

MAIN BOARD – Wednesday 10th May 2017

Report Title

SMARTCARE PROGRESS REPORT

Sponsor and Author(s)

Sponsor: Dr Sally Pearson
 Author: Gareth Evans: Smartcare Programme Manager

Executive Summary

Purpose

To provide assurance to the Board, from the Smartcare Programme Board, on progress within the continued operation of TrakCare and planned implementation of Phases 1.5 and 2.

Key issues to note

- The programme is set at amber status pending confirmation of proposed deployment dates.
- Service Management and performance is being managed in line with contractual requirements with quarterly Service Review having taken place. Procurement Specialist, Angela Cox has been assigned to the role of contract management on an operational basis.
- Significant downtime experienced in March has been reviewed with InterSystems and resultant service charge amendment forwarded to InterSystems for confirmation.
- Support escalation of incidents to InterSystems is showing a reducing trend. Local support provision is to be reviewed with the Associate Director of Business Intelligence to identify a substantive TrakCare support owner.
- Phase 1.5 planning has been impacted by technical issues resulting from the recent MR5.1 update in respect of Pathology. Coupled with InterSystems confirmation of forthcoming software release updates and their imposition on Phase 1.5 components', re-planning of the Phase 1.5 implementation is being undertaken.
- Progress with preparatory activity in relation to Phases 1.5 and 2 are continuing to progress with established Trust ownership and engagement.
- Training continues to be positively supported with additional focussed sessions for nursing on Discharge Summary completion.
- The introduction of the Clinical Systems Safety Group is assuring appropriate risk management with specific regard to clinical safety.
- Financial forecasting is in progress but will be impacted by the revised planning for Phase 1.5.

Conclusions

TrakCare is in full Phase 1 operation across the Trust but with operational issues as identified. Activity required to meet the proposed planned implementation of Phase 1.5 is being undertaken. Timelines previously presented are no longer recognised as being achievable based upon currently identified software delivery dependencies.

Implications and Future Action Required

The programme will continue to provide assurance to the Smartcare Programme Board
 A further update for the Board will be provided in March.

Recommendations			
The Board is asked to note this report as a source of assurance that the programme planning for subsequent phases of Trakcare deployment is robust.			
Impact Upon Strategic Objectives			
Contributing to ensuring our organisation is stable and viable with the resources to deliver its vision, through harnessing the benefits of information technology			
Impact Upon Corporate Risks			
Implementation of phase 2 of Smartcare will reduce the risk on the corporate risk register associated with the instability of the Oncology Prescribing system			
Regulatory and/or Legal Implications			
The implementation is covered by a contractual agreement with InterSystems. At present the delays to implementation are not impacting on the contract but a full review will be undertaken in respect of the revised timescales from the re-planning exercise.			
Equality & Patient Impact			
The patient benefits from the implementation of Smartcare will be realised across all patient groups			
Resource Implications			
Finance	X	Information Management & Technology	X
Human Resources	X	Buildings	
Action/Decision Required			
For Decision		For Assurance	X
		For Approval	
		For Information	

Date the paper was presented to previous Committees					
Quality & Performance Committee	Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)
					Smartcare Programme Board
Outcome of discussion when presented to previous Committees					
Meeting cycle means this report is being included in Board papers prior to discussion at Smartcare Programme Board					

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PROGRESS REPORT

SmartCare

Date completed:	03/05/17	Version	1.0
Project Sponsor:	Dr Sally Pearson	TRUST RAG Status	AMBER
Project Manager:	Gareth Evans		

SmartCare Progress Report – March 2017

Executive Summary & Programme Status

An overall RAG status of **AMBER** as deployment dates for subsequent phases are still to be confirmed
 This report identifies performance and progress in the following Phases:

- Phase 1
- Phase 1.5
- Phase 2

Phase 1

Contract performance

Contract Performance is measured against Incident call statistics against the InterSystems Call Centre (TRC) and availability of TrakCare to end users. For March there were periods of significant unplanned downtime as per the summary below. The predominant reason for the amount of unplanned downtime was the failure of a system patch update to MR5.1 that was required to be repeated. Other periods of downtime were attributed to a performance issue requiring a re-start of the system and an unexpected data centre issue.

09/03/17 – Implementation of MR5.1 patch. Implementation of patch failed and recovery did not complete within expected timescale.

Total expected downtime – 90 minutes.

Actual downtime – 150 minutes. (Additional 25 minutes due to Trust testing – not included)

15/03/17 – Performance issues required a restart.

Actual downtime – 60 minutes.

23/03/17 – Re-implementation of MR5.1 patch. (not within permitted downtime period)

Total expected downtime – 90 minutes.

Actual downtime – 75 minutes.

27/03/17 – Unexpected downtime due to secondary server maintenance issue.

Actual downtime – 21 minutes.

The downtime issue coupled with reported service credits for missed SLA delivery on 4 incidents has been compiled into a report to InterSystems identifying the Service credits to be applied against monthly service charges. Confirmation of the agreed credit will be provided.

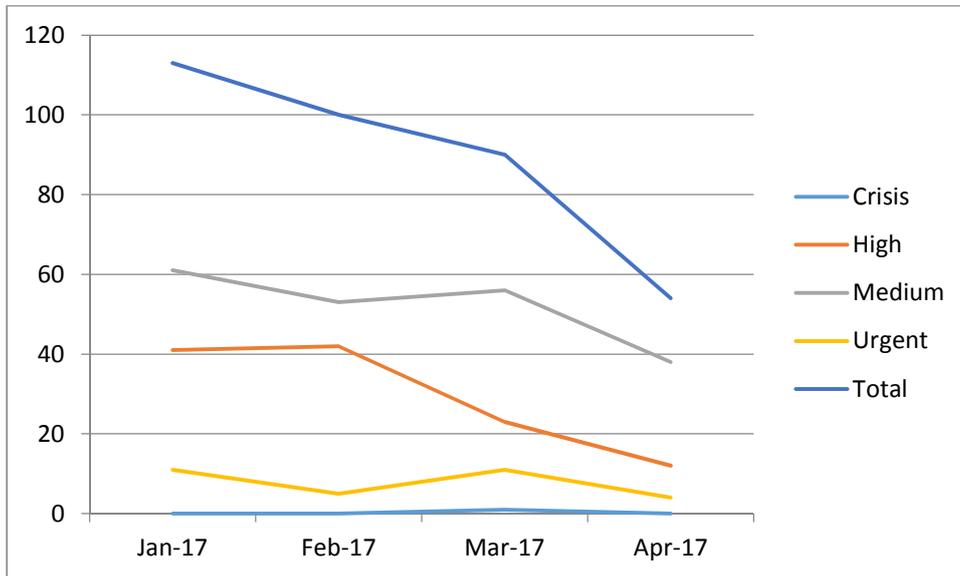
TRC Incident reporting Summary: Jan – April 2017

Incidents Opened YTD: 359

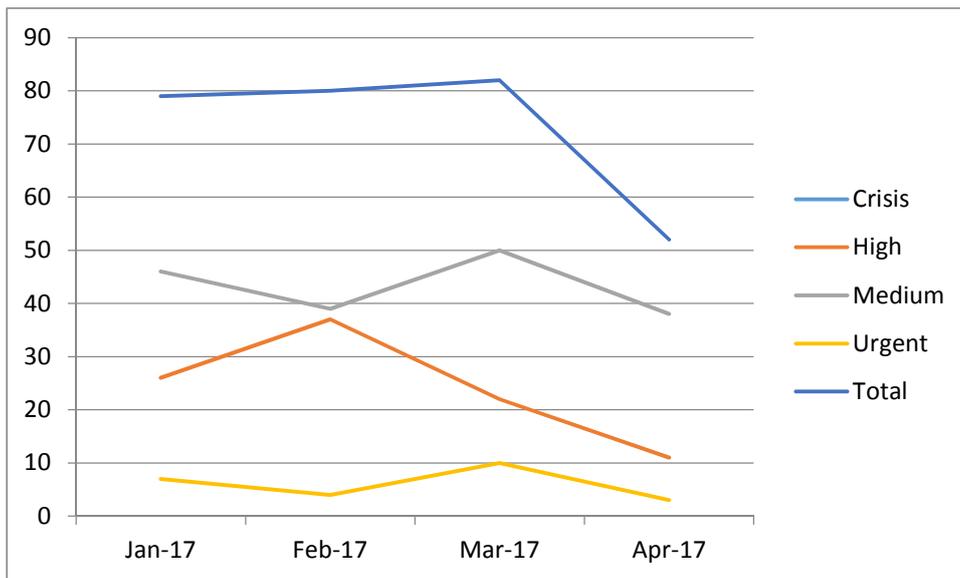
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Incidents Closed YTD: 312
 Incident Closure (%): 87%
 Open incidents: 129

Trend for Open incidents



Trend for Closed incidents



Angela Cox has been assigned as the Procurement Lead to manage the contract with InterSystems on an operational basis. A process of reviewing the contract and its component parts including the commercial aspect will take place in May. Angela will represent the contract and commercial aspects of the Trust at Service Review meetings with InterSystems.

System Deliverables

A review of the Output Based Specification (OBS) provided in the SmartCare procurement is to be performed to identify any omissions from the delivered Phase 1 implementation. This will take place over May.

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Contract Payment schedule and any variance from plan

There are no reported variances to the contracted milestone payments.

A revised milestone payment schedule will be incorporated into the Contract Change note (CCN) to be raised by InterSystems in respect to planned implementation schedule for Phases 1.5 and 2.

Service Review

A quarterly Service Review meeting was held with InterSystems on Tuesday 2nd May.

The purpose of the meeting is to review the service performance as per the reports generated on a monthly basis by InterSystems with the aim of identifying methods of service improvement to end users.

The meeting reviewed incident performance to date against reported statistics. The downtime experienced in March was significant and a resultant summary of service credits has been prepared and issued to InterSystems for formal agreement.

Whilst there is an improvement in overall levels of incident reporting and management, there is a requirement for the Trust to improve the level of support provided to end users within the Trust. The current level of support leads to a larger than expected number of calls being raised inappropriately or without initial investigations than expected. This causes a greater support load and does lead to incidents taking longer to resolve.

At this time, the Trust does not have an identified support owner. Discussion will take place with the Associate Director of Business Intelligence to identify this role in the proposed changes to the BI structure.

Update releases

The provision of Maintenance Releases to TrakCare will continue throughout the lifetime of the solution. There are two updates identified as being required, MR6.1 and the update to 2017.2 MR3. The MR6.1 update is required to meet the requirements for progressing the move from Infocare and to implement required functionality for the Pathology build continuation.

2017.2 is a major release update but will be constrained to meet the needs of the Pathology deployment with functionality maintained on an as-is basis rather than deployment of new functions or major changes.

Downtime associated with the implementation of the releases will be established and notified. Changes in process identified since the previous MR5.1 update have been implemented to reduce risk of unplanned or excessive downtime.

Phase 1.5

Preparation and planning

A post MR5.1 deployment issue with the Pathology implementation revealed that a set of key deliverable system components were not included that prevented continuation with the technical build. A plan was put in place to complete this exercise by 18th April but technical difficulties have resulted in an extended period through to 19th May to complete. The impact of this issue and its resultant completion has impacted the build progress with Pathology.

Progress has continued within the planning and implementation of Order Communications (Radiology & Pathology), Pharmacy and Pathology as preparation for Phase 1.5 with the knowledge obtained from the above issue and planned software deliverables.

A formal plan is to be assessed by the project team and InterSystems technical management team prior to submission to the Programme Board and operational Impact Board. The following section provides a current view of the earliest potential go-live timings for Radiology Order Comms which does not have the dependency on later software deliverables.

Overall Phase 1.5 Planning

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Phase 1.5 consists of four distinct components in respect of go-live planning:

- Radiology Order Comms
- Pharmacy Stock Control and Dispensing
- Pathology Order Comms
- Pathology (TrakCare Lab Enterprise)

The previous plan had a proposed go-live for Radiology Order Comms at the end of July 2017. Whilst progress continues with the preparation and build configuration with Radiology, the requirement for system software in MR6.1 has impacted the planned schedule.

The planned availability of MR6.1 in the Live system is 29th June 2017.

Risks to Planned Phase 1.5 Timeline

The planned timeline will be dependent upon resource availability and software deliverables in order to meet the requirements for each stage.

Current estimation of required resources within each of the Phase 1.5 elements is appropriate for completing the activities defined. Engagement within the respective areas – Radiology, Pharmacy and Pathology has been established and includes representation at Programme Board level.

Pharmacy has had reduced levels of InterSystems support since Phase 1 go-live. This has predominantly been due to concentration on Northern Devon proposed go-live in April but we are expecting a greater emphasis from InterSystems now that Northern Devon have completed their go-live of Phase 1.

Phase 1 Deployment Lessons Learned

The lessons learned report from PWC has been submitted to the Trust and will be reviewed at the May SmartCare Programme Board.

Order Communications Update

Order Communications is progressing significantly within Radiology as there are fewer software dependencies other than MR6.1. The proposal for go-live with Radiology Order Comms is to commence with ED as there are existing clinical risks identified with current ordering processes. This will allow a more granular training activity and ensure that a controlled commencement of roll-out within a closed area is enabled.

The process of rolling out to operational areas within the remainder of the Trust will be a clinically led exercise and planned to complete by 31/03/2018.

Pharmacy Update

The provision of Maintenance Release – MR5.1 was required as a pre-requisite to detailed configuration for Pharmacy. The repeated nature of the upgrade caused a delay to progress Manual build of the drug database with items not included in the formulary provided by FDB has continued together with process mapping.

A request has been made by the InterSystems Project Manager for additional Pharmacy resource to be made available now that the go-live of Northern Devon Phase 1 implementation has completed.

Pathology Update

Pathology build has been subject to a 'freeze' due to an issue where 17 specific system components were identified as not being progressed in line with the MR5.1 update.

A complex technical process to implement the 17 components has ensued which was due for completion by 18th

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April. 16 of the 17 components have installed correctly but the final item has proven to have technical complications that have prevented full completion. The process has been extended through to an anticipated completion of 19th April when build can recommence. This has impacted the previously issued delivery plan for November go-live for Pathology.

It has been identified that there are system software dependencies in the 2017.2 release of software due for implementation in September.

A revised implementation plan for Pathology and Pathology Order Comms is being prepared by InterSystems and the Project team in respect of the information declared. A revised plan will be submitted to the SmartCare Programme Board and Operational Impact boards for consideration before being submitted to the Trust Board.

Whilst progress on the build is pending, pathology have continued to develop test scripts prepare for initial testing of interfaces between analysers and TrakCare.

Data migration activity is continuing with Transfusion Medicine and data quality checks in progress for Chemistry and Cytology.

Pathology validation planning is continuing. Validation scripts for General Pathology, Specimen Reception, Microbiology, Chemistry, Haematology, Immunology and Cytology are complete with Histology, Phlebotomy and Transfusion Medicine in progress. Validation plans are to be completed as part of this process.

PHASE 2

The current outline planned timeline for Phase 2 is scheduled to complete initial deployment by March 2018.

Detailed planning for Phase 2 has yet to commence but is required to do so in May so that defined deliverables are able to be determined for the component parts of Phase 2.

Discussion of Phase 2 content with other Trusts using or embarking on use of TrakCare has commenced with Trust membership of the 'English Edition TrakCare User Group'. His group enables the exchange of information and ideas as well as shared discussion of any issues of proposed changes to the system that would affect multiple customers.

Detailed delivery planning of Oncology is progressing.

Training

Training is continuing to provide face-to-face and Champion sessions with good engagement from the Trust.

Additional sessions have been held for reinforcing Discharge Summary processes with nursing staff. Despite an initial low turnout, later sessions have seen extended attendance.

The Training team within PAS has completed a recruitment exercise for three additional trainers – all from existing roles within the Trust. The team will embark upon a train the trainer process from commencement of engagement and this will be based upon core TrakCare requirements together with the inclusion of Phase 1.5 functionality.

The extension of training with additional operational staff is to be delayed until the PAS training team is up to operational strength. This will help to maintain total resources within the operational areas in terms of remedial operational activity rather than reduce them at this time.

A revision of training provision as a whole for TrakCare both in its current form and for future clinical enhanced functionality is to take place.

Programme Resourcing

The Programme resource structure continues to be reviewed to better embed ownership of the programme across the organisation

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The use of contract resources will be limited to those necessary to complete the implementation tasks or to enable sufficient knowledge transfer to Trust resources over the Phase 1.5 implementation.

The move of functional support to substantive resources is likely to expose gaps within the current workforce in terms of availability and capability. The programme will identify those gaps and report through the Programme Board including development of mitigation for the roles.

At the Service Review undertaken with InterSystems, the establishment of a formal support structure with adequate resourcing within the Trust was raised. Current support capabilities of the PAS and Clinical Systems team are stretched and lack a suitable level of TrakCare knowledge. The extension of these resources is key to establishing a responsive and capable support function that does not rely unnecessarily on external support.

The provision of TrakCare support for out-of-hours is also a key area of concern. Currently there is no application support available to users outside of normal business hours. A review of support requirements is required to be reconsidered with the progress toward a more clinically focussed use of TrakCare in Phases 1.5 and 2.

In discussion it has been recognised that the Clinical Safety Case – ISB0160 needs to include an assessment of acceptable support capability prior to any go-live of additional clinical functionality.

Programme Risks

The Programme continues to monitor Issues and Risks through the reporting structure used by the Support Team as well as the Operational Impact Board.

Next Planned activities

Review of OBS for delivered components

Continuation of Phase 1 recovery action plan activity with Operational Leads and Operational Impact Board

Phase 1.5 preparation and development in line with identified software release dependencies.

Status against communications plan

Continuation of communications with all stakeholders regarding TrakCare – both from Programme and Operational perspectives via weekly global update.

Progress
(against project plan / project brief)
Tasks/Milestones completed

Task	Start	Finish/ % comp.	Comments
Detailed implementation Plan		31/03/15	Version 1.0 Completed for payment milestone confirmation.
Project Initiation Document		29/04/15	Version 1.0 Completed for payment milestone confirmation.
Phase 1 Operational Assessment Stage Complete		31/05/15	Milestone Achievement Certificate Issued.
Phase 1.5 Operational Assessment Complete		30/09/15	Milestone Achievement Certificate Issued.
Phase 1 Build Milestone		17/07/16	Milestone Achievement Certificate to be Issued from Programme Board 07/11/16.

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Phase 1 ATP Complete (Technical Live)		25/10/16	Milestone Achievement Certificate to be Issued from Programme Board 07/11/16 on basis of Technically LIVE system being available and supported.
Revised Milestone Plan pending InterSystems CCN		Dec 16	CCN has been completed and signed off.
Phase 1 ATP Complete (Operationally Live)		5 Dec 16	System Live
Phase 1 Deployment Verification Complete		6 Mar 17	Completed

Milestones approaching

Milestone	Due	Activity to progress

Risks

(where score on risk log requires escalation to Programme Board)

NOTE: All risks under review in line with Issue Management

Title & Description	Impact	Resolution
Level of clinical engagement is key to the successful implementation of agreed strategy and solution.	10	Monitored and actioned by clear prioritization by collaborative and Trust Boards. Datix Risk 2006
Scale of operational change may require additional and possible external resource to be identified to progress in parallel with implementation.	8	To be revised in line with identified Issues and remedial action plans. Datix Risk 2069
Lack of power/network in areas not covered by generators leading to lack of access to TrakCare.	12	Risk to be assessed with input from Estates. Datix Risk 2320
Lack of Trust resource assigned to project configuration/validation for Pathology. Original level of resource agreed is not being provided.	12	In progress with Phase 1.5 planning in Pathology. Datix Risk 2362