

Liquidlogic EHCP functionality implementation

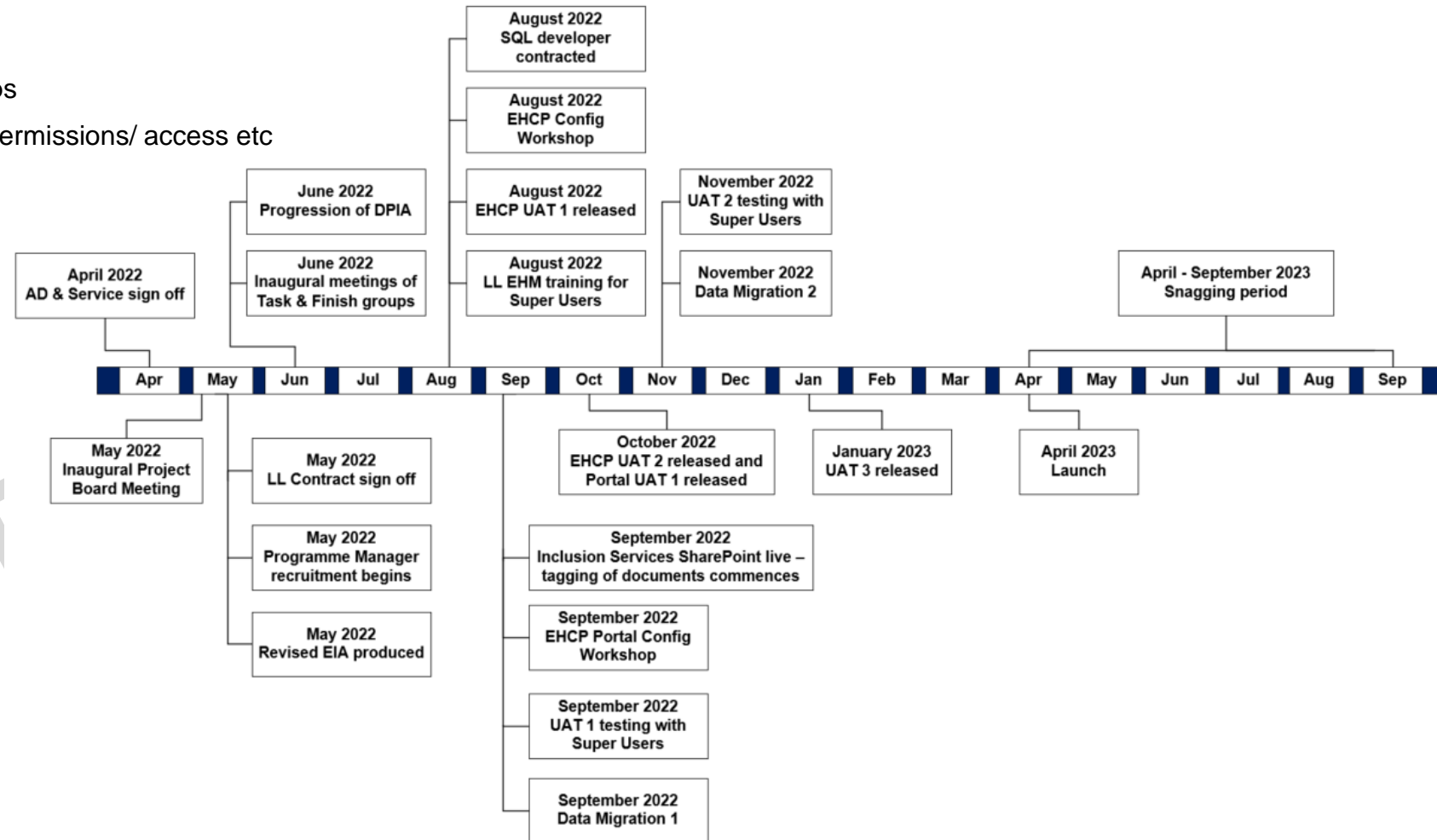
July 2022: Update

Key recent progress includes:

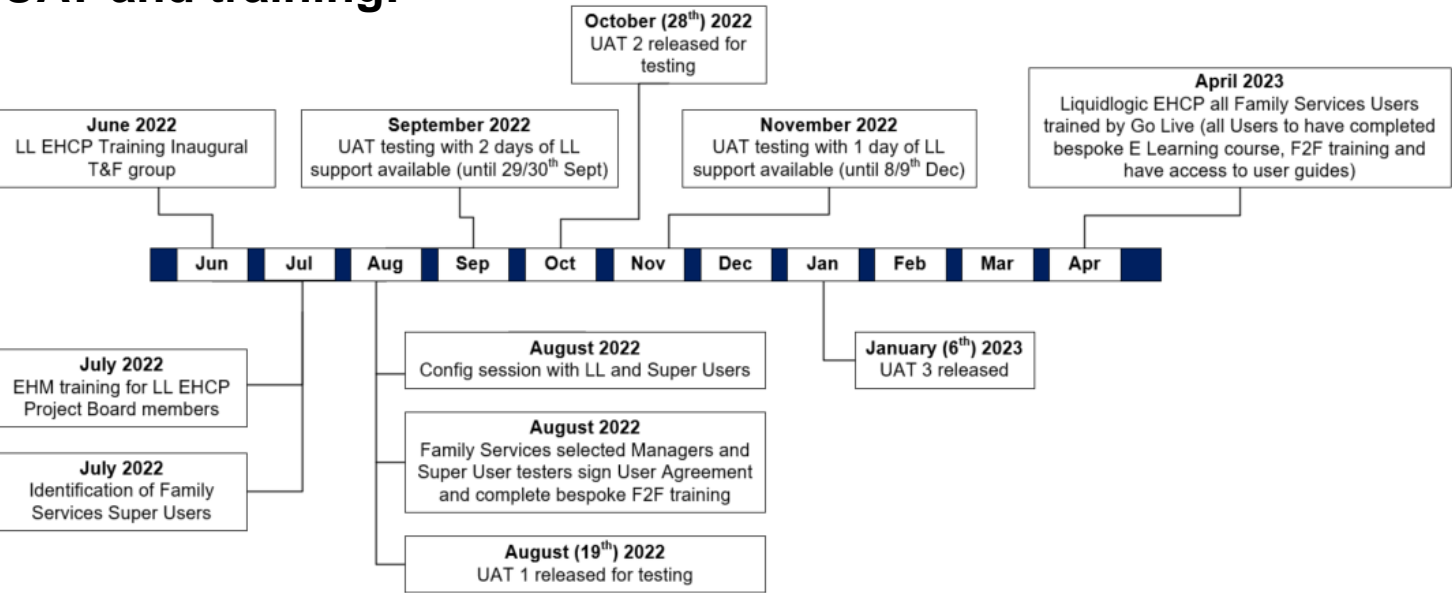
- Advancement of all workstream task and finish groups
- IG; production of DPIA ongoing, definition of profile permissions/ access etc
- Identification of a group of 18 Family Services Super Users from across the business
- Identification of wider stakeholders and representatives and subsequent engagement
- Continued reparatory work in advance of the configuration workshop (2nd August) including participation at pre config workshop conference call
- Processes have been mapped and shared with the service for review, enabling the build of forms to commence
- Appointment of SQL developer contractor to support data migration
- Decision to utilise Boomi for automation purposes

Key next steps include:

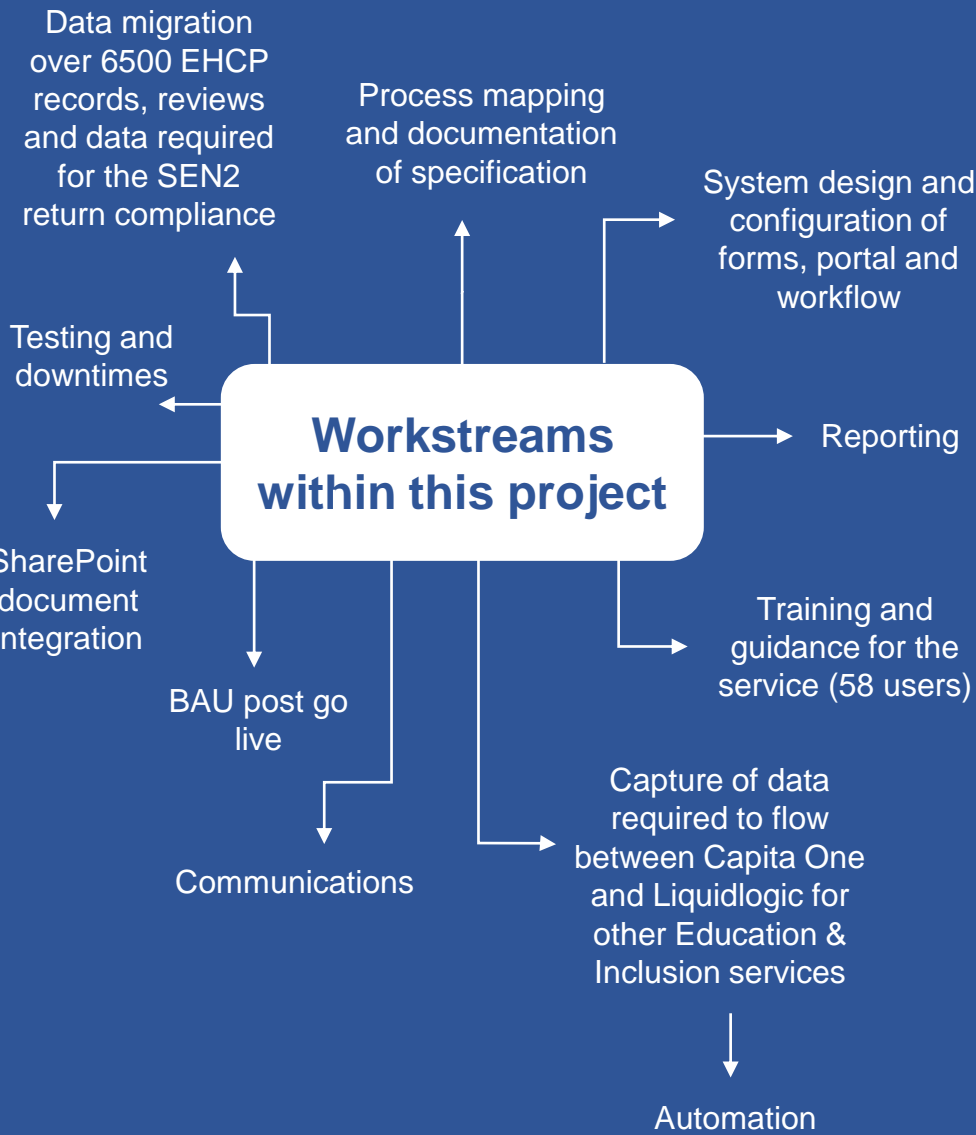
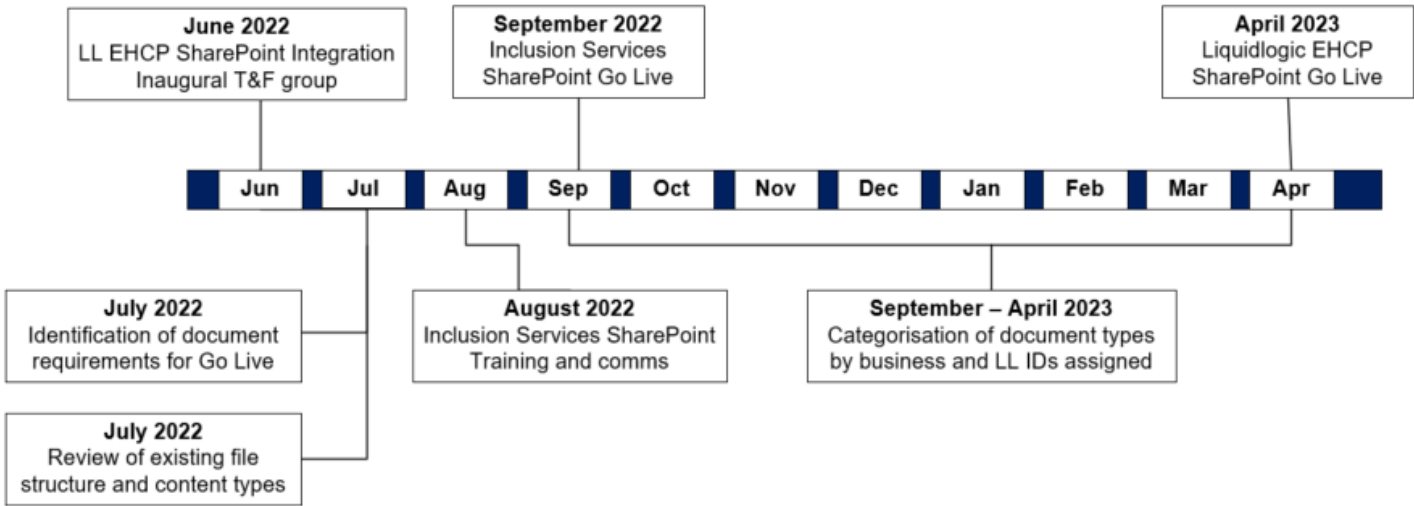
- EHCP Config Workshop (2nd August)
- Further engagement with stakeholders
- Preparations for UAT 1
- Recruitment continues (including the appointment of 3 BSOs to support with implementation prerequisites)



UAT and training:



SharePoint Integration:



Further engagement with other LAs:

Members of the Project Board met with **Lancashire County Council**, who utilise the EHCP module but do not currently use EYES. The Service Lead for the design and implementation of the EHC module within EHM in Lancashire stated that since implementation:

- The Service's grip of cases is '1000x better' with the new system
- There have been a reduction in complaints
- There has been a significant increase in timely advice returns i.e; health
- There has been a significant improvement in cases audited considered good/ outstanding

Members of the project board also met with **Cheshire East Council** on the 20th July.

Identified Representatives and Stakeholders:

We recognise the importance of engaging with a variety of stakeholders to deliver this piece of work. Workstreams within the project, including the design of the EHCP forms within the constraints of statutory requirements, will therefore include representatives from:

Health: Nic Smith Howell, Kathryn Searle (SW and NE CCGs), Mark Gower (Waveney CCG)

Social Care: Hannah Holder (Designated Social Care Officer for SEND)

Schools: Julia Grainger

We have also consulted/ are due to meet with the following stakeholders:

- The SEND Young Persons Network (Julia Ilott, 27th July)
- SENDIASS (Nicki Howlett, 27th July)
- The Parent Carer Forum (Nia Cooper, 21st July)
- SEND Quality Assurance colleagues involved in the delivery of 'Enhance' training (Hannah Fisk, involved in process task and finish group and a super user)
- Special Schools Heads/ PRU Heads forum (Izzy Connell, 21st July)
- SENCO Forum

High Level Project Risk Log:

| Risk | Description | RAG | Counter measure |
|---|--|-----|--|
| Resolution of discrepancies in data between systems | e.g. a variation in address between Capita One and LL for a child | M | There is a need to agree a methodology/ principle not just for this project but others on how we deal in discrepancies in core data across our systems |
| Service's capacity to engage in project | eg; available time to contribute to process mapping | M | Need to ensure that messages are communicated clearly and that there is alignment with Impower/ positive communication |
| EHCP Portal capacity at launch | To clarify with LL - potential capacity limit for portal access by service users at one time | M | Potential for a staggered launch to ease pressure on portal |
| BSO capacity for data cleansing of inboxes | Additional resource required to streamline move of plans from P drive/ inboxes | H | Secure additional BSO resource to support this workstream |
| Data migration SQL writing | lack of internal resource capacity to complete SQL writing within timescale | H | Engage external resource/ recruitment process |