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**The LASCAD case is an IT project that failed. Using the IT project risk framework, identify the explicit or implicit risks that may have impacted this project.**

- ♦ Measureable organization value (MOV) of LASCAD.

The LASCAD project was aimed at automating many of the human intensive processes of manual dispatch systems for most ambulances in the UK.

The measurable organizational values of the LASCAD include:

Call taking- emergency calls were to be received by the ambulance control center where the call assistants received the incidences on preprinted forms. The forms were then to be placed on conveyor belt system to be transported to a central collection point.

Resource identification.

Employees at the ambulance control collect the forms which are then reviewed in detail. The details provided are then to be used to identify the resource to handle each particular incident.

The resource allocation was to be done by the resource allocator.

Resource mobilization

The dispatcher either telephones the nearest ambulance station or passes mobilization instructions to the radio operator if an ambulance is already mobile.

- ♦ Scope of LASCAD

The LAS is the largest ambulance service in the world and covers an area of 620 square miles with responsibility for the seven million people who live in the area plus the many who commute or visit. The LAS comprises 70 ambulance stations, 700 vehicles (around 400 ambulances, plus helicopter, motorcycles, and other patient transfer vehicles), and over 3000 staff (including 670 paramedics and 300 control staff). On average, the Service responds to around 2500 calls per day (1500 of which are 999)

### Quality Objectives

- The LASCAD needed to be fully reliable and resilient with fully tested levels of back-up.
  - The new system needed to contribute to improving the level and quality of the provision of ambulance services in the capital.
  - Management and staff needed to have total, demonstrable, confidence in the reliability of the system.
- ◆ Sources of risks in the LASCAD project
- a) Owing to the increase in call traffic load in the LASCAD system after being made operational, there were a large number of exception messages and the system slowed down as the queue of messages grew. Unresponded exception messages generated repeated messages and the lists scrolled off the top of the screens so that awaiting attention and exception messages were lost from view. This led to delay in response which subsequently led to the public making numerous calls, as a result the system slowed down. This is a **known-unknown** risk.
  - b) A computer-aided dispatching system was to be developed and would include an automatic vehicle locating system (AVLS) and mobile data terminals (MDTs) to support automatic communication with ambulances. This system was to supplant the existing manual system. Immediately following the system being made operational the call traffic load increased. The AVLS could not keep track of the location and status of units. This led to an incorrect database in that:
    - Units were being dispatched non-optimally.
    - Multiple units were being assigned to some calls.This is an **unknown-unknown** risk.

- c) LAS chiefs ignored what amounted to an over-ambitious project timetable. The original procurement document, which was drafted within guidelines provided by the Regional Health Authority, put price before quality. The management of the project was inadequate, the project team failing to use the PRINCE project management method, as prescribed for public sector projects. Emergency backup system remained untested- software was incomplete and unstable. This is a **known** risk.
  
- d) Lack of adequate testing: The system was pushed to production with extreme flaws, a situation resulting from improper testing. A major consequence of this oversight was a system which could not handle a sudden influx of traffic. This is a **known-unknown** risk. All the risk sources are internal to the organization.