

Lorenzo Regional Care Implementation - Update

Community Services Bury Board

Item number: 4.5

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Report of:	Mats Lund, Deployment Support Manager, CfH (acting NHS Bury Lorenzo Senior Project Manager)
Date of paper:	18/05/2010
Subject:	Lorenzo Regional Care Implementation - Update
In case of query, please contact:	Mats Lund T: 0776 8325177
Purpose of paper: To provide an update to the Board on the current status, and recent progress and next steps associated with the Bury Lorenzo Regional Care Implementation project.	
Actions required by Committee	
Assurance level on progress made: (please tick, you may tick more than one box)	
For decision <input type="checkbox"/>	For discussion <input type="checkbox"/> For direction <input type="checkbox"/>
For assurance <input checked="" type="checkbox"/>	For information only <input type="checkbox"/>
Triple bottom line - Contributions to Quality, Customer Experience and Best Value:	

Equality Impact Assessment (EIA).

Criteria-EIA required for:

New service, function or policy or changes to an existing, function or policy. Also if service, function or policy affects patients/public or staff.

Is an EIA required for this paper

Yes

No

If yes complete EIA and attached summary sheet to paper

Summary sheet attached Yes

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Lorenzo Regional Care Implementation - Update

1. Executive summary

Lorenzo Regional Care Release 1.9 (LRC1.9) has now been live for 6 ½ months in NHS Bury. Work is continuing to embed, support and further develop the system to the benefit of Bury users.

Key challenges include the management of live issues and delivery of targeted support to users via the support for services initiative whilst ensuring transition of the project into a business as usual mode. Additional planned project activities have been initiated that should deliver additional benefits to users. Deployment Verification activities are ongoing and strongly focused on delivering operational reports to the business.

2. Introduction and background

2.1 Introduction

As the first 'Early Adopter' in the country to implement Lorenzo Regional Care Release 1.9 (LRC1.9) NHS Bury is at the forefront of the National Programme for IT (NPfIT) efforts to implement this new healthcare system.

LRC1.9 went live in NHS Bury on 3rd November 2009 and the Trust continues to work in close collaboration with CSCA, with support from NW SHA and CfH, to resolve issues, improve the operational stability of the system, implement new functionality, and to support users by ensuring that the system meets their business requirements.

As outlined below the project will transition into a business as usual (BAU) state as of 1st July 2010. Work is also underway on further planned project phases to implement new functionality that will deliver additional benefits to users.

This paper provides a summary update on the current status and future plans for the project.

3. Further information etc

3.1 Update regarding Hot Fixes, Service Packs and New Builds

Since the go-live of LRC19 at Bury on 3rd November 2009 a number of system upgrades (see Table 1) have been implemented to fix known issues, ensure system stability and to deliver new functionality.

Date	Build	Service Pack	Hot fix
14-15 November 2009	622	2	20-27

12-13 November 2009	622	3	1-3
19-20 December 2009	622	3	4-7
9-10 January 2010	622	3	8
30-31 January 2010	626	n/a	1-6
27-28 February 2010	627	n/a	1-7
8-9 March 2010	627	n/a	8
20-21 March 2010	628	1	3
8-9 May 2010	628	2	11

Table 1: Lorenzo upgrades implemented since go-live (3rd November 2009).

In addition to the above system upgrades a small number of outages have been completed to facilitate other activities, including a Disaster Recovery test, infrastructure hardware upgrades, and a data migration purge activity (to support the planned go-live of Morecambe Bay University Hospitals).

Each upgrade has been associated with a brief period of system downtime, typically scheduled during the weekend when system usage is at its lowest. These planned system outages have typically started on the Saturday night (23.00) and ending by midday on the Sunday (~13.00) following completion of Trust acceptance testing.

The most recent upgrades have taken place using 'pseudo zero down time' technology in preparation for the future use of full 'zero down time' technology, which will allow system upgrades to be performed without any down time and therefore with no impact to end users.

3.2 Service Management and Live Issues

Service Management remains a key focus area since the introduction of LRC1.9 in November 2009. The Trust service management team is working closely with the accredited Ashton, Leigh and Wigan helpdesk and CSCA Service Management, with additional support from service management teams in NW SHA and CfH.

The Trust's priorities include further embedding and developing the existing service management processes and to ensure that the efficiency and end user experience is improved. Moreover, a key objective is to reduce the number of issues that exist in live service. Currently a significant number of issues exist in live that are being managed via workarounds and detection and/or resolution scripts until a resolution has been found. The Trust team has recently undertaken an exercise to map and prioritise all live issues and associated workarounds and further work is in progress with CSCA to resolve these.

The support required to manage live service issues represent one of the Deployment Verification Criteria (see 3.5.4 Solution Support for Business Processes).

3.3 Support for Services

Support is being delivered to users via the Support for Services initiative which draws together project team staff from both the Trust and CSCA. The objective of this work is to deliver targeted support to users by considering the specific needs of users on a service by service basis in relation to system issues, technical issues, training requirements, efficiency considerations etc. A dedicated contact within the Support for Services team is

responsible for managing the dialogue with each respective service, including developing and agreeing an action plan with the service. The initial work typically involves assessing the service's needs and to implement quick wins with a focus on high impact issues. This is then followed by long term management of the relation with the service and resolution of issues that by necessity requires a more extended fix cycle.

The status and progress of this work is now reported via an agreed reporting format produced fortnightly and shared with the NHS Bury business representatives, CSB EMT, IM&T management, and the Lorenzo Project Board.

3.4 Transition to Business As Usual

IM&T are developing plans in support of a transition to a business as usual organisation as of 1st July 2010 and to allow a decreased reliance on the external support received to date during the current phase of the project. This includes recruitment to the role of System Delivery Manager who will pick up responsibilities around day to day management of the system including ongoing test assurance, issue management and support to users. A Project Manager is also being recruited to lead on Care Plans which represent a significant future objective for the continued project. Moreover, as outlined in section 3.5 Deployment Verification below focused efforts are underway to resolve issues associated with reports.

3.5 Future Project Priorities

Additional future deployment units are planned as a part of the Bury Lorenzo project and include new functionality that is expected to deliver additional benefits to users (see Table 2). Each of these areas is currently in the initial stage of scoping and planning.

In addition to the below formal deployment units several areas of discreet functionality are available within the system that has not yet been implemented in Bury. The priorities for these functional elements are being reviewed by the project team in conjunction with CSCA and will be implemented in parallel with the planned project phases.

Functionality	Deployment Unit	Description
Clinical Documents	Phase 2 (May 2010 – end 2010)	18 clinical documents developed by an NME wide project group that will allow clinicians to capture clinical assessment information relevant to their specific business needs (e.g. Orthoptics Glaucoma, WATERLOW, MUST etc.)
Consent To Treat (CTT)	Phase 2 (plan in development)	CTT functionality supports the process of obtaining patient consent to receive clinical treatment
Sealing, Sealing & Locking	Phase 3 (plan in development)	Implementation of consent processes incl. functionality to support Sealing and Sealing & Locking of sensitive patient information in support of the Care Records Guarantee
Contract Management	Phase 3 (plan in development)	Contract Management enables a Provider to define contractual arrangements with Commissioners, to

		be able to allocate patient encounters to specific contracts. This provides the basis for Commissioning Data Set extracts and general data extracts to support local monitoring of contracts
Coding	Phase 3 (plan in development)	Clinical classification coding
Health Resource Groups (HRG)	Phase 3 (plan in development)	HRG are standard groupings of clinically similar treatments which use common levels of healthcare resource. These classifications underpin Payment by Results from costing through to payment, and support local commissioning and performance management.
Care Plans	Care Plans (by end 2010)	Care Plans will allow individualised care plans to be developed for a patient involving a range of care providers involved with a patient's care

Table 2: Future planned Phase 1 deployment units.

3.5 Deployment Verification

The Deployment Verification process (DVP) is a formal 45 day period that starts at the go-live date of any new service. The objective of the process is to provide assurance against a set of agreed Deployment Verification Criteria (DVC) that the new service is fit for purpose and that any outstanding items or issues left over from the deployment phase are addressed. This objective has not yet been met for Bury's LRC1.9 project due to a few remaining challenges; however, significant progress has been made over recent months. Table 3 below provides a summary of the current status of each respective DVC.

Deployment Verification Criteria	Status	Comment
1. Assessment of Outstanding Issues in the Work Off Plan	Green	
2. Assessment of Outstanding Issues in Respect of the Deployment	Green /Amber	
a. Legitimate Relationships (LRs)	Green	
b. Referral to Treatment Times (RTT)	Amber	Outpatient RTT functionality was delivered in Build 627. Contacts RTT functionality remains to be delivered in a future build (expected July 2010). RTT will be rolled out across services once both these elements are available.
c. Merge/Unmerge	Green	
3. Summary of Issue Management Performance	Green	
4. Solution Support for Business Processes	Amber	Work is in progress to address a number of workarounds currently in use to support

		the solution. No single workaround is unsustainable or materially affecting the service.
5. Service Level Performance over the Deployment Verification Period	Green	
6. Data Quality	Green	
7. Accuracy of Reporting	Red	All 10 priority operational reports are running; 5 are associated with data accuracy issues. Extracts are working and work is in progress by the Information Services Team to develop, test and sign off back end reports. A dedicated Trust project manager has been assigned the responsibility of managing the priorities associated with reports and to drive progress in this area.
8. Technical Impact on Networks and Pre-existing Technologies	Green	
9. User Feedback	Amber	Feedback from the initial user survey in November 2010 was negative. The results from a second user survey is expected shortly.
10. Lessons Learnt	Green	

Table 3: Status of Bury Deployment Verification Criteria.

In summary, the DVP for Bury's LRC1.9 project has not yet been signed off by the Trust and further work is required primarily around the criteria Accuracy of Reporting before sign-off can be achieved. Considerations also need to be given to the criteria Solution Support for Business Processes and User Feedback that are currently in a pass/fail status. Due to the persistent problems with the 10 operational front-end report no new target date has been set for DVP sign-off.

4. Recommendations

4.1 The Board is requested to note the contents of this report and to provide any feedback or commentary to the Lorenzo Project Board as necessary.

Mats Lund

Deployment Support Manager, Connecting for Health (acting NHS Bury Lorenzo Senior Project Manager)