable, available, and fast system. A sizeable portion of the challenge with system availability is the use of multiple systems, slow systems, having to login/out, not integrating/working properly, and records stored in different formats.
- ✓ Strong infrastructure is the foundation to high EPR satisfaction and requires addressing reliability, speed, login processes, and hardware.

Productivity

- ✓ Poor usability is significantly undermining NHS productivity, with only 34% of respondents saying that their EPR made them more efficient and 37% reported spending three or more hours per week on 'unproductive charting' due to poorly implemented workflows and configuration within their EPR.
- ✓ In aggregate, clinician respondents report spending 5.2% of their working time dealing with 'unproductive charting' – a number close to the 5.5% of time lost annually to sickness.

We held meetings with NHS CIOs to share top-level insights and those with over 30 responses got access to their trust's dashboard. We have also shared information with suppliers and have upcoming meetings to share how they are perceived and our recommendations.



Thomas Webb, CEO, Ethical Healthcare said:

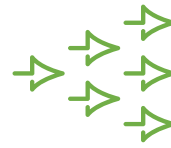
“EPR usability is no longer just a technology issue – it’s a workforce and wellbeing issue. When systems are poorly configured, hard to use, or not properly supported, the impact on productivity and burnout is profound. Optimising EPRs isn’t a luxury; it’s essential for retaining staff, improving care, and making the NHS more sustainable.”



Next steps, sustainability and scaling

We are working with NHS trusts to identify and implement efficiency and financial savings by improving their usability, and EPR suppliers to help improve product development and deployment by embedding usability enhancements.

The aim is to repeat the survey every two years and continue to work with trusts and suppliers through improvement programmes.



Takeaway tips

- ✓ Make sure you have the right people in the room from the start. Include representatives from different specialties to enable you to develop the survey based on their specific experiences and needs.
- ✓ Providing an easy-to-use communications toolkit is powerful for getting the high engagement figures – those that used the kit saw higher engagement. For example, in 2022 London Ambulance Service received 158 responses; in 2024 that rose to 549.
- ✓ It is important to not only provide high-level insights but to allow trusts to access their specific data and make recommendations on how they can improve their scores.



Get in touch

Is your EPR helping or hindering your frontline staff? We’ll diagnose the root causes of inefficiency and burnout—and co-design a targeted improvement plan to fix them. Contact [Thomas Webb](#) to explore how we can help your trust.

