Risk ID	Risk Title	Risk Description	Controls in place to support risk mitigation	Gaps in Controls	Assurance of Control Measures	Gaps in Assurance	Current Risk	Target Risk	Target Date
NEW ICB-044	GP contract 2024/25 dispute - potential industrial action	There is a risk that general practitioners (GPs) may take industrial action because the British Medical Association (BMA) have written to all ICBs to advise that 99.2% of their GP and GP registrar members rejected the 2024/25 contract changes which have subsequently been nationally imposed from 1st April. Whilst potential industrial action is yet to be determined, it is likely that actions by practices may involve: 1.Ceasing to undertake work they consider has been previously undertaken by secondary care 2. Adhering to BMA safe working guidelines Safe working in general practice (bma.org.uk) 3. Ceasing to provide services that are subject to additional (locally enhanced) funding in other places but not LSC This could result in practices not engaging in other work, including attending meetings and similar, that they consider to be unfunded. It could further result in reduced levels of service and impact on patients' ability to access healthcare via their GP practice.	EPRR governance, (EPRR and Business Continuity Policies have been reviewed and ratified by the Board on the 15th May) Regular meetings with LMC Risk management report being submitted to Primary Care Commissioning Committee for consideration at meeting to be held on 13th June 2024	ICB has limited influence over this risk due to contract changes being nationally implemented. Impact mitigation plans to be agreed.	Updates to ICB Executives Updates to PCCC	None currently identified.	16	8	31/03/25
NEW ICB-050 (Quality Committee)	Ability of the ICB to effectively identify and respond to quality concerns for Primary Care.	There is a risk that the ICB is not sighted on and managing effectively the quality of care delivered by Primary Care. This could adversely impact patient safety, experience, outcomes, clinical effectiveness and the ICB's ability to meet its statutory responsibilities in relation to quality oversight.	• Close working relationship between ICB Quality and Primary Care teams to ensure that emerging issues are identified and effective escalation pathways are in place to respond. • Any emerging concerns in relation to quality and primary care are escalated via established reporting mechanisms to ICB Primary Care Commissioning Committee, Quality Committee and Board. • Primary Care Quality Group is established. This Group is a formal subgroup of Quality Committee and is the governance route for formal escalation. • ICB Board are appraised of the position through triple A reporting and escalation. • ICB Terms of Reference have been written that support practice quality visits and articulate the approach and expectation should concerns be raised. • Relationship with the LMC to optimise information sharing and access to support.	• Ongoing dispute regarding the 2024/25 NHS contract for Primary Care. • A challenging and complex operating environment for Primary Care in relation to finances, quality, resources and ongoing service demands. • Limited ICB resource to maintain adequate quality oversight which allows for identification of early warning signs of emerging quality concerns. This results in a reactive rather than proactive response. • ICB only has sight of approximately 12% of patient complaints regarding Primary Care. • Immature and incomplete soft intelligence reporting arrangements in place. • Lack of process in relation to oversight arrangements for FTSU for Primary Care. The ICB is awaiting guidance regarding ICB responsibilities for primary care. • Information sharing between CQC and the ICB.	• ICB governance pathways in place to Quality Committee and Primary Care Commissioning Committee. • Dedicated ICB senior leadership roles for Quality Assurance and Primary Care. • Escalation pathway in place to Regional Quality Group.	• Gaps in assurance about aspects of prescribing practices in Primary Care. • FTSU arrangements in Primary Care. • Gaps in assurance regarding long term conditions management. • Lack of evidence to support effective clinical practice. • Low incident and/ or near miss reporting. • Lack of assurance regarding skills mix and appropriate training and support. • Lack of evidence for assurance regarding onward referral and diagnostics.	16	8	31/03/25
ICB-038	High levels of Oral Health issues (Dental Caries) and the longer time to recover from COVID means patients are having difficulties in accessing routine dental access or specific services to manage oral health issues.	There is a risk that the prevalence dental caries (tooth decay) will deteriorate, that the underlying level of oral health will deteriorate putting additional pressures on access to routine dental care and other dental services available in primary and secondary care. The level of dental caries within areas of high deprivation across the ICB remains high, effecting a specific cohort of patients whose access to dental services and whose self care dental regime has historically been lower than average. There has also been a shift in the oral health disease burden across the wider patient population largely caused by reduced access to dental services during COVID, that has led to patient requiring far more invasive procedures when accessing dental services. Outcome 1. Dental practices have not been able to see and treat the same number of patients as each patient is taking more clinical time and a greater number of appointments to make them orally fit. 2. Dental practices are not able to achieve their contracted activity, which leads to punitive contract sanctions and in turn reduces the sustainability of the dental practice, leading to contract 'hand backs'. 3. NHS Dental contracts and their limited flexibility for developing services to specifically manage more effectively oral health issues. 4. The provision of NHS Dental clinicians providing services under the NHS Dental contracts is reducing due to the increased pressure on the clinical teams	1. Regular monitoring of the commissioning pathways occurs on a monthly basis. 2. Regular meetings with the Local Dental Network and Local Dental Committee are scheudled. 3. Regular oversight meetings are scheduled for the oral Health & Access Improvement Programme are scheduled to review the progress of the sub groups review the Investment Framework, Pathways, Communications and Contracts. 4. Expressions of Interest have been invited from all dental practices to work with the ICB to develop and implement the pathways in the programme. 5. Current pathway contracts are due to end on the 31.3.2024. On 30.11.23 the Dental Services Group approved a request, in principle subject to PCCC approval, to extend the contracts for a further 6 months to allow for a thorough review of the services and the benefits to patients. This will provide the evidence to support the development of services in the future whilst providing stability for the system, the providers and the patients accessing the services. 6. On 18.1.24 a 6 month extension of existing pathways was approved 7. Commissioning intentions approved by ICB Board on 10 April. a. Applications to deliver up to 110% invited with a deadline of 15 May 2024. Decisions to approve/decline applications, in line with the investment framework, have been confirmed to providers by 31 May 2024 b. Pathway specifications in process of being finalised	Information is at system level and there is no dedicated BI resource to presently support more detailed analysis.	1. Dental Access and contract performance is routinely reviewed by dental contract manager and reported to the Dental Contacting subgroup 2. Local Dental Network has a system wide overview of service delivery and access 3. Performance Indicators. NHS Planning Objectives 2023/24 – Primary Care 4. Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels.	Coverage of Pathway 1,2,3 is voluntary and there are some geographies where patients may have to travel further than others to access provision.	16	8	31/03/2026