



PUBLIC BOARD

Corporate Risk Register

28 March 2024

Presented for:	Assurance
Presented by:	Professor Phil Wood, Chief Executive Magnus Harrison, Chief Medical Officer Simon Worthington, Director of Finance Rabina Tindale, Chief Nurse Jenny Lewis, Director of Human Resources and Organisational Development Paul Jones - Chief Digital and Information Officer Clare Smith - Chief Operating Officer Craig Richardson - Director of Estates and Facilities
Author	Craig Brigg, Director of Quality
Previous Committees	Risk Management Committee 1 February 2024 and 7 March 2024

Our Annual Commitments for 2023/24 are:	
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	✓

Trust Risks (Type & Category)				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Risk
Workforce Risk		<ul style="list-style-type: none"> Workforce supply We will deliver safe and effective patient care through having adequate systems and processes in place to ensure the Trust has access to appropriate levels of workforce supply. 	Cautious	↔ (same)
Operational		<ul style="list-style-type: none"> Business continuity 	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"> • Capacity planning We will ensure that capacity is planned to meet the demand for elective and no-elective (acute) admissions to our hospitals, managing this risk to provide safe treatment and care to our patients. • Infection prevention and control We will manage the risks related to infection prevention and control to reduce the transmission of infection in our hospitals. • Patient safety and outcomes We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients. 	Minimal	↔ (same)
Financial Risk		<ul style="list-style-type: none"> • Financial management and waste reduction We will deliver sound financial management and reporting for the Trust with no material misstatements or variances to forecast. 	Cautious	↔ (same)
External Risk		<ul style="list-style-type: none"> • Regulatory risk We will comply with or exceed all regulations, retain its CQC registration and always operate within the law. 	Averse	↔ (same)

Key points	
1. There are currently 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"> (i) consider, challenge and confirm the correct strategy has been adopted to ensure potentially significant risks are kept under prudent control (ii) consider and approve the changes to significant risks following the meetings of the Risk Management Committees held on 1 February 2024 and 7 March 2024 (iii) advise on any further risk treatment required. 	Discussion

1. Summary

- 1.1 The significant risk profile provides Directors with details of all identified significant risk exposures throughout Leeds Teaching Hospitals NHS Trust. These risks are subject to review in line with the Risk Management Committee work plan. The Risk Management Committee has met on two occasions (1 February 2024 and 7 March 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 1 February 2024 and 7 March 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 February 2024 and March 2024.

Risks reviewed at the February 2024 Risk Management Committee

CRRC3 - Patient harm – falls and hospital acquired pressure ulcers.

This corporate risk was reviewed by the Chief Nurse in conjunction with the Corporate Nursing Team, with an update of controls and further mitigating actions, including progress on the implementation of digital care plans and the prioritisation relating to falls and pressure ulcers. The new Patient Safety Incident Response Framework (PSIRF) was also being used to review learning from hospital onset pressure ulcers and falls, including implementation of a thematic review to replace the panel meetings. There was no proposed change to the risk score of 16.

Risks reviewed at the March 2024 Risk Management Committee

CRRO4 - Staff health and wellbeing.

This corporate risk has been reviewed and fully revised by the Director of Human Resources, in conjunction with the HR Department with an update of controls and further mitigating actions, including updates relating to managing junior doctor sickness absence in larger CSU's, enhanced support for managers from HR operational team, occupational health and health and wellbeing teams and review of organisational immunisation programme to be completed by September 2024. The proposal to keep this on the corporate risk register with a risk score of 16 was supported by the Committee.

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

This corporate risk has been reviewed by the Chief Digital and Information Officer, with an update of controls and further mitigating actions, including the plans to enlist recruitment agencies to support recruitment and work with NHS IMAS and NHS Professionals. There was a recommendation to reduce the current risk score from 15 to 12 and to remove it from the corporate risk register, with a view to manage the risk locally via the Digital & Information Team risk register. This was considered by the Committee and it was agreed that the DIT team would rearticulate the proposed five new risks within risk CRO11 and re-present it to the Committee in April 2024.

CRRC5 - 18-week RTT target non-compliance.

This corporate risk had been reviewed by the Corporate Operations Team, with an update of controls and further mitigating actions, including the theatre productivity PID that had been developed to deliver an increase in operating theatre list utilisation and the number of cases per session, which would be overseen by the Waste Reduction Board. It was recommended that the corporate risks CRRC5 and CRRC8 were reviewed together by the corporate operations team with a view to describing an aggregated risk that captured the requirement to deliver the 18 week constitutional standard whilst taking into account the target set by NHS England and the details in the

operational planning guidance 2024/25 when it was published. There was no proposed change to the risk score of 20.

CRRC7 - Failure to achieve 28 day cancelled operations target.

This corporate risk has been reviewed by the Corporate Operations Team, with an update of controls and further mitigating actions, noting the significant progress that had been made, which had resulted in a two third reduction in the number of cancellations compared to a year ago. There was no proposed change to the risk score of 16.

CRRC10 - High occupancy levels and insufficient capacity and flow across the health and Social care system causing impact on patient safety, outcomes and experience.

This corporate risk has been reviewed by the Corporate Operations Team, with an update of controls and further mitigating actions, including the newly refurbished and extended medical and elderly SDEC established alongside the St James's Emergency Department with a focus on increasing admission avoidance and early senior decision making for patients, which was established in mid-December 2023. This SDEC included overnight stay for patients who did not need to be admitted but needed a short period of observation or treatment through the night. There was no proposed change to the risk score of 20.

Proposed New Corporate Risks

February 2024 Meeting

There were no new corporate risks to be added to the corporate risk register in February, a further review would be undertaken related to the Chemocare system, led by MMPS in conjunction with Oncology CSU. The outcome of this review would be noted at the next Risk Management Committee in March 2024 on the action tracker.

March 2024 Meeting

The Digital & Information Team proposed five new corporate risks, which related to infrastructure and need for investments. The specific risks related to the following:

- Insufficient capacity in the Coding Team impacting PBR and mortality data.
- Trust Telephone system at the LGI may fail due to the age of the equipment.
- Trust IT System failure due to Server unsupported Operating Systems.
- Trust Data Storage and Computer capacity will run out of space due to increased demand.
- Failure to maintain Trust IT estate to minimally supported standard.

The Committee considered how the risks would be described and managed and reported to Board through the corporate risk register.. The proposal to develop an overarching corporate risk related to digital infrastructure and the impact of service delivery was supported by the Committee. The Chief Digital and Information Officer agreed to discuss this with DIT and develop an overarching corporate risk with a proposed risk score for review at the Committee in April 2024 with a view to adding this to the corporate risk register.

Horizon Scan - New Risks

There were no new risks identified by the Committee at the February 2024 meeting.

There were no new risks identified by the Committee at the March 2024 meeting.

2. Risk

The Risk Management Committee provides Executive oversight of the Trust's most significant risks, which cover the level 1 risk categories (see summary on front sheet). Following discussion at the February and March 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
March 2024