POD Risk Register Somerset - March 2023

ID	ICB/CCH	Risk Description	Date Raised	Date Closed	Risk Owner	Risk Coordinators	Risk Category	Risk Sub Category	Further Details	Current Likelihood	Current Impact	Current Score	Target Likelihood	Target Impact	Target Date	Mitigated Score	Risk Updates	Causes	Consequences	Controls & Mitigation	Linked Risks
10338	All ICB	There is a risk to the uptake and continued success of the GPCPS service in the South West, which is also part the GP IFF target for 2022-2023.	07/10/2022		Nikki Holmes (nikki.holmes1@nhs.net)	Fiona Davenport (f.davenport@nhs.net), Leslie Riggs (lesleriggs@nhs.net), Jenny Collins (jenny.collins1@nhs.net), Lara Dias-Hill (lara.dias-hill@nhs.net), Nikki Holmes (nikki.holmes1@nhs.net), Michele Toy (michele.toy@nhs.net)	Performance (operational and financial)			3	3	9	3	3	31/03/2023	9	Sharon Greaves (2022-11-04 15:43:45): 04/11/2022 Raised to the national pharmacy team. Continuing to share national data with ICB and project teams.	The activity data was collected through Pharmoutcomes, a licence held by NHS England until the 31st March 2022. This change of process in April required the pharmacy to hold their own licence to collect and report information, which in turn now causes a delay in the reporting of completed consultations. The regional teams are therefore unable to access the data in a timely way because the licences are held by the pharmacies. The information is now reported to us a month in arrears.	•Unable to share the data in a timely way with the individual project teams or ICBs. •Unable to support queries and questions from GP Surgeries or Pharmacies as the data is 4 weeks out of date, unable to trouble shoot. •On initial set up of the service, the data is 4 weeks out of date and the project team is unable to see how the GP practice is doing until four weeks after the referral, once it has been completed by the pharmacy. •Referral data supplied by the practice for IFF targets and completed pharmacist consultation figures do not match. Unable to see dropped referrals	Sharing available data provided by the National Pharmacy Team	There is a risk to the uptake and continued success of the GPCPS service in the South West, which is also part the GP IFF target for 2022-2023.
8327	All ICB	There is a risk of reduced pharmaceutical services for patients as there are a high number of recorded unplanned closures within Community Pharmacy across South West	18/05/2022		Liz Cosford (liz.cosford@nhs.net)	Fiona Davenport (f.davenport@nhs.net), Leslie Riggs (lesleriggs@nhs.net), Sharon Greaves (sharongreaves@nhs.net), Jenny Collins (jenny.collins1@nhs.net), Lara Dias-Hill (lara.dias-hill@nhs.net), Nikki Holmes (nikki.holmes1@nhs.net), Michele Toy (michele.toy@nhs.net)	Operational	Business Continuity		4	3	12	3	2	01/10/2022	6	Fiona Davenport (2022-12-15 09:31:20): A resilience guide has been developed with LPC colleagues and shared with contractors to support with unplanned closures Sharon Greaves (2022-11-04 15:42:27): From 01/11/2022 - The SW implemented their Unplanned Closure Policy - which breaches community pharmacy contractors who close over 4 hours. For those contractors who breach and continue to close, these applications will be reviewed, and a determination of their next steps be decided at PSRC Angela Watson (2022-06-30 11:56:27): L2 Primary Care Group risk register hierarchy and risks transferred from PCCSS Directorate L1 hierarchy to L1 COO hierarchy.	Workforce Pressures for Community Pharmacists across England - which has caused a high number of unplanned closures in community pharmacies.	Patients unable to access medicines, increasing demand in other pharmacies, increasing queries to practices and increasing risk of escalation to other urgent care providers.	Reviewing unplanned closure policy with Local Pharmaceutical Committees across the South West to ensure a consistent approach is taken. 01 August 2022 Reviewing communications processes with all Community Pharmacies to ensure patients are signposted accordingly to an alternative provider. - 31 May 2022. Ensuring Community Pharmacies notify nearby GP Practices and relevant stakeholders of any such unexpected closures. - 31 May 2022 Ensuring Community Pharmacies take appropriate action with regard to prescriptions should they be required to close i.e. returning prescriptions to the spike. - 31 May 2022 Ensure business continuity plans are up-dated to reflect the required actions as detailed above. 31 May 2022	There is a risk of reduced pharmaceutical services for patients as there are a high number of recorded unplanned closures within Community Pharmacy across South West There is a risk of reduced pharmaceutical services for patients as there are a high number of recorded unplanned closures within Community Pharmacy across South West There is a risk of reduced pharmaceutical services for patients as there are a high number of recorded unplanned closures within Community Pharmacy across South West There is a risk of reduced pharmaceutical services for patients as there are a high number of recorded unplanned closures within Community Pharmacy across South West
8330	All ICB	High number of Community Pharmacy providers reducing supplementary hour provision across the South West	18/05/2022		Liz Cosford (liz.cosford@nhs.net)	Fiona Davenport (f.davenport@nhs.net), Leslie Riggs (lesleriggs@nhs.net), Sharon Greaves (sharongreaves@nhs.net), Jenny Collins (jenny.collins1@nhs.net), Lara Dias-Hill (lara.dias-hill@nhs.net), Nikki Holmes (nikki.holmes1@nhs.net), Michele Toy (michele.toy@nhs.net)	Operational	Business Continuity		3	3	9	3	2	30/06/2022	6	Fiona Davenport (2022-12-15 09:35:41): This continues to be an issue across the South West which is being managed with identifying areas where the removal of supplementary hours has the greatest impact and needing to implement rota provision Angela Watson (2022-06-30 11:55:58): L2 Primary Care Group risk register hierarchy and risks transferred from PCCSS Directorate L1 hierarchy to L1 COO Hierarchy. Nikki Holmes (2022-06-24 16:37:55): 1 mitigation remaining, dependent on HBWB release of draft PNAs.	Workforce pressures which have meant Community Pharmacies needing to review the provision of pharmaceutical services across the week.	Pharmacy Closures - reduced access to pharmaceutical services for patients, particularly later afternoon weekdays and at the weekend.	Ensure communication to all stakeholders is undertaken.	High number of Community Pharmacy providers reducing supplementary hour provision across the South West
11400	All ICB	Market exit applications received from Lloyds Pharmacies across the South West who are based in Sainsburys Stores	07/02/2023		Nikki Holmes (nikki.holmes1@nhs.net)	Fiona Davenport (f.davenport@nhs.net), Sharon Greaves (sharongreaves@nhs.net), Jenny Collins (jenny.collins1@nhs.net)	Operational	People	An initial briefing paper has been developed and shared with ICBs to provide an up-date, future papers will be developed. A full impact assessment of each application is being undertaken to identify if the South West has areas of concern/Weekly meetings are being held with Lloyds Pahrmacy Development Manager to agree an approach to managing these closures.Maps detailing the next nearest Community Pharmacies have been develped and shared with ICBs	4	4	16	4	3	31/03/2023	12		Lloyd's Pharmacy Head Office has made a strategic decision to close all of their pharmacies who are based in Sainsbury's Stores	Reduced Community Pharmacy provision across the South West, currently this will have an impact on 25 Lloyd's Pharmacies, this equates to 13 x 100 hour contracts and 12 x 40 hour contracts. This will also impact on essential/advanced/locally commissioned services across the South West.	Working closely with Lloyds Pharmacy Development Manager	Market exit applications received from Lloyds Pharmacies across the South West who are based in Sainsburys Stores Market exit applications received from Lloyds Pharmacies across the South West who are based in Sainsburys Stores Market exit applications received from Lloyds Pharmacies across the South West who are based in Sainsburys Stores
Dental 1	All ICB	COVID - There is a risk of deteriorating adult oral health due to the impact of the Covid-19 pandemic on the provision of secondary and community care dental services - adults			Steve Sylvester	Mel Smoker	Patient safety and quality of care			4	4	16	4	4		16	17/11/22: Dental Team Risk Meeting Update - Work ongoing to manage the waiting lists. Scores to remain the same.	Significant impact of Covid-19 response in dentistry due to acute/secondary care prioritisation and provision alongside IPC risks and implications for service delivery/patient flow. Waiting lists impacted	Increased waiting times and impacted access for population with resulting deteriorating impact on oral health, including vulnerable groups and impact on health inequalities.	Provision of dental services across acute/community providers. Triage via 111 and Dental Helplines. Managing patient expectations - Non complex tooth extraction should be undertaken in the primary care dental chair Ongoing work by the Oral Surgery MCN Adult GAs do not have as great an impact as Paeds. on waiting lists Review of under-utilised dental chair capacity to inform additional commissioning in community providers	
Dental 2	All ICB	COVID - There is a risk of deteriorating paediatric oral health due to the impact of the Covid-19 pandemic on the provision of secondary and community care dental services - children			Steve Sylvester	Mel Smoker	Patient safety and quality of care			4	4	16	4	4		16	17/11/22: Dental Team Risk Meeting Update - Work is ongoing to try and manage the waiting lists. Score to remain the same. 8/02/23: no change	Significant impact of Covid-19 response in dentistry due to IPC risks/issues Backdrop of provider waiting list challenges in some areas pre-dating Covid specifically related to GA/theatre capacity. Acute/secondary care trust prioritisation during pandemic period. Community/Special Care services supporting urgent care provision during pandemic period.	Increased waiting times and impacted access for children with resulting deteriorating impact on oral health including wider social/educational impacts, including vulnerable groups and impact on health inequalities.	Glos / Devon / Cornwall secondary care prioritising other services for theatre space, impacting on waiting lists for children. Unable to support some of the WLI, affecting the pathways as primary care clinicians bypassing the intermediate care as they have long wait lists. Impacted by workforce issues. MCNs working on a pathway and referral forms to help re-prioritise those children who need a GA. Paeds MCN engaging with services to ensure there is a prioritisation for children accessing secondary care. Reviewing lists and coding. Service Managers network to look at coding and outcome of GIRFT Already connected with the Spec Comm team to help to raise the issues. Also picked up by Elective Recovery and the Clinical Networks.	
Dental 3	All ICB	COVID - There is a risk of deteriorating paediatric oral health due to the impact of the Covid-19 pandemic on the provision of primary care dental services.			Steve Sylvester	Mel Smoker	Patient safety and quality of care			4	4	16	4	4		16	17/11/22: Dental Team Risk Meeting Update - No change, risk score to remain the same.	National commissioning model around primary care (not a universal service). Significant impact of Covid-19 response in dentistry due to IPC risks/issues. Child-only contracts not supported nationally as model of commissioning dental services.	Access/increased wait times for child population resulting in deteriorating oral health along with wider impacts on social/educational aspects, including vulnerable groups and impact re. health inequalities. Potential impact on education if absent from school. Increased antibiotic prescribing and analgesia for those in pain. Workforce fatigue as a result of operating services during pandemic period.	Provision of services through providers with triage through 111 and dental helplines. Child Friendly Dental Practices pilot established - with 7 pilot practices in region Supervised Toothbrushing procurement underway to extend the successful Devon pilot to all 7 SW ICBs in areas of deprivation First Dental Staps pilot introducted in the region All new mandatory dental contracts to have a Starting Well Core 0-2 child focus	
Dental 4	All ICB	COVID - There is a risk of deteriorating adult oral health due to the impact of the Covid-19 pandemic on the provision of primary care dental services.			Steve Sylvester	Mel Smoker	Patient safety and quality of care			4	4	16	4	4		16	17/11/22: Dental Team Risk Meeting Update - No change, risk score to remain the same. 8/02/23: No change	National commissioning model around primary care (not a universal service). Significant impact of Covid-19 response in primary care dentistry due to IPC. Population experiencing reduced access to services across primary care dental sector.	Access/increased wait times for population resulting in deteriorating oral health, including vulnerable groups and impact re. health inequalities. Increased antibiotic prescribing and increased use of analgesia for those in pain. Workforce fatigue as a result of operating services during pandemic period.	Provision of services through providers with triage through 111 and dental helplines. Stabilisation pathway mobilised with 51 expressions of interest from across the region Additional Urgent Care Appointments flexibly commissioned Additional Mandatory Dental Service procurement recently completed in 2022.	
Dental 5	All ICB	COVID - Risk that dental capacity (routine and urgent) is currently insufficient to meet demand given context of Covid and impact on services. Resulting in patient complaints and services reporting feeling under pressure.			Steve Sylvester	Mel Smoker	Patient safety and quality of care			4	3	12	4	3		12	8/02/23: No change	Impact of Covid on capacity of services.	Insufficient capacity in system to meet demand.	Commissioning of additional urgent care capacity in primary and urgent dental care. Mobilisation of the Stabilisation pathway South West Dental Reform Programme Development of the Communications and Engagement Strategy for the SW Dental Reform programme	
Dental 6	All ICB	There is clinical risk to patients waiting to be reviewed through the IFR process			Steve Sylvester	Mel Smoker	Patient safety and quality of care	Performance		3	3	9	3	3		9	8/02/23: No change	The number of referrals exceed the number of cases that can be reviewed in the monthly meetings	Patients treatments will be delayed if they are not approved by the panel in a timely manner. This may have a detrimental effect on the overall outcome of the procedure received	Review of process taking place and being reviewed regulaly. This is an interim arrangment whilst support is considered	
Dental 7	All ICB	Delay in decision regarding the specification for the Special Care and Paediatric PDS contracts due to expire 31st March 2024			Steve Sylvester	Mel Smoker	Patient safety and quality of care	Innovation		2	5	10	2	5		10	26/01/23 - Data packs being finalised. Once completed to arrange meetings with ICBs to discuss next steps	Commissioning responsibility being passed to the ICBs from April 2023	Contracts have been extended several times and are not eligible for further extension. Unsettling for service providers with potential impact on service provision.	Data packs being prepared for ICBs to share information as soon as possible to agree actions in advance. Awaiting revised procurement regulations	
Dental 8	All ICB	There is a risk of having a significant dental underspend			Steve Sylvester	Mel Smoker	Performance			5	4	20	5	4		20	01/11/22: Dental Team Risk Meeting Update - The team discussed the mitigations we have in place. There is a plan for when papers are presented to DOG which is followed by a Project plan to instigate.If the team work to the overall dates, the spend will be made 2/03/23 - further discussions re ICB budgets arranged to ensure whole team can support and understand potential spend	Full financial forecast not available until half way through the financial year Capacity of team to conduct rebasing exercise on existing contracts Contracts continue to be handed back Delays in getting ICB view on commissioning plans and commit to funding. Delays to procurement	Funds for dental services would not be spent on dental services and may be redistributed back to primary care or ICBs. Causing concern among ICBs newly assuming responsibility for dental services. Risk with dental access and harm to patients.	One team plan working closely with Finance colleagues Collaborative Commissioning Hub operating model with clear governance and decision making that supports the efficient operation of the CCH and increasing involvement of ICBs	
Dental 9	All ICB	End dated contracts - There is a risk that the end dated contracts are not commissioned in sufficient time			Steve Sylvester	Mel Smoker	Patient Safety and Quality of Care			3	4	12	3	4		12	01/11/22: Dental Team Risk Meeting Update - Risk remains unchanged 8/02/23: No change	Capacity from both Dental team and systems to agree plan and agreement on what the payment structure should be	The current providers cease to provide the service and patients who rely on care in the home do not have access	There are providers in place who may be able to accept an extension to contract if we are able to fund the additional costs	
Dental 10	All ICB	Phase 2 Mandatory Dental Services Procurement			Steve Sylvester	Mel Smoker	Patient safety and quality of care			3	4	12	3	4		12	2/03/23: No change in score - continue to work on the information to support ICBs decision	Risk that the Phase 2 procurement for activity lost around the SW does not appeal to practices and activity is not re-commissioned	Loss of activity in the areas where contracts have ended	Dec/22 Agreement secured at DOG to scope costs/procurement requirements of implementing a regional wide service	
Dental 11	All ICB	Risk of practices with a low UDA value relinquishing their contracts			Steve Sylvester	Mel Smoker	Financial and vfm			4	5	20	4	5		20	26/01/2023 - Need to develop a range of alternative opportunities for agreement with ICBs 8/02/23: No change	Historical UDA rates that are not consistent across the SW or nationally means it is difficult to recruit a workforce where the values are low.	Difficulty to recruit and practices unable or unwilling to provide the whole range of services as stated in the contract	There are few controls to change the UDA value, as this has a consequence on other contracts and budgets. Since 1 October 2022 there is a new minimum £23 UDA value	
Dental 12	All ICB	Access to theatre space for CDS providers for adult and child GAs			Steve Sylvester	Mel Smoker	Patient safety and quality of care	Performance		3	4	12	3	4		12	26/01/23 - Childrens and Young Persons recovery group in discussions with secondary care 8/02/23: No change	Trusts restricting access to CDS providers and prioritising theatre space for other specialities	Delays in treatment for patients	Engaging with Medical Directorate and ICBs to facilitate changes	

Dental 13	All ICB	Waiting times for primary care orthodontics is in excess of 2 years in some practices			Steve Sylvester	Mel Smoker	Performance			4	3	12	4	3		12	16/12/22: Dental Team Risk Meeting Update: Score to remain the same at present, but for the MCN to determine what the unacceptable waiting time should be. 8/02/23: No change in score	Delay in referrals, treatment starts and patient assessments over the past 2 years has impacted the waiting list	Delays in treatment for patients, specifically those with unerupted teeth of concern	Additional non-recurrent activity agreed with providers with capacity to increase the amount of patients they can see in 22/23.	
Dental 14	All ICB	Patients who have had Head and Neck Cancer are unable to see a Dentist for ongoing care needed as a result of their cancer treatment.			Steve Sylvester	Mel Smoker	Patient safety and quality of care			3	4	12	2	4		8	Informal discussions are positive and team working on a solution 8/02/23 - no change in score	Lack of access to high street dental practices for those patients who have had Head and Neck Cancer	Some patients will be unable to continue with their secondary care specialised treatment without care provided by primary care ensuring good oral health	Dental Team working on Cancer Friendly dental practices. Working with CDSs to ensure they are able to see these patients	
Dental 15	All ICB	Child Friendly Dental Practice scheme at capacity			Steve Sylvester	Mel Smoker	Performance	Patient safety and quality of care		4	4	16	4	4		16	26/01/23 - still no service in Dorset. Risk remains at a 16. Paper being presented to DOG re extension of pilot and increasing currnat capacity and bringing funding in line with Stabilisation Scheme 10/03/23 - No change in score - some providers may not continue with the agreed extension due to funding arrangements. This will leave some areas without the pilot - practices will revert to process prior to the pilot	There are three practices involved in the CFDP pilot across the South West who are now at full capacity and unable to accept any further patients who have been triaged and waiting to be allocated for treatment.	Patients who have been triaged unable to access treatment	One practice is happy to increase from 2 to four sessions to accommodate additional patients and awaiting feedback from a second practice on whether additional activity possible. Also awaiting decission on whether increase in commissioned sessions is approved befored scheduled end of pilot.	
Dental 16	Somerset	Risk that Phase 1 MDS Procurement providers for TA21 & EX1 are unable to recruit sufficient workforce to deliver the contracts			Steve Sylvester	Mel Smoker	Operational			4	4	16	4	4		16	16/12/22: Dental Team Risk Meeting Update: It was felt that the scores remain the same and acknowledged that the NHSE SW could terminate the contract if it felt progresss was not being made. However, we are not at this point right now therefore, continue to have regular discussions with the practice. 8/02/23: No change -continue with regular updates from the practices	Risk of failure to recruit sufficient suitably qualified dental performers to deliver the contracted activity.	Delay in treatment to patients Unable to deliver contracted activity Negative press coverage further affecting patient confidence in being able to access a dental clinician	Regular meetings with provider. The provider has published recruiting adverts with multiple agencies and offering incentive packages.	

Risk Scoring	Regional Reporting

Heatmap/RAG

Likelihood	Impact				
	1 - Very Low	2 - Low	3 - Moderate	4 - High	5 - Very High
5 - Very Likely	5	10	15	20	25
4 - Likely	4	8	12	16	20
3 - Possible	3	6	9	12	15
2 - Unlikely	2	4	6	8	10
1 - Rare	1	2	3	4	5

	Low Risk (1-6)
	Moderate Risk (8-10)
	High Risk (12-16)
	Extreme Risk (20-25)

Likelihood Score/Descriptors

5	Very Likely	Expected to occur, >50% at least daily
4	Likely	Will probably occur, 21-50%, at least weekly
3	Possible	Should occur at some time, 6-20%, at least monthly
2	Unlikely	Could occur at some time, 1-5%, at least annually
1	Rare	Only occurs in exceptional circumstances, <1%, 1-5 year strategic risk

Risk score/grade	Review Frequency	Reporting Level
1-6	At least quarterly	Primary Care Collaborative
8-10		Primary Care Collaborative
12-16	Monthly	Primary Care Collaborative
20-25	At least monthly	Primary Care Collaborative-DCSLT

Risk Types
1. Patient safety and quality of care
2. Sector performance (operational and financial)
3. Innovation (e.g. new ways of working, integration of services and new models of care)
4. Financial risk and Value for Money (VfM)
5. Legal compliance and regulatory risk (e.g. statutory and legal compliance risks)
6. Reputational risk
7. Operational risk, including technology and information/data risk, and external event risk.