

Trust Board – 27 October 2020

Organisational Risk Register

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.

Purpose of the report

This report provides assurance that risk is being managed effectively

Analysis of the issue

Overall, there are 32 risks on the ORR including one draft for approval.

October 2020 review

The following risk is presented in draft for approval;

Risk 51 If staff are not vaccinated for flu they pose a risk to the health and wellbeing of themselves, colleagues, patients and the wider community. This would adversely impact on Public Health, potentially leading to increased hospitalisation, increased staff sickness levels and a risk to those who are vulnerable and shielding.

The following risks have a change in risk scoring;

Risk 9 Inability to maintain the level of cleanliness required within the Hygiene Standards

The current and residual risk scores have reduced from 12 to 8. This is in line with the risk appetite and reflects our positive cleaning audit compliance scores. This risk will be reviewed in November with a view to de-escalating or closing.

Risk 35 The quality and availability of data reporting is not sufficiently mature to inform quality decision making

The current score has reduced from 16 to 12 in light of the mitigating action undertaken and additional assurance received, for instance the output of the single EPR data validation exercise.

Analysis

There are 14 risks with a high current score. Of these, the highest at 20 is the draft risk 51 regarding flu vaccination.

There are currently eight covid-specific risks. Risk 40 remains the overarching covid related risk 'The ability of the Trust to deliver high quality care may be affected during a Coronavirus COVID-19 pandemic'. This has been updated to reflect the current position (as at 19 October 2020). As the risk profile changes during the progression of the pandemic, many of the original mitigating actions on the suite of covid risks have been replaced by actions which underpin our business as usual. These

risks will be reviewed in detail in November 2020 with a view to re-evaluating any risk scoring and potentially de-escalating or closing.

There are three risks where the residual risk score is higher than the target score (risks 6, 16, 25) further mitigating actions will be identified during November 2020.

There are 13 risks where the current risk score is lower than the initial score given to the risk at the time it was included on the ORR (an increase of 2 from last month).

There are six risks which have had the same high current risk score for a year (since October 2019). A full briefing on each of these will be presented to the relevant QAC/FPC Committees in November 2020. These include risks 1, 6, 8, 10, 26, 28.

Summary list of risks and scores October 2020

No.	Title	SU2G	Initial risk	Current risk	Residual Risk	Target (Appetite)
1	The Trust's clinical systems and processes may not consistently deliver harm free care.	High Standards	16	16	8	8
2	The Trust's safeguarding systems do not fully safeguard patients and support frontline staff and services.	High Standards	12	12	8	8
3	The Trust does not learn from incidents and events and does not effectively share that learning across the whole organisation.	High Standards	15	12	8	8
4	Services are unable to meet safe staffing requirements	High Standards	12	12	8	8
5	Capacity and capability to deliver regulator standards	High Standards	12	12	8	8
6	The step up to great mental health strategy does not deliver improved mental health services that meet quality, safety and contractual requirements and are sustainable.	Transformation	16	16	12	8
8	The transformation plan does not deliver improved outcomes for people with LD and/or autism.	Transformation	16	16	12	12
9	Inability to maintain the level of cleanliness required within the Hygiene Standards	Environment	12	8	8	8
10	Failure to implement planned and reactive maintenance of the estate leading to an unacceptable environment for patients to be treated in	Environment	16	16	12	12
11	The current estate configuration does not allow for the delivery of high quality healthcare	Environment	20	16	12	12
12	Service users, carers and families do not have a positive experience	Patient Involvement	12	6	6	6

	of care, do not feel able to participate effectively and share their experiences.					
16	The Leicester/Leicestershire / Rutland system is unable to work together to deliver an ICS	Well Governed	16	12	6	4
20	Performance management framework is not fit for purpose	Well Governed	20	8	4	4
23	Failure to deliver the EPR system and demonstrate the benefits of the system	Single Patient Record	16	8	4	4
24	Failure to deliver workforce equality, diversity and inclusion	Equality, Leadership, Culture	12	12	9	9
25	Staff do not fully engage and embrace the Trusts culture and collective leadership	Equality, Leadership and Culture	16	8	8	6
26	Insufficient staffing levels to meet capacity and demand and provide quality services	Equality, Leadership and Culture	16	16	12	12
27	The health and well-being of our staff is not maintained and improved	Equality, Leadership and Culture	9	9	6	6
28	Delayed access to assessment and treatment impacts on patient safety and outcomes	Access to Services	16	16	12	12
33	Insufficient executive capacity (including Shared Chief Executive role) to cover demand and impacts on LPT ability to achieve its strategic aims	Well Governed	16	12	8	8
35	The quality and availability of data reporting is not sufficiently mature to inform quality decision making	Well Governed	16	12	12	12
40	The ability of the Trust to deliver high quality care may be affected during a Coronavirus COVID-19 pandemic	High Standards	20	15	10	10
41	The Trust may not appropriately manage the health and well-being of our BAME staff, and staff with key protected characteristics given the disproportionate impact of COVID-19	High Standards, Equality, Leadership and Culture	15	15	10	10
42	The Trust may not appropriately manage its patients with LD and Autism given the known disproportionate adverse impact of COVID-19 on this patient group	High Standards	12	12	8	8
43	The Trust response to COVID-19 may negatively impact on the safety and well-being of vulnerable patients detained under the Mental Health Act.	High Standards	15	15	10	10

44	A post COVID-19 surge in referrals would have a detrimental impact on waiting times and patient harm if the Trust is unable to increase capacity	Access to Services, High Standards	16	16	12	12
45	A post COVID-19 surge in legal challenge would have a detrimental impact on our reputation and financial position.	Well Governed	9	9	6	6
46	We are unable to restore or recover our services, impacting on our ability to deliver against national requirements and commissioned activity.	Well Governed	16	12	12	12
47	We are unable to provide a COVID-19 safe environment for our staff and patients	Well Governed, High Standards	15	15	10	10
48	We are unable to contain expenditure, or to recover income in line with the limits imposed by NHSEI under the COVID financial regime.	Well Governed	15	15	10	10
50	The Long Term Plan/Ageing Well Urgent Community Response national targets may not be met, leading to a delay in the timely assessment of patients and reputational impact.	Transformation	16	9	6	6
51	<i>If staff are not vaccinated for flu they pose a risk to the health and wellbeing of themselves, colleagues, patients and the wider community. This would adversely impact on Public Health, potentially leading to increased hospitalisation, increased staff sickness levels and a risk to those who are vulnerable and shielding.</i>	<i>Well Governed, High Standards</i>	20	20	10	10

Proposal

- On-going business rhythm of ORR maintenance and oversight.
- To continue to roll out the ORR to level 2 Committees to strengthen the management of ORR risk and provide further assurance to the level 1 Committees.
- To continue to horizon scan and consider the inclusion of a new risk around nurse staffing.

Decision required

- To approve risk 51
- To confirm a level of assurance over the management of strategic risk on the ORR.

Governance table

For Board and Board Committees:	Trust Board	
Paper sponsored by:	Chris Oakes, Director of Governance and Risk	
Paper authored by:	Kate Dyer, Head of Governance and Interim Trust Secretary	
Date submitted:	19 October 2020	
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):	Regular ORR reports to level 1 Committees and the Trust Board. This October 2020 version has not been to any other forum.	
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	Each meeting	
STEP up to GREAT strategic alignment*:	High Standards	Yes
	Transformation	Yes
	Environments	Yes
	Patient Involvement	Yes
	Well Governed	Yes
	Single Patient Record	Yes
	Equality, Leadership, Culture	Yes
	Access to Services	Yes
	Trust wide Quality Improvement	Yes
Organisational Risk Register considerations:	List risk number and title of risk	Yes
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	