

Programme Title: NHS Care Records Service: Local Service Provider- North West and West Midlands Cluster.

OGC Gateway™ Number: OGC 502

Privacy Marking: Restricted: Management – no copy to be taken without reference to and agreement by <Text Redacted>

OGC Gateway™ Review 4 – Readiness for service

Version number: Final

Date of issue to SRO: 3 October 2005

Department: DoH.

Agency or NDPB: Connecting for Health (CfH)

OGC Gateway™ Review dates: 27 to 30 September 2005

OGC Gateway™ Review Team Leader: <Text Redacted>

OGC Gateway™ Review Team Members:
<Text Redacted>



Office of Government Commerce

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Background

The aims of the project:

The National Programme for IT (NPfIT) is a long term (ten year) programme for the development of IT in the NHS to improve patient care and services. NHS Connecting for Health (CfH) has been established as the single national IT provider for the NHS, delivering NPfIT for the future and ensuring the maintenance, development and effective delivery of the IT products and services delivered by the former NHS Information Authority while these products and services are still required.

NPfIT consists of many elements, which are evolving at a rapid pace. They include:

- The NHS Care Records Service (NCRS);
- Choose and Book (CAB)
- Electronic Transmission of Prescriptions (ETP)
- The infrastructure to support the New National Network (N3)
- National Applications Service Provision (NASP, generally referred to as SPINE)
- Picture Archiving and Communication System

The exploitation of information and communications technology is an essential component of delivering the NHS Plan and the development of new patient focused services. The benefits from implementing information systems and technology should include underpinning and enabling the achievements required in the Delivery Plan Priority areas and supporting the achievement of:

- Patient Choice
- Integrated care
- Co-ordination and collaboration planning
- Informed service users
- Accessible services
- Evidenced based care
- Quality assured services
- Efficient service

Delivery of the NPfIT programme for England is being achieved through five Clusters. The concept of Clusters is a unique structure not replicated elsewhere in DH/NHS management structures. Statutory accountability runs from the DH to the SHAs. Clusters are groupings of SHAs that come together to act as one for the purposes of NPfIT.

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The North West and West Midlands (NWWM) Cluster consists of 6 SHAs covering an area from Cumbria in the North through Manchester and Birmingham to West Midlands in the South.

The procurement status:

The LSP Contract for the NWWM Cluster was awarded to Computer Science Corporation Alliance (CSCA) in December 2003.

Current position regarding OGC Gateway™ Reviews:

Gate 3 reviews were carried out of all Clusters in October 2003, followed by Gate 3b reviews in April 2004 to assess progress in the period immediately following Contract Award.

Purposes and conduct of the OGC Gateway™ Review

The primary purposes of an OGC Gateway Review 4 are to confirm that contractual arrangements are up to date, that necessary testing has been done to the client's satisfaction and that the client is ready to approve implementation.

The full purposes statement for an OGC Gateway Review 4 is included in Appendix A.

Conduct of the OGC Gateway™ Review

This OGC Gateway Review 4 was carried out from 27th September to 30th September 2005 at Prospect House, Fishing Line Road, Redditch. The team members are listed on the front cover.

The review team would like to thank the SRO, the RID and members of his staff and the many people in the local health community for their valuable time, support and openness, which contributed to the review team's understanding of the programme and to the outcome of this review. In particular we would also like to thank <Text Redacted> who made all the arrangements for the interviews and accommodation, the efficiency of which helped us to carry out the review smoothly and comfortably.

The people interviewed are listed in Appendix B.

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Conclusion

Although progress has been made since the last Gateway review some 16 months ago, with 22 deployments in place, there is not yet a sufficiently strong sense that the Cluster is on the cusp of a transition from start-up phase into a major and wide-ranging implementation. With a need to extend its limited product range our impression is of a programme in an extended development phase which has yet to address the challenge of driving forward an extensive and intensive programme of deployments.

From an optimistic start the programme has been beset by poor product quality, delays and repeated changes to delivery schedules. These along with the limited additional functionality offered by its available range of products have created frustration and sapped the confidence of the health community. Stakeholders perceive that the supplier has performed poorly to date and have little confidence of a stronger performance in the immediate future. A Remediation Plan has recently been agreed, which if successfully implemented by the LSP, should do much to raise supplier performance standards and confidence in the programme.

The national programme has also embarked on a major re-planning exercise involving all Clusters and their major suppliers. For NWWM a key will be to establish a robust basis for developing a credible and realistic deployment plan. This is critical, since even the latest short-term plan, detailing deployments into early 2006 is not yet stable and still subject to frequent adjustment and change.

The Cluster has recognised the need to review both its governance arrangements and the structure of the Programme Board, which is currently seen as less than fully effective. This work needs to be rigorous and concluded promptly.

The Cluster team is under resourced for the tasks and challenges it faces. Decisions on the preferred Cluster organisation need to be made promptly so that a recruitment programme with appropriate HR support can be initiated. In reviewing Cluster resource the opportunity should also be taken to assess the expertise and capability of the management team so that the Cluster is able to play its full part in managing the LSP and driving the programme forward.

A summary of recommendations can be found in Appendix C.

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Status

The overall status of the Project is RED - as defined below.

Red – To achieve success the project should take action immediately.

Amber – The project should go forward with actions on recommendations to be carried out before the next OGC Gateway Review of the project or by an earlier specified date, if the time to OGC Gateway Review 5 is protracted.

Green – The project is on target to succeed but may benefit from the uptake of recommendations.

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Findings and recommendations

Deleted: ¶

Stakeholders

The SHAs remain firmly committed to the programme. We have heard that despite other financial pressures adequate funds have been ring fenced for the planned CfH deployments and projects to date have been adequately resourced and supported by the NHS.

Significant progress has been made by the Cluster in deploying systems, some 22 (16 Community PAS, 2 Mental Health PAS, 4 Theatre Management Systems) to date. However, the delays suffered by the programme have caused great frustration across the health community. Frustrations with the delays and numerous reiterations of the plan have been exacerbated by the limited range of products available for deployment and their limited clinical functionality. Despite this clinicians remain eager for future developments and are supportive of the deployments that have been made.

Governance

Wide concern has been expressed regarding the effectiveness of the existing Cluster Programme Board. As the programme prepares for large-scale deployment this ineffectiveness and some confusion over its precise role has led to it being seen as a poor decision making organisation.

Unfortunately this lack of clarity in roles, responsibilities and approval authority appears wide spread and extends to the various interfaces between CfH, the Cluster and the SHAs. One consequence is that suppliers receive different signals from different parts of the overall organisation and cannot always see the critical priorities.

The need to clarify governance as the programme proceeds into deployment is well recognised and work has been in hand for some months to meet this need. There is a determination to resolve this issue promptly and to have the new governance arrangements in place by December. We strongly endorse this intent although we note there is still much to be done.

We believe that new arrangements should include specifications of:

- the role and responsibilities of the Programme Board and any sub-committees;
- the role and responsibilities of the RID and the Cluster team;
- interfaces between the Cluster, Cluster Board and CfH, the SHAs and the supplier;

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- authority and approval levels within the Cluster and across these interfaces.

Critically, this work needs to ensure that the customer community as a whole, i.e. CfH, the Cluster and NHS, is seen to speak with one voice to the supplier.

Recommendation 1. We recommend that the Cluster Board gives high priority to agreeing the full scope of the necessary governance protocols and puts in place a plan to ensure they are delivered by the end of December 2005, as targeted.

Programme Board.

A paper has recently been published which suggests a restructuring of the CPB into one which is largely focused on performance management with the bulk of the current work of the Programme Board being undertaken by four sub-committees. The proposal also suggests a much smaller Board.

While it is crucial that the Cluster develops a Board to meet its own specific needs, the proposed structure is not a model the review team has seen before. Experience suggests that while there will be much merit in making the Board smaller; having wide SHA CEO representation on it would add to its strength.

Managing the proposed four sub-committees would be challenging. A single executive sub-committee managing day-to-day issues and consisting in the main of SHA CIO's would be more typical.

We would encourage the Cluster Board, in reaching a decision on achieving a new structure, to look at other Clusters who have recently been through a similar exercise.

Review of current phase

Progress to date

In the 18 months since the last Gateway (3b) review, the programme has started to make what appears likely to be a lengthy transition from development into deployment. The most notable indicator of progress has been the deployment of 22 systems, with 3,000 of the planned 36,000 registered users now having access to the system. At the same time software development and testing has consistently failed to meet planned milestones, with the result that the overall delivery schedule has repeatedly had to be revised and P1R2, representing the first true clinical system functionality, is now set for mid-2006 some 18 months late.

There remain major concerns about quality control, with some 8,000 faults identified in delivered software and protracted turn-round times for software fixes. On completion of each roll-out, a payment is due following 45 days of satisfactory service. It is perhaps telling that this criterion has not yet been

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satisfied for any one of the 22 systems deployed to date, even though the first deployment was completed some 6 months ago.

No Acute PAS system is yet ready for deployment, although there are hopes that the first might be rolled out by the end of 2005. Compounding the general lack of confidence in the programme, there is today no clear and agreed overall schedule for the way forward.

It has taken some time to establish a Cluster-wide plan to address the needs of GP surgeries because this component was not included in the original LSP contract. We were encouraged to hear of the very positive and pragmatic approach the LSP has taken to remedy this issue, and we understand that, although details (including pricing) have still to be determined, it is hoped to agree a way forward shortly whereby the LSP will offer GPs EMIS as a managed service.

Supplier Performance

A common thread running through discussions with stakeholders during the review was a perception that the suppliers (both CSC and iSoft) appeared over-stretched. Whilst problems in the early days of the programme caused by the suppliers' lack of domain knowledge had generally been overcome, we formed the clear impression that most stakeholders today were unconvinced that the issue of supplier under-performance had been adequately addressed. They had little expectation of a stronger performance in the immediate future.

A Remediation Plan has very recently been agreed between the Authority and the LSP to address these shortcomings which will put particular emphasis on a tighter control of the software development activities. Although it is too soon to judge the extent to which the measures proposed in the Plan are indeed being implemented, we do see this Plan as of critical importance and we would encourage both the Authority and the LSP to make every effort to ensure its proposals are fully adopted.

Recommendation 2. We recommend that the Cluster team, in performance managing the LSP, continues to give the Remediation Plan a high priority and puts in place a process to monitor early signals that the various strands of this critical initiative are on track to succeed.

Project Planning and Control

The slippage to the programme has been a cause of considerable frustration across the community of NHS stakeholders, not simply in terms of the delays to local implementations but because of the repeated re-scheduling - one Acute Trust is now on its 7th go-live date, for example. This has severely

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hampered the planning of associated business and clinical activities and is seriously undermining confidence in the programme and support for it.

We would strongly encourage those planning the programme to ensure that the forward plan is founded on realism, includes sensible contingency and has the confidence of all parties involved. This should help to ensure that the dates set are as credible as possible and that a much greater degree of stability is achieved.

Recommendation 3. We recommend that the Cluster Board ensures that, in setting the future programme, every effort is made to develop as realistic a plan as possible in order to achieve a greater degree of stability and so sustain the commitment of stakeholders.

Cluster Resources and Capacity

Since the launch of the programme the NWWM Cluster team has deliberately been kept relatively compact, reflecting the responsibilities placed on the SHAs for overseeing deployments. We sensed that this very compactness has constrained the effectiveness of the Cluster in terms of its ability to drive the programme forward, balance priorities across SHAs and Trusts, ensure technical coherence with the overall national design, and – crucially – keep a strong grip on the day to day activities of the LSP. We therefore welcome and fully support the recent announcement by the National Programme Office¹ strengthening the capability of all five Cluster teams as well as the central CfH team. For the NWWM region, managing the increase in resource from some 22 posts to a possible maximum of around 80, will represent a major challenge. We believe this should be addressed as a priority if a team of the requisite quality and capacity is to be built rapidly such that it can get on top of all the many pressing issues without further delay.

Recommendation 4. We recommend that the Cluster Board decide the new Cluster structure as a matter of urgency. Filling the many new posts should then be tackled as a specific project and given high priority.

Cluster Performance

Given the nature of this review we naturally paid particular attention to the effectiveness of the Cluster management function within the Cluster organisation. We believe there are a number of aspects which would merit improvement.

¹ GH76s05 dated 25 August 2005

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There are clearly many well motivated and highly capable individuals within the Cluster who are making a significant contribution to the work involved in planning the various implementations and ensuring they are achieved successfully. The 22 developments deployed to date are testimony to that effort. There is good engagement with stakeholders on many fronts and a good grasp of the technical issues. We did sense however, that notwithstanding these sterling efforts at working level, the Cluster remains strongly focused on technical development of the products and does not appear to have a good grasp of the bigger picture or be addressing the challenge of moving from development into wide scale deployment. We saw little evidence of a strong grip on the overall programme or that the Cluster appreciated its key role in driving deployments forward across the Region.

We see a highly capable Cluster management team receiving strong support from the SRO as an essential prerequisite for success. We believe that as part of the initiative to bolster Cluster resources, covered above, the opportunity should be taken to review the expertise and capability of the Cluster management team and ensure that it is properly equipped for the challenges ahead.

Recommendation 5. We recommend that the initiative to reinforce Cluster resources includes a review of the expertise and capability of the management team, so that the Cluster is able to play its full part in managing the LSP and driving the programme forward across the Region.

Change Control

Notwithstanding that elements of the programme have been being rolled out to early adopters for some 5 – 6 months, we understand that it is only recently (ie after the event) that adequate control procedures have been put in place to cover proposed changes to the design and to the deployment plan. This has clearly represented a period of unsatisfactory management control, which will have contributed to the general difficulties with the programme schedule. As a result there may be a backlog of issues to be addressed from this interim period. We heard from various quarters of the additional complexities that have been introduced as a result of multiple (and relatively uncontrolled) design change requests and the increased planning difficulties faced by various organisations when the delivery schedule has been subject to revision, which have then frequently again been revised on further deliberation. We would encourage all parties to ensure the new procedures are applied with immediate effect and that an appropriately taut management regime is established as a priority. The Programme Board should seek assurances that this is so.

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PACS

The PACS project was given a high profile in the NWWM Cluster from the outset. It was seen as having the potential to deliver early clinical benefits and therefore a means of demonstrating the value of CfH to the clinician community and helping to ensure their commitment to it. The first roll-out had been planned for May/June 2005 but the project has run into severe difficulties: there is no clear agreed way forward and a delay of some 12 months may result. Options for the way forward are being addressed with some urgency but the PACS experience has so far unfortunately served to further undermine confidence in the overall CfH programme.

SPINE

The well recognised difficulties encountered by the SPINE programme have caused the Cluster and LSP to reconsider the proposed architectural strategy to be deployed across the NWWM Region. The original plan was based on six 'strategic' data repositories, one for each SHA, all interconnected via the BT-provided SPINE and relying on the security features of SPINE's LRS to provide controlled and authorised access to patient records. Given the now protracted delays forecast for SPINE, the LSP has decided to base its initial deployments on a larger number of 'tactical' repositories at Trust or Local Community level. Whilst interim solutions should provide adequate local connectivity in the short term, there will probably be extra costs incurred due to the additional infrastructure needed and the need effectively to manage two developments in parallel - the strategic and tactical. We understand the plan is to identify all such necessarily incurred additional expenditure and seek reimbursement from the SPINE contractor, an activity which will be co-ordinated and managed by the National Programme Office.

We discussed this issue with a wide range of individuals within the CfH community, the NHS and the LSP and came to the view that all parties across the Cluster are working well together to minimize delays and are looking to develop sensible solutions in the best interests of the end customer.

Risk management

Although a risk management policy and process is in place for the project it is not effective in enabling the Cluster Board to manage the most critical current risks facing the project. As a result, there is no evidence at Cluster Board level of active risk management and decision taking or prioritisation.

However, the Cluster has recently received good support from the CfH Intervention Team in developing its risk management procedures, though risk management is still not as well developed as issue management. But, the

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focus remains on Project IT risk and still encompasses business risk mainly as a by-product.

There are a number of specific risk management issues that are not yet appropriately addressed:

- at programme level, the risks do not, with completeness, explicitly include business risks inherent to deployment or arising from delay;
- CSCA operational risks are not factored into the assessment, with a lack of transparency or sharing of risks between the deploying business units, the Cluster and CSCA;
- the increasing product scope is not yet reflected in the risks register in terms of impact on complexity of testing environments, regression testing, maintenance or deployment;
- there is a high level of dependencies and little contingency built into current plans. Changes to plan do not automatically lead to risk reassessment.

Ownership of risks and accountability for risk management is insufficiently clear, with some confusion in terms of responsibility for risk avoidance or mitigation. This should be clarified as part of the Cluster governance update.

Recommendation 6. We recommend that the Cluster team broadens its approach to risk management, which is currently predominantly focused on project risks, to include business and LSP operational risks. The Cluster Board should take active ownership of the highest risks and provide appropriate direction for their mitigation.

Readiness for next phase

Links with Other Clusters

Although there are different prime contractors involved, iSoft are providing the core software solutions for two other Clusters (E and NE) in addition to NW&WM. CSC/iSoft are delivering over 500 functional enhancements already commissioned for the units in NWWM with the result that the solution is becoming dynamic. Whilst there are variations in the overall solutions, we understand that the enhancements are being shared through later releases, but sharing of intelligence on change requests and software performance between Clusters seems weak. The management of iSoft as a common software supplier across different primes will be weaker as a result.

On more strategic issues, the links with other Clusters also appear weak. The differences in structures between clusters clearly involve different internal roles and responsibilities so that tight informal networks are more difficult to maintain. Both formal and informal links between the Clusters become more

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important where the suppliers are different as communication through the supplier channels will be reduced.

We understand that CfH are currently putting in place new arrangements with Clusters and LSPs to encourage closer liaison and management. We believe the new common structures recommended for the Clusters will also help in this respect.

Recommendation 7. We recommend that the Cluster team examines, with their colleagues from the E and NE Clusters, what opportunities there are for mutual benefits in sharing experiences and working together so that full advantage is drawn from their position as common customers for iSoft products.

Benefits Realisation.

With the support of HEDRA (the LSP contractor responsible for business change), work is being undertaken in some specific projects to identify benefits and to plan for their realisation. In these projects benefit leads have been established and ownership of individual elements of the plan has been agreed. However, because the deployments to date have essentially been to replace existing systems, some projects have seen little merit in focusing on benefits or in pursuing the HEDRA approach.

While some pockets of good benefits realisation practice do exist little has been done across the Cluster to establish the value and importance of benefit realisation management or to develop a cluster-wide benefit realisation capability. There is no Benefits/Change Manager post in the Cluster. We understand not every SHA has a benefit lead nor does each Local Health Community. There is no established network to share benefit plans across deployments and the previous SHA benefit lead forum held in the Cluster has lapsed.

We are aware of the work underway in the ISIP team to release a generic NHS approach to benefits realisation in November 2005 and of the proposal from CfH, consistent with the ISIP work, to appoint a Head of Service Implementation and Benefits, in each Cluster.

We believe it is important that the benefit realisation work currently underway in the Cluster is not deferred awaiting the ISIP generic approach since it is understood that it will be an integral component of the ISIP model. The Cluster should encourage the development of benefit plans for each new deployment, foster the work already in hand and stimulate the identification and sharing of good practice within and across SHAs.

Recommendation 8. We recommend that the Cluster team sets a clear lead for benefits management, promotes the establishment of a benefits

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management network, identifies pockets of expertise and enables best practice to be shared.

Lessons learned

The Cluster has now engaged with 22 system deployments. In addition, University Hospital Birmingham, alongside others, has substantially completed its preparation for deployment of the Erlanger PAS. It is one of the largest and most complex acute hospitals in the Cluster. A great deal of experience has been gained during this period.

It is disappointing to note that although there are plans to share this experience in the Birmingham and Black Country SHA there are few formal processes established to disseminate the lessons learned to the wider Cluster community. The Cluster could have an extremely valuable role to play in developing, with the initial sites, sets of plans, checklists, control procedures, legacy interface protocols and implementation metrics to smooth the way of those who deploy later. This should reduce risk and decrease the resources needed for future deployments. It will be critical, especially as the larger acute trusts start to deploy systems to share the experience and expertise of the earlier trusts to supplement the project management capabilities and address the practical issues faced by the others - technology or systems support may be helpful.

Recommendation 9. We recommend that the Cluster team leads in the establishment of an effective process to capture lessons learned from the early deployments and ensure these are disseminated and applied to those implementing later.

The next OGC Gateway™ Review is expected in late Spring 2006.

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APPENDIX A

Purpose of OGC Gateway™ Review 4: Readiness for Service

- Check that the current phase of the contract is properly completed and documentation completed.
- Ensure that the contractual arrangements are up-to-date.
- Check that the business case is still valid and unaffected by internal and external events or changes.
- Check that the original projected business benefit is likely to be achieved.
- Ensure that there are processes and procedures to ensure long-term success of the project.
- Confirm that all necessary testing is done (e.g. commissioning of buildings, business integration and user acceptance testing) to the client's satisfaction and that the client is ready to approve implementation.
- Check that there are feasible and tested contingency and reversion arrangements.
- Ensure that all ongoing risks and issues are being managed effectively and do not threaten implementation.
- Evaluate the risk of proceeding with the implementation where there are any unresolved issues.
- Confirm the business has the necessary resources and that it is ready to implement the services and the business change.
- Confirm that the client and supplier implementation plans are still achievable.
- Confirm that there are management and organisational controls to manage the project through implementation and operation.
- Confirm that all parties have agreed plans for training, communication, roll-out, production release and support as required.

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- Confirm that all parties have agreed plans for managing risk.
 - Confirm that there are client-side plans for managing the working relationship, with reporting arrangements at appropriate levels in the organisation, reciprocated on the supplier side.
 - Confirm information assurance accreditation/certification.
 - Confirm that defects or incomplete works are identified and recorded.
 - Check that lessons for future projects are identified and recorded.

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APPENDIX B

Interviewees

<Text Redacted>

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APPENDIX C

Summary of recommendations

Red – Take action immediately.

Amber – Take action by the next OGC Gateway Review.

Green – Take action as required.

		Status
Ref. No.	Recommendation	R/A/G
1.	We recommend that the Cluster Board gives high priority to agreeing the full scope of the necessary governance protocols and puts in place a plan to ensure they are delivered by the end of December 2005, as targeted.	Red
2.	We recommend that the Cluster team, in performance managing the LSP, continues to give the Remediation Plan a high priority and puts in place a process to monitor early signals that the various strands of this critical initiative are on track to succeed.	Amber
3.	We recommend that the Cluster Board ensures that, in setting the future programme, every effort is made to develop as realistic a plan as possible in order to achieve a greater degree of stability and so sustain the commitment of stakeholders.	Amber
4.	We recommend that the Cluster Board decide the new Cluster management structure as a matter of urgency. Filling the many new posts should then be tackled as a specific project and given high priority.	Red
5.	We recommend that the initiative to reinforce Cluster resources includes a review of the expertise and capability of the management team, so that the Cluster is able to play its full part in managing the LSP and driving the programme forward across the Region.	Red
6.	We recommend that the Cluster team broadens its approach to risk management, which is currently predominantly focused on project risks, to include business and LSP operational risks. The Cluster Board should take active ownership of the highest risks and provide appropriate direction for their mitigation.	Amber
7.	We recommend that the Cluster team examines, with their colleagues from the E and NE Clusters, what opportunities there are for mutual benefits in sharing experiences and working together so that full advantage is drawn from their position as common customers for iSoft products.	Green

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8.	We recommend that the Cluster team sets a clear lead for benefits management, promotes the establishment of a benefits management network, identifies pockets of expertise and enables best practice to be shared.	Amber
9.	We recommend that the Cluster team leads in the establishment of an effective process to capture lessons learned from the early deployments and ensure these are disseminated and applied to those implementing later.	Amber

NB: Full R/A/G definitions can be found in the status section.