

Telecare Factsheet: Risk Management & Managing the Cultural Shift

16 January 2008

INTRODUCTION

This factsheet is based upon presentations and discussions which took place at a National Telecare Programme Workshop on Risk Management & Managing the Cultural Shift, which was held at the Dementia Services Development Centre on 16 January 2008. The factsheet is based on notes taken by the writer during the workshop and does not represent directly the views of the presenters or individual participants.

The workshop is one of a series of events sponsored by the Joint Improvement Team and the Chartered Institute of Housing in Scotland, which aim to support partnerships in the implementation of their local telecare programmes.

THINKING ABOUT RISK

Dr Tony O'Sullivan, Director of Newhaven Research Ltd, enthusiastically launched the workshop into a consideration of risk within the national Telecare Programme. He described risks as being '*the circumstances that can transpire to frustrate or prevent you achieving something you have set out to accomplish*'. He asked participants to consider different approaches to risk and the likely consequences of these, ranging from the extremes of completely ignoring risk to obsessive approaches which almost become an end in themselves. Tony advocated that the most effective approach would lie somewhere in the middle, and recommended that partnerships develop a measured and reasonable approach to considering and managing the risks involved within their local telecare programmes.

Tony warned that risks are ignored at peril, and doing so could threaten:

- The capacity to achieve the identified objectives;
- The ability to contain costs within set budgets – witness many reports of the purchase of IT systems which balloon over cost, with expensive fixes then needed;
- The long-term existence of specific services.

TELECARE FACTSHEET: RISK MANAGEMENT & MANAGING THE CULTURAL SHIFT

It was stressed that proper risk management leads to fewer shocks and unwelcome surprises, as the majority of things that can go wrong will have already been anticipated and considered. It can help manage expectations and provide a vehicle for adjusting and amending these on an ongoing basis. It also has the capacity to reassure stakeholders as it can indicate a degree of control.

Dealing with Risk in a Structured Way

Risk Assessment and Risk Management provide a systematic way of identifying the circumstances that might blow us off course, and an opportunity to manage these in a proactive way.

Risk Assessment involves identifying the possible risks that could arise, and appraising the potential impact of these risks. Risks generally come from two main directions – Internal and External - and can be further subdivided into different categories depending on the operating environment:

External:

- *Economic*: Changes in the economic environment can have an impact, which may be specific to a particular service area, e.g. changes in housing benefit levels have an impact on affordability in the private rented sector.
- *Political*: The introduction of a new political administration can change direction and significantly alter the operating environment and its priorities.
- *Competition*: Where a private provider comes along and begins to operate in a previously public sector dominated environment this can change dynamics.
- *Technology*: Technological progress may mean that some equipment may become outdated fairly quickly, and something which is not feasible today may be available in 12 months time, presenting additional risks in purchasing equipment.

Internal:

- *Delivery*: Working in partnership depends on others. When a key member of staff leaves, their replacement may have a different skill set, impacting on how services are delivered.
- *Governance*: Where this changes, it can entail different organisational priorities and a change in the operational environment.

Risk Management involves consideration of what would be done if an eventuality does occur. A particularly difficult part of this is establishing and assigning responsibility. Risk Management is not risk avoidance and it is not suggested that the right approach is to be as conservative as possible. Risk management is also not about needing to weight the situation in such a way that failure is unavoidable before an approach can be undertaken, but to try to shift factors to increase the probability of success.

Government Advice on risk assessment and management is contained within "The Orange Book" (Ref 1), produced by the Treasury, which recommends taking an approach to risk which is proportionate and appropriate to local circumstances.

Prioritising Risks

Once the risks have been identified these should be prioritised. Where high risks are identified and something can be done to mitigate them, activity should clearly be prioritised around these. Where high risks are identified that cannot be controlled judgement should be applied – a decision is needed as to whether the objective sought is so important that it is, literally, worth the risk.

A MODEL FRAMEWORK FOR MANAGING RISK

Once the risks have been considered and evaluated there is a need for a framework to pull it all together – a ‘risk register’, supported by an effective planning process. This process should ensure that senior management are made aware of the risks, can validate these, and can assist to overcome them. A risk register in itself cannot make a problem magically disappear. However, with thought and consideration on a range of fronts, innovative solutions can often be identified. A typical risk register should include the following:

- A unique identifier for each risk;
- A title for the risk that is clear and easily understood;
- What the consequences of the risk might be;
- What is the probability of it occurring;
- If it happens, what level of impact would it have;
- What can you do about it – countermeasures which could be applied;
- What is the residual risk in terms of probability and impact once the countermeasures have been applied;
- Who is responsible for managing the risk;
- The date at which the risk was first identified;
- The date at which the risk was closed;
- Space for comments.

A model risk register for the Telecare Programme in Scotland has been developed by the Joint Improvement Team, and is reproduced within this document at Appendix 1. It is *strongly recommended* that where a risk register has not been developed by local partnerships that consideration should be given to reviewing this model and tailoring it to local circumstances. Colleagues/partners should be engaged meaningfully in this process, to confirm that the key local risks are identified and agreed upon. The risk register should be embedded within local senior management decision making processes, and consideration should be given to how this can be best achieved. Experience has suggested that the majority of the identified risks are likely to be capable of being addressed by staff activities, with the remainder requiring input of some other nature, e.g. political decision.

Some Final Thoughts

<p><i>Don't:</i></p> <ul style="list-style-type: none"> ■ Try to think of every possible thing that could go wrong. 10-12 issues should be sufficient if thinking at the right level. ■ Turn risk management into a quagmire that uses up too much time, and doesn't resolve anything. ■ Hide behind it as a reason for not doing something. ■ Invent risks that don't exist! 	<p><i>Do:</i></p> <ul style="list-style-type: none"> ■ Apply a common sense approach. ■ Be honest about the nature of the risks faced - don't deliberately forget something if it makes the proposal look bad and be wary of "optimum bias". ■ Think about risk objectively. ■ Be creative about possible solutions.
---	--

MANAGING THE CULTURAL SHIFT – CHANGING TECHNOLOGY AND CULTURES TO SUPPORT TELECARE

David Boddy, Research Fellow in the Department of Management at the University of Glasgow, urged participants to consider some of the organisational and management changes that may be required to realise the optimum impact from the introduction of telecare, and referred to some valuable and relevant lessons from other sectors. He advised that it has been frequently shown that organisations that make management and cultural changes alongside the introduction of new technology, achieve much greater benefits than those who do not. This does not mean that the introduction of every individual bit of technology requires a huge organisational change, but it is likely to affect organisations in ways that need to be considered.

Effective change management is dependent on a range of factors. These are:

- Culture;
- Stakeholders;
- Local Settings;
- Evolving Outcomes; and
- Implementation approach.

Culture

David described organisational culture as a distinct approach adopted by an established group. It is often reflected in language and ways of speaking, but he stressed that culture goes deeper than this, involving mindset, beliefs and values about what is important to the group in their work. Most organisations consist of a number of sub-cultures rather than single culture, and culture is a factor that needs to be understood in order to manage change effectively.

Participants were asked to think about what is important to the group/sub-culture(s) in which their telecare programme is being introduced and to think about how telecare could help support the culture and its values, or indeed, how it may challenge these. Examples were given by David of where technology applications had been introduced with varying success in different environments and the factors which had impacted on this, one of which is detailed below:

The same technology application had been introduced within similar organisations operating in different geographical areas (Dispatch for Ambulance Services). The changeover was considered a failure in one area and a success in the other. The difference had been in the role played by technology within the organisational culture, in particular how the planned interactions with skilled and experienced staff were managed. The successful system made recommendations to the human dispatch co-ordinator about which unit was best placed to respond to an emergency, rather than taking an automated decision, whilst the unsuccessful system made no decision either way. The first approach was considered acceptable within the organisational culture, and was readily adopted within the service. A substantial familiarisation approach backed up by a training programme was also put in place to ensure that the operational transfer within this critical environment was as seamless as possible. Meanwhile, the system that failed was introduced quickly and without what would be considered appropriate buy-in or training.

David stressed that fitting technology around the current culture is not always the best approach, and that often substantial changes may need to be considered to maximise the desired outcome – i.e. supporting more people to remain at home.

Telecare systems may support or challenge cultures and the aim should be to change both together by:

- Involving stakeholders in design;
- Designing changes to suit local conditions;
- Allowing innovative approaches to evolve with experience;
- Communicating intensively with all stakeholders throughout the change.

Stakeholders

It is important to involve stakeholders in design, as they must be at least partly satisfied with it or they may undermine it. Projects tend to succeed if the promoters involve key stakeholders and understand what they are interested in, what they can bring to the project, what their power is to affect it, and how they can be involved in the right way.

David cited the proposed introduction of an Electronic Patient Record to illustrate his point:

A hospital was keen to introduce this within their locality as it was important to changes they needed to make in terms of internal efficiencies and effectiveness. They had sounded out the principle of it with GPs and Pharmacists who seemed okay with it, but when it came to actual adoption it was a failure. The critical factor was that although the hospital had a high interest in the adoption of the system they had a low level of power to implement it. Success was dependent on input from local pharmacists and GPs, all of whom were independent bodies, of which none could see any benefit to themselves. Although the key stakeholders had been identified early in the project, their interests were not identified and they were not given something they considered worthwhile. If this had been thought through, the design of the project could have been adjusted to take these factors on board, thereby increasing the chances of success.

So, key stakeholder considerations are:

- Who are they?
- What do you expect of them – what changes?
- Does that fit their interests?
- What is their power to help or hinder?
- Their likely reaction?
- Ideas to secure their support.

A crucial element of these considerations is the need for plans to have communication processes in place with all key stakeholders from the start.

TELECARE FACTSHEET: RISK MANAGEMENT & MANAGING THE CULTURAL SHIFT

Local Setting of Your Project

There is also a need for local programme managers to think about how their approach to telecare takes account of working processes, people (including their skills and attitude to change), the professional cultures involved, and the division of work – and try to develop this approach in alignment with the programme’s desired outcome. This could be by developing services which effectively meet individual need in ways which the service user and their carer are happy about and in which staff feel they have made a real difference. There are opportunities to introduce telecare in such a way that people are more engaged and involved in their work.

Evolving Outcomes

Along with the intended outcomes, there are often unintended ones. Within the innovative environment of telecare there is substantial scope for learning as local approaches develop – with many more uses and outcomes than perhaps are anticipated at the outset, and with potential for a great deal of change.

This “evolution” approach may seem paradoxical within an environment where experience has shown that the development of a clear specification of what is needed has been shown to be a factor in success, but equally many successful projects do evolve in the light of experience. David recommended that there is a need to leave space for some outcomes to evolve, and that local partnerships should allow for spare time and budget within their programmes, i.e. contingency planning.

Implementing and Learning

There are three main approaches to implementing change – planning, evolving, and participative – and it is recommended that partnerships involve all three. David advised that partnerships should try to secure ideas from all of those affected, and learn from their experiences on the way. It is important not to blindly pursue the original approach, particularly if these experiences have shown that there may be benefits in departing from this.

David concluded by advising that where local telecare programmes (in however small a way):

- Involve stakeholders;
- Shape changes to fit local conditions (and vice versa);
- Allow the approach to evolve with experience; and
- Learn through Implementation,

then a beginning has been made in changing the culture to support Telecare!

LOCAL APPROACHES TO MANAGING CHANGE – THE RENFREWSHIRE EXPERIENCE

Lorna Muir presented an enjoyable and informative overview of the development of Telecare Services in Renfrewshire, giving particular regard to the factors which have influenced change locally. Lorna is Assistant Principal Officer for Older People’s Services in Renfrewshire Council and is responsible for the strategy and development of home care services.

Lorna advised that the initial Community Alarm Service in Renfrewshire was established in 1984 and at that time it provided a non-assessed service to those aged over 75 living alone and housebound within local authority housing only. Social work provided a responder service, and housing provided the equipment. It was identified that even at that time many of the key holders were often frail themselves and the next of kin often too far away. Following local government reorganisation in 1996 significant changes were made to the service, with an increase in the number of users to 1,698 mainly facilitated through winter pressures monies. The technology element of the service still generally consisted of a community alarm unit and a pendant, but the responder element of the service was decentralised and transferred to home care teams. The overnight provision was reduced to a standby basis, with a council wide approach to service delivery dissolved.

A review of the service during 2000/2001 highlighted a number of weaknesses in the delivery of service and in the monitoring of standards and equipment. Following discussions about emerging risks and presentations to the Council, a decision was made to re-establish the service with different criteria and a broader client base. An enthusiastic and pioneering manager for the service was appointed, and a full responder service was recruited and re-instated (12 responders) with a dedicated nightshift. The service has been expanded to address the needs of private sector tenants and owner occupiers, with the number of service users in 2008 at 3,300 and rising: an average increase of around 260 users a year over the past 5 years. The service has also been expanded to a full telecare service with a broad range of equipment used, and has a dedicated telecare assessor who links with the mainstream assessment processes to provide advice on the recommended telecare provision and configuration.

To ensure that the telecare service has been embedded in wider service provision, Lorna stressed the benefits of co-location, infiltration and negotiation. The front line management of the service is co-located with the Older Adults Community Mental Health team, the evening and overnight base for the responder teams is located alongside community nurses within the local general hospital, and the external line manager for the service is based within headquarters. This three-pronged approach facilitates many opportunities for information exchange and joint working, with referrals to the team coming from a wide range of sources.

The use of Performance Management information aligned with the art of persuasion were also considered to be important tools when lobbying for change. Lorna gave the following example to illustrate how these had been utilised to good effect at a local level:

In the period Oct 05 – July 06, 593 falls incidents were identified. The call responder service went out to 95% of these, 45 incidents were responded to by GPs, and there were a total of 48 admissions to hospital. Associated with the increase in service users in Oct 2006 – July 2007 there were 883 falls, entailing a greater pressure on the responder service, who only managed an 84% response rate. The remaining calls were responded to by GPs or the ambulance service, and it was noted that the rate of admission to hospital increased. Analysis appeared to show that ambulance and hospital staff were more likely to admit the individual for short-term observation, tying up often unnecessary hospital resources. This was reinforced by a recent Audit Commission report on services in Stockport, which identified telecare responder services as a significant source of savings for the Primary Care Trust in the area. This information was presented to consultants at the hospital and other service managers, and backed up by the details of the individual cases. The service is now staffed at a level to meet the increase in service users.

TELECARE FACTSHEET: RISK MANAGEMENT & MANAGING THE CULTURAL SHIFT

Dementia Care

The telecare service in Renfrewshire is also having an impact on the approach to managing people with Dementia in the community. Of the installations undertaken over the period March–August 2007, 42 service users with dementia were identified. Equipment installed to help support people with dementia to remain in the community included door contacts, bed monitors, smoke detectors, extreme heat, and flood detectors. An analysis of the calls profile of the service users with dementia identified that the vast majority of activations originated from the door contact sensors (882). Where this occurred at times or in situations assessed as presenting a risk, e.g. the middle of the night, the responder service was contacted to assist the person to return home. This service is having a noticeable impact on the numbers being admitted to residential care. These figures were presented to health colleagues, who have increased referrals for the Telecare service to be installed in advance of hospital discharge. The Police have also been very supportive in tracking individuals requiring dementia care, which came about as a result of positive working experiences during a Domestic Violence project where telecare had been used to increase chances of successful prosecutions for perpetrators.

Outcomes

Lorna advised that all of this is resulting in the following outcomes at a local level:

- Patients with a high risk of falls are being referred for earlier hospital discharge;
- Dementia care has been better co-ordinated and improved (sitting next to Community Psychiatric Nurses presents opportunities for referrals and has raised the profile of the service);
- There is evidence of prevention or delay in admission to care (generally going straight into continuing care when this is appropriate);
- There is reduced pressure on the ambulance and GP services (mainly associated with falls);
- There is a reduction in unnecessary hospital admissions (evidence of Nurses from hospital providing advice to the overnight responder service, which has prevented use of Accident & Emergency).

Lorna advised that the service has helped to delay or prevent admission to care from a minimum of 23 days to a maximum of 240 days – though experience has identified that the provision of the service at a time when someone has moved into a crisis stage can only delay the admission to care for a very short period, and it is most effective when introduced at a earlier stage.

The analysis of the pattern of calls has also identified opportunities for effective planned interventions, preventing an emergency situation from arising, e.g. assisting someone with transfers during the night. As a result of this, a fully established overnight service has been developed to meet local needs.

To conclude her presentation and inspire her colleagues working in Telecare, Lorna quoted some words of wisdom from Woody Allen “...it is clear the future holds great opportunities. It also holds pitfalls. The trick is to avoid the pitfalls, seize the opportunities and get back home for six o'clock!”

KEY POINTS AND RECOMMENDED ACTIONS FROM WORKSHOP

- Develop a local risk plan and embed it within local senior management processes.
- Identify key local stakeholders and their interests and consider how these could best be used to support and develop local approaches to telecare development.
- Develop a performance management framework for telecare at a local level, and use the information from it to influence change and encourage buy-in.

REFERENCES

1. *The Orange Book*, October 2004 – www.hm-treasury.gov.uk/media/3/5/FE66035B-BCDC-D4B3-11057A7707D2521F.pdf

Factsheet written by M. Mackenzie – January 2008

ID	Risk Title	Risk Description	Consequences		Inherent Risk		Countermeasures		Residual Risk		Risk Owner	Date raised	Date Closed	Comment
			Impact	Probability	Impact	Probability	Impact	Probability						
1	Resistance to "Culture Change"	Staff/Service Users/Carers do not understand or have confidence in the role and benefits of telecare and resist its use	Failure to ensure long term basis for service; lack of service "penetration"; poorer quality outcomes for service users	H	M	Training for staff on telecare equipment; use of performance frameworks by managers to ensure adoption; information packs and roadshows for users; Encouragement of independent organisations (GP surgeries/Age Concern etc) to promote telecare solutions	M	L	Should be the date a service is first seriously mooted	Should be once the governance body (eg the Council) is advised by officers that telecare service is successfully embedded in overall framework of service provision	Should be vested in a senior manager -eg a Service Head	Should be the date a service is first seriously mooted	Should be once the governance body (eg the Council) is advised by officers that telecare service is successfully embedded in overall framework of service provision	This 'risk' really covers a wide range of specific problems, not all of which will necessarily apply in a given location. For some the problem may lie with user acceptance, with others provider resistance. It should therefore be tailored accordingly
2	Skill shortages undermine service provision	Difficulty recruiting staff with the necessary understanding of telecare possibilities; loss of key skills and experience as staff move on results in delays in project delivery	Delays in project initiation; service provision terminated or run at reduced level; initial investment in service provision wasted	H	M	Advertising for new staff targeted towards firms providing telecare equipment; establishment of joint posts across partnerships to offer higher rewards and make best use of limited staff availability; internal training to spread skills from those who have them to other staff	M	M	Should be the date a service is first seriously mooted	Likely to be a continuing risk and should be continuously monitored	Partnership Human Resources Director	Should be the date a service is first seriously mooted	Likely to be a continuing risk and should be continuously monitored	Until telecare service is considered the 'norm' skill shortages are a fact of life, and while risk impact may be mitigated the probability of the risk actually occurring will be hard to reduce
3	Inadequate revenue funding for ongoing service provision	Difficulties of securing sustainable revenue streams to support the roll out of telecare and invest in the wider system	Any progress made through the initial 'pump prime' funding provided by Scottish Executive is dissipated and telecare service fails to grow or even maintain itself over time	H	H	Secure agreement from partner organisations for ongoing funding before service introduction; put in place a monitoring framework to demonstrate organisational benefits arising from service provision; explore wider revenue funding possibilities (including charging)	H	M	Should be the date a service is first seriously mooted	Likely to be a continuing risk and should be continuously monitored	A named service director should be charged with the responsibility of ensuring long run service viability	Should be the date a service is first seriously mooted	Likely to be a continuing risk and should be continuously monitored	This has proved a core concern for many partnerships. It may be that direct political intervention (eg Ministers telling Health Boards to revenue co-fund service provision) is required, but this can't happen without a pre-existing desire from within partnerships to address the issue
4	Lack of senior commitment to telecare service provision	Senior support of local partnerships and projects insufficient	Any progress made through the initial 'pump prime' funding provided by Scottish Government is dissipated and telecare service fails to grow or even maintain itself over time	H	M	Contact successful partnerships to learn how they have addressed this problem; generate 'good news stories' through service provision and make sure senior personnel (and local politicians) get associated with them; bring the views of other partner organisation members to bear on recalcitrant partnership member bodies; ask JIT to get involved	H	L	Should be the date a service is first seriously mooted	Probably best decided in discussion with JIT as an independent judge of the state of play	Difficult one, as the lack of ownership at senior level is the core problem; probably the most senior 'committed' partnership staff member	Should be the date a service is first seriously mooted	Probably best decided in discussion with JIT as an independent judge of the state of play	While quite a commonly voiced concern, this type of problem can be avoided or minimised if the advocates of telecare services can 'pitch it' well to senior personnel and local politicians

TELECARE FACTSHEET: RISK MANAGEMENT & MANAGING THE CULTURAL SHIFT

ID	Risk Title	Risk Description	Consequences		Inherent Risk		Countermeasures		Residual Risk		Risk Owner	Date raised	Date Closed	Comment
			Impact	Probability	Impact	Probability	Impact	Probability						
5	Unmet demand for telecare service provision	Positive experience of Telecare services results in unmanageable pressure on call centres and current response services	User enthusiasm for service is wasted; extra strain placed on other services to compensate; poor VFM from overall service provision	M	M	Identify the source of the bottleneck (staff skills/revenue funding/equipment availability); seek additional funding (charging/other partner contributions)/load sharing arrangements with other call centres); re-engineer call out arrangements to lower pressure	M	L	Should be the part of the service thought most exposed to the risk (eg the Call Centre manager if that is thought to be where a bottleneck would arise)	Should be at the outset of service provision	Probably best decided once a service has been running for a period of time, and service demand trend is established	In some ways the reverse of risk 1, and a situation many partnerships might welcome! The 'risk of success' is essentially one of inadequate resource availability, and involves either finding new resource streams to fund additional service, re-engineering the service to lower unit costs, or a combination of both		
6	Failure to integrate telecare service	Telecare service is not incorporated effectively into wider system (eg into the Single Shared Assessment process)	Lower uptake of telecare service provision; some types of telecare may be systematically under used; poorer user outcomes; wasted resources and poor VFM	M	M	Establishment of an effective monitoring framework to identify potential problems early; awareness training for all staff involved in service provision; establishment of a working group reporting directly to Head of service provision charged with making recommendations for improvement	M	L	Head or Director in charge of service provision, or partnership governing group	Should be at the outset of service provision	Once signed off as an issue by the partnership governing body	This will be a common teething problem, but properly managed should not be a long term structural concern. The objective of risk management should be to address the problem (should it arise) as quickly as possible		
7	Poor service targeting	Available telecare services are not targeted on those who will benefit most	Poor user outcomes and poor VFM	M	M	Effective targeting involves good provider awareness of equipment possibilities and limitations. This is likely to be most effectively dealt with by a rolling programme of key staff training and product awareness sessions (to keep up to date with new product developments); Independent service provision audits every 2-3 years would also be valuable	M	L	Head or Director in charge of service provision, or partnership governing group	Should be at the outset of service provision	Should be seen as a continuous issue for monitoring as part of an effective service provision management process	This risk is a constant threat due to the fact that the possibilities generated by telecare will always be changing as equipment improves		
8	Unable to demonstrate effectiveness of telecare	Failure to measure the impact of telecare on outcomes for service users as required by JIT	Could result in partnership missing out on future funding possibilities; could also undermine the argument for extending telecare service provision at national level	M	M	Early engagement with JIT regarding its information requirements if there is likely to be any problem meeting them	L	L	Named partnership contact	Date of application for JIT funding	Once signed off as an issue by the JIT	The appropriate way to manage this risk is through contact with JIT to ensure that there are no problems, and to agree a method of handling any that arise		

TELECARE FACTSHEET: RISK MANAGEMENT & MANAGING THE CULTURAL SHIFT

ID	Risk Title	Risk Description	Consequences	Inherent Risk		Countermeasures	Residual Risk		Risk Owner	Date raised	Date Closed	Comment
				Impact	Probability		Impact	Probability				
9	Telecare ineffective for certain user groups	Evidence shows telecare not effective in managing the risks associated with service users with reduced capacity or more complex needs	Loss of user confidence in the available service; poor VFM	H	M	Establishment of a monitoring framework (including regular user feedback) to identify the problem and allow a reconfiguration of service as quickly as possible. Independent service provision audits every 2-3 years would also be valuable	L	L	Named partnership contact	Should be at the outset of service provision	Should be seen as a continuous issue for monitoring as part of an effective service provision management process	The biggest risk here occurs at the outset of the service, while unfamiliarity amongst staff and users is greatest. Over time the problem should reduce, although it will recur whenever there is a major advance in equipment to introduce to the service. The impact of this problem could be high, but effective management processes will minimise the risk
10	Delays in introducing a telecare service	Delays in project implementation or shifts in focus make the assessment of effectiveness more difficult to evidence	Failure to secure full amount of funding available; inability to demonstrate meaningful delivery within the timeframe of the telecare development programme.	M	M	Establishment of clear (measurable and realistic) objectives for the local partnership at the outset; establishment of a strong partnership framework, with clear (individual) areas of responsibility identified, including explicit management arrangements	M	L	Named partnership body	Should be at the outset of service provision	Once signed off as an issue by the JIT	In practice the risk has either arisen or not by now with respect to Telecare Development Programme Funding. However, the risk continues with respect to any further funding that might become available through JIT, and is a recurring issue for all service initiatives