Pharmacy Quality Scheme 2022/23 risk review templates for the Risk management and safeguarding Domain

For the 2022/23 Pharmacy Quality Scheme (PQS) there are risk review elements in the Risk management and safeguarding Domain and the Prevention Domain.

Risk management & safeguarding Domain: Risk review update criterion

By the end of 31st March 2023, all registered pharmacy professionals working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last two years (between 1st April 2021 and end of 31st March 2023), the **CPPE sepsis online training** and passed the **e-assessment**.

By the end of 31st March 2023, all registered pharmacy professionals working at the pharmacy on the day of the declaration must have satisfactorily completed the **CPPE risk management guide** and passed the **e-assessment**.

Please note, for the 2023/24 PQS, registered pharmacy professionals will be required to have satisfactorily completed the CPPE risk management guide and passed the e-assessment within the four years prior to 31st March 2024 (between 1st April 2020 and 31st March 2024). Originally, this four-yearly requirement was due to be introduced into the 2022/23 PQS, but due to the start date of the scheme being delayed, it has been agreed to delay this requirement until the 2023/24 Scheme.

By the end of 31st March 2023, the contractor must have available, at premises level, an update of the previous risk review undertaken as part of the PQS 2021/22 or if not previously completed, a new risk review. The risk review must include:
- managing the risk of missing sepsis identification;
- missing red flag symptoms during over the counter (OTC) consultations; and
- minimising the risk of transmission of COVID-19.

The risk review must also include a recorded reflection on the identified risks and the risk minimisation actions that the pharmacy team has been taking since completing the last risk review and any subsequent actions identified must be demonstrably completed as a result of this reflection.

When making a declaration for this criterion, the following information must be reported on the MYS application:
- the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have satisfactorily completed **the CPPE sepsis online training** and passed the associated **e-assessment** since 1st April 2021;
- the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have not satisfactorily completed the **CPPE sepsis online training** and passed the associated **e-assessment** since 1st April 2021 but who will undertake this requirement between the day of the declaration and the end of 31st March 2023;
- the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have satisfactorily completed the **CPPE risk management guide** and passed the associated **e-assessment**;
- the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have not satisfactorily completed the **CPPE risk management guide** and passed the associated **e-assessment** but who will undertake this requirement by the end of 31st March 2023; and
- a declaration that by the end of 31st March 2023, the contractor will have, at premises level, an update of the previous risk review undertaken as part of the PQS 2021/22 or a new risk review (if they did not declare as meeting the Risk review domain for the PQS in 2021/22) which includes the risk minimisation actions that the pharmacy team has been taking; and any subsequent actions identified and demonstrably completed as a result of these reflections for:
  o managing the risk of missing sepsis identification;
  o missing red flag symptoms during OTC consultations; and
  o minimising the risk of transmission of COVID-19.

Template A - Reflection on your previous managing the risk of missing sepsis identification risk review

Complete if you HAVE UNDERTAKEN a sepsis risk review in a previous PQS, referring back to your previous risk review on the topic.

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)			

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 - Reflection on your previous missing red flag symptoms during over the counter consultations risk review

Complete if you HAVE UNDERTAKEN a missing red flag symptoms during over the counter (OTC) consultations risk review in a previous PQS, referring back to your previous risk review on the topic.

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)			

With your team, reflect on the actions you took to minimise the risk of missing red flag symptoms during OTC consultations within your pharmacy.	
How did these actions affect the risk?	
Describe any further actions you have identified to minimise the risk of missing red flag symptoms during OTC consultations in your pharmacy. **Add details of these to your existing risk review on the risk of missing red flag symptoms during OTC consultations.**	

Template C - Reflection on your previous minimising the risk of transmission of COVID-19 risk review

Complete if you HAVE UNDERTAKEN a minimising the risk of transmission of COVID-19 risk review in a previous PQS, referring back to your previous risk review on the topic.

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)			

With your team, reflect on the actions you took to minimise the risk of transmission of COVID-19 within your pharmacy.	
How did these actions affect the risk?	
Describe any further actions you have identified to minimise the risk of transmission of COVID-19 in your pharmacy. **Add details of these to your existing risk review on the risk of transmission for COVID-19 in your pharmacy.**	

Template D – Managing the risk of missing sepsis identification risk review

Complete if you HAVE NOT UNDERTAKEN a risk review on managing the risk of missing sepsis identification in a previous PQS.

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 E – Missing red flag symptoms during over the counter consultations risk review

Complete if you HAVE NOT UNDERTAKEN a risk review on missing red flag symptoms during over the counter consultations in a previous PQS.

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 F - Review of the risk of minimising the risk of transmission for COVID-19

Complete if you HAVE NOT UNDERTAKEN a risk review on minimising the risk of transmission of COVID-19 risk review in a previous PQS.

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.

Annex 1 – Definitions

Further information to support the assessment and scoring for a Risk Review is available in the tables below and on pages 23-25 of the CPPE risk management guide.

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

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

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 <u>multiplying</u> the severity and probability scores

Increasing probability						Rating	Level	Action
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