

Public Trust Board 26 March 2024

Organisational Risk Register

Purpose of the report

The Organisational Risk Register (ORR) contains strategic risks that may prevent us from achieving our objectives. It is presented as part of a continuing risk review process.

Analysis of the issue

There are currently 20 risks on the ORR, of which 8 have a high current risk score. The high-risk profile by strategic objective for the Trust includes the following areas;

High Standards (3)



- Access and use of Technology (risk 83)
- Medical capacity in CMHT (risk 86)
- Vacancy rate (risk 94)

Environment (1)



- Cleaning Standards (risk 89)

Well Governed (1)



- Cyber threat (risk 79)

Equality, Leadership and Culture (1)



- Recruitment pipeline (risk 95)

Access to Services (2)



- Waiting lists (risk 75)
- Access to Neurodevelopmental Assessment and Follow Up (risk 91)

No new risks have been identified for inclusion onto the ORR and there are no significant changes to the risks this month.

Risks from the ORR will be closed where appropriate or mapped to either the Board Assurance Framework, the Corporate Risk Register, or the Directorate Risk Registers from the 1 April 2024. Each of the ORR risks is detailed in the section below, which includes the proposed treatment from 1 April 2024.

ORR March 2024

High Standards

ORR59. Lack of staff capacity in causing delays in the incident management process, including the review and closure of a backlog of reported incidents, the investigation and report writing of SIs and the closure of resulting actions. This will result in delays in learning and could lead to poor quality care and patient harm as well as reputational damage. **Risk score 12**

The Trust continues to work towards the Patient Safety Incident Response Framework (PSIRF). Directorates continue to work towards meeting SI reporting and action plan closure timescales as part of everyday business; any associated risk is overseen at Directorate level and concerns can be escalated via the Accountability Framework Meetings. Performance is overseen at the Patient Safety Improvement Group. This ORR risk will be closed at 31 March 2024 and managed on the Ulysses Directorate Risk Register, where risks for each directorate are already in place (CHS risk 5625, FYPCLDA risk 4942, DMH risk 4943 and Patient Safety risk 4620).

ORR61. A lack of staff with appropriate skills will not be able to safely meet patient care needs, which may lead to poor patient outcomes and experience. **Risk score 8**

This remains on the agenda for the Strategic Workforce Group, and compliance with training is monitored at the Accountability Framework Meeting. This risk will be closed, however should new risk emerge this can be escalated for inclusion onto the Corporate Risk Register. Work continues to introduce a data set forecasting compliance for priority areas.

ORR83. Inadequate access to and adoption of new technology hinders staff ability to maximise the advantages of the technology which impacts on the delivery of patient care. **Risk score 16**

The mitigating action for this risk has oversight at the Executive Management Board. As such, this risk will be transferred onto the Corporate Risk Register for ongoing management.

ORR86. A lack of capacity within the workforce model and a high vacancy rate is reducing our ability to assess and follow up patients in community mental health services in a timely way, impacting on the safety of care and the mental wellbeing for our patients. **Risk score 20**

This links to ORR94 regarding the high vacancy rate which remains to be a high-risk area for the Trust and includes key strategic workstreams relating to the delivery of our financial plan and medical workforce plan. Elements of this risk relating to clinical outcomes, our workforce resource strategies and our financial position will be captured on the Board Assurance Framework. The oversight of our agency usage will be monitored via the Corporate Risk Register.

ORR88. Risk of closed cultures within services that may lead to poor patient, staff and family experience and organisational and reputational risk. **Risk score 12**

This risk is linked to ORR73, ensuring we have an inclusive culture. Horizon scanning and risk profiling for the Trust has identified leadership and culture as a key area of potential risk and as such will be included on the Board Assurance Framework for 2024/25. The workstreams being delivered which underpin this area of risk will continue and include the ongoing delivery of recommendations from the quality and safety review, and training and development around the identification and management of closed cultures.

ORR94. A high vacancy rate for registered nurses, AHPs, HCSWs and medical staff, is leading to high temporary staff usage, which may impact on the quality of patient outcomes, safety, quality and delivery of our financial targets for this year. **Risk score 20**

The remains to be a high-risk area for the Trust and includes key strategic workstreams relating to the delivery of our financial plan, workforce and agency reduction plan, the linked medical workforce plan and our quality and safety programmes. These programmes will continue to be delivered during 2024/25.

Elements of this risk relating to clinical outcomes, our workforce resource strategies and our financial position will be captured on the Board Assurance Framework. The oversight of our agency usage will be monitored via the Corporate Risk Register.

Transformation

ORR64. If we do not retain existing and/or develop new business opportunities, we will have less financial sustainability and infrastructure resulting in a loss of income and influence within the LLR system. **Risk score 9**

Financial sustainability remains a priority for the Trust and will be captured on the Board Assurance Framework, along with a risk around the need for us to work with our partners and communities to deliver the right services. The risk as worded above will be closed as this will be superseded by the new risks articulated on the BAF. The ongoing areas of work which include our collaboration arrangements and sustainability of services will continue as part of our business as usual.

Equality, Leadership and Culture

ORR73. If we don't create an inclusive culture, it will affect staff and patient experience, which may lead to poorer quality and safety outcomes. **Risk score 9**

Horizon scanning and risk profiling for the Trust has identified leadership and culture as a key area of potential risk and as such will be included on the Board Assurance Framework for 2024/25. The workstreams being delivered which underpin this area of risk will continue and include our Group priority around Together Against Racism, and our commitment for zero tolerance toward racism.

ORR74. The impact of additional pressures on service delivery may compromise the health and wellbeing of our staff, leading to increased sickness levels. **Risk score 9**

Health and wellbeing of staff remains high on our agenda at the Strategic Workforce Group and will be subject to an internal audit by 360 Assurance during 2024/25. This risk will be closed and oversight of health and wellbeing will remain, with the opportunity for raising any new risk through the Executive Management Board for the Corporate Risk Register during the year should any specific concerns arise.

ORR95. The backlog in the recruitment pipeline could lead to delays in onboarding new staff, or the withdrawing of candidates during the recruitment process **Risk score 20**

The Trust continue to manage this risk via a regular gold call and is currently procuring a new recruitment system. This is monitored at the Strategic Workforce Group, and the risk around the backlog in the recruitment pipeline will be transferred to the Corporate Risk Register for oversight at the Executive Management Board.

Well Governed

ORR68. A lack of accessibility and reliability of data reporting and analysis will impact on the Trust's ability to use information for decision making, which may impact on the quality of care provided. **Risk score 12**

Delivery of accessible and reliable data remains a priority for the Trust and as such this risk will be transferred to the Corporate Risk Register for oversight at the Executive Management Board; this will include oversight of key workstreams underway to mitigate the risk such as the SNOMED programme and delivery of phase two of the data quality improvement plan. Performance reporting has been aligned to the Accountability Framework which feeds into the Executive Management Board and is subject to ongoing review and improvement.

ORR93. To ensure that LPT is able to provide core services in the event of any incident **Risk score 9**

Work is ongoing to ensure the strength of our approach to providing an emergency preparedness, resilience, and response framework within the Trust. Under the risk assessment and profiling for 2024/25 this remains a significant risk area for the Trust and will be included on the Board Assurance Framework.

Reaching Out

ORR72. If we do not have the capacity and commitment to proactively reach out, we will not fully address health inequalities which will impact on outcomes within our community. **Risk score 12**

Contributing to the reduction in health inequalities is an important strategic priority for the Trust and as such, this will be captured in the Board Assurance Framework. This risk, as worded above will be closed. There are no outstanding actions now that presentations on inequalities data reporting and analysis have been delivered across the Trust. New mitigating actions will be identified on the BAF.

Environments

ORR67. The Trust does not have identified resource for the green agenda, leading to non-compliance with the NHS commitment to NHS Carbon Zero. **Risk score 12**

The Trust has developed a green plan and progress with this is monitored by the estates team via the Estates and Medical Equipment Committee. This risk will be de-escalated to the Directorate Risk Register for ongoing oversight. The NHS Carbon Zero target remains to be a risk area for the Trust, and assurance will be provided to the Finance and Performance Committee to enable any alerts and concerns to be captured and reported to the Board during the year. More broadly, the provision of sustainable services will be captured in the Board Assurance Framework.

ORR89. Following the transfer of soft FM service, there are potential gaps in the sustainability of compliance with national cleaning standards and waste regulation which may impact on healthcare acquired infections and patient outcomes. **Risk score 16**

This risk is monitored closely from an IPC perspective and within the estates team which is continuing to recruit into vacant posts to ensure that this risk is mitigated as far as possible within our risk appetite. This risk will be de-escalated to the Directorate Risk Register for ongoing oversight. Cleaning standards are monitored by the IPC team and any future escalation of risk around this will be via the Executive Management Board.

ORR79. The Cyber threat landscape is currently considered significant due to the geopolitical conflicts, high prevalence of cyber-attack vectors, increase in published vulnerabilities, etc which could lead to a significant impact on IT systems that support patient services and potential data breaches. **Risk score 16**

Under the risk assessment and profiling for 2024/25, organisational resilience is a significant risk area for the Trust and will be included on the Board Assurance Framework . The Trust Board received cyber training in February 2024 and work continues to strengthen controls across the organisation, including business continuity plans.

ORR90. Inadequate control, reporting and management of the Trust’s 2023/24 financial position could mean we are unable to deliver our financial plan and adequately contribute to the LLR system plan, resulting in a breach of LPT’s statutory duties and financial strategy (including LLR strategy). **Risk score 12**

The Trust’s financial position remains a significant area of risk for the Trust and the LLR system and as such, this risk will be included on the Board Assurance Framework. Work continues to contribute to LLR ICB capital and financial strategy development and this will be reflected on the BAF. We are also developing a medium term recovery plan using a value in healthcare approach.

Access to Services

ORR75. Increasing numbers of patients on waiting lists and increasing lengths of delay in accessing services will mean that patients may not be able to access the right care at the right time and may lead to poor experience and harm. **Risk score 16**

The risk of people waiting to access our services will be held on the Corporate Risk Register and oversight of performance around waiting times will be undertaken by the Accountability Framework Meeting, which feeds into the Executive Management Board and key Level 1 Committees. There are several key workstreams in place to mitigate the impact of this risk and to keep people safe, this includes the medical and nursing workforce plans, delivery of priority service plans and the ongoing work to identify innovative ways of working. More broadly, the strategic ambition to deliver timely access to services will be captured on the Board Assurance Framework.

ORR91. There is a risk that CYP and adults within LLR do not receive timely diagnosis and treatment for neurodevelopmental conditions, specifically autism and ASD. Delays result in failure to meet statutory obligations for SEND, as well as adverse psycho-social outcomes for people, including an increase in morbidity and mortality as well as an increased financial cost to the health, education, social care and criminal justice systems’ **Risk score 20**

Performance trajectories are monitored at the Accountability Framework Meeting as part of business-as-usual performance review and management and this risk will be held on the Corporate Risk Register. This risk has been escalated at a system level and the impact of this risk on our population remains high.

ORR92. Increasing demand and insufficient staffing is resulting in long wait times for the 5-19 service, which may cause harm to our patients and may prevent us from meeting our statutory responsibilities. **Risk score 12**

The service is continuing to recruit to key clinical posts to support the mobilisation of an enhanced Looked After Children service (5-18yrs). Work is ongoing to review support for unaccompanied asylum seekers across our healthcare system. This risk will be held on Ulysses within the Directorate

of FYPCLDA and will be monitored and reported via the AFM. Any future escalation of this risk will be made to the Executive Management Board for inclusion on the Corporate Risk Register where risk relating to timely access is overseen. This is on the Directorate risk register (number)

Proposal





- Ongoing risk discussions and review of our risk profile.
- Closure of the ORR and introduction of the Board Assurance Framework and Corporate Risk Register from 1 April 2024.

Decision required

Trust board is assured by the risk management process and that board remains sighted on key strategic risks relevant to the Trust.

Appendix A

Mapping of key strategic areas to the new Board Assurance Framework 1 April 2024

SUTG Strategy	Board Assurance Framework – Risk Priorities
<p>Great Outcomes</p> 	<p>Providing timely access to high quality safe care for the for the best clinical outcomes.</p> <p>Driving quality improvement through evidence-based care, research and innovation.</p>
<p>Great Care</p> 	<p>Delivery within available financial resources</p> <p>Providing the right environment for delivering the best care</p> <p>Maintaining organisational resilience</p>
<p>Great Place to Work</p> 	<p>Utilising workforce resourcing strategies</p> <p>Leading with compassion and promoting an inclusive culture</p>
<p>Part of the Community</p> 	<p>Working with our partners and communities to deliver place-based services</p> <p>Delivering equitable co-produced services to reduce health inequalities and be a learning organisation.</p>

Governance Table

For Board and Board Committees:	Trust Board 26 March 2024	
Paper sponsored by:	Kate Dyer, Acting Director of Corporate Governance	
Paper authored by:	Kate Dyer, Acting Director of Corporate Governance	
Date submitted:	15 March 2024	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	None	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:		
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Regular	
STEP up to GREAT strategic alignment*:	High Standards	Yes
	Transformation	Yes
	Environments	Yes
	Patient Involvement	Yes
	Well Governed	Yes
	Reaching Out	Yes
	Equality, Leadership, Culture	Yes
	Access to Services	Yes
	Trust wide Quality Improvement	Yes
	All	Yes
Organisational Risk Register considerations:	All	
Is the decision required consistent with LPT's risk appetite:	Yes	
False and misleading information (FOMI) considerations:	None	
Positive confirmation that the content does not risk the safety of patients or the public	Confirmed	
Equality considerations:	None	