NHS
The Leeds
Teaching Hospitals
NHS Trust

PUBLIC BOARD - 26 May 2022

Annual Report from the Risk Management Committee 2021/22

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 7 April 2022

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	✓

Risk Appetite Framework				
Level 1 Risk	**(✓)**	**Level 2 Risks**	**(Risk Appetite Scale)**	**Risk**
Workforce Risk		Choose an item.	Choose an item	Choose an item.
Operational Risk		Choose an item.	Choose an item	Choose an item.
Clinical Risk		Patient Safety & Outcomes Risk - 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		Choose an item.	Choose an item	Choose an item.
External Risk		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. The annual report of the Risk Management Committee for 2021/22 is presented for review at the Trust Audit Committee in May 2022.	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 and that the Committee has discharged its duties in line with the ToR.	Assurance/approval
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. 4. The Committee has met its duties relating to reporting requirements set out in the Terms of Reference.	Assurance
5. Work Plans I. The Board of Directors approved the Committees Work Plan for 2022/23, and reports assurance against items received during the year, (or stating where it cannot provide assurance). 6. The Committee sets out its draft Work Plan for the coming year, seeking approval from the Board.	Assurance or escalation

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RISK MANAGEMENT COMMITTEE 2021/22 ANNUAL REPORT

Julian Hartley Chief Executive

CHAIR OF RISK MANAGEMENT COMMITTEE

1. Summary

The purpose of this annual report is to provide assurance to the Trust Board that the Risk Management Committee has carried out its obligations in accordance with its terms of reference and work plan for 2021/22.

This report describes the Risk Management Committee activities from 1 April 2021 to 31 March 2022.

2. Background

The Trust currently has a Quality Assurance Committee, Audit Committee, Finance & Performance Committee, Remuneration Committee and Digital and IT Assurance Committee all of which are chaired by Non-Executive Directors, reporting to the Trust Board. The Risk Management Committee is also in place, chaired by the Chief Executive, and a Research, Education & Training Committee, chaired by Chief Medical Officer. These Committees have delegated authority from the Trust Board for specified areas of responsibility.

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 seventh 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's membership is set out below:

- 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 (Risk and Governnce)
- 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.

3. Meetings

The Committee met monthly in 2021/22 (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.

Since April 2020 the meetings have been streamlined to support the coronavirus (COVID-19) 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; however discussions of risks were by exception and with particular focus on issues arising in relation to the COVID-19 pandemic.

4. Work Programme

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 2021/22 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.

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 and the programme to recommence normal activity levels and to consider 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 24 risks on the Corporate Risk Register as at March 2022 compared with 26 risks in March 2021. There have been 2 new corporate risks added to the register and 4 have been removed.

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 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 slightly higher for the last two years and is perhaps reflective of the extraordinary circumstances the Trust has been operating in during the coronavirus pandemic. Assurance derives from the rigorous review of corporate risks at each meeting of the Risk Management Committee.

Risk Management Framework

The Trust's Internal Auditors completed a review of the Risk Management Committee in April 2021 and this was presented to the committee meeting in May 2021. The audit had a particular focus on the approach that had been taken to reviewing risks by exception during the course of the coronavirus pandemic. The overall report classification was low risk and a number of constructive observations were included to emphasise the effectiveness of the Committee and identify some areas for improvement, including the process for horizon scanning to detect emerging risks from both the internal and external environment. This is a standing item on the Committee agenda.

AQUA undertook a 'Well-Led' development review in the Trust and observed the September meeting of the Committee. Their findings in relation to the Risk Management Committee were as follows:
- The Chief Executive's chairing of this Committee is very effective and a good signal of the importance to the Board of risk management.
- A well-attended Committee with strong executive presence. One non-executive (Audit Committee Chair) in attendance in an observer capacity.
- The CSU risk register reports and presentations are a real asset in terms of providing a collective line of sight to CSU priorities. The interviews with the CSU leadership teams confirmed the value that these teams place upon this opportunity to give visibility to their risks. CSU risk ownership and focus is evident;

- Good debate surrounding any proposals to adjust risk scores. And a related constructive debate on recovery prompted by risk discussions.

Observations for improvement were identified as follows:
- The context of each risk is presented well, albeit at some length, and there may be benefit in setting a more incisive and consistent format for CSUs to present against. There is not a consistent approach for the Committee to test mitigations to close the gap between current and target risk. As a result, questions and challenge do not always flow easily.
- The presented risks contained in the risk register are not all up to date in terms of mitigations e.g, aligning with workforce planning.

During March 2021 The Trust Internal Auditors commenced a review of Risk Management Processes with a brief to review the Trust's Risk Management Framework, including the functioning of the Risk Management Committee and the reporting, reviewing and escalation of a specific sample of corporate risks. At the time of writing that review has not yet concluded.

Risk Appetite
A Task and Finish Group that was established at the request of the Board to review the Trust approach to the consideration and recording of the organisation's risk appetite completed its work and published an enhanced risk appetite statement that was approved by the Board in March 2021. The new risk categories and corresponding risk appetite scales are used on all Trust Committee papers and the Corporate Risks have been aligned to the new category groups.
A risk appetite masterclass was delivered to senior corporate and clinical managers on 12 May 2021 to raise awareness of the new changes and the requirements for assessing risk.

5. **Key risk areas reviewed in 2021/22**

*Please note each corporate risk below is referenced by the new risk number following alignment of the corporate risk register to the new risk categories that took place in October 2021.

Risk of re-commencing normal activity levels due to reduced capacity (COVID-19) (CRRC2)
The risk has been reviewed at each meeting in acknowledgment that this continues to be a rapidly developing situation. As the impact of the second 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. Over the course of the year the risk description was changed to bring it in-line with the HSE framework for managing safety at work. At the April meeting the score was

reduced from 16 to 20 to reflect the success of the staff vaccination programme. The risk score was increased back to 20 at the August meeting following lifting of some of the national rules relating to isolation along with a local rise in prevalence leading to increased staff unavailability. Vaccination as a condition of employment and long-term remote working for staff have been reflected in the controls and mitigations for this risk. The risk is overseen at Workforce Committee.

Delivering (Covid-19) vaccination programme (CRRW3)

This risk has been reviewed at each meeting in acknowledgement of the dynamic nature of this risk. The risk was updated to reflect the use of different vaccines on site, the closure of the Thackray and Elland Road Pavillion locations, and the introduction of the booster programme in autumn/winter alongside the flu vaccination programme.

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. Staffing capacity issues were also reflected in the corporate risks describing the controls and actions relating to the Nightingale Hospital Yorkshire & Humber (CRRS19) and the Leeds vaccination programme (CRRW3).

Failure to deliver the financial plan 2021/22 (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 November meeting the finance team proposed reducing the score from 20 to 15 in light receipt of H2 funding clarification and an increased confidence in delivery. The Committee supported this reduction to the risk score.

Building the Leeds Way

There are three corporate risks in relation to the Building the Leeds Way project and these have been presented by the Director of Finance on two occasions. These were developed with the BtLW Programme Board and are regularly reviewed by them. At the meeting in November the Committee agreed an increase in score from 16 to 20 for the Hospital of the Future project (CRR07) in light of volatility regarding funding and approval process for outline business cases. The risk relating to delivery of the LGI site development was presented at the November meeting with a proposal to increase the risk score to 16 and add it back on to the corporate risk register in light of the rising costs for the project. This was supported by the Committee.

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 relate to a business case and project for replacement that is being progressed. It was reported to the October 2021 meeting that the replacement programme had been a success and the risk could be removed from the corporate risk register to be overseen by the Digital & Informatics Team.

Nightingale Hospital Yorkshire & Humber
Following decommissioning of the Nightingale Hospital Yorkshire & Humber the committee agreed at the May 2021 meeting that this risk be removed from the corporate risk register.

Commercially confidential risks
The Committee maintained its approach to the reporting of details relating to corporate risks which were agreed to be commercially sensitive (CRRO6) Commercial pressures arising from delays to the Generating Station Complex at LGI) and Airedale Hospital Infrastructure (CRRC12) for public meetings.

Risk Management Policy
The Risk Management Policy was reviewed in quarter 4 2021/22 and updates made in response to the new risk categories and risk appetite statement. References to serious incidents were removed in anticipation of a move to the new NHS Patient Safety Incident Response Framework in the Trust. The updated policy was received by the Committee at the January meeting and the changes agreed.

Fire, Security and Health and Safety
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 2021/22.

6. Forward work Plan 2022/23

A comprehensive work plan has been approved by the Committee for 2022/23 and is attached at Appendix 3.

7. Terms of Reference

The terms of reference were updated in January 2021 to reflect minor changes to the titles of full members of the Committee. These were approved by the Board in March 2021. The full terms of reference are attached at Appendix 4

8. Risk Management Committee Objectives 2022/23

The Risk Management Committee Objectives for 2022/23 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.

9. 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.

10. Recommendations

The Risk management Committee is asked to receive and note this annual report before it is presented to the Trust Audit Committee, for assurance.

Craig Brigg
Director of Quality
April 2022

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	Risk Score March 2022
		Safety and Quality Risk									
CRRW1	CRR 1	Inadequate nurse staffing levels	20	20	20	16	16	16	16	16	16
CRRW2	CRR18	Insufficient Medical Staff to deliver service		16	16	16	16	16	16	16	16
CRRC1	CRR 2	Healthcare-acquired infection	25	20	20	15	15		16	16	16
CRRC3	-	Patient harm - falls and hospital acquired pressure ulcers (COVID-19)							16		16
CRRO3	CRR 33	Violence due to organic, mental health or behavioural reasons			16	16	16	16	16	15	15
CRRO1	CRR 42	Risk of a viral pandemic						15	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	
CRRO2	CRR 35	Power failure/lack of IPS/UPS resilience due to electrical infrastructure				16	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		
CRRC2	-	Risk of re-commencing normal activity levels due to reduced capacity (COVID-19)								20	20
CRRO4	-	Staff Health, Safety and Wellbeing During the COVID-19 Pandemic								20	20
CRRS18	-	Failure or complete outage of the Patient Administration System							15		
CRRS19	-	Additional staffing capacity (COVID-19) Nightingale Yorkshire & Humber							20		
CRRW3	-	Delivery of the Leeds & West Yorkshire (COVID-19) Vaccination programme								16	16
		Financial Risk									
CRRF1	CRR 9	Failure to deliver the financial plan 2021/22	25	25	25	20	20	20	15	15	15
CRRF2	CRR 40	Insufficient capital resources						16	16		
CRRO6	CRR 44	Risk relating to commercial pressures arising from delays in delivering the refurbishment of the Generating Station Complex						15	15	15	16
CRRO7	-	Risk of failure to deliver the hospital of the future project								16	20
CRRO8	-	Risk of failure to deliver the pathology project								16	16
CRRO9	-	Risk of failure to deliver the LGI Site Development Project									16
		Performance and Regulation Risk									
CRRC4	CRR12	Failure to achieve the Emergency Care Standard	15	20		20	20	20	20	20	20
CRRC5	CRR13	18 week RTT target non-compliance	20	20	20	20	20	20	20	20	20
CRRC6	CRR15	62 day cancer target	15	20	20	20	20	20	16	16	16
CRRC7	CRR23	Rate of cancelled operations not re-booked within 28 days		16	16	16	16	16	16	16	16
CRRC8	CRR 45	52 week RTT non-compliance in spinal injuries and colorectal services						20	16	16	16
CRRC9	CRR22	Patients waiting longer than 6 weeks following referral for diagnostic tests		15	15	15	15	15	15	16	16
CRRC10	CRR31	Patient flow and capacity for emergency admissions (health economy)			20	20	20	20	20	20	20
CRRC11	CRR32	Unsustainable levels of medical outliers and patients waiting in non-designated areas			20	20	20	20	15	15	15
		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	23
	Total risk score		219	312	276	350	313	371	374	434	388
	Average risk score		18	17	20	17	17	16	16	17	17

Appendix 2 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	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**			RM Policy review to note	RM Policy review for approval		
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 & Finance	CNO	CMO
High Impact / Low Probability Events: Emergency Preparedness Status Report	**OH/CS**						◆
Risk Management Committee Annual Report						◆	
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**			◆			

Appendix 3 2022/23 Work Plan

ITEM	LEAD	7 APR 2022	5 MAY 2022	2 JUN 2022	7 JUL 2022	4 AUG 2022	1 SEP 2022
Terms of Reference	**CB**						
Forward Planner 2022/23	**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	Leeds Dental Institute Adult Therapies Head & Neck Outpatients	Women's Children's Pathology	Oncology Abdominal Medicine & Surgery Radiology	Urgent Care Specialty & Integrated Medicine Villa Care MMPS	Theatres & Anaesthetics Adult Critical 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
Emergency Preparedness Status Report	**OH/CS**						◆
Risk Management Committee Annual Report	**CB**						
Health & Safety Report *(RIDDORs, accident trends etc)*	**CB**	◆ For 2021/22 FY (Annual Report)*					
Fire Safety Quarterly Report and Action Plan	**PA**		◆ Q4 2021/22			◆ Q1 2022/23	
Quarterly Security Report and Action Plan	**PA**			◆ Q4 2021/22			◆ Q1 2022/23
Policies for Approval *(as required)*	**ALL**						
Review Committee's Effectiveness	**JH**	◆	◆	◆	◆	◆	◆
Central Alerts Compliance Update	**CB**			◆ Full Year Review			
PREVENT	**CR**				◆		
BAF Review	**CB**			◆			

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ITEM	LEAD	6 OCT 2022	3 NOV 2022	1 DEC 2022	5 JAN 2023	2 FEB 2023	2 MAR 2023
Terms of Reference	**CB**						Formal Review
Work Plan Review 2023/24	**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 Neurosciences Cardio-Respiratory	Adult Therapies Head & Neck Leeds Dental Institute Outpatients	Women's Children's Pathology	Abdominal Medicine & Surgery Radiology Review of CRR	Theatres & Anaesthetics Adult Critical Care Oncology MMPS	Urgent Care Specialty & Integrated MedicineVilla 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**	◆ 2022/23 (Half Year Report)					
Fire Safety Quarterly Report and Action Plan	**PA**		◆ Q2 2022/23			◆ Q3 2022/23	
Quarterly Security Report and Action Plan	**PA**			◆ Q2 2022/23			◆ Q3 2022/23
Policies for Approval *(as required)*	**ALL**				RM Policy to note	RM Policy for approval	
Review Committee's Effectiveness	**JH**	◆	◆	◆	◆	◆	◆
Central Alerts Compliance Update	**CB**						
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

Meetings:	1st Thursday of the Month
Time:	1-3pm
Venue:	Via Microsoft Teams

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