



***National Framework
For Electronic SAP Implementation***

Project Initiation Document

Date: 6th March 2006
Version: 0.2 (Draft)
PID Ref: NHS CfH eSAP PID (v0.2).doc

Version Control

Date	Version	Comments	Author
27-02-06	0.1	Early draft PID	Robin Stern
01/03/06	0.2	Comments	Jan Hoogewerf

Contents

1.	Summary	4
1.1	Background to the Project	4
1.2	Project Outline	4
1.3	What the Project Will Deliver	4
2.	Scope of Project	5
2.1	Inclusions	5
2.2	Exclusions	5
3.	Expected Costs and Benefits	6
3.1	Costs	6
3.2	Benefits	6
4.	Organisation and Responsibilities	7
4.1	Project Governance	7
4.2	Project Board Membership	7
4.3	Project Board Terms of Reference	7
4.4	Meetings	7
4.5	Reporting	8
4.6	Methods	8
5.	The Products	9
5.1	Product List	9
5.2	Detailed Product Descriptions	10
5.2.1	Project Initiation	10
5.2.2	Communications Plan	10
5.2.3	Report on Electronic SAP To-Date	11
5.2.4	Evaluation Framework	11
5.2.5	Recommended Approach – Final Report	12
5.2.6	End Project – Lessons Learned, Next Steps in Programme	12
6.	Project Plan	13
7.	Risk Analysis and Management	15
7.1	Risk Methodology	15
7.2	Risk Management Plan	16
8.	Project Initiation Document Sign off	17

1. Summary

1.1 Background to the Project

There are different paces and approaches to implementing electronic SAP across the country, which cause uncertainty for local care communities and system suppliers and risk duplication of effort. There is a need to develop a consistent national framework so that implementation plans can be agreed and resource implications identified at both national and local levels.

1.2 Project Outline

A project has been initiated by NHS Connecting for Health to develop an implementation plan and business case for electronic SAP.

The first stage of the project, which will be completed by the end of May 2006, will define and evaluate options for electronic SAP. Subsequent stages of the project will develop a plan and business case for implementation and migration.

The project will take account of plans in the recent White Paper 'Our Health, Our Care, Our Say' to extend SAP into a Common Assessment Framework for adults and of the need for the NHS and Local Authorities to have a systems architecture which is able to support integrated multi-agency working across all client groups.

The project will respond to the findings and recommendations of the National SAP Action Team, chaired by Dr Glenys Jones OBE. It will draw on existing experience of SAP implementation and on other work on multi-agency information sharing, including the ODPM FAME project and the DfES e-CAF options appraisal.

1.3 What the Project Will Deliver

The project will deliver recommendations for the choice of architecture to be adopted strategically to support a consistent national approach for multi-agency electronic sharing of information, with specific intention to support SAP. It will consult on these recommendations, involving SAP Leads, leads of other information-sharing processes, Caldicott Guardians, IT suppliers of social care systems, LSPs and their software suppliers to the National Programme for IT in England, Programme Board members for ESCR and CRDB programmes, and IT infrastructure leads and standards experts (e-Gov, HL-7).

The first products to be delivered will be a framework architecture for evaluating options for eSAP and a report on the current position in respect of experience gained and the use so far of electronic support for SAP. This will be achieved through early liaison with groups that have already extensively studied the opportunities and barriers of IT support to information sharing, rather than re-doing such study.

2. Scope of Project

2.1 Inclusions

- A generic information systems and technology architecture analysis for how best to enable inter-agency sharing of information with Connecting for Health systems.
- Specific application of the analysis to support SAP.
- Levels in the architecture model to include (*inter alia*):
 - ❖ Definition of the business model applicable to information sharing.
 - ❖ The processes and information flows underpinning SAP.
 - ❖ Information governance prerequisites.
 - ❖ Systems architecture models that could variously deliver the required solution.
 - ❖ Data flows and technology impacts.
- Criteria for evaluation of the various information systems architecture models.
- Results of the evaluation that are to be the subject of consultation.
- Efficient communications and consultation with those whose experience is of value to the subject of the project.
- Widespread consultation with stakeholders generally: including actual or potential eSAP users and systems suppliers, and of other analogous information-sharing processes.
- Final recommendations, following consultation.

2.2 Exclusions

- Specification of any system to support eSAP, although the recommended architecture will have implications for both present and future eSAP systems.
- Specific application of the architecture model to information sharing beyond SAP (although the model will be available and fully fit for use for this).
- Business case and implementation / migration plans to support the recommended model (these will be the subject of subsequent phase(s) of development of this project).

3. Expected Costs and Benefits

3.1 Costs

An allocation of between 60 and 90 consultancy days has been allocated by Jeremy Thorp, Director of Business Requirement, NHS Connecting for Health.

A small project team has been recruited from Methods Consulting, which will report to Jan Hoogewerf, of Portico Consulting, DH Policy Adviser on SAP.

Other resources will be integrated into existing facilities, such as websites for communication and dissemination (Connecting for Health and Centre for Policy on Ageing).

3.2 Benefits

Current implementations of SAP have universally identified the lack of appropriate information systems as a constraint to making progress. One of the reasons for this has been the lack of clarity about how to implement information exchange effectively between health and social services information systems.

This project will seek to provide a recommended way forward which will enable those implementing electronic SAP solutions to make progress within a clear framework. IT support for SAP will enable the process to work more effectively, with the following key benefits to service users and their carers:

- Reduced duplication of effort as information is recorded once and shared with others.
- Previous information available, providing a better basis on which to assess and plan care.
- Improved communication and co-ordination of care between professionals through access to a shared record and more rapid and secure communication of information.

4. Organisation and Responsibilities

4.1 Project Governance

The project is co-sponsored by and will report to the NHS Connecting for Health National Programme Board, the Electronic Social Care Records Implementation Board and the Care Records Development Board.

The project team will consult widely with stakeholders, including SAP service users and practitioners, the ADSS Information Management Group, Local Service Providers and health and social care systems suppliers, NHS and social care information systems leads, Connecting for Health and other Government Departments, including DfES and ODPM.

4.2 Project Board Membership

David Johnstone (Chair of the ESCR Board) to chair this Project Board
Jeremy Thorp, (NHS CfH) - Sponsor
Penny Hill, (Care Records Development Board)
TBC, (DfES)
TBC (ODPM)
Matthew Fagg, (DH)
Ian Swanson (London Connecting for Health)
Alan Allman, (ADSS IMG)
Mary Riches (North East Cluster SAP lead)
David Allan-Smith (Chair, Eastern Cluster SAP ERG)
TBC (Cabinet Office)
Bev Castleton (NHS CfH 'Do Once And Share' SAP project)
Deborah Sturdy (DH nursing lead on older people & SAP lead for Ian Philp)

4.3 Project Board Terms of Reference

1. To provide direction for the NHS CfH electronic SAP project
2. To ensure the electronic SAP project takes account of the activities of related programmes and projects
3. To advise the project team on issues and priorities on behalf of their represented groups/organisations
4. To take recommendations from this project back to their represented groups/organisations, to instigate discussion and to pursue agreement
5. To review draft deliverables.

4.4 Meetings

Monthly meetings will be held, the first meeting to coincide with next meeting of the NHS CfH ESCR Board, expected mid-late March, and subsequent

meetings to fit with project milestones, but probably in mid April and May. There may also be a need for Board members to review documents and provide advice between meetings.

4.5 Reporting

To promote effective project communication, monitoring and control the reporting will be structured as described in the table below

Report	Prepared by	Sent to	Frequency
<p>Status Report (and weekly conference call)</p> <p>Summary of progress against the project plan including</p> <ul style="list-style-type: none"> • issues that may arise in the next week or beyond • progress re previous issues 	Project Manager	Project Director and Sponsor	Every week
<p>Project Issue Report / Product Change Request</p> <p>Potential issues or requests for change to the products defined in this PID, raised by any interested party, recorded and categorised by the Project Manager for resolution.</p>	Any interested party	Project Manager	At any time
<p>Status and Highlight Report for Project Board</p> <p>A report of accumulated progress and major highlights of risks and issues prepared in advance of Project Board meetings.</p>	Project Manager	Project Board Chair, Director and Sponsor	One week prior to Project Board meetings.

4.6 Methods

The project will make use of Microsoft Office, Microsoft Project and Visio flowcharts for project documentation.

The project team will select and utilise appropriate tools for enterprise architecture modelling – such as *System Architect™*.

The project will be run under PRINCE-2 methodology for its management.

5. The Products

5.1 Product List

The products from the project are as follows:

1. Project Initiation
2. Communications Plan
3. Report on Electronic SAP To-Date
4. Evaluation Framework
5. Preferred Approach – Final Report
6. End Project – Lessons Learned, Next Steps in Programme

5.2 Detailed Product Descriptions

5.2.1 Project Initiation	
Purpose	To ensure that the purpose, objectives, scope, deliverables, resources required and plan for project achievement are clearly stated and agreed
Composition	Approved and adopted Project Initiation Document.
Derivation	Various documents produced by the Project Director: Project Briefing, Project Board Terms of Reference etc.
Quality Criteria	Acceptance of PID by Project Board.

5.2.2 Communications Plan	
Purpose	To demonstrate use of the experience and learning gained by those involved in eSAP to-date, to raise stakeholder awareness of the project and its purpose, to engage stakeholders in the development of the evaluation model and to consult on recommendations for a national framework for electronic SAP implementation.
Composition	A communications and consultation plan.
Derivation	PID, reports of various groups and individuals involved in eSAP to-date, stakeholder listing produced by Project Director.
Quality Criteria	Process acceptable to Project Director and Sponsor.

5.2.3 Report on Electronic SAP To-Date

Purpose	To analyse the models in place for eSAP implementation. The report will build on the DOAS report, taking account also of other eSAP implementations that are planned or underway. It will also reflect where each LSP is in implementing electronic SAP and summarise progress in information sharing between health and social care.
Composition	Report, drafted for publication.
Derivation	DOAS Report, fact-finding meetings with LSPs and studies of eSAP implementations.
Quality Criteria	Accepted by the Project Board as suitable for publication on behalf of CRDB and ESCR Boards.

5.2.4 Evaluation Framework

Purpose	To provide the elements needed for evaluating the options: i.e. the various architectures for information systems and technologies that could support information sharing across agencies, especially eSAP.
Composition	<ul style="list-style-type: none"> • An overarching model, reflecting the attributes of the analysis (e.g. Business, Process, Confidentiality, Technology, Security etc). • The specific information systems architectures that will be evaluated within the overarching model. • The criteria upon which the analysis will be performed. • The list of consultees (groups/ agencies, etc.) • An initial evaluation of the options using the criteria.
Derivation	<ul style="list-style-type: none"> • Proven enterprise architecture methodology. • Prerequisites of the enterprise architectures evident in CRS, ESCR and other relevant programmes. • Business requirements and processes relevant to SAP and other information sharing processes, derived mainly from the DOAS SAP project.
Quality Criteria	Accepted by the Project Board as a comprehensive and comprehensible package, fit for the project's purpose.

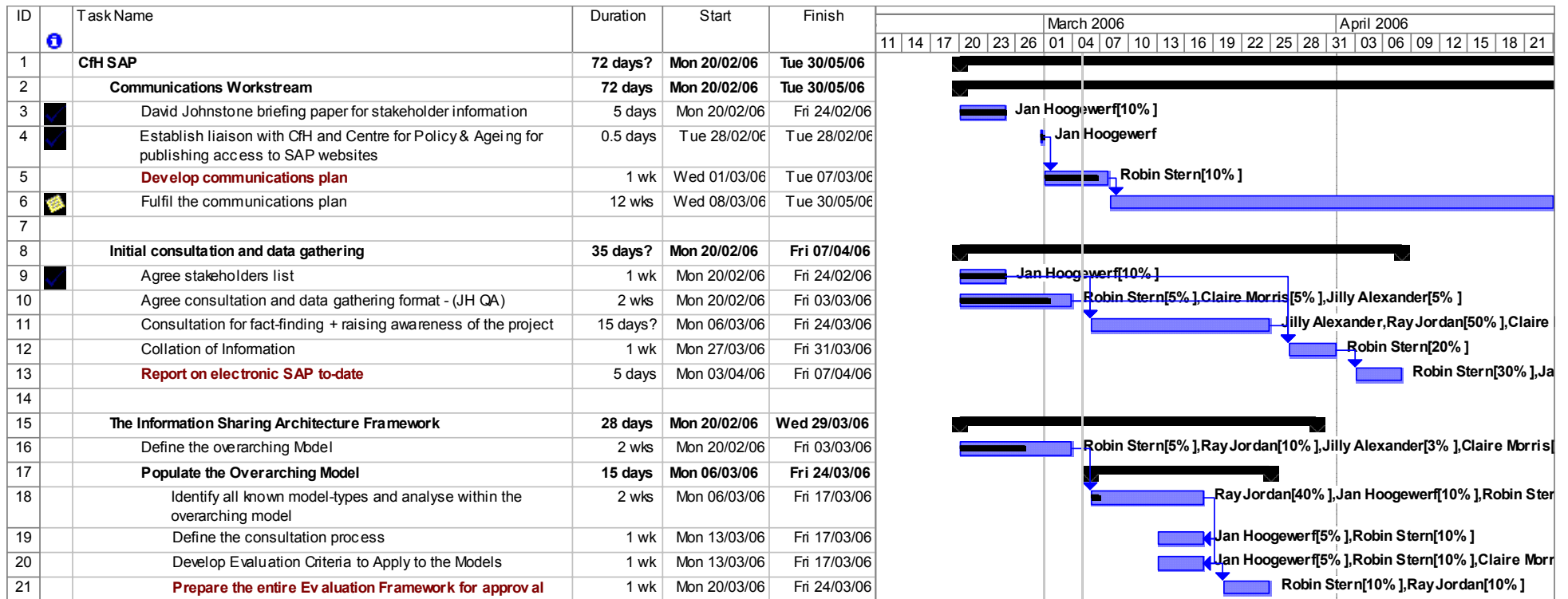
5.2.5 Recommended Approach – Final Report	
Purpose	To reflect final recommendations, following consultation.
Composition	Report, of the recommended national framework for eSAP.
Derivation	Previous products, updated from consultation exercise.
Quality Criteria	Accepted by the Project Board as the basis for further development (→ business case and implementation).

5.2.6 End Project – Lessons Learned, Next Steps in Programme	
Purpose	To close this phase of work, reflecting lessons learned from the methods used, and handing off to the next phase.
Composition	Report, prepared by Project Team.
Derivation	All previous products.
Quality Criteria	Accepted by Project Director and Sponsor.

NHS Connecting for Health
National Framework For Electronic SAP Implementation

6. Project Plan

The project plan is fully dynamic and as such reflects the project status on the date this PID version was issued.



NHS Connecting for Health National Framework For Electronic SAP Implementation

ID	Task Name	Duration	Start	Finish	April 2006														May 2006							June	
					13	16	19	22	25	28	31	03	06	09	12	15	18	21	24	27	30	03	06	09	12	15	18
22	Develop Evaluation of the Models	8 days	Mon 20/03/06	Wed 29/03/06	[Task bar from 20/03 to 29/03]																						
23	Prepare draft evaluation of the models	4 days	Mon 20/03/06	Thu 23/03/06	[Task bar from 20/03 to 23/03]																						
24	Consult with immediate stakeholders (via Project Board)	2 days	Fri 24/03/06	Mon 27/03/06	[Task bar from 24/03 to 27/03]																						
25	Update for full consultation stage	1 day	Tue 28/03/06	Tue 28/03/06	[Task bar on 28/03]																						
26	Project Board agreement to proceed to full consultation	0 days	Wed 29/03/06	Wed 29/03/06	[Task bar on 29/03]																						
27																											
28	Full Consultation and Analysis of Findings	46 days	Wed 08/03/06	Wed 10/05/06	[Task bar from 08/03 to 10/05]																						
29	Identify all relevant groups:	1 wk	Wed 08/03/06	Tue 14/03/06	[Task bar from 08/03 to 14/03]																						
30	Develop views for each audience - eg clinical/care, technical, service user, commercial.	2 days	Mon 10/04/06	Tue 11/04/06	[Task bar from 10/04 to 11/04]																						
31	Conduct the consultation, capturing all feedback	3.2 wks	Wed 12/04/06	Wed 03/05/06	[Task bar from 12/04 to 03/05]																						
32	Analyse the feedback to apply to the draft evaluation	1 wk	Thu 04/05/06	Wed 10/05/06	[Task bar from 04/05 to 10/05]																						
33																											
34	Recommendations and Final Report	10 days	Thu 11/05/06	Wed 24/05/06	[Task bar from 11/05 to 24/05]																						
35	Review validity of all products to-date, given the findings, re-work anything needed	3 days	Thu 11/05/06	Mon 15/05/06	[Task bar from 11/05 to 15/05]																						
36	Formulate recommendations of appropriate Model(s)	4 days	Tue 16/05/06	Fri 19/05/06	[Task bar from 16/05 to 19/05]																						
37	Final Report of preferred approach / recommendations of next steps / lessons learned	3 days	Mon 22/05/06	Wed 24/05/06	[Task bar from 22/05 to 24/05]																						
38	Presentation and adoption	0 days	Wed 24/05/06	Wed 24/05/06	[Task bar on 24/05]																						

7. Risk Analysis and Management

7.1 Risk Methodology

The table overleaf is the Risk Management Plan with examples of risks needing management:

1. Firstly, each risk has been allocated an *Impact Weighting*:
 1. Moderate impact on the project
 2. Significant impact on the project
 3. Critical impact on the project

2. Next, each risk has been scored in terms of its *Likelihood* of occurring:
 1. Less than likely (<33% probability)
 2. Reasonably likely (34-66% probability)
 3. Highly likely (>67% probability)

The *Weighted Risk* can now be completed – simply ***Impact* x *Likelihood***.

3. Thirdly, each risk has to be properly managed and mitigated. An *Avoidance Plan* reduces its likelihood, and a *Contingency Plan* reduces its impact.
4. Next, each risk needs *Ownership* – someone at Project Board level who agrees to own the responsibility for mitigating the risk on the Project Board's behalf.
5. Finally, having created effective mitigation through *Avoidance* and *Contingency Planning*, the *Impact* and *Likelihood* scores can be progressively reduced, reducing the value of the recalculated *Weighted Risk*.

A risks and issues log will be maintained by the project team throughout the project.

NHS Connecting for Health
National Framework For Electronic SAP Implementation

7.2 Risk Management Plan

Risk	Impact Weight	Likelihood Scoring	Weighted Risk	Who Resp	Avoidance Strategy	Contingency Strategy
1. Disruption from representations from vested interests.	3	2	6	Project Board	❖ Communicate effectively, raising the level of the project to encompass all interests.	❖ <i>Contain potential disruption through a clear ethos that enables priorities to be set (e.g. commercial interests lesser than patients'/clients').</i>
2. Difficulty in communicating with the various groups and forums in the timescale.	2	3	6	Project Manager and Director	❖ Effective project management to manage the time allotted to greatest benefit.	❖ <i>Selection of fewer representative groups with whom to communicate, relying more on telephone and email exchanges.</i>
3. Polarisation of views emerges among stakeholders.	3	1	3	Project Board	❖ Ensure all major interest groups are effectively represented on the Project Board, which is appropriately chaired.	❖ <i>Escalate unresolved issues to CRDB and ESCR Board levels.</i>
4. Interested practitioners perceive the project as 'techie' – not relevant to their needs.	2	2	4	Project Team	❖ Use plain English wherever possible, articulating outcomes in multiple formats to address separate groups.	❖ <i>Seek advice from interested lead practitioners, asking their help in getting the message out more effectively.</i>

