

BOARD MEETING

29th March 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:	Approval
Paper Category:	Quality

Executive Summary:

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

Staff training has got off to an unexpectedly slow start due to a combination of training lead resignation and adverse weather.

A further supplier delay has left us with only five days to conduct the final phase of data migration checking.

The impact, of the system change, on the full list of reports the trust is required to run (mandatory, contractual and internal) needs further assessment in order to provide assurance and / or fair warning to commissioners and other stakeholders.

The Implementation Board has considered the implications of these most recent developments and considers that the risks which now present are significant enough to warrant deferral of the planned go-live date.

Recommendations:

That the Board

- Note the continued progress in implementing S1 for Mental Health
- Note the factors which have led to challenges in keeping to the original planned go-live date
- Note the recommendation of the S1 Implementation Board that go-live be postponed for eight weeks
- Approve the postponement of go-live, as recommended by the S1 Implementation Board

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 S1), to purchase the S1 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 project is being overseen by an Implementation 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.

The implementation timeline has suffered slippage. The Implementation Board has considered the implications of recent, further slippage and considers that the risks which now present are significant enough to warrant deferral of the planned go-live date.

2. Project

Project Team

A lead officer to plan and co-ordinate the training activity was interviewed and appointed in January. After a period of illness, the individual started in post on 5th March. Unfortunately by 9th March they had left the trust citing 'offer of a permanent position' as preferable to the project fixed term contract. Although an existing staff member has now been appointed, this has presented a delay of at least two weeks to the training schedule.

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 deemed necessary to recruit additional temporary development resource to mitigate development delay. Additional resource has been sourced within the allocated project budget but finding

suitable candidates has been difficult and only appointed during March. Development work on the system is progressing however.

Project Activity

Business analysis activity is now drawing to a close. The service managers have provided sign-off for documented processes. Discussions are continuing with one service which has identified a change in working practice late in the project.

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.

Risks to Planned go-live on 17th May

Significant Pressure on Development Resource

Development of templates is progressing. The systems team is suffering ongoing absence and efforts have been made to find suitable contract alternatives. Finding suitable contract staff has proved difficult. The current position is that one contract developer has been sourced, with selection for a second ongoing.

The configuration lead for the project currently expects *we can meet* the phased delivery of system configuration *providing* the team suffers no additional absence or disruption due to adverse weather.

Training

As mentioned above, a lead officer to plan and co-ordinate the training activity left after only four days in post resulting in a delay of at least two weeks to the training schedule.

The planned training for the implementation of S1 Mental Health is planned to be a two stage process:

Part 1 – All current users of RIO will receive a S1 Mental Health New Starter course – a three hour introduction to S1 and the mental health module.

This will include the following elements:

- Patient search / registration
- Referrals / allocation
- Discharging
- Shared record – consent issues
- Caseload / Waiting List Management
- Dashboard
- The various Tabs in S1

Part 2 – A specialty specific, follow-up course detailing the specific templates used in each new S1 Mental Health module.

These will be a course for each of the following modules:

- BDCFT Adult Mental Health Unit
- BDCFT Older Peoples Mental Health Unit
- BDCFT CAMHS Mental Health Unit
- BDCFT Learning Disabilities Unit
- BDCFT Inpatient Mental Health Unit
- BDCFT Mental Health Act Unit
- BDCFT First Response Out of Hours Unit

These units can be delivered once the development work related to that module's templates has been completed and signed off.

The LD Unit is currently having its specialty specific plan developed.

Rooms and Training Logistics

The following training rooms are available for the Clinical Trainers to deliver Mental Health training remembering that business as usual training within RIO (for new starters, junior doctors, staff bank) is still being delivered as are regular sessions for S1 Foundation and individual community modules (for new starters, student nurses etc).

- New Mill, Level 5 Training Room – seats 12 – available full-time
- Lynfield Mount Hospital, Highfield Unit – seats 8 – available full-time
- Holmewood Medical Centre, Training Room – seats 10 – available full-time
- New Mill, Room 3.31 – Will seat 6 – available from end of March 2018
- Meridian House, 2 Rooms on a part-time basis - seats 6 + 10 respectively. Available initially for 11 sessions from late March onwards, with a view to extend to accommodate Airedale staff. Subject to ongoing refurbishment at Meridian House.

Additional dedicated sessions are planned to accommodate service requirements and fit in best with their clinical working practices.

Previous experience suggests that training larger numbers of staff in a single session (conference style) is ineffective.

A dedicated email address has been set up and is used for staff to book onto their chosen training sessions.

S1 Mental Health Training already delivered and still to do

Champion Users 36/98 trained and Learning Disabilities staff 24/52 trained

Initial calculations indicate that, theoretically, we can train 360 staff per week assuming full attendance but this would still require a minimum of 8.5 weeks from now to train all staff

(remembering they need to attend twice). In the two and a half weeks we have been delivering training, 68% have attended, 8% have failed to attend and 24% have cancelled due to clinical/other commitments. If that trend continued, the training delivery period would need to be extended by around 4 weeks. Intelligence suggests that the high level of cancellations was due to staff having to re-schedule 'snow affected' clinical appointments.

Data Migration

At present, the data migration sign off date (the date after which no further testing is possible) is set as 23rd April.

Following a further 2 week delay Phase 2b checking commenced on Monday 5th March as TPP developers needed more time to fix issues. The knock on effect of this is that Phase 2c is now only one week from 3rd April to 9th April inclusive. There is no contingency period remaining as delays have used this up entirely and additionally cut Phase 2c to only 5 days.

So far this migration into multiple units has been largely successful without any showstoppers. Most of the issues in 2a/b have been solved or partially solved.

TPP have further helped this process by a further reload for the second week of checking to include additional mappings and fixes.

Key Ongoing Functionality Issues

Overlapping Diary Appointments

In RiO it was possible for patients to have multiple appointments recorded at the same date and time. S1 does not allow this. As part of data migration, only one appointment is migrated into the new rota (diary), the others are migrated as a text entry in the patient record. We are working with TPP to generate a set of business rules to mitigate the risk of uncertainty in clinical bookings in the months after go-live (ie. to ensure the most appropriate appointment is placed in the diary).

Care Plan Approach (CPA) status

Over the years RiO was used, the Trust created several variations of CPA (or non CPA) status. S1 has been built to the current national standard, which is that you are either on CPA or not. Although the Trust CPA lead is accepting of the current standard, members of the Data Migration Steering group require assurance that application of S1 won't inhibit allocation and management of Care Co-ordination staff whichever care approach is deemed appropriate.

Mental Health Act Administration

The mental health act administration lead has requested the opportunity to thoroughly test mental health act system behavior prior to go-live. Given the complexity of the constraints around the MHA, there is the potential for issues to be raised which require supplier input to resolve.

Reporting

The priority is to enable the submission of mandatory reports following go-live. Reporting is dependent on a combination of system configuration and suitable data migration. Data migration is ongoing and issues require resolution to ensure the completeness and quality of migrated RiO data. Configuration has been phased between now and go-live and there remains a risk to the completeness of reporting post go-live.

Whatever the go-live date, data quality and completeness will be an issue. For some fields, this will be improved by full, tested data migration. But because the decision was made that elements of the RiO data will not be migrated into the S1 record, what can be reported will only improve incrementally, as clinicians update records in S1.

Following review at EMT, the BI team is working through the full list of reports (mandatory, contractual, internal), to have a position on each one, that we can then share accordingly e.g. proactively alert commissioners of any likely dips in data quality or performance before go-live.

Network Capacity to N3

We currently have qualified assurance from the IT team that the Trust's N3 links will have sufficient capacity to accommodate additional traffic to support S1 Mental Health.

When our RiO users move to S1, the number of users sending traffic to N3 could, theoretically, double but we are currently supporting a go-live recommendation on the fact that the current N3 link utilisation is below 50% and, in addition, we *never* have all RiO users online concurrently, only about 300 of the 1500 we are licensed for.

Specific capacity requirements from the system supplier have been forwarded to the IT team. A granular comment from IT on whether our N3 links meet the supplier capacity requirement is awaited.

It should be noted that re-procurement of network links as part of the move from N3 to the new Health and Social Care Network (HSCN) is imminent so an opportunity for purchasing additional capacity will be available if required.

Conclusion

Supplier delay on data migration has consumed the 8 weeks contingency planned for testing and resolving significant issues.

Of the issues listed above, all should be soluble within a relatively short time frame.

Training completion and reporting capability are now considered the biggest risk areas.

A constructive discussion has been had with the supplier to understand the financial and forward scheduling implications of delaying go-live. All parties, including the supplier, expressed some concern that recent developments have put a May 17th go-live at risk.

We have agreed that neither party should be subject to financial penalty for a delay in go-live and that the trust only start paying the licence fee on go-live. The supplier does not expect any problem assigning the required human resource for a re-negotiated go-live date.

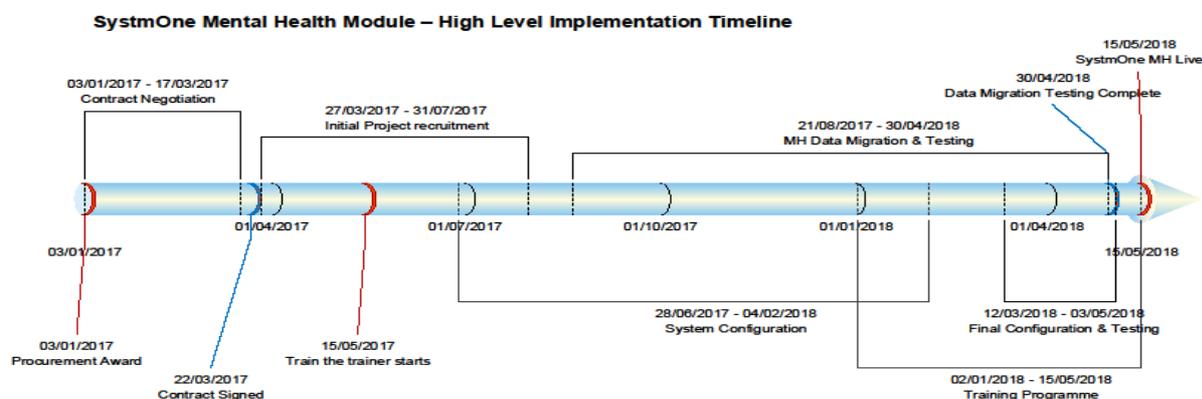
Last week, the Implementation Board considered a recommendation, from the Clinical Lead and Project Manager, to postpone go-live, to allow re-scheduling of data migration sign-off, to allow further data and mandatory report checking and to allow further time to meet an acceptable level of clinical staff training. The Board unanimously agreed, in order to ensure full Quarter 1 reporting is captured in RiO, to recommend that go-live be postponed until Tuesday 10th July as per the following timetable:

- Week commencing 25th June: backup of attached RiO documents.
- Monday 2nd July: TPP on site to initiate collection of the backup of RiO.
- Monday 9th July: Technical go-live.
- Tuesday 10th July: User go-live (and second data cut taken).
- Monday 16th July: Application of second data cut to S1.

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 consumed by data migration complexities, related to the creation of separate mental health ‘units’ at the trust’s request.

The supplier released a test instance last week which is allowing testing of final functionality alongside realistic data (CPA and MHA functionality for example). However, significant pressure remains on data migration checking and training activity as outlined above.



Following commercial exit discussions with Servelec, (the suppliers of RiO), ongoing costs for 18/19 have been agreed for:

- Contract extension for the period between March 2018 and end May 2018
- Cost for each further monthly extension of the fully supported system

A contract has been agreed which allows monthly extensions at short notice.

The view of the Implementation 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.

3. Risk Issues Identified

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	High <i>(this risk has increased since last month)</i>	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	Low <i>(this risk has decreased since last month)</i>	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

Board will continue to receive monthly updates on this critical transformation project until at least the go-live date.