Project Identification No:	**OGC 097**
Title Of Project:	**Electronic Booking System**

OGC Gateway 4 Review – Readiness for service

Status of report:	Final
Date of Issue to SRO:	14.05 2004
Review Classification / Status:	Amber
Department:	Department of Health
Agency or NDPB:	NPfIT
Senior Responsible Owner:	<Text Redacted>
OGC Gateway Review Date:	10.05.2004 to 14.05.2005

OGC Gateway Review Team Leader:

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Background

The aims of the project

The project aims to provide electronic booking for patients at the point of referral.
It is a mission critical project and an essential pre-requisite for delivery of the Government's policy of giving patients the choice of location, date and time for their further treatment.

The project is part of the National Programme for IT (NPfIT) and is dependent on other elements in the programme for successful delivery.

The procurement status

Contracts for provision of the main E-booking application, other main components of the National Programme and provision of the supporting IT infrastructure were let in 2003.
The contractual date for the E-booking to go live is June 30th 2004 with progressive roll out across the whole of the NHS by the end of 2005 as part of the Choose and Book Programme .

Current position regarding Gateway Project Reviews

There have been 2 previous gateway reviews of the project in its current form.
There have been no gateway reviews of the National Programme in its entirety despite recommendations to that effect.
The project is defined as mission critical and the appropriate assurances associated with this have been received.

Purposes and conduct of the OGC Gateway Review

Purposes of the Gateway Review

The primary purposes of this Gateway 4 Review are to assess the readiness of the project to 'go live', to achieve successful rollout and the expected benefits.

Appendix A gives the full purposes statement for an OGC Gateway 4 Review.

Conduct of the Gateway Review

The Review was carried out from 10.05.2004 to 14.05.2004 at Princes Exchange, Leeds, Mayday University Hospital Croydon and the Craven and Harrogate Rural District PCT headquarters Harrogate. The team members are listed on the front cover.

The people interviewed are listed in Appendix B.

We would like to thank the E- booking Project Team and everyone we met, for their support and frankness that contributed to our understanding of the project and the outcome of this review.

Conclusions

The Review Team finds that:

- Stakeholder engagement and consequently buy-in has been of high quality, particularly with clinicians and senior management in the Early Adopters and sets the standard for projects of this nature.
- The project team is highly competent, has a strong commitment to the product and belief that it will work. This view is shared by the Early Adopters.
- The best practice in procurement identified in the previous gateway review (3A) has continued into this phase, in respect of the relationship with the contractor.
- The current schedule for go live on June 30th is extremely challenging and in our judgement the probability is that this date will not be met despite all the action taken by the Project team and the Early Adopters to maintain this.
- There will be greater damage to credibility if the system goes live and fails than a short postponement to ensure its full testing and assurance. Indeed the Early Adopters are determined to ensure that business continuity is maintained during the cut-over to live operation of E Booking.
- The forward programme for roll out of E Booking after the Early Adopters have gone live has not yet been fully defined. As a result the resource requirements to achieve the expected schedule across a much wider front of implementation have yet to be determined.
- The shortened timescale and aggressive approach, that has characterised the procurement and development side of the National Programme, has yet to be assimilated by the wider NHS. While Early Adopters may have taken this on board it should not be used as a planning basis for the wider rollout unless comparable levels and quality of resource are to be used.

Examples of good practice are:

We found several examples of good practice, as follows:

- IT Service Management Model
- The relationship between the contractors and the Authority
- The Stakeholder Communications Strategy
- Support for the Early Adopters.

Project Status / Classification

Against the following criteria:

- Red - To achieve success the project should take remedial action immediately

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

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

the project classified as 'Amber'

The recommendations made at the previous Gateway review have been satisfactorily addressed.

Findings

1: Business case and stakeholders

1.1 The project remains a key element in the Department's plans for modernisation of the Health Service and in particular the implementation of booking and choice at the point of referral. The project also supports the wider E Government agenda.

1.2 The new electronic booking system is still undergoing testing but there have been various proof of solution demonstrations and there is high confidence amongst both users and the project team that the system will work and provide the product and service that is required.

1.3 The business case remains valid and we were pleased to note that there are plans being developed for benefits realisation with an injection of experienced people to help the Trusts.

1.4 There have been minimal changes to the specification as evidenced by accepted change requests totalling only £47,000 in a core project cost of £65million. This is a high successful outcome and commentary on the quality of the original specification and the robustness of the change control mechanisms in place in the project.

1.5 The project has geared up well to drive towards key milestone 6 and considerable effort is being put into the Early Adopters to ensure their readiness both in IT terms and business processes. There are effective and timely communication processes in place. We have more concern however about the readiness of the wider NHS and those health communities that will be in the next and subsequent waves of implementation as they will inevitably receive less support. See section on Readiness for Next Phase.

1.6 Business continuity is a high priority for the Trusts and we found a keen awareness of the factors that could influence this and the necessary check points to ensure it was not compromised. In particular, trusts need to ensure that all referrals and bookings are received, all access and waiting targets are met and all trust income is correctly attributed and secured.

2: Review of current phase

2.1 The plan is for waves one and two of Early Adopters to go live on 30th June and 30th September respectively. Comprehensive testing plans are in place and the milestone for module testing completion has been achieved with an acceptable number of unresolved issues carried forward. System testing of the Atos deliverables is under way and about 60% of test scripts have been run with no major concerns arising.

2.2 However, the timescales for testing are now compressed to the degree that integration testing will start before system testing is complete and regression testing will start before integration testing is complete, i.e. all remaining testing is going to be conducted in parallel.

2.3 This is a very aggressive timescale particularly as an additional layer of complexity has been introduced with the requirement to interface and upgrade GP and PAS systems because the LSP product is not yet available. The legacy suppliers have been required to upgrade their software but because they have been requested to undertake this work at their expense (the recompense being an extended life for their product) there is inadequate contractual cover.

2.4 In addition BT has been delivering the required parts of the Spine piecemeal. All of this has to go through integration and regression testing (now in parallel), which creates additional risk as discussed above. The consensus view that we have received is that there is no contingency left in the programme so any delay will cause the 30 June date to be missed. Given that integration testing will be the first time that key Spine components have been interworked with the legacy systems and the Atos products, it is not possible to take an early view on how well this testing will proceed.

2.5 In later stages of the programme, the LSPs' Model Community testing facilities will be used by rollout sites, but this will not be available for the Early Adopters and Early Implementers. Consequently, this testing will be conducted in individual trust and practice environments. This will require very tight control of issue management and code fixing / code release and there is the potential requirement to re-run regression tests a number of times. This is a new type of activity for the organisations involved in the Early Adopter communities and sufficient time must be allowed for the users to acquire an appropriate level of confidence that the NASP services (and their legacy systems) are robust. This will mean that the Early Adopter communities can only accept the new services as 'fit for purpose' some days after NPfIT have decided that the new services can be deployed

2.6 Our view is that it is in the nature of things that issues will occur during testing that will need to be addressed and our judgement is that the 30 June date for go live will probably not be achieved. Whilst this is not disastrous in itself – we have received no hint from anyone that E Booking will not perform as expected - there are reputations at stake and, more importantly, the credibility of E Booking and the National Programme.

2.7 It is recognised that in agreeing to go/live there are two key decision points. The first is the decision that the integrated software package is fit to be deployed in the Early Adopters. The second will be a decision to go live with the applications in the hospitals and GP surgeries. An informal understanding exists that the first decision will be made by the National Programme in conjunction with the CEOs in the EAs. The second will be made by the four individual EAs in discussion with the National Programme.

We recommend:

That the Early Adopters do not go live until all parties are satisfied that it is safe and sensible to do so and that the informal understanding which currently exists be formalised between the EBS team in discussions with the Early Adopter CEO.

2.8 In anticipation that a decision to defer go live beyond June 30th does prove necessary :

We recommend:

That a set of responses be developed and agreed with the EAs which can be used as necessary with the media should questions arise and a communication for internal use be developed for use with those directly impacted by the deferral and the wider NHS.

2.9 A strong communication programme has been developed by Fishburn Hedges based on evidence gathered in surveys of stakeholders undertaken earlier in the year. We understand that pilots across the organisation have been well received. The programme has led to a rebranding of the EBS project and to a themed communications package which has just been launched.

2.10 The project also proposes a strong element of clinical engagement based on clinicians from Early Adopters sharing their experiences with colleagues in Trusts where implementation is planned. While this plan requires the continuing commitment of EA clinicians after their own go live date it would also represent an extremely powerful way of enhancing clinician commitment in the next wave of Trusts. The availability of these consultants may be impacted by negotiations at each Trust about the new consultant contract.

We recommend:

That the assumptions underpinning the consultant resource availability be checked.

2.11 Despite the time pressures the EAs all believe that given the delivery of a working integrated software system from 6 June and training packages on the dates promised they can carry out the necessary training by a go live date of 30 June. They are resisting pressures to compromise on existing training standards in order to meet this commitment.

2.12 Despite the logistical difficulties, all of the EAs believe they can get the necessary users registered in a secure manner and meeting registration quality requirements in time for go live on 30 June providing cards readers, cards and authorisation systems are delivered by the end of May and the integrated software by 6 June. In some cases this represents a pragmatic interim solution which will need to be replaced in the future to meet growing user registration requirements.

2.13 The EAs believe they can populate the Directory of Services adequately in the short term. They do feel however that additional resource will be required in the future to sustain this activity.

2.14 Although three different approaches are being used to meet the need to have a Booking Management Service (BMS) in place for the go live of the EAs we are satisfied that this need will be met in all cases.

2.15 We have heard praise for the level of support and advice that is being provided by the National team. This support is seen to have strengthened as the project has progressed over the past months. Working to a common planning document shared by all the parties including the legacy suppliers, both NASPs and the LSPs, where appropriate, has fostered a sense of shared ownership.

Service Management

2.16 The National Programme for IT has addressed Service Management in a comprehensive manner during the procurement phase and is therefore well placed to implement coherent Service Management standards across all 8 NPfIT contracts. All of the 8 suppliers involved in end to end service provision have agreed to adhere to a single IT Service Management Process architecture and framework. All suppliers are defining their processes to a common standard, their processes are aligned and commonly defined interfaces will be used. This is underpinned by the IT Infrastructure Library (ITIL) standards and by other supporting elements such as the OGC Service Delivery model and the OGC Tiered Management model, which ensure precise peer to peer communication and escalation / reporting to 3 levels.

2.17 We anticipate that the above arrangements will provide a sound basis for high quality Service Management across all elements of NPfIT. We believe further proposals to rollout this best practice across local NHS service desks are being developed. If implemented, this will lead to a robust and responsive service to all end users of NPfIT services across the NHS.

2.18 We understand that the LSP, NCRS and N3 contracts require the suppliers to achieve the BS 15000 Standard for IT Service Management within 18 months. This is not a requirement of the Atos contract, but we believe that Atos are more than happy to work towards the achievement of this standard.

2.19 The National Service Management Directorate is now being established; this is a team of 45 people reporting to the National Director of Service Management.

3: Risk management

A risk register for the current phase exists and is actively managed. There are no significant risks outstanding save for the timescale risk already covered elsewhere in this report. The register does not appear to adequately cover all the business risks in particular the risk of delay.

We recommend:

The risk register be updated to fully reflect the business risks.

4: Readiness for next phase – benefits evaluation

4.1 We found that the project had concentrated much of its effort with the NHS on ensuring that the two waves of Early Adopters had sufficient support to achieve successful implementation by 30th June and 30th September 2004. Detailed planning for the Early Implementers has barely begun and although implementation documentation had been issued to them, real engagement was not expected for several weeks yet. In London a draft Memorandum of Understanding had been drawn up which sets out the respective responsibilities of the Programme and the Trusts. Beyond that there appears to be no detailed resource plan to support and inform the rollout, although this is due to be completed by 31 December 2005. The total resource required within the project and from the NHS has not yet been quantified although we understand that the experience of the Early Adopters and the Early Implementers will be used to inform the process. We consider that this level of uncertainty, brought about to some extent by the focus on achieving current phase milestones will cause problems with the rollout, especially as there will be competing demands for scarce resources from elsewhere in the Programme and other initiatives as the rollout progresses. There also remains a concern about the ability of the NHS to find the necessary resources for the project and the sooner they know the quantity, type and quality of resources required the better. The size and speed of the rollout will also raise issues about the capacity of all concerned to meet the require timescales and this should be addressed in the planning process.

We recommend:

Detailed planning, to include resource planning, through to project completion, is undertaken and that the resource implications for Trusts are included in the implementation guidance.

4.2 Documentation and guidance for the Trusts setting out their responsibilities has been prepared and support from the Programme in the form of Clinical Leads and some hands on support will be provided. A set of Readiness Criteria has also been developed.

4.3 We were pleased to find that one of the London EAs had established a Project Board involving all three CEOs to develop plans for rolling out the E Booking programme across specialties and practices in their health community after Go Live. This contrasts with the 2 northern adopters where such strategic planning was at the earliest stage.

We recommend:

That more detailed guidance, informed by the experience and lessons learnt from the Early Adopters, is prepared and promulgated; and

The Readiness Criteria be reviewed to include some harder and more factually based criteria eg number and percentage of NHS numbers on PASs.

4.4 We had confidence that three of the Early Adopters would be ready in time but had concerns about Barnsley who felt they needed greater technical support. But delays in the delivery of software will impact upon local testing and training. If these deliverables are further delayed this will make 30 June unattainable and after a certain date will have a dynamic day on day impact on the go live date.

4.5 Contract, service, and performance management processes are established and staffed accordingly with matching arrangements on the supplier side. The relationship with the service provider seems very good and there appears a high level of mutual trust and openness in the business relationship which augurs well for the future.

4.6 Although not the direct responsibility of the Project or the Programme, a workstream to measure and aid the realisation of business benefits has been established and guidance prepared.

Data Quality

4.7 It is clear that the linking of legacy systems to the NCRS will create new issues around the management and quality of patient demographic data. In the long term, there will be a single source of demographic data, the PDS. However in the meantime, legacy systems will be required to accept the demographic data that the PDS has attached to a new booking. Should trusts not have a very high probability of matching this data up with existing records, the number of duplicate patient records on trust PASs will increase.

4.8 As a consequence of this, Trusts should be advised to reduce the number of duplicate patient registration records on their PASs and to increase the number of records for which the validated NHS Number (from NSTS) is known. Failure to do this will increase both the amount of preparation time required by trusts (prior to go live on E Booking), and the amount of daily corrective action to be taken following go live. This is a general P1R1 Release issue rather than an issue solely for the Booking project.

4.9 We have already recommended that the Readiness Criteria be reviewed and should include measurement of the appropriate level of

The next Gateway Review (4A) is expected in November 2004, to focus on the wider rollout and the increasing integration of the LSPs' activity to the Project.

Purposes of an OGC Gateway 4 Project Review: 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 (eg 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.
- 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.

Interviewees

<Text Redacted>

APPENDIX C

Summary of Recommendations

Please group by RAG status

		Status
Ref. No.	**Recommendation**	**R/A/G**
	That the Early Adopters do not go live until all parties are satisfied that it is safe and sensible to do so and that the informal understanding which currently exists be formalised between the EBS team in discussions with the Early Adopter CEO.	**A**
	That a set of responses be developed and agreed with the EAs which can be used as necessary with the media should questions arise and a communication for internal use be developed for use with those directly impacted by the deferral and the wider NHS	**A**
	That the assumptions underpinning the consultant resource availability be checked.	**A**
	The risk register be updated to fully reflect the business risks.	**A**
	Detailed planning, to include resource planning, through to project completion, is undertaken and that the resource implications for Trusts are included in the implementation guidance.	**A**
	That more detailed guidance, informed by the experience and lessons learnt from the Early Adopters, is prepared and promulgated.	**A**
	The Readiness Criteria be reviewed to include some harder and more factually based criteria e.g. number and percentage of NHS numbers on PASs.	**A**

Add or delete rows as required