

Public Trust Board – 2 March 2021

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 30 risks on the ORR.

February 2021 Review

This month two risks are recommended for de-escalation, one draft risk is presented for inclusion, and eight risks have had a change in current risk score.

De-escalations

Risk 47 We are unable to provide a COVID-19 safe environment for our staff and patients.

All identified gaps in controls and assurances have been addressed and a full risk assessment of communal areas has been undertaken. Any ongoing work around outbreak management is captured within risk 40, and any ongoing IPC/cleaning elements are captured within risk 9. This risk has been reviewed in full by the Covid Executive Group in February 2021 and is recommended for de-escalation.

Risk 53 LPT's contribution to the system wide covid vaccination programme for staff and patients may not meet delivery requirements, which could delay immunity for the LLR system and impact on the health of our population, capacity of our workforce and demand on services.

This risk has been reviewed in full at the February 2021 Covid Executive Group and following the establishment of the covid vaccination centres and rate of vaccination within LLR, this risk is recommended for de-escalation.

Inclusions

Risk 54 We are unable to deliver the LPT 2021/22 financial plan, LPT operational plans or LLR system plans.

The Trust Board is asked to approve the inclusion of this new risk.

Changes

This month, eight risks have revised current risk scores, of these six have reduced and two have increased:

Risk 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.

The current score has reduced from 12 to 8; this is now in line with residual and appetite scores. There is one action remaining around the conclusion of the consultation process. This risk will be re-evaluated in May 2021 with a view to closure.

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

 The current score has increased from 8 to 12 to reflect the covid outbreaks and reduction in oversight of performance reporting.
- Risk 35 The quality and availability of data reporting is not sufficiently mature to inform quality decision making.
 - The current score has increased from 12 to 16 to reflect the current data quality issues resulting from the Systmone data migration. The mitigations have been identified and further work will be undertaken to determine timescales and to report on progress.
- Risk 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.
 - The current score has reduced from 15 to 10. This reflects the completion of mitigating actions and additions to controls. There is one action remaining to confirm that ongoing monitoring of vaccine hesitancy and vaccination rates within our bame population are being monitored by the ICC. This will be discussed, with a view to de-escalating this risk if appropriate at the Covid Executive Group in March 2021. An update will be presented to the QAC on 23 March 2021.
- Risk 48 We are unable to contain 2020/21 expenditure, or to recover income in line with the limits imposed by NHSEI under the Phase 3 financial regime.
 - As a result of the mitigations put in place, the current risk score has reduced from 15 to 10; this is now in line with residual and appetite scores. This risk will be evaluated in March 2021 at financial year end and closed where appropriate.
- 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.
 - In light of the delivery of the flu vaccination programme and the current threat of flu on staffing, the current risk score has reduced from 20 to 10; this is now in line with residual and appetite scores. This risk will be evaluated in March 2021 with a view to de-escalating and managing until such time that it may need to be re-escalated.
- Risk 52 Without sufficient student placement capacity, the health and social care system will have a shortfall in the availability of a qualified workforce.
 - On further review, the risk score has reduced from 20 to 15 to reflect current risk levels. A number of actions are being undertaken to mitigate to a score of 10.
- Risk 53 LPT's contribution to the system wide covid vaccination programme for staff and patients may not meet delivery requirements, which could delay immunity for the LLR system and impact on the health of our population, capacity of our workforce and demand on services.
 - Recommended for de-escalation as detailed above.

In addition to the changes above,

Risk 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.

The mitigating actions have been completed however the scores remain unchanged until further review by the Covid Executive Group in March 2021 with a view to closing or deescalating where appropriate. An update will be presented to the Strategic Executive Board on 15 March 2021.

Analysis

There are 14 risks with a high current score.

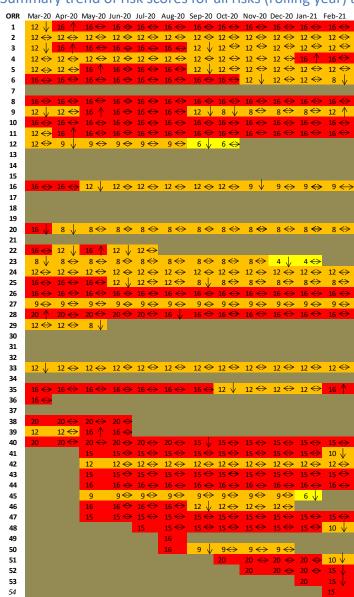
There are currently seven covid-specific risks; two of which are recommended for de-escalation this month and a further two due for full review in March 2021 with a view to de-escalating or closing where appropriate. Risk 40 remains the overarching covid related risk 'The ability of the Trust to deliver high quality care may be affected during a Coronavirus COVID-19 pandemic'. This is updated weekly; the version included within this report is at 19 February 2021.

Summary list of risks and scores February 2021

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	16	12	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	8	8	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	12	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
16	The Leicester/Leicestershire / Rutland system is unable to work together to deliver an ICS	Well Governed	16	9	6	3
20	Performance management framework is not fit for purpose	Well Governed	20	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	4
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	16	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	10	10	10
42	The Trust may not appropriately manage its patients with LD and Autism given the known disproportionate adverse impact of COVID-	High Standards	12	12	8	8

	19 on this patient group					
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
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	10	10	10
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.	Well Governed, High Standards	20	10	10	10
52	Without sufficient student placement capacity, the health and social care system will have a shortfall in the availability of a qualified workforce	High Standards, Equality, Leadership and Culture	20	15	10	10
53	LPT's contribution to the system wide covid vaccination programme for staff and patients may not meet delivery requirements, which could delay immunity for the LLR system and impact on the health of our population, capacity of our workforce and demand on services.	High Standards, Equality, Leadership and Culture	20	15	10	10
54	We are unable to deliver the LPT 2021/22 financial plan, LPT operational plans or LLR system plans.	Well Governed	15		10	10

Summary trend of risk scores for all risks (rolling year) as at February 2021



Proposal

- On-going business rhythm of monthly ORR review and maintenance
- To continue to horizon scan

Decision required

- Approve the de-escalation of Risks 47 and 53
- Approve the inclusion of Risk 54
- To confirm a level of assurance over the management of strategic risk on the ORR.

Governance table

For Board and Board Committees:	Public 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 February 2021				
State which Board Committee or other forum within the	Regular ORR reports to level 1 Committees				
Trust's governance structure, if any, have previously	and the Trust Board. This February 2021				
considered the report/this issue and the date of the relevant meeting(s):	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	Each meeting				
update report will be provided for the purposes of					
corporate Agenda planning					
STEP up to GREAT strategic alignment*:	High S tandards	Yes			
	Transformation	Yes			
	Environments	Yes			
	Patient Involvement	Yes			
	Well G overned	Yes			
	Single Patient R ecord	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	Confirmed				
safety of patients or the public					
Equality considerations:	None				