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Signal

Project Initiation Document (PID)

Signal

Programme Initiation Document



Signal Project Initiation Document (PID)

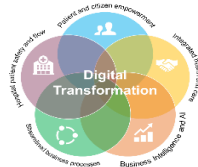
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1 DOCUMENT PURPOSE

This document describes the activities to be managed and/or undertaken to successfully complete the Signal Project and to assess its overall success.

The document provides key information to stakeholders about the development of Signal as a system. It also provides all the information required in order to allow the Signal Project Board to make any decisions or commitments. In addition this document provides a baseline from which progress can be formally monitored.

2 BACKGROUND

Due to the operational pressure placed on SBUHB of not having an Electronic Whiteboard Solution and therefore a reliance on manual whiteboards and lists of patients, a request for an electronic solution was received by the Digital Department from the Singleton Hospital Assessment Unit (SAU). Subsequently, in November 2018 a solution named Signal – an Electronic White Board Solution – was designed and implemented across Singleton Hospital as a digital way to maintain the lists the manage patient admissions which contains the information that front line staff need to complete the jobs/investigations for their patients.

Phased implementation began in SAU. Digital were initially approached to provide a way of tracking patients through the SAU as ABMU Clinical Portal was unable to support a long list of requirements to support SAU ways of working that would alleviate concerns with patient safety. The department relied on a number of patient paper lists, whiteboards and clinical systems to manage and communicate between admin staff, nurses, pharmacists, doctors and bed managers. To maintain these lists took 1½ hours per day, by staff transcribing from one list to another. It also meant that there was no complete list, so at any one time no 'real time' view of the department was available. Paper processes meant that there was no history available to track changes and vital information required was recorded on paper and held by the

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individual, rather than an electronic record for all to view. Paper also meant it was not possible to audit.

SIGNAL was developed in SharePoint and large monitors replaced the existing manual whiteboards. The system was developed, based on the specification of the department and is an excellent example of user-centred and clinically led design, made possible by fast-paced agile informatics development and implementation.

The solution offers several different views of the same information captured in a streamlined and safe manner. It meets the needs of users to capture and use information traditionally captured on paper and whiteboards, including:

- Reception view to admit patients and manual check demographics against WPAS / Portal.
- Triage view that identifies patients awaiting triage.
- Doctor's whiteboard view and doctors' post take list to support handover and MDT working. This view displays Patient Name, DOB, Hospital number, Date & time patient arrived, Bed location, Ward location, presenting complaint, latest NEWS score, Consultant, Specialty, Clerked by (displays doctors grade) Doctors plan, Doctors jobs, Period (24hrs period the doctors cover 9am to 9am over two days)
- Electronic nurses white board – replicates information previously entered manually onto a whiteboard with a live patient location within the department. The view displays patient name, bed location, ambulance handover, consultant, time next observations due, latest NEWS score, along with icons if the following applies sepsis screening completed, diabetic, blood sugar monitoring score, patient monitoring, nil by mouth, dementia, infection control, falls, learning disabilities and 'do not resuscitate. Nurse jobs will display once entered along with mobility comments recorded by Support Workers.
- Bed managers' information displayed as a green square, which indicates bed allocation and the bed location is displayed in the Bed Manager Bed allocated on Ward column. The bed managers also have a daily count of patients whose source of admission was 999

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- Medically Fit patient view, which displays all patients in the hospital recorded as medically fit and the information generated regarding where they are in the discharge process.
- Pharmacy view, has three different views to support operational delivery, medication checks, drug history and handover
- Historical view to available for 60 days to support review and audit. This supports SEPSIS screening and review of NEWS scores.

The results were very positive. The evaluation report which was carried out with Singleton colleagues documents the following benefits:

- ✓ Nursing Handover reduced by 30 minutes,
- ✓ Doctor generating post-take list reduced from 45 minutes to < 2 minutes.
- ✓ No missing patient information.
- ✓ Access from anywhere in hospital.
- ✓ Improved IG compliance and team working.
- ✓ Current state of patients live, accurate and available.
- ✓ There was also increased digital readiness across all areas for digital ways of working.
- ✓ A catalyst for change was the removal of the Whiteboards, ensuring new ways of working had to be followed as old methods were no longer available
- ✓ Created digital champions and a strong visionary group of clinical digital champion

Valuable learning for further roll out.

In September 2019, the Hospital to Home (H2H) project team identified the requirement to group patients into three separate streams in order to facilitate expedient discharge from hospital where appropriate. There was no facility to record all required information for H2H other than SIGNAL, including the ability to share information seamlessly in 'real time' with Social Care and Community partners.

The Digital department was therefore asked to implement Signal in Morriston, Neath Port Talbot and Gorseinon Hospitals between Nov 2019 and March 2020 in order to support the implementation of Hospital to Home.

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Once implemented in all wards within each site, the benefits over and above its ability to record H2H pathway allocations have become apparent.

Medical requirements and care of patients will always take priority over administrative requirements, therefore it is unlikely any system would always be updated in 'real-time'. However, patients must now be added to Signal to appear on the whiteboard and handover sheets. The propensity to update Signal is therefore far greater than any other system.

Accurate, up to date information, collatable centrally presents significant opportunities to assist with patient flow and quality of care.

This centralised source of information, which can now be updated from multiple sources is used for the following purposes:

Infection control on wards – by having an infection control alert in Signal, members of staff can add the alert, which will show on both doctors and nurses prints and is collatable centrally for infection control and management to view. This has enabled infection control to act swiftly where there is an issue on a ward.

Covid 19 recording and central collation – 'Covid 19 suspected', 'confirmed' and 'downgraded' have now been added to Signal, ensuring that all members of staff involved in the patients care have access to this relevant information and each hospital, infection control and management have been able to see ward and hospital views of covid 19 status.

Patient Flow – the weekly collation of patient flow information from wards manually has now ceased and an accurate account of a patient's status and their ability to be discharged is input in Signal and available to view collectively in the management section of Signal. Physio Therapists, Occupational Therapists and many other professions are able to update the patient record in order to ensure a multidisciplinary approach that all can access and update as information becomes available. This has reduced 'Medically Fit' meetings from 4 hours typically to an hour every week. The patient flow team also no longer need to spend a working day updating figures manually.

Rapid Discharge & Hospital to Home – columns have been added in order to categorise patients for rapid discharge and a tile made viewable

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to Social Services. This is in order to facilitate a multidisciplinary approach to a patient's discharge, but also to ensure consistency of information across multiple staff members, disciplines and organisations.

Welsh Government Reporting – SBU submits weekly reports to Welsh Government across numerous categories. As much of the information requested was present in Signal, it has been refined to enable this report to be collated on a weekly basis.

Bed Management – Signal has a view which takes admitted patient information, compared to beds available to enable an accurate assessment of each ward and each hospital of its capacity. It also includes information relating to cubicles available and if required, the reason each patient is in the cubicle.

Mortuary View – Signal has a linked application which transfers patient information once they are marked 'RIP' to the Mortuary application. This assists the mortuary in tracking patients, preparing for patients and if any site reaches capacity it will facilitate reorganisation.

Community Demand – The Discharge Destination column records the patient's ultimate discharge destination and, if it is a bed in the community, can be collated to assess demand for community services.

Internal Transfer lists – The Discharge Destination column also contains internal destinations. This can be summarised on the management tile in order to display a waiting list of patients for transfer. The 'transfer fit' column also displays whether that patient is ready and able to be transferred.

Dieticians – Signal provides valuable information to dieticians relating to patient's dietary requirements, any allergies and health considerations.

Pharmacy – Pharmacy have a customised tile for each ward, showing any pharmaceutical requirements, enabling them to view requirements at a glance and facilitating good communication between wards and pharmacy.

Therapies – Physio therapists and occupational therapists add to the MDT Discharge planning column in order to facilitate a multidisciplinary approach and improve communication.



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Signal is currently developed on Sharepoint. This has allowed flexible and rapid development in response to a user centred design approach. This has enabled the implementation of the system at pace across the Health Board, across a variety of clinical areas. However, it is becoming clear that the increasing user requirement is beginning to outgrow the capabilities of the Sharepoint platform which will be a barrier to any further development needs going forward. Key examples of this are the column limit within Sharepoint which restrict the addition of new fields, the inflexibility the platform offers when linking to other systems and the difficulty of inputting and extracting structured data for information and clinical coding purposes.

As such it has been determined that Signal will be redeveloped using the .NET platform to ensure it meets future needs going forward. A phased development approach will be undertaken, engagement is taking place with users to help identify what additional functionality is required in the first phase of development and from other future development phases.

3 PROJECT OBJECTIVES AND DELIVERABLES

It is important that Signal continues to progress in the agile manner it has to date, allowing rapid, flexible development, accommodating user requirements, incorporating innovation in order to improve efficiency and patient safety. The redevelopment will also need to provide timely data to hospital managers supporting patient flow within sites and across hospitals.

The project team will also use the process of obtaining requirements for Version 3 (V3) as an opportunity to reengage with users such as surgical doctors, who have not embraced use of Signal in the same way as others have. The current system functionality will be detailed further in order to fully understand requirements and increase uptake in this user group.

Users have also expressed that as the system is now embedded, there is an opportunity to standardise whiteboards and handover documents. The Signal project team will work with the Signal user group to define fields and standardise where applicable.

Development of Signal can be usefully divided into phases in order to facilitate incremental development that isn't time consuming and reliant on building and detailing full requirements ahead of beginning the development.

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Signal has achieved a level of accuracy in patient location and data, which has previously been unattainable. Its accuracy has resulted in its management information being used widely on both hospital and Health Board level. Before Signal moves to a new platform, it is vital that the reasons it is updated more regularly than other systems are captured, documented and used as an evaluation tool for development of V3.

3.1 OBJECTIVES

The Signal project will oversee the incremental development and implementation of modules, the modules will be informed by the objectives of the TRoCAR project, the Signal user group and continuous engagement locally. National procurements e.g. e-observations will also need to be factored into the development as and when the technical approach to delivery and associated funding has been agreed. An example of this could be to develop the solution locally to a set of agreed national standards, alternatively it might be to procure further modules or solutions to increase the functionality that are integrated nationally and / or locally.

The PID will be updated as and when these modules are known and subsequent phases are agreed. Objectives for V3 phase 1 of the project are set out below:

- To redevelop Signal in a more robust platform, maintaining or improving capability where possible. It is important to ensure that the capabilities which have driven users to use Signal more frequently than other systems are retained. This is the minimum requirement, however where there are opportunities to improve some aspects of Signal capabilities by redevelopment on a different platform, they will be incorporated.
- To improve the reporting capabilities of Signal by recreating the 'back end' reporting mechanism. The new platform will also allow for coded data.
- Enable 'real time' updating of ADT's, or as close to 'real time' as possible. It is important to note that the project is not responsible for securing resources locally to facilitate real time ADT's and this issue needs to be managed by the SDU's.
- Increase of Signal uptake with doctors in surgical specialities and on some medical wards, where uptake has not been as strong as other areas
- Enable a consistency of data between WPAS, WCP and Signal

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- Ensure the principles of Signal, produced as a result of consultation with key stakeholders, are adhered to in developing Signal V3:
 - System flexibility in amending or amending aspects of the system when required by wards/managers
 - Easy to use
 - Quick to add/amend data
 - Ability to update from most devices
- Consistency in field allocation across wards and hospitals

3.2 HIGH-LEVEL PROJECT DELIVERABLES

- Engage with users to determine key principles of the Signal system which has driven usage
- Engage with stakeholders via workshops, interviews and surveys to identify additional requirements for phase 1 of Signal V3
- Document current functionality of the Signal system
- Create requirements document for Signal V3 (phase 1) and subsequent phases in due course
- Continue to build and agree the Signal data dictionary with the Signal user group.
- Shape and determine technical roadmap for V3 (phase 1) and subsequent phases including ADT integration
- Develop, test and implement .net version of Signal which doesn't undermine current key principles of Signal, functionality and current usage
- Ensure effective change control process is in place to determine future phases of development phases

4 PROJECT SCOPE

The project scope encompasses the redevelopment of the system, migrating from the current sharepoint platform to a .net solution. Where possible, functionality will mirror the existing solution where feasible, although it is accepted that this can't be the case for all areas and users will need to be trained and supported before implementing the new solution. The approach to the

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development will be incremental with a view that the implementation will be managed on a speciality by speciality basis, allowing the digital project team to work with those services, ensuring they are comfortable with the solution before progressing to the next clinical area. In addition to the redevelopment of the solution the project will oversee the business change associated with the deployment of the upgraded software, including targeting areas where adoption has been limited to date e.g. surgery.

4.1 FUNCTIONAL SCOPE

Table X – Functional scope

Table X sets out the proposed functional scope for delivery in V3 phase 1. It also sets out functionality which will not be delivered in V3 phase 1.

In scope: (what it will cover)	Out of scope: (what it will not cover)
<p>Current functionality of Signal Version 2 (as per documented specification)</p> <p>Integration for ADT Functionality</p> <p>Reporting layer for information Department purposes</p> <p>Access via Nadex sign on</p> <p>Deployment of Imprivata where required e.g. assessment units</p> <p>Singleton adoption of individual log on's moving away from generic log on's</p> <p>Built with interoperability with other systems enabled</p> <p>Incorporate features that will increase uptake</p>	<p>Functionality which is covered by upcoming national systems</p>

4.2 USER SCOPE

Table X lists the clinical areas and users the project will engage with during V3 phase 1



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In scope: (what it will cover)	Out of scope: (what it will not cover)
<p>Implementation of SIGNAL on wards and assessment Units across SBU hospital settings, including :</p> <p>Singleton Hospital</p> <p>Morrison Hospital</p> <p>Neath Port Talbot Hospital</p> <p>Gorseinon Hospital</p> <p>Engagement with and training of:</p> <p>Doctors</p> <p>Consultants</p> <p>Nurses</p> <p>Matrons</p> <p>Healthcare Assistants</p> <p>Ward Clerks</p> <p>Site Pharmacy staff</p> <p>Site Mortuary staff</p> <p>Site Physio Therapists</p> <p>Site Occupational Therapists</p> <p>Site dieticians</p> <p>Patient Flow</p> <p>Bed Managers</p> <p>Hospital Management</p> <p>Social care staff based in hospitals</p>	<p>Areas of SBU not in scope:</p> <p>Mental Health Wards</p> <p>Other SBU Hospitals not specifically mentioned as 'in scope'</p> <p>Theatres</p> <p>Maternity</p> <p>The Emergency Department (outside of the Medics PC)</p> <p>MIU's</p> <p>Community staff</p> <p>Driving business change in relation to ward processes, H2H, rapid Discharge processes.</p> <p>Clinical assessments of patients</p>

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5 ASSUMPTIONS AND DEPENDENCIES

5.1 ASSUMPTIONS

The project plan, including key milestones has been built on the following assumptions:

- The availability of digital programmers within the Digital directorate to build V3 between July 2020 and March 2021.
- The ability to enhance existing web services to enable communication between V3 Signal and other systems.
- Availability of the project team in order to progress, including Programme Manager, Project Manager, Product Specialists, Testers, Trainers and Business Analyst.
- Engagement and leadership from SDU managers, ensuring clinical and operational colleagues are engaged and supportive of the project, supporting the digital team in delivering the business change and driving forward the benefits.

5.2 DEPENDENCIES

Key dependencies will be monitored continually throughout the life cycle of the project. They include:

- Good input from Signal users in order to assess fully what drives its usage and ensure that requirements are captured in full for V3 of Signal. This should include at least 3 nurses/healthcare assistants from each hospital.
- Good representation of doctors and consultants across all sites is required in order to map their processes accurately and ensure their requirements for generating lists is fully captured to incorporate into Signal V3. This will require doctors to represent their colleagues, covering all specialities. Input into Version 3 workshops/meetings on a monthly basis will be required.
- Agreement upon requirements for V3 including options on ADT integration. Work cannot progress on V3 if the group has not agreed requirements.
- Funding will be available to deliver the project. A paper has been submitted and approved by IBG in October 2019 setting out the revenue required to support the solution as is. However, this paper didn't include the resources to deliver V3 or subsequent phases.

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- Revision and approval of the existing DPIA, including availability of IG staff to support with this work

6 DRAFT PROJECT PLAN

Not all users embraced Signal fully, sighting system integration as the main reason for this. For those who have fully embraced Signal, their requirements involve developing Signal in a way that is not possible on its current platform. In order to move forward therefore there is a requirement to first move Signal onto a different platform.

As Signal is currently an in-house development and V3 will be developed as such, the approach will be incremental, phased. The first phase is required to address issues with the current platform and the primary requirements of enabling ADT's to be entered in one place and data to be effectively extracted.

The approach will be to develop requirements with users, reflecting current Signal capabilities and requests for additional capability. These requirements will need to be completed in conjunction with and signed off by:

- Nurses
- Doctors
- Pharmacy
- Physio Therapists
- Occupational Therapists
- HCA's

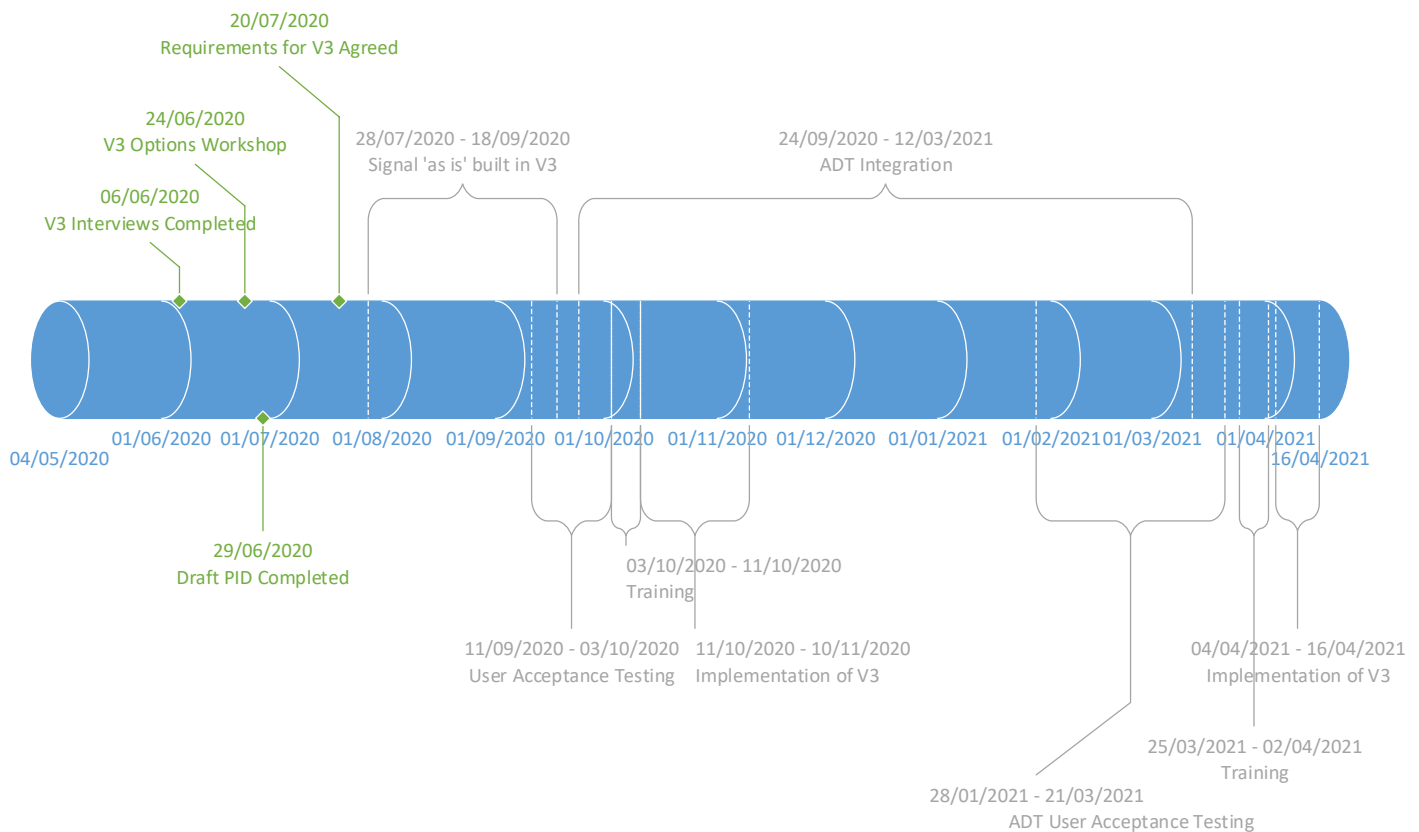
A nurse and doctor from each site will be required for nomination to discuss with colleagues and sign off as a representative, 3 doctors will be required from Morriston, due to the differences between specialities in ways of working. One representative from pharmacy, physiotherapy and occupational therapy will be required to sign off requirements. This is in order to ensure each user group within Signal is represented in its development into Version 3.

Below is a draft project plan and is based on the assumptions that resources are available both within digital services and across the SDU's

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Figure 1 - Draft Project Plan V3 – Phase 1



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7 PROJECT RISKS AND ISSUES

Project risks and issues will be managed using the project risk and issue register. They will be escalated to project board via the project board highlight report when required.

The main project risks and issues are shown below. A full risk and issues log is available on request.

Table no 1 - Risks:

ID	Description and Impact	Mitigation Actions	Owner
13	Addition of system integration and structured reporting may result in SIGNAL being more cumbersome for users who will then update the system less frequently	Workshops and interviews taking place to discover why Signal is used extensively and what key principles next version must adhere to	User Group
14	New version of SIGNAL changes too much resulting in staff not being familiar with how to use the system, effecting the propensity to update Signal	Ensure that Signal is developed, adhering to the principles of Signal, as agreed by stakeholders Phased releases of software delivering functionality incrementally rather than 1 major release	User Group and Head of Digital Applications
15	Entry points across multiple systems for data means no single source of	Imperative any functionality developed to support ADT's writes back	User Group and Head of Applications

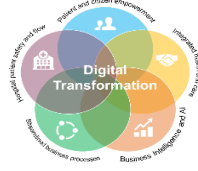
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	truth. This may result in data being inaccurate and inconsistent which poses a reporting issue and potentially a patient safety issue.	to WPAS and WCP ensuring WPAS is the trusted source	
16	There is a risk users don't update the system in real time, particularly out of hours and therefore clinical status or ADT status of patient is unknown	Ensure a good understanding of the barriers and drivers for 'real time' updating. Adhere to the principles of signal outlined above when developing V3. Agreement on resources to update ADT's out of hours if this required to support live updates	User Group/SDU Directors
3	Failure to secure funding will have impacts upon time and scope of the project.	Identify the process for requesting additional funding.	

Table no 2 - Issues:

ID	Description and Impact	Mitigation Actions
3	Partial updates to the patient record in Signal means limited data is available to support care and management reporting	Hospital Management to ensure representatives attend Signal User group to help drive process changes
4	Updating of digital systems and accurate Live ADT data is still dependent on ward clerks in many areas	Assess propensity to update Signal and target any wards where the system is not maintained. Communicate with ward staff to identify and address any issues affecting the propensity to update Signal.
5	Development and testing will not be as quick in .net as in sharepoint, therefore its flexibility and speed of development may be compromised.	Ensure that as many requirements as possible are captured before the system is developed in order to mitigate against ad-hoc requests for development



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8 BUDGETARY COSTS

8.1 HIGH LEVEL COSTS

* Further Information to be added once financial information is agreed

A paper setting out support costs for the current solution (£327k) was submitted and approved by IBG in October 2019. Funding for development of version 3 is in excess of this figure and will need to be addressed to agree a way forward.

9 GOVERNANCE

9.1 PROGRAMME GOVERNANCE

The Governance Structure will be underpinned by the newly formed Digital Transformation Portfolio Board, which aims to support embedding the strategic aims of our Organisational Strategy and delivery of the Clinical Services Plan through digital transformation. The newly established Programmes are all accountable to the transformation portfolio and will be channelled through the Digital Transformation Board.

Signal will form part of the Hospital Patient Safety and Flow Board once it has moved past the initiation phase of the project and has an agreed project plan.

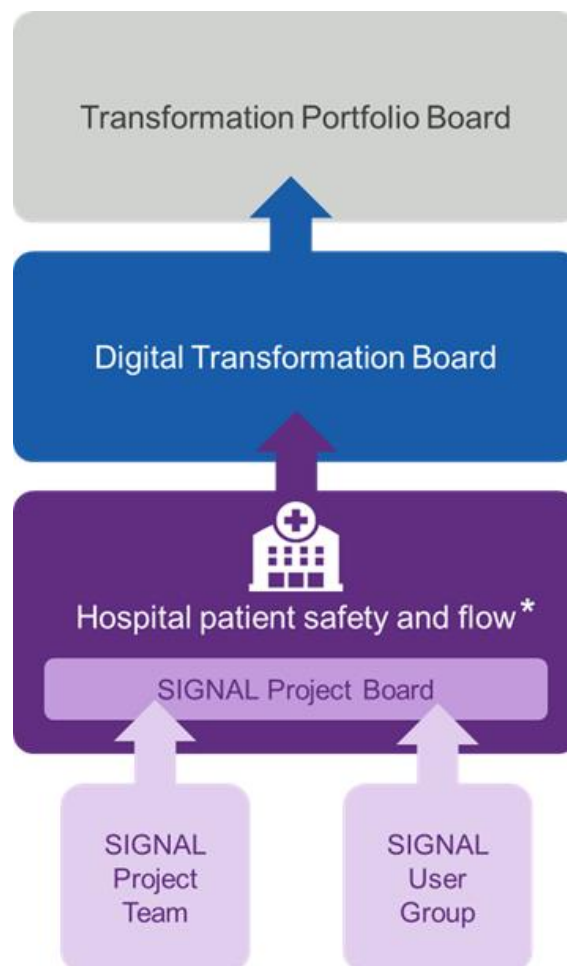
9.2 PROJECT GOVERNANCE MODEL

The Signal User Group and Project Team will feed into the Signal Project Board. The function of the User Group will be to represent users in the continued development of Signal and act as a Change Advisory Board for any changes that

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are requested. The Signal Project Board will provide overall signoff for any changes, but will primarily act as a mechanism for providing the strategic direction of Signal.

The full Signal Project Board and Hospital Patient and Safety Flow Programme Governance is shown below.





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9.3 SIGNAL PROJECT BOARD

The Board will meet every 2 months. Meeting dates are diarised on a yearly basis and extraordinary meetings may be called between regular meetings to discuss and resolve any critical issues arising. Meetings will be scheduled for 2 hours and draft minutes and actions will be distributed to the project board within five to ten working days after the meeting. Members of the board are set out in Table X

Table 3 – Project board membership

Name	Position Role	Board Role
Chris White	Chief Operating Officer	Chair/Senior Responsible Officer
Craige Wilson (Will represent COO in role of SRO when unavailable)	Deputy Chief Operating Officer	
Matt John	Chief Information Officer	Senior Supplier
Sian Richards	Deputy Chief Information Officer	
Dr. David Price	Consultant Endocrinologist	Senior User
Dr. James Chess	Chief Clinical Information Officer & Consultant Nephrologist	Senior User
Dr. Chris Hudson	Consultant Physician	Senior User
Lesley Jenkins Marc Madams Christine Williams	Nurse Director	Senior User
Dr. Martin Bevan	Unit Medical Direct (NPT)	Senior User
Paula Haycock	Interim Head of Nursing	Senior User
Alison Gallagher	Patient Flow Manager	Patient Flow Lead
Professor John Williams	RCP Representative	Project Assurance
Linda Bevan	Clinical Educator	User Group Rep
Hannah Skipp	Medical Registrar	Senior User

Attendees

Project Board will also be attended by:

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- Deirdre Roberts, Head of Informatics Programmes
- Helen Thomas, Programme Manager, Digital Services
- Michael Carey, Senior Project Manager
- Darren James, Informatics Project Support Officer
- Jess Hiscock, Information Governance Manager
- Carl Mustad, Head of Digital Operations
- Matthew Knott, Head of Digital Applications
- Chris Dancer, IT Infrastructure Manager

9.4 RESPONSIBILITIES OF THE PROGRAMME BOARD MEMBERS

9.4.1 SENIOR RESPONSIBLE OWNER (SRO)

The SRO will:

- Be the visible owner of the overall business change
- Be accountable for successful delivery of the project
- Be recognised throughout the organisation as the key leader driving forward the change

The SRO will also be supported by the Project Manager:

- To provide at least six weeks' notice to Programme Board members of forthcoming meetings
- To agree the agenda for each meeting with the Project Manager
- To ensure that agenda and supporting documentation are delivered to members at least one week prior to scheduled meeting

9.4.2 SENIOR USER

Senior Users will:

- Understand the purpose, objectives and benefits of the project
- Represent the interests of all project stakeholders
- Promote the project widely and work with local digital champions to embed the change the project will facilitate
- Verify that the project remains aligned with organisational strategies, policies, governance and statutory obligations where appropriate

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- Participate in electronic decision voting where a board meeting may not be required

9.4.3 SENIOR SUPPLIER

Senior Supplier will:

- Represent the interests of the suppliers (Digital Services Team)
- Assess and confirm the viability of approach to products' development (including integration) and their implementation
- Ensure the quality of products and deliverables provided by the supplier are acceptable
- Support the senior users in embedding the change.

9.5 CHANGE MANAGEMENT

Once project deliverables are base-lined, all changes will be managed via change-control; changes must be raised using the SBUHB change request process. The approvers of the change will depend on the scale of the change. There are two methods of approval depending on the size of the Change Request [CR]:

- Project Board via Project User Group
- Project Manager/Product Specialist

It is not necessary for the PCE Programme Board to review all changes; it will be for the Programme Manager / Project Manager to decide whether a CR needs to be assessed by the Programme Board or managed within the Project. If a change request is approved, the change should be reflected in all impacted documents and systems with the CR reference clearly stated for quality, audit and tracking purposes.

All changes and the change log will be stored in the project folder. The Project Manager is responsible for overseeing the process and making sure all steps followed.



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9.6 BUSINESS CHANGE

The Signal project team will commit to understanding and documenting the current ways of working for both users of Signal and user groups who have not fully embraced using Signal.

Interviews, workshops and questionnaires will be used in order to capture information regarding the strengths of the current system, and requirements for V3.

A gap analysis will then be used in order to assess the extent of business change required to facilitate continued use of the system where usage is high and increase in usage for those who do not currently use the system.

As the current and proposed future way of working forms a significant part of the user's propensity to update Signal, there will be a regular dialogue between the Signal User Group and project team relating to ways of working and business change.

A plan detailing the business change requirements will then be created, which will feed into the training for V3 of Signal.