

Risk ID	Risk Description	Risk Title	Exec Lead	Senior Respor	Controls	Gaps in Controls	Assurances	Gaps in Assurance	Current Risk Score	Target Risk Score	Target Date for Closing
ICB007	<p>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.</p> <p>Trigger The level of dental caries within areas of high deprivation across the ICB remains high, affecting 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.</p> <p>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</p>	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.	Craig Harris	David Armstrong	<p>Regular monitoring of the commissioning pathways occurs on a monthly basis.</p> <p>Regular meetings with the Local Dental Network and Local Dental Committee are scheduled.</p> <p>Regular oversight meetings are scheduled for the Oral Health &amp; Access Improvement Programme are scheduled to review the progress of the sub groups review the Investment Framework, Pathways, Communications and Contracts.</p> <p>Expressions of Interest have been invited from all dental practices to work with the ICB to develop and implement the pathways in the programme.</p> <p>Commissioning intentions approved by ICB Board on 10 April.</p> <p>Applications to deliver up to 110% invited with a deadline of 15 May 2024.</p> <p>Decisions to approve/decline applications, in line with the investment framework, have been confirmed to providers by 31 May 2024. Pathway specifications in process of being finalised</p> <p>The national dental access recovery plan includes a Dental Recruitment Incentive Scheme (DRIS) is to offer a financial incentive to attract dentists to work in the area. L&amp;SC allocation is for 7 posts, to be funded from the dental baseline. EOI's have been invited from all dental providers across L&amp;SC. The ICB is awaiting NHSE Region to confirm that they are supportive of the ICB's approach to approve the top 7 ranked applications, plus an additional 7 posts under the same T&amp;Cs as the DRIS.</p> <p>EOI's have been invited from all dental practices to deliver the Enhanced Dental Care for Children pathway. The deadline for EOI's is 12 July 2024.</p> <p>Top 7 ranked applications, plus an additional 7 posts under the same T&amp;Cs as the DRIS have been approved</p> <p>50 practices have been invited to deliver the Enhanced Dental Care for Children pathway with a commencement date of 1.9.24 for a period of 2 years</p>	Information is at system level and there is no dedicated BI resource to presently support more detailed analysis. The dental commissioning plan is being implemented in line with the agreed QIPP saving plan.	Dental Access and contract performance is routinely reviewed by dental contract manager and reported to the Dental Services Group Local Dental Network has a system wide overview of service delivery and access Performance Indicators. NHS Planning Objectives 2023/24 – Primary Care 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 - C4 x L4, High	8 - C4 x L2, Medium	31/03/26
ICB009	<p>GP partners/contractors in England voted in favour of collective action following 99.2% of their GP and GP registrar members having rejected the 2024/25 contract changes which have subsequently been nationally imposed from 1st April. The British Medical Association (BMA) have urged GP partners/contractors to start taking part in collective action from 1 August 2024. The BMA has produced a GP practice survival toolkit: GP contract 2024/25 changes (bma.org.uk) which identifies 12 potential actions for practice decisions and have urged GP partners/contractors to undertake take at least one of the 12 actions detailed.</p> <p>Practices may decide to take different actions at different times over the days, weeks and months ahead. These may be permanent subject to negotiations with the new Government and there may be phases of increasing impact.</p> <p>There is a risk that the collective actions may: - further result in reduced levels of service and impact on patients' ability to access healthcare via their GP practice. - reduce the number of patient contacts by GP practice clinicians - result in practices not engaging with Advice and Guidance or referral management-type systems - see GPs handing back work to secondary care which they feel should have been undertaken by secondary care services i.e. requests for fit notes, prescribing, tests. - result in practices not engaging in other work, including attending meetings and similar, that they consider to be unfunded. - result in practices ceasing to provide services that are subject to additional (locally enhanced) funding in some parts of LSC but not others, and/or funded in other places but not LSC.</p> <p>There is a risk that the above actions would impact on secondary care and other services (increasing referrals, investigations, activity urgent care</p>	GP contract 2024/25 dispute – collective action	Craig Harris	Peter Tinson	<p>EPRR governance, (EPRR and Business Continuity Policies have been reviewed and ratified by the Board on the 15th May).</p> <p>Internal EPRR aligned to regional EPRR structures which can be scaled up and scaled down as.</p> <p>Regular meetings with LMC.</p> <p>Regular system EPRR/Trust Accountable Emergency Officer meetings</p> <p>Risk management report submitted to Primary Care Commissioning Committee meeting of 13th June 2024</p> <p>Regular regional meetings with NHSE and neighbouring ICBs.</p> <p>Daily national SitRep reporting commenced 02.08.24, and stepped down to weekly reporting in mid August.</p> <p>High impact mitigations identified many of which relate to historic primary and secondary care interface issues.</p> <p>Mechanism for gathering soft intelligence now in place.</p> <p>Trusts have identified data sets to monitor for potential impact and the next step is to triangulate this across all Trusts.</p>	ICB has limited influence over this risk due to the contract changes being nationally imposed. Impact mitigation action plans to be agreed.	Updates to ICB Executives Updates to PCCC	-	12 - C3 x L4, Medium (de-escalate to Functional Oversight)	6 - C3 x L2, Medium	31/03/25
ICB013 Joint PCCC and Quality Committee Oversight	<p>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.</p>	Ability of the ICB to effectively identify and respond to quality concerns for Primary Care.	Sarah O'Brien	Kathryn Lord, Peter Tinson, Andrew White	<ul style="list-style-type: none"> <li>Close working relationship between ICB Quality, Medicines Optimisation and Primary Care teams to ensure that emerging issues are identified and effective escalation pathways are in place to respond.</li> <li>Any emerging concerns in relation to quality in primary care services are escalated via established reporting mechanisms to ICB Primary Care Commissioning Committee, Quality Committee and Board.</li> <li>Primary Care Quality Group is established. This Group is a formal subgroup of Quality Committee and is the governance route for formal escalation.</li> <li>ICB Board are appraised of the position through triple A reporting and escalation.</li> <li>ICB Terms of Reference have been written that support practice quality visits and articulate the approach and expectation should concerns be raised.</li> <li>Relationship with the LMC to optimise information sharing and access to support.</li> <li>Primary Care Assurance Framework annual submission submitted by ICB to NHSE which was also subject to MIAA auditing to test robustness. Delivery against the recommendations will commence September 2024.</li> <li>Work has taken place to ensure the PCCC's Groups align their risk process to the ICB's risk management framework and ensure a consistent approach to identifying, managing and reporting risks relating to the work of the Groups. The PCCC has visibility of risk through the sub groups escalation reports.</li> <li>Ongoing surveillance, triangulation and monitoring of reports in relation to medicines management which includes prescribing and primary care indicators.</li> <li>Soft intelligence process in place, work ongoing to review centralised reporting system approach. The process includes input from medicines management colleagues.</li> <li>CCPLs for Primary Care engaged with pilot work for proactive support visits.</li> <li>Process documentation and SOPs in place for supported proactive and reactive visits.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing dispute regarding the 2024/25 NHS contract for Primary Care.</li> <li>A challenging and complex operating environment for Primary Care in relation to finances, quality, estates, resources and ongoing service demands.</li> <li>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.</li> <li>Ongoing conversations with LMC to refine the approach in relation to ICB quality oversight processes.</li> <li>ICB only has sight of approximately 12% of patient complaints regarding Primary Care.</li> <li>Immature and incomplete soft intelligence reporting arrangements in place.</li> <li>Lack of process in relation to oversight arrangements for FTSU for Primary Care. The ICB is awaiting guidance regarding ICB responsibilities for primary care.</li> <li>Information sharing between CQC and the ICB.</li> <li>ICB to have a balanced support offer for all practices, but smaller practices may not have the infrastructure to seek and optimise opportunities available.</li> <li>Limited estates related capital investment opportunities.</li> <li>Lancashire and South Cumbria formulary still in development.</li> </ul>	<ul style="list-style-type: none"> <li>ICB governance pathways in place to Quality Committee, Primary Care Quality Group and Primary Care Commissioning Committee.</li> <li>Dedicated ICB senior leadership roles for Quality Assurance, Medicines Optimisation and Primary Care.</li> <li>Escalation pathway in place to Regional Quality Group.</li> <li>Monthly Primary Medical Services, Dental, Pharmacy and Optometry groups.</li> <li>Lancashire and South Cumbria Medicines Management Group.</li> <li>Integrated Medicines Optimisation Committee.</li> <li>Clinical Effectiveness Group.</li> </ul>	<ul style="list-style-type: none"> <li>Gaps in assurance about aspects of prescribing practices in Primary Care.</li> <li>FTSU arrangements in Primary Care.</li> <li>Gaps in assurance regarding long term conditions management.</li> <li>Lack of evidence to support effective clinical practice.</li> <li>Low incident and/ or near miss reporting.</li> <li>Lack of assurance regarding skills mix and appropriate training and support.</li> <li>Lack of evidence for assurance regarding onward referral and diagnostics.</li> <li>Lack of triangulated and validated intelligence in relation to different data streams on dashboards.</li> </ul>	16 - C4 x L4, High	8 - C4 x L2, Medium	31/03/25
ICB010 Quality Committee Oversight (for information)	<p>There is a risk that effective delivery of an ICB Primary Care quality function and associated oversight will be compromised due to challenges with ICB staff resource and capacity . This could result in failure to respond and deliver against ICB statutory duties in relation to quality and resulting impact on patient safety. Additionally, the role of the ICB to manage FTSU concerns raised in Primary Care has not been clarified by NHSE. These concerns can be complex and time consuming which could further exacerbate pressures both from a workforce and operational perspective.</p>	Staff resource and capacity to effectively deliver quality oversight for Primary Care.	Sarah O'Brien	Kathryn Lord	<p>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.</p> <p>Any emerging concerns in relation to quality and primary care are escalated via established reporting mechanisms to ICB Quality Committee and Board.</p> <p>Primary Care Commissioning Committee has sight of risks and risk is a standing agenda item. Work has taken place to ensure the PCCC's Groups align their risk process to the ICB's risk management framework and ensure a consistent approach to identifying, managing and reporting risks relating to the work of the Groups. The PCCC has visibility of risk through the Group Escalation reports.</p> <p>Primary Care Quality Review Group is established and risk is discussed as part of a standing agenda item. This Group is a formal subgroup of Quality Committee and is the governance route for formal escalation.</p> <p>ICB Terms of Reference have been written that support practice quality visits and articulate the approach and expectation should concerns be raised.</p> <p>ICB quality assurance team are supporting the soft intelligence reporting interfaces between secondary and primary care and assisting with identification of emerging concerns.</p> <p>The Associate Director for Quality Assurance is covering attendance at the Primary Medical Services Group of the ICB to support quality oversight.</p> <p>Fixed term band 7 Primary Care Quality Manager in post from 06/09/2024 for a period of six months.</p>	<p>There is a challenging operating environment for Primary Care in relation to finances, quality, resources and ongoing service demands, which increases potential risks to quality.</p> <p>Pressure on existing and limited resource could result in undue burden, potentially compromising health and well being.</p> <p>Insufficient ICB Business Intelligence (BI) support to assist with and enable effective surveillance and triangulation to support identification of emerging themes and trends.</p> <p>Primary care is under significant financial challenge with an imposed national contract in 2024/25.</p> <p>Availability to attend the full range of Primary Care meetings and proactive and reactive pathway arrangements which would enable integrated working and sharing of intelligence.</p>	<p>Assurance to Quality Committee and Primary Care Commissioning Committee on a bi monthly basis</p> <p>Dedicated senior leadership roles for Quality Assurance and Primary Care</p> <p>Established governance/escalation of significant issues through the ICB Quality Committee, then learning and deep dives from QC key themes escalated to SQG.</p> <p>Regional Quality Group.</p>	Ongoing financial challenges and resulting ICB operating environment are both impeding the ability to recruit additional resource.	16 - C4 x L4, High	8 - C4 x L2, Medium	31/03/25