Sherwood Forest Hospitals **NHS**

NHS Foundation Trust

Board of Directors
Meeting   Report

Subject: **PAS Project – Update on Major Issues**
Date: **24/07/2014**
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Executive Summary
2 major risks with potential to impact the planned go-live date of 4th October are being tracked by the PAS Project Board. This update summarizes the issues, background, mitigations, risks and options to resolve; and provides a recommendation for each.
Recommendation
The board is asked to: **RECEIVE – the information in this paper to raise awareness of the issues and consequences**   **NOTE – the contents of this paper**

Relevant Strategic Objectives (please mark in bold)	
Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	
Details of additional risks associated with this paper *(may include CQC Essential Standards, NHSLA, NHS Constitution)*	
Links to NHS Constitution	
Financial Implications/Impact	
Legal Implications/Impact	
Partnership working & Public Engagement Implications/Impact	
Committees/groups where this item has been presented before	
Monitoring and Review	
Is a QIA required/been completed? If yes provide brief details	

Purpose

As previously reported the Trust is planned to "go-live" with the new SystemC PAS on the 4th Oct 2014. This paper contains updates to the key issues identified by the PAS project board for escalation.

1. Referral to Treatment Functionality

3 issues have been identified that could cause problems for the Trust if we proceed to "go-live" with the existing RTT functionality. Other sites are known to have gone live with this version of SystemC PAS and experienced similar problems with RTT functionality and therefore these could impact on the Trust's ability to report correctly.

1.1 Issues and Impact

Issue 1 - Administrative Events: SystemC PAS is unable to record an 'admin event' (e.g. referral to another organisation for treatment) in a dedicated field. This is necessary to ensure 'clock stops' are not missed and that reporting is not incorrect as result. Misreporting of incomplete pathways and clock stops can adversely impact various critical performance measures.

Issue 2 - CAS RTT Start Date: SystemC PAS is unable to record the RTT start date commencing at the CAS. This is necessary in order to calculate accurate waiting times. Misreporting by adjusting patient pathways to a lower overall waiting time will violate national guidance.

Issue 3 - Pauses: This issue is linked to the elective waiting lists. The functionality within SystemC PAS does not comply fully with national guidance, which would result in misreporting.

1.2 Background

Issues were identified in March and have been tracked and reported at Project Board since. Work has been on-going to understand and test the suggested workarounds, with an expectation of resolution from SystemC. SystemC have delayed and ultimately been unable to provide a fix to meet the time-scale of the project.

1.3 Mitigation

A change request was submitted to SystemC to petition for the underlying issues to be fixed. SystemC accepted the request but expressed it is not technically possible to deliver the changes in readiness for go-live in October 2014. The earliest date by which the revised functionality can feasibly be implemented is October 2015 - a year from the planned "go-live" date.

Issue 2 has an acceptable workaround provided by SystemC. SystemC have also suggested workarounds for the Issue 1 and Issue 3, but these have serious flaws in raw form and would severely impact the operational service of the Trust.

Peter Hyland, Intensive Support Manager from the NHS Interim Management and Support (NHS IMAS) has been approached to provide RTT Independent Assurance.

1.4   Risks

The RTT workarounds suggested are not guaranteed to be problem free and carry risks including data quality, staff resource and associated financial risks until a fix is available from SystemC.

The additional staffing required to effectively implement the workarounds has been defined as an uplift to the RTT validation team by plus 6 AFC Band 3 staff. The monthly cost of this at mid-point will be £11k including standard on-costs. A 12 month wait for implementation of a fix from SystemC will therefore cost in the region of £130k. An 18 month delay almost £200k.

Funding for the staffing consequences has not been agreed. It is also noted that recruiting similar individuals for this team has been difficult to achieve in the recent past.

1.5   Options

Option 1: Go-live with current RTT functionality and implement proposed workarounds until fix in next release. This is estimated to become available to early adopters end July 2015 (implementation date for the fix would therefore be October 2015 at the earliest).

Option 2: Delay go-live until a suitable fix in next release. This is estimated to become available to early adopters end July 2015. <u>Earliest go-live date would therefore be October 2015.</u>

1.6   Recommendation

Option 1 is currently being progressed as viable mitigation subject to final verification and assurance of the risks; arrangements and approval for additional funding required; and an action plan formally agreed with SystemC for delivery of the fix.

The legal and commercial position is now under review to recognise impact on contract variation and costs, and determine actions required to hold SystemC to account.

The issue will be logged on the corporate risk register. A weekly update to Exec will now be provided.

1.7   Action Required by the Exec Team

1. The Exec Team is asked to acknowledge the issues, risks and mitigations outlined in the paper;

2. Agree to the recommended Option 1 above;

3. Agree to the development of an action plan that provides viable mitigations and assurance of the risks to these issues.

2. Clinic-build to Revised Specification

A complete build / rebuild of clinic templates is required to migrate from the presentation format used in the existing PAS (i.e. slot type) to the new approach (resource levels) set out and agreed for future use. This work needs to be completed by 11th August ready for User Acceptance Testing (cycle 2). The time-scale is therefore very tight.

2.1   Impact

Failure to migrate to the new approach will promulgate the inefficiencies of the existing clinic template structure through to the new PAS and represents a missed opportunity to undertake the work required and agreed. Undertaking the work required retrospectively will be challenging to implement and difficult to resource.

2.2   Background

The requirement was identified in June and has been tracked and reported at Project Board since. BSU resourcing for the project and ownership of the issue has been less than ideal to complete the parts of the work that need to be driven by staff with detailed knowledge of the business.

2.3   Mitigation

A team of staff within the project has been identified to build the clinics in Medway as soon as the templates are signed off. The project team are organised; working closely with BSU and now providing additional support in order to bring this in to schedule.

2.4   Risks

BSU have identified resourcing issues associated with pressures on the same staff to deliver on multiple pieces of work within the same timeframe as the support required from them for clinic template work.

The project team will be disbanded following implementation of Medway, leaving no resource and fewer experienced / skilled staff available with the expertise to undertake the clinic build work on the scale required.

The ability to use Medway BI to report on clinic will be limited to slot type information and expected efficiency gains from improvements and monitoring will not be realised.

2.5   Options

Option 1: Migrate according to the original templates (as is), and defer the change of templates until after go-live.

Option 2: Assign additional project resource to assist BSU with getting the templates agreed and handed over to the project team to build in Medway PAS.

2.6   Recommendation

Clinic Build – a decision will be made mid w/c 28th July in light of progress with remedial action outlined above.

The legal and commercial position is now under review to recognise impact on contract variation and costs, and determine actions required to hold SystemC to account.

The issue will be logged on the corporate risk register. A weekly update to Exec will now be provided.

2.7   Action Required by the Exec Team

1. The Exec Team is asked to acknowledge the issues, risks and mitigations outlined in the paper;

2. Agree to the recommended Option 1 above;

3. Agree to the development of an action plan that provides viable mitigations and assurance of the risks to these issues.