

BOARD PAPER HA07/045

National Programme for IT (NPfIT) update and NPfIT governance for NHS South Central

Executive summary:

The National Local Ownership Programme (NLOP) is the transfer of ownership of the National Programme for IT (NPfIT) from Connecting for Health (CfH) to the SHAs.. This will involve the transfer of responsibility for some, but not all of the core functions of programme. As part of this process a Southern Programme for IT is being created supported by a pan SHA organisation.

South Central governance arrangements to support the delivery of the NPfIT, including the establishment of a South Central NPfIT Programme Board are clarified.

Progress in NHS South Central on the development of IM&T plans and the identification on early common themes including mental health and community requirements is identified.

Actions requested:

The Board is asked to receive this report.

Aim(s)/objective(s) supported by this paper:

Item 1: To provide an update to Board on key aspects of the National Programme for IT Local Ownership Programme (NLOP)

Item 2: To update the Board on the governance arrangements for the management and monitoring of the delivery of the National Programme for IT in NHS South Central.

Item 3: To update the Board on progress on Information Management and Technology (IM&T) planning by NHS organisations

Author(s) of paper:

Sarah Elmendorf

Lead Directors responsible for this area of work:

Sarah Elmendorf, Chief Information Officer

Date of paper:

8th May 2007

1. National Programme for IT (NPfIT) Local Ownership Programme (NLOP)

The National Programme for IT (NPfIT) Local Ownership Programme (NLOP) formally came into effect on 1 April 2007. The National Programme for IT Local Ownership Programme (NLOP) is transferring ownership from the national Connecting for Health agency to the NHS. This will involve the transfer of responsibility for some, but not all of the core functions of programme.

This programme is a key element of a national NPfIT Repositioning Programme to support greater local NHS involvement in the management and development of NPfIT.

The key implications for NHS South Central are the proposed transfer of posts and responsibilities from CfH to the Pan SHA and South Central SHA which are outlined below.,

1.1 Key implications for South Central SHA and NHS South Central

Functions that will be transferred to the pan SHA Southern Programme for IT and/or SHAs from Connecting for Health include:

- requirements development for Care Record Service
- design, build and test for Care Record Service
- local deployment
- local service management
- communications & stakeholder engagement
- benefits realisation
- service implementation

Functions that will remain with Connecting for Health include:

- the NPfIT commercial strategy
- contractual negotiations with suppliers
- management of NPfIT funds
- national services and products
- national programme office
- national NPfIT architecture
- central requirements, design, build and test
- central deployment
- central service managements

18 posts will be transferred from Connecting for Health to the three Southern SHAs under a Transfer of Protection of Employment (TUPE) style transfer within 90 days of 20 April. 34 posts will be retained as 'Pan-SHA' support for all three Southern SHAs with South Central as the employer SHA. South Central SHA will become the employer for 52 staff.

A budget of £1.3 million will be transferred to the SHA to cover employee costs for 2007/2008 for the 18 posts. Subsequent years will be allocated on a weighted capitation basis (7% for South Central) which will have a minimal impact on this transfer for South Central SHA. A central fund will be held by CfH for any redundancy or hiring costs.

2. Governance arrangements for the National Programme for IT (NPfIT) for NHS South Central

On 21 August 2006 (Gateway Reference 7042) the Department of Health confirmed that SHA Chief Executives would be the 'Senior Responsible Owner' (SRO) for the deployment of the National Programme for IT in their areas. PCT CEOs are delegated SROs for their areas

Nationally, as part of the NPfIT Repositioning Programme, the governance arrangements have been reviewed. A diagram of these arrangements, together with the local governance structure is presented in Appendix A.

2.1 NPfIT Governance for NHS South Central

The deployment of NPfIT projects will be managed by deployment family project boards, accountable to the domain boards. The domain boards will be accountable to a South Central Programme Board.

The South Central NPfIT Programme Board has a strategic decision making role and is responsible for overseeing the management, performance and delivery of the National Programme for IT across NHS South Central. The Board will be chaired by the Chief Executive of SCSHA in his capacity of Senior Responsible Owner (SRO) and through the SRO, in his/her role as Chief Executive will have accountability to the Strategic Health Authority Board and the Board of Commissioners.

The key accountability of the Programme Board is to oversee the strategic development of IM&T in the NHS South Central area; set the ambition for the future development of healthcare information management and technology; and monitor the development and delivery of the National Programme for IT across NHS South Central.

The South Central Programme Board will comprise of:

- The Chief Executive of SCSHA
- Chief Information Officer of SCSHA
- Chairs of Domain Boards

It will report to the Executive Team as a formal sub-group, and risks will be identified and mitigated via the Risk, Assurance and Compliance Committee (RAC). Minutes of the RAC will be sent to the Audit Committee.

Terms of reference for these groups is given in Appendix B, C and D.

3. Information Management and Technology (IM&T) Plans

The NHS Operating Framework Guidance for 2007/08 issued by the Department of Health, required each NHS organisation to produce an IM&T Plan. SHA South Central is responsible for reviewing the content of IM&T plans and identifying priorities and gaps.

Each of the 24 NHS organisations in NHS South Central has designated a lead Executive Director to lead the plan development. . As required by South Central SHA as part of iterative, two-stage development, every organisation has completed a satisfactory initial IM&T plan by March 2007. A preliminary review of these initial plans has taken place.

The plans identify that IM&T is required to support delivery of strategic objectives and goals, including:

- 18 Weeks Referral to Treatment
- Community and Mental Health developments
- Payment by Results
- Patient Choice

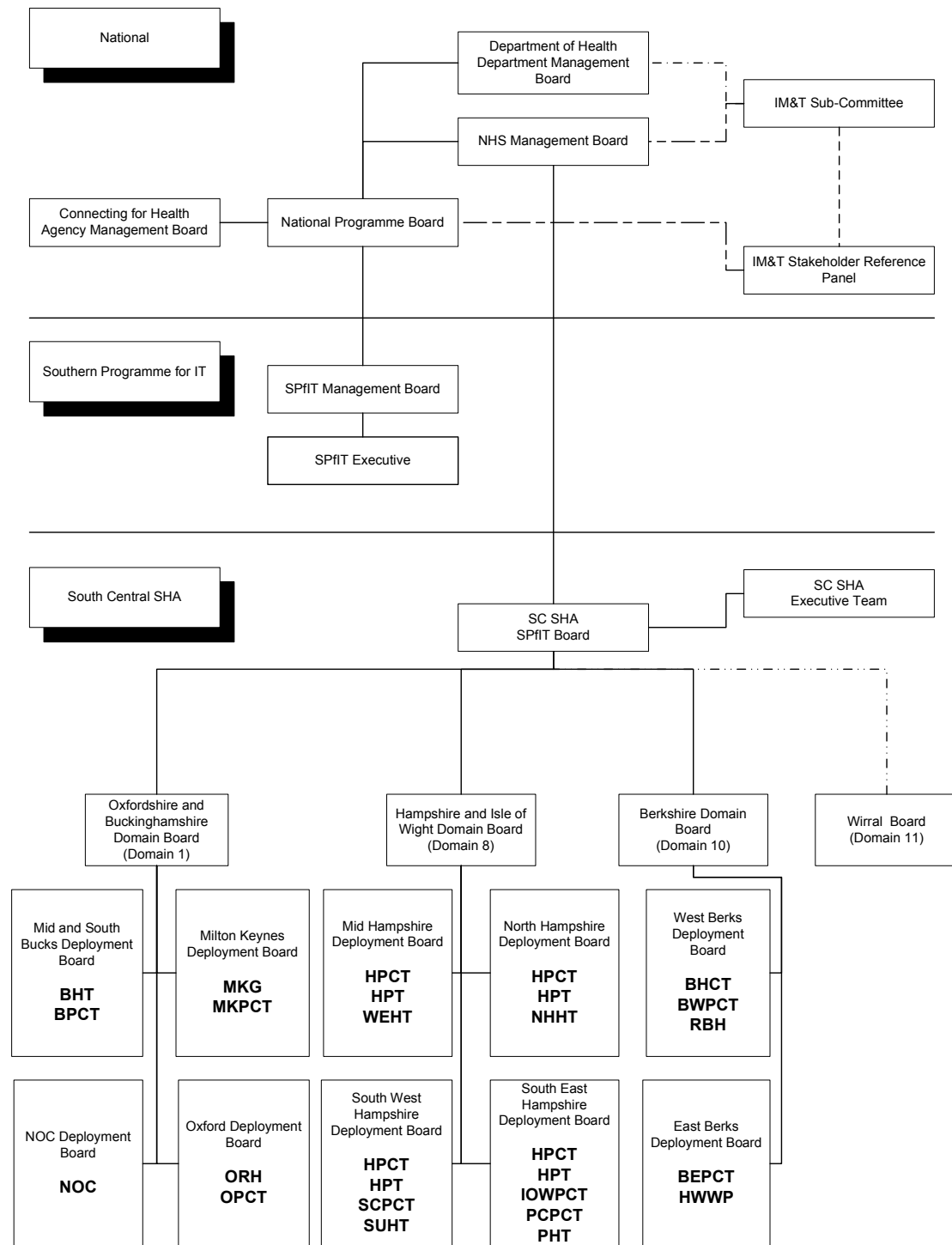
PCT leads have presented their initial overview plans to SHA and Trust Directors, and the SHA has presented its assessment of these initial plans to the chief executives of all NHS organisations.

Final and comprehensive plans, addressing all the requirements of the NHS Operating Framework guidance and others specified by this SHA are to be completed and signed off by chief executives by 22 May. These will inform the basis of the SHA's overall IM&T strategic plan. An initial version of this will be developed by 30 June. A diagram of the Information Portfolio approach is given in Appendix E.

Nationally, the Department of Health has commissioned a consultancy company to review the IM&T plans and process with each of the 10 SHAs to inform the development of the process for 2008/09 and subsequent years.

The Board is asked to note this report.

Appendix A – National and local governance arrangements for NPfIT



Appendix B – NHS South Central Programme Board Terms of Reference

Status	Strategic Decision Making
Context	To oversee the management, performance and delivery of the National Programme for IT across NHS South Central.
Accountabilities	<p>To ensure that:</p> <ul style="list-style-type: none"> mechanisms are in place for effective management of NPfIT implementation and benefits realisation; ensure that opportunities presented by the NPfIT contracts are exploited by local NHS organisations; ensure that NPfIT contractual obligations are understood and met; ensure that the future development of NPfIT contracts meets local requirements; funds are allocated appropriately in line with national and local priorities; Projects, as agreed as part of the programme, have the necessary mandate and resources to achieve their objectives; The communications programme is managed so that all users are kept up to date with developments both locally and nationally; significant issues that cannot be resolved at project level are resolved by the Programme Board or taken to the Board of Commissioners for resolution; and Project Closure for each project is achieved within a reasonable timeframe and is in accordance with best practice.
Relationships	<ul style="list-style-type: none"> South Central Strategic Health Authority Executive Team Board of Commissioners South NPfIT Management Board South NPfIT Programme Executive Local Service Provider Has strong relationship with Clinical and other advisory groups
Limits of Authority	<ul style="list-style-type: none"> Delegated authority from Senior Responsible Owner to oversee and monitor all aspects of the National programmes for IT.
Membership	<p>To include:</p> <ul style="list-style-type: none"> SHA Chief Executive SHA Chief Information Officer Domain Programme Board Chairs (3)
Invitees	<p>As required, could include:</p> <ul style="list-style-type: none"> Pan SHA Programme Director NPfIT Programme Team members Technical and business experts LSP representatives
Chair	<ul style="list-style-type: none"> SHA Chief Executive
Frequency of Meetings	<ul style="list-style-type: none"> Quarterly

Appendix C – Domain Programme Board Terms of Reference

Status	Domain Programme Decision Making
Context	Management and co-ordination of dependencies and interdependencies between deployments in the domain
Accountabilities	<ul style="list-style-type: none"> • Governance for all live domain operations • Approve readiness of Trusts for live operations within each domain • Co-ordinates work to assure continued local IG compliance • Co-ordinates pan Domain work to develop local service management and back office functions • Arbitrates issues escalated by Deployment Programme Board Management Board
Relationships	<ul style="list-style-type: none"> • Deployment Programme Boards • NHS South Central Programme Board
Limits of Authority	<ul style="list-style-type: none"> • Delegated authority from SC Programme Board
Membership	<ul style="list-style-type: none"> • Chairs of Programme Boards within the Domain • SHA Chief Information Officer or nominated representative
Invitees	<p>As required, could include:</p> <ul style="list-style-type: none"> • Domain CAG Chair • Programme Team members • Technical and business experts • LSP representatives
Chair	Deployment Programme Board Chair
Frequency of Meetings	Quarterly or as required to support deployment programme

Appendix D - Deployment Project Board – Terms of Reference

Status	Decision Making
Context	To operate under the delegated authority of NHS South Central Programme Board and the Boards of each organisation within the deployment family in delivering LSP services.
Accountabilities	<p>To oversee management, performance and delivery of National Programme for IT services within the deployment family.</p> <p>To ensure that:</p> <ul style="list-style-type: none"> ◆ Project resources are allocated local programme funding is appropriately utilised and managed ◆ The project implementation document is developed and appropriately resourced. ◆ A Benefits Realisation Plan is developed in line with the NHS South Central Benefits Management Strategy ◆ A Risk Management Strategy is developed with appropriate escalation procedures to the Domain Programme Board and the NHS South Central Programme Board. ◆ Regular project progress reports given to the NHS South Central Programme Board ◆ A communications plan is developed so that all users are kept up to date with developments, nationally, strategically and locally.
Relationships	<ul style="list-style-type: none"> ◆ Reports to the Domain Programme Board and the Board of each organisation in the deployment family ◆ Has strong relationships with other Deployment Family Project Boards ◆ Has strong relationship with the Clinical Advisory Groups ◆ Has strong relationship with South Central Programme Team
Limits of Authority	<ul style="list-style-type: none"> ◆ Delegated authority from South Central Programme Board and organisational Boards to deliver NPfIT services within the deployment family.
Membership	<p>Members to include:</p> <ul style="list-style-type: none"> ◆ Executive <ul style="list-style-type: none"> ○ Chief Executive or Board nominated Executive Director for each organisation in the deployment family ○ SHA Chief Information Officer or nominated representative ◆ Senior Users <ul style="list-style-type: none"> ○ Chief Executive nominated user representatives for each deployment family ◆ Internal Supplier <ul style="list-style-type: none"> ○ ICT representative ◆ External Supplier <ul style="list-style-type: none"> ○ Fujitsu e nominated representative ◆ Ex-Officio <ul style="list-style-type: none"> ○ NHS Deployment Project Manager ○ Fujitsu Deployment Project Manager
Invitees	As required
Chair	Project Board will select an Executive as the Project Board Chair.
Frequency of Meetings	As required by the Project Plan

Appendix E IM&T Plans – Review Process

