

System Rheoli Pryderon
Unwaith dros Gymru
Once for Wales Concerns
Management System



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

ONCE FOR WALES CONCERNS MANAGEMENT SYSTEM

DELIVERY PLAN

UPDATE: 19th January 2021

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Introduction

The programme aims to deliver new concerns management and service user feedback platforms with functionalities designed to specifically meet the needs of NHS Wales organisations.

The system is comprised of separate database instances for each health body, with system setup, configuration and administration led by a central team and management of users and system operation led by specified individuals within each organisation (known as Local System Leads).

The delivery plan is comprised of ICT development steps and business change processes to align the procedures and workflows of the new system with the operational aspects of how each functionality is carried out in NHS Wales.

An outline of the concerns management system arrangement is shown in Fig 1.

A process flow of the service user feedback system is shown in Fig2.

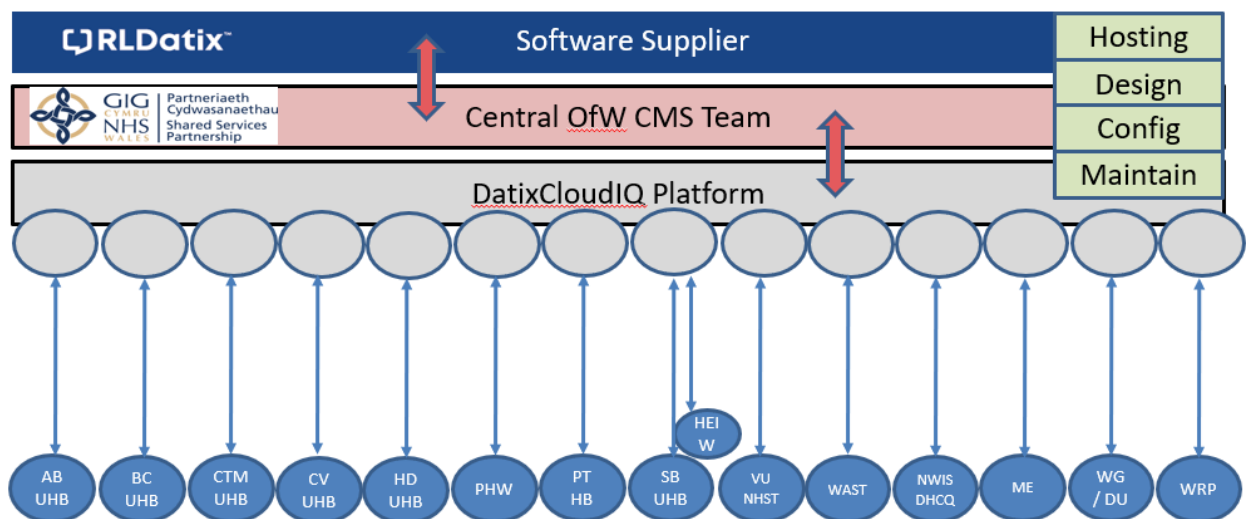


Fig1

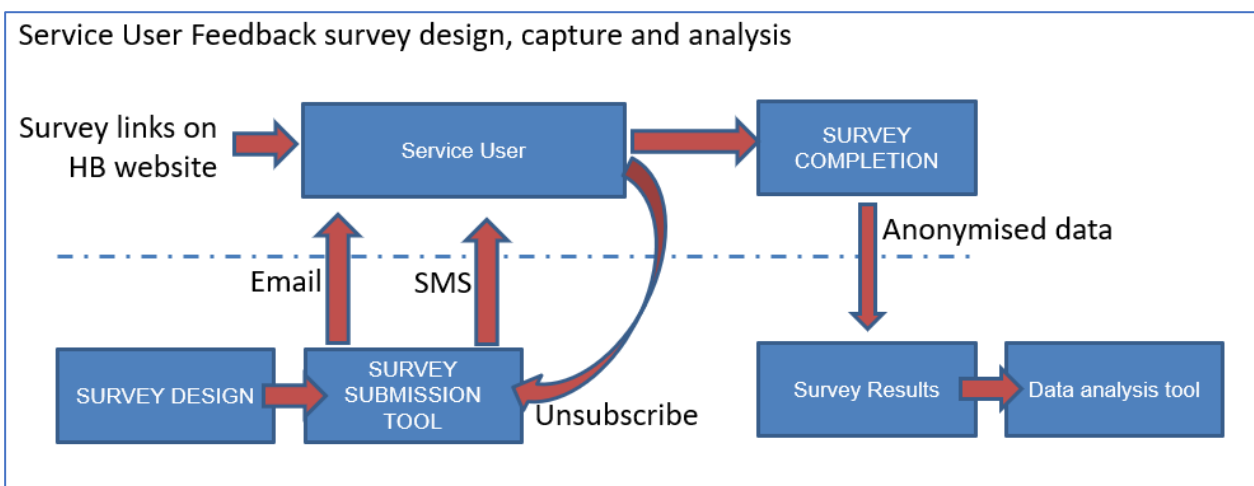


Fig2

The Agile Delivery Model

Agile methodology is used by the programme team, with periods of development, testing with reviews of performance and redesign or further development. Once roll-out of a functionality has been achieved, further enhancement & adjustment reviews are scheduled which will inform further system design and development.

The stages of the delivery plan are shown in Fig 3 and are identified as:

- Software & Infrastructure Build & Setup
- Functionality Design Planning
- Design Adjustment
- Testing
- Early Adoption
- Roll-Out
- Enhancement & Adjustment Review

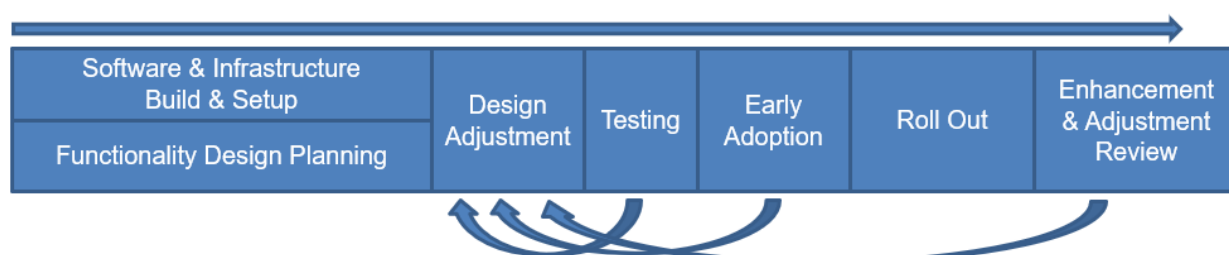


Fig3

Software & Infrastructure Build & Setup

The introduction of the Once for Wales system brings a new approach to the use of a concerns management system in NHS Wales. The primary difference is the installation of the system on cloud-based servers, which offers significant advantages relating to system accessibility and reductions in the infrastructure burden for each health body.

A principal aim of the new system is to improve contact data accuracy and reliability compared to existing systems and integration with the NHS Wales Enterprise Master Patient Index delivers a direct link to the primary NHS database for patients – facilitating the use of accurate demographical information. Staff data and demographics are intended to be linked to the Electronic Staff Record (ESR) but a solution for the period up to at least 2022 is to use data extracted from ESR and other systems which is cleansed and validated and then uploaded into the system.

Functionality Design Planning

It is essential that the functionality contained within the system appropriately meets the needs of NHS Wales organisations. Whilst the majority of the functions within the specification are covered in the basic system operation, it is recognised that the software is highly configurable and specific enhancements are also needed to adjust how it works to best meet the needs of health bodies.

The planning and design of functionality is therefore more about business change and aligning processes used in different organisations to achieve a Once for Wales approach than it is about software coding.

Design Adjustment, Testing & Early Adoption

Using Agile methodology, these steps of programme development enable a cyclical approach to be taken. Adjustment to the software design is driven by findings from use or piloting of the system.

Testing is a process of ensuring the workflow and software actions operate as intended. Where issues or unintended outcomes are identified, the process enables a design adjustment stage with further testing.

Early Adoption is the operation of a system in a development environment or pilot / focussed mode within a live system – to ensure that the operation of workflows is as expected and to identify any issues which may reduce the user experience.

Both test and early adoption steps facilitate a short piece of work on design adjustment which can then again processed through testing and early adoption.

The turnaround times from design adjustment to completion of testing and early adoption can be as short as five working days.

Roll-Out

The implementation of the new system involves careful planning & effective communications with users within an organisation to achieve an optimum roll-out. Whilst an organisation may support the workflows and data fields which are agreed on an all-Wales basis, the extend of process change for users must be analysed.

The expected principle is that general users, otherwise known as reporters, should not need bespoke training to operate the system – whereas those users who are required to utilise more of the system functionality (known as investigators / contributors) will need training. Therefore, a training plan to meet the needs of each organisation is essential.

The migration of live records must also be considered. The migration of data between systems is very complex and requires considerable mapping – and it is therefore recommended that the approach adopted is for the minimal number of records to be moved between systems. This means that records which are open in the legacy system must be closed within a reasonable timescale and each organisation will need to manage the process of contacting appropriate users to ensure that this is completed.

Enhancement & Adjustment Review

From the point when the system is rolled out, there will be a constant programme of development, enhancement and adaptation and changes to the system will need to be planned and carried out to ensure minimal disruption and take account of any communications or training needs which arise.

Led through the Content & Governance Workstream, a process for organisations to request changes, additions or adjustments to the system will mean that this can be considered on an all-Wales basis without extensive delays to successful implementation.

Delivery through focussed Workstreams

The size and scale of the functions which are performed using the Concerns Management System are considerable and involve many areas of healthcare service delivery. It is therefore vital that there is positive engagement with practitioners, support staff partner organisations and stakeholders who work within the areas that will use the functions of the software. Liaison with existing groups and networks is important to the successful engagement.

Due to the broad scope of the software, the activities to realise the solutions are divided into manageable groups of work – known as workstreams.

There are a number of workstreams, dividing into four categories of procurement, organisational, technical and functional. A summary of the workstreams is outlined in Table1.

Further detail on the progress, risks & issues, communications plan and sign-off plans for each workstream is detailed in the workstream report.

Procurement Workstreams			
PRO01	Procurement and contracts for Concerns Management System	PRO03	Procurement of transition for CHC instance of RLDatix
PRO02	Procurement and contracts for Service User feedback System	PRO04	Procurement of transition for ME Instance
Organisational		Technical & Infrastructure	
ORG01	Content & Update Governance	TEC01	Code of Connection - NHS Wales Infrastructure & RLDatix
ORG02	Plan for migration of data from existing Datix systems	TEC02	Active Directory / ADFS / Azure
ORG03	Training programme for Central NHS Wales Team	TEC03	Integration with eMPI and ESR
ORG04	Training programme for Local System Leads	TEC04	Connectivity between DatixCloudIQ and Local Data Warehouses
ORG05	Incident Reporting, Capture, Coding & Management	TEC05	Link with LARS Case Management System
ORG06	Corporate & Operational Risk workflow, terminology & BAF	TEC06	Datix RFI Module continuity
ORG07	Learning from Healthcare Incidents	TEC07	Contact Search & Link Functionality in DatixCloudIQ
ORG08	Supporting organisational implementation of OfWCMS		
Functionality Workstreams			
FUN101	Complaints	FUN201	Corporate Risk Management
FUN102	PALS Enquiries inc Compliments	FUN202	DoLS (including successor framework)
FUN103	Redress Case Management	FUN203	Intelligent Monitoring, Dashboards and Data Analysis
FUN104	Safeguarding	FUN204	Investigation Tools
FUN105	Learning from Mortality	FUN205	Regulatory Body Referrals
FUN106	SI Reporting Portal	FUN206	Safety Alerts
FUN107	WRP Reporting Portal	FUN001	Nurse Staffing Act Compliance
FUN108	Incidents (Initial Config 01/04/21)	FUN002	Medical Examiner Process
FUN109	Claims (Initial Config 01/04/21)	FUN003	Community Health Council Process
FUN110	Inquest Case Management (Initial Config (01/04/21)	FUN004	NHS Wales Delivery Unit National Learning System Functionality

Table1

Key Programme Risk Register

The programme is structured into several workstreams and the identified risks & issues associated with successful completion of each workstream are identified within the records for each group of tasks.

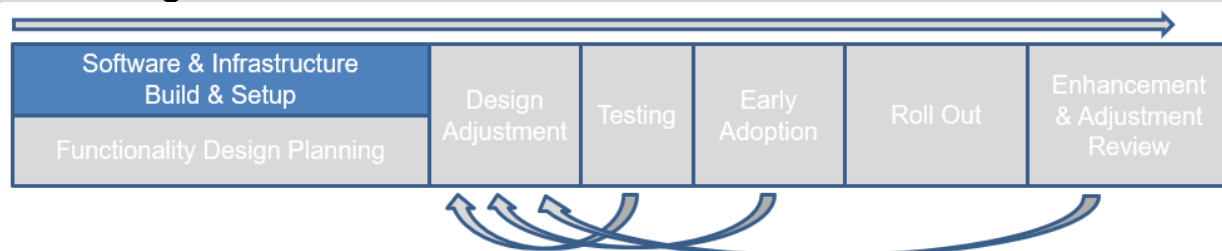
The Matrix used for calculating the risk items is shown in Appendix 1.

Key risks which have a greater potential impact on the overall programme are separately outlined here, along with supporting information outlining the current position with each risk.

Programme Risks		
OfW1	Delay in receipt of key information by programme team due to information governance concerns	MODERATE
OfW2	Disruption to implementation due to unavailability of staff within organisations arising from Covid19 redeployment or absence	SIGNIFICANT
OfW3	Disruption to implementation due to failure of supplier to deliver enhancements and software adjustments	SIGNIFICANT
OfW4	Delay to testing and early adoption process leading to limited periods for user assurance testing	MODERATE
OfW5	Disruption and additional work for organisations due to the need to operate legacy systems alongside new platform	SIGNIFICANT
OfW6	Potential loss of implementation funding due to delays in receiving information from organisations	MODERATE
Programme Issues		
OfW7	Delays with integration with EMPI and ESR data resulting in poor data quality in new system	CRITICAL
OfW8	Difficulty in updating organisational services and locations within 2020 software version	SIGNIFICANT
OfW9	Role of Medical Examiner & impact on Mortality Review tools leading to delay in sign-off of Learning from Mortality	SIGNIFICANT

Narrative information to outline the context and control measures associated with the risk items is shown in Appendix 2.

Delivering the OfWCMS Software & Infrastructure



Target: 1st April 2021 for delivery of main system
with ongoing development and enhancement of system

The delivery of the new platform on which the functionalities of the Once for Wales system operate is a complex process with multiple interdependencies. Some of the tasks required are the responsibility of the software provide, some the responsibility of the national programme team and some the responsibility of individual organisations.

An outline of the steps necessary to achieve this stage are outlined in Fig4 along with a summary of the status for each of these steps.

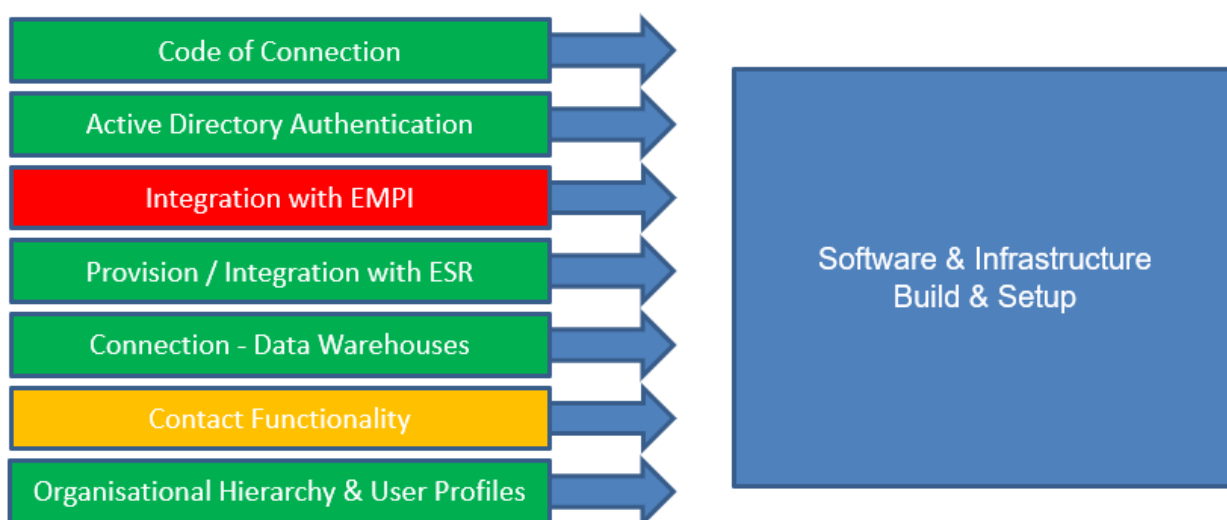


Fig4

Code of Connection

Whilst there are minimal infrastructure requirements with the new system, there is a requirement for a server to be based within NHS Wales premises to manage the connections between Active Directory and the cloud-based system, along with integration with the Enterprise Master Patient Index.

A process of code of connection control is required as part of NWIS cyber security management. This enables a controlled form of access to the NHS Wales server by the software provider and this has been signed off by the NWIS team and RLDatix.

Active Directory Authentication

The system uses Active Directory authentication, which offers an improved user experience as users login to the system with the standard NHS Wales NADEX and password. Whilst the RLDatix system permits local user authentication (a username and password controlled by the RLDatix system), there are considered to be cyber security benefits to restricting authentication to Active Directory. This may create challenges where users who need login access do not have a NADEX identity allocated to them. Active Directory authentication is operational for all systems.

The current Active Directory platform is ADFS and NWIS are currently considering whether it is feasible to transition to the Microsoft Azure platform. If such a transition is agreed, RLDatix are recommending a transition prior to implementation where possible in order to avoid system disruption and impact to user accounts.

Integration with EMPI

A key deliverable with the new system is data validity and reliability. Through the support of NWIS directors, it has been identified that the new systems should integrate with the Enterprise Master Patient Index (EMPI) – which contains details of all known patients in NHS Wales. By integrating the RLDatix Contacts Database with the EMPI Database, users will be able to accurately link records to the correct patient. The use of NHS Number as the unique identifier will enable patient-level searching. The use of a bespoke tool within the NWIS system also facilitates the generation of a new mortality record when a patient is marked as deceased. This is of particular use with mortality reviews and the medical examiner system.

There have been delays in the progress of the design and build of the process and infrastructure to deliver EMPI integration and this has significantly delayed the early adoption of the system by pilot sites. There has now been certification by NWIS of the server for the integration functionality and testing of the query (patient lookup) and building of the bespoke tool for mortality record creation can commence.

Testing was further delayed due to additional Cyber Security questions raised by NWIS – which have been answered and the model of access has been agreed. NWIS have also declined to manage the server necessary for this task and requested NWSSP ICT to undertake this management, which has added a further delay to implementation.

This issue item is a critical blocker to any implementation of the system for the functionalities and access to the servers for RLDatix to install the requisite software remains awaited from NWIS.

Provision/ Integration with ESR

The contacts database within the RLDatix software also holds information to staff associated with records. The programme intends to create a live link, similar to that established with EMPI for patient data, to the Electronic Staff Record (ESR) system. However, this is a complex process technically and is unlikely to be delivered before 2022. Additionally, there is concern relating to the quality and accuracy of data held within ESR by some organisations.

As an alternative approach, the uploading of data which has been extracted from the ESR system has been developed by RLDatix and tested using pilot data provided by NWSSP. The extraction process enables an organisation to validate and cleanse data before it is uploaded into the RLDatix system. The upload of data can be scheduled to ensure that new staff details and changes to existing information are included and the contacts database remains as accurate as possible. A workshop has been held to support organisations in extracting, cleansing and providing the data for upload and a deadline of 5th February is in place for this to be completed.

Connection – Data Warehouses

Many NHS Wales organisations operate data warehouses which capture information flows from multiple systems to provide broad performance, quality and safety data to help monitor organisational effectiveness. The new system has a facility to export data into a data warehouse and a new tool to make this process much easier for information teams is under development, with this functionality now available for testing. As the software is cloud-based, the methodology of data transfer is different to previous interactions of Datix software.

The original plan for piloting of the data warehouse connection with SBUHB is delayed due to capacity within the information team to undertake the necessary mapping exercise and a query whether this would be better achieved on an all-Wales basis. Work is ongoing to progress this activity as soon as possible.

Contact Functionality

The ability to search for contacts within the system and to link records using contacts as a key identifier is an integral part of concerns management. As the system is cloud-based and not protected by system firewalls, the supplier has limited functionality for this aspect of the system but this significantly hampers user experience for logged-in (authenticated) users as well as those who can access the system without logging in.

The supplier has agreed to review the options for contact searching and linking for authenticated users in line with how this is setup in the legacy systems. There may be some delays in achieving this via roll out stage.

Organisational Hierarchy & User Profiles

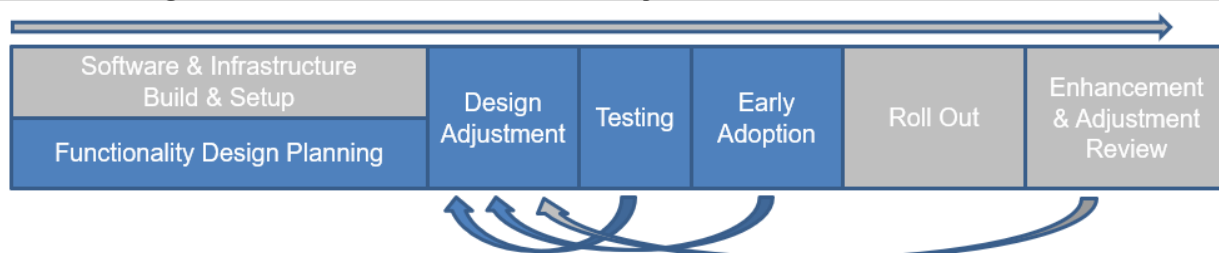
A critical part of the delivery of software to organisations is the establishment of the system hierarchy. This captures the locations, services and users who have access to these. The setup of the system hierarchy is vital to the successful implementation, effective reports and data from the system and a positive user experience. The structure of health bodies in NHS Wales is large and complex and disruption caused by the pandemic response has increased the complexity.

Without an accurate hierarchy and associated user profiles, users will not be able to access the system. All organisations have committed to reviewing and supplying this information.

Some information had not previously been shared with the central team due to instructions from information governance staff and this has added to the delays in progressing the system build. Additionally, changing the hierarchy once it is programmed in is a complicated and labour-intensive process – which is acceptable for small organisational changes, but wider organisational restructuring needs a better approach. The software provider has committed to developing a revised process for this and an interim approach pre-implementation is to delete and re-upload the revised structure within a system if major adjustments are needed.

All organisations have now resubmitted a revised hierarchy of locations and services and have committed to undertake the necessary combo-linking. The user import information is scheduled for submission by 29th January 2021. Without this information, organisations will not be able to proceed to implementation on 1st April 2021.

Delivering the OfWCMS Functionality



Target: 1st April 2021 for delivery of phase 1 functionalities
1st April 2022 for delivery of phase 2 functionalities

The process of delivering bespoke functionality for NHS Wales is founded on a number of crucial steps, commencing with design planning, achieving consensus on the necessary business change required by organisations, configuration and development of software and testing to ensure the system meets its aims. Additional steps include the development of user support information and training materials which organisations can use during roll out.

Delivery Timescales

A two-phase delivery model has been established for the programme. The aim is to deliver core system functionality with a primary set of functionalities by 1st April 2021, with the remaining functionalities by 1st April 2022. Fig5 outlines these milestones.

From the implementation stage, the system will then continue to evolve and develop to meet the regulatory and organisational needs of NHS Wales, and a process to coordinate content changes and updates is established.

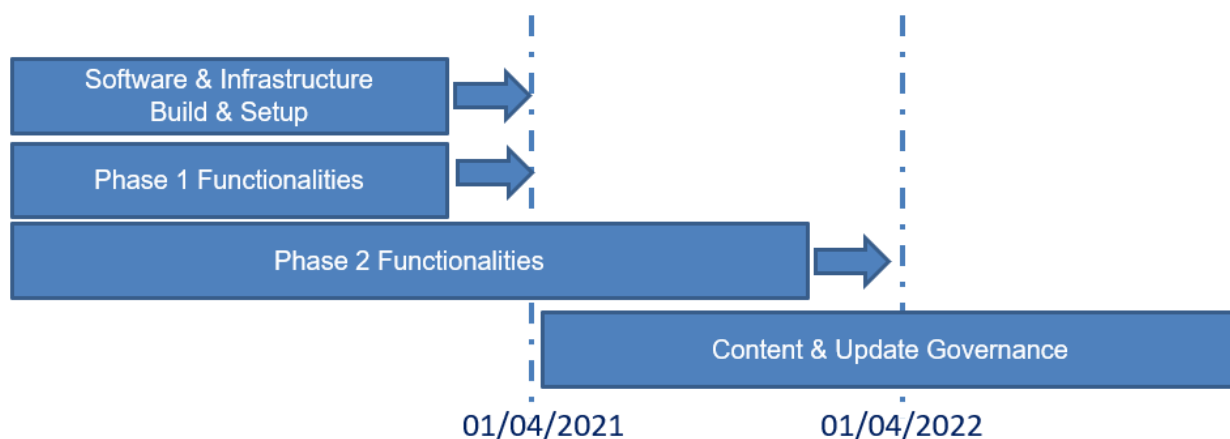


Fig5

Development of all functionalities is ongoing, whilst determining which functionalities should fall into Phase 1 and Phase 2 requires careful consideration.

To achieve delivery of a functionality, agreement must be reached by the Workstream leads that the system delivers the intended functionality. This 'sign-off' will be achieved through discussion forums, networks and focus groups.

Some functionalities may be included in Phase 1 with an essential operability. For example, the incidents functionality would be able to deliver the essential workflow by 1st April 2021 but it is anticipated that this would be further enhanced and developed during the period from which it is first available. Organisations would need to determine whether the essential functionality which is available in the new system provides an improvement or effective alternative than the legacy system.

Phase 1 Functionality

A number of functionalities have been included in Phase 1 targets from the outset of the programme. Additional functionalities have been added to meet the needs of NHS Wales.

The delivery of functionality for Phase 1 is monitored and Table 2 outlines the current position for each aspect that has been indicated for Phase 1 delivery. A more structured report for each workstream is available in the workstream report.

Original Phase 1 functionality			
SECTOR	TARGET		Update
Complaints	31 st Mar 2021	ON TARGET	The complaints functionality has been developed and tested with some adjustments requested. It is anticipated that the Complaints Network will be able to sign-off the functionality at its meeting on 21 st Jan 2021
PALS Enquiries inc Compliments	31 st Mar 2021	DELAYED	Due to focus on the complaints functionality and the variability of PALS processes, whilst it is likely to be in a position to sign-off the functionality by March 2021, it is possible this may not be available in the system on 01/04/21
Redress Case Management	31 st Mar 2021	ON TARGET	The redress functionality has been developed with significant support and system enhancements. The Redress Network have already agreed the process workflows and system operation. Functionality has been signed on 14 th Jan 2021.
Safeguarding	31 st Mar 2021	ON TARGET	The reporting form has been developed and is in a Sandpit System for testing. The case management form is designed and will be added to the Sandpit for testing shortly. It is anticipated that the system will be available from 1 st April 2021 with ongoing development of the tool notify local authorities
Learning from Mortality	31 st Aug 2020	OPERATIONAL	The Mortality Review module is operational using the existing Stage 1 and Stage 2 formulation. The setup is focussed on secondary care. Use by BCUHB has assisted system design and development. The newly re-formed Mortality Steering Group have been paused and this has generated a Programme Issue – as this group is vital in determining changes to the tools.
SI Reporting Portal	31 st Mar 2021	ON HOLD	The changes to the reporting requirements for SIs and the delays associated with Covid19 in the introduction of the new SI Framework have led to delays in the design specification of this functionality. Work is ongoing with the DU to ensure the system environment is effective & meets the needs of the DU
WRP Reporting Portal	31 st Mar 2021	ON HOLD	A design has been made by the WRP to delay this function until the SI functionality is agreed as the system work required is parallel to the SI process. Work is ongoing with the WRP team to ensure that the system environment is effective and meets the needs of the WRP
Additional Phase 1 functionality			
SECTOR	TARGET		Update
Incidents (Initial Config 01/04/21)	31 st Mar 2021	ON TARGET	A workstream for incidents development has been established and a request from WG received to accelerate the introduction of this functionality. It is considered likely that an incident workflow will be available for 01/04/21 and organisations may choose to adopt it or await further development which will continue after phase 1
Claims (Initial Config 01/04/21)	31 st Mar 2021	ON TARGET	A basic Claims workflow will be available for 01/04/21 and organisations may choose to adopt it or await further development which will continue after phase 1
Inquest Case Management (Initial Config 01/04/21)	31 st Mar 2021	ON TARGET	A basic Inquests workflow will be available for 01/04/21 and organisation may choose to adopt it or await further development which will continue after phase 1
Medical Examiner Interim Case System	30 th Sep 2020	OPERATIONAL	The Medical Examiner system has been implemented and is popular amongst users. The introduction of integration will be included once this is available as currently the system is not linked to EMPI or ESR.
Community Health Council Functionality	31 st Aug 2020	OPERATIONAL	The CHC operated an instance of DatixWeb and this has been fully migrated to DatixCloudIQ, including development of a case workflow. Further work with the CHC will be undertaken during the progress towards the public voice body status.

Table 2

Organisational Implementation

Successful implementation of the system into an organisation is focussed around the go-live date – with activities in advance of this key date and actions continuing through the launch period. Fig 6 outlines the steps surrounding key delivery milestones.

A programme of communications with general users (who do not require specific training) is needed. A structured programme of training, virtual learning aids and guidance documents is needed for investigator / contributor users (who will require specific training on how to operate the system).

Introduction of the new system is also linked to management of the data held within the legacy system. To ensure that data and reports can be generated, the cases which are held within the legacy system need to be closed within a defined period (nominally this is suggested as a maximum of three months).

Fig4 outlines the milestones of go-live and closure of legacy system. Each organisation is encouraged to determine dates that meet with their individual positions and the central team can provide assistance in determining the position.

A decision on the migration of key live records is also needed, to ensure that information which needs to be moved from the legacy system into the new system is completed within agreed timescales.

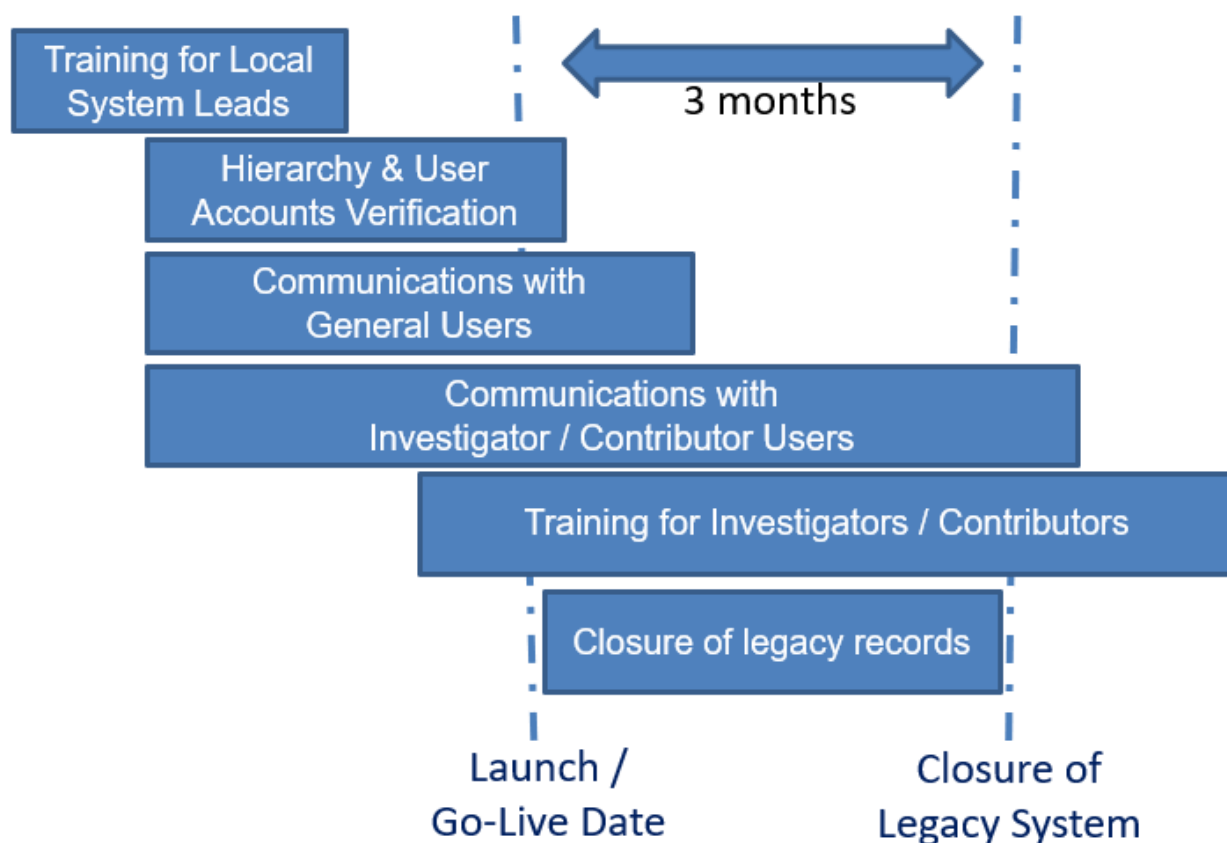


Fig6

Analysis of the options for implementation for each organisation can be supported by discussions at the Programme Steering Group. The considerations need to be presented to the Programme Board and an Organisational Readiness Checklist can be used to present the information required in a consistent way.

All organisations have produced a Readiness Report and submitted this to the Programme Board.

APPENDIX 1

Risk Quantification – MATRIX

Simple risk quantification is identified by multiplying the Impact X Likelihood = Risk Rating. This impact matrix below has been developed by the NPSA (National Patient Safety Agency) and is adopted by Velindre NHS Trust.

	LIKELIHOOD DESCRIPTION
5 Almost Certain	Likely to occur, on many occasions
4 Likely	Will probably occur, but is not a persistent issue
3 Possible	May occur occasionally
2 Unlikely	Not expected it to happen, but may do
1 Rare	Can't believe that this will ever happen

Impact, Consequence score (severity levels) and examples					
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/organisational development/staffing/competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Severely critical report

Impact, Consequence score (severity levels) and examples					
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Risk Rating Matrix = Impact x likelihood

	LIKELIHOOD				
IMPACT	Certain 5	Likely 4	Possible 3	Unlikely 2	Rare 1
5 Catastrophic	25	20	15	10	5
4 Major	20	16	12	8	4
3 Moderate	15	12	9	6	3
2 Minor	10	8	6	4	2
1 Insignificant	5	4	3	2	1

Actions and Treatment Timetable

Risk Score	Risk Level	Action and Timescale
1-3	LOW	No action required providing adequate controls in place.
4-6	MODERATE	Action required to reduce/control risk within 12 month period
8-12	SIGNIFICANT	Action required to reduce/control risk within 6 month period
15-25	CRITICAL	Immediate action required by Senior Management

APPENDIX 2

Risk & Issues Items Outline

PROGRAMME RISKS

OfW1					
Delay in receipt of key information by programme team due to information governance concerns					
<i>The OfWCMS National Programme Team have developed a draft Data Protection Impact Assessment and provided clarification to queries raised. A number of IG colleagues placed directions within their organisations that information needed to setup and configure the system should not be shared with the national team. This led to an inability to meet the required timescales for deployment. Work with the Vice-Chair of IGMAG has resulted in a final version being agreed at the IGMAG meeting. If organisations do not sign this off internally, they will be asked to produce their own DPIA and submit it to the programme board for review.</i> <i>Work to review the system hierarchy has facilitated a review of the timescales associated with system build and this has reduced the impact of the previous delay in submissions by organisations. The revised timescales have been agreed by the Programme Board.</i>					
CONSEQUENCE	2	LIKELIHOOD	3	RISK RATING	MODERATE

OfW2					
Disruption to implementation due to unavailability of staff within organisations arising from Covid19 redeployment or absence					
<i>The success of the implementation of the new system is very much linked to the ability for organisations to support the roll out and facilitate communications, training and user-level support. Training for Local System Leads and training support materials for key functionalities will be available but there is a reliance on colleagues being available to support. Some organisations have implemented dedicated staff to oversee the implementation process whilst others are reliant on existing staff teams. With the redeployments and disruption arising from organisational responses to the coronavirus pandemic, there is a risk that insufficient staff will be available to achieve successful implementation. The central team can provide some support and a switch to a phased approach would facilitate the central team focussing their efforts to organisations.</i>					
CONSEQUENCE	3	LIKELIHOOD	4	RISK RATING	SIGNIFICANT

OfW3					
Disruption to implementation due to failure of supplier to deliver enhancements and software adjustments					
<i>Adaptation of the existing software to meet the specific needs of NHS Wales is a key aim of system delivery. The supplier has committed to develop, implement, test and deploy a number of system enhancements. Some are required before the system can be implemented whilst others could be implemented post-implementation. The supplier has been impacted by limitations caused through the coronavirus pandemic and loss of staff time due to associated sickness absence.</i> <i>The RLDatix project manager is a dedicated individual whose principal duties relate to the NHS Wales implementation. This presents a risk of disruption should this individual become unavailable, although with the professional services team leadership within the company there is a resilience plan. Currently, the majority of enhancement have been delivered or on target.</i> <i>A key enhancement is the facility for contact search and linking to operate in the manner required by NHS Wales. The current DatixCloudIQ system does not facilitate this and the supplier has yet to demonstrate a resolution and implementation would be hampered if this is not achieved,</i>					
CONSEQUENCE	4	LIKELIHOOD	3	RISK RATING	SIGNIFICANT

OfW4					
Delay to testing and early adoption process leading to limited periods for user assurance testing					
<i>The delays with integration with EMPI and ESR have resulted in a delay in the early adoption process and a switch to using the Sandpit System to facilitate testing. Whilst the national team are satisfied that the process steps within the developed workflows meet the design plans agreed by the workstream groups, the availability of wider testing by a range of users is an important step to ensure that the system meets the needs of organisations.</i> <i>A revised testing plan has been developed and specific user accounts within the Sandpit system implemented – enabling wider testing to take place by all organisations, not just those who had agreed to undertake early adoption.</i>					
CONSEQUENCE	3	LIKELIHOOD	2	RISK RATING	MODERATE

OfW5					
Disruption and additional work for organisations due to the need to operate legacy systems alongside new platform					
<i>The parallel operation of the legacy system, alongside the new platform places additional pressures on local system leads and increases the risk of confusion for users in which system to access. Through careful use of the URL links, organisations will be able to guide users appropriately.</i> <i>With the implementation of some functionalities in the new system and the potential to retain some functionalities in the legacy system, the period that this interim arrangement is needed will vary between organisations.</i>					
CONSEQUENCE	2	LIKELIHOOD	4	RISK RATING	SIGNIFICANT

OfW6					
Potential loss of implementation funding due to delays in receiving information from organisations					
<i>The implementation of the software and infrastructure has been planned to have been completed by 1st April 2021. This was part of the initial implementation plan and funding plan approved by the Shared Services Partnership Committee.</i> <i>A major part of the setup process is the creation of specific database instances to match the organisational structure of each health body. This is a major task and will be carried out by the supplier. The central team do not have the capacity or expertise to carry out this task in a realistic timescale. As information about system setup and required user profiles has been delayed, there is a risk that the accrued implementation funds will be lost and will either have to be re-funded.</i> <i>Following a review by the National Programme Board, revised timescales have been established for information to be provided by organisations. A revised implementation plan timescale has also been agreed with RLDatix. If the revised timescales are adhered to, the loss of funding is unlikely to occur.</i>					
CONSEQUENCE	3	LIKELIHOOD	2	RISK RATING	MODERATE

PROGRAMME ISSUES

OfW7					
Delays with integration with EMPI and ESR data resulting in poor data quality in new system					
<i>A key deliverable for the system is to achieve improvements in data accuracy, consistency and reliability by linking to accurate contact information via integration with patient and staff data sources. The work required between NWIS and RLDatix has been delayed considerably and this has resulted in a revised plan for early adoption of the system via the Sandpit System. The infrastructure needed to create this link has now been implemented and a certificate of conformity received from NWIS. There remain delays whilst the process of testing is completed but it is now hoped that this functionality will be working in the near future.</i>					
CONSEQUENCE	5	LIKELIHOOD	4	RISK RATING	CRITICAL

OfW8					
Difficulty in updating organisational services and locations within 2020 software version					
<i>The current software iteration offers excellent functionality in locations & services mapping, significantly improving user experience. Initial upload and setup of location & services is planned and tested. However, if an organisation makes changes to its structure – the changes required in the system need be manually updated. An enhancement to improve the efficacy of this task whilst retaining the functionality is under development.</i> <i>Once an organisation's system is constructed and configured, there is likely to be a requirement to make changes to the locations & services prior to launch. To achieve this, it may be prudent to erase a system configuration and re-upload the hierarchy rather than make large numbers of manual changes. This would only be possible if no live data is held in the database instance.</i>					
CONSEQUENCE	3	LIKELIHOOD	4	RISK RATING	SIGNIFICANT

OfW9					
Role of Medical Examiner & impact on Mortality Review tools leading to delay in sign-off of Learning from Mortality					
<i>The Mortality Review Tools (Stage 1 and Stage 2) have been developed by the all-Wales Mortality Review Steering Group. The workstream associated with developing this functionality within the system has finalised the workflow and e-form designs, and these were signed off by the group following a demonstration on 9th October 2020. However, the role of Medical Examiners within the process of Mortality Reviews is the subject of further discussion – meaning the tools may be out of date at the point that they are implemented within the system (1st April 2021). Guidance has been requested from Welsh Government regarding whether the implementation of the current tools should be completed as planned or delayed until revised tools have been agreed. Without an all-Wales approach, there is a significant possibility that organisations will not have a common approach to this important task</i>					
CONSEQUENCE	3	LIKELIHOOD	4	RISK RATING	SIGNIFICANT