**Part 2 Pharmacy Quality Scheme (PQS) 2020/21 Risk Review Templates**

Domain 3 of the Part 2 PQS 2020/21 focuses on risk management and it builds on requirements in previous schemes.

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| The first requirement is that on the day of the declaration:* 80% of registered pharmacy professionals have satisfactorily completed the [**CPPE risk management training and e-assessment**](https://www.cppe.ac.uk/programmes/l/riskman-g-02).

Completion of this training will help understanding of risk and the definitions and scoring for risk reviews. This requirement was included in the 2018/2019 and 2019/2020 schemes, so most pharmacy professionals will already have undertaken this training. If pharmacy professionals completed the training and assessment, **between 1st April 2018 and 31st March 2020**, it does **not** need to be repeated in 2020/21. |
| Pharmacy contractors that **did not** complete the risk review as part of the 2019/2020 scheme, must also ensure that on the day of the declaration:* 80% of registered pharmacy professionals have satisfactorily completed the [**CPPE sepsis online training and assessment**](https://www.cppe.ac.uk/gateway/sepsis) and must be able to demonstrate that they can apply the learning to respond in a safe and appropriate way when it is suspected that someone has sepsis; and
* Contractors have demonstrable evidence that all patient-facing staff have understood the alert symptoms to ensure referral of suspected sepsis to a pharmacist.
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| Contractors then need to update and/or undertake the following risk reviews: |
| If the pharmacy **did** undertake a risk review as part of the 2019/20 Pharmacy Quality Scheme, the pharmacy team should:* Reflect on the actions they took in relation to **minimising the risk of missing sepsis identification** (using Template A) and then **update their existing risk review**; and
* **Undertake a new risk review on the risk of missing red flag symptoms** during consultations for over the counter (OTC) medicines (using Template C). This should include reflecting on the risk and identifying risk minimisation actions that the pharmacy team can implement, all of which should be documented in Template C. These risk minimisation actions may include, reviewing staff training records, observing over the counter advice being provided to patients, identifying any gaps in knowledge or capability for pharmacy team members, conducting a team discussion focusing on identifying common danger signs and symptoms and knowing how to manage these, including when to refer patients.
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| If the pharmacy **did not** undertake a risk review as part of the 2019/20 Pharmacy Quality Scheme, the pharmacy team should: * Undertake a **new risk review on the risk of missing sepsis identification** (using Template B). This should include reflecting on the risk and identifying risk minimisation actions that the pharmacy team can implement, all of which should be documented in Template B; and
* **Undertake a new risk review on the risk of missing red flag symptoms** during consultations for over the counter (OTC) medicines (using Template C). This should include reflecting on the risk and identifying risk minimisation actions that the pharmacy team can implement, all of which should be documented in Template C. These risk minimisation actions may include, reviewing staff training records, observing over the counter advice being provided to patients, identifying any gaps in knowledge or capability for pharmacy team members, conducting a team discussion focusing on identifying common danger signs and symptoms and knowing how to manage these, including when to refer patients.
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**Template A - Reflection on your previous sepsis risk review**

**Complete if you DID undertake the sepsis risk review in the Pharmacy Quality Scheme 2019/20. You should refer to the risk review that was completed in 2019/2020.**

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| **Pharmacy name** (and branch number, if applicable) |  | **ODS code** |  |
| **Report completed by (name)** |  | **Date of report** |  |
| **Pharmacy team members who participated in preparing this report (initials)** |  |

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| --- | --- |
| **With your team, reflect on the actions you took to minimise the risk of missing sepsis identification within your pharmacy** |  |
| **How did these actions affect the risk?** |  |
| **Describe any further actions you have identified to minimise the risk of missing sepsis identification in your pharmacy.** **Add details of these to your existing risk review on the risk of missing sepsis identification.** |  |

**Template B - Sepsis risk review**

**Complete if you did NOT undertake this in the Pharmacy Quality Scheme 2019/20.**

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| --- | --- | --- | --- |
| **Pharmacy name** (and branch number, if applicable) |  | **ODS code** |  |
| **Report completed by (name)** |  | **Date of report** |  |
| **Pharmacy team members who participated in preparing this report (initials)** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date risk identified** | **Description of Risk** | **Impact****(Severity) Scale 1-5\*** | **Likelihood (Probability)****Scale 1-3\*** | **Risk Rating†** | **Risk minimisation actions required** | **Person resp.****(initials)** | **Date actions to be completed by** | **Date of next review** |
|  |  |  |  |  |  |  |  |  |

**When using this template, all columns must be populated, and actions must be completed by agreed dates.** The content of this form is derived from an assessment by the individual team members involved in identifying and reviewing the risk at a local level and is based upon their current skills, knowledge and experience. The views expressed may not represent the views of their employer and/or the profession.

**Template C - Review of the risk of missing red flag symptoms during over-the-counter consultations**

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| **Pharmacy name** (and branch number, if applicable) |  | **ODS code** |  |
| **Report completed by (name)** |  | **Date of report** |  |
| **Pharmacy team members who participated in preparing this report (initials)** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date risk identified** | **Description of Risk** | **Impact****(Severity) Scale 1-5\*** | **Likelihood (Probability)****Scale 1-3\*** | **Risk Rating†** | **Risk minimisation actions required** | **Person resp.****(initials)** | **Date actions to be completed by** | **Date of next review** |
|  |  |  |  |  |  |  |  |  |

**When using this template, all columns must be populated, and actions must be completed by agreed dates.** The content of this form is derived from an assessment by the individual team members involved in identifying and reviewing the risk at a local level and is based upon their current skills, knowledge and experience. The views expressed may not represent the views of their employer and/or the profession.

**Definitions**

Further information to support the assessment and scoring for a Risk Review is available in the tables below and on pages 23-24 of the CPPE risk management guide.

**\*** **Impact / severity** score of 1 = low severity / negligible; 5 = high severity / death

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| **Severity** | **1** | **2** | **3** | **4** | **5** |
| **Descriptor** | **Negligible / no harm** | **Low harm** | **Moderate harm** | **Severe harm** | **Death**  |
| **Definition** | Any unexpected or unintended incident that causes or could cause no or negligible harm | Any unexpected or unintended incident that causes or could cause minimal harm to one or more persons | Any unexpected or unintended incident that causes or could cause short term harm to one or more persons | Any unexpected or unintended incident that causes or could cause permanent or long-term damage to one or more persons | Any unintended or unexpected incident that causes or could cause the death of one or more persons |

\* **Likelihood / probability** score of 1 = low probability; 3 = high probability

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| **Probability** | **1**  | **2**  | **3**  |
| **Descriptor** | **Possible** | **Probable** | **Likely** |
| **Definition** | Unlikely to occur (e.g. once per year) and/or has occurred once previously | Reasonable chance of occurring (e.g. occurring a few times per year) | More likely to occur than not (e.g. once per month to once per week) |

† **Risk rating** generated by multiplying the severity and probability scores

Increasing probability

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| **3** | **6** | **9** | **12** | **15** |  | **10-15** | **High risk** | Agree immediate actions; escalate risk within organisation (e.g. to Superintendent Pharmacist) if appropriate |
| **2** | **4** | **6** | **8** | **10** |  | **5-9** | **Medium risk** | Make improvements and complete actions within agreed timescale |
| **1** | **2** | **3** | **4** | **5** |  | **1-4** | **Low risk** | Continue to review and manage risk by routine procedure |

Increasing severity