

## **ICB Primary Care Commissioning Committee**

Date of meeting	13 February 2025
Title of paper	Risk Management Report
Presented by	Claire Moore, Head of Risk, Assurance and Delivery
Author	Claire Moore, Head of Risk, Assurance and Delivery
Agenda item	5
Confidential	No

#### **Executive summary**

The purpose of this report is to present an update on the risk management activity undertaken for those risks which relate to the business of the Primary Care Commissioning Committee (PCCC) since the last report presented in October 2024.

Risks held on the Board Assurance Framework (BAF) are those which have the potential to impact on the delivery of the ICB's Strategic Objectives. There are no risks held on the BAF relating to the business of the Primary Care Commissioning Committee (PCCC).

Risks held on the Operational Risk Register (ORR) are those which have been assessed as having the potential to significantly impact on the delivery of the ICB's plans or priorities and, are categorised as "high". These receive Corporate Oversight (CO), through the Executive Management Team (EMT) and through the relevant assuring committee.

There are three risks held on the ORR which meet the threshold for CO in relation to the business of the committee:

- **Risk ID ICB 007: Prevalence of dental caries:** There is a risk that the prevalence of dental caries will deteriorate and that the underlying level of oral health will deteriorate putting additional pressure on access to routine dental care and other dental services available in primary and secondary care.
- Risk ID ICB 009: GP Contract 2024/25 dispute Collective Action; there is a risk that collective action may further result in reduced level of service and impact on patients' ability to access healthcare via their GP; reduce the number of patient contacts; resulting in practices not engaging with advice and guidance and further impacting on secondary care.

The following risk is jointly overseen with the Quality Committee:

• **Risk ID ICB 013:** There is a risk that the ICB is not sighted on and effectively managing 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.

A summary of the actions taken to mitigate the above risks, including any approved changes/movement in risk scores is presented within section 3 of the report.

The risk register entries are provided in full at Appendix 1 and a high-level summary dashboard of all risks currently held which meet the threshold for corporate oversight through other assuring committees is attached at Appendix 2.

Advise, Assure or Alert

The report is to advise the committee of the management and oversight of risks held on the ORR relating to the business of the committee and the risk management activity undertaken during the reporting period.

Recommendations

The Primary Care Commissioning Committee is requested to:

- Note the contents of the report.
- **Note** the risk management activity undertaken during the reporting period.
- **Review** the risks relating to the business of the PCCC (Appendix 1).
- Note for information all risks held on the ORR (Appendix 2).

W	nich Strategic Objective	/s does	s the r	eport	contribute to	Tick	
1	1 Improve quality, including safety, clinical outcomes, and patient						
	experience						
2	To equalise opportunitie	s and o	clinical	outcol	mes across the area	$\checkmark$	
3							
	desirable option for exist	ting an	d pote	ntial er	nployees		
4	Meet financial targets ar	nd deliv	er imp	roved	productivity	$\checkmark$	
5	Meet national and locall	y deter	mined	perfor	mance standards and targets		
6	To develop and impleme	ent amb	oitious,	, delive	erable strategies		
Im	plications						
	Yes No N/A Comments						
As	sociated risks	✓			Outlined in the report		
Are associated risks		✓			Outlined in the Appendices		
de	tailed on the ICB Risk						
Re	gister?						
	ancial Implications						
		cusse	d (list d	other c	ommittees/forums that have		
dis	cussed this paper)	_					
Me	eting	Date	1		Outcomes		
Executive Management		Mont	Monthly		Endorsed the actions and		
Team					recommendations outlined in the		
					report.		
	onflicts of interest assoc	iated v	vith th	is rep	ort		
Nc	t applicable						

Impact assessments					
	Yes	No	N/A	Comments	
Quality impact assessment			$\checkmark$		
completed					
Equality impact			$\checkmark$		
assessment completed					
Data privacy impact			$\checkmark$		
assessment completed					

Report authorised by:	Debra Atkinson, Company Secretary/Director of
	Corporate Governance

## ICB Primary Care Commissioning Committee 13 February 2025

### **Risk Management Update Report**

#### 1. Introduction

1.1 The purpose of the report is to present an update on the risk management activity for those risks relating to the business of the Primary Care Commissioning Committee (PCCC) since the last report presented in October 2024.

#### 2. Background

- 2.1 Risks which are assessed as having the potential to significantly impact on the delivery of the ICB's Strategic Objectives are held on the Board Assurance Framework (BAF). There are no risks held on the BAF relating to the business of the Primary Care Commissioning Committee (PCCC).
- 2.2 Risks which are assessed as having the potential to significantly impact on the delivery of plans or priorities and are categorised as "high," are held on the Operational Risks Register (ORR). These are reported to the Executive Management Team (EMT) monthly, with quarterly risk updates provided to the relevant assuring committee.
- 2.3 There are currently three risks held on the ORR which relate to the business of the PCCC (including one risk which is jointly overseen with the Quality Committee).

#### 3. Review of Risks relevant to the business of the PCCC

- 3.1 The following tables present a summary of the risk management activity undertaken during the reporting period. Each table presents the changes to the risk controls and assurances, any gaps identified and where relevant the mitigating actions planned.
- 3.2 The full risk entries are provided at Appendix 1, and a high-level dashboard of all risks currently held with corporate oversight through other assuring committees is also provided for information, at Appendix 2.

Current score 16 (C4xL4)	e: Target score: (C4 x L2)	8 In/out of risk appetite (current risk score): Out (4-10)	In/out of risk appetite (target risk score): In
The risk has bee	n reviewed with no p	proposed movement to the	risk score.
Controls have b	een fully reviewed a	and updated as follows:	
<ul> <li>(Investme Contractin</li> <li>Two-year reviewed</li> <li>Approved areas</li> <li>National I 28 contra 14 posts f</li> <li>Pathway</li> <li>Pathway</li> <li>Child Acc</li> </ul>	ent Framework/Ou ng and Workforce) d Dental Investmen on a regular basis. I to pay for activity u Dental Recovery Pla cts - 88% of L&SC p funded under Denta 1 (Urgent Care) com 3 (priority patients) o ess and Oral Health	alth Improvement Plan, fo atcome Measures; Path developed and implemented at Plan approved and imp p to 110% in 2024/25 for top an 2024/25: - minimum UDA practices opted in to New P I Recruitment Incentive Sch nmissioned until 31.3.25 commissioned until 31.3.25 n Improvement Pathway cor ne support, but this is still to	ways; Communications; I. Demented, and progress p 5 priority Local Authority A rate increased to £28 for atient Premium Scheme - beme
Gaps in controls	s have been update	ed including:	
support th reform pro	ne providers to beco ogramme is not mov	ctions are restricting the IC ome more resilient and sust ing at a pace required to bet ns to re-base contracts nati	ainable. Ongoing national ter support practices. This
Assurances hav	ve been strengthen	ned:	
	nce metrics are re e monthly.	eported into PCCC and F	inance and Performance
Actions have be	en reviewed and the	e following new action open	ed:
<ul> <li>Dental ac</li> </ul>	cess oral health imp	rovement 5 Year Plan – initia	al workshop held to design

**Risk ID ICB 009: GP Contract 2024/25 dispute Collective Action**; there is a risk that collective action may further result in reduced level of service and impact on patients' ability to access healthcare via their GP; reduce the number of patient contacts; result in practices not engaging with advice and guidance; with further impact on secondary care.

		In/out of risk appetite	In/out of risk
16 (C4xL4)	(C4 x L2)	(current risk score): Out	appetite (target risk
		(4-10)	score): In

Following the verbal update provided at the PCCC meeting in October, the EMT further reviewed and approved the re-instatement of this risk to the ORR at a score of "16". The EMT requested that a further briefing was provided on the impact of the collective industrial action.

**Controls** to support the mitigation of the risk include:

- A review of all general practices Local Enhanced Services (LES) has been undertaken and recommendations made to the Board.
- Weekly system wide General Practice Collective Action meeting plus Morecambe Bay specific meeting.
- Joint ICB and UHMB mitigation plan for actions underway and planned by Morecambe Bay practices.

Gaps in controls have been identified including:

- The progress of national contract negotiations is unknown.
- Mitigations may reduce patient access. Mitigation currently not identified for MGUS monitoring.

Actions have been reviewed and the following new actions opened:

- Delivery planning for new LES (which effectively mitigate all known planned and potential collective actions.
- LES specification and pricing negotiations with LMC commenced in December 2024 and planned completion by 7 February 2025.
- MGUS monitoring proposal to be considered by Commissioning Resource Group.
- 3.3 The following risk is jointly overseen with the ICB's Quality Committee; the risk has been reviewed with no proposed change in risk score:

**Risk ID ICB 013:** There is a risk that the ICB is not sighted on and effectively managing 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.

Current score:	Target score: 8	In/out of risk appetite	In/out of risk
16 (C4xL4)	(C4 x L2)	(current risk score): Out	appetite (target risk
		(4-10)	score): In

The risk has been reviewed with no proposed change in risk score.

Controls have been updated including:

- Proactive practice visits were established to identify emerging risks before they materialise.
- Weekly soft intelligence reporting provides information of issues arising because of the collective action including information on discharges. These reports are shared with Primary Care Associate Directors.

Gaps in controls have been identified including:

 Lack of patient safety oversight due to Patient Safety Incident Reporting Framework (PSIRF) not being implemented across practices (not a statutory requirement). Patient specific safety concerns are escalated via soft intelligence reporting process.

**Assurances** have been strengthened through:

- NHS England regional complaints oversight group.
- Proactive GP Quality Support visits undertaken to identify support requirements and mitigate potential issues.
- Integrated Performance Report is being produced and shared with Primary Care Quality Group.

Gaps in assurance have been identified including:

- Implementation of PSIRF in Primary Care is not a statutory requirement.
- Limited capacity to ensure complaints identify learning, that it is implemented and leads to improvement.

Actions have been reviewed and the following actions added:

- Review of medicines related incentive schemes for 2025/26 to reflect prescribing indicators.
- Continued maturation of surveillance, triangulation, and monitoring of reports in relation to medicines managements which includes prescribing and primary care indicators.
- Development of Practice Visit Standard Operating Procedure (SOP).

#### 4. Recommendations

- 4.1 The committee is requested to:
  - Note the contents of the report.
  - Note the risk management activity undertaken during the reporting period.
  - **Review** the risks relating to the business of the PCCC (Appendix 1).
  - Note for information all risks held on the ORR (Appendix 2).

Claire Moore

#### Head of Risk, Assurance and Delivery

#### Appendix 2

# High level summary dashboard of all risks held on Operational Risk Register (Corporate Oversight)

Risk ID	Risk Title	Exec Lead	Senior Responsible Officer	Directorate/ Functional Area	Initial Risk Score	Current Risk Score	Target Risk Score
CB-026	ICB ability to meet its statutory SEND responsibilities	Sarah O'Brien	Vanessa Wilson	CYP	20 - C4 x L5, High	20 - C4 x L5, High	8 - C4 x L2, Medium
CB-029	Neurodevelopment pathways across Lancashire and South Cumbria	Sarah O'Brien	Vanessa Wilson	CYP	20 - C5 x L4, High	20 - C4 x L5, High	8 - C4 x L2, Medium
CB001	Learning Disability and Autism - inpatient services	Sarah O'Brien	Jane Brennan	Adult Health and Care	16 - C4 x L4, High	16 - C4 x L4, High	12 - C4 x L3, Medium
CB006	Medicines shortages impacting clinical time and financial balance	David Levy, Sarah O'Brien	Andrew White	Meds Optimisation	20 - C4 x L5, High	16 - C4 x L4, High	12 - C4 x L3 Medium
CB007	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	Primary Care - Dental	16 - C4 x L4, High	16 - C4 x L4, High	8 - C4 x L2, Medium
CB009	GP contract 2024/25 dispute - collective action	Craig Harris	Peter Tinson	Primary Care - Medical	16 - C4 x L4, High	16 - C4 x L4, High	8 - C4 x L2, Medium
CB010	Staff resource and capacity to effectively deliver quality oversight for Primary Care.	Sarah O'Brien	Kathryn Lord	Quality Assurance and Safety	16 - C4 x L4, High	16 - C4 x L4, High	8 - C4 x L2, Medium
CB011	Non compliance with National Patient Safety Alert: Valproate (NatPSA/2023/013/MHRA)	David Levy, Sarah O'Brien	Andrew White	Meds Optimisation	16 - C4 × L4, High	16 - C4 x L4, High	8 - C4 x L2, Medium
CB012	Clinical Commissioning Policy Backlog	Sarah O'Brien	Andrew White	Quality Assurance and Safety	16 - C4 × L4, High	16 - C4 x L4, High	8 - C4 x L2, Medium
CB013	Ability of the ICB to effectively identify and respond to quality concerns for Primary Care.	Sarah O'Brien	Kathryn Lord, Peter Tinson, Andrew White	Quality Assurance and Safety	16 - C4 x L4, High	16 - C4 x L4, High	8 - C4 x L2, Medium
CB-024	Maternity Services Risk - Lack of a secure shared data environment is preventing the establishment of dashboards and system wide BI reporting to statutory obligations	Sarah O'Brien	Vanessa Wilson	Maternity	20 - C4 x L5, High	16 - C4 x L4, High	8 - C4 x L2, Medium
CB-025	Failure to deliver the Women's Health Programme	Sarah O'Brien	Vanessa Wilson	Women's Health	25 - C5 x L5, Extreme	16 - C4 x L4, High	12 - C4 x L3 Medium
CB-028	Long Covid Services post 31 March 2025	Craig Harris	Peter Tinson	Community Commissioning	16 - C4 x L4, High	16 - C4 x L4, High	8 - C4 x L2, Medium
CB-030	Provision of Chronic Wound Care across Lancashire and South Cumbria	Craig Harris	Peter Tinson	Community Commissioning	16 - C4 × L4, High	16 - C4 x L4, High	8 - C4 x L2, Medium
CB002	Quality of Maternity and Neonatal Care	Sarah O'Brien	Vanessa Wilson	Maternity	15 - C5 x L3, High	15 - C5 x L3, High	10 - C5 x L2 Medium
CB-022	NWAS Mental Health patient safety risk from high volume of calls and a risk of harm if calls not managed in a timely manner.	Craig Harris	Fleur Carney	Mental Health	20 - C5 x L4, High	15 - C5 x L3, High	9 - C3 x L3, Medium
CB-027	Neurology service gaps across South Cumbria locality	Craig Harris	Jayne Mellor	Urgent, Emergency and Planned Care	25 - C5 x L5, Extreme	15 - C5 x L3, High	10 - C5 x L2 Medium