

# IT Projects Policy

## (Procurement and Implementation)

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## History

Issue	Date Issued	Brief Summary of Change	Author
1	March 2011	New policy	Laura Ellis-Phillip (Head of IT) Martin D'Arcy (IT Manager)
2	November 2014	New policy format and minor changes (names, job titles, document references)	Laura Ellis-Philip (Head of Informatics Programme) Jonathan Spinks (Senior IT Projects Manager)
3	July 2017	New Trust logo and minor changes (names, job titles, document references)	Laura Ellis-Philip (Assoc. Director of Informatics) Jonathan Spinks (IT Programme Manager)

For more information on the status of this document, please contact:	
Policy Author	Laura Ellis-Philip (Associate Director of Informatics)
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Audience	Any Trust staff requesting resource for an IT project

### **Executive summary**

Ashford and St Peter's Hospitals NHS Foundation Trust recognises the need for an IT Projects Procurement and Implementation Policy in accordance with its Standing Orders and Financial Instructions.

All Trust staff must exercise economy and efficiency in the use of resources and this policy sets out the duty to ensure that staff are responsible for conforming to all Standing Orders, Standing Financial Instructions and the Scheme of Delegation. This policy sets out the procedures to be adopted in order that these obligations can be met in the context of procurement of IT goods and services.

It is Trust policy that all departments shall ensure that IT projects are conducted in a disciplined, well-managed, and consistent manner that promotes the delivery of quality products completed on time and within budget. Ownership of projects lies with the department and the Executive Sponsor.

Larger projects will have a Project Board and will also report to the Health Informatics Programme Board.

The Trust requires that any IT project complies with this policy, ensuring uniformity throughout the Trust. This policy addresses the most fundamental level of activity needed to ensure that the Trust can monitor and evaluate project activity (and contractor performance if applicable) to ensure the desired end results are achieved.

### **Policy to be read in conjunction with:**

- IT Business Case Pro-forma
- IT Projects Prioritisation Grid
- The Trust's Standing Orders and Financial Instructions
- Information Governance Policy
- Information Security Policy
- Procurement Guide

The following document templates are on the IT Projects pages of TrustNet or can be requested from the Associate Director of Informatics or the Informatics Programme Management Office (ext. 3386/2098/3669).

- IT Business Case Pro-forma\*
- IT Projects Prioritisation Grid (IT Projects Criteria)
- Project Initiation Document (PID)\*
- Project Plan\*
- Communications Plan
- Quality Plan
- Benefits Plan
- Risks and Issues (Project) Log
- Lessons Learned
- Post-Implementation Review\*
- Information security Policy (IAO and IAA Roles and Responsibilities)

\*Minimum documentation required for an IT Project

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## 1. INTRODUCTION

Ashford and St Peter's Hospitals NHS Foundation Trust recognises the need for an IT Projects Procurement and Implementation Policy in accordance with its Standing Orders and Financial Instructions.

All Trust staff must exercise economy and efficiency in the use of resources and this policy sets out the duty to ensure that staff are responsible for conforming to all Standing Orders, Standing Financial Instructions, the Scheme of Delegation and Procurement Policy. This policy sets out the procedures to be adopted in order that these obligations can be met in the context of procurement of IT goods and services.

It is Trust policy that all departments shall ensure that IT projects are conducted in a disciplined, well-managed, and consistent manner that promotes the delivery of quality products, completed on time and within budget. Ownership of projects lies with the department and the Executive sponsor. Larger projects will have a Project Board and will also report to the Health Informatics Programme Board.

The Trust requires that any IT project complies with this Policy, ensuring uniformity throughout the Trust

## 2. PURPOSE

This policy addresses the most fundamental level of activity needed to ensure that the Trust can monitor and evaluate project activity (and contractor performance if applicable) to ensure the desired end results are achieved.

## 3. SCOPE

This policy applies to all departments in the Trust that operate, manage, or use IT services or equipment to support business functions.

Included within the scope of this policy are all information systems and associated hardware and software requirements, IT project management, and system administrator and end-user training. IT consultancy may be procured as part of a project or consultants may be brought in to undertake a specific piece of work. In both cases, clear terms of reference must be agreed to ensure that all parties understand the scope and expected deliverables.

## 4. OUT OF SCOPE

This policy does NOT include the purchase of general IT hardware or software such as laptops, memory sticks, software licences for programmes (e.g. Microsoft Project). For these items, please see the IT Equipment Purchasing Policy.

## 5. CORPORATE RESPONSIBILITIES

All IT projects must follow the procedures stated in this policy to ensure compliance with standards and protocols.

All IT procurements must be consistent with the Trust's Health Informatics Strategy, and Local Health Community and National NHS guidelines.

The Director of Finance and Information, with the Associate Director of Procurement, is responsible for ensuring that all IT procurements are made in line with the Trust's Standing Orders and Financial Instructions.

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A register of all hardware and software will be maintained by the IT Department. Original software media, such as CDs and DVDs, and details of software licenses will be retained by the IT Department. Installation of software will only be performed by the IT Department after testing.

## 6. OPERATIONAL RESPONSIBILITIES

As with any procurement, IT procurements must have financial controls in place. The purpose of these is to:

- Ensure any capital costs and relevant budget codes have been identified and approved
- Ensure any revenue costs and relevant budget codes have been identified and approved
- Ensure the procurement stays within budget
- Identify and possibly make available any extra funding if required
- Meet audit and other finance requirements

The level of these financial controls will depend on the size of the procurement being undertaken.

## 7. PRINCIPLES

Produce the infrastructure to:

- Develop business plans, functional specifications and service requirements
- Procure the services achieving the best value for money
- Ensure that all purchases comply with statutory and Trust regulations
- Manage the service contracts and ensure the required outputs are achieved
- Wherever possible, develop a collaborative approach to any procurement across the Local Health Community
- Adhere to the Trust Procurement Policy

## 8. PROCEDURE

All IT projects will comply with the Health Informatics Strategy and respond to business needs.

All IT projects must go through the approval process, regardless of the source of funding for the project. For example, a project that is funded by charitable funds and has no impact on the Trust's finances must still go through the approval process.

All IT procurement processes will be agreed with the Associate Director of Procurement and the Contracts Manager.

All IT project schedules will be agreed with the Associate Director of Informatics, ensuring that IT resources (both technical and project support) are available for each project.

PRINCE2 methodology will be used for all Trust IT projects. Documentation requirements are very much dependent upon the size and scope of the project.

Where consultants or other third parties are used, contracts must be in place in accordance with the 'Transfers to Data Processors' requirements of the Confidentiality & Data Protection Policy, and the third party requirements of the Information Security Policy. Any external contractors are required to complete Honorary Contracts, authorised by the Information Governance Manager.

## 9. PROJECT CATEGORIES

IT projects are divided into four categories:

**Small-scale project:** overall implementation costs are under £25k **and** the scope of the project affects a small number of users, usually within one or two departments.

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Small-scale projects will be approved within Health Informatics. In the event that a small-scale project is not approved by the department, it will be referred to the Health Informatics Programme Board for final decision. The intention here is to ensure small projects are not held up unduly by the approval process, and to ensure the time of the Health Informatics Programme Board is not spent on approving low-impact projects.

**Medium-scale project:** overall implementation costs are between £25 and £100k **and/or** the scope the project affects many users across the Trust. Medium-scale projects must be submitted to the Health Informatics Programme Board for approval.

**Large-scale project:** overall implementation costs are between £100k and £1m. These fall into two sub-categories.

£100k - £250k

Sign off required from Health Informatics Programme Board and Trust Executive Committee.

£250k - £1m

Sign off required from Health Informatics Programme Board, Trust Executive Committee and Finance Committee.

**Very Large-scale project:** overall implementation costs are over £1m. Very large-scale projects must be submitted to the Health Informatics Programme Board for approval, and then subsequently be submitted to the Trust Executive Committee, and finally be submitted to the Trust Board.

## 10. THE APPROVAL PROCESS

### Small-scale project

1. Contact the Associate Director of Informatics in the first instance to informally discuss the project, and to obtain a copy of the latest IT Business Case Pro-forma.
2. Complete the IT Business Case pro-forma and submit first draft to the Associate Director of Informatics. The Associate Director of Informatics will provide guidance and may suggest changes to the business case, which will increase the likelihood of approval.
3. Submit completed business case to the Associate Director of Informatics.
4. Business case to be formally reviewed within the Health Informatics Department, together with the Chief Clinical Information Officer, if available.
5. If not approved, the business case can be presented to the Health Informatics Programme Board for final decision. See Step 2 below.

### All other projects

1. Contact the Associate Director of Informatics in the first instance to informally discuss the project, and to obtain a copy of the latest IT Business Case Pro-forma as well as the current schedule for IT business case submission dates.
2. Complete the IT Business Case pro-forma and submit first draft to the Associate Director of Informatics at least five weeks prior to the next Informatics Programme Board. The Associate Director of Informatics will provide guidance and may suggest changes to the business case, which will increase the likelihood of approval. It is advisable to involve the Procurement Department at this stage.
3. Submit completed business case to Associate Director of Informatics and Associate Director of Procurement no later than close of play on the Thursday two weeks prior to the next Health Informatics Programme Board meeting.
4. The main representative of the project must attend the Health Informatics Programme Board when the business case is reviewed.
5. Large-scale and Very Large-scale projects will go on to be presented to TEC/Finance Committee/Trust Board.

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- If not approved, the Health Informatics Programme Board may invite an amended business case to be presented in the future.

## 11. PRIORITISATION

All projects will receive a prioritisation number, which may potentially impact on time-scales. This number will be awarded according to the IT Projects Prioritisation Grid, which can be requested from the IT Projects Office.

## 12. ON APPROVAL

### Small-scale project

- A Project Initiation Document (PID) and a Project Plan to be developed and submitted to the Associate Director of Informatics (templates are available from the Informatics Programme Office).
- The Project Plan schedule must be agreed with the Associate Director of Informatics.
- The Associate Director of Procurement must be contacted at an early stage in the process to gain input to the procurement process.
- A Post-Implementation Review must take place within three to six months of project closure, with documentation submitted to the Health Informatics Programme Board.

### All other projects

- The following documentation should be developed and submitted to the Associate Director of Informatics who may suggest amendments to ensure the success of the project.
  - Privacy Impact Assessment (if applicable)
  - Project Initiation Document (PID)
  - Project Plan
  - Communications plan
  - Risk/Issues (Project) Log
- If a tendering exercise is required, it will be necessary to involve the Procurement Department to assist with this.
- Implementation schedule to be agreed with Associate Director of Informatics.
- On completion of the project, a Project Closure Report, including a Lessons Learned document, must be submitted to the Health Informatics Programme Board.
- A Post-Implementation Review must take place within three to six months of project closure, with documentation submitted to the Health Informatics Programme Board.
- For large- or very-large-scale projects, a second Post-Implementation Review must take place 12 – 18 months after project closure.

## 13. PROCUREMENT

Trust guidelines on formal tendering and procurement are detailed in the Trust's Standing Orders and in the Procurement Guide. These procedures must be followed for all IT procurements. Advice must be sought from both the Associate Director of Informatics, the Associate Director of Procurement and the Contracts Manager.

Depending upon the scale of the project and the procurement, a Procurement Steering Group should be established. Typically this will transform into the project delivery board (Project Board) once procurement finishes and implementation begins.

## 14. PROJECT MANAGEMENT

Small-scale projects must have a named project lead from within the service area to liaise with the Health Informatics Department. It is the project lead's responsibility to liaise with the supplier and to liaise with the Head of IT and the Associate Director of Informatics to ensure the IT Support Team is available when required.

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All other projects must establish a Project Board with an Executive Sponsor. The Project Board takes on the responsibility for ensuring that the procurement is completed in accordance with this policy and that the benefits identified in the business case are realised. The Project Board will be responsible for:

- Monitoring the project
- Ensuring benefits are realised
- Managing use of resources, including costs
- Identifying and managing risks
- Managing changes
- Managing the Project Team

For large-scale and very large-scale projects at least one member of the Project Board must join the Health Informatics Programme Board for the duration of the project.

Each large project must have a named lead from within the service area, who is authorised in this role and acts as the main point of contact. This person may or may not be the project manager. Responsibilities include applying local knowledge to project decision making and communicating within the service area to ensure proper engagement, project take-up and buy-in.

A Project Manager must be identified. This is the person responsible for ensuring that all tasks as detailed in the Project Plan are completed on time and within budget. The Project Manager is responsible for:

- Ensuring all documentation is accurate, appropriate, timely and up to date
- Allocating tasks and resources
- Ensuring resources are used effectively
- Feeding back to Project Board and/or Health Informatics Programme Board
- Controlling changes in the project
- Organising project meetings, minuting actions and following them up
- Liaising with the IT Department for technical support
- Liaising with the IT Training Department if end-user training is required
- Liaising with all other work streams

The Project Manager must have the necessary capacity in their job to perform the duties detailed above for the duration of the project. The choice of project manager will be defined at the Business Case stage.

The Health Informatics Programme Team generally manages several medium-scale projects at the same time. This has a cost implication for the project, as set out in the IT Business Case Pro-forma. For large-scale and very-large scale projects, a dedicated full-time project manager must be identified.

## 15. CHANGE MANAGEMENT

Within the service area it is essential to the success of the project that local ownership is taken of change management issues. The Health Informatics Programme Management Team can advise on this area, but new processes must be owned and championed within the department or service area. It is the responsibility of the Project Lead to ensure this.

## 16. POST-PROJECT SYSTEM MANAGEMENT

Part of the implementation of a new system is to ensure the system has both a nominated Information Asset Owner (IAO) and Information Asset Administrator (IAA). This can be the same person but the IAO must be a senior member of staff. The Information Security Policy details the

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requirements in full and must be adhered to. Further guidance can be obtained from the Information Governance Manager.

System details must be placed on the Information Asset Portfolio database, which is available under the Applications button on TrustNet. It is the responsibility of the Information Asset Owner to ensure the Portfolio is kept up to date. This is crucial for the purposes of Disaster Recovery (DR) and Business Continuity (BC). This can be achieved either directly by requesting a login from the Health Informatics Applications Manager or by submitting changes to the Applications Manager, who will then enter them on behalf of the IAO.

## **17. BREACHES OF POLICY**

Any investigations of alleged abuse of use as described in this policy will be properly conducted by line managers (escalating as appropriate) and that any consideration of disciplinary action is instigated in accordance with the Trust's disciplinary procedures.

Software used in the Trust is licensed for use by the Trust rather than owned by the Trust, and as such, unless authorised by the owner, does not have the right to reproduce it. Disciplinary action will be taken against any member of staff found to be involved in the use of unlicensed software.

## **18. DISSEMINATION OF THE POLICY**

The availability of this policy, once approved, will be disseminated to staff through the Trust's standard communications channels (e.g. Aspire and TrustNet).

## **19. MONITORING OF COMPLIANCE**

In most cases, it would be difficult for a new IT solution to actually be implemented without the prior knowledge of the Health Informatics Department. However, independent *purchase* of new solutions does happen and it is therefore the role of the Health Informatics Programme Board and the Procurement Department to ensure that all new IT projects follow this policy.

## **20. SUPPORT AND KEY CONTACTS**

The Health Informatics Department will provide advice and guidance on all IT procurement issues and will refer to the Associate Director of Procurement for additional advice and guidance where appropriate. Contact the Associate Director of Informatics for any guidance required. Contact the Head of IT (technical lead) for technical advice and quotes on hardware or non-standard software licenses.

## **21. EQUALITY IMPACT ASSESSMENT**

The Trust has a statutory duty to carry out an Equality Impact Assessment (EIA) and an overarching assessment has been undertaken for all IT policies (see Appendix 1 below).

## **22. ARCHIVING ARRANGEMENTS**

This is a Trust-wide document and archiving arrangements are managed by the Quality Department, which can be contacted to request master/archived copies.

## **23. REVIEW OF THE POLICY**

This policy will be reviewed at three-year intervals, unless there are significant changes to the system or requirements, which may instigate an earlier review.

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## 24. APPENDIX 1: EQUALITY IMPACT ASSESSMENT SUMMARY

**Name:** Laura Ellis-Philip, Associate Director of Informatics

**Policy/Service:**

**IT Policies:** Portable Computer Device Policy, Information Security Policy, Internet Usage Policy, Remote Access Policy, Email Policy, IT Projects Policy

<p><b>Background</b></p> <ul style="list-style-type: none"> <li>• Description of the aims of the policy</li> <li>• Context in which the policy operates</li> <li>• Who was involved in the Equality Impact Assessment</li> </ul>
<p><i>These policies all provide guidance on the procurement, implementation and use of the Trust's IT systems.</i></p> <p><i>The EIA was performed by the Associate Director of Informatics.</i></p>
<p><b>Methodology</b></p> <ul style="list-style-type: none"> <li>• A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)</li> <li>• The data sources and any other information used</li> <li>• The consultation that was carried out (who, why and how?)</li> </ul>
<p><i>The policies were examined and reviewed to ensure that no negative impact on equality would result from the policies.</i></p>
<p><b>Key Findings</b></p> <ul style="list-style-type: none"> <li>• Describe the results of the assessment</li> <li>• Identify if there is adverse or a potentially adverse impacts for any equalities groups</li> </ul>
<p><i>There is no impact on equality.</i></p>
<p><b>Conclusion</b></p> <ul style="list-style-type: none"> <li>• Provide a summary of the overall conclusions</li> </ul>
<p><i>The policy applies to all staff regardless of race, ethnic origin, gender, culture, religion or belief, sexual orientation and age.</i></p>
<p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>• State recommended changes to the proposed policy as a result of the impact assessment</li> <li>• Where it has not been possible to amend the policy, provide the detail of any actions that have been identified</li> <li>• Describe the plans for reviewing the assessment</li> </ul>
<p><i>The policy should be approved.</i></p>

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