



PUBLIC BOARD
Corporate Risk Register

30 May 2024

Presented for:	Assurance
Presented by:	Professor Phil Wood, Chief Executive Magnus Harrison, Chief Medical Officer Simon Worthington, Director of Finance Rabina Tindale, Chief Nurse Jenny Lewis, Director of Human Resources and Organisational Development Paul Jones - Chief Digital and Information Officer Clare Smith - Chief Operating Officer Craig Richardson - Director of Estates and Facilities
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Previous Committees	Risk Management Committee 4 April 2024 and 2 May 2024

Our Annual Commitments for 2024/25 are:	
Reduce wait for patients	✓
Reduce Healthcare Acquired Infections by 15%	✓
Reduce our carbon footprint through greener care	✓
Use our existing digital systems to their full potential	✓
Strengthen participation and growth in research and innovation	✓
Deliver the financial plan	✓
Be in the top 25% performing Trusts for staff retention	✓

Trust Risks (Type & Category)				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Risk
Workforce Risk		<ul style="list-style-type: none"> Workforce supply We will deliver safe and effective patient care through having adequate systems and processes in place to ensure the Trust has access to appropriate levels of workforce supply. 	Cautious	↔ (same)

Operational Risk		<ul style="list-style-type: none"> • Business continuity We will develop and maintain stable and resilient services, operating to consistently high levels of performance. 	Cautious	↔ (same)
Clinical Risk		<ul style="list-style-type: none"> • Capacity planning We will ensure that capacity is planned to meet the demand for elective and no-elective (acute) admissions to our hospitals, managing this risk to provide safe treatment and care to our patients. • Infection prevention and control We will manage the risks related to infection prevention and control to reduce the transmission of infection in our hospitals. • Patient safety and outcomes We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients. 	Minimal	↔ (same)
Financial Risk		<ul style="list-style-type: none"> • Financial management and waste reduction We will deliver sound financial management and reporting for the Trust with no material misstatements or variances to forecast. 	Cautious	↔ (same)
External Risk		<ul style="list-style-type: none"> • Regulatory risk We will comply with or exceed all regulations, retain its CQC registration and always operate within the law. 	Averse	↔ (same)

Key points	
1. There are currently 21 material risks included in the Corporate Risk Register for the Board's consideration and oversight.	Information
2. Members of the Board of Directors are invited to: <ul style="list-style-type: none"> (i) consider, challenge and confirm the correct strategy has been adopted to ensure potentially significant risks are kept under prudent control (ii) consider and approve the changes to significant risks following the meetings of the Risk Management Committees held on 4 April 2024 and 2 May 2024 (iii) advise on any further risk treatment required. 	Discussion

1. Summary

- 1.1 The significant risk profile provides Directors with details of all identified significant risk exposures throughout Leeds Teaching Hospitals NHS Trust. These risks are subject to review in line with the Risk Management Committee work plan. The Risk Management Committee has met on two occasions (4 April 2024 and 2 May 2024) since the last meeting of the Board. This report has been updated to summarise the decisions made by the Risk Management Committee.
- 1.2 The Trust has identified a range of significant risks, which are currently being mitigated, whose impact could have a direct bearing on the achievement of Trust strategic priorities and annual commitments, meeting the requirements within the NHS Accountability Framework, and CQC registration should the mitigation plans be ineffective. Currently, the significant risks relate to the following areas:

Workforce Risk

- **Workforce Supply:** Combined workforce risk
- **Workforce Deployment:** (No active risks under this category)

Operational Risk

- **Business Continuity:** viral pandemic, power failure/lack of IPS/UPS resilience due to the electrical infrastructure and Brotherton Wing, Blocks 11,12 and 32 physical condition.
- **Health and Safety:** harm due to clinically related behaviours that challenge linked to organic, mental health or other reasons and staff health, safety and wellbeing.
- **Change:** delivery of the refurbishment of the Generating Station Complex at LGI, risks associated with Building the Leeds Way – hospital of the future project, pathology project and LGI Site development project.
- **Information Technology:** cyber attack leading to potential loss of IT systems and/or data and insufficient DIT resources to meet demand for DIT led projects.

Clinical Risk

- **Infection Prevention & Control:** healthcare acquired infection.
- **Patient Safety & Outcomes:** patient harm related to falls and hospital acquired pressure ulcers, achieving the Emergency Care Standard, 18-week RTT target, 62-day cancer target, 28-day cancelled operation target and patients waiting longer than 6 weeks following referral for diagnostics tests.
- **Capacity Planning:** patient flow and capacity for emergency admissions.

Financial Risk

- **Financial Management & Waste Reduction:** delivery of financial targets in 2024/25 and impact on capital resources and reduction in operational capital allocation .

A summary of the main controls and mitigating actions for the significant risks in each area is available in Appendix A.

1.3 Significant Risks

The Committee considered the context for reviewing the risks at the meetings on 4 April 2024 and 2 May 2024, noting the sustained operational pressures and the impact on the urgent and emergency care pathways, and the delivery of planned (elective) care, including the level of risk as a consequence of this. This affected a range of established risks, these were considered in relation to the impact on patient safety, outcomes and

experience and the health and wellbeing of staff who were required to provide care in a very challenging operating environment. The Committee sought assurance on the actions that were being taken in conjunction with operational teams and corporate departments to mitigate those risks discussed at the meetings in April 2024 and May 2024.

Risks reviewed at the April 2024 Risk Management Committee

CRRO1 - Risk of a viral pandemic.

This corporate risk had been reviewed by the Head of Resilience, with an update of controls and further mitigating actions, including an update on the national pandemic plan, which had been updated internally based on COVID-19 experience and other relevant guidance. It was noted that a regional update was expected in April with a national updated plan due to be published in summer. There was no proposed change to the risk score of 15.

CRRO10 - Cyber-attack leading to potential loss of IT systems and/ or data.

This corporate risk had been reviewed by the Chief Digital and Information Officer, with an update of controls and further mitigating actions.

CRRO11 - Insufficient DIT resources to meet demand for DIT led projects.

This corporate risk had been comprehensively reviewed and revised by the Chief Digital and Information Officer, with an update of controls and further mitigating actions in response to feedback at the March Risk Management Committee where it was proposed that the additional corporate risks that were reviewed were fully incorporated into this overarching corporate risk. This included specific risks related to applications, infrastructure, equipment and project resources. There was no proposed change to the risk score of 15.

CRRC1 - Healthcare acquired infection.

This corporate risk had been reviewed by the Chief Medical officer, in conjunction with the Deputy Director of Infection Prevention and Control, with an update of controls and further mitigating actions, including the side room management report being designed to facilitate oversight and optimise isolation of infectious patients and clinically appropriate step-down of side-room requirements. In addition, the requirements to implement the national framework and actions to contain CPE were considered, noting the significant financial and operational implications to the Trust. There was no proposed change to the risk score of 16.

Risks reviewed at the May 2024 Risk Management Committee

CRRO7 - Risk of failure to deliver the hospital of the future project.

This corporate risk had been reviewed by the Building the Leeds Way Programme manager, with an update of controls and further mitigating actions, including the risk description which had been revised to incorporate the changes to costs, and delays to the delivery of critical enabling works business cases. In addition the BtLW Programme Team continued to work with the NHP (New Hospitals Programme) to support and influence the design and development of the Hospital 2.0 model. There was no proposed change to the risk score of 20.

CRRO8 - Risk of failure to deliver the pathology project.

This corporate risk had been reviewed by the Building the Leeds Way Programme Manager, with an update of controls and further mitigating actions, including the final detailed Managed Services Contract (MSC) Implementation Plan to inform the scope and detail of the enabling works relating to benching, electrical power, and drainage. The Committee noted that the key risk related to meeting the timescale for full operationalization of the laboratory by November 2024. The Committee considered the mitigating actions and recommended that the risk score remained 16, with a monthly update provided at Risk Management Committee to highlight material risks arising that may impact on the risk score. It was agreed that the risk score would remain 16.

CRRO9 - Risk of failure to deliver the LGI Site Development Project.

This corporate risk had been reviewed by the Director of Strategy, with an update of controls and further mitigating actions, including the comprehensive data room that had been set up as part of the stage 2 marketing process for the Old Medical School. The delays to vacating the old medical school building that continued to be used by pathology and delays to the completion of the external enabling works connected with the construction of the Jubilee Wing temporary entrance at the LGI were noted. There was no proposed change to the risk score of 16.

CRRC12 - Airedale Hospital Infrastructure: potential risk re transferring patients to LTHT.

This corporate risk had been reviewed by the Head of Resilience in conjunction with the Corporate Operations Team, with an update of controls and further mitigating actions, including an exercise that was due to take place in August 2024 to test the response and make improvements as required. This would be followed by annual exercises to ensure sufficient capacity could be created in an emergency. It was recommended that the risk score (likelihood) was reduced from 16 to 12 and the risk was removed from the corporate risk register and overseen on the EPRR risk register. This was supported by the Committee.

CRRF1 - Failure to deliver the financial plan 2024/25.

This corporate risk had been reviewed by the Director of Finance, with an update of controls and further mitigating actions, including the strategic group that had been established in the Trust to support the move to Payment by Results (PbR). This would include improvements in recording and coding. There was no proposed change to the risk score of 20.

CRRF2 - Reduction in operational capital allocation.

This corporate risk had been reviewed by the Director of Finance and it was confirmed that there were no material changes to the risk, including controls and further mitigating actions. There was some discussion about the terminology acknowledging that the capital allocation was insufficient for the Trusts requirements in 2024/25 and it was considered that this may impact on the overall risk score of 16. It was recommended that the risk description and current risk score was discussed at the Capital and Planning Group and Finance Directorate Team meeting and this would be reviewed at Risk Management Committee with a recommendation at the meeting June 2024.

CRRC5 - 18-week RTT target non-compliance.

CRRC8 - Patients waiting over 52 and 78 weeks for treatment across a range of services.

These two corporate risks had been reviewed and revised by the Corporate Operations Team following discussion at the April 2024 Risk Management Committee. It was agreed that risks CRRC5 and CRRC8 would be amalgamated into risk CRRC5 and risk

CRR8 would be removed from the corporate risk register. Following discussion at the May 2024 Risk Management Committee meeting it was also proposed that this risk was further reviewed by the Corporate Operations Team, to focus on the risk description to capture the requirement to deliver the constitutional standards and the factors that contributed to this.

Proposed New Corporate Risks

April 2024 Meeting

The Committee considered one new proposed corporate risk at the meeting.

DIT Risk - Insufficient capacity in the Coding Team impacting PBR and mortality data.

The Digital and Information Team briefed the Committee on a proposed new corporate risk related to capacity in the clinical coding team to deliver sufficient depths of coding for PBR and mortality reporting. It was acknowledged that the most significant risk related to income and the finance plan. The Committee proposed that this risk was fully incorporated into the risk description, controls and mitigating actions in the corporate risk related to delivering the financial plan (CRRF1) and this was supported.

May 2024 Meeting

There were no new proposed corporate risks identified by the Committee.

Horizon Scan - New Risks

There were no new risks identified by the Committee at the April and May 2024 meeting.

2. Risk

The Risk Management Committee provides Executive oversight of the Trust's most significant risks, which cover the level 1 risk categories (see summary on front sheet). Following discussion at the April and May Committee meetings there were no material changes to the risk appetite statements related to the level 2 risk categories and the Trust continues to operate within the risk appetite for the level 1 risk categories set by the Board.

3. Financial Implications and Risk

See specific risks for details (where applicable).

4. Communication and Involvement

The Corporate Risk Register is made available for review to executive directors, corporate teams and CSUs at the monthly Risk Management Committee.

5. Equality Analysis

No adverse implications identified under equality and diversity legislation.

6. Publication Under Freedom of Information Act

This paper is made available under the Freedom of Information Act 2000.

7. Recommendations

Members of the Trust Board are invited to:

- consider, challenge and confirm the correct strategy has been adopted to keep potential significant risk under prudent control.

- consider and approve the changes to significant risks following the meeting of the Risk Management Committee; and
- advise on any further risk treatment required.

8. Supporting Information

Corporate Risk Register - Appendix A.

Professor Phil Wood

Chief Executive

Chair Risk Management Committee

May 2024