

BOARD MEETING

22nd February 2018

Paper Title:	Mental Health Clinical System Implementation Update
Section:	Public
Lead Director:	Medical Director
Paper Author:	Martin Brittain – Clinical Systems Programme Manager
Agenda Item:	9
Presented For:	Assurance
Paper Category:	Quality

Executive Summary:

We remain on track to go live with SystemOne for mental health in May meaning the project will be delivered to time and budget

The implementation of SystemOne, (S1), is a clinically-led project supported by the informatics function and overseen by an Implementation Project Board, chaired by the Medical Director, which reports through to EMT via the Informatics Board, also chaired by the Medical Director.

A clinical steering group, chaired by the Chief Clinical Information Officer, has oversight of the detailed content of the new system and the design of a suite of core templates is complete which will improve clinical documentation, including care planning.

Clinical engagement at all levels of this project remains excellent with representation from various professional groups and business units but, in order to provide added impetus during the run up to 'go live' and beyond, a full-time clinical lead is now in place for a fixed term of six months.

Data migration testing, following the 'unit split' has not uncovered any significant concerns.

A three phase training strategy has been developed. Trainers have been recruited and phase one is imminent.

Recommendations:

That the Board

- Agrees that the report provides assurance of satisfactory progress in implementation of the new electronic record for mental health.

Governance/Audit Trail:

Meetings where this item has previously been discussed (please mark with an X):							
Audit Committee		Quality & Safety Committee		Remuneration Committee		Finance, Business & Investment Committee	
Executive Management Team	✓	Directors		Chair of Committee Meetings		Mental Health Legislation Committee	
Council of Governors							

This report supports the achievement of the following strategic aims of the Trust: (please mark those that apply with an X):	
Quality and Workforce: to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce	✓
Integration and Partnerships: to be influential in the development and delivery of new models of care locally and more widely across West Yorkshire and Harrogate STP	✓
Sustainability and Growth: to maintain our financial viability whilst actively seeking appropriate new business opportunities	

This report supports the achievement of the following Regulatory Requirements: (please mark those that apply with an X):	
Safe: People who use our services are protected from abuse and avoidable harm	✓
Caring: Staff involve people who use our services and treat them with compassion, kindness, dignity and respect	
Responsive: Services are organised to meet the needs of people who use our services	✓
Effective: Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.	✓
Well Led: The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.	
NHSI Single Oversight Framework	

Freedom of Information:
<p>Publication Under Freedom of Information Act</p> <p>This paper has been made available under the Freedom of Information Act</p>

Mental Health Clinical System Implementation Update

1. Background and Context

In December 2016, Board approved the use of the call-off option, available in our existing contract with TPP (the supplier of SystmOne), to purchase the SystmOne mental health module as a replacement for RiO.

Board agreed, at that time, that TPP would be required to improve some aspects of system functionality prior to go-live and that significant service input would be required to deliver successful implementation of the new system.

In order to ensure a successful implementation, Board approved £480k capital expenditure on the various human and technical resources required.

Following a period of negotiation, a contract change notice was agreed with TPP in March 2017.

The project is clinically led with strong informatics support. A clinical steering group had been established in 2016, chaired by the Chief Clinical Information Officer, and this has been leading detailed discussions with TPP around our specific requirements and the improvements to functionality we need to achieve.

The implementation timeline has suffered some slippage but is progressing satisfactorily and delivery to timescale in mid-May remains achievable. The project is being overseen by an Implementation Project Board, chaired by the Medical Director with strong clinical and informatics team membership. Progress reports and emerging issues are discussed by this group every month which then provides assurance reports to the Informatics Board.

Not unexpectedly, with a project of this size and importance, a number of risks have been identified which have been placed on the relevant risk registers with appropriate mitigations in place.

2. Project

Project Team

Recruitment to the additional project trainer roles is complete. The project now has two dedicated and two substantive trainers to resource training activity. The preferred candidate for the Training Lead role is undergoing pre-employment checks.

A clinical lead has been permanently assigned to support the development team with knowledge on clinical best practice and to assist in communications with clinical services.

The development team has suffered from significant absence since Christmas due to seasonal sickness and other personal factors. As a result of this it was necessary to recruit additional temporary development resource to mitigate development delay. Additional resource was sourced within the allocated project budget.

Forecast spend is monitored monthly with support from Capital Planning & Investment Group. Non pay spend is currently behind forecast but as project activity increases, spend will re-align somewhat with forecast, however an underspend is forecast for this year. The precise breakdown is outlined in the table below:

MONTH 10 CAPITAL PROGRAMME Clinical Systems: Mental Health / SystemOne	Original Plan	Change	Revised Plan	Year to Date - PLAN			Year to Date - REFORECAST			OUTTURN - REFORECAST		
				Approved Plan	Actual	Variance	Revised Plan	Actual	Variance	Revised Plan	Actual	Variance
2017/18 Plan	488	-63	425	371	228	143	334	228	106	425	375	50
2018/19 Plan - to roll forward**		58	58									
	488	-5	483	371	228	143	334	228	106	425	375	50
% Committed: Forecast Outturn					54%							
% Variance: Plan/Reforecast						39%			32%			
% Outturn: Board Approved Plan											77%	

** Informatics Board was asked to provide assurance to CPIG that:

- resources in the re-forecast would be fully committed
- the re-profile and re-forecast did not impact delivery / deliverables

Forecast Spend Profile - Remainder of Project

	YTD	Feb-18	Mar-18	Total	Apr-18	May-18	Jun-18	Jul-18	Total
Financial Year 2017/18	228	85	62	375					
Financial Year 2018/19 (£135k + £58k)						41	39	75	38
									193

Project Activity

Business Analysis and System configuration leads have been engaged with clinical service and administration. The first phase of business analysis activity has closed with service manages providing sign-off for documented processes..

Engagement with specialist clinical services is underway with developers given the brief to produce more efficient (but clinically safe) recording templates than provided previously in RiO. Recording is being steered away from the excessive use of progress notes and towards appropriate and reportable use of template forms.

The Learning Disability teams are being used as a pilot for development and configuration due to the manageable size of the work required. Completion of the LD unit configuration is expected for mid-February with training and support activity commencing subsequently. Lessons learned and design principals will be taken forward as a starting point for configuration of the remaining Trust service configuration.

Data migration checking is continuing. TPP's split of RiO data into service specific units was made available on Monday 22nd January. Initial evaluation of the degree of success of data splitting is positive.

Checking is continuing on how the best possible picture of historical care can be displayed from RiO records. TPP have requested a one week delay of phase 2b data checking (and subsequently phase 2c data checking) to accommodate application of programming corrections. Although this delay further cuts into contingency allocation, it does not present a reason to delay go-live at this point.

Discussion has continued with TPP on the second cut of data to be taken from RiO and applied to SystemOne. (Included in this second data cut would be any new assessments and progress notes recorded by staff during the 10 day cutover from RiO to SystemOne). Testing of the second data cut is scheduled to commence on 26th February.

Clinical staff will need to plan for alternative recording (or re-type) of referrals, discharges, inpatient ward activity and MHA activity. Workgroup activity has been scheduled to commence planning with service managers and administration.

Communications & Training

A high level communications plan has been finalized and reviewed by the project board.

Training is expected to take 3 distinct streams: firstly, engagement sessions where staff can be updated on progress, secondly, core training on navigation of the system and the elements that most staff will use and, thirdly, training on specialist areas of recording practice.

The project team has sourced sufficient training rooms to allow all staff to be trained in a timely manner.

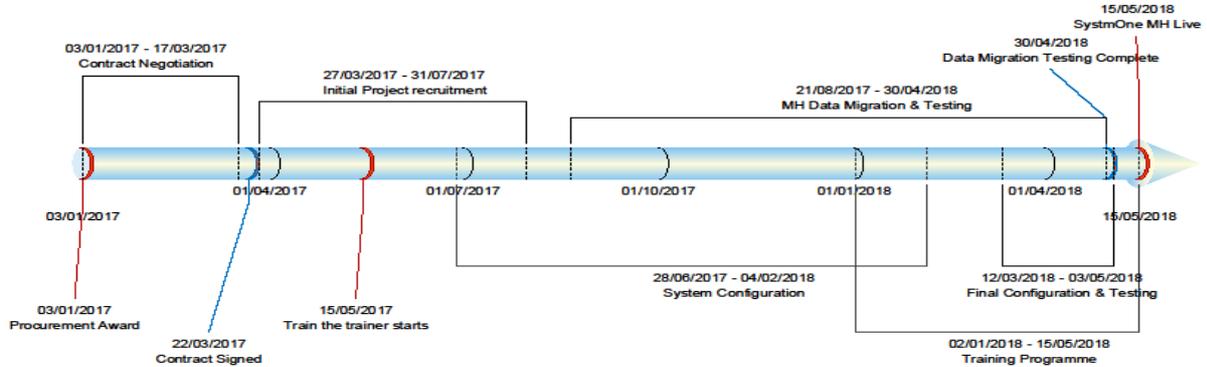
Animations have been created to provide a graphical 'staff friendly' narrative for the project. These are viewable on the project's Connect page. The second of four animations will be released during February.

A briefing took place for doctors at the medical council on 31st January. This was a useful discussion on the system and ways of working which resulted in several staff volunteering to take part in a medical working group to support system implementation.

Contingency

As previously discussed, a period of contingency had been placed into the project delivery plan between early March 2018 and early May 2018. This period has been reduced (due to supplier delay), but mitigated by early release of a final test instance.

SystemOne Mental Health Module – High Level Implementation Timeline



3. Risk Issues Identified

Commercial exit discussions with Servelec (the suppliers of RiO) and the costs quoted for 18/19 have not significantly reduced.

The view of the project board is that, although a “nice to have”, the quoted figure for a reduced instance of RiO (25 users) as an archive for the following 12 months is too expensive.

The vast majority of data held in the system will be retrievable (in report format) from a snapshot of the Data Warehouse by the Business Intelligence team. In addition, the full data migration exercise currently underway will provide clinicians with a view of RiO contents as at switch-off.

It should be noted that there is a degree of concern at the closeness between SystemOne go-live (on 15th May), the commencement of re-key activity and the conclusion of the RiO contract on 31st May when the Trust’s reliance on the ‘front end’ of RiO will need to cease. This needs to be balanced against running two, parallel ‘live’ systems for any longer than necessary which carries the risk of clinical information being entered into the wrong system.

High level project risks/actions remain on the corporate risk register. These are summarized in the table below.

Risk	Likelihood High/Medium/Low	Implication	Mitigation
Major delays or complications in the implementation			

of SystemOne for Mental Health: -			
i) Non-budgeted financial expenditure on an extended RiO contract	Medium	Unplanned expenditure in 2018/2019 financial year	Finance informed at the earliest opportunity. Procurement team involved in supplier engagement.
(ii) A suboptimal electronic patient record with adverse effects on the quality of care	Medium	Negative ability on patient outcomes and increased clinical risk.	Clinical input sought throughout the project. Clinical sign-off required for developments.
(iii) Reputational damage to Trust and loss of staff confidence in new system	Medium	Negative long term effect on recording and reporting.	Engagement planned both internally and externally to the Trust.

4. Monitoring and review

The Board will receive a further update on this important transformational project in March and every month, thereafter, until satisfactory implementation is achieved..