

South Downs Health NHS Trust

Care Records Service - Update

1. Summary

1.1 This report updates the Board on progress with the local implementation of the national project for an integrated Care Records Service (CRS) and on the potential resource consequences for the Trust.

1.2 As reported in September 07, the SPfIT (the Southern Programme for IT) is running a 'Contract Reset' process. The aims, set out in a Memorandum of Understanding signed in July, were to:

- Fix the National financial model agreed with contractors (Fujitsu);
- Improve the process of system Requirements, Design, Build and Test;
- Improve the deployment process and streamline payments to contractors;
- Increase the number and frequency of releases to NHS bodies; and
- Agree the Detailed Implementation Plan (DIP) by 31st December 07.

The 'contract reset' is likely to reach a firm conclusion by the end of March 08.

1.3 The CRS deployment to South Downs Health may slip and we, together with the HIS (Health Informatics Service) and PCTs in Sussex are reviewing the implications, including, for example, an assessment of the robustness of PiMS (our current patient information system, due to be replaced by CRS), and its sustainability over the next 18 months.

1.4 Funding to meet the local costs of this scheme has been set aside within the financial plan and forecast of costs for the Trust in 2007/08 have been identified. And monitored in-year. The capital programme also includes significant investment in IT hardware and infrastructure to ensure that compatible hardware platforms are in place for early 2008.

2. Contract Reset

2.1 To provide more of a context to contract reset, the intention is to:

- Improve the operational effectiveness of the current system product (Cerner Millennium) , focussing on the requirements, design, build and test process;
- Improve the operational effectiveness of the deployment process across NHS organisations;
- Revise the approach to development (and deployment phases) to increase the planned number and frequency of releases; and
- Define the schedule for releases in this model up to December 2008, with a plan for further releases.

2.2 A number of workstreams were established that address key areas under the existing contract and community product acceptability was one of these workstreams. It concluded that key areas of the functionality for CRS to be usable by most peripatetic community services was unlikely to be available until 2009/2010, and interim solutions may therefore be required. There are overlaps between the 8 workstreams and processes are in place for dealing with such issues e.g. reporting requirements, integration of community functionality with acute systems.

- 2.3 The overall outcome of the contract reset process, including time for individual negotiation with Fujitsu and Cerner regarding the contract they have signed versus the expectations/demand of the service users, will be concluded by March 08.

3. Progress to date and events

3.1 Timetable

The planning date for CRS implementation in Central Sussex (including South Downs Health) is March 2009. However, this could slip depending on the outcomes of contract reset, and because of dependencies on other implementations in Sussex. Royal West Sussex is due to go live in March 08 and any slippage in this implementation would impact on the Central Sussex project.

We are reviewing the implications of potential slippage, including the resources devoted to the CRS project, and an assessment of the robustness of PiMS (our current patient information system, due to be replaced by CRS), and its sustainability over the period before CRS implementation.

3.2. Change workshops

The business change workshops map current patient processes to those needed under CRS. The workshops are led by change facilitators and involve clinical and other staff mapping existing processes (for example, for patient recording and data capture) and looking at how these will change with the implementation of an electronic care record. This work increases clinical engagement with the project and is essential to configure the software and realise the planned benefits. The work is continuing, because it will be useful even if the go-live date slips.

3.3 Training

The HIS are using the opportunity provided by the slippage of the CRS project to review all IT training (not just that related to CRS specifically), and are involving South Downs Health managers and staff, for example in focus groups in January.

3.4 The Clinical Advisory Group (CAG) and clinical lead

we have now recruited, via secondment, to a 0.5 WTE post to lead on the clinical impact of CRS within SDH. The funding for this post is from within existing NPfIT funds.

The CAG for the Central Sussex CRS Deployment continues to meet and look at issues of specific clinical interest. It tends to be driven by the acute Trust agenda but community clinical leads from SDH do attend and both learn and contribute.

3.5 Data collection worksheets (DCW)

DCWs provide local data within the CRS solution i.e. clinic names and locations, ward, bay and bed numbers, personnel data etc. Without accurate and up-to-date DCWs increased pressure is placed on staff responsible for maintaining this local reference data and the perception of system quality and capacity at go-live will be dented.

We made an 'informal submission' of DCWs by the agreed date of 28th October 07, and have received feedback on them. There are no major problems, although they require some further work. However, some of the work (for example, finalising clinic names and locations) can only sensibly be done closer to go live.

3.6 Patient Reporting within CRS

As reported previously, there are significant gaps between the reports currently available (e.g. through the Trust's own PRISM system) and the reports that will be available from the CRS software (Cerner Millennium). Reporting is one of the Contract Rest workstreams, and previous work on the detailed reporting gap analysis has fed into this.

3.7 Access to old patient data

Historic patient data will not be migrated to CRS (Cerner Millennium). The HIS (Health Informatics Service) are developing TRADER (Transactional and Archive Data for Enterprise Reporting), a community data warehouse which can be used to access old patient data, and the SDH SPfIT Programme Board has agreed that the Trust will participate in this.

3.8 Registration Authority Manager (RAM)

Access to patient records on CRS will be by means of a smartcard and will be role-based. Each individual will only be enabled to see and access the information which is necessary to their role. However, this information will be available to the clinician wherever it was generated within Sussex regardless of the organisation which provided it. Therefore, Worthing & Southlands Hospital Trust, Brighton and Sussex University Hospital Trust, Sussex Partnership Trust and all other Sussex Trusts' information will be available to SDH clinicians for the first time.

RAS (Registration Authority Sponsors) and RAMs (Registration Authority Managers) have been identified and work is being done on a 'joiners and leavers' procedure which will ensure staff lists are kept up to date. Registration Authority Sponsors will receive devolved authority from the Registration Authority managers to conduct registration interviews and declare that their staff members are authorised to use CRS. RA agents will be geographically spread across the Trust and will receive devolved authority to reset user passwords on their smartcards.

4. Project Risks

4.1 Contract reset and project slippage

As noted above, there is a risk of project slippage depending on the outcomes of contract reset, and because of dependencies on other implementations, and we are reviewing the implications of this.

4.2 File formats

As previously reported, there is a potential risk to the Trust going live due to the lack of a community IFF (Input File Format), which is required to migrate open community referral data from our existing system (PiMS) to the new CRS system (Cerner's Millennium product). This is being addressed through contract reset.

4.3 Lack of clinical engagement

This is a potential risk, which would be increased by any further slippage in the go-live date. However, the appointment of a clinical lead (0.5 WTE) will help ensure clinical engagement.

4.4 Gap in key SDH staff

I previously reported that the Trust Information Manager, who plays a key role in co-ordinating CRS work within the Trust, had left. A new Information Manager will be starting in January.

5. Resources

- 5.1** The Board was made aware of the potential costs, sources of funding and responsibility for meeting each element of cost at its meeting of 27th July 2006, when considering the Project Initiation Document. Funding for the infrastructure costs (updated PCs etc) is already in place and delivery has started. Other costs falling to the Trust directly e.g. backfill for staff attending training sessions has already been made available. In some cases, there are no direct additional resource consequences, as South Downs has capacity to absorb issues such as providing space for project staff.

- 5.2 Where additional capital costs fall to the Trust, these will be charged to the sums set aside within the 2006/7 and 2007/8 Capital Programmes.
- 5.3 The National Programme included central funding available to resource the central project for the whole deployment family (e.g. permanent project staff) but also an opportunity for the Trust to reclaim certain costs from the Sussex HIS. Arrangements are in place to identify such costs and ensure funding/recharges apply.
- 5.4 In the longer term there are potential financial consequences to both the HIS and local NHS Trusts of the delay in implementation of the new system. This is caused by engaging significant project and technical staff to drive the project with client bodies for much longer than the initial programme and beyond the funding set aside from Connecting for Health.

6. Recommendation

- 6.1 The Board is asked to:
- note progress with the CRS project; and
 - Raise any queries on the project thus far.

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