NHS
The Leeds Teaching Hospitals
NHS Trust

Public Board

Annual Report from the Risk Management Committee 2020/21

6 May 2021

Presented for:	Information and assurance
Presented by:	Julian Hartley Chief Executive/Chair of the Risk Management Committee
Author	Craig Brigg, Director of Quality
Previous Committees	Risk Management committee, 4 February 2021

Trust Goals	
The best for patient safety, quality and experience	✓
The best place to work	
A centre for excellence for research, education and innovation	
Seamless integrated care across organisational boundaries	
Financial sustainability	✓

Key points	
1. The draft annual report of the Risk Management Committee for 2020/21 is presented for review at Audit Committee in May 2021.	For Information
2. **Terms of Reference** - The Committee Chair, along with the Committee has reviewed the Terms of Reference (ToR), to ensure that the Committee is fit for purpose and carries out its duties as delegated by the Board of Directors and can confirm there are no significant material updates required	Assurance/approval

and that the Committee has discharged its duties in line with the ToR.	
3. **Reporting Requirements** - The Terms of Reference for the Risk Management Committee state that it will report annually on the delivery of its work programme to support the Annual Governance Statement. The primary duties and responsibilities are set out in the Terms of Reference, which were reviewed by the Committee in February 2021. The Committee has met its duties relating to reporting requirements set out in the Terms of Reference.	Assurance

4. **Work Plans**
  I. The Board of Directors approved the Committees Work Plan for 2020/21, and reports assurance against items received during the year, (or stating where it cannot provide assurance).
  II. The Committee sets out its draft Work Plan for the coming year, seeking approval from the Board.
	Assurance or escalation

1. Purpose

The purpose of this annual report is to provide assurance to the Trust Board that the Risk Management Committee has discharged its duties in accordance with its Terms of Reference and work plan for 2020/21.

This report describes the Risk Management Committee activities from 1 April 2020 to 31 March 2021.

2. Committee Members and Effectiveness

The Committee's membership is set out as follows:

- Chief Executive (Chair)
- Chief Medical Officer
- Chief Nurse
- Director of Finance
- Director of Human Resources and Organisational Development
- Chief Digital and Information Officer
- Chief Operating Officer
- Director of Estates and Facilities

In routine attendance:

- Director of Quality
- Medical Director (Operations)
- Director of Strategy
- Company Secretary
- Serious Incident Investigation and Learning Manager
- Head of Internal Audit
- Trust Risk Manager
- CSU triumvirate leads (as part of rolling programme)
- Non-Executive Director (Chair of Audit Committee)

Other Directors and Managers have attended meetings to discuss particular items, as requested. Non-Executive Directors have attended to support the work of the Committee and to observe during the year.

The Committee has reflected on its effectiveness at the end of every meeting during this period, it has responded to the changing demands of the coronavirus (COVID-19) pandemic, reviewing risks by exception related to COVID-19 during the peak activity periods to support clinical leads and managers in the operational response.

An internal audit was undertaken in Q4 2020/21 by PWC to assess the effectiveness of the Risk Management Committee. The good practice and engagement at the Committee was noted in the report and this was categorised as low risk.

3. Delivery against Terms of Reference

The Risk Management Committee has reviewed its Terms of reference in February 2021. There were no significant material changes made, with the exception of minor

amendments to membership. The Committee has discharged its duties set out in the Terms of Reference. The full terms of reference are attached included in Appendix 4.

4. Assurance of delivery of the work plan

The Risk Management Committee has a well-established Work Plan & Calendar of Key Events, which sets out its annual cycle of work and reporting. This is kept under regular review and updated. Prior to each meeting the Chair formally reviews the planned agenda separately with the Director of Quality. The Committee has a standing agenda item to ask all members towards closing the meeting if there are any issues they wish to escalate to the Board, other Committees or Corporate Risk Register from any information they have received and discussed during the meeting.

The Risk Management Committee was established as part of the Trust's risk improvement plan; the first meeting of the Committee was in May 2014, therefore this is the sixth full year work cycle of the Committee. The Risk Management Committee reports directly to the Trust Board and its purpose is:

- To foster an open, anticipatory, adaptive and pro-active risk aware culture in which people are actively engaged in the assessment and management of risk
- To keep risk under prudent control on behalf of the Board and in accordance with the Board's risk appetite, maintaining an effective control system and minimising exposure to harm
- To scan the horizon, challenging and keeping material risk under review at all times
- To improve organisational resilience

The Committee met monthly in 2020/21 (12 meetings in total). The draft minutes of the Risk Management Committee meetings were presented to the Trust Board Workshop together with a supporting report to highlight the key areas of discussion. A report on significant risks and changes to the Corporate Risk Register was reported to the bi-monthly Public Board meeting.

As a result of the coronavirus (Covid-19) pandemic, and in line with the NHSE/I guidance 'Reducing the Burden and Releasing Management Capacity' (March 2020), a number of changes were made to the meeting structure. Since April 2020 the meetings have been streamlined to support the pandemic response and were moved to the Microsoft Teams platform to maintain social distancing. The work plan was maintained with regular CSU and Corporate function attendance, in line wiyth the work plan. Discussions of risks were by exception and with particular focus on risks arising in relation to the COVID-19 pandemic.

The Committee has maintained a work plan and calendar of key events in order to manage its business effectively.

Throughout the year, the Committee has been effective in managing its business according to its work plan. The work plan for 2020/21 is attached at Appendix 2.

CSU and Corporate Department Risk Reviews

The main feature of the work programme and the focus of each Committee meeting continued to be the schedule of individual CSU and Corporate Department risk reviews. On a rotational basis, CSU's attended the Committee twice a year and Corporate Departments once a year, in accordance with the work programme. The one exception to this was the April meeting where the scheduled CSUs were stood down from attendance to enable them to focus on the preparations relating to the management of patients with COVID-19. The risk registers for these CSUs were still submitted to the Committee for review by members.

Risks from CSU/Corporate Department Risk Registers, which scored 10 or above were presented to the Committee and robustly reviewed and challenged by members of the Committee. During the year risk scores were both increased and reduced following challenge and review, risks descriptions re-worded and controls and further actions strengthened. Throughout the year CSU's have been requested to reflect on the impact of COVID-19 across the controls and mitigating actions in their risk registers.

The Committee's role is to ensure that the correct strategy is adopted for managing each key risk and verifying controls and action plans are in place for those risks which remain with a risk score of 10 or above. CSU's routinely report that the process is thorough, fair and supportive.

CSU's in particular have benefitted when scheduled to attend the Risk Management Committee with other CSU triumvirates with whom they have mutual or shared risks.

Corporate Risk Register
The Corporate Risk Register features the most serious risks from CSU's and Corporate Department Risk Registers. These risks have a score of 15 or higher and include; Nurse Staffing Levels, Performance against targets, e.g. RTT, cancer, emergency care standard and financial performance. There are currently 25 risks on the Corporate Risk Register as at March 2021 compared with 23 risks in April 2021. There have been 7 new corporate risks added to the register during this period, and 5 have been removed or merged with another corporate risk.

At each meeting, the Committee considered a number of corporate risks in detail on a rolling programme, updating controls, gaps and further actions and reviewing the risk score. Corporate risks relating to the coronavirus (COVID-19) pandemic response have been reviewed at every meeting.

Appendix 1 compares the summary Corporate Risk Register as at March 2021 with the same month last year and also with May 2014, the first month in which the Corporate Risk Register was produced in its current format. There are now more high and significant risks on the Corporate Risk Register, which is a sign of the maturity and engagement of the Risk Management Committee. The average score for each risk is lower than at any point since 2014, reflecting the controls and mitigating actions that have been agreed. Assurance derives from the rigorous review of corporate risks at each meeting of the Risk Management Committee.

Risk Appetite

A Task and Finish Group was established in 2020/21 at the request of the Board to review the Trust approach to the consideration and recording of the organisation's risk appetite, including a review of the risk categories. Support has been provided by a Non-Executive Director who has regularly attended Risk Management Committee together with an independent expert from the financial sector to work with Board members and senior managers to further develop the existing framework and incorporate this into the Corporate Risk Register. Meetings have been held fortnightly with engagement work with senior leaders taking place between meetings. Updates have been provided at the Board Timeout sessions and a final proposal was presented to the Board Time-out at its meeting in March.

Key risk areas reviewed in 2020/21

Risk of a viral pandemic (CRRS6)
This risk was initially updated to reflect changes in operational functioning in response to the coronavirus (COVID-19) pandemic. At the meeting in May it was proposed that two of the specific controls described in the corporate risk would be developed into separate risks, to reflect the progression of the pandemic; CRRS16 and CRRS17.

Risk of re-commencing normal activity levels due to reduced capacity (COVID-19) (CRRS16)
This risk was initially developed to reflect the risk of harm to patients due to reduced capacity because of the pandemic response. The risk has been reviewed at each meeting in acknowledgment that this continues to be a rapidly developing situation. As the impact of the first wave receded the focus of the risk description and corresponding controls and actions were changed to reflect the increasing pressure of reintroducing normal services whilst still maintaining a pandemic response.

Staff Health, Safety and Wellbeing During the COVID-19 Pandemic (CRRS17)
This risk was developed using the working safely during COVID-19 framework, and had been developed in conjunction with the HR team and Head of Health and Safety. The risk has been reviewed at each meeting in acknowledgment of the differing impacts that each stage of the pandemic response have had on staff. The risk is overseen at Workforce Committee.

Healthcare-acquired infection (CRRS3)
This risk has been updated by the Head of Infection Control to reflect the changes that have been made in response to COVID-19, including the routine activities that had been temporarily suspended so that the infection prevention and control team could focus their resources on the operational response. This risk is reviewed in detail at the Infection Prevention and Control Committee.

Staffing
CSU and corporate risks relating to nursing and medical staffing have been reviewed during the year with emphasis on the additional challenges on the workforce due to COVID-19. CSUs have been asked to ensure that their staffing issues are reflected in the two corporate risks around these issues. Two new risks were added to the corporate risk register in December describing the controls and actions relating to

the additional staffing capacity for the Nightingale Hospital Yorkshire & Humber (CRRS19) and the Leeds vaccination programme (CRRS20).

Building the Leeds Way
At the meeting in May 2020 three new corporate risks were presented by the Director of Finance in relation to the Building the Leeds Way project. These were developed by the BtLW Programme Board and are regularly reviewed by them. One corporate risk relating to the Innovation Project was later reduced in score and removed from the Corporate risk register and continues to be overseen by the BtLW Committee.

Unserviceable high impact I/T infrastructure and resilience (CRRS9)
Loss of data or system outage as a result of a cyber-attack (CRRS10)
At the meeting in May 2020 it was proposed that these Digital and Informatics risks be re-scored and removed from the corporate risk register. This was due to the work that has been undertaken to address the national response to cyber-attack and the local protections caused by individual staff errors/compliance. Risks relating to these issues remain on the Informatics risk register and are monitored by the Information Governance Steering Group. Assurance is provided to the Digital and I/T Assurance Committee.

Risks arising from Britain's withdrawal from EU (CRRS8)
This risk was reviewed at the meetings in May and September 2020 and continued to be on the Corporate Risk register whilst controls and actions were monitored for effectiveness in the immediate post-withdrawal period, particularly in relation to the on-going supply of PPE and drugs.

Failure of the Patient Administration System (PAS) (CRRS18)
This risk was added to the corporate risk register in August 2020 following a review of the infrastructure by the senior DIT team. It was noted that key controls related to a business case and project for replacement that is being progressed.

Pensions Regulations (CRRS12)
The Committee agreed to a proposal that this risk would be removed from the corporate risk register following the commitment to resolve this in the national budget.

Failure to deliver the financial plan 2020/21 (CRRF1)
This corporate risk was reviewed by the Finance Directorate and the controls and actions amended in response to developments in the year. At the October 2020 meeting the finance team proposed merging the **Insufficient capital resources risk (CRRF2)** into this risk as they were considered to be inter-related regarding the organisational oversight of financial and capital risks, and with shared actions and controls.

Nightingale Hospital Yorkshire & Humber
The Medical Director at the Nightingale Hospital Yorkshire & Humber has attended the Committee to present the risk register for the Nightingale Hospital. Key controls

and actions were reviewed with particular focus on the workforce, equipment availability and the property leasing arrangements.

Inability to provide radiology images due to PACS failures (CRRS 15)
In December 2020, the Committee agreed to a proposal to remove this risk from the corporate risk register following the introduction of the replacement Enterprise Imaging System, which meant that the risk was now resolved.

Commercially confidential risks
The Committee maintained its approach to the reporting of details relating to corporate risks which were agreed to be commercially sensitive (CRRF3 Commercial pressures arising from delays to the Generating Station Complex at LGI) for public meetings.

Risk Management Policy
The Risk Management Policy was reviewed in quarter 1 2020/21 and minor updates made in response to recommendations from internal audit. The specific recommendations related to the process for escalation and recording updates on further mitigating actions for corporate risks. The updated policy was received by the Committee at the July meeting and the changes approved.

Risk Management Committee Objectives 2021/22

The Risk Management Committee Objectives for 2020/21 will focus on:

- Risk controls and mitigating actions related to the continued operational response to the coronavirus (COVID-19) pandemic.
- Risk controls and mitigating actions related to the recovery period from COVID-19.
- Integration of revised risk categories and risk appetite statements, refreshing the corporate risk register to map the new categories against corporate risks.

5. **Other issues addressed by the Committee in year**

In accordance with its work plan the Committee also received reports on Emergency Preparedness, Health and Safety, Fire Safety, and Compliance with Central Alerts as part of its work programme in 2020/21.

6. **Internal control environment**

An internal audit was undertaken in Q4 2020/21 by PWC to assess the effectiveness of the Risk Management Committee. The good practice and engagement at the Committee was noted in the report and this was categorised as low risk.

7. **Proposed 2021/22 work plan**

The proposed work plan for 2021/22 continues to provide assurance over the adequacy and effectiveness of the Trust's framework of risk management and control. A comprehensive work plan has been approved by the Committee for 2021/22 and is attached at Appendix 3.

8. **Publication Under Freedom of Information Act**

This paper is exempt from publication under Section 29/36/38/40/41/43 of the Freedom of Information Act 2000, as it contains information which is in draft format and may not reflect the organisation's final decision.

9. Recommendation

The Risk Management Committee confirms that it has fulfilled its duties set out in its Terms of Reference and Work Plan. The Risk Management Committee has received reports on significant risks, controls and mitigating actions through the course of the year (2020/21) from management, corporate departments and other assurance Committees, through escalation.

The Board is asked to:
- note that the Risk Management Committee has delivered the agreed delegated activities by the Board as set out in its Work Plan for 2020/21, and gained assurance as defined by the Committee's Terms of Reference;
- approve the minor changes to the Committee's Terms of Reference (as set out in Appendix 1); and
- approve the Risk Management Committee's Work Plan for 2021/22 and objectives.

10. Supporting information

Appendix 1 - summary Corporate Risk Register (March 2021)
Appendix 2 - Risk Management Committee Work Plan 2020/21
Appendix 3 - Risk Management Committee Work Plan 2021/22
Appendix 4 - Risk Management Committee Terms of Reference (March 2021)

Craig Brigg
Director of Quality
March 2021

Appendix 1 Summary Corporate Risk Register

CRR No.	Former CRR No.	Risk	Risk Score May 2014	Risk Score March 2015	Risk Score March 2016	Risk Score March 2017	Risk Score March 2018	Risk Score March 2019	Risk Score March 2020	Risk Score March 2021
		Safety and Quality Risk								
CRRS1	CRR 1	Inadequate nurse staffing levels	20	20	20	16	16	16	16	16
CRRS2	CRR18	Insufficient Medical Staff to deliver service		16	16	16	16	16	16	16
CRRS3	CRR 2	Healthcare-acquired infection	25	20	20	15	15		16	16
CRRS4	CRR 33	Violence due to organic, mental health or behavioural reasons			16	16	16	16	16	15
CRRS6	CRR 42	Risk of a viral pandemic						15	15	15
CRRS7	CRR 46	Risk to the delivery of the Aseptic Service						15		
CRRS8	CRR 47	Risks arising from Britain's exit from the European Union						16	16	16
CRRS9	CRR 6	Unserviceable critical I/T infrastructure and resilience		16	20	20	20	15	15	
CRRS10	CRR 39	Loss of data or system outage as a result of a cyber-attack					16	16	16	
CRRS11	CRR 35	Power failure/lack of IPS/UPS resilience due to electrical infrastructure				16	16	16	16	16
CRRS12	-	Pensions Regulations						16		
CRRS13	-	Inadequate national supply of Total Parenteral Nutrition for home patients								
CRRS14	-	Inability to provide a cardiac catheter laboratory service							16	16
CRRS15	-	Failure to provide radiology images and reporting due to loss of the PACS system							16	
CRRS16	-	Risk of re-commencing normal activity levels due to reduced capacity (COVID-19)								20
CRRS17	-	Staff Health, Safety and Wellbeing During the COVID-19 Pandemic								20
CRRS18	-	Failure or complete outage of the Patient Administration System								15
CRRS19	-	Additional staffing capacity (COVID-19) Nightingale Yorkshire & Humber								20
CRRS20	-	Additional staffing capacity (COVID-19) Vaccination programme								16
		Financial Risk								
CRRF1	CRR 9	Failure to deliver the financial plan 2020/21	25	25	25	20	20	20	15	15
CRRF2	CRR 40	Insufficient capital resources						16	16	
CRRF3	CRR 44	Risk relating to commercial pressures arising from delays in delivering the refurbishment of the Generating Station Complex						15	15	15
CRRF4	-	Risk of failure to deliver the hospital of the future project								16
CRRF5	-	Risk of failure to deliver the pathology project								16
		Performance and Regulation Risk								
CRRP1	CRR12	Failure to achieve the Emergency Care Standard	15	20		20	20	20	20	20
CRRP2	CRR13	18 week RTT target non-compliance	20	20	20	20	20	20	20	20
CRRP3	CRR15	62 day cancer target	15	20	20	20	20	20	16	16
CRRP4	CRR23	Rate of cancelled operations not re-booked within 28 days		16	16	16	16	16	16	16
CRRP5	CRR31	Patient flow and capacity for emergency admissions (health economy)			20	20	20	20	20	20
CRRP6	CRR32	Unsustainable levels of medical outliers and patients waiting in non-designated areas			20	20	20	20	15	15
CRRP7	CRR 45	52 week RTT non-compliance in spinal injuries and colorectal services						20	16	16
CRRP8	CRR22	Patients waiting longer than 6 weeks following referral for diagnostic tests		15	15	15	15	15	15	16
		Old CRR Risk								
-	CRR10	Inadequate employee appraisal or supervision	16							
-	CRR11	Inadequate completion of mandatory training	16	16						
-	CRR17	Inadequate data quality and data governance	15	15						
-	CRR19	Use of anaesthetic care areas as critical care facilities when no L2 or L3 beds available	16							
-	CRR20	Current T&C's and working practices impede 24/7 patient care	16							
-	CRR 21	Insufficient I/T investment and erosion of competitive capability	20							
-	CRR24	2 week cancer wait target		15						
-	CRR26	Generating station (LGI) critical plant failure		16						
-	CRR27	Delays in Endoscopy procedures; failure to retain JAG accreditation		16	16	16				
-	CRR 28	Failure to rescue a deteriorating patient		16	16	16				
-	CRR29	Failure of the Yorkshire Regional Genetics Centre to be designated a Genomics Centre		15						
-	CRR30	Viability of the Reproductive Medicine Service		15						
-	CRR34	Corroded heating pipes in Clarendon Wing, LGI - potential disruption to services			16	16	16	16		

-	CRR 36	Inability to deliver a cardiac surgery service				16	16	16		
-	CRR 37	Failure to achieve a satisfactory termination agreement for the pathology services SLA with Bradford Teaching Hospitals, by 31 March 2017				16				
-	CRR 38	Excessive stays in the Emergency Department for mental health patients				16	16	16		
	Total number of risks		12	18	15	20	18	23	23	25
	Total risk score		219	312	276	350	313	371	374	418
	Average risk score		18	17	20	17	17	16	16	16

Appendix 2 2020/21 Work Plan

ITEM	LEAD	2 APR 2020	7 MAY 2020	4 JUN 2020	2 JUL 2020	6 AUG 2020	3 SEP 2020
Terms of Reference	**CB**						
Forward Planner 2020	**CB**						
Significant Risk Profile – Review of Corporate Risk Register risks	**CB & ED's**	◆	◆	◆	◆	◆	◆
Schedule of CSU Risk Reviews *(to review 'reportable' risks ≥10)*	**CSU CDs GMs HoNs**	Chapel Allerton Cardio-Respiratory Neurosciences MMPS	Leeds Dental Institute Adult Therapies Radiology Outpatients	Women's Children's Pathology Head & Neck	Oncology Abdominal Medicine & Surgery	Emergency and Specialty Medicine Villa Care MMPS	Theatres & Anaesthetics Adult Critical Care Cardio-Respiratory
Schedule of Corporate Risk Reviews *(to review 'reportable' risks ≥10)*	**ED's**	HR	Informatics	Finance Including Counter Fraud	Estates & Facilities	CNO	CMO
Emergency Preparedness Status Report	**AB/CS**						◆
Risk Management Committee Annual Report	**CB**						
Health & Safety Report *(RIDDORs, accident trends etc)*	**CB**	◆ For 2020/21 FY (Annual Report)*					
Fire Safety Quarterly Report and Action Plan	**PA**	◆ Q4 2020/21			◆ Q1 2020/21		
Quarterly Security Report and Action Plan	**PA**			◆ Q4 2020/21			◆ Q1 2020/21
Policies for Approval *(as required)*	**ALL**						
Review Committee's Effectiveness	**JH**	◆	◆	◆	◆	◆	◆
Central Alerts Compliance Update	**CB**			◆ Half Year Review			
PREVENT	**CR**				◆		
BAF Review	**CB**			◆			

ITEM	LEAD	1 OCT 2020	5 NOV 2020	3 DEC 2020	7 JAN 2021	4 FEB 2021	4 MAR 2021
Terms of Reference	**CB**		Formal Review				
Work Plan Review 2021	**CB**	◆					
Significant Risk Profile	**CB & ED's**	◆	◆	◆	◆	◆	◆
Schedule of CSU Risk Reviews *(to review 'reportable' risks ≥10)*	**CSU CD's GM's HoN's**	Chapel Allerton Trauma & Related Services Neurosciences	Adult Therapies Head & Neck Leeds Dental Institute Outpatients	Women's Children's Radiology Pathology	Abdominal Medicine & Surgery Review of CRR	Theatres & Anaesthetics Adult Critical Care Oncology	Emergency and Specialty Medicine Villa Care Trauma & Related Services
Schedule of Corporate Risk Reviews *(to review 'reportable' risks ≥10)*	**ED's**	Informatics	Finance Including Counter Fraud	HR & Communications	Estates & Facilities & Finance	CNO	CMO
High Impact / Low Probability Events: Emergency Preparedness Status Report	**OH/CS**						◆
Risk Management Committee Annual Report	**CB**					◆	
Health & Safety Report *(RIDDORs,, accident trends etc)*	**CB**	◆ Q2 2020/21 (Half Year Report)					
Fire Safety Quarterly Report and Action Plan	**PA**	◆ Q2 2020/21				◆ Q3 2020/21	
Quarterly Security Report and Action Plan	**PA**			◆ Q2 2020/21	RM Policy review to note	RM Policy review for approval	
Policies for Approval *(as required)*	**ALL**				◆	◆	◆
Review Committee's Effectiveness	**JH**	◆	◆	◆			
Central Alerts Compliance Update	**CB**			◆ Full Year Review	◆		
PREVENT	**CR**						
BAF Review	**CB**			◆			

Appendix 3 2021/22 Work Plan

ITEM	LEAD	1 APR 2021	6 MAY 2021	3 JUN 2021	1 JUL 2021	5 AUG 2021	2 SEP 2021
Terms of Reference	**CB**						
Forward Planner 2021/22	**CB**						
Significant Risk Profile – Review of Corporate Risk Register risks	**CB & ED's**	◆	◆	◆	◆	◆	◆
Schedule of CSU Risk Reviews *(to review 'reportable' risks ≥10)*	**CSU CDs GMs HoNs**	Chapel Allerton Cardio-Respiratory Neurosciences MMPS	Leeds Dental Institute Adult Therapies Radiology Outpatients	Women's Children's Pathology Head & Neck	Oncology Abdominal Medicine & Surgery	Emergency and Specialty Medicine Villa Care MMPS	Theatres & Anaesthetics Adult Critical Care Cardio-Respiratory
Schedule of Corporate Risk Reviews *(to review 'reportable' risks ≥10)*	**ED's**	HR	Informatics	Finance Including Counter Fraud & Building the Leeds Way	Estates & Facilities Research & Innovation	CNO	CMO
Emergency Preparedness Status Report	**OH/CS**						◆
Risk Management Committee Annual Report	**CB**						
Health & Safety Report *(RIDDORs, accident trends etc)*	**CB**	◆ For 2020/21 FY (Annual Report)*					
Fire Safety Quarterly Report and Action Plan	**PA**		◆ Q4 2020/21			◆ Q1 2021/22	
Quarterly Security Report and Action Plan	**PA**			◆ Q4 2020/21			◆ Q1 2021/22
Policies for Approval *(as required)*	**ALL**						
Review Committee's Effectiveness	**JH**	◆	◆	◆	◆	◆	◆
Central Alerts Compliance Update	**CB**			◆ Half Year Review			
PREVENT	**CR**				◆		
BAF Review	**CB**			◆			

ITEM	LEAD	7 OCT 2021	4 NOV 2021	2 DEC 2021	6 JAN 2022	3 FEB 2022	3 MAR 2022
Terms of Reference	**CB**		Formal Review				
Work Plan Review 2022/23	**CB**	◆					
Significant Risk Profile	**CB & ED's**	◆	◆	◆	◆	◆	◆
Schedule of CSU Risk Reviews *(to review 'reportable' risks ≥10)*	**CSU CD's GM's HoN's**	Chapel Allerton Trauma & Related Services Neurosciences	Adult Therapies Head & Neck Leeds Dental Institute Outpatients	Women's Children's Radiology Pathology	Abdominal Medicine & Surgery Review of CRR	Theatres & Anaesthetics Adult Critical Care Oncology	Emergency and Specialty Medicine Villa Care Trauma & Related Services
Schedule of Corporate Risk Reviews *(to review 'reportable' risks ≥10)*	**ED's**	Informatics	Finance Including Counter Fraud & Building the Leeds Way	HR & Communications	Estates & Facilities & Research & Innovation	CNO	CMO
High Impact / Low Probability Events: Emergency Preparedness Status Report	**OH/CS**						◆
Risk Management Committee Annual Report	**CB**					◆	
Health & Safety Report *(RIDDORs,, accident trends etc)*	**CB**	◆ Q2 2021/22 (Half Year Report)					
Fire Safety Quarterly Report and Action Plan	**PA**		◆ Q2 2021/22			◆ Q3 2021/22	
Quarterly Security Report and Action Plan	**PA**			◆ Q2 2021/22			◆ Q3 2021/22
Policies for Approval *(as required)*	**ALL**				RM Policy to note	RM Policy for approval	
Review Committee's Effectiveness	**JH**	◆	◆	◆	◆	◆	◆
Central Alerts Compliance Update	**CB**			◆ Full Year Review			
PREVENT	**CR**				◆		
BAF Review	**CB**			◆			

EDs - Executive Directors

CSU CD's - Clinical Service Unit Clinical Directors

CSU GM's - Clinical Service Unit General Managers

CSU HoN's - Clinical Service Unit Head of Nursing's

JH - Julian Hartley, Chief Executive

PA - Peter Aldridge, Head Of Fire, Security & Corporate Affairs, EAF

PW - Phil Wood, Chief Medical Officer

CB - Craig Brigg, Director of Quality

OH - Owen Hayward, Resilience Manager

CR - Craige Richardson, Director of Estates & Facilities

CS - Clare Smith, Chief Operation Officer

Appendix 4 RMC Terms of Reference (updated 29 January 2021- amend for BoD 25 March 2021)

Executive Risk Management Committee

1. Main Authority / Limitations

1.1 The Board hereby resolves to establish a management committee to be known as the Risk Management Committee ('the Committee'). The Committee is an executive-led management committee accountable to the Board and shall have executive responsibilities, powers, authorities and discretion as set out in these terms of reference. The primary objective of the Committee is to enable and underpin organisational success.

1.2 The Committee is authorised by the Board to develop and implement risk treatment strategies, and to monitor, investigate and address any activity within its terms of reference. It is authorised to seek a range of views, expertise, transparency and openness in meeting its objective. The Committee is authorised to request the attendance of individuals and advisors with relevant experience and expertise where necessary.

1.3 Approved minutes of the Committee are circulated to the Board for information at the first formal meeting of the Board after approval. The minutes are also circulated to those regularly in attendance. The Committee Chair provides the Board with a brief summary of the Committee's work at the first available Board meeting opportunity after each Committee meeting. The Chair of the Committee will escalate matters to the Board as deemed appropriate.

1.4 Trust Standing Orders and Standing Financial Instructions apply to the operation of this Committee.

2. Achieving Objectives

2.1 The Committee shall be accountable to the Board and through its work shall enable and underpin organisational success by:

    (i)   fostering an open, anticipatory, adaptive and proactive risk-aware culture in which people are actively engaged;

    (ii)   keeping risk under prudent control on behalf of the Board and in accordance with the Board's risk appetite - maintaining an effective control system and minimising over-exposure to harm;

    (iii)   horizon scanning, challenging and keeping material risk under review at all times; and

    (iv)   improving organisational resilience.

3. Primary Duties and Responsibilities

3.1 Receive and consider reports following relevant investigations or failures in healthcare provision (within or external to the Trust) and to discuss and agree subsequent action required to keep the residual risk under prudent control.

3.2 Systematically review, scrutinise and challenge risk profiles across all CSU's and Corporate Departments ensuring the correct strategy is adopted for managing each key risk, and verifying controls and action plans are in place and effective for those risks which remain intolerant.

3.3 Satisfy itself and the Board that the structures, processes and responsibilities for identifying and managing key risks to patients, staff and the organisation are adequate.

3.4 Monitor, evaluate and scrutinise all risks recorded on the risk register with a current risk rating of 10

or more, escalating to the Board those that pose a significant threat to the operations, safety, financial health or reputation of the Trust and score 15 or more.

3.5 Oversee the population and management of the Board Assurance Framework, which is presented to the Board of Directors and Audit Committee at least twice a year.

3.6 Review and approve the Trust's Risk Management, Health & Safety and related policies and procedures.

3.7 In accordance with requirements of the Regulator, formally review the capacity to handle risk ensuring all requirements are met for the Chief Executive to sign the Annual Governance Statement and other relevant public disclosure declarations.

3.8 Work closely with the Board's Quality Assurance Committee, Finance Committee and Performance, Audit Committee and Research, Education and Training Committees to understand the corporate risk profile and, where necessary, to clarify the arrangements for dealing with those risks between committees.

3.9 The Chair of the Committee shall attend an annual meeting with the Audit Committee to ensure appropriateness of risk management structures. In addition, to make recommendations concerning the annual programme of Internal Audit work, to the extent that it applies to matters that fall within these terms of reference.

3.10 To ensure all risks are escalated, reviewed and managed in line with the Trust's Risk management Policy.

3.11 To provide an annual letter of assurance to the Chair of Audit Committee confirming the effectiveness of the Committee and fulfilment of its objective and to the effect that the Committee has disclosed to the Audit Chair all significant deficiencies and material weaknesses in the design or operation of internal controls, of which the Committee are aware, which could adversely affect the Trust's ability to provide safe, high quality and satisfactory care for patients.

4. Duties and Etiquette

4.1 The duties of the Chairperson of the Committee shall be to:

- keep the Board informed regularly of any material matters which have come to the Committee's attention;
- ensure that minutes of the Committee are an accurate reflection of discussion;
- attend or designate another member of the Committee to attend public meetings of the Trust to answer any questions related to the work of the Committee;
- submit an annual report on the work of the Committee to the Board; and
- ensure that all significant risks are discussed and escalated in line with LTHT's Risk Management Policy.

4.2 The duties of members and attendees shall be to:

- attend and contribute
- have read the papers and materials in advance and be ready to work with them
- actively participate in discussions pertaining to Committee business ensuring that solutions and

action plans have multidisciplinary perspectives and have considered the impact Trust-wide;

- disseminate the learning and actions from the meetings; and
- to attend at least 80% of meetings of the Committee per year.

5. Constitution

5.1   The Committee shall meet as often as required but not less than ten times each year.

5.2   The quorum for meetings shall be two Members, one of whom should be the Committee Chairman, unless he or she is unable to attend due to exceptional circumstances. In the absence of both the Committee Chair and Vice Chair a decision will be taken in advance of the meeting as to which member of the committee shall chair that particular meeting.

6. Membership and attendance

6.1   Members of the Committee shall be appointed at the discretion of the Chief Executive. The Chairman and Non-Executive Directors shall have the right of attendance but not as members of the Committee. Any member of the Committee who is able to speak and be heard by each of the other members shall be deemed to be present in person and shall count towards the quorum. The core membership shall be:

(i)   Chief Executive (Chair)
(ii)   Chief Nurse
(iii)   Chief Medical Officer (Vice Chair)
(iv)   Chief Operating Officer
(v)   Director of Finance
(vi)   Director of Human Resources & Organisational Development
(vii)   Chief Digital and Information Officer

In routine attendance:

(i)   Medical Director (Planned Care)
(ii)   Medical Director (Risk and Governance)
(iii)   Director of Quality
(iv)   Serious Incident Investigation and Learning Manager
(v)   Director of Strategy
(vi)   Trust Risk Manager
(vii)   Head of Internal Audit
(viii) CSU triumvirate leads (as part of rolling programme)
(ix)   Non-Executive Director (Chair of Audit Committee)

6.2   The Company Secretary shall be in attendance at all meetings. Members or those in attendance may send deputies to represent them in their absence. The Chair may invite specific colleagues to address the Committee where appropriate.

6.3   In order for decisions taken by the Committee to be valid, the meeting must be quorate. This will consist of two members of the Committee being present at the point when any business is transacted. [See 6.1 above].

6.4   The Committee is serviced by the Director of Quality in conjunction with the Serious Incident Investigation and Learning Manager, who shall organise meetings, prepare the annual work plan and ensure a record of proceedings. Papers shall be available at least five clear days before each

meeting. Papers shall not be tabled unless it is essential and only with the Committee Chair's prior agreement.

6.5   Terms of reference are reviewed annually or in the light of changes in practice or national/local guidance. The Chief Executive will initiate the mechanism to review performance, which shall include the extent to which the Committee has operated in satisfaction of its terms of reference, and in particular compliance with reporting arrangements to the Board.

Document Owner

The Company Secretary is the owner of this document and of any Board minute authorising an amendment to the Terms of Reference.