Shropshire Community Health NHS Trust
Electronic Patient Record Project
Open Risks

Risk Identifier	Risk	Impact	Brief Description	Date Reported	Date last reviewed	Change in this Reporting Period	Likelihood	Consequence	Current Risk Score	Risk Owner	Action to Mitigate Risk	Mitigated Risk Score
EPR/R1	Project is not completed in time for the June 2016 deadline.	Additional cost from dual running two systems.	Not completing Project in time for June 2016 will result in either having no system or paying CSC to keep iPM running. Current tender process should deliver before deadline.	04/10/2013	05/11/2015	No	4	4	16	Steve Gregory	Current tender process should deliver before deadline Potential Mitigation Options:- 1. Deploy more resource in a short timeframe 2. Extend the 'life' of iPM by signing up to a contract with CSC to extend it (minimum 3 months). 3. Agree a number of services/systems that won't move to the new system and assess the risks around this. 4. Deploy the new EPR covering the same elements that iPM covers (ie does everything that it does now) so that everyone has minimal use and then develop the system later on. This would extend the overall timeline,	9
EPR/R2	Insufficient resource planning for implementing the new EPR.	Additional cost or delays to the project.	The project is one of the largest undertaken by the Trust and affects the majority of the Trust and it's Services. It is important to get the resource levels correct before starting the project, working towards the 'Safer Hospitals, Safer Wards' bid, has assisted in scoping the resources. Financial resource planned in with some forward capital **The failure of the IDCF Bid will result in a greater cost pressure for the Trust** **The failure to secure funding through the Nurse Technology bid changes this risk. The Trust needs to consider how the new EPR will be used in conjunction with available local funds.**	04/10/2013	05/11/2015	No	5	4	20	Ros Francke	The Executive Team, the Resource & Performance Committee and the Board are all aware of the project and the resource implications.	8
EPR/R3	The local ICT Infrastructure is incapable of supporting the Project.	High levels of investment may be needed in core infrastructure and devices.	The project needs to understand what its' vision is with the Project and the impact that will have on devices and infrastructure and the methods of support. **Hardware requirements to provide the potential benefits need to be addressed in good time within the deployment cycle.**	04/10/2013	05/11/2015	No	3	4	12	Ros Francke	Briefings to the Director of Operations and the new Director of Strategy.	12

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EPR/R4	Lack of Clinical Engagement.	Key stakeholder disengagement, leading to a difficult implementation.	The project must be taken forward as a clinical supported and led project. It must not be seen as an administrative or IT led project as historically this has been proven to be a major contributor to project failure. This includes having a Clinical Facilitator to 'bridge the gap' between clinical staff and project staff. Clinical group has been identified.	04/10/2013	05/11/2015	No	2	4	8	Steve Gregory	Clinical group has been identified. Regular briefing for the Clinical Group.	4
EPR/R5	Services buy equipment or systems which are incompatible with the new EPR.	Incompatible systems or devices (such as telehealth recording devices) are bought which subsequently will need replacing with a further cost to the trust.	Any IT or clinical recording equipment, requested by services, should be bought either to work with the new EPR or with a view that it may be obsolete or continue to work in standalone in 18 months time.	04/10/2013	05/11/2015	No	2	4	8	Andrew Crookes	The Trust has a controlled process for the purchase of IT equipment.	4
EPR/R7	The scope of the Project increases through additional functionality and systems requirements. The time to implement the project decreases.	The Trust will have insufficient resources to replace multiple systems at the same time or the amount of change will affect the Trust's performance.	The Trust has been made aware of a number of systems that will either be de-supported at the same time or savings can be made by including those systems into the project. This expands the scope of the Project resulting in a number of systems potentially been replaced concurrently. These will include CAMHS Graphnet and SEMA PAS.\n\nDelayed timescales for the selection process (including TDA) may mean a rescheduling of CAMHS and greater time pressure\n\n**This could be impacted further by the leaving of the CAMHs Manager**	04/10/2013	05/11/2015	Yes	5	4	20	Andy I'Anson	CAMHS upgrade may be brought in early. HSW group are in conversation with HSCIC to identify what their approach is (e.g. regional or national solutions).	12
EPR/R8	The Trust does not fully use the new EPR as an opportunity for change, esp. working practises.	Reduced benefits realisation especially for working practises.	The Project Team raised concerns that although the EPR will replace existing systems, that the opportunity to change how services work from a holistic perspective should not be missed. This may include radical ways of working. **This is mainly around *'Cultural Change'***	04/10/2013	05/11/2015	No	3	3	9	Ros Francke		
EPR/R9	The Project is not aligned with the Trust's strategy and direction.	Reduced benefits realisation, potential cost in bridging gaps between system and requirements.	The Project does not keep aligned with the Trust's strategy, or is not fully understood by Directors and Non-Executive Directors, leading to poor decisions in the implementation of the project.	04/10/2013	05/11/2015	No	2	4	8	Ros Francke		
EPR/R10	Procurement process gets compromised	The Procurement process gets compromised requiring the process to restart.	The Procurement process gets compromised by external or internal factors. This could include not following the procurement process, showing obvious bias to one supplier, having external parties/partners (e.g. GPs and Commissioner) putting undue pressure on the Trust to take a particular solution.	25/11/2013	05/11/2015	No	2	4	8	Andy I'Anson	The Procurement Service will be used as an initial source of advice with 'back-up' provided by Mills and Reeves. The Trust should consider a 'Register of Interests'	
EPR/R11	Unforeseen or hidden additional costs for equipment to fulfil the Trusts' Vision	Unforeseen or hidden additional costs for equipment to fulfil the Trusts' Vision, leading to a 'creep' in the overall cost to the Trust which it cannot meet to complete the vision.	The chosen solution may require additional hardware and software (including Client Access Licences), which will be on top of the cost of the core system, to fulfil the Trust Vision, the Trust may decide to deploy a large quantity of electronic devices which have not been accounted for.	25/11/2013	05/11/2015	No	3	3	9	Ros Francke		

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EPR/R12	CAMHS/GraphNet Gateway product becomes desupported prior to EPR roll out.	The CAMHS Graphnet product is desupported leaving the CAMHS service with either no system, and unsupported system or is forces to upgrade to the Gateway 2 product	Graphnet have given the Trust notice that the current system Gateway 1 will become desupported in the future and are pushing the Trust to go to Gateway 2. The cost of Gateway 2 is prohibitive, taking into account that the EPR will contain the majority, if not all, of the functionality. The Service and Project Board have recommended that the CAMHS service move away from Graphnet and onto the EPR. The timescales may not align leaving a potential gap. Graphnet costs have been given as £78k implementation and 27k revenue, a paper is being written recommending that CAMHs is included in the EPR Project. **Due to changes in the EPR project timeline CAMHS may have to 'run' unsupported for a period of time**	28/01/2014	05/11/2015	Yes	4	3	12	Andy I'Anson		
EPR/R14	Uncertainty about the extension of iPM	The uncertainty of iPM and the proposed extension, with limited details, may result in the Trust being unable to make the appropriate decision.	CSC have announced that there will be an extension and continued development plan for iPM. Costs are unknown at this stage. This may affect the Trusts decision to go forward with the Tender. However this would delay the overall project and may result in the Trust having to implement a new system in a short timescale. **It has been reported that the cost for extending iPM is £457, 500 per year. The Minor Injuries (Emergency module) is an additional £210,000 per year - Total: £667,500 per year. CSC need to be informed about an extension before 31st December 2015**	21/03/2014	05/11/2015	No	2	3	6	Ros Francke		
EPR/R15	Uncertainty about the impact of deploying more technology without the human and technical resources to support staff post go-live	Delays in providing timely support to existing systems and staff could result in more 'downtime' for staff at time when the impact and importance of using IT systems increases.	Resource for maintaining the project – i.e. increase in technology but no extra IT resources to maintain the products. As the project takes off and more technology is provided to Staff, the support infrastructure (including Technicians) needs to be reviewed.	08/09/2014	05/11/2015	No	3	3	9	Ros Francke	Start to plan capacity and suggest a support infrastructure Look at what reasonable levels of support 'looks like', can response times be lowered in certain areas?	
EPR/R16	IT Programme Manager becomes 'unavailable'	Should the IT Programme Manager become 'unavailable' this would cause a delay in the project as a replacement is brought up-to-speed.	The IT Programme Manager is a 'single point of failure', insofar as explicit and implicit knowledge of Project Management, the EPR Project and relationships. Should he become 'unavailable', this would leave a big gap.	08/09/2014	05/11/2015	No	2	4	8	Andrew Crookes	Scope for temporary staff	

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EPR/R18	The complexity of how SEMA is embedded into working practises and systems may cause risks if not fully explored, resulting in incidents.	Starting the process of moving Services from SEMA and stalling due to the complexity may impact the project timeline for other services, or miss risks that would have otherwise been identified.	SEMA is integrated into more systems than was originally thought and concerns are that a hasty move away from SEMA without knowing the full impact could cause risks, issues and ultimately incidents in the future. **Project Board agreed that SEMA should be replaced under the project and in line with the main implementation.** **A further discussion has placed SEMA users migration to the new EPR beyond June/July 2016. This is to allow full migration of iPM users as a priority and for the full impact of the move to SEMA to be understood.**	22/10/2014	05/11/2015	No	3	4	12	Steve Gregory	Look at the actual complexity and define the clinical and business issues Consider the move to SEMA as another phase. This would have additional costs to the Trust. **It is recommended that a specific 'SEMA' Project Team be formed to deal with that aspect of the implementation.**	
EPR/R19	Winning tenders could impact on the process, scope and prioritisation of the Project	The scope of the project could increase with additional costs to the Trust.	There may be increased data migration from new services and additional licence costs. The actual move of the service would impact the project plan meaning other services may have to be delayed.	29/01/2015	05/11/2015	No	4	3	12	Ros Francke	Include the EPR Project impact in any future bids.	
EPR/R20	Additional costs not fully understood or captured to integrate the Data Warehouse with the EPR	Additional and possibly substantial costs associated with integrating the Data Warehouse with the EPR	The Data Warehouse suppliers 'Bidetime' do not have an interface ready for any of the potential shortlisted suppliers for the EPR. Bidetime will have to write an interface for the Trust. Until the Trust knows which supplier it is going with, Bidetime cannot give a full idea of costs. Previous work with Bidetime and integration leads the Trust to estimate that the integration work will be in the region of £20k	20/03/2015	05/11/2015	No	4	4	16	Ros Francke	Planned upgrade to Data Warehouse	
EPR/R21	A number of services interact with third party organisations, including private organisations. Some of these are unknown. The implementation could disrupt this interaction.	Disruption in patient and partner organisation information flows. Missed opportunities for enhanced partnership working (e.g. electronic messaging).	The implementation will affect third parties that have not been in the procurement process and may have to change their processes to accommodate the Trust's new ways of working. This will require additional effort from the service working with the partner organisation. Also, the EPR will present an opportunity to work more effectively with those partners - those opportunities would need to be scoped.	28/07/2015	05/11/2015	No	3	3	9	Steve Gregory	Fully scope partners in stakeholder analysis activity Capture in both 'As-is' and 'To-Be' states of BPM	
EPR/R22	Reduced contact with patients and extended waiting lists as a result of clinical time lost through the project	Reduction in the number of patients seen with a subsequent impact on patient care, waiting time targets and activity levels. This could affect income streams for services and the Trust as a whole. Loss of reputation with Commissioners	With limited clinical backfill there is a high likelihood that waiting lists will grow with appointments being allocated later. This will have an impact on patients and also waiting time targets and activity levels.	28/07/2015	05/11/2015	No	4	3	12	Steve Gregory		

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EPR/R23	Loss of key Informatics staff	A local recruitment drive may impact on current staffing levels in the Information Team, resulting in insufficient experienced support for the project	SaTH are looking at recruiting a number of Information staff, this may have an impact on the Information Team who are already short staffed. The loss of staff would mean additional pressures within the department and a loss of local experience at a key time when the Trust will need this expertise.	28/07/2015	05/11/2015	No	4	4	16	Ros Francke		
EPR/R24	Delays in TDA approval will mean that the Trust cannot deploy in time	Additional costs to the Trust through TDA delay circa £52k per month or have an organisational impact through a change in delivery (e.g. Big Bang)	Delays by the TDA in the EPR approval process may result in a number of consequences: 1) There is insufficient time to deploy the product other than in a 'Big Bang' 2) iPM would need to be extended to cover any shortfall in time. Minimum 3 month contract at £52k per month. 3) On the 26th October the suppliers will need to confirm the price for the tender. Should this change dramatically the Trust will need to review its award	01/10/2015	05/11/2015	Yes	4	4	16	Ros Francke		
EPR/R25	Not being able to recruit the right calibre of staff	The project will be further delayed or have greater financial pressure, if staff cannot be identified or recruited for Project Management or Trainer roles	If there is insufficient interest within the Trust to work on secondment as a project manager or trainer the Trust will have to go out to recruit full time staff, this will cause delays and may be more expensive.	01/10/2015	05/11/2015	Yes	3	4	12	Steve Gregory		
EPR/R26	Loss of key staff resulting in knowledge and experience gaps within the Trust	Loss of corporate memory could delay the project and miss vital information and links.	Implementation of the project will be less robust, with a loss of skills, where key management and operational staff have left the organisation. Losing the 'corporate memory' within the organisation or service. This will have an operational consequence and could delay the project.	01/10/2015	05/11/2015	Yes	4	4	16	Steve Gregory		
EPR/R27	Staff not being kept informed about the Project	Loss of confidence in the project due to poor communication	Staff are not being kept up to date with progress on the EPR. This is in part due to the current process with the TDA, but also information not being passed on through the Trust hierarchy	01/10/2015	05/11/2015	Yes	3	3	9	Steve Gregory		
EPR/R28	Trust resources being spread too thin through multiple tenders	Insufficient experienced staff, to cover multiple tenders and successful implementations could result in: 1) Vital staff leaving the organisation 2) Additional expensive staff needing to be recruited with an associated cost	The Trust has a finite resource of experienced specialist staff, numerous concurrent tenders and projects could cause additional staff loss through workload or result in having to buy in expensive resources.	01/10/2015	05/11/2015	Yes	3	4	12	Ros Francke		