

Received at the Leeds Committee meeting held 5th July 2023
Appendix 3 to the Risk Management Report

Leeds Health and Care Partners - Top Risks – as at June 2023					
The ICB in Leeds	20 ↔	There is a risk of harm to patients in the Leeds system due to people spending too long in Emergency Departments (ED) due to high demand for ED, the numbers, acuity, and length of stay of inpatients and the time spent by people in hospital beds with no reason to reside, resulting in poor patient quality and experience, failed constitutional targets and reputational risk.	20 ↔	There is a risk that the financial position across the Leeds system will not achieve financial balance due to the combination of undelivered QIPP and cost pressures in 2023 – 24. This could result in the system not meeting the statutory duties.	
Leeds Teaching Hospital Trust	16	High occupancy levels and insufficient capacity and flow across the health and social care system causing impact on patient safety, outcomes, and experience There is a risk to maintaining sufficient capacity to meet the needs of patients attending hospital and being admitted for planned/elective care and unplanned (acute) care caused by demand being greater than the available hospital capacity. Efficiency of patient flow and placement due to high occupancy	20	Delivery of the financial plan and operational capital plan for 2023/24 There is a risk that the Trust does not achieve its planned control total and deliver the operational capital plan in 2023/24 due to a reduction in the capital allocation to address strategic capital risks across the ICB. This would have the following impact: Reducing the internal funding for the Trust's ambitious Five-Year Capital programme, including Building the Leeds Way. Cash shortfall and risk to supplier	16
					Workforce risk There is a risk in filling staff vacancies across all professional groups and support workers, caused by local and national shortages of qualified and unqualified staff, exacerbated by the coronavirus (COVID-19) pandemic, and internal financial controls impacting on decisions to recruit to vacant posts; resulting in a potential failure to provide safe care and treatment, protect staff from psychological and physical

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		across the health and care system impacts on patient safety, outcomes, and experience. There is also a risk to the delivery of constitutional standards, impacting on the Trust's delivery and efficiency ratings and reputation.		<p>payment.</p> <p>Potential non-compliance with regulatory requirements, including new medical devices regulation (Regulation EU 2017/45).</p> <p>Limiting the capital programme / not replacing equipment.</p> <p>Increased clinical risk due to inability to replace capital assets within agreed replacement schedules.</p> <p>Greater reliance on external sources of funding.</p> <p>Potential to contribute to the Integrated Care System not meeting its overall control total.</p> <p>Reputational damage, as the Trust fails to deliver on a key statutory duty (financial plan) and the Trust fails to invest in equipment, estate, and digital infrastructure to support service development.</p>		harm (burn-out), loss of stakeholder confidence and/or material breach of regulatory conditions of registration.
Leeds Community Healthcare Trust	12	1. As a result of an imbalance in capacity and demand there is a risk of reduced quality of patient care in Neighbourhood Teams. It is anticipated that this may have an impact on the responsiveness to referrals,	12	2. As a result of the increasing number of referrals in the ICAN service for complex communication assessments there is a risk of not meeting the current service level agreement [breaching 18-week wait time]	12	3. Due to an increase in referrals to the speech and language therapy service, there is a risk that the current staff capacity may not be able to meet the 18-week waiting time for routine referrals. As a

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		potential increase in patient safety incidents and complaints and a reduction in positive patient experience and staff morale and health and wellbeing. This risk is increased in circumstances where this situation continues where capacity and demand are mis-matched and adequate mitigations are not achievable.		resulting in financial penalties for the Trust and associated delays for children and families for assessment, identification of needs and intervention, resulting in family pressures and leading to complaints and reputational damage.		result, a patient's condition could deteriorate, and this may impact on hospital admissions and GP attendance. It could also impact on staff morale, potentially resulting in increased sickness and/or increased staff turnover.
	12	4. The number of children and young people taken into and remaining in care has increased with a greater complexity of issues, including those children who are placed beyond 20 miles of Leeds. Due to a lack of staff capacity within PHIN's SILC and the Specialist Children Looked After (CLA) Nursing team, there is a risk that staff will not be available to meet the health needs identified in health assessments, attend multi-agency childcare review meetings, or respond to requests for support from social care/foster carers. This could lead to a potential deterioration in the children's health, undiagnosed health	12	5. Risk of increased waiting times in CAMHS service following initial assessment (urgent, prioritised or consultation clinic), because of reduced capacity, prioritisation of urgent work. The impact could be a delay in treatment for patients, which could lead to worsening symptoms or a continuation of treatable symptoms.		

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		problems and potential long term health issues. Service level agreements and National guidance may not be met, and the Trust reputation could be damaged.				
Leeds and York Partnership Foundation Trust		System flow and Out of Area Placements There is a risk to the quality of care of our service users as a result of ineffective patient flow within the system with an increasing use of Out of Area Placements, compounded by a lack of recurrent funding and a resulting financial cost to the system.		Community Mental Health Services redesign The Community Mental Health redesign and recovery plan will result in the need to do things differently across the city, and impact on the way partners provide their services. If this is not sufficiently addressed there is a risk to the overall quality of patient care and experience.		Neurodiversity Waiting lists There is a risk of harm to service users in Leeds due to the length of the waiting list for Neurodiverse Services impacted by the lack of sufficient funding to meet the increasing demand for these services.
Leeds GP Confederation	12	Strategic: There is a risk that both main aspects of the Confederation's purpose are compromised due to strategic decisions that are out with of our control. Voice & representation; if the funding for this is reduced or lost. Combined with PCNs taking Enhanced Access 'in-house' the combined affect will be a much-compromised Confederation infrastructure with limited ability to deliver purpose.	12	Financial: Currently forecasting a deficit for 2024/25. Aiming to increase income through winning tenders but there is a risk that these contracts do not yield the level of income required. Thus, a requirement to review expenditure which in turn may compromise purpose.		
Voluntary,		Currently unavailable.		Currently unavailable.		Currently unavailable.

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Community and Social Enterprise						
Leeds City Council	New	<p>Increased demand and complexity Increasing demand for services (health, care, children's, welfare and street support) coupled/reflected with increased complexity of the services required, resulting in significant, additional resource pressures (both in the short and longer terms). Example: school attendance levels being below pre-pandemic reflects a range of needs that will impact on service demand short term to address and potentially longer term if engagement in learning is lost. Pressure on families, on parents and on carers (both in Children and Families and Adults and Health Directorates) with wider pressure on family and community resilience.</p> <p>Sources: Increasing demand/requests for services. Slower progress in recovering to pre-pandemic performance levels.</p>	↔	<p>Financial pressures Ongoing impact of financial pressures on the local authority services leading to problems satisfying competing priorities and/or reduced levels of service delivery. The same amount of money buys fewer services now.</p> <p>Sources: Inflation and significant increases in the prices that local authorities pay for health and social care services. Ongoing impact of over a decade of public sector austerity measures.</p>	↔	<p>Recruitment and retention, workforce pressures and market sustainability Worsening workforce pressures and market sustainability position. Problems in both Adults and Health and Children and Families directorates in recruiting and retaining care staff (in particular: social workers, professionals, educational psychologists, schools) leading to increased resource pressures and adverse impact on our ability to deliver a wider range of services. Risk that the workforce capacity gap could worsen.</p> <p>Sources: High vacancy factors that are proving difficult to fill. Market sustainability and competition in the labour market (internal and external to the sector). Underinvestment in the labour</p>

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						market. Staff leaving the sector(s) for better paid and less stressful jobs in other industries. Long term problems from the pandemic and Brexit.
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