

## **Chapter 39**

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**Health Service Executive**

**ICT Governance**



## ICT Governance in HSE

39.1 The Department of Finance requires that bodies incurring expenditure on information technology and telecommunications projects, systems and infrastructures should have appropriate governance and project management processes in place. In 2005, it issued guidance on how those requirements should be met by the HSE.

39.2 In my 2006 Annual Report progress made by the HSE in developing appropriate governance arrangements in relation to Information and Communication Technology (ICT) was reviewed. The review was conducted against a background that the HSE had been unable to secure delegated approval from the Department of Finance in relation to its ICT expenditure and it was, therefore, required to obtain sanction for ICT expenditure on a case-by-case basis.

39.3 In 2007, the Accounting Officer had indicated that

- A short-term plan/strategy for 2007/2008 had been put in place while a longer-term strategy for the following five to ten years was being developed.
- New ICT governance arrangements had been put in place since the start of that year and these complied with the principles set out by the Department of Finance.
- It was intended to implement a new organisation structure for ICT with a strong corporate ICT division.
- A corporate ICT Programme Office would be established that would assume responsibility for ICT performance management – including budgeting and reporting.

### Chapter Focus

The chapter reports the result of audit enquiries into

- whether an ICT strategy had been developed and was subject to regular review and update
- the extent to which ICT governance arrangements and project management processes specified by the Department of Finance were in place in the HSE
- the progress made in the implementation of major systems.

### Strategy

An ICT Strategy is important in order to align ICT developments with business needs.

39.4 The Accounting Officer informed me that the HSE does not currently have an ICT strategy that has been formally adopted by the Board. In the meantime, a draft ICT strategy, developed during 2007 and 2008, is used to validate project proposals and guide decisions on capital investment in ICT. This draft, however, does not take into account changes required in order to reflect subsequent alterations to the HSE business model i.e. the impact of the HSE Reconfiguration Programme.

39.5 He stated that work on updating the strategy is continuing and a summary strategy has been prepared and reviewed with members of the HSE management team, the Department of Health and Children and the Health Information and Quality Authority.

39.6 The strategy will provide a revised list of priority programmes and projects that need to be pursued over the next three to five years in order for the strategy to be implemented. Some analysis has been carried out on the resourcing implications (ICT and non ICT). Resolution of issues associated with significant shortfalls in resources need to be resolved prior to the publication of the strategy. Assuming this can be done, the strategy will be published by the end of 2010.

39.7 The Accounting Officer indicated that, irrespective of whether the ICT strategy is in draft or published form, it must still align with the HSE's overall business strategy and objectives as expressed by the HSE Transformation Programme. The HSE has continued to ensure that ICT investments are made in accordance with the following, documented and published, HSE Transformation Programme priorities

- develop integrated services across all stages of the care journey
- configure Primary, Community and Continuing Care services to deliver optimal and cost effective results
- configure hospital services to deliver optimal and cost effective results
- implement a model for the prevention and management of chronic illness
- implement standards based performance measurement and management throughout the HSE
- ensure all staff engage in transforming health and social care in Ireland.

## ICT Governance Arrangements

In 2005, the Department of Finance specified that the HSE should have one ICT Steering Committee for making priority and activation decisions in relation to all major project proposals.

39.8 The Accounting Officer informed me that the last meeting of the ICT Steering Committee had taken place in November 2008. Because of restructuring within the HSE, representation from various areas declined over time as staff were reallocated new areas of responsibility. Delays in the appointment of an ICT Director militated against the re-formation of the Steering Committee.

39.9 The HSE intends to reinstate its ICT Steering Committee when the new CEO is appointed in September 2010. In the meantime, depending on its nature, decisions that would otherwise be made by the Steering Committee, are made by

- the ICT management team (National Director and Assistant National Directors)
- the Director of Commercial and Support Services – to whom the ICT Directorate reports and who is a member of the HSE Senior Management Team
- the HSE Senior Management Team itself.

## Central Decision Making

The Department of Finance guidance to the HSE was that there should be one central source of decision-making in relation to implementing ICT strategies, plans and projects that would also be the normal interface with the Department of Health and Children and with the Department of Finance.

39.10 The Accounting Officer informed me that decisions that fall solely within the remit of the ICT directorate e.g. day to day running of IT departments and minor projects, are made by the ICT management team which is composed of the ICT Director and senior staff at Assistant National Director level.

39.11 The ICT directorate delivers a large volume of projects each year. It completed 45 projects in 2007, 99 in 2008 and a further 60 in 2009. It currently has 72 sanctioned projects in progress with a further four undergoing peer review. Of the 72 projects, 43 are at the detailed definition or procurement stage and 29 are at the implementation stage.

39.12 Decisions that are not within the remit of the ICT Directorate are escalated to the Director of Commercial and Support Services. Depending on the nature of the issue/decision required, the Director of Commercial and Support Services will then bring the matter to the attention of the HSE Senior Management Team.

39.13 Local HSE functions can raise project proposals but all capital funding requests must follow the HSE project approvals framework process. In relation to non-project activity, local HSE functions are allocated a budget at the start of each year and the local IT manager is responsible for how that funding is managed. Most of this budget is pre-committed insofar as it is used to fund staff costs, pay telecom charges and cover the cost of annual support and maintenance contracts for installed systems. In practical terms, therefore, the local IT manager has quite finite discretionary influence over local ICT revenue spend. The HSE submits a return to the Department of Finance annually that describes how revenue funding was actually spent during the previous year.

## Project Management

The Department of Finance advised that project boards should be established for every significant project, reporting to the ICT Steering Committee and using a project management methodology chosen by the HSE and using the capital appraisal guidelines issued by the Department of Finance.

39.14 The Accounting Officer stated that the ICT Project Management Office (PMO) is now well established. The ICT PMO is responsible for project management methodology and implementing a standard process for the delivery of projects within ICT. While the methodology is still at the pilot stage, in the interim, all sanctioned projects are required to submit monthly status reports in standard format to the ICT PMO. A dashboard has been developed to present this information in summary form to the HSE ICT management team. The PMO maintains a projects register with key information related to each project such as the project owner, project manager, spend to date, sanction status, lifetime costs remaining and lifecycle status.

39.15 In the absence of an ICT Steering Committee, the ICT PMO is the essential single point of contact that has visibility of all projects that seek external approval (sanction).

39.16 The ICT PMO can, therefore, independently

- confirm the proposal is supported by senior management, commensurate with the scale of the project and, in the absence of the ICT Steering Committee, confirm the support of the relevant ICT delivery director
- check the validity of proposals against HSE and HSE ICT strategies, objectives, corporate business plans and service plans
- identify opportunities for local/regional initiatives and projects to be deployed on a broader basis
- check for overlaps with prior proposals from other functions
- identify possibilities for national contracts and/or framework agreements and
- identify anomalies in costing based on previous project proposals.

39.17 Once these checks have been performed, the PMO works with the relevant team to prepare the request to the Department of Health and Children and Department of Finance for sanction in accordance with the governing circular<sup>281</sup>.

39.18 An ICT delivery director (at Assistant National Director level) is assigned for each category of project i.e. one for corporate projects, one for hospital projects, one for Primary, Community and Continuing Care projects and one for ICT infrastructure type projects. The ICT project manager assigned to each project reports to the relevant ICT delivery director. Formal project boards are established for large or complex projects.

## ICT Procurement

The Department of Finance recommended the use of one central management point under the control of the IS Director for all purchases of hardware, software, telecommunications, ICT development or advisory services in all of the HSE including hospitals, medical centres and other units under its funding control.

39.19 The Accounting Officer informed me that ICT procurement is not a function within ICT but part of the overall HSE Procurement function. The HSE is pursuing the establishment of national contracts and framework agreements that procurement functions can leverage – irrespective of location – so as to bring improved value for money based on national purchasing volumes, even in the absence of a centralised purchase function within ICT. This has happened in the area of telecoms, PCs and laptops bringing considerable savings to date, with potential for further savings in the future. Framework agreements in the pipeline include competitions for the supply of IT storage systems and local area network equipment.

39.20 The Value for Money (VFM) programme within the HSE is tackling areas of large revenue spend. The programme is headed up by an Assistant National Director of Finance. Within ICT one of the earliest areas to be investigated was telephony costs. To date, the following actions have been taken to reduce mobile and telephony charges

- national procurement frameworks have been established for mobile telephone services. Functions within the HSE now select the service that best meets their needs locally, whilst at the same time being able to leverage national purchasing power

<sup>281</sup>

Circular 02/09 - Arrangements for ICT expenditure in the Civil and Public Service

- routing of landline calls to mobile operators is now done via the HSE network. Prior to this, calls to mobile phones from HSE landlines were routed through third party networks resulting in additional call charges.

## Progress on Major Projects

Four key projects which have potential system-wide implications are in train or being planned. These are

- the National Finance and Procurement System
- the National Integrated Medical Imaging System
- the Patient Management System
- the Laboratory Information System

I sought information from the Accounting Officer on the status of development in each case.

39.21 Overall, progress in implementing the projects can be summarised as follows

- The National Finance and Procurement System was initiated in 2006 but a final draft of the business case was only submitted to the Department of Health and Children in June 2010. In the interim, the HSE was in discussions with the Department of Health and Children and the Department of Finance and a number of iterations of the business case were produced. In early 2010, the approach to be adopted in developing the business case was agreed with the Departments and the business case has been completed and submitted for approval.
- A National Integrated Medical Imaging System (NIMIS) has been contracted in early 2010 and the system building is currently ongoing. It is intended that NIMIS will be introduced on a phased basis across the hospital system once the testing is completed.
- A Patient Management System was approved for national implementation by the HSE Board in February 2005. However, this would require significant change processes and national standardisation. In the meantime, taking account of operational risk, the Department of Finance sanctioned the replacement of certain hospital information systems and the introduction of the system at Tullamore, Mullingar and Portlaoise. The wider implementation of the system is under review.
- A tendering process was completed for a Laboratory Information System and although a preferred supplier was identified and draft contracts drawn up, the project did not proceed based on a due diligence exercise completed by the HSE. The HSE has now decided to go back to the market.

More detailed information on progress in implementing those projects is set out at Annexes A to D.

## Views of the Accounting Officer of the Department of Health and Children

39.22 The Accounting Officer stated that the Department views ICT as an essential component of health service modernisation and service improvement and that it is clear that significant further work will be required by ICT, operational management and clinical/professional staff to ensure that ICT is fully exploited for the purposes of improved service delivery and organisational efficiency.

39.23 The Accounting Officer emphasised that the deployment of a single financial system throughout the HSE is regarded as a key priority by the Department. The project poses a substantial challenge to the HSE with considerable project risks and it is crucial that it is planned and evaluated in a proper and realistic manner. The Department has worked with the HSE to ensure that its proposed approach has the necessary clarity, risk identification and management, and meets procurement and legal considerations. It was the judgement of the Department that the initial proposals made at the end of 2008 did not fully meet these considerations.

39.24 The HSE subsequently revised its proposal to incorporate a new procurement approach which reflects legal advice received by the HSE. Delays to date are explained by weaknesses in the proposal put forward and the time taken to revise the approach to address these weaknesses. It is important that with such a large scale project covering the essential day to day functions of finance and procurement, proper regard is had to the quality of project planning and management and that, while seeking to move the project forward as quickly as possible, objective assessment is made on these matters prior to the commitment of major resources.

39.25 Revised proposals in relation to the National Finance and Procurement System were received from the HSE in June 2010 and subject to clarification on a small number of particular elements it is intended to formally submit the proposal to the Department of Finance.

### Conclusion

There has been considerable delay in developing the Health Service's ICT infrastructure.

Large-scale ICT projects inevitably involve protracted planning, procurement and implementation phases. The risks inherent in such projects are magnified when an organisation is also attempting large-scale business change.

In these circumstances, it is important that the HSE develops a clear ICT strategy that is fully aligned with its transformation and reconfiguration objectives and puts appropriate ICT governance arrangements in place.

## **Annex A National Finance and Procurement System**

The objectives in implementing a National Finance and Procurement System (NFPS) are

- to enable the HSE to continue its transformation programme through the development of National Shared Services
- to deliver on the Vote management requirements of the Accounting Officer
- to enhance existing controls and compliance
- to free-up resources to report and analyse information to support the front-line
- to maximise HSE purchasing power and control by supporting consolidation of demand, enforcement of contract compliance, establishing spend visibility throughout the procurement lifecycle and control of logistics and inventory management.

The need for a national system arises in the context of a HSE budget of over €14 billion in 2010 and a Finance organisation that is large and complex with Finance related functions in 31 Acute Hospitals, 184 Primary Community and Continuing Care (PCCC) locations and eight regional offices throughout the country. The Finance function deals with approximately

- 93,000 active vendor accounts (2008 figures)
- 2.2 million accounts payable invoices per year
- 500,000 accounts receivable invoices per year.

A recent review of inventory and logistics management has concluded that the absence of a single integrated national system is a fundamental constraint to the achievement of a cost-effective service in those areas. The variety and inconsistency of systems in use poses great difficulties in obtaining management information.

### ***Progress to Date***

To date almost the entire focus of the project has been on developing a business case with sufficient detail to underpin a robust decision regarding what is likely to be a significant capital investment decision.

There have been several previous iterations of the business case, which were all based on a SAP type solution. Following deliberations by the Department of Health and Children it was agreed that a new business case was required without an assumption that the final solution may be based on the extension of existing (SAP) installations nationally. The latest draft business case has been developed in that manner.

Whilst it was generally accepted that a new national financial system was required, there were some reservations in committing to such a large investment following on, as this project did, from the Personnel, Payroll and Related Systems (PPARS) and the Financial Information Systems Project (FISP). The FISP project was formally stopped by the Department of Finance in 2006. The apparently protracted timeline associated with getting the business case ready for Department of Health and Children and Department of Finance approval, which is set out in Figure 189, has to take account of that context.

**Figure 189 Timeline for Development of National Finance and Procurement System**

June 2006	Initial draft of first business case created
2007	Internal financial processes (52) designed to work with an assumed SAP solution
Sept 2008	Initial draft completed and reviewed internally and submitted to the Department of Health and Children.
December 2008	Summary proposal submitted to the Department of Health and Children
Q1 2009	Multiple engagements with Department of Health and Children to review proposals and business case
Q2 2009	Various approaches discussed with Department of Health and Children
July 2009	Legal advice received that the HSE would need to go back to market for both the solution and the implementation services. Previously, it was assumed that it would only be necessary to go to market for implementation services and that the use of SAP as a solution could be extended.
September 2009	Final version of Summary Proposal with revised approach submitted to the Department of Health and Children
January 2010	Meeting with Department of Health and Children – agreed proposed approach
February 2010	Department of Finance meeting to review agreed approach
February 2010	Draft of new business case starts
June 2010	New business case approved internally and submitted to the Department of Health and Children.

This project is still subject to internal and external approval. The scale of the project is such that it will also be subject to Department of Finance Peer Review.

Subject to sanction, the following steps are still outstanding

- Tendering
- Contracting
- Core design and testing
- Deployments to sites throughout the country.

The draft business case which has been submitted for approval indicated that it will take at least 14 months to establish the project from the time the business case is sanctioned. The business case also indicates a period of at least two years for project implementation. This is considered to be a best-case scenario based on the HSE's experience of implementing projects of this magnitude and complexity in the past. The actual implementation time will be dependent on the

- number of staff assigned to the project
- product and supplier selected
- extent to which existing processes are re-engineered and the complexity of the change management task associated with implementing these new processes.

## **Annex B National Integrated Medical Imaging System**

The use of X-ray film in the Health Service represents one of the largest risk factors and bottlenecks to service delivery within the medical imaging arena. This is as a result of the film representing a single instance of a key diagnostic procedure that is

- regularly unavailable when required
- difficult to store and manage and
- does not readily follow patients as they move through care pathways.

Picture Archive and Communication Systems (PACS) store, manage and display a patient's images electronically, removing these risk factors. Over the period 1998 to 2008, PACS systems were installed in 18 hospitals. The benefits of PACS are greatly enhanced by integrating them with Radiology Information Systems (RIS) and Speech Recognition facilities. The resulting solution provides the required functionality to significantly re-engineer and improve the radiology imaging service.

The National Integrated Medical Imaging System (NIMIS) project has a number of over-arching objectives. These are the

- installation of PACS/RIS solutions in all hospitals that currently do not have them
- facilitation of remote reporting and the reconfiguration of radiology reporting services
- elimination of significant risk factors relating to the use of film based imaging.

Interfaces will be required to ensure interoperability with existing systems locally. Detailed requirements for those interfaces are currently being developed and, subject to sanction, the HSE will proceed to tender to have those interfaces developed.

### **Costs**

There has been no ICT capital expenditure on this project to date. Costs incurred to date have been non-ICT related and entirely associated with the procurement, launch and start-up of the project. NIMIS is funded from non-ICT capital except for ICT specific items for which specific sanction is sought.

The NIMIS system is being deployed on a phased basis. Each phase consists of a number of physical sites. In agreement with the Department and CMOD, the HSE will submit separate sanction requests for each phase of the project and actual ICT capital spending will only take place as sanction is received.

The estimated cost to completion of the project is €50 million. The NIMIS contract which was signed in February 2010 covers the supply of PACS including RIS for all hospitals which do not already have PACS as well as the replacement or upgrading of a number of existing systems. In addition, it covers all existing HSE PACS sites to send data to the central archive.

## ***Progress to Date***

**Figure 190 Timeline for Development of NIMIS**

August 2007 – January 2008	Development of business case for NIMIS project
February 2008	Business case approved by Project Board and Head of Estates (HSE) and approval to go to tender
March – July 2008	System specification development
July 2008	OJEU tender issued
December 2008	Short-listing of tenders and Attorney General's review of procurement process on request of Department of Finance
March 2009	Approval to proceed to finalisation of procurement with short-listed vendors
July 2009	Preferred vendor selection completed
1 September 2009	Approved by HSE Management Team
10 September 2009	Approved by HSE Board
September 2009 – February 2010	Contract finalisation discussions
23 February 2010	Contract signed
March 2010	Project planning commenced
May 2010	Vendor's team in situ
June 2010	Detailed design phase with sites commenced, including specification of interfaces with local Patient Administration Systems and other systems

The future development of the project is planned to be as follows

<b>Milestone</b>	<b>Project Stage</b>
August – October 2010	System configuration/design
November 2010	Testing commencement
February 2011	Testing completion and training commencement
March 2011 to February 2013	All sites to go live

## Annex C Patient Management System

The basic computer application for an acute hospital is the patient administration system (PAS), providing the necessary functions for managing the range of patient administrative processes including, *inter alia*, referrals, waiting lists, inpatients (admissions/discharges/transfers), outpatient department appointments and medical records management.

### ***Implementation Progress***

In February 2005, the HSE Board approved a project comprising an initial phase to replace the then at-risk legacy PASs, principally in the North East and North West and thereafter to begin building a national solution based on unique patient ID, standard processes, and a standardised configuration. The proposal envisaged that this could cost €366 million. The system chosen was the *iEPR* product suite supplied by iSoft. This suite comprises a patient administration module – iSOFT Patient Manager (iPM) and a clinical support module – iSOFT Clinical Manager (iCM).

In the event, the Department of Finance sanctioned the initial phase of the project i.e. the replacement of the then at risk legacy PASs. Additional sites have been sanctioned since then as they too became at risk. The new hospital at Tullamore, which had no PAS, was also sanctioned for a system as were Mullingar and Portlaoise Hospitals.

During 2009, an Internal Audit report raised concerns about the implementation of the Patient Management System (iPMS). Specifically, it found that

- there were significant differences in the implementation and configuration of the system across sites. This could prove problematic if, in due course, it was decided to use the system to deliver a single standard shared patient record
- there was no national iPMS roll out strategy
- there are inconsistent patient identifiers across sites which could result in multiple records for the same patient in an integrated system
- implementation and configuration decisions are made primarily at a local level
- benefit analysis is not happening at a national level despite implementation across more than 30 sites.

I asked the Accounting Officer for his observations on these findings. He informed me that whilst the HSE Board approved a national implementation, which would have required significant change processes and national standardisation, what was subsequently sanctioned by the Department of Finance was a much more conservative approach. As a result, one would expect to see

- some differences in the configuration between sites
- different patient identifiers across sites
- implementation and configuration decisions made primarily at a local level
- benefit analysis not being carried out at a national level – as the benefits prior to a national rollout are primarily accrued at local level.

Because of the manner in which iPMS had to be deployed, separate instances were implemented in different sites. This led to some local site-specific configurations being built into the solution that may or may not have been accommodated if the systems were deployed at a regional or national basis. That said, the most significant benefit from the deployment of a PAS solution is to the hospital itself, with additional benefits being achieved as the solution is expanded to cover clusters

of hospitals regionally and nationally. Provided there is some uniformity on the use of data models and how data is recorded, national data warehousing and reporting can still be used to extract the data centrally. Such warehousing and reporting capability may provide a national view of key statistics even in the absence of a single instance, albeit producing operational rather than clinical data.

The Accounting Officer assured me that there have not been issues of interoperability between sites as the sites that need to interoperate the most have tended to be set up on the same instance of the database in any event – e.g. the hospitals in Cork. The scope of the implementation work to date has not included electronic transfer of patient information between disparate hospitals – e.g. between secondary and tertiary centres. This would involve a major investment in time and resources and it has not been possible to extend the scope of the project to include this. The priority for interoperability is within the clusters of reconfiguration hospitals, which involve groups of hospitals working together, within the same region, on provision of services in a shared manner in their catchment area. These clusters will share a common instance of iPMS, supporting a common patient record across the sites.

The plan going forward with all sites sanctioned by the Department of Finance since late 2009 is to deploy iPMS with one instance per hospital ‘cluster’. These clusters are defined by the HSE Reconfiguration Programme. This programme is currently defining what hospitals make up each cluster and what services are to be offered by each site within the clusters. The installation of iCM has commenced at one location.

However, the proposed approach with regard to future implementations and existing deployments is currently under review following recent discussions with the Department of Finance.

There are also plans to carry out additional work on sites where iPMS is already deployed so they too can operate as clusters. It should be noted that prior to iSOFT being considered a national project, the former Southern Health Board had adopted iSOFT as its product of choice for PAS in a number of sites throughout the region. The list of the sites to be considered within scope for this additional work will, therefore, also include former Southern Health Board sites running iSOFT. In the South, the cluster will be based around Cork University Hospital.

The HSE is currently only implementing the “pre-Lorenzo” version of the software. This is in line with what was approved by the Department of Finance. The HSE’s assessment of the situation with regard to development of Lorenzo is that progress has been slow and therefore the pre-Lorenzo version continues to be the dominant product offering. As such, the pre-Lorenzo version of the software will continue to be fully supported. The contract between the HSE and iSOFT obliges the company to develop and support the product in any case until at least 2015 (and longer, if necessary, given the contract extension rights that the HSE has).

## **Costs**

The capital expenditure on iPM and iCM in the period 2005 – 2010 amounted to €29.1 million. At this point, iPMS is live on 29 sites.

The nature of the contract with the vendor iSOFT is such that the licence fees are capped once the system has been deployed to an agreed number of acute hospital sites. Thereafter, the system can be deployed to all other acute hospitals without incurring additional licence costs. The costs associated with additional sites thereafter will be confined to once off deployment and implementation costs. Any further deployments of the PAS system will be provided, subject to sanction, on an ‘as needed basis’ i.e. as legacy systems reach ‘end of life’ and require replacement.

## **Annex D    Laboratory Information Management System**

Laboratory Information Management System (LIMS) is a computer system which automates the clerical activities associated with the processing of the laboratory test results. Its benefits include improved accuracy, shortened turnaround times in test results and improved productivity.

The purpose of this project is to procure and deploy a single product that will meet the needs of hospital based laboratory information systems throughout the country. There is a need to replace aging systems on major hospital sites where such systems have reached end of life and also to install systems on sites that current operate manual, clerical and operationally intensive processes.

The LIMS project is identified in the draft HSE ICT Strategy as one of the key projects that should be progressed on a national basis. It is aligned with the HSE Transformation Programme because it is designed to streamline the patient journey, reduce risk and eliminate waste arising from re-tests.

There has been no ICT capital expenditure on the project to date. Any costs incurred have been associated with meetings of the project team (travel and subsistence) and with some legal advice around procurement and contract issues. Local revenue budgets have covered such expenditure to date.

The LIMS project was progressed to the point where the tendering process was complete and a preferred supplier was identified. Draft contracts were drawn up but never concluded.

The Accounting Officer informed me that, in this instance, the project approval and management processes established since 2006 ensured that this project was stopped before implementation based on due diligence carried out before contracts were entered into by the HSE.

The HSE is now going back to the market. This will also provide an opportunity to update requirements to take into account developments since the original tender exercise was commenced. These will take account of the results of a major review of laboratory services nationally commissioned by the HSE. That review recommended fundamental changes in the organisation of laboratory services including the separation of laboratories providing services to major acute hospitals from those providing services to non-acute hospitals and Primary Care. The HSE Board accepted the recommendations of the review in May 2007. It is therefore appropriate that the LIMS project should now take on board these recommendations as requirements when preparing to go back to the market.

Once procurement is complete, contracts have been put in place and the project has been through peer review, based on previous experience, it is expected to take approximately six months to deploy these systems by area (group of hospitals) and on that basis, that it will take approximately two years to deploy the systems to all sites currently within scope. The assumed scope for this project continues to be all sites that are out of support with their legacy systems.

