

<b>To:</b>	Trust Board
<b>From:</b>	John Adler – Chief Executive
<b>Date:</b>	31 <sup>st</sup> July 2014
<b>CQC regulation:</b>	

<b>Title:</b>	Managed Print LRI – Business Case		
<b>Author/Responsible Director:</b> Sarah Remington (IBM) / John Clarke, Chief Information Officer			
<b>Purpose of the report:</b> To present the Business Case for the Managed Print LRI solution for approval.			
<b>The report is provided to the Capital Monitoring and Investment Committee for:</b>			
Decision	X	Discussion	
Assurance		Endorsement	
<b>Summary/Key points:</b>			
<p>Following the deployment of the Managed Print solution at the Glenfield Hospital this paper sets out the business case for extending the solution to the Leicester Royal Infirmary.</p> <p>The Managed Print project delivers printing throughout the Trust on a central ‘hub’ based solution rather than the current local device estate, enabling users to securely release their print jobs from any device across the Trust. This approach is supported through on-site resources who actively monitor the devices, ensuring delays associated with consumables running out or faults are kept to an absolute minimum. Experience from the Glenfield implementation has shown that in addition to the benefits that were expected such as security of printing and a reduction in support calls due to active remote monitoring, the transformation in the way of working has also resulted in some additional value-added outcomes. These include shortening the process for out of hours Pharmacy requests and effectively digitising ward cleaning rotas.</p> <p>This Business Case has been developed in conjunction with UHL and the implementation reflects the learning and experience from the Glenfield rollout.</p>			
<b>Recommendations:</b>			
The Board is asked to review and approve the Managed Print LRI Business Case in order for the contract to be signed and work to commence in August.			
<b>Previously considered at another corporate UHL Committee?</b>			
Earlier versions reviewed and approved by the Transformation Sub Board, Commercial Sub Board, Joint Governance Board, Capital Investment and Monitoring Committee and the Finance and Planning Committee.			
<b>Board Assurance Framework:</b> -		<b>Performance KPIs year to date:</b> N/A	
<b>Resource implications (e.g. Financial, HR):</b> - n/a			
<b>Assurance implications:</b> Yes			
<b>Patient and Public Involvement (PPI) implications:</b> -			
No			
<b>Stakeholder Engagement implications:</b> -			
No			
<b>Equality impact:</b> considered and no impact			
<b>Information exempt from disclosure:</b> - No			
<b>Requirement for further review:</b>			
No			

This document expands on the details provided in the preceding Project Outline Document (POD) and is required when the Project has a value exceeding £100,000 and has been approved to proceed through the approval gateways as part of the Investment Approvals process (Appendix 1).

Information previously provided within the POD will require expanding to enable the Project to secure approval and funding to proceed. This template is not to be used for new consultant posts solely.

Projects with a value of above £3million (or £1m if Trust in financial deficit) will require final approval from the Strategic Health Authority.

**Section 1: Business Case Details**

<b>CORPORATE/DIVISION/CBU</b>	<i>IM&amp;T / Clinical</i>
<b>TITLE OF PROJECT:</b>	Managed Print Service for the Leicester Royal Infirmary
<b>PROJECT SPONSOR:</b>	John Clarke
<b>CLINICAL LEAD:</b>	Steve Jackson
<b>PROJECT MANAGER:</b>	tbc
<b>AUTHOR/CONTACT DETAILS:</b>	Sarah Remington – <a href="mailto:sarah.j.remington@uk.ibm.com">sarah.j.remington@uk.ibm.com</a>
<b>CREATED ON:</b>	14 <sup>th</sup> March 2014

The business case is classified as:

<b>1. Business Expansion</b>	
<b>2. Essential Replacement</b>	<b>X</b>
<b>3. Health &amp; Safety</b>	
<b>4. Cost Reduction</b>	<b>X</b>
<b>5. New Legislation</b>	
<b>6. Research &amp; Development</b>	

Mark principal reason only.

Note differential evaluation criteria will be applied depending on the project classification
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**Section 2: Summary of Business Case (Strategic Case)**

<b>PROJECT PROPOSAL SUMMARY</b>	Managed Print is one of the first projects being undertaken as part of the Digital Healthcare transformation programme through the Managed Business Partnership. It is a key enabling project focused on transforming and rationalising the existing, ageing
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footprint of printers and copiers, and replacing these with modern, efficient multi-function devices that are proactively monitored and maintained.

Managed Print supports the Trust’s overall strategic agenda, outlined in the document ‘Strategic Direction – Caring at its Best’, reducing the amount of time currently spent on the management and maintenance of the existing devices both at a clinical and an administrative support level. . Implementing the Managed print solution will benefit the trust in a number of ways.

- Financial savings through the de-commissioning of the existing printer estate, including items like Ricoh lease costs, non-Ricoh expenditure on consumables and paper.
- New ways of working across the Trust that address some of the risks currently associated with data loss and breaches of security, improve clinical and administrative efficiency through less time spent on printing type issues, and the ability to print from any printer anywhere across the estate

Managed Print delivers printing throughout the Trust on a central ‘hub’ based solution rather than the current local device estate. This is supported through an on-site resource who actively monitors the devices, ensuring delays associated with consumables running out or faults are kept to an absolute minimum.

By engaging with IBM to transform the printing solution across the Trust, UHL is able to gain control and a better awareness of print expenditure and have a central reporting facility that properly details print costs, which departments make the most use of printing and to understand the actual costs associated. A fixed cost platform with enhanced management information will enable the Trust to regularly report on usage, costs and service incidents on a device, user or departmental basis.

Managed Print is in the process of being implemented at Glenfield Hospital, where the change has been managed successfully in wards, clinical areas, administrative and management offices. A summary of some of the key lessons learnt from this first phase is included at Appendix A.

This Business Case outlines the proposal to extend the current Managed Print solution to the Leicester Royal Infirmary (LRI). It uses the data collected from an audit of the existing devices located within the LRI as an input, the details of which are captured in a report submitted to the Trust on the 15<sup>th</sup> January 2014. Using this data a proposal has been put together for a reduced number of devices strategically placed throughout the LRI to ensure the delivery of an efficient and secure printing solution.

A summary of this proposal is that 1,338 devices, including printers, copiers, scanners and faxes, will be removed across the LRI estate and replaced with 364 new multi-function devices.

**PROJECT DELIVERABLES**

The implementation at the LRI will be based on the same approach as for the Glenfield, adapted where appropriate to reflect key lessons learnt, a summary of which are included at Appendix A.

The following table contains the specific Project deliverables for the LRI implementation which have been based on those delivered at the Glenfield.

LRI – Implementation	Format
<ul style="list-style-type: none"> <li>• Implementation Plan</li> <li>• Delivery / Installation Schedule</li> <li>• End User Training</li> <li>• Installed Devices</li> <li>• Readiness for Service Checks</li> </ul>	<ul style="list-style-type: none"> <li>• MS Project</li> <li>• Word document</li> <li>• Physical Training</li> <li>• Hardware</li> <li>• Word document</li> </ul>

- Project Closure Report for LRI phase
- Word document

A key learning from our work at the Glenfield is that a significant level of due diligence is required to confirm the solution meets the varied requirements throughout LRI, and UHL as a whole. It is therefore proposed that the following information is confirmed and agreed with the individual LRI departmental areas prior to a commercial check point and the actual deployment;

- Device location.
- Network & power requirements
- Network port allocation.
- Application use.
- Departmental requirements.
- Paper usage.

This information will be compiled (building on information gathered during the Audit) by the onsite team through close interaction with departmental leads, Matrons etc. Any changes which result from this exercise will be presented to UHL at the Managed Print Commercial Board.

Signoff will be collected in relation to every device as part of this process. Should any future changes be requested, UHL will be able to refer back to these signoffs to establish the degree of change, and rationale.

**PROJECT SCOPE AND IMPACT ON OTHER DIVISIONS/CLINICAL SERVICES**

In this Project the Contractor will carry out the following phase of the UHL Managed Print Service implementation strategy:

Phase - LRI	Implement & Manage
<b>Description</b>	Using information gathered during Phase 3, the existing printers, copiers, scanners and fax machines at LRI will be transformed using standardised technologies approved during Phase 1 (Infrastructure Proving) and implemented during Phase 2 in GGH (Glenfield Hospital – Implementation).
<b>Value</b>	A detailed Project plan will be created with the Authority which will detail all aspects of the implementation phase, minimising the disruption to LRI and ensuring the Authority move to a live service at the LRI as smoothly as possible to start benefiting from the financial and technological advances provided.

All services to be implemented will be undertaken utilising the following process :

**Pre-Implementation Checks**

- Infrastructure set up and testing
- Due diligence
- Implementation & Communications plan

**Implementation**

- Implementation Schedule
- Delivery
- Installation
- Training of end users (see Appendix C)
- Device disposal (unwanted existing equipment)

	<ul style="list-style-type: none"> <li>• MPS Readiness</li> </ul>
<b>OPTION APPRAISAL</b>	<p>In 2013, a business case was produced for the Glenfield Hospital and submitted to the Trust for approval. As part of this process a detailed procurement exercise was carried out in partnership with IBM to identify cost savings associated with 5 and 7 year contract options which included a basic managed print solution and a fully managed, secure solution. The preferred option was to proceed with the fully managed solution providing enhanced security and confidentiality.</p> <p>The subsequent implementation in progress at Glenfield Hospital has proved the technology compatibility of the solution and identified further potential to add additional value in the future through the introduction of enhanced features, such as stored templates for letterheads and commonly used forms.</p>
<b>OPERATIONAL SUSTAINABILITY</b>	<p>The transition period has been considered and will be included in the implementation plan taking on-board the learning from Glenfield and allowing for a short period of potential dual running to ensure each department has full confidence in the capability and usability of the new solution before removing the previous devices.</p> <p>Experience from the implementation at Glenfield confirms that each department should have a number of trained 'Printer Champions' who will be able to train new people coming into the department and perform basic checks when faults occur.</p>

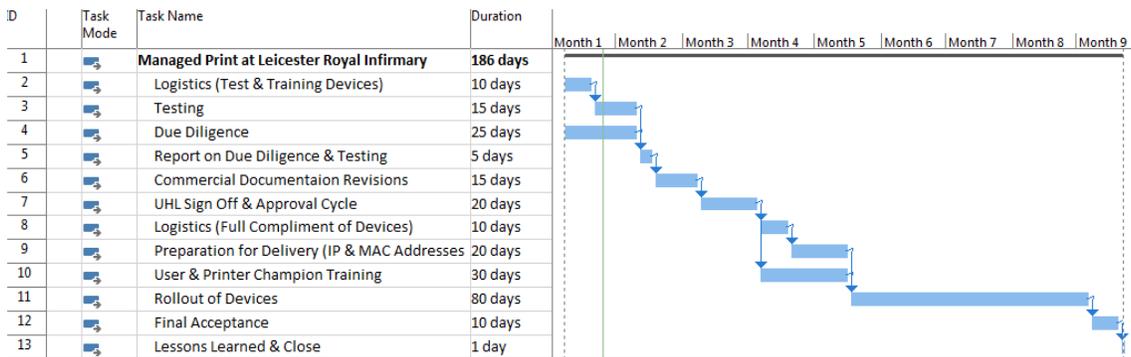
**Section 3: Project delivery (Management Case)**

<b>PROJECT MANAGEMENT</b>	<p>The project will be managed using IBM's project management method that is used globally, known as the Worldwide Project Management Method (WWPMM). This is compatible with PRINCE2/MSP.</p> <p>The management and control of the project will be exercised as follows:</p> <ul style="list-style-type: none"> <li>• The <b>IBM Project Manager</b>– will control and manage the inputs from IBM, NTT and Bytes, reporting to the MBP Programme Executive.</li> <li>• Overall guidance of the Project team will be achieved through: <ul style="list-style-type: none"> <li>– The CIO and CMIO for the Managed Print Service Project</li> <li>– Representatives from the UHL stakeholder groups (e.g. Clinician Advisory Group)</li> </ul> </li> </ul> <p>Up to go-live, the IBM PM will report progress or escalate issues through the Transformation Sub-Board which is part of the overall MBP Governance Structure. Following go-live of the MPS issues will be escalated through the Service Delivery Sub-Board.</p> <p>During implementation, the IBM PM will produce a weekly report.</p> <p>A Managed Print Project Board has been created and currently meets weekly to monitor progress of the Glenfield implementation. It is proposed that the Project Board remains in place for the LRI implementation but that the frequency be moved to bi-weekly as it is a longer project due to the size of the location.</p>
<b>DESCRIBE THE PROJECT MANAGEMENT ARRANGEMENTS</b>	<p>Reporting will be via the MBP governance framework and through to the Executive Team and the Trust Board where applicable.</p> <p>Weekly project management reporting sessions will include IM&amp;T, clinical and IBM representation. Consolidated reports will be created as per the existing governance arrangements for the programme e.g. Transformation Sub Board, Joint Governance Board.</p>

**KEY RISKS AND PROPOSED MITIGATION**

Risk	Mitigation
Project is delayed, or timescales slip.	The project has been costed on a fixed price basis so no cost impact. Clear communications required on responsibilities and timescales to all parties during project execution to gain early view of any issues.
There is a risk of additional cost to UHL for additional infrastructure in cases where proposed printer locations require additional network points or power sockets.	<p>Experience from Glenfield shows that 20% of the 125 devices required either network, power or both.</p> <p>The proposal for LRI specifies 364 devices, but the recommendation is that the percentage assumed to need additional infrastructure be increased to 30% to allow for the age of the buildings and likelihood that power and network points will be less available than would be the case in Glenfield.</p> <p>Using the average costs of the Glenfield work this suggests UHL should plan for a minimum contingency of £40k for this possibility, which the Authority may wish to consider adjusting to £50k on the basis of anecdotal evidence that the cost of this sort of work is higher at LRI due to the age of the buildings.</p>
There will be a lack of buy-in from the clinical community and they will not use the proposed solution.	Appoint credible clinical champions with knowledge and experience of the Glenfield implementation to work alongside the project team to promote clinical adoption through highlighting the benefits of the managed print solution to the wider clinical community.
Impact on current service quality	Where possible, old devices will remain available for a short period until the capability and operability of the new devices not impacting patient flow is assured. Contingency plans will be put in place to return to previous ways of working in the event of solution failure or other issue.
Dependencies on third party suppliers	Third parties will be managed and monitored using best practices in the PRINCE2 / IBM proven project management methodologies.
Project does not realise all benefits.	Joint UHL and IBM activity to identify, measure, track and assess benefits.

**PROJECT TIMELINE AND MILESTONES**



Milestone	Estimated Date
Signed Project Order received	Day 1
Contractor orders hardware for Testing and Training	Day 1
Checkpoint - Test Plan signoff	Day 5
Authority confirms the remainder of hardware that needs to be ordered – non test	Day 80
Checkpoint - Rollout Readiness Review	Day 90
Commencement of equipment roll-out (This milestone will represent the commencement of service and MPS support)	Day 95
Authority confirms acceptance of a fully live service	Day 180
Project close meeting with Lessons Learned review	Day 185

**Section 4: Financial and Benefits Management (Economic & Financial Case)**

<b>REQUEST FOR FUNDING</b>	<p>The Managed Print solution at Glenfield is based on a 5 year lease arrangement using IBM Global Finance (IGF).</p> <p>The Trust have requested that for the LRI rollout this approach is changed and that the project be treated as a capital investment project. The implementation of the devices will be paid for on a milestone delivery type approach with an on-going monthly support charge for the next five years.</p> <p>The indicative price for Managed Print LRI is shown in the table below and comprises the following elements:</p> <ul style="list-style-type: none"> <li>– Hardware – made up of the purchase prices for the 364 new devices</li> <li>– Software – includes licences for Equitrac, Rightfax, Enhanced Volumetrics and Print on Demand</li> <li>– Implementation Services – includes installation of devices, associated implementation services and project management</li> <li>– Software Warranty – 5 year price for Equitrac software support (paid as an upfront one-off sum)</li> <li>– Service Charge – 5 year price for on-going support of the solution including 2 onsite Docuhead resources</li> <li>– Software Support – 5 year price for Rightfax, Planet Press, Enhanced Volumetrics and Print on Demand software support</li> </ul>								
	<table border="1"> <thead> <tr> <th colspan="2">Indicative IBM Price - Capital</th> </tr> </thead> <tbody> <tr> <td>Hardware</td> <td>£1,193,912</td> </tr> <tr> <td>Software</td> <td>£247,063</td> </tr> <tr> <td>Implementation Services</td> <td>£412,402</td> </tr> </tbody> </table>	Indicative IBM Price - Capital		Hardware	£1,193,912	Software	£247,063	Implementation Services	£412,402
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<b>Project contingency</b>	<b>£100,000</b>

<p><b>CONFIRM THE PROJECT BENEFITS (NON FINANCIAL)</b></p>	<p>The expected benefits and return on investment from proceeding with the Managed Print Service in its entirety are set out in “UHL Transformation Business Case Managed Print – Final v1.2.docx” produced prior to the Glenfield implementation in 2013.</p> <p>Some of the non-financial benefits associated with this solution include the following;</p> <ul style="list-style-type: none"> <li>• Secure print functionality increases security and confidentiality where sensitive or restricted material is printed, reducing the risk of material being left unattended or collected in error with other print jobs. <ul style="list-style-type: none"> <li>○ Print jobs do not interleave with photocopy runs, a common issue previously, resulting in lost letters and sensitive material getting mixed in with other jobs for other people.</li> <li>○ Staff who are short of time, who forget, or choose not to retrieve a print job, can collect at another device or choose not to retrieve at all, reducing the instances of a job being printed multiple times.</li> </ul> </li> <li>• Multi-function devices remove the need for separate fax, scanner, copier and printer which makes more space available and simplifies cabling and use of network / power outlets. <ul style="list-style-type: none"> <li>○ In most cases, the Xerox devices are faster than the devices they replace which will improve patient flow and reduce frustration for staff having to wait for large documents to print.</li> <li>○ Particularly in Ward areas, space is a key issue, where clinical staff frequently need a small area of desk space to make notes or update records.</li> <li>○ Having a fax capability on more devices can speed up patient flow where staff don’t have to wait to access a sisters office to send documentation to external parties</li> </ul> </li> <li>• Managed devices being remotely monitored reduces staff time spent on support calls or managing consumable stocks. <ul style="list-style-type: none"> <li>○ <b>A quote from Arvin Mistry, leader of the Desktop Support Team: “The call volumes for</b></li> </ul> </li> </ul>
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*printer faults have dropped dramatically, we do get the odd few calls, which the team resolve. In relation to managed print issues, these were ironed out in the early stages and go directly to the Managed Print Docuhead. When I spoke to Neil Loach (Occupational Health), he was happy with Managed Print as confidential documents cannot be printed off and left for others to read/collect. Ben Hyde (Matron) is also happy with this solution.”*

- Onsite support reduces downtime in the event of a fault or failure and provides a point of contact to manage the problem and an interim replacement should there be a need for the device to be removed and repaired offsite.
  - When printers stop working this can result in a number of critical tasks being stopped, such as admissions, patient discharge, provision of scans, tests, test results and referrals to other departments. In most cases manual processes are either impossible, or take too long to implement. Being able to print at another device or get immediate support, maintains patient flow and supports patient safety.
  - The project team occasionally receive calls from users worried that their device is low on ink. To date, in every case the Docuhead has already been aware thanks to the remote monitoring tool and by the time a support call is logged he has either resolved the issue already, or contacted the department to schedule his visit.
  - Almost all faults are resolved in the same working day. In the rare instances when a Xerox engineer has been called out, the engineer coordinates with the onsite Docuhead for information / actions / follow up, leaving the clinical team free to concentrate on patient flow.
  - The provision of replacement modern, faster printers will help with current delays caused by printing on wards (i.e. iCM blood forms or ICE discharge letters), reducing the stress this causes to the ward staff involved and encouraging a better patient experience.
- It becomes possible to store templates for commonly used forms or letterheads on a device, removing the need to maintain large stocks printed externally and making plain paper the common medium for any type of print.
  - This is a major item which the project team are being pressed to accelerate. Users will be able to print commonly used forms ‘on demand’ without going via the Interserve Print Service.
  - The correct letterhead would be printed as part of the document, meaning only plain paper would be needed, which simplifies the needs for multiple trays and settings.
  - Letterheads frequently change. Using an electronic template would mean a vast reduction in discarded letter headed paper which cannot be used due to it being out of date.
- Secure print provides more flexibility for staff to collect print when and where it best suits their working routine.
  - Greater efficiency and productivity is possible when staff don’t have to worry that their confidential print needs immediate collection for every job. Print jobs can be sent throughout the day and collected in batches to coincide with breaks, or other tasks, at the convenience of the user.
- Standardisation of hardware and print queues makes it easier for mobile staff to work in multiple locations because the equipment used will always be familiar and accessible.
  - With more staff travelling between sites the ability to retrieve printing at destination reduces the potential for sensitive material to be lost in transit in public places
- Detailed reporting brings the ability to monitor volumes and investigate peaks or troughs by device, or by department and user if needed. Over time volumes and therefore costs become more predictable.

**Additional Value-  
Add Outcomes from  
Managed Print at  
Glenfield**

**Out of Hours Pharmacy Process**

The project team were contacted by the Pharmacists (Alison Brailey) with regard to the current process when the Glenfield wards need a prescription from the pharmacist at LRI. This requires the wards to take apart the patients drug chart, copy the relevant pages and fax these to LRI, where they arrive, frequently illegible.

The team were able to improve this process by enabling scanning to deposit the resulting PDF document into a fixed folder accessible by the Pharmacists within LRI. The wards can now scan the relevant pages without taking apart the chart, and the fax step is removed. This has simplified the process for the wards, provided the pharmacists with far more readable documentation and shortened the whole process significantly.

**Ward Cleaning Records**

The wards are required to keep records proving cleaning is taking place and signed off at regular intervals during the day. On ward 23a, the Ward Sister (Sue Bell) has identified a use for the Xerox scanner to hold these records as electronic PDF files in a network folder, making it simple to locate the record for any given day and removing the need for large folders of historical record in her office.

**Phlebotomists**

The Phlebotomists have been struggling to follow established process as the mobile printers attached to their Computers On Wheels (COWs) are unreliable and often inoperative. The introduction of managed print has made their jobs far easier as they can now print to the 'cloud' from their COW's and then choose to collect their print from a number of devices either on the ward where they are working or along their route to the next destination.

**Reduction in Time Spent Maintaining Printers**

Within Glenfield Hospital, there are 510 print devices (excludes Ricoh & fax machines) which are made up of 322 mono (black only) and 188 colour capable units. The mono are predominantly laser devices using black toner cartridges and the colour devices are inkjet with only 2 exceptions which are colour lasers.

Based on average annual volumes of print for both colour and mono from the audits, it has been determined that each device would use on average 3 toners or 'sets' of colour ink cartridges in one year of operation.

Assuming that a user or stationary clerk for each device would need to spent 5 minutes per toner calling to order, a further 5 minutes following up or receiving the order, and 15 minutes to unpack and install the items, this means that for every device, regardless of colour or mono, there are 75 minutes (1.3 hours) spent dealing with refills every year.

When this calculation is scaled up to the number of devices this means that collectively, between all the staff that need to use printers, 638 hours, or 80 man days, are spent, per year, just sorting out and installing ink or toner. Assuming 20 working days in a month this is 4 months of every year, and this is only for Glenfield Hospital.

**CONFIRM THE  
PROJECT BENEFITS  
(FINANCIAL)**

The following table details the outcome of discussions with UHL Procurement and Finance around what the current level of annual expenditure is in relation to the LRI printer estate.

		<b>Annual</b>	<b>5 Year Total</b>
<b>Cost Savings</b>			
Ricoh Lease and print costs	Direct Savings	£185,732	£928,660

Equipment purchase	Direct Savings	£35,369	£176,847
Non-Ricoh Print and Consumables	Direct Savings	£265,690	£1,328,450
Paper	Direct Savings	£129,134	£645,670
Planet Press	Direct Savings	£3,063	£15,315
Power Spend	Indirect Savings	£57,918	£289,590
Invoice Costs	Indirect Savings	£9,900	£49,500
Existing Telephony	Indirect Savings	£26,544	£132,720
<b>Totals</b>		<b>£713,350</b>	<b>£3,566,752</b>

*NB: The figure for Equipment Purchase view has been provided by UHL Procurement.*

Using these numbers as the comparator results in the following commercial case for the LRI Managed Print solution.

<b>Indicative IBM Price - Capital</b>		
Hardware		£1,193,912
Software		£247,063
Implementation Services		£412,402
Software Warranty		£61,876
Service Charge		£494,761
Software Support		£68,200
<b>Sub Total</b>		<b>£2,478,214</b>
Annual Print variable estimate		£729,421
UHL Ricoh write-off		£88,857
<b>Total Price</b>		<b>£3,296,492</b>
<b>Project contingency</b>		<b>£100,000</b>
Direct Costs Saving		£3,094,942
<b>Net Savings before contingency</b>		<b>-£201,550</b>
<b>Net Savings after contingency</b>		<b>-£301,550</b>
Direct + Indirect Costs Savings		£3,566,752
<b>Net Savings before contingency</b>		<b>£270,260</b>
<b>Net Savings after contingency</b>		<b>£170,260</b>

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<b>CONFIRM CONSULTATION WITH THE FOLLOWING GROUPS</b> <i>Signatures required</i>	<b>ESTATES CAPITAL GROUP</b>	<b>IT GROUP</b>	<b>MEDICAL EQUIPMENT PANEL</b>	<b>INFECTION PREVENTION TEAM</b>
	<i>N/A</i>	<i>John Clarke</i>	<i>N/A</i>	<i>N/A</i>

<b>DUE REGARD-ASSESSMENT</b>	Please see appendix 3.
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**Section 5: Conclusion and approvals**

<b>HAS THE PROJECT BEEN APPROVED BY THE RELEVANT DIVISIONAL BOARD</b>	<i>(Yes/No Date)</i>
<b>HAS THE PROJECT BEEN APPROVED BY THE SITE RECONFIGURATION BOARD (IF APPLICABLE)</b>	<i>(Yes/No Date)</i>

<b>SET OUT CLEARLY THE RECOMMENDATION</b>	
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**Sign off**

<b>Name</b>	<b>Project role</b>	<b>Signature and date</b>
Sarah Remington	Project Manager	
John Clarke	Project Sponsor	
Peter Hollinshead	Finance Director	
John Adler	Chief Executive	
Steve Jackson	<i>CMIO</i>	

*Make reference to the Trust's delegated scheme of authority*

## Appendix A

<b>Key Learning Points</b>	
<b>Learning Point</b>	<b>Action to Address</b>
Improved understanding of each ward / deployment and the circumstances within it would allow for a smoother roll out.	Key resource with UHL knowledge involved in the project from Day 1 helping to shape the solution for each individual deployment.
In addition to the applications already known, new apps were discovered during roll out which affected the time taken to test and problem solve.	Due diligence will be geared to looking for these additions in each department.
The complexity of change was over and above that for which planned resource was in place.	The LRI rollout has been specifically structured to validate the initial solution fully and has planned a checkpoint to manage change and re-baseline with UHL before proceeding to rollout.
Insufficient time was allowed for changes to infrastructure, such as additional power or network sockets	The project has planned time for this to be initiated as soon as the solution is validated and signed off, which leaves time for the work to be completed and incorporated into the rollout phase.
Project communications were poorly disseminated after the initial delivery, resulting in many interpretations of what Managed Print was about.	CMG Leads and key Service Managers are being identified in advance to work closely with the project from the start and have regular input via the Project Board, LiA events and CMG meetings at which Managed Print will schedule regular slots.
Training sessions could have had better attendance and should be structured to cover all basic user operations consistently each time before addressing specific questions from attendees.	<p>Early communications will include training awareness and due diligence will actively encourage people to attend training, identifying key 'Champions' to be invited to training when sessions are booked.</p> <p>Training will run for 6 weeks in total for LRI prior to the rollout, with additional refresher training delivered as part of each deployment for those staff available to attend.</p> <p>Users requesting specialist or tailored training can have specific sessions scheduled.</p>
Testing was insufficient for some applications which were later found to be used in different situations or for different tasks.	Key UHL knowledge involved in the project from Day 1 helping to shape the solution for each individual deployment and identifying user groups to assist in testing of applications specific to LRI, not already tested for the Glenfield deployment.
There has been a lack of clarity on staff that should be using Smart Cards and Staff that should have 'stickers'	<p>There is now a better understanding of which staff should be using a smart card as part of their job role and they will be encouraged to upgrade to an '05' card where needed.</p> <p>Staff will be identified earlier through due diligence so will have a much greater window within which to upgrade their card before the rollout occurs.</p> <p>Departments with a critical need to have print released immediately with no delay are being specifically catered for (ie. The Emergency Department)</p>

<p>Initial problems with the Managed Print solution moving into BAU support arrangements.</p>	<p>The Service Desk and Service Delivery managers will be included in the communications plan and will have responsibility for the support of the devices as soon as installed and signed off as complete by the Project team. This will provide a consistent level of support for all departments and staff.</p>
<p>The process for decommissioning old devices for re-use at other locations had some ambiguity.</p>	<p>A workshop will be held with all concerned parties to review the process as it exists today address any improvements and ensure a comprehensive awareness of the devices to become available from the LRI once the deployment begins.</p>

## Appendix 2 – Financial Analysis

<b>MANAGED PRINT LRI FINANCIAL SUMMARY</b>											
	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Total
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
<b>INCOME AND EXPENDITURE</b>											
Revenue income	-	-	-	-	-	-	-	-	-	-	-
Operating costs	(266,238)	(400,461)	(270,986)	(255,147)	(241,112)	(109,170)	-	-	-	-	(1,543,115)
Cash releasing benefits	-	713,350	713,350	713,350	713,350	713,350	-	-	-	-	3,566,752
<b>Operating costs</b>	<b>(266,238)</b>	<b>312,889</b>	<b>442,364</b>	<b>458,204</b>	<b>472,238</b>	<b>604,181</b>	-	-	-	-	<b>2,023,637</b>
Non-operating costs increase	-	(370,675)	(370,675)	(370,675)	(370,675)	(370,675)	-	-	-	-	(1,853,377)
<b>Revenue expenditure</b>	<b>(266,238)</b>	<b>(57,786)</b>	<b>71,689</b>	<b>87,528</b>	<b>101,563</b>	<b>233,505</b>	-	-	-	-	<b>170,260</b>
<b>REVENUE SURPLUS/(DEFICIT)</b>	<b>(266,238)</b>	<b>(57,786)</b>	<b>71,689</b>	<b>87,528</b>	<b>101,563</b>	<b>233,505</b>	-	-	-	-	<b>170,260</b>
<b>CAPITAL EXPENDITURE</b>											
Implementation Services	(412,402)	-	-	-	-	-	-	-	-	-	(412,402)
Hardware	-	(1,193,912)	-	-	-	-	-	-	-	-	(1,193,912)
Software	-	(247,063)	-	-	-	-	-	-	-	-	(247,063)
<b>TOTAL CAPITAL EXPENDITURE</b>	<b>(412,402)</b>	<b>(1,193,912)</b>	-	-	-	-	-	-	-	-	<b>(1,853,377)</b>
<b>CASHFLOW</b>											
Cash flow	(678,640)	(1,128,086)	442,364	458,204	472,238	604,181	-	-	-	-	170,260
Cumulative net cash flow	(678,640)	(1,806,726)	(1,364,362)	(906,158)	(433,920)	170,260	170,260	170,260	170,260	170,260	
Payback (years)						5.7					
Discounted cashflow (NPV)	(678,640)	(1,088,603)	411,941	411,757	409,515	505,596	-	-	-	-	(28,435)
<b>BENEFITS SUMMARY</b>											
Income	-	-	-	-	-	-	-	-	-	-	-
Cash releasing	-	713,350	713,350	713,350	713,350	713,350	-	-	-	-	3,566,752
Non cash releasing	-	-	-	-	-	-	-	-	-	-	-
	-	<b>713,350</b>	<b>713,350</b>	<b>713,350</b>	<b>713,350</b>	<b>713,350</b>	-	-	-	-	<b>3,566,752</b>

### Appendix 3

#### UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

#### Due Regard and involvement assessment

Division:

Date:

		Yes/No	Comments
1.	Describe the service/ policy change		
2.	What are the aims of the service/ policy change including expected outcomes		
3.	Is there a possibility that one or more of the groups listed below will be <u>less</u> or <u>more</u> favourably affected by the change if so describe the likely effect:		
	• Race/ethnicity	No	
	• Sex	No	
	• Religion or belief	No	
	• Gender Reassignment	No	
	• Sexual orientation including lesbian, gay and transsexual people	No	
	• Age	No	
	• Marriage and Civil Partnership	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems If so what is the evidence /data :	No	
4.	What alternatives are there to achieving the change without	N/A	

	having the impact?		
5.	Which specific group do you need to speak to / involve	N/A	
6.	<p>If challenged are you confident that the change and its implementation will:</p> <ul style="list-style-type: none"> <li>• Be non discriminatory</li> <li>• Not damage equality of opportunity</li> <li>• Not damage relations with the protected groups listed above</li> </ul>	Yes	
7.	<p>More generally please provide details on:</p> <p>a) Who you will consult/involve?</p> <p>b) At what point in the process?</p> <p>c) How will you communicate the service change once implemented?</p>	N/A	

Assessment completed by:

Date:

Signed:

If you require further advice please contact Deb Baker, Equality Manager on 0116 2584382 or Karl Mayes PPI and Membership Manager on 2588685

