



**PUBLIC BOARD**  
**Corporate Risk Register**

**25 January 2024**

<b>Presented for:</b>	Assurance
<b>Presented by:</b>	Professor Phil Wood, Chief Executive Magnus Harrison, Chief Medical Officer Simon Worthington, Director of Finance Jackie Murphy, Interim 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
<b>Author</b>	Craig Brigg, Director of Quality
<b>Previous Committees</b>	Risk Management Committee 7 December 2023 and 4 January 2024

<b>Our Annual Commitments for 2023/24 are:</b>	
Effectively develop and deploy new assets (buildings, equipment, IT)	✓
Reduce healthcare associated infections	✓
Improve staff retention	✓
Deliver the financial plan	✓
Reduce average length of stay by 0.5 days per patient	✓
Achieve the Access Targets for Patients	✓
Support a culture of research	✓

<b>Trust Risks (Type &amp; Category)</b>				
<b>Level 1 Risk</b>	(✓)	<b>Level 2 Risks</b>	<b>(Risk Appetite Scale)</b>	<b>Risk</b>
Workforce Risk		<ul style="list-style-type: none"> <li><b>Workforce supply</b> 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.</li> </ul>	Cautious	↔ (same)
Operational		<ul style="list-style-type: none"> <li><b>Business continuity</b></li> </ul>	Cautious	↔ (same)

Risk		We will develop and maintain stable and resilient services, operating to consistently high levels of performance.		
Clinical Risk		<ul style="list-style-type: none"> <li>• <b>Capacity planning</b> 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.</li> <li>• <b>Infection prevention and control</b> We will manage the risks related to infection prevention and control to reduce the transmission of infection in our hospitals.</li> <li>• <b>Patient safety and outcomes</b> 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.</li> </ul>	Minimal	↔ (same)
Financial Risk		<ul style="list-style-type: none"> <li>• <b>Financial management and waste reduction</b> We will deliver sound financial management and reporting for the Trust with no material misstatements or variances to forecast.</li> </ul>	Cautious	↔ (same)
External Risk		<ul style="list-style-type: none"> <li>• <b>Regulatory risk</b> We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.</li> </ul>	Averse	↔ (same)

Key points	
1. There are currently 23 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"> <li>(i) consider, challenge and confirm the correct strategy has been adopted to ensure potentially significant risks are kept under prudent control</li> <li>(ii) consider and approve the changes to significant risks following the meetings of the Risk Management Committees held on 7 December 2023 and 4 January 2024</li> <li>(iii) advise on any further risk treatment required.</li> </ul>	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 (7 December 2023 and 4 January 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 & Safety:** harm due to clinically related behaviours that challenge linked to organic, mental health or other reasons and staff health, safety and wellbeing during the COVID-19 pandemic.
- **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 (COVID-19), achieving the Emergency Care Standard, 18-week RTT target, 62-day cancer target, 28-day cancelled operation target, patients waiting 52-and 78 weeks for treatment across a range of services and patients waiting longer than 6 weeks following referral for diagnostics tests.
- **Capacity Planning:** patient flow and capacity for emergency admissions, Airedale Hospital infrastructure potential risk re transferring patients to LTHT.

### Financial Risk

- **Financial Management & Waste Reduction:** delivery of financial targets in 2023/24 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 7 December 2023 and 4 January 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 December 2023 and January 2024.

### **Risks reviewed at the December 2023 Risk Management Committee**

#### **CRRW4 - Insufficient staff to provide treatment, care and services to patients.**

This corporate risk had been reviewed by the Human Resources Team, in conjunction with the Medical Directorate and the Corporate Nursing Team, with an update of controls and further mitigating actions relating to staff groups. There was no proposed change to the risk score of 16.

#### **CRRO3 - Harm due to clinically related behaviours that challenge linked to organic, mental health or other reasons.**

This corporate risk was reviewed by the Lead Professional for McA/MHA and Vulnerable Groups, with an update of controls and further mitigating actions, including the agreed pilot of Elsevier restraint digital care plans during Q4 2023/24 and the continued use of the bespoke restraint care bundle for patients who lack mental capacity to consent to ensure compliance with duties under MCA and DoLs safeguards. There was no proposed change to the risk score of 16.

#### **CRRO4 - Staff absence health, safety and wellbeing.**

This corporate risk was reviewed by the Deputy Director of Human Resources, in conjunction with the HR team with an update of controls and further mitigating actions, including the work that was underway to recruit an additional clinical psychologist to support corporate teams. It was noted that this risk was predominantly focused on staff absence from the workplace due to COVID-19 and prolonged periods of industrial action. There was no change to the risk score of 15, this would be further reviewed at staff health and wellbeing group, and Workforce Committee in January 2024.

#### **CRRC6 - 62-day cancer target.**

This corporate risk was reviewed by the Corporate Operations Team with an update of controls and further mitigating actions, including the additional funding request to improve the backlog position through the use of the independent sector for dermatology, plastics and pathology. A long term workforce plan was being developed to create a sustainable service and timeout with the dermatology team and stakeholders identified pathway improvements to be implemented. It was agreed that the risk description was amended to add the impact of the risk in treating patients within 62 days on potential patient harm. There was no proposed change to the risk score of 16.

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

This corporate risk was reviewed by the Corporate Operations Team, with an update of controls and further mitigating actions, including the Same Day Emergency Care service (SDEC), which was due to open in December 2023 to support patient flow through the emergency care pathway. Additional controls were highlighted related to

Robotic Process Automation (RPA) to support the administrative validation of the waiting list, linking this to the clinical validation process. There was no proposed change to the risk score of 20.

The Committee were briefed by the pathology CSU on the external investigation related to paraprotein reporting, noting this had been completed. The Committee were advised that the report with the recommendations and actions for improvement would be shared with the Board, West Yorkshire ICB and CQC engagement lead, and also with patient representatives who were invited to meet to discuss the findings of the investigation on 5 January 2024. The pathology and haematology leads continued to meet to review the reporting processes and turnaround times, supported by the Medical Director (Operations) and Medical Director (Risk and Governance). A report on progress against the recommendations and actions set out in the investigation report would be presented to Quality Assurance Committee (QAC) at the next meeting in February 2024.

### **Risks reviewed at the January 2024 Risk Management Committee**

#### **CRRO2 - Power failure/lack of IPS/UPS resilience due to electrical infrastructure.**

This corporate risk had been reviewed by the Director of Estates and Facilities, with an update on controls and further mitigating actions, including further investment, which had been allocated to electrical backlog priorities from 2025/26 to 2028/29.. There was no proposed change to the risk score of 16.

#### **CRRO6 - Risk relating to commercial pressures arising from delays in delivering the refurbishment of the Generating Station Complex (GSC) at LGI.**

This corporate risk had been reviewed by the Director of Estates and Facilities, with an update on controls and further mitigating actions, including the major equipment installation, which had been completed and a date for the final Black Start test. The Estates and Facilities Team recommended that the risk score was reduced from 16 to 12 and this was supported by the Committee. This would be removed from the corporate risk register and would continue to be overseen by the Estates and Facilities Team and documented on their risk register.

#### **CRRC4 - Failure to achieve Emergency Care Standard.**

This corporate risk has been reviewed by the Corporate Operations Team, with an update of controls and further mitigating actions, including the Medical Escalation Policy, which was reviewed by Clinical Directors in November 2023 to increase medical reviews of patients to support reducing length of stay and increasing discharges. There was no proposed change to the risk score of 20.

#### **CRRC9 - Patients waiting longer than 6 weeks following referral for diagnostics tests.**

This corporate risk has been reviewed by the Corporate Operations Team, with an update of controls and further mitigating actions, including the monthly service delivery accountability meetings with CSUs introduced from December 2023. There was no proposed change to the risk score of 16.

### **Proposed New Corporate Risks**

#### **December 2023 Meeting**

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

#### **January 2024 Meeting**

The Estates and Facilities Team briefed the Committee on a significant risk relating to Brotherton Wing Roof at the LGI location. The Committee considered the risk score in light of the escalating situation and the proposed risk score of 20 was supported. This would therefore be added to the corporate risk register and reported to January Board.

### **Horizon Scan - New Risks**

At the December 2023 meeting the Committee were briefed on a risk related to the Trust data storage capacity, which related to the Genomics Service. A summary of mitigating actions was provided to the Risk Management Committee, this included an agreement with the Genomics team to delete data in line with the agreed plan. It was agreed that following this update the risk would continue to be managed through DIT and documented on their local risk register and escalated to Risk Management Committee if any material risks were identified.

At the January 2024 meeting the Committee considered the risk relating to Trusts estates and facilities services being unable to address the unavoidable physical environmental changes that climate change would bring. The risk related specifically to the significant overheating and flooding risks as a consequence of climate change. The Committee agreed that the proposed risk score of 15 needed to be reviewed, acknowledging the review that was being undertaken by the Estates and Facilities Team. It was proposed that this would be reviewed again at Risk Management Committee in April 2024 where the risk score would be reviewed and a decision taken regarding adding this to the corporate risk register.

## **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 December and January 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**  
**January 2024**