Bradford District Care
NHS Foundation Trust

**BOARD MEETING**

**26 April 2018**

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|---|---|
| Paper Title: | Mental Health Clinical System Implementation Update |
| Section: | Private |
| Lead Director: | Medical Director |
| Paper Author: | Martin Brittain – Clinical Systems Programme Manager |
| Agenda Item: | 8 |
| Presented For: | Assurance |
| Paper Category: | Quality |

## Executive Summary:

### Overall Delivery Confidence (RAG)

| | | | |
|---|---|---|---|
| **Current Project Status: April** | Amber | **Expected Status for Next Period: May** | Amber |
| **Status for LAST Period: March** | Red | **Expected Status for End of Year** | Green |
| Current Status Breakdown | | | |
| Milestones / Project Timeline Status | Expenditure / CIP Status | Quality Outcomes / KPI Status | Benefits Status |
| Green | Red | Amber | Amber |

### Overall Delivery Confidence Commentary

- Trust Board have approved a deferral of go-live until 12th July 2018. This will allow additional time to conclude the required data migration testing, unit configuration and ongoing training delivery requirements.
- An additional funding requirement of £60k (Capex) has been identified due the deferral of the go-live date. This additional amount will enable the project to retain key resources (staff) to oversee the final stages of the project.
- The risks in relation to post go live reporting have been identified. The full impact of the identified risks cannot be fully assessed until the reporting team receive the unit templates and the data migration activities are complete
- Additional data migration checking has been planned, including an additional data cut to support MHSDS checking.
- A detailed training plan has been created and published and delivery has commenced
- Internal Audit have reviewed project management processes and have provided favourable feedback.
- Discussion regarding acceptance and sign-off planning have commenced

## 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:** |
|---|
| **Publication Under Freedom of Information Act**<br><br>This paper has been made available under the Freedom of Information Act |

# 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.

### Financial

In order to ensure a successful implementation, Board approved £480k capital expenditure on the various resources required. Forecast spend is monitored monthly with support from Capital Planning & Investment Group.

### Governance

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. 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.

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## 2. Work stream Updates

### a) Data Migration & Data Quality

**Phase 2c results;** the data checking process took place from 3rd April to 13th April. Champion Users and managers from across services/units have checked the data, systematically and thoroughly by comparing data in the entire record, in particular emphasising clinical data.

In addition to phase 2c, two new rounds of data checking have been added:

- Phase 3a – Monday 30th April to Friday 11th May (2 weeks)
- Phase 3b – Tuesday 29th May to Monday 4th June (1 week)

Finally there will be an additional (third) data collection which has been arranged by TPP for Friday 20th April. This will allow the MHSDS to be tested by the Reporting Team. This data collection will also be will be synchronised with Servelec from RiO so that testing is consistent.

Phase 3a has significance because it is the last chance for any new issues found to be fixed and rechecked. Although any new issue spotted in **Phase 3b** can still be reported a fix cannot be made until after go-live.

**Proposal for Sign off Process**

The Manager of the service will signify acceptance (or otherwise). This will be from information received from service representatives who have checked data in Phase 3a and 3b.

Assuming managers and representatives from each service and Unit have attended and are satisfied with their data, then the DM Steering Group will formal sign-off. This will then go as a recommendation to the MH Implementation Board. If the data is not acceptable then this will impact on the go-live date. As it is impossible to achieve 100% of everything in the migration, success criteria will be established. So sign-off will be subject to certain known conditions.

## b) Unit Configuration

Unit configuration is making reasonable progress, with target dates for completion identified. Subject to meeting the minimum configuration criteria, user acceptance testing (UAT) can begin. Training of the units is however dependent on the completion of the unit configuration therefore any significant slippage may have an impact on the projects ability to train all the staff in time for go-live. This risk will be actively monitored by the project manager to ensure any risk is mitigated and or reduced.

| Unit | Minimum Template Config Completion | Commencement of Training |
|---|---|---|
| LD | 11th April | 23rd April |
| Adult | 20th April | 25th April |
| CAMHS | 11th May | 18th May |
| Older People | 20th April | 30th April |
| Inpatients | 27th April | 8th May |
| MHA Team | 8th June | |
| First Response | 22nd June | |

## c) Training

There are approximately 1400-1500 staff who require training in SystmOne Mental Health. All staff will receive two training sessions; a common SystmOne Mental Health New Starter session, followed by a unit specific session that includes details of the specific templates and care pathway in use in that unit.

The updated training plan indicates that training delivery is achievable by 12th July. This is subject to the release of staff to complete the training within the set time frame. Training schedules and the mechanism to book are available to all staff.

As of 1st April 2018, the following numbers of staff had been trained in the SystmOne New Starter Uni. Initial training commenced at the beginning of March.

- Learning Disabilities Staff – 54 out of 66 staff have been trained; 82%
- Champion Users – 55 out of 98 staff have been trained; 56%

Staff have been advised to book onto training in order for the training programme to progress effectively. The training lead is attending staff rostering meetings to support scheduled release of staff.

In addition to statistical analysis additional reporting mechanisms will be put in place to provide management information to the service managers regarding training attendance and absences.

**d) Reporting**

Deferral of go-live provides the performance team more time for planned testing of mandatory extracts from SystmOne, as well as the ability to close reporting for June (quarter one) in RiO. This had been substantially reduced prior to the deferral of go-live as a consequence of data migration / configuration / other delays

The performance team is testing MHSDS but is reliant on the development and release of system templates to allow report testing. Until data migration completed and templates are released the Performance Team cannot accurately predict what issues may arise. The development timetable has been shared with the performance team so that report development can be planned accordingly.

Data migration presents the performance team with data structured differently from RiO and sparse availability of read-codes for historical data will limit statistical reporting capability from historical records in SystmOne (although a snapshot of data from RiO will be available as migration in the data warehouse).

Elements of the new clinical record will be populated as clinicians update records during daily activity. Although historical data from RiO will be visible for clinicians, for care purposes, the ongoing clinical record won't be fully populated from day one. This will be reflected in Trust reporting over an extended period of time.

Whilst the focus is to ensure no break in reporting and to maintain business as usual reporting during the system change, there is a key risk of disruption to reporting capabilities. In response to this the re-development of trust reporting capability has been prioritised.

Feedback from the local CCGs indicated that BTHFT's recent system implementation (Cerner) resulted in breaks in mandatory reporting. CCGs have requested assurance that the transition to the new system will not disrupt reporting and performance and sight of the Trust's revised implementation timetable.

Any break in reporting following the implementation of the new system will result in reductions in reported performance, e.g. Plymouth saw an initial decrease in cluster performance following their system change.

The re-development of reports from RiO to SystmOne is being undertaken in the following priority order, to minimise the impact of any break in reporting:

- **Priority one** - Mandatory/Statutory reporting this includes returns and datasets to NHS England and NHS Digital e.g. MHSDS, SUS, Unify returns and FOIs etc.
- **Priority two** - Contractual reporting e.g. CCG and NHS England commissioned services including Service Quality Performance Report, Schedule 6 information requirements, CQUIN, Low secure services etc.
- **Priority three** - Local Performance reporting - components of Board Dashboard, Business Unit Performance Reports etc.
- **Priority four** - Local Operational reporting e.g. supporting datasets, cluster alerts, big hand data feed, , service reporting, ad-hoc requests etc.

In response to our Commissioners' request meetings will be organised with key NHS England and CCG commissioners to discuss the potential risks associated with the transfer of system and the limited reporting capabilities it may present. This meeting will include the Deputy Director of Performance and planning (plus members from the performance team as appropriate), the MH Project Manager and the Trust CIO.

**e) Infrastructure Capacity and Reliability**

The IT team has provided assurance that the main N3 link can comfortably accommodate the expected network traffic generated by an additional 350 concurrent SystmOne users. (350 is the maximum number of users concurrently seen using RiO).

The Trust's secondary link will run at reduced capacity in the event of failure of the main N3 connection. Connectivity resilience should therefore be considered as part of the forthcoming HSCN procurement.

## 3. Contingency

The deferral of go-live allows for additional data migration and development checking. The additional time also moves the training requirement to being achievable (provided staff are released to attend courses).

The revised go-live date of 12th July still remains close to the potential revised end-of RiO rolling contract on 31st July. Servelec (the RiO supplier) has advised that extension will be possible at a minimum of 5 days' notice.

## 4. Financial

The change in expected go-live date will require an additional £60k estimated capital funding for the project. The requirement is being ring-fenced by CPIG pending receipt of approval from Board to revise the original business case quantum of investment.

The additional funding sought will extend the current contracted staff until the end of July and retain substantive project resources until August.

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.

## 5. Assurances

An Internal Audit draft report issued on 16th April indicated a significant level of assurance associated with project control mechanisms and governance arrangements in place to support the implementation of the new Mental Health Clinical System.

## 6. Risk Issues Identified

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

| **Risk** | **Likelihood High/Medium /Low** | **Implication** | **Mitigation** |
|---|---|---|---|
| **Major delays or complications in the implementation of SystmOne 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. |
| **The Trust is unable to meet its Mandatory/Statutory Contractual reporting requirements** | Med/High | Financial penalties and reputational damage | Consistent engagement with CCG's to ensure visibility of risk and associated mitigation plans. |

## 7. Monitoring and review

It is recommended that Board receives a further update on this important transformational project in May.