Continuous Subcutaneous Insulin Infusion (CSII)

Potential Implementation Risks

Risks associated with the implementing the technology and improved service model can be broken down into five categories which include Project Management, Strategic, Service / Clinical, Financial and Activity. These risks are on the basis that an Implementation Team is set up and a systematic approach to adoption is taken forward from the outset. These risks are not exhaustive but were identified by the NTAC Project Implementation Sites and were acted on as per the management actions listed.

Project Management

Risk Description	Owner	Mitigation / Management Action
Time to dedicate to implementing the technology and new service model may not be available due to other work pressures.	Implementation team	The project management requirements of the overall implementation process will be monitored at each stage, and where additional time is needed, time will be freed up to allow developments to be made. The implementation phase will endeavour to maintain flexibility in the methods utilised to provide opportunities for all involved (where and when appropriate).
Implementation Team Roles have been inadequately defined.	Implementation team	The implementation management arrangements, including appropriate roles and responsibilities will be set out from the beginning and reviewed and clearly documented at each key stage of implementation development.

Strategic

Risk Description	Owner	Mitigation / Management Action
Future initiatives, guidelines and protocols can change the implementation requirements / scope and associated costs.	Clinical Lead / Senior Manager	Effectively monitor national policy and strategic initiatives to ensure that any factors that may affect or influence implementation are highlighted at the earliest possible stage.
Changes to local / regional strategic agreements change expected outcomes.	Clinical Lead / Senior Manager	Maintain an active dialogue with commissioners around implementation, ensuring agreement and support for it throughout the process.

The Trust (including local MDT members) fails to support implementation once it has been initiated.	Senior Manager	Ensure that there is effective communication with internal stakeholders around the nature and content of the service change, providing a forum for discussion and lines of communication for feedback.
Commissioners fail to support implementation.	Implementation team	Maintain an active dialogue with commissioners around implementation, ensuring agreement and support for it throughout the process.
Patients fail to support the project / technology.	Clinical Team	Ensure that there is effective communication with service users around the nature and content of the technology and service change, providing an appropriate forum for discussion and lines of communication for feedback.

Service / Clinical

Risk Description	Owner	Mitigation / Management Action
Unable to recruit or retain staff of the right calibre and number to achieve the proposed staffing model to meet the NICE Guidelines.	Implementation team	A proposed staffing model and workforce plan may need to be devised and presented to the relevant personnel for approval. Such resource requirements will be an essential component of the business case.
Unable to secure support from staff for service model / model of care.	Implementation team	Ensure that there is effective communication – lead through a designated member of the implementation team – with relevant stakeholders around the nature and content of implementation, providing forums for discussion and lines of communication for feedback.
Assumptions regarding future clinical model are incorrect.	Clinical lead	Proposed service model and the drive towards the achievement of the required performance will be planned by the clinical team as staffing numbers increase and altered as required.
The assumptions about drop in OPD slots and emergency admissions are incorrect.	Clinical lead	OPD slots and emergency admissions are to be monitored on a regular basis through each Trust's Directorate Performance Process.

Financial

Risk Description	Owner	Mitigation / Management Action
Failure to convince commissioners and therefore have no financial structure in place to buy the technology.	Implementation team	Maintain close links with the Strategic Health Authority, Primary Care Trusts and Commissioners throughout implementation. Ensure the development of the business case is a joint exercise.
Expected improvements in depreciation costs as a result of revaluation are not achieved.	Implementation team	The finance manager, commissioners and the PCT will be involved from an early stage and consulted on all proposals and developments. This will allow informal discussions to provide guidance as to how best to structure these developments to gain maximum advantage from the economic model.
Reductions in price or unplanned change to Payment by Result tariffs lead to a fail in income.	Implementation team	Ensure that a sensitivity analysis is set out to consider this as a downside to ensure that a plan is agreed should income reduce.

Activity

Risk Description	Owner	Mitigation / Management Action
Competitor providers improve performance and services and demand is reduced.	Implementation team	The clinical team will monitor the changing provision although changes are unlikely to occur without the team knowing – by which time a contingency can be put in place.
Population growth assumptions are incorrect.	Clinical lead	Ensure that there is effective communication – lead through a designated member of the implementation team – with relevant stakeholders around the nature and content of implementation, providing forums for discussion and lines of communication for feedback.
Assumptions regarding future clinical model are incorrect.	Clinical lead	The changes in activity relate to current growth projections and known diabetes patients. These assumptions will be tested in the years following implementation.