

PATH012 - Change Events - Risk Assessment - Modernising Pathology (to be updated in September 2010) PATHOLOGY SERVICES TRANSFORMATION BOARD MEETING
PSB4 / 29 JULY 2010 / FOR INFORMATION



Ref	Event Type (Definition)	Threats and Vulnerabilities	Lead agency	Other Relevant Bodies	Date Action Raised	Status	Date of Action Closure	Impact & Consequences		Risk Ranking					Embedded Monitors, Controls and Mitigations (current actions to prevent threat occurrence or limit impact)	Response: Mitigation and Control (possible future actions to prevent threat occurrence or limit impact)	
								Expected Outcome/ Changes from Planned Event	Potential Adverse Consequences	Impacts				Likelihood			RAG
										Safety	Service Delivery	Economic	Reputation				
Column1	Column2	Column3	Column4	Column5	Column6	Column7	Column8	Column9	Column10	Column11	Column12	Column14	Column15	Column16			
1	Time	Provider resistance to change	PCT and Provider CEO's/Project Board	SPT	19-May-10	Open		Project delivered on time with providers undertaking change processes, removing over capacity and streamlining services	Project delivered late or quality (outcomes reduced)	1	2	3	2	2	■	Provider involvement in co-leading and driving process with Co-Chair and strong provider representation on the Pathology Services Board (PSB)	No further action at present, keep under monthly review
2	Time	Clinical resistance to change	Project Board clinical representatives	SPT	19-May-10	Open		Project to complete on time with providers undertaking change processes, removing over capacity and streamlining services	Project delivered late or quality (outcomes reduced)	1	2	3	2	2	■	Ensure clinical quality is a key driver as well as productivity. Membership of PSB to include key local clinicians representing the main pathology disciplines. Involve RCGPath in advisory capacity in PSB	No further action at present, keep under monthly review
3	Cost	Impact of current local plans / procurements on EoE process	PSB	SPT	19-May-10	Open		New investments or contractual commitments are curtailed, reducing financial barriers and cost of change	Providers commit to new long term contracts which are costly to terminate early and increase cost of change or delay implementation	1	2	3	2	3	■	PSB to advise providers of risk of entering into new contracts and encourage extensions of contract where appropriate. Providers to be asked to liaise with project team on risks and issues arising from delayed procurement	Issue to be raised with Provider CEO's/DoFs at next opportunity.
4	Quality	Capacity of Commissioners	PCT CEO's to whom project Board reports	PSB/SPT	19-May-10	open		Commissioners to actively and collaboratively participate in change programme leading to new contracts in line with revised service specification	Contracts are not awarded against new spec, services are not changed and financial benefits not achieved.	1	3	3	2	3	■	Ensure robust information channels and stakeholder communication with commissioners and providers to ensure early alerts for plans to develop local pathology services / procurements in the region	Improve communications and engagement with commissioners.
5	Quality	IT systems barriers	PSB, Providers, NPFIT	SPT	19-May-10	Open		tests can be requested and results transmitted electronically from/to requesters	Tests remain manual slowing turnaround times and reducing service performance	2	2	2	2	2	■	Include IM+T representation and PSB and incorporate in service specs. Undertake early review of IM+T state of readiness and barriers to change in detail.	No further action at present, keep under monthly review
6	Time	The change of commissioners from PCTs to the GP clusters	PSB	EoE / SPT	06-Jul-10	Open		Effective engagement with GPs via project board and commissioning subgroup and the workshop	May affect the delivery time for the project	2	3	3	2	4	■	Engaging GPs within the process to ensure any service change meets their needs.	No further action at present, keep under monthly review
7	Quality	Requirement for public consultation	PSB	SPT	30-Jun-10	Open		Liaison with appropriate bodies	Likely to affect the project timeline	2	3	2	2	2	■	Liaise with appropriate body to gain advice about the need for public consultation	No further action at present, keep under monthly review
8	Quality	Getting required number of delegates at the workshop due to holiday period	PSB	SPT	09-Jul-10	Open		The quality of the output from the workshop if carried out with minimum attendees is likely to be questioned and challenged	Reduced output from workshop and can affect the quality of the transformation project as a whole	2	3	2	2	4	■	Change Request will be submitted to the project board for approval with proposed commissioners workshop date as 6th or 7th September 2010	Once change request is agreed, invites will be sent out to commissioners and PBC members to reduce the likelihood of the risk occurring after mitigation
9	Time	Having pathology service delivery options available for testing from the Clinical Design subgroup	PSB, CDS	SPT	12-Jul-10	Open		The timeline for the project will be stretched.	Will negatively affect delivery of the workshop and will invalidate the purpose of the planned workshop with commissioners	1	4	2	3	3	■	Work closely with the Clinical design subgroup to understand their process and timelines they are working towards and ensure clear tasks are highlighted and to be delivered according to the project plan scheduled time.	Agreeing an extension on key milestones will also give the CDS more time to produce effective service delivery options
10	Time	Availability of a suitable venue to meet location and size requirements	SPT		14-Jul-10	Open		The timeline for the project will be stretched.	May cause Cancellation of workshop	2	3	2	2	2	■	Having enough time given to seek required location for workshop	No further action at present, keep under monthly review
11	Cost	Transport costs may vary as energy costs change. Issues around associated carbon footprint may adversely affect project. Traffic issues may effect travel times for samples and subsequent reporting and testing quality.	PSB	SPT	23-Jul-10	Open		Cost of delivering the service is likely to change	Variable cost of service, reputational damage through adverse publicity	2	2	2	1	2	■	Ensure any future contract arrangements give due consideration to factors	No further action at present, keep under monthly review
12	Quality	Higher volume facilities will not necessarily mean equal or better services and technical quality, there is a risk that quality may be lower and below standard required.	PSB	SPT	23-Jul-10	Open		Results do not meet required standard and services not to standard	Loss of reputation and risk to patients	3	3	2	3	3	■	Ensure that commissioning contracts accurately reflect required standards and measures for demonstrating standards are achieved	No further action at present, keep under monthly review
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Change Event Register: Risk Ranking Scale Guidance Note

Customer Definitions		Suggested Changes/Clarification		
		Value	Text	
Likelihood				
1	Improbable	An event based on current evidence that will not take place		Not previous heard of in previous projects Would be considered a "freak" occurrence
2	Unlikely	An event with given evidence is possible but is not expected to take place		Have heard of this type of event but no direct experience Controls in place mean that team would be very surprise if this occurred over the life of the project
3	Likely	With given evidence the event could take place		Not commonplace but events of this type are heard of quite regularly Not certain to occur over life of project but no one would be surprised if it did happen
4	Probable	An event with given evidence is very likely to take place.		Team are aware of similar incidents having occurred on other Projects Would be surprised if this event or something similar does not occur over the life of the Project
Safety				
1		Minor injuries		
2		Major injuries		
3		Single fatality		
4		Multiple fatalities		
Service Delivery				
1		Minor service variance requiring communication/shared awareness only	Less than £250k	Small service interruptions (e.g. loss of 1 or 2 services) with limited programme duration (e.g. less than 1 week)
2		Service variance requiring response asap	£250k to less than £2 million	Small service interruptions (e.g. loss of 1 or 2 services) with extensive duration (e.g. 1 month or more) Large service interruptions (e.g. loss of several services) with limited duration (e.g. less than 1 week)
3		Service variance requiring immediate response	£2 million to £5 million	Large service interruptions (e.g. loss of several services) with extended duration (e.g. 1 to 3 months) Widescale delays (e.g. loss of several services but all non-critical) for limited programme duration (e.g. less than 1 week)
4		Service failure	Greater than £5 million	Larger scale service interruptions (e.g. loss of up half of services or one critical service) with extended programme duration (e.g. more than 1 month) Widescale disruption (e.g. loss of half the services or several critical services) for more than 2 months
Economic.				
1		Less than £250k		
2		£250k to less than £2 million		
3		£2 million to £5 million		
4		Greater than £5 million		
Reputation				
1		Minor local reputation damage		Only cost is PR and communication
2		Major local reputation damage		Minor damage to reputation to area of service provision and may lose some revenue through those who can be moved to other facilities/services
3		National Adverse Media Coverage		significant damage to reputation may lose key revenue through those who can be moved to other facilities/services
4		Widespread coverage - serious reputation damage		Significant damage, e.g. loss of business and change in commissioner/user behaviour results from event

RISK MATRIX

