



Protecting and improving the nation's health

SCCI1580 Palliative care co-ordination: clinical hazard log

August 2015

Date added	Hazard name	Hazard description	Cause	Hazard rating			Proposed mitigation	Mitigation	Revised hazard rating			Final status
				Consequence	Likelihood	Rating			Consequence	Likelihood	Rating	
Nov 2011	Patient identification	Incorrect matching of the patient with other records resulting in wrong treatment.	Insufficient data for identification.	Major	Unlikely	Significant	1. Core content to include primary and secondary identifiers 2. All identifiers mandatory fields.	Person family name, given name* preferred name birth date* NHS number* gender address (usual residence)* Items.	Major	Rare	Moderate	Transferred to users
Nov 2011	Accuracy	Decisions and care based on inaccurate data entry.	Inaccurate data entry especially clinical data, including End of Life Care wishes; data not updated in a timely manner.	Major	Likely	High	Standard recommends that clinical information should only be entered by clinical staff; staff training; timely access; good interface.	Professional guidance emphasises professional responsibility for accuracy. Definitions reviewed/revised for clarity.	Major	Unlikely	significant	Transferred to users
Nov 2011	Completeness	Decisions and care based on incomplete data.	Fully structured data entry limiting essential communication.	Moderate	Likely	Significant	Mandate requirement for free text so that person's exact wishes can be communicated.	Free text field for specific wishes.	Moderate	Unlikely	Moderate	Transferred to users

Date added	Hazard name	Hazard description	Cause	Hazard rating			Proposed mitigation	Mitigation	Revised hazard rating			Final status
				Consequence	Likelihood	Rating			Consequence	Likelihood	Rating	
Nov 2011	Change process	No improvement in end of life care provision or care provision is made worse.	The standard is one small part of a complex improvement process that needs to be implemented with 'due consideration'; staff see recording end of life choices as a data collection exercise rather than service improvement process.	Serious	Moderate	Significant	Guidance emphasises strategy, guidelines, national programme and highlights resources for training etc. Economic evaluation of EPaCCS found evidence of: Additional deaths occurring in a person's usual place of residence per 200,000 population over and above the underlying increase in rates being experienced across England. Implementation of EPaCCS can save at least £35,910 for a £200,000 population each year (source: Economic Evaluation of EPaCCS Early Implementer Sites. NHS Improving Quality. May 2013).	Implementation guidance section 4: Readiness including engagement and training.	Serious	Unlikely	Moderate	Transferred to implementers

Date added	Hazard name	Hazard description	Cause	Hazard rating			Proposed mitigation	Mitigation	Revised hazard rating			Final status
				Consequence	Likelihood	Rating			Consequence	Likelihood	Rating	
Nov 2011	Person and carers concerns	People refuse to have End of Life Care information recorded and shared.	Individuals may be reluctant to have their choices recorded because they worry that once they have confirmed their End of Life Care choices, they will not be able to change their mind.	Moderate	Moderate	Moderate	Guidance needs to include: Explicit acknowledgement that some people do not want to have discussions about end of life care choices and this must be respected. In addition, as part of the initial conversation, patients need to be reassured that having their choices recorded does not mean they cannot change their preferences at any time. The terms of the Mental Capacity Act will apply to their End of Life Care wishes. Healthcare professionals must update the register/record regularly and promptly when patients change their preferences.	Professional guidance section 6.1, 6.3 and 6.6 re consent, updating etc. Early implementers have not found that patients have these concerns. Additional detail added to the requirement for Health and Care Organisations in the specification: Professionals responsible for seeking consent for the record being created on the system and shared MUST be competent in understanding the legal status and implications of the Mental Capacity Act 2005.	Moderate	Unlikely	Moderate	Transferred users and implementers

Date added	Hazard name	Hazard description	Cause	Hazard rating			Proposed mitigation	Mitigation	Revised hazard rating			Final status
				Consequence	Likelihood	Rating			Consequence	Likelihood	Rating	
Nov 2011	Medications	Medication error when drugs given based on information in EoLC record rather than prescription.	If not integrated with GP system with up to date medication, Palliative care co-ordination core content medication list may be incomplete or out of date. May only include palliative care meds not full list.	Critical	Likely	Significant	Low risk when implementation includes GP system. In standalone systems consider listing only drug name and route as sufficient for purpose of palliative care co-ordination core content.	Current medications were removed from the core content as risk was considered too great.	-	-	-	Closed
Nov 2011	Access to record	Out of hours or other staff not able to access the care co-ordination information.	Staff don't know that the information is available or don't have access.	Serious	Likely	Significant	Mandate patient held print out. Guidance to include 'whole system' change emphasis. Long term issue for commissioners including interoperable platforms and organisational change.	Mitigation of this risk is dependent on the implementation of systems and processes that enable use of the standard (local decision), not on the implementation of the standard itself. See also Liability section in Professional guidance.	Serious	Moderate	Significant	Transferred to implementers
Nov 2011	Meaning	Decisions and care are based on misunderstanding of recorded data.	Structured data is not well defined; data items are ambiguous.	Serious	Unlikely	Moderate	QA by multiple DHID teams; consultation and sign off by professional orgs and clinical experts.	Multiple reviews of core content descriptions for clarity and for ease of understand. See professional guidance. Record keeping and implementation	Serious	Unlikely	Moderate	Transferred to implementers and users

Date added	Hazard name	Hazard description	Cause	Hazard rating			Proposed mitigation	Mitigation	Revised hazard rating			Final status
				Consequence	Likelihood	Rating			Consequence	Likelihood	Rating	
								guidance provides further clarity. Implementers need to provide adequate definitions and guidance to support completion and appropriate training.				
Nov 2011	Staff concerns about advance decisions	Clinicians fail to act because of concerns about legal standing of information recorded.	Source and legal standing of information is unclear.	Serious	Moderate	Significant	Legal items are indicator only - do not convey decision which is in legal document. Location of document is included in core content.	Professional Guidance includes guidance and is endorsed by ten professional bodies.				Closed
Nov 2011	Staff concerns about liability	Clinicians fail to act because of concerns about accuracy and completeness of information.	Liability issues unclear.	Serious	Moderate	Significant	Guidance includes clear statements about liability based on summary care record and DH legal opinion.					Closed
Dec 2012	Misleading information about formal carers involved in care	Required referrals are not made to health and social care professionals.	Under the care of codes- may inaccurately indicate that a person is currently receiving care.	Serious	Moderate	Significant	Consultation with technical support team and IT systems suppliers advise that this is best managed by IT structure of the record.	Guidance added regarding keeping this data item updated (implementation and record keeping guidance).	Serious	Unlikely	Moderate	Transferred to implementers and users.

Date added	Hazard name	Hazard description	Cause	Hazard rating			Proposed mitigation	Mitigation	Revised hazard rating			Final status
				Consequence	Likelihood	Rating			Consequence	Likelihood	Rating	
Dec 2012	DNACPR codes	Miscommunication of DNACPR decision between systems.		Serious	Rare	Low	Coding Review group established and new codes agreed. Codes to be released October 2012. UKTC Impact assessment of the terminology and its anticipated use was undertaken. UKTC identified that end users may not be aware that the terminology has changed.	Review of the proposed new content by the Clinical and Professional Assurance Group. New guidance added to record keeping guidance to support health and social care professionals in completion of DNACPR data item. Communication plan in place to report the change on the NEoLCP website and via the NHS EPaCCS users network.			Low	Closed

Date added	Hazard name	Hazard description	Cause	Hazard rating			Proposed mitigation	Mitigation	Revised hazard rating			Final status
				Consequence	Likelihood	Rating			Consequence	Likelihood	Rating	
Nov 2011	Coding	Decisions and care based on inaccurate data because of out of date or wrong codes	Systems not updated with new codes; codes specified wrongly in the standard.	Serious	Moderate	Moderate	<ol style="list-style-type: none"> 1. Mandate updating of codes. 2. Expert QA of codes in standard 3. Issues process to manage errors 4. Standard was updated in December 2012 with new codes 5. Standard will be updated with additional codes to support new data items in October 2013. 	<p>Outstanding codes were published April 2014.</p> <p>For Amd11/2015: Terminology agreed. Code numbers for following data items to be published Oct 2015:</p> <p>Last months of life.</p> <p>Family member informed of cardiopulmonary resuscitation clinical decision.</p> <p>Carer informed of cardiopulmonary resuscitation clinical decision</p>	Serious	Moderate	Moderate	Transferred to implementers
May 2015												

Date added	Hazard name	Hazard description	Cause	Hazard rating			Proposed mitigation	Mitigation	Revised hazard rating			Final status
				Consequence	Likelihood	Rating			Consequence	Likelihood	Rating	
Oct 2013 May 2015	Comm- unication	Important that the change notice is adequately communicated to ensure that users are using the updated versions of documentation	Changes to standard to be published December 2013. Reopen for changes to standard due to be published August 2015	Minor	Likely	Moderate	ISB to published AN December Communication plan to ensure communication to all stakeholders-. Includes: Targeted messages to EoLC leads and EPaCCS implementers and IT systems suppliers. Messages on NEoLCIN, PHE and NHS IQ websites and in newsletters and e-alerts. Message on Intellect website.	Mitigations will be implemented on publication of AN.	Minor	Moderate	Low	Closed March 2015. Reopen May 2015 for Amd11/2015
May 2015	Prognosis	The data item: Likely prognosis may hold inaccurate information if a person's prognosis is not regularly reviewed and the record updated.	Introduced new data item Amd 11/2015.	Moderate	Likely	Significant	To provide guidance in record keeping Prompts to remind of review/update.	Following guidance has been included: Record keeping guidance highlights the importance of keeping the record updated and a recommendation that the prognosis is reviewed monthly for those with a prognosis of months, weekly for	Moderate	Unlikely	Moderate	Open- to review Dec 2016

Date added	Hazard name	Hazard description	Cause	Hazard rating			Proposed mitigation	Mitigation	Revised hazard rating			Final status
				Consequence	Likelihood	Rating			Consequence	Likelihood	Rating	
								those with a prognosis of weeks and daily for those with a prognosis of days. Implementation guidance includes a recommendation that IT systems should provide an automated prompt for review/update of the data item				
May 2015	Carer/care worker terminology	Risk of confusion regarding new terms for carer and care worker.	New terminology introduced Amd 11/2015.	Minor	Moderate	Low	Provide clear definitions. Communication of the changes to users.	Using data model and dictionary definitions. Definitions included in the change specification, requirement specification, record keeping and implementation guidance.	Minor	Unlikely	Low	Open. Review Dec 2016
May 2015	NHS number completion	Mandatory status of NHS number may result in difficulty in creating a record for some patients.	Change of status to mandatory for completion introduced in Amd 11/2015.	Moderate	Unlikely	Moderate	Automated population of the NHS number where possible. Organisations creating the record can access the NHS number from person's GP, if necessary.	Guidance included in implementation guidance.	Moderate	Rare	Low	Open. Review Dec 2016