

## ICB Primary Care Commissioning Committee

<b>Date of meeting</b>	14 September 2023
<b>Title of paper</b>	Risk of Patients being Unable to Access Routine Dental Care
<b>Presented by</b>	Amy Lepiorz, Associate Director Primary Care Debra Atkinson Company Secretary / Director of Corporate Governance
<b>Author</b>	Debra Atkinson Company Secretary / Director of Corporate Governance
<b>Agenda item</b>	9a
<b>Confidential</b>	No

### Executive summary

A risk associated to challenges with access to NHS dental services is currently held on the ICB's Board Assurance Framework, and this paper highlights the current risk, the controls and assurances in place to mitigate the risk and any actions being progressed to mitigate these.

This paper supports item 9 'Dental Access and Oral Health Improvement Programme' and provides the status of the risk and its review.

### Advise, Assure or Alert

**Advise** the committee:

- To review the content of the current risk to ensure it reflects the position of challenges with access to routine NHS Dental Care

**Assure** the committee:

- That the ICB's Board Assurance Framework includes the risk to challenges with access to NHS dental services
- of the work taking place in the dental access and oral health improvement programme to mitigate the risks identified

### Recommendations

The Primary Care Commissioning Committee is requested to:

- **Note** the ICB's Risk Management Approach
- **Review** the risk content: Patients being Unable to Access Routine Dental Care
- **Consider** the movement of this risk from the BAF to CRR
- **Consider** if the risk score should remain static or be increased or decreased

<b>Which Strategic Objective/s does the report contribute to</b>		<b>Tick</b>
1	Improve quality, including safety, clinical outcomes, and patient experience	<b>X</b>
2	To equalise opportunities and clinical outcomes across the area	<b>X</b>

3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	
4	Meet financial targets and deliver improved productivity	
5	Meet national and locally determined performance standards and targets	
6	To develop and implement ambitious, deliverable strategies	

### Implications

	Yes	No	N/A	Comments
Associated risks	X			
Are associated risks detailed on the ICB Risk Register?	X			Yes – as described in this paper
Financial Implications		X		

### Where paper has been discussed

Meeting	Date	Outcomes
Risk was first presented to the Primary Care Commissioning Committee (PCCC)	20 July 2023	For the risk to come back to the September PCCC to support the presentation of how dental services are commissioned, the services in place and overview of the dental access and oral health improvement programme

### Conflicts of interest associated with this report

Not applicable

### Impact assessments

	Yes	No	N/A	Comments
Quality impact assessment completed			X	
Equality impact assessment completed			X	
Data privacy impact assessment completed			X	

### Report authorised by:

Professor Craig Harris, Chief of Strategy, Commissioning and Integration

# ICB Primary Care Commissioning Committee

## 14 September 2023

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### Risk of Patients being Unable to Access Routine Dental Care

#### 1. Introduction

- 1.1 At its meeting on 20 July the Primary Care Commissioning Committee received a report on the risk in relation to access to routine dental care.
- 1.2 The risk had been presented to the ICB Board at its meeting on 5 July and is currently held on the Board Assurance Framework (BAF). There was a recommendation from the board to consider if this was a risk to the delivery of the ICB's Strategic Objectives, or if this risk should be held on the ICB's Corporate Risk Register.
- 1.3 Given that the Primary Care Commissioning Committee (PCCC) was to receive a more detailed report on access to dental care and the dental access and improvement programme at its meeting on 14 September, it was agreed that the risk would be brought back to this meeting, to discuss in full and consider alongside the report.
- 1.4 This paper presents the current risk for consideration and review as part of consideration of the detailed report. The risk is attached as **Appendix A**.

#### 2 Risk Management Approach

- 2.1 Each of the Risks held on either the BAF or CRR are aligned to one of the ICB's 6 Strategic Objectives:

1	Improve quality, including safety, clinical outcomes, and patient experience
2	To equalise opportunities and clinical outcomes across the area
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees
4	Meet financial targets and deliver improved productivity
5	Meet national and locally determined performance standards and targets
6	To develop and implement ambitious, deliverable strategies

- 2.2 The Risk to access to routine dental care is aligned to Strategic Objective 1:

**Improve quality, including safety, clinical outcomes, and patient experience.**

2.3 Risks are also aligned to three levels of responsibility, with the Dental risk being determined as **Level 1 – The responsibility of the ICB as a statutory body**

Level 1 – The responsibility of the ICB as a statutory body

Level 2 – The role of the ICB in NHS System Oversight

Level 3 – The role of the ICB as a system partner to support integration

2.4 The ICB utilises a risk scoring matrix to apply a consistent approach when determining the consequence and likelihood of each risk. This is attached in full at **Appendix B**.

2.5 The risk to access to routine dental care is currently scored as:

- Consequence **3**
- Likelihood **4**

2.6 To determine if a risk should be held on the BAF or CRR, the following should be considered:

2.6.1 **Board Assurance Framework** – holds risks that relate to the delivery of the ICB’s strategic objectives and have the highest potential for external impact.

2.6.2 **Corporate Risk Register** – captures risks that relate to the ICB’s on-going day-to-day business delivery. Whilst these risks may have some external impact, operational risks mostly affect internal functioning and services. Depending on the level of risk involved, operational risks are managed at directorate and committee level.

### **3 Recommendations**


3.1 The Primary Care Commissioning Committee is requested to:

- **Note** the ICB’s Risk Management Approach
- **Review** the risk content: Patients being Unable to Access Routine Dental Care
- **Consider** the movement of this risk from the BAF to CRR
- **Consider** if the risk score should remain static or be increased or decreased

**Debra Atkinson**

**4 September 2023**

**Appendix A**

Risk Description: Primary care dental services are taking longer to recover from COVID which means patients are finding it difficult to access routine dental care									
Risk ID: ICB-026		Strategic Objective: SO1			Level 1-3: 1	Risk Analysis Q2: 			
Executive Lead: Professor Craig Harris		Assuring Committee: Primary Care Commissioning Committee				July	August	September	Current Risk Score:
Initial Treated Risk Score		Target Risk Score			Target Risk Score	12	12	12	12
C	L	C x L	C	L	C x L	31 March 2026	12	12	12
4	3	12	4	2	8				
<b>Actual risk</b>		<b>Trigger</b>			<b>Outcome</b>				
There is a risk that, as patients are unable to access routine dental care, their oral health will deteriorate putting pressure on other dental services including secondary care.		There has been a shift in the oral health disease burden (largely caused by the reduction in dental access during COVID), leading patients requiring far more invasive procedures than prior to COVID.			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. Dental team clinicians are leaving NHS dentistry feeling 'burnt out' due to the increased pressure on the clinical teams.				
<b>Controls:</b>							<b>Gaps in controls</b>		
1. There are commissioned pathways ('1,2,3') to support patients who require: <ul style="list-style-type: none"> <li>a. Urgent Care</li> <li>b. Follow up treatment to finalise an urgent intervention</li> <li>c. Comprehensive care for patients where their oral health impacts of wider health or where there is a significant risk of oral health deterioration (priority groups)</li> </ul> 2. Working with the Local Dental Committee and the Local Dental Network is developing initiatives to support the recruitment and retention of clinical teams including supported recruitment for overseas dentists. 3. ICS wide dental access workshop was held in May, to support and integrated approach to next steps dental access investments and pathway development. 4. As an outcome a Dental Access and Oral Health Programme Implementation Group is being established to develop an action plan to explore the 5 key themes which were identified at the Workshop: Investment Framework/Outcome Measures; Pathways; Communications; Contracting and Workforce 5. One of the key drivers behind some of the work is developing a set of objective measures for resource allocation and ensures that we are following an evidence based on need which in turn will contribute to reducing inequalities 6. Dental 'dashboard' is under development to share access metrics across the ICB							Information is at system level and there is no dedicated BI resource to presently support more detailed analysis.		
<b>Assurances:</b>							<b>Gaps in assurances:</b>		
Dental Access and contract performance is routinely reviewed by dental contract manager and reported to the Dental Contracting 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		
<b>Mitigating actions</b>		<b>Update on progress/mitigation actions due this month</b>				<b>Target Date</b>	<b>Lead</b>		
Establishing a dental access and oral health programme implementation group to develop a dental access plan		Currently identifying leads for the key themes that came out of the workshop Investment Framework Pathways Communication Contracting Workforce Outcome Measures				Complete	L Fawcett		
Development of a dental dashboard		The Dental Delivery and Assurance Team are working with the CSU to develop a dental dashboard. It has been agreed that the initial focus will be patient access figures and UDA delivery trajectories.				1.9.23	L Fawcett		
Deliver the dental access and oral health programme		Scope of the programme has been agreed and leads are currently identifying the support that is needed to deliver the actions				1.10.23	L Fawcett		

# Appendix B

Risk – Scoring Matrix

Step 1 Consequence Scoring	Consequence Score					Step 4 Risk Responsibility Level / Remedial Action/ Acceptance					
	1 - Negligible	2 - Minor	3 - Moderate	4 - Major	5 - Catastrophic	Level/ acceptance/ action required	Timescale – Action plan	Min. Review			
<b>Impact on the safety of patients, staff or public (physical/psychological harm)</b>	Minimal injury requiring no/minimal intervention. No time off work.	Minor injury or illness. Time off work for >3 days. Increase in length of hospital stay by 1-3 days	Injury requiring professional intervention. Time off work 4-14 days. RIDDOR reportable. Increase in hospital stay 4-15 days. An event which impacts on a small number of patients.	Major injury leading to long term disability/incapacity. Time off work >14 days. Increase in hospital stay >15 days. Mismanagement of patient care.	Incident leading to death. Multiple permanent injuries or irreversible health effects. Impact on a large number of patients	<b>Extreme 15 - 25</b>	Recorded on BAF Divisional/ senior management action plan Directorate Review	Immediate implementation	Min monthly		
<b>Quality/ complaints/ audit</b>	Informal complaint/enquiry Peripheral element of treatment or service suboptimal	Overall treatment or service suboptimal Formal complaint (stage 1). Local resolution. Single failure to meet internal standards Minor implications for patient safety if unresolved. Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness. Formal complaint (stage 2) complaint. Local resolution (with potential to go to independent review) Repeated failure to meet internal standards. Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved  Multiple complaints/independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards					<b>High 9 - 12</b>	Recorded on Corporate Risk Register Divisional/ Senior Management action plan Directorate review
<b>Human resources/ organisational development/ staffing/ competence</b>	Short term low staffing level that temporarily reduces service quality (<1 day)	Low staffing level that reduces service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/ service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis	<b>Moderate 4 - 8</b>	Recorded on programme, project, department or operational risk register Department develop action plan Acceptance – Senior Manager	Department/ 6months	3-6 months		
<b>Statutory duty / inspections</b>	No or minimal impact on breach of guidance.	Breach of statutory legislation. Reduced performance rating if unresolved	Single breach in statutory duty. Challenging external recommendations/ improvement notice	Enforcement action in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty. Prosecution. Zero performance rating. Complete systems change required. Severely critical report					<b>Low 1 - 3</b>	Recorded on programme, project, or team risk register. Local team meeting acceptable for action plan
<b>Adverse Publicity / Reputation</b>	Rumours Potential for public concern	Local media - short term. Reduction in public confidence.	Local media coverage – long term. Reduction in public confidence	National media coverage with <3 days. Service well below public expectation	National media coverage with >3 days service well below reasonable public expectation. MPs concerned (questions in the House). Total loss of public confidence.	<b>Example</b>	Issue - Low staffing level that reduces service quality Category - Human Resources	Step 1 – Consequence Scoring Consequence - Low staffing level that reduces service quality Consequence score 2 - Minor	Step 2 – Likelihood Scoring Likelihood – Occurs at least monthly Likelihood score 3 – Possible		
<b>Business objectives Projects</b>	Insignificant cost increase/ schedule slippage	<5% over budget, schedule slippage	5-10% over budget, schedule slippage	10-25% over budget, schedule slippage, key objectives not met	>25% over budget, schedule slippage, key objectives not met					<b>Example</b>	Issue - Low staffing level that reduces service quality Category - Human Resources
<b>Finance including claims</b>	Small loss - risk of claim remote	Loss of 0.1-0.25% of budget. Claim less than £10,000	Loss of 0.25-0.5% of budget. Claims between £10,000 and £100,000	Non-delivery of key objective. Loss of 0.5-1% of budget. Claims between £100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million	<b>Example</b>	Issue - Low staffing level that reduces service quality Category - Human Resources	Step 1 – Consequence Scoring Consequence - Low staffing level that reduces service quality Consequence score 2 - Minor	Step 2 – Likelihood Scoring Likelihood – Occurs at least monthly Likelihood score 3 – Possible		
<b>Service/ business interruption environmental impact</b>	Loss / interruption of <1 hour. Minimal or no impact on the environment.	Loss / interruption of <8 hours. Minor impact on the environment.	Loss / interruption of <1 day. Moderate impact on the environment.	Loss / interruption >1 week. Major impact on the environment.	Permanent loss of service. Catastrophic impact on the environment.					<b>Example</b>	Issue - Low staffing level that reduces service quality Category - Human Resources

**Step 2 Likelihood Scoring**

How likely is this to happen, taking into account the controls already in place to prevent or mitigate the harm?

Frequency	Likelihood	Score
Not expected to occur for years	<1% - Will only occur in exceptional circumstances	1 Rare
Occur at least annually	1-5% - Unlikely to occur	2 Unlikely
Occurs at least monthly	6-20% - Reasonable chance of occurring	3 Possible
Occur at least weekly	21-50% - Likely to occur	4 Likely
Occur at least daily	>50% - More likely to occur than not	5 Almost Certain

**Step 3 Establishing Overall Score and Rating**

Using the appropriate score for Consequence, and the appropriate score for Likelihood, follow the table below to obtain the overall Incident / Risk severity rating.

	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
<b>5 Catastrophic</b>	5 (Moderate)	10 (High)	15 (Extreme)	20 (Extreme)	25 (Extreme)
<b>4 Major</b>	4 (Moderate)	8 (Moderate)	12 (High)	16 (Extreme)	20 (Extreme)
<b>3 Moderate</b>	3 (Low)	6 (Moderate)	9 (High)	12 (High)	15 (Extreme)
<b>2 Minor</b>	2 (Low)	4 (Moderate)	6 (Moderate)	8 (Moderate)	10 (High)
<b>1 Negligible</b>	1 (Low)	2 (Low)	3 (Low)	4 (Moderate)	5 (Moderate)

Issue - Low staffing level that reduces service quality  
Category - Human Resources

Step 1 – Consequence Scoring  
Consequence - Low staffing level that reduces service quality  
Consequence score 2 - Minor

Step 2 – Likelihood Scoring  
Likelihood – Occurs at least monthly  
Likelihood score 3 – Possible

Step 3 - Establish Overall Score and Rating  
Consequence 2 x Likelihood 3 = 6 (Moderate)

Overall Severity Rating **6 (Moderate)**