

Public Trust Board – 31 August 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 22 risks on the ORR, of which, one is presented for closure;

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 actions to mitigate this risk have been completed and the consultation period for Step up to Great Mental Health is drawing to a close. The delivery of this strategy will be subject to on-going review and any new risk identified will be considered for escalation onto the ORR.

On-going risk review

- Risk discussions in September 2021 will take account of the delivery of work programmes within the Mental Health Investment Standard, this has been tabled for the September 2021 Transformation Committee.
- The current risk score for **Risk 8** 'the transformation plan does not deliver improved outcomes for people with LD and/or autism' remains at 12, which is in line with risk appetite. A full risk review will be undertaken to determine the appropriateness of closure or de-escalation following completion of the mobilisation of additional leadership resource for ASD admission avoidance and discharge work.
- The lack of clarity over the arrangements for managing risk regarding Facilities Management until the transfer has been completed is captured in ORR **Risk 10** 'the Trust does not implement planned and reactive maintenance of the estate leading to an unacceptable environment for patients to be treated in'. This will be subject to further review in September 2021 with a view to potential inclusion as a separate risk on the ORR.
- A review of risk relating to the significant increase in demand for Children and Young Peoples Eating Disorder Services has taken place with the Director of FYPC and LD Services. Operationally, risk will continue to be overseen by the Directorate (risk 4677) and particular reference to the demand on this service has been made within the controls and assurances on the existing ORR **Risk 28** 'delayed access to assessment and treatment impacts on patient safety and outcomes'.
- **Risk 40** 'the ability of the Trust to deliver high quality care may be affected during a Coronavirus COVID-19 pandemic' is being maintained at a current risk score of 10. Whilst this is in line with the residual and target score, the risk remains on the ORR due to fluctuations in severity of the covid-19 pandemic. Over recent weeks we have seen a small but significant local response to an increase in community transmission rates of covid-19 which are tracking above the national average. We

continue to monitor the impact of these changes and update risk 40 accordingly with any new actions required to keep the mitigation of this risk in line with our appetite.

- The current score for **Risk 52** ‘without sufficient student placement capacity, the health and social care system will have a shortfall in the availability of a qualified workforce’ has reduced this month from 12 to 8 to reflect the progress made with mitigating action. There are blended placement offers now available including pathway placement supervisors, and the development programme is re-starting.

Summary list of risks and scores August 2021

There are seven risks with a high current score, this is a reduction from the 10 reported in June 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 | 12 | 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 | <i>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.</i> | <i>Transformation</i> | 16 | 8 | 8 | 8 |
| 8 | The transformation plan does not deliver improved outcomes for people with LD and/or autism. | Transformation | 16 | 12 | 8 | 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 | 12 | 8 | 8 |
| 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 | 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 | 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 | 8 | 8 | 8 |
| 54 | We are unable to deliver the LPT 2021/22 financial plan, LPT operational plans or LLR system plans. | Well Governed | 15 | 15 | 10 | 6 |
| 55 | The Leicester/Leicestershire / Rutland system does not deliver the transformation needed to deliver a successful ICS | Well Governed | 8 | 8 | 6 | 6 |
| 56 | Delivery of service recovery and workforce restoration will not safeguard the health and wellbeing of our staff and service users | High Standards | 15 | 15 | 10 | 10 |

Summary trend of risk scores for all live risks (rolling year) as at 14 August 2021

| ORR | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 |
|-----|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1 | 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 12 ↓ 12 ↔ | | | | | | | | | | | |
| 2 | 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ | | | | | | | | | | | |
| 3 | 12 ↓ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ | | | | | | | | | | | |
| 4 | 12 ↔ 12 ↔ 12 ↔ 12 ↔ 16 ↑ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ | | | | | | | | | | | |
| 5 | 12 ↓ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ | | | | | | | | | | | |
| 6 | 16 ↔ 16 ↔ 12 ↓ 12 ↔ 12 ↔ 8 ↓ 8 ↔ 8 ↔ 8 ↔ 8 ↔ 8 ↔ 8 ↔ | | | | | | | | | | | |
| 8 | 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 12 ↓ 12 ↔ | | | | | | | | | | | |
| 9 | 12 ↓ 8 ↓ 8 ↔ 8 ↔ 8 ↔ 12 ↑ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ | | | | | | | | | | | |
| 10 | 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ | | | | | | | | | | | |
| 11 | 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 12 ↓ 12 ↔ 12 ↔ 12 ↔ | | | | | | | | | | | |
| 20 | 8 ↔ 8 ↔ 8 ↔ 8 ↔ 8 ↔ 8 ↔ 8 ↔ 8 ↔ 8 ↔ 8 ↔ 8 ↔ 8 ↔ | | | | | | | | | | | |
| 24 | 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ 12 ↔ | | | | | | | | | | | |
| 25 | 8 ↓ 8 ↔ 8 ↔ 8 ↔ 8 ↔ 8 ↔ 8 ↔ 8 ↔ 8 ↔ 8 ↔ 8 ↔ 8 ↔ | | | | | | | | | | | |
| 26 | 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ | | | | | | | | | | | |
| 27 | 9 ↔ 9 ↔ 9 ↔ 9 ↔ 9 ↔ 9 ↔ 9 ↔ 9 ↔ 9 ↔ 9 ↔ 9 ↔ 9 ↔ | | | | | | | | | | | |
| 28 | 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ | | | | | | | | | | | |
| 35 | 16 ↔ 12 ↓ 12 ↔ 12 ↔ 12 ↔ 16 ↑ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ 16 ↔ | | | | | | | | | | | |
| 40 | 15 ↓ 15 ↔ 15 ↔ 15 ↔ 15 ↔ 15 ↔ 15 ↔ 15 ↔ 10 ↓ 10 ↔ 10 ↔ 10 ↔ | | | | | | | | | | | |
| 52 | 20 20 20 20 15 ↓ 15 ↔ 15 ↔ 15 ↔ 15 ↔ 12 ↓ 8 ↓ | | | | | | | | | | | |
| 54 | 15 15 ↔ 15 ↔ 15 ↔ 15 ↔ 15 ↔ 15 ↔ 15 ↔ | | | | | | | | | | | |
| 55 | 8 8 ↔ 8 ↔ 8 ↔ 8 ↔ 8 ↔ | | | | | | | | | | | |
| 56 | 15 15 ↔ 15 ↔ 15 ↔ | | | | | | | | | | | |

Proposal

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

Decision required

- To approve the closure of Risk 6.
- To confirm a level of assurance over the management of strategic risk on the ORR.

Governance table

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| For Board and Board Committees: | Trust Board 31 August 2021 | |
| Paper sponsored by: | Chris Oakes, Director of Governance and Risk | |
| Paper authored by: | Kate Dyer, Deputy Director of Governance and Risk | |
| Date submitted: | 14 August 2021 | |
| 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 June 2021 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 | |

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|---|-----------|
| 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 |