

Executive Summary T3 Programme Integrated Clinical Portal

FINAL

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VERSION CONTROL

Version	Date Issued	Summary of Change(s)	Reviewer's Name(s)
2.0	27/08/14	Updated Patient & Healthcare Governance	Sandi Carman, Paul Barrett, Kevan Turnbull, Stephen Schuz, Mike Turner
1.0	27/08/14	Updated finance	Mike Turner, Kevan Turnbull, Stephen Schuz
0.4	22/08/14	Draft updates and inclusions of comments T3 Programme team senior managers from the Trust	Paul Barrett, Informatics Associate Director – Head of Change Delivery Jenny Wilson, Senior Manager, Strategy & Planning Sandi Carman, Head of Patient and Healthcare Governance Mike Turner, T3 Programme Manager Kevan Turnbull, T3 ICP Project Manager Stephen Schuz, T3 Project Accountant Bazil Stewart, T3 Business Analyst
0.3	15/08/14	Draft updates and inclusion of T3 team comments	Kevan Turnbull Stephen Schuz Mike Turner
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Board	Date
T3 Programme Board	20/08/14
Trust Assurance and Planning	21/08/14
Capital Investment Team	01/09/14
Trust Executive Group	10/09/14
Trust Board	17/09/14

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EXECUTIVE SUMMARY

1.1 General

This business case is sponsored by the Chief Executive at Sheffield Teaching Hospitals (STH) NHS Foundation Trust.

It describes the Integrated Clinical Portal (ICP) project, which is one of three projects that make up the Transformation Through Technology Programme (T3). The other projects are Electronic Patient Record (EPR) and Electronic Data Management System (EDMS).

The aim of this business case is to secure the required funding and authorisation to implement an integrated clinical portal providing an NHS compliant integration engine, single sign-on for systems accessibility, and the ability to show a summarised patient record view taken from multiple clinical systems.

1.2 Scope

The scope of the project is to deliver an ICP trust wide to STH. This ICP will deliver 3 main products;

1. A compliant Integration Platform to meet national NHS standards.
2. A Trust wide Single Sign On solution.
3. A Clinical Portal delivering a single integrated record view of patient information.

1.3 Weaknesses of the Present Systems

There is currently no single system in place that meets the needs of the Trust Clinicians in delivering high quality care.

1.4 Proposed Solution

The proposed solution is to be delivered in 3 phases as follows:

- Phase 1
 - Single Sign On, including:
 - Role based access controls with smartcard access
 - Patient Consent controls
 - Legitimate Relationship management controls
 - An enhanced Integration Engine
- Phase 2
 - The following contextual views of the patient record, including:
 - A&E/Generic View
 - Cancer View
 - Diabetes View
 - Community View
 - Integration with the Lorenzo EPR and
 - eForms capability
- Phase 3
 - Social Care Portal
 - GP Portal; and

- Patient Access

Since Phase 3, is subject to the outcome of the Trust's bid for funding from Round 2 of the NHS England Integrated Digital Care Technology Fund, the outcome of the bid will not be known prior to the required date to award the supplier contract and therefore it is proposed to only undertake phase 1 and 2 at this time. The Technology Fund would support implementation of phase 3 of the Integrated Clinical Portal and therefore details have been left in this business case for information purposes only. Refer to Appendix C – Phase 3 Overview for any more details on this phase.

The proposed solution will address;

- IG Compliance and auditability
- NHS Interoperability Compliance
- Creation of single views of patient data which are relevant to the user
- Sharing of STH data securely within the Trust and the wider Healthcare community

To do this a solution which comprises of single sign on, upgrading to an Interoperability Tool Kit (ITK) Compliant Integration platform and a Clinical Portal is proposed for procurement.

1.5 Benefits

The key benefits for the ICP can be summarised as:

- Compliance to IG standards for audit and legitimate relationships
- Reduced time to access data systems through the implementation of a single sign on solution
- Reduced time to access patient information with 'In context patient search' facilities
- Faster decision making via a single and holistic view of the patient record
- Improved patient safety/reduced clinical risk by enabling access to full range of patient information across a number of systems
- Future proof platform to enable Interoperability between NHS organisations

There are monetary and user benefits associated with the efficiencies of patient information searching which has shown through a recent Trust study to cost clinicians inordinate amounts of time e.g. Consultants across A&E spend the equivalent of 301 WTE days per annum searching for patients across their top 5 systems – entering and re-entering patient ID's to find records across multiple systems.

The risk of non-compliance to IG standards and potential subsequent security breach involving patient data could also have serious financial and reputational consequences for the Trust. The ICP will improve the tightening up of IG compliance in areas around access and viewing of patient data.

The biggest benefit, however, is to the patient, by virtue of the treating clinician having easy and quick access to their information through the clinical portal, irrespective of the source of the original data.

1.6 Costs

The costs of the project over 8 years are detailed below. The project has been split into 3 phases as stated. For the purposes of the costings and driving to a recommendation, Phases 1 & 2 have been combined and are included below.

Phases 1 & 2;

- The capital costs are £8,141,239
- The non-recurrent revenue costs are £1,417,025
- The recurrent revenue costs excluding capital charges are £3,490,705
- The lifecycle capital charges are £8,526,509

All figures include VAT, where applicable.

Following good accounting practice, included in the capital and revenue figures (above) is a risk and contingency value of £2,133,478.

Benefits to the value of £60m have been identified, of which £10m are cash-releasing. This makes the project self-funding over the 8 year project lifecycle.

Taking into account the costs and benefits detailed, the Return-On-Investment is 4.26.

Phase 3

Appendix C contains the details for Phase 3 (for information only).

1.7 Timescales

Subject to governing approval of the recommendations in this business case, and the development of the joint supplier/Trust PID, the implementation of this project is expected to start in October 2014.

Early approval is essential to ensure that the procurement exercise is completed within the mandated framework timescales

- Phase 1 runs from October through to March 2015 and implements the Single Sign On (SSO), Integration work, and IG controls that would enable a Clinical Portal to be delivered
- Phase 2 delivers the initial clinical portal views Trust wide rollout commencing May 2015

Further details are outlined in Appendix B – The Integrated Clinical Portal Project Roadmap.

1.8 Risks

The following overarching risks have been identified:

- Failure to approve this business case and award the contract prior to September 16th 2014 will mean a 3-6 month re-procurement at an estimated Trust expense of £300,000.
- STH are unsuccessful in their Integrated Digital Care Fund bid. This would remove the possibility of ICP phase 3 and challenge the achievement of the Health Economy wide Integrated Digital Care Record.
- The degree of organisational readiness required for business change is not fully implemented as the ICP goes live. This could result in lack of 'user' engagement in the ICP, a prolonged roll-out, scope creep, and ultimately delays to benefits realisation and ultimately 'performance dip' in the services impacted.

- Training is not effectively or fully implemented as the ICP goes live due to the scale and complexity of the required training model being underestimated. It is intended to coordinate training with EDMS due to both projects sharing similar rollouts. However, if either EDMS or ICP run late this would increase costs due to conducting training in 2 sessions (one for EDMS and one for ICP) instead of joint training sessions which could be achieved in most circumstances.
- Any technical dependencies identified post FBC (full business case) which may occur associated with the integration and interoperability leading to extra work required to bring the Integration Platform up to compliance level both technically and from a NHS Standards compliance (ITK) perspective for CP delivery. This again could result in a prolonged roll-out, increase in costs due to making current interfaces compliant and ultimately delays to benefits realisation.
- The values attributed to the benefits are not realised. This would result in a failure to deliver return of investment as planned.
- Failure to deliver a solution that meets clinical requirements. In phase 1 a key activity is design of clinical views with clinical input. There is a risk clinicians will not be able to release time needed to design their views thus impact on the delivered clinical view.
- As the ICP is rolled out its success may mean reliance on the system exceeds current expectations. In such circumstances should there be technical issues then the support function may not be sufficient to supporting users particularly out of hours.

Assuming the recommendation is approved to continue with Phase 1 and 2, the overall risk and contingency has been identified of £2,133,478.

1.9 Conclusions

The investment in an ICP is essential for STH to help it achieve its vision for an integrated digital care record to support; improving patient care and safety, and the patient experience, in addition to maximising the productivity and efficiency of STH.

1.10 Recommendations

The recommendations therefore are as follows:

- Approve this Business Case to award the contract to the preferred bidder for the first two phases.
- Approve the funding of the capital costs of Phase 1 and 2 at £8,141,239
- Fund the associated non-recurrent revenue costs of £1,417,025
- Fund the associated recurrent revenue costs of £3,490,705
- Fund the associated lifecycle capital charges of £8,526,509
- Use the benefits of £60,000,000 to offset this cost
- Await the announcement of the NHS England funding before re-presenting the business case for Phase 3 the costs of which are highlighted in Appendix C (for information purposes only).