Trust Standard Operating Procedure	**NHS** University Hospitals Plymouth NHS Trust

Serious risk review and approval SOP (Medicine Care Group)

Issue Date	Review Date	Version
October 2019	**October 2024**	**2**

Purpose

This care group level Standard Operating Procedure (SOP) is for use within the Medicine Care Group. It has been developed to ensure serious risks are identified and confirmed by objective risk assessment before they are recorded within the Datix system. This will demonstrate that serious risks are owned and managed by the Care Group Management (CGM) team in accordance with current Trust Policy (PHNT Risk Management Policy; 2018; v13) and there is no avoidable duplication of risks in terms of themes and action planning across services.

Who should read this document?

All service line management teams within the medicine care group;

All ward and department managers within the medicine care group;

Members of the Risk Management Review Group;

Key Messages

Risk management is the process by which risks are identified, assessed, recorded, mitigated and reviewed.

A new risk must be determined as meeting the serious criteria before placing within Datix system. Risk assessments MUST be completed using the Trust's Risk Assessment and Safe System of Work template – accessible via Intranet.

The algorithm to follow is located on page 6 of this SOP;

The Care Group Management Team are responsible for:
- Reviewing and approving all serious risks assessments before uploading to Datix via the Risk and Assurance Meeting;
- Nominating a risk owner (must be care group level);
- The oversight of service line serious (Red) risks and, where appropriate, escalating significant serious risks Trust-wide to TME via the Risk & Incident Team.

Service line management teams are responsible for:
- Ensuring all serious risks meet the serious risk rating by reviewing and approving risk assessments ahead of escalation to the care group.
- Review and approve serious risks via a minuted governance process.

Core accountabilities

Owner	Medicine Care Group Manager
Review	Medicine Care Group Board
Ratification	Medicine Care Group Manager via Medicine Care Group Board
Dissemination (Raising Awareness)	Care Group Clinical Quality Manager
Compliance	Care Group Risk and Assurance Meeting

Links to other policies and procedures	
Trust Policy (PHNT Risk Management Policy; 2018; v13)	
Version History	
1 February 2018	Published on Medicine Care Group Intranet Site (Removed)
2 October 2019	Updated and transferred to Trust template.

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents. Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

Standard Operating Procedure (SOP)

Serious Risk Review and Approval Procedure

(For Use Only in the Medicine Care Group)

1	Introduction

This care group level standard operating procedure (SOP) has been developed to ensure serious risks are identified and confirmed by objective risk assessment before they are recorded within the Datix system. This will demonstrate that serious risks are owned and managed by the Care Group Management (CGM) team in accordance with current Trust Policy (PHNT Risk Management Policy; 2018; v13) and there is no avoidable duplication of risks in terms of themes and action planning across services.

2	Definitions

The Care Group Management Team comprises the Care Group Director, Care Group Manager and Head of Nursing;

The Service Line Management Team comprises the Service Line Director, Service Line Manager, Clinical Governance Lead and Matron;

A **care group level** serious risk:

- Sits within the datix system with no service line location identified;

- There may or may not be links to other risks that sit within other care groups or corporate functions;

- Risk assessments may be used to evidence a care group level risk instead of generating a **standalone** risk.

A **standalone serious risk:**

- Is created within datix when the risk assessment once reviewed does not fit with an existing care group level risk;

- The risk will be identifiable as relevant to a service line;

- There may or may not be links to other risks that sit within other care groups or corporate functions.

3	Regulatory Background

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Its intention is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm.

Health and Safety at Work Act 1974 The Trust has a legal duty to assess the risks to the health and safety of employees (and risks to the health and safety of persons not in your employment) to which they are exposed while they are at work.

4   Key Duties

The Care Group Management Team is responsible for:

- Reviewing and approving all serious risks assessments before uploading to Datix via the Risk and Assurance Meeting;
- Nominating a risk owner (must be care group level);
- The oversight of service line serious (Red) risks and, where appropriate, escalating significant serious risks Trust-wide to TME via the Risk & Incident Team;
- Ensuring all serious risks are reviewed on a monthly basis.

Service line management teams are responsible for:

- Ensure wards and department managers are aware of and work to this SOP;
- Support ward and department managers in the recognition and describing of serious risks using the Trust's Risk Assessment and Safe System of Work template – accessible via the Intranet;
- Ensuring all new serious risks identified, or existing lower level risks identified for escalation to serious level, meet the serious risk rating by reviewing and approving risk assessments ahead of escalation to the care group;
- Review and approve serious risks via a minuted governance process;
- Ensure all stand-alone risks are reviewed on a monthly basis.

Ward and Department Managers are responsible for:

- Being aware of and work to this SOP;
- Risk assessing in their areas of responsibility;
- Escalating serious risks identified for service line review and approval.
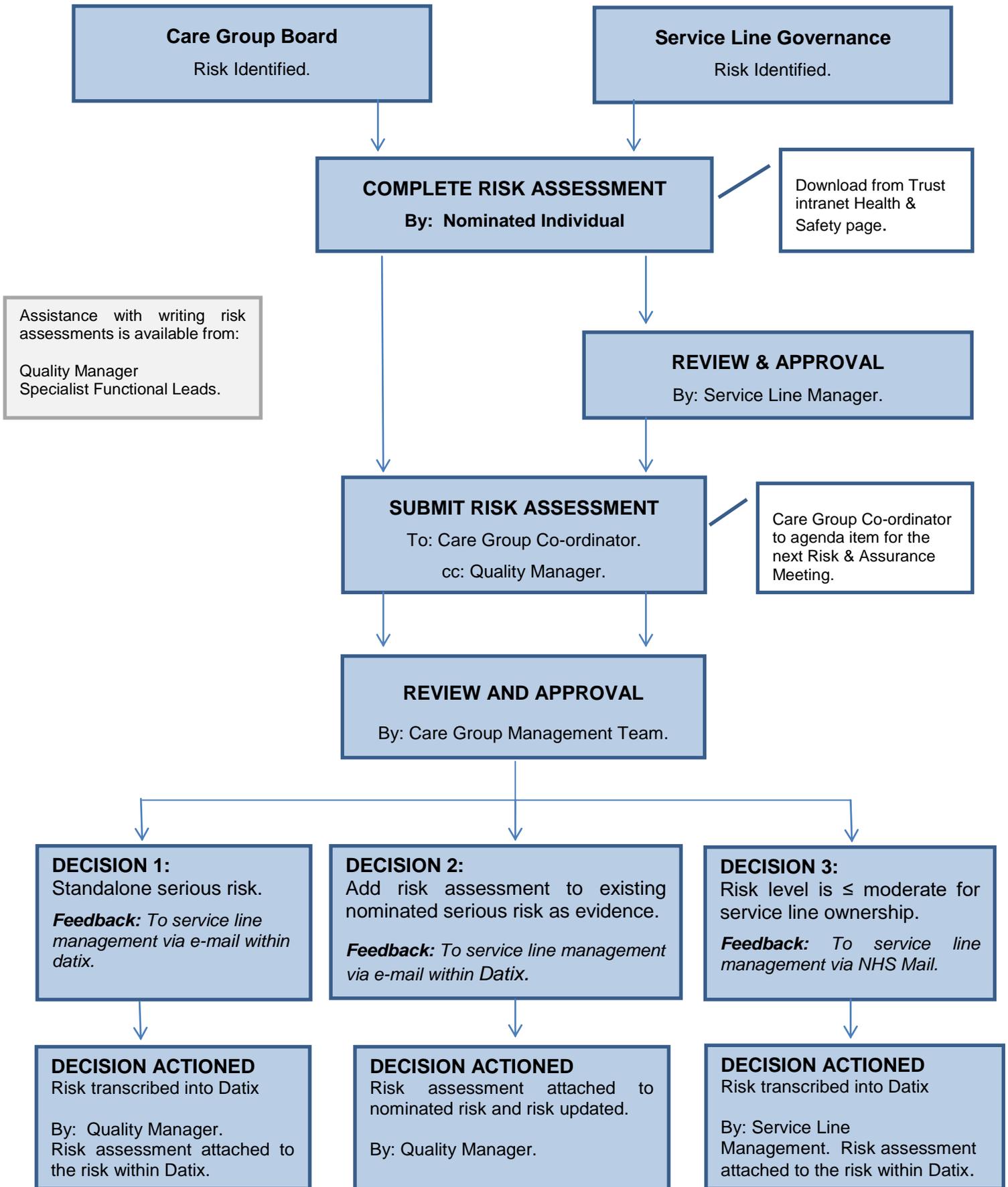
5   Procedure to Follow

The algorithm on page 6 outlines the agreed procedure.

When a service line management team identifies a new serious risk or believes a risk with a lower rating should be increased to serious, they will:

- Formally record this within the minutes of their service line business or governance meeting;

- Raise a traceable action to complete a risk assessment and submit the risk assessment to the CGM for review and approval. The action is closed on receipt of formal feedback from the care group. Or

- Where the risk assessment and commensurate action has been taken ahead of the service line's business or governance meeting, a traceable record is made in the minutes of the meeting.

The CGM team will determine if a submitted risk assessment meets the serious criterion and if so, whether it aligns to an existing care group level risk or needs to be a standalone risk. Any existing lower level risk being escalated to serious will be closed if the risk assessment is deemed to match one or more of the care group level risks. The closed risk will be linked to the agreed care group level risk(s) within the Datix system for the purposes of audit trail. Where the serious criterion is not deemed to have been met, the CGM team will provide feedback and guidance on appropriate risk level and recommendations for actions.

Medicine Care Group: procedure for raising a serious risk

Care Group Board	Service Line Governance
Risk Identified.	Risk Identified.

COMPLETE RISK ASSESSMENT

By: Nominated Individual

Download from Trust intranet Health & Safety page.

Assistance with writing risk assessments is available from:

Quality Manager
Specialist Functional Leads.

REVIEW & APPROVAL

By: Service Line Manager.

SUBMIT RISK ASSESSMENT

To: Care Group Co-ordinator.

cc: Quality Manager.

Care Group Co-ordinator to agenda item for the next Risk & Assurance Meeting.

REVIEW AND APPROVAL

By: Care Group Management Team.

DECISION 1:
Standalone serious risk.

Feedback: To service line management via e-mail within datix.

DECISION 2:
Add risk assessment to existing nominated serious risk as evidence.

Feedback: To service line management via e-mail within Datix.

DECISION 3:
Risk level is ≤ moderate for service line ownership.

Feedback: To service line management via NHS Mail.

DECISION ACTIONED
Risk transcribed into Datix

By: Quality Manager.
Risk assessment attached to the risk within Datix.

DECISION ACTIONED
Risk assessment attached to nominated risk and risk updated.

By: Quality Manager.

DECISION ACTIONED
Risk transcribed into Datix

By: Service Line Management. Risk assessment attached to the risk within Datix.

6   Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Care Group Board and ratified by the care group manager.

Non-significant amendments to this document may be made, under delegated authority from the care group manager, by the nominated author. These must be ratified by the care group manager and should be reported, retrospectively, to the Care Group Board.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

7   Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the care group manager and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

8   Monitoring and Assurance

- Adherence to this SOP will be monitored using the monthly risk management performance report published by the trust's risk and incident manager;

- The Quality Manager for the Medicine Care Group will support monitoring of compliance;

- Shortfalls identified will be reviewed and necessary actions tracked via the Care Group Risk and Assurance Meeting.

9   Reference Material

Health and Safety at Work Act 1974   http://www.hse.gov.uk/legislation/hswa.htm

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-12-safe-care-treatment

University Hospitals NHS Trust (2018) Risk Management Policy; v13.