



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

**30 January 2025**

<b>Presented for:</b>	Assurance
<b>Presented by:</b>	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
<b>Author</b>	Najmin Begum, Quality Governance Facilitator
<b>Previous Committees</b>	Risk Management Committee 5 December 2024 and 9 January 2025

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

<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</li> </ul>	<b>Cautious</b>	↔ (same)

		Trust has access to appropriate levels of workforce supply.		
Operational Risk		<ul style="list-style-type: none"> <li>• <b>Business continuity</b> We will develop and maintain stable and resilient services, operating to consistently high levels of performance.</li> </ul>	Cautious	↔ (same)
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 20 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 5 December 2024 and 9 January 2025.</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 (5 December 2024 and 9 January 2025) since the last meeting of the Board. This report has been updated to summarise the decisions made by the Risk Management Committee.
- 1.2 The Trust has identified a range of significant risks, which are currently being mitigated, whose impact could have a direct bearing on the achievement of Trust strategic priorities and annual commitments, meeting the requirements within the NHS Accountability Framework, and CQC registration should the mitigation plans be ineffective. Currently, the significant risks relate to the following areas:

### Workforce Risk

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

### Operational Risk

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

### Clinical Risk

- **Infection Prevention & Control:** healthcare acquired infection.
- **Patient Safety & Outcomes:** achieving the Emergency Care Standard, 18-week RTT target, 62-day cancer target, 28-day cancelled operation target and patients waiting longer than 6 weeks following referral for diagnostics tests.
- **Capacity Planning:** high occupancy levels and insufficient capacity and flow across the Health and Social care system causing impact on patient safety, outcomes and experience.

### Financial Risk

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

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 5 December 2024 and 9 January 2025, 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 2024 and January 2025.

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

#### **CRRO8 - Risk of failure to deliver the pathology project.**

An update was provided on this risk, noting that the changeover of the Laboratory Information Management System (LIMS) for Blood Sciences and Specialist Laboratory Medicine had been successfully completed week commencing 2 December 2024. The Committee noted the communications and mitigating actions that had been put in place to manage the transfer and maintain business continuity during this period, and the work that had been put into this led by Pathology CSU was acknowledged by the Committee. In light of the LIMS phase 1 delays and the agreed split release for December 2024 and March 2025, an impact assessment had been undertaken to consider whether LIMS phase 2 would benefit from a split release also. The Committee noted the progress that continued to be made and the associated risks in delivery within the agreed timeframes. There was no proposed change to the risk score of 20.

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

This corporate risk had been reviewed by the Human Resources Team, Medical Directorate and Corporate Nursing Team, noting that this had been amalgamated to provide an aggregate risk related to workforce supply, with an update on 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 had been reviewed by the Head of Nursing for Safeguarding, Mental Health Legislation, Learning Disabilities and Autism, with an update on controls and further mitigating actions, including the training needs analysis which had been developed by the Prevention and Management of Violence and Aggression (PMVA) Team and Clinical Educators and the successful recruitment to a number of posts within the PMVA Team. There was a recommendation to reduce the risk score from 16 to 9 in light of the mitigating actions that had been put in place. This proposal was supported by the Committee, and it was agreed that this risk would be removed from the corporate risk register and overseen by the Chief Nurse Team.

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

This corporate risk had been reviewed by the Corporate Operations Team, with an update on controls and further mitigating actions, including the task and finish group established to focus on workforce and a full review of all patient flow, reviewing of service pathways and benchmarking of service. In addition, the monthly meetings led by the Corporate Operations Team with those CSUs and specialty teams that were challenged related to the 62-day standard, including Head and Neck, Pathology, Skin and Radiotherapy. There was no proposed change to the risk score of 16.

### **Risks reviewed at the January 2025 Risk Management Committee**

**CRRO8 - Risk of failure to deliver the pathology project.**

An update was provided on this risk, noting that all priority equipment had now been delivered. In addition, Siemens were working with the Service Leads and had agreed a delivery schedule for the equipment which was anticipated early January 2025. In total there were now three new project managers in place managing the risks over these changes across LIMS and MSC. LIMS Phase 1 Release 1 went live on 3 December 2024 with Blood Sciences and SLM. Significant work was ongoing to resolve post go-live operational challenges and defects, GP work was the focus of this. The planning and delivery of Release 2 scheduled for March 2025 for Microbiology and Clinical Immunology was continuing and Clinical immunology remained on track for March 2025 go live. Overall, the CSU was track for the end of April 2025 to go live for the majority of services with some aspects being delayed to May/June. There was no proposed change to the risk score of 20.

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

This corporate risk had been reviewed by the Director of Estates & Facilities, with an update on controls and further mitigating actions, including an update on the electrical solution for the grade A medical areas (HTM 06-01), which would help to inform and develop a multi-year business case to secure the required investment. The next steps include to cost the proposed technical solutions. There was no proposed change to the risk score of 16.

**CRRO13 - Brotherton Wing, Blocks 11, 12 and 32 physical condition.**

This corporate risk had been reviewed by the Director of Estates & Facilities, with an update on controls and further mitigating actions, including an update on the investment for Brotherton Wing to ensure safety for occupied areas focused on fire safety, security, asbestos and electrical infrastructure. In addition, an update on the the fire strategy for blocks 11 and 12 which would include inviting the fire services to do a site familiarisations and staff would be notified of the works and any potential issues as they occur. The Fire Team would continually review and monitor the works. There was no proposed change to the risk score of 16.

**CRRC4 - Emergency Care 95% Constitutional Standard.**

This corporate risk had been reviewed by the Corporate Operations Team, with an update on controls and further mitigating actions, including the opening of a further ward to manage pressures safely and maintain patient dignity within the department and the introduction of daily monitoring and real time. 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 had been reviewed by the Corporate Operations Team, with an update on controls and further mitigating actions, including a summary of the operational pressures in Radiology CSU and Paediatric Endoscopy with the proposals to improve productivity through sessions which had been developed and implemented. In addition, MRI capacity and demand reviews were underway to mitigate the loss of the mobile scanner at Seacroft Hospital. There was no proposed change to the risk score of 16.

**Proposed New Corporate Risks**

**December 2024 & January 2025 Meeting**

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

**Horizon Scan - New Risks****December 2024**

At the December 2024 meeting, the Committee noted the emerging risk related to the rise in the number of measles cases in Leeds since September 2024. The majority of cases were children, with a median age of 5 years old, the outbreak related to low MMR vaccine uptake in the city. The Committee noted that a communication had been sent out to all staff briefing them about this and providing information regarding the actions that were being taken, including contact tracing and information provided for patients and staff involved in the management of Measle cases. This included guidance to clinicians regarding the clinical presentation, particularly those working with children, maternity and in urgent care. This risk would continue to be monitored and overseen by the clinical lead for IPC in conjunction with clinical leads in CSU's and the Chief Medical Officer.

**January 2025**

At the January 2025 meeting, the Committee were briefed on the escalating risk relating to ambulance handovers, which had been reported by the ICB and NHSE. The Committee noted that the Trust had clear escalation processes in place to balance the management of operational priorities to keep patients safe, acknowledging the sustained operational pressures. The Chief Operating Officer agreed to review this risk in line with corporate risk CRRC10 (patient flow across the system) and would update the risk description, controls and mitigating actions.

**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 2025**