

This is a Value is outside Added product, which the scope of the HMSO core Licence

OGC Gateway™ Process

Review 5: Operations review & benefits realisation

**Version number: Final**

**Date of issue to SRO: 7<sup>th</sup> November 2008**

**SRO: <name redacted>**

**Department: Department of Health**

**Agency or NDPB: Connecting for Health (CfH)**

**OGC Gateway™ Review dates: 4/11/08 to 7/11/08**

---

**OGC Gateway™ Review Team Leader:**  
**<name redacted>**

**OGC Gateway™ Review Team Members:**  
**<name redacted>**  
**<name redacted>**

## OGC Gateway Delivery Confidence Assessment

<b>Delivery Confidence Assessment</b>	<text redacted>
<text redacted>	

The Delivery Confidence assessment RAG status should use the definitions below.

<u>RAG</u>	<u>Criteria Description</u>
Green	Successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly
Amber/Green	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into major issues threatening delivery
Amber	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and if addressed promptly, should not present a cost/schedule overrun
Amber/Red	Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and whether resolution is feasible
Red	Successful delivery of the project/programme appears to be unachievable. There are major issues on project/programme definition, schedule, budget required quality or benefits delivery, which at this stage do not appear to be manageable or resolvable. The project/programme may need re-baselining and/or overall viability re-assessed

### Summary of Report Recommendations

The Review Team makes the following recommendations which are prioritized using the definitions below.

<b>Ref. No.</b>	<b>Recommendation</b>	<b>Critical/ Essential/ Recommended</b>
1.	<text redacted>	<text redacted>
2.	<text redacted>	<text redacted>
3.	<text redacted>	<text redacted>
4.	<text redacted>	<text redacted>
5.	<text redacted>	<text redacted>
6.	<text redacted>	<text redacted>
7.	<text redacted>	<text redacted>

Add or delete rows as required.

**Critical (Do Now)** – To increase the likelihood of a successful outcome it is of the greatest importance that the programme/project should take action immediately

---

**Essential (Do By)** – To increase the likelihood of a successful outcome the programme/project should take action in the near future.

**Recommended** – The programme/project should benefit from the uptake of this recommendation.

## **Background**

### **The aims of the project:**

The 'Spine' is essentially the supporting infrastructure i.e. 'backbone' of the NHS Care Record Service (NCRS) and provides several functions and embedded services which ensure that the patient's unique care record can be created, kept secure and be linked to local systems, across the NHS. This system will enable the record to be kept up to date and to be viewed, as appropriate, wherever the patient requires care.

### **The driving force for the project:**

The Spine is part of the National Programme for IT (NPfIT). This programme aims to support the NHS in delivering better, safer care by delivering computer systems and services that improve how patient information is stored and accessed. As well as being one of the largest transactional databases in the world, holding the electronic "Summary Care Record" of NHS patients in England, the Spine also provides messaging and secure authentication services to support a number of key systems. Some of these systems are managed as part of the Spine programme. Other services like Choose and Book, Picture Archiving and Communications Systems (PACS), GP to GP (GP2GP) exchange of records, are supported by (and dependent on) the Spine but are managed as separate projects.

### **The procurement/delivery status:**

The contract for the Spine was let to BT in December 2003 until June 2013. A contract "re-set" adjusting the contract to the changing requirements of DH and NPfIT was agreed in March 2008.

### **Current position regarding OGC Gateway™ Reviews:**

The programme underwent a Gate 3 Review in September 2003. No Gate 4 was undertaken. A summary of progress and status from the previous OGC Gateway Review can be found in Appendix C. Programme Level Gate 0 reviews have been carried out on NPfIT and project reviews have also been undertaken on other projects within the programme.

The Review Team has seen statements that the Accounting Officer has been assured regarding the 'common causes of failure' have been examined.

---

## **Purposes and conduct of the OGC Gateway™ Review**

### **Purposes of the OGC Gateway™ Review**

The primary purposes of an OGC Gateway Review 5: Operations review & benefits realisation, are to assess whether the anticipated benefits are being delivered and that the ongoing contractual arrangements meet the business need.

Appendix A gives the full purposes statement for an OGC Gateway Review 5.

### **Conduct of the OGC Gateway™ Review**

This OGC Gateway Review 5 was carried out from 4<sup>th</sup> November 2008 to 7<sup>th</sup> November 2008 at Vantage House, Leeds. The team members are listed on the front cover.

The people interviewed are listed in Appendix B.

The Review Team would like to thank the CfH Spine Project Team for their support and openness, which contributed to the Review Team's understanding of the Project and the outcome of this Review. Special thanks are due to <name redacted> and <name redacted> for their consideration and willing support in providing documentation and local facilities to the Review Team enabling the review to run smoothly.

---

## **Findings and recommendations**

<text redacted>

**The next OGC Gateway™ Review is expected in approximately 12-18 months after completion of basic functionality rollout.**

---

## **APPENDIX A**

### **Purposes of OGC Gateway™ Review 5: Operations review & benefits realisation**

- Assess whether the Business case justification for the project at OGC Gateway Review 3: Investment decision was realistic.
- Confirm that there is still a business need for the investment
- Assess whether the benefits anticipated at this stage are actually being delivered.
- Assess the effectiveness of the ongoing contract management processes.
- Confirm that the client side continues to have the necessary resources to manage the contract successfully.
- Confirm continuity of key personnel involved in contract management/'intelligent customer' roles.
- Where changes have been agreed, check that they do not compromise the original delivery strategy.
- Assess the ongoing requirement for the contract to meet business need. Ensure that if circumstances have changed, the service delivery and contract are adapting to the new situation. Changing circumstances could affect: partner management; relationship management; service management; change management; contract management; benefits management; performance management.
- Check that there is ongoing contract development to improve value for money.
- Confirm that there are plans to manage the contract to its conclusion.
- Where applicable, confirm the validity of exit strategy and arrangements for re-competition.

---

## **APPENDIX B**

### ***Interviewees***

<b>Name</b>	<b>Role</b>
<name redacted>	Director of Stakeholder Engagement and Care Records Service and SRO
<name redacted>	Group Programme Director
<name redacted>	Programme Director
<name redacted>	Commercial Lead
<name redacted>	Chief Executive, Information Centre for Health and Social Care
<name redacted>*	Head of Access Control UIM
<name redacted>	Strategic Project Manager, Choose and Book
<name redacted>*	Director of Information Systems and Business Architecture
<name redacted>	BT MPP Service Director
<name redacted>	BT Spine Programme Director
<name redacted>	Head of Service Delivery
<name redacted>	Service Level Manager
<name redacted>	Contracts Accountant
<name redacted>	Chief Technology Officer
<name redacted>	Head of ICT Service Support
<name redacted>	Head of Assurance
<name redacted>*	GP (North Yorkshire and York PCT)
<name redacted>	Service Bridge Manager
<name redacted>	Programme Manager for Summary Care Record Demographics
<name redacted>	Programme Head Demographics
<name redacted>*	Chief Operating Officer, CfH
<name redacted>	GP National Clinical Lead
<name redacted>*	Chief Information Officer

\* Indicates telephone interview

---

## **APPENDIX C**

### **Recommendations from previous OGC Gateway™ Review**

<i>Recommendation</i>	<i>Progress/Status</i>
AMBER - A formal check should be made to ensure that all post award roles, responsibilities, activities and resources are clearly identified for the next phase. This should include the relationship between central and local teams, and between the NPfIT group and the NHS IA.	<text redacted>
AMBER - The presence of fully specified management/ monitoring arrangements in respect of service performance, change control, benefits management and contract management should be confirmed.	<text redacted>
AMBER - The completion of the process of business case approval with the Treasury is used to provide the Department of Health with an opportunity to content itself regarding our pre-award recommendations.	<text redacted>
AMBER - The relevant resources in the Modernisation Agency should become more closely integrated with those in the NASP/LSP projects to ensure effective management of change.	<text redacted>
AMBER- A systematic approach to the capture of lessons learned from early implementation experience is formalised within implementation planning	<text redacted>
GREEN - Funding for LSP projects should be clarified before the relevant Gate 3 reviews	<text redacted>