
Document name:	Complete Ophthalmic Services CIC: Risk and Issue Management Policy	
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Approved by:		

Complete Ophthalmic Services CIC: Risk and Issue Management Policy

Complete Ophthalmic Services CIC ("the Company") has been established to specifically act as the lead for a network of local optical practices ("subcontractors") dedicated to delivering excellent eyecare in the local community.

The Company recognises the importance of risk assessment in all aspects of our service. The Company is a rigorous upholder of best practice and has developed a procedure to support us with delivering a high quality and safe community eye care service.

This policy describes how risk will be assessed by the Company.

The Company's Board has overall accountability for risk and issue management and appoints the clinical governance and performance lead.

The clinical governance and performance lead is responsible for:

- Overseeing and co-ordinating the approach to issue and risk management.
- Reviewing the risk and issue registers each month.
- Preparing a quarterly Board report highlighting risks and issues which have arisen.
- Escalating serious risks and issues, to the Board, outside of the standard quarterly reporting framework on an "as required" basis.

The Company will identify a deputy to the clinical governance and performance lead, who will provide cover in the event that the lead is unavailable for any reason.

All subcontractors are required to be expected to implement an appropriate risk management policy and procedure.

Once the Company is engaged by the commissioners to progress with implementation of the service, it will evaluate and ratify all risks with the commissioners. These risks and associated mitigation plans will then be reviewed regularly to ensure they are dealt with.

A 5-step process to risk and issue assessment will be used for systematic application to all risks and issues:

	Risk Assessment	Issue Management
Step 1	Risk Identified	Issue Identified
Step 2	Evaluate the potential risk to determine nature of risk considering who might be harmed and how Score risk*	Evaluate the issue to determine who has been harmed and undertake 'root cause analysis' to determine how the issue occurred and the likelihood of it occurring again Grade issue
Step 3	Consider strategy to mitigate potential risk	Consider strategy to mitigate the risk of the issue occurring again
Step 4	Record risk, risk score*, mitigating actions and timescales for implementation on risk register	Record the issue, grade and action(s) taken on the issues register Record risk(s) associated with the issue on the risk register, following the risk assessment procedure
Step 5	Review risk register and all risk assessments every month to ensure actions have been implemented and update as required Escalate to Board (if applicable)	Escalate to the Board Implement Serious Incident procedure (if applicable)

* The risk scoring matrix adopted by the commissioner will be used for the purposes of our risk register (example below)

The following are definitions of terms as used in any risk assessment produced by the Company.

QUALITATIVE MEASURES OF IMPACT/CONSEQUENCE

LEVEL	DESCRIPTOR	DESCRIPTION
0	Negligible	No injuries. Little or no financial loss
1	Minor	First-Aid treatment. Low financial loss.
2	Moderate	Medical treatment required. Moderate environmental implications. Moderate financial loss. Moderate loss of reputation. Moderate business interruption.
3	Serious	Serious injuries to one or more persons. Serious environmental implications. Serious financial loss. Serious loss of reputation. Serious business interruption.
4	Major	Excessive injuries. High environmental implications. Major financial loss. Major loss of reputation. Major business interruption.
5	Fatality/ies	Death or multiple deaths involving any persons. Potential closure of the business.






QUALITATIVE MEASURES OF LIKELIHOOD

LEVEL	DESCRIPTOR	DESCRIPTION
0	Impossible	The event cannot happen under any circumstances
1	Rare	The event may occur only in exceptional circumstances
2	Unlikely	The event could occur at some time
3	Moderate	The event should occur at some time
4	Likely	The event will probably occur in most circumstances
5	Almost Certain	The event is expected to occur

QUALITATIVE RISK ASSESSMENT MATRIX – LEVEL OF RISK

CONSEQUENCES	PROBABILITY					
	Impossible 0	Rare 1	Unlikely 2	Moderate 3	Likely 4	A/Certain 5
Negligible – 0	0	0	0	0	0	0
Minor – 1	0	1	2	3	4	5
Moderate – 2	0	2	4	6	8	10
Serious – 3	0	3	6	9	12	15
Major – 4	0	4	8	12	16	20
Fatality/ies – 5	0	5	10	15	20	25

Key:

	No Risk (0)
	Low Risk (1-3)
	Moderate Risk (4-7)
	Significant Risk (8-12)
	High Risk (15-25)

Example RiskAssessment

Date: _____

Risk	Likelihood (1-5, with 1 least likely and 5 most likely)	Impact (1-5)	TotalRisk (Likelihood X Impact)	Date Risk Identified	Nature of Risk (Clinical/ Non-Clinical)	ManagementStrategy	Comments	Responsibility	Date Actioned
Equipment is incorrectly calibrated	2	3	6			Ensure equipment is calibrated.			
Equipment failure	2	2	4			Ensure patients are re-booked. Ensure support for equipment is in place for remediation.			
Patient contracts infection in the consulting room	2	3	6			Keep cross infection control procedures up to date.			
Referral letters not received by GP	2	3	6			Utilise secure fax to ensure delivery and receipt of patient details.			
IT System failure	1	2	2			Alternative manual recording of patient records and all data collection.			

As part of the Company's commitment to improving the quality of our service it will use the root cause analysis model below to drive patient outcomes:

	Action 1	Action 2	Action 3	Action 4	Action 5
Root CAUSE					
EFFECT on Patient					
Recommendation					
Action to Address Root Cause					
Level for Action (Org, Direct, Team)					
Implementation by:					
Target Date for Implementation					
Additional Resources Required (Time, money, other)					
Evidence of Progress and Completion					
Monitoring & Evaluation Arrangements					
Sign off - action completed date:					

The Company's Risk and Issue Management Policy will be reviewed annually with the commencement date of April 2014.