

Document Control

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1. Executive Summary

1.1. Introduction and Overview

This OBC seeks approval to invest in an end-to-end technical solution for Pathology services at the heart of which is the procurement of a new laboratory information management system (LIMS) service for Wales. This investment is required as the contract with InterSystems for the current LIMS, TrakCare Lab (TCL), expires in June 2020.

The Laboratory Information Network Cymru (LINC) Programme, part of the NHS Wales Health Collaborative (NHSWHC) is leading the procurement and implementation of the new LIMS, and the wider change programme associated with this OBC. LINC is an enabling programme to support the delivery of a modern, sustainable Pathology service as part of a wider transformation plan set out in the Pathology Statement of Intent.

The strategic case makes the case for change addressing current challenges, such as staffing, future service and technical developments and the scope in terms of the disciplines covered, functional and technical requirements. A key driver is the need to further standardise services as far as possible to deliver a sustainable service. Electronic test requesting is critical to deliver key benefits including financial savings.

A long list has been assessed, from which a short list of three options has been derived:

- Option 1: Business as usual - to upgrade to TCL 2016
- Option 2: Do Minimum - to take TCL Enterprise
- Option 3: Preferred - to procure a new LIMS service

In addition to the new LIMS service, the scope of the OBC includes a national quality team and quality management system and improved management of the LIMS by NWIS as a national application.

The OBC costs are evaluated over eight years from 2019/20 to 2026/27, the first year covering the procurement via competitive dialogue and design work. A master services agreement contract form is proposed for seven years, extendable on an annual basis for a further seven years.

On a revenue only basis, the overall cost is £42 million and £4.8 million per annum. With a minimum of £8 million capital, the revenue cost is £37 million and £4 million per annum. The combined cost of the three current LIMS (WLIMS1, Telepath and Masterlab) is £4.2 million so, excluding benefits, the new Pathology solution will be £0.6 million per annum more or £0.2 million per annum less depending on the funding model.

It is estimated that a potential £4 million per annum can be realised in benefits that would cover the cost of the new LIMS, with capital monies

1.2. Strategic Case

The strategic context

Pathology is the study of disease and is involved in 70% of all diagnosis made in the NHS, underpins all clinical services, is a key component in the delivery of prudent health services to the population of Wales and an enabler to other Welsh Government health delivery plans including cancer and stroke services.

Pathology comprises a wide variety of disciplines and the main disciplines comprise *National Services* (PHW Microbiology and Screening Services, Welsh Blood Service, All Wales Medical Genetics Service and Welsh Point-of-care Testing) and *Local Laboratory Services*, comprising Andrology, Blood Sciences (including Blood transfusion), Cellular Pathology and Microbiology (not provided by PHW).

Pathology services undertook around 30 million authorised test sets during 2017/8. The service is under increasing pressure from growth in demand and the development of new technologies. Pathology services cost around £118 million, at least 1.9% of the total health care budget. In March 2017, it was estimated that there were 2,026 FTE staff in healthcare science and 200 FTE medical staff, of which 133 were consultants. One of the key issues faced by the service is recruitment and retention of skilled staff.

There is no single Pathology service across Wales and, although some services are provided nationally, most sit under the responsibility of the six University Health Boards (UHBs) and Public Health Wales (PHW).

The Pathology service is undergoing change in relation to boundary changes, implementation of the Carter recommendations to create hub and spoke services, reconfiguration of services in the West as part of the Arch initiative, the new Grange University Hospital due to open in Cwmbran in 2021 and piloting Digital Cellular Pathology in Glan Clwyd Hospital.

Business strategies

The development of an end-to-end technology solution for pathology services will contribute to the delivery of [*A healthier Wales; our plan for health and social care*](#) and the new LIMS will be a national application as part of [*Informed health and care: a digital health strategy for Wales*](#). The solution will be a key deliverable towards the *Pathology Statement of Intent*, a national plan to modernise Pathology services across Wales, currently being finalised for sign off by Welsh Government.

The case for change

The current LIMS (known as WLIMS1) is InterSystems TCL 2011, which was procured in 2010 as a single, national system intended to replace 13

standalone systems. Significant progress has been made but further work remains to complete implementation. The contract includes an upgrade TCL 2016 but in 2017, the NHS and InterSystems jointly decided against this upgrade. However, TCL 2011 is not supportable after January 2020 because the Microsoft operating system is end of life. Consequently, the upgrade will have to go ahead as the delay in the re-procurement means that it is not possible to deploy a new solution by June 2020. Many lessons have been learned from WLIMS and being taken into account within LINC.

Standardisation is critical to underpin the transformation of the Pathology service to be more sustainable in terms of delivering a high quality service, creating capacity to cope with increasing demand at the same time as reducing costs. The service has agreed the definition of standardisation and warranted variation (e.g. because of using different equipment) as a basis for taking forward standardisation as far as possible.

Electronic test requesting (ETR) is also critical to deliver benefits and underpin service transformation. The current ETR service is provided by the Welsh Clinical Portal (WCP), but does not currently meet the needs of the Pathology service as a whole. A Pathology ETR requirement has been defined and the current and planned WCP capability is being assessed to determine the gap. If the WCP cannot be developed to meet Pathology requirements, then the procurement of a separate system with the LIMS has been included as an option. Substantial financial savings can be realised if paper requests no longer have to be manually booked in and scanned.

LINC has multiple and complex stakeholders with different levels of interest in the LINC programme. Key stakeholders have been engaged in the development of this OBC through events, meetings and email. More than thirty workshops have been held or are planned during 2018 to contribute to this business case and / or develop the requirements for the new service.

The spending objectives for the LINC Programme have evolved throughout 2018. They provide the basis for this OBC:

- SO1** To improve patient care, patient safety and patient outcomes;
- SO2** To enable the transformation of healthcare services to be leaner, standardised, more sustainable and provide long-term stability;
- SO3** To deliver a seamless, end-to-end electronic solution for Pathology services;
- SO4** To contribute to the more prudent use of Pathology resources through demand management, predictive costing and minimised financial risk;
- SO5** To meet current and future service requirements.

1.3. Economic Case

In accordance with national guidance, this section of the OBC documents the wide range of options that have been considered to deliver the spending objectives and recommend a preferred option for investment. The OBC covers eight years from 2019/20 – 2026/7, the first year for procurement.

The long list

A wide range of options have been generated that identifies and analyses choices for scope (SCO), service solution (SSO), technical solution (TSO), configuration (CON), service delivery (SDO) and implementation (IMP). Discussions at the LINC Programme Board and various workshops has generated and reviewed the long list options.

Scope Options

The scope includes systems and services that collectively deliver an end-to-end technical solution to support the modernisation of Pathology services, including:

- A solution that support all Pathology disciplines and sub-disciplines
- Core and discipline specific functionality
- Business intelligence
- Pathology, quality, informatics and validation standards
- Business change including training and development
- Documentation
- Additional systems including vein-to-vein blood tracking with remote issue, scanning, dictation and voice recognition, business intelligence, a national quality management system, NPEx to manage referrals in and out of Wales and an optional ETR system
- Legacy data migration and repository
- Technical requirements, including integration services
- Capacity to support future service and technical developments

The scope excludes:

- New systems for Medical Genetics, Point-of-care-testing, Bowel screening, Downs screening and WTAIL;
- All local hardware including peripherals, networks, fridges, blood transfusion kiosks and other local equipment;
- Local costs of deployment such as backfill for training;
- Wide area networking as the service will use the All Wales Public Sector Broadband Aggregation (PSBA);

The scope is considered in relation to four options: Business as usual, Do minimum, Intermediate and Maximum.

Table 1 provides a summary of the long listing evaluation for all options.

Table 1: LINC Long List of Options: Summary of Inclusions and Exclusions

Category	Title	Conclusion
Scoping Options		
SCO1	Business as usual	Discounted
SCO2	Do Minimum	Discounted
SCO3	Intermediate	Preferred
SCO4	Maximum	Possible
Service Solution Options		
SSO1	Local LIMS for each health board	Discounted
SSO2	Best of breed LIMS per main discipline	Discounted
SSO3	Separate Cellular Pathology LIMS	Possible
SSO4	Single, national LIMS	Preferred
Technical Solution Options		
TSO1	Supplier cloud hosted solution	Preferred
TSO2	National data centre – supplier hosted	Possible
TSO3	National data centre – NWIS hosted	Discounted
TSO4	Local data centres – Health Boards	Discounted
Configuration Options		
CON1	In-house configuration (NWIS)	Possible
CON2	Supplier configuration	Preferred
Service Delivery Options		
SMO1	In-house system delivery	Discounted
SMO2	NHS service management	Discounted
SMO3	Supplier partial service management	Preferred
SMO4	Supplier total service management	Possible
Implementation Options		
IMP1	All disciplines phased by site	Discounted
IMP2	All disciplines phased by HB	Preferred
IMP3	Phased by discipline by HB	Possible
IMP4	Phased nationally by discipline	Discounted
IMP5	Big bang	Discounted

The Shortlist

Following the longlisting exercise, three shortlisted options have been generated:

- **Option 1: Business as usual** option, for benchmarking purposes. This option is to upgrade to TCL 2016. It is rejected as TCL 2016 is end of life by 2025 and Wales will be in the same position as now;
- **Option 2: Do minimum option**, to put in place a new contract with InterSystems without going out to procurement to take their latest product, TCL Enterprise (TCLE). This option is likely to incur legal challenge if no procurement is undertaken;
- **Option 3: Preferred approach** to go out to procurement for a new LIMS service.

Net Present Costs (NPC)

Overall costs over the life of the contract covered by the OBC (seven years from 2020/21 to 2026/7) has been combined with the financial value of the benefits and the costs of the risks to calculate the NPC for each option.

Only financial benefits have been considered with more work to be completed for the full business case, which will also add the value of economic benefits. Financial benefits are estimated at £4m per annum (3% of the costs of the Pathology service), which are considered in relation to:

- Electronic test requesting (1%);
- Improved business intelligence and demand management (1%);
- Improved patient pathways and outcomes (1%).

The NPC presented in Table 2 shows that, although Option 3 is marginally the most expensive, it has the least net present cost.

Table 2: Net Present Cost

Financial Details	Option 1: BAU	Option 2: Do Minimum	Option 3: Preferred Approach
	£k	£k	£k
Financial cost total	26,875	42,916	44,478
Optimism Bias @ 20%	0	8,583	8,896
Total including optimism bias	26,875	51,499	53,374
Quantification of benefits	-6,222	-12,444	-18,667
Risk Quantification	22,719	14,400	2,424
Total – Pre-Discounting	43,371	53,455	37,131
Net Present Cost	40,105	51,447	35,713

In conclusion, option 3, to procure a new LIMS service is recommended as the way forward. The rest of the OBC takes forward this recommendation.

1.4. Commercial Case

The contract will provide a managed service for a single, national LIMS service with one supplier responsible for the national application and associated tools in partnership with NWIS for integration services to national applications and local, clinical downstream systems.

As NHS Wales organisations are public sector bodies; all NHS Wales procurements must comply with Standing Orders and the Public Contracts Regulations 2015 (PCR2015).

Velindre NHS Trust is the host of the NHS Wales Informatics Service and will be the Contracting Authority for the purposes of this procurement.

Procurement strategy

The principle aim of the procurement is to procure a LIMS service to replace the existing legacy solution/s. In line with the infrastructure strategy of NHS Wales, the solution will be hosted either in an NHS Wales data centre or an accredited data centre and delivered across NHS Wales' network infrastructure (currently provided by the Welsh Government's PSBA network).

The procurement approach envisages a single supplier provided solution with the chosen supplier taking prime contractor responsibility for the range of infrastructure, systems and services that comprise the LIMS service.

The length of contract will be tailored to give best value for money but the option will be explored during the procurement for a 14 years contract offering a minimum of seven years with the option to extend on an annual basis for another seven years.

The contract form of Agreement will be a Master Services Agreement, based on an amended form of the IT Services Contract having regard to the Crown Commercial Services and other best practice guidance of IM&T procurement. Each health board will "call off" their requirements from the Master Services Agreement and via this process will execute their own distinct local contracts "Deployment Orders" with the contractor.

The NWIS Head of Commercial Services will lead the procurement supported by a Procurement Team comprising suitably qualified and competent resources, including legal and commercial advisers.

Subject to the Welsh Government signing off this OBC, it is intended to publish the OJEU notice in March 2019. It is anticipated that the implementation under the proposed contract will start in 2020, taking into account the migration/exit off the legacy solutions and in accordance with the LINC programme plan.

1.5. Financial Case

The primary purpose of the financial case is to set out the financial implications of the preferred option to ensure that the solution is affordable.

Apportionment of Costs

The NHSW Collaborative Executive Group has requested that a different approach to WLIMS1 apportionment of costs be agreed and a paper has been submitted to the Deputy DoFs for consideration. For the purposes of the OBC, a working assumption has been made that the apportionment will be based on the annual allocation to health boards and NHS trusts, in accordance with the WHC (2017) 053 Health Board 2018-9 Allocations.

Financial expenditure

Tables 3-5 present the costs per organisation based on the revenue apportionment by allocation for revenue only and for capital and revenue. Given the latest guidance in IFRS16, a capital/revenue model is most likely. The overall cost over the life of the OBC is £42 million revenue only or £37 million revenue + £8 million capital from the Welsh Government. In addition, there is the £6 million cost of the LINC Programme. The NHSW CEG has approved the revenue costs, which comprise:

- Current LIMS (dual running) - £11m
- New LIMS service - £22m (rev only) or 18m rev+ £8m capital
- National quality management system and quality team - £3m
- NWIS technical services and support costs - £5m

The annual cost of the new Pathology solution overall is estimated as £4.8m (revenue only) or £4m (with capital funding), compared to the costs of the three current LIMS (TCL, Masterlab and Telepath), which is £4.2m.

Potential savings of 3% of Pathology costs have been estimated, which equates to £4 million per annum, that could cover all or most of the cost of the new Pathology solution.

There is a potential impact on the balance sheet if a capital / revenue approach is taken and capital assets have been purchased.

Overall affordability and balance sheet treatment

The most expensive years are 2020/21 and 2022/23, where between £5m - £8m additional revenue funds are required per annum (unless some implementation costs can be converted to capital monies).

As part of the sign off for this OBC, each health board and trust will be required to provide a letter supporting the programme and costs signed by their Chief Executive and Director of Finance.

Table 3: LINC OBC whole life costs plus per annum costs per organisation

Health Board / Trust	Revenue Only £k						
	Whole Life Costs (2019/20 - 2026/7)			Per Annum Costs of Pathology Solution £k			
	Pathology Solution	LINC Programme	Total Cost	New Annual Cost	Costs of Current LIMS'	Potential Savings	Additional Costs / Savings
ABM UHB	7,249	1,037	8,286	830	859	716	-745
Aneurin Bevan UHB	7,916	1,133	9,049	906	688	784	-566
Betsi Cadwaladr UHB	9,374	1,341	10,716	1,073	765	928	-620
Cardiff and Vale UHB	5,833	835	6,667	668	803	579	-714
Cwm Taf UHB	4,333	620	4,953	496	386	429	-319
Hywel Dda UHB	5,125	733	5,858	587	483	506	-402
Velindre NHST	0	0	0	0	220	0	-220
Powys Teaching HB	1,833	262	2,095	210		59	151
Grand Total (Revenue only)	41,663	5,961	47,624	4,768	4,205	4,000	-3,436

Health Board / Trust	Capital and Revenue £k						
	Whole Life Costs (2019/20 - 2026/7)			Per Annum Costs of Pathology Solution			
	Pathology Solution	LINC Programme	Total Cost	New Annual Cost	Costs of Current LIMS'	Potential Savings	Additional Costs / Savings
ABM UHB	6,483	1,037	7,521	690	859	716	-884
Aneurin Bevan UHB	7,080	1,133	8,213	754	688	784	-718
Betsi Cadwaladr UHB	8,384	1,341	9,726	893	765	928	-800
Cardiff and Vale UHB	5,217	835	6,051	556	803	579	-826
Cwm Taf UHB	3,875	620	4,495	413	386	429	-403
Hywel Dda UHB	4,583	733	5,317	488	483	506	-501
Velindre NHST	0	0	0	0	220	0	-220
Powys Teaching HB	1,640	262	1,902	175		59	116
Grand Total (Revenue)	37,263	5,961	43,224	3,968	4,205	4,000	-4,236
Welsh Government							
Grand Total (Capital)	8,000		8,000.00				

Table 4: LINC OBC Costs per Annum by Organisation (Revenue only)

Health Board	% Cost per HB	Apr 19 - Mar 20 £k	Apr 20 - Mar 21 £k	Apr 21 - Mar 22 £k	Apr 22 - Mar 23 £k	Apr 23 - Mar 24 £k	Apr 24 - Mar 25 £k	Apr 25 - Mar 26 £k	Apr 26 - Mar 27 £k	Total Cost £k
Total Costs of the Pathology solution including dual running costs - capital & revenue (based on a working assumption of apportionment by allocation)										
ABM UHB	17.4%	136	855	1,478	1,332	955	830	831	832	7,249
Aneurin Bevan UHB	19.0%	149	933	1,614	1,455	1,043	906	907	908	7,916
Betsi Cadwaladr UHB	22.5%	177	1,105	1,911	1,723	1,235	1,073	1,074	1,076	9,374
Cardiff and Vale UHB	14.0%	110	688	1,189	1,072	769	668	668	669	5,833
Cwm Taf UHB	10.4%	82	511	883	796	571	496	497	497	4,333
Hywel Dda UHB	12.3%	97	604	1,045	942	675	587	587	588	5,125
Velindre NHST	0.0%	0	0	0	0	0	0	0	0	0
Powys Teaching HB	4.4%	35	216	374	337	242	210	210	210	1,833
Total Path Solution Costs	100.0%	786	4,912	8,495	7,658	5,491	4,768	4,774	4,780	41,664
LINC Programme Costs per HB / Trust										
ABM UHB	17.4%	265	232	236	222	83	0	0	0	1,037
Aneurin Bevan UHB	19.0%	289	253	258	243	90	0	0	0	1,133
Betsi Cadwaladr UHB	22.5%	342	300	305	287	107	0	0	0	1,341
Cardiff and Vale UHB	14.0%	213	186	190	179	67	0	0	0	835
Cwm Taf UHB	10.4%	158	138	141	133	49	0	0	0	620
Hywel Dda UHB	12.3%	187	164	167	157	58	0	0	0	733
Velindre NHST	0.0%	0	0	0	0	0	0	0	0	0
Powys Teaching HB	4.4%	67	59	60	56	21	0	0	0	262
Total Programme Costs	100.0%	1,522	1,332	1,356	1,277	475	0	0	0	5,961
Combined Cost Current LIMS, Pathology Solution and Programme										
ABM UHB		401	1,086	1,714	1,555	1,038	830	831	832	8,286
Aneurin Bevan UHB		438	1,186	1,872	1,698	1,134	906	907	908	9,049
Betsi Cadwaladr UHB		519	1,405	2,216	2,010	1,342	1,073	1,074	1,076	10,716
Cardiff and Vale UHB		323	874	1,379	1,251	835	668	668	669	6,667
Cwm Taf UHB		240	649	1,024	929	620	496	497	497	4,953
Hywel Dda UHB		284	768	1,212	1,099	734	587	587	588	5,858
Velindre NHST		0	0	0	0	0	0	0	0	0
Powys Teaching HB		102	275	433	393	263	210	210	210	2,095
Grand Total (Revenue only)		2,307	6,244	9,851	8,934	5,966	4,768	4,774	4,780	47,624

Table 5: LINC OBC Costs per Annum by Organisation (Capital & Revenue)

Health Board	% Cost per HB	Apr 19 - Mar 20 £k	Apr 20 - Mar 21 £k	Apr 21 - Mar 22 £k	Apr 22 - Mar 23 £k	Apr 23 - Mar 24 £k	Apr 24 - Mar 25 £k	Apr 25 - Mar 26 £k	Apr 26 - Mar 27 £k	Total Cost £k
Total Costs of the Pathology solution including dual running costs - capital & revenue (based on a working assumption of apportionment by allocation)										
ABM UHB	17.4%	136	855	1,409	1,193	816	690	692	693	6,483
Aneurin Bevan UHB	19.0%	149	933	1,538	1,303	891	754	755	756	7,080
Betsi Cadwaladr UHB	22.5%	177	1,105	1,821	1,543	1,055	893	894	896	8,384
Cardiff and Vale UHB	14.0%	110	688	1,133	960	657	556	556	557	5,217
Cwm Taf UHB	10.4%	82	511	842	713	488	413	413	414	3,875
Hywel Dda UHB	12.3%	97	604	996	843	577	488	489	490	4,583
Velindre NHST	0.0%	0	0	0	0	0	0	0	0	0
Powys Teaching HB	4.4%	35	216	356	302	206	175	175	175	1,640
Total Path Solution Costs	100.0%	786	4,912	8,095	6,858	4,691	3,968	3,974	3,980	37,264
LINC Programme Costs per HB / Trust										
ABM UHB	17.4%	265	232	236	222	83	0	0	0	1,037
Aneurin Bevan UHB	19.0%	289	253	258	243	90	0	0	0	1,133
Betsi Cadwaladr UHB	22.5%	342	300	305	287	107	0	0	0	1,341
Cardiff and Vale UHB	14.0%	213	186	190	179	67	0	0	0	835
Cwm Taf UHB	10.4%	158	138	141	133	49	0	0	0	620
Hywel Dda UHB	12.3%	187	164	167	157	58	0	0	0	733
Velindre NHST	0.0%	0	0	0	0	0	0	0	0	0
Powys Teaching HB	4.4%	67	59	60	56	21	0	0	0	262
Total Programme Costs	100.0%	1,522	1,332	1,356	1,277	475	0	0	0	5,961
Combined Cost Current LIMS, Pathology Solution and Programme										
ABM UHB		401	1,086	1,644	1,415	899	690	692	693	7,521
Aneurin Bevan UHB		438	1,186	1,796	1,546	982	754	755	756	8,213
Betsi Cadwaladr UHB		519	1,405	2,126	1,830	1,162	893	894	896	9,726
Cardiff and Vale UHB		323	874	1,323	1,139	723	556	556	557	6,051
Cwm Taf UHB		240	649	983	846	537	413	413	414	4,495
Hywel Dda UHB		284	768	1,162	1,001	635	488	489	490	5,317
Velindre NHST		0	0	0	0	0	0	0	0	0
Powys Teaching HB		102	275	416	358	227	175	175	175	1,902
Total (Revenue)		2,307	6,244	9,451	8,134	5,166	3,968	3,974	3,980	43,224
Capital										
Capital from Welsh Government			8,000							8,000
Total (Capital)		0	8,000	0	0	0	0	0	0	8,000
Grand Total (Capital & Revenue)		2,307	14,244	9,451	8,134	5,166	3,968	3,974	3,980	51,224

1.6. Management Case

Programme governance

The LINC Programme sits within the portfolio of the NHS Wales Health Collaborative. The LINC Programme Board was established in December 2017 with membership from each HB and professional bodies, and is chaired by Adrian Thomas, Executive Director of Therapies and Health Sciences for Betsi Cadwaladr UHB, the LINC Senior Responsible Owner.

The LINC Programme reports to the NHSW CEG and seeks professional advice from the National Pathology Network, Standing Specialist Advisory Groups (SSAGs), Standardisation Groups and the Pathology service directly. NWIS, Pathology IT Managers and the Associate Directors of Informatics provide technical advice and informatics assurance.

Risk and issue management is in place. Benefits realisation and stakeholder management strategies are being developed.

National Programme Team

Judith Bates is the LINC Programme Director leading a national programme team comprising the *LINC programme management office*, *National Pathology team* of subject matter experts, *NWIS programme resources* and *specialists advisers* (e.g. legal, commercial and NHS) for the procurement.

Programme Timescale and Costs

The timescale for the programme from April 2019 - March 2024 will cover four tranches of work:

- Procurement until March 2020
- Development, testing, validation until Sept 2021
- Deployment until Sept 2023
- Benefits realisation and handover to operations by March 2024

The cost of the programme including non-pay and 10% contingency is £6 million, which has been approved by the NHSW CEG.

Operational Governance

A service management board will be responsible for the day-to-day management of the new LIMS service and report to a national contract management board. Both Boards will be facilitated by NWIS and chaired by the NHS. Given the use of a Master Services Agreement, there will be a relationship between the national CMB and local HB/PHW contract and service management boards for the new LIMS to ensure good communications and contract management.

Post project evaluation arrangements

Gateway Reviews are being planned for the end of each tranche of the programme starting with tranche 2 to assure the delivery strategy.

A post implementation review (PIR) and post evaluation review (PER) will be conducted between March and September 2023.

Recommendation

It is recommended that this LINC Outline Business Case be reviewed by NHS Wales Health Boards and Trusts.

Signed:



Date: 13 December 2018

Adrian Thomas

Senior Responsible Owner Project

LINC Programme