



PUBLIC BOARD
Corporate Risk Register

31 July 2025

Presented for:	Assurance
Presented by:	Professor Phil Wood, Chief Executive Magnus Harrison, Chief Medical Officer Jenny Ehrhardt, 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	Najmin Begum, Quality Governance Facilitator
Previous Committees	Risk Management Committee 5 June 2025 and 3 July 2025

Our Annual Commitments for 2025/26 are:	Category	✓
Support our patients to get home a day sooner	Care	✓
Be in the top 25% trusts for patient experience and efficiency in outpatient	Quality	✓
Support each other to act with kindness and compassion	Team	✓
Recognise and act upon moments that matter to our patients	Compassion	✓
Support our staff to spend every pound wisely	Finance	✓
Make best use of our estate, equipment and digital assets	Resources	✓
Reduce our carbon footprint by creating greener patient pathways	Sustainability	✓

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	Moving towards

Operational Risk		<ul style="list-style-type: none"> • Business continuity We will develop and maintain stable and resilient services, operating to consistently high levels of performance. 	Cautious	Moving towards
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	Moving towards
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	Moving towards
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	Moving towards

Key points	
1. There are currently 21 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 5 June 2025 and 3 July 2025. (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 (5 June 2025 and 3 July 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, 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 2025/26 and impact on capital resources and reduction in operational capital allocation and cash availability.

External Risk

- **Regulatory Risk:** CQC Registration – breaches of Regulation(s) Maternity and Neonatal Services.

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 June 2025 and 3 July 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 June 2025 and July 2025.

Risks reviewed at the June 2025 Risk Management Committee

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

This corporate risk has 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.

CRRO8 - Risk of failure to deliver the pathology project.

This corporate risk had been reviewed by the Director of Finance, in conjunction with the Building the Leeds Way Programme Team, with an update on the plans to undertake a lessons learned workshop at the conclusion of the Transformation Programme as a proactive step to identify successes and opportunities for improvement, ensuring continuous enhancement and best practice in the delivery of similar future programme and projects. In addition, discussions were ongoing with the Health and Safety Executive (HSE) and the Building Safety Regulator (BSR), and the BSR application had now been approved to enable the work to be completed. There was a recommendation to reduce the risk score from 20 to 16 and this was supported by the Committee.

Risks reviewed at the July 2025 Risk Management Committee

CRRO8 - Risk of failure to deliver the pathology project.

An update was provided on this risk, noting that Blood Sciences moved into the Centre for Laboratory Medicine successfully. Building Safety Regulation (BSR) works commenced as planned on 19 June 2025, however an issue was reported on 20 June requiring immediate consideration prior to undertaking any further work related to the BSR application. LIMS Phase 1 - Clinisys had now started the work on Virology resolution with a timeframe of 6-8 weeks for completion. LIMS Phase 2 – end to end testing by Blood Sciences was completed sufficiently to enable service transition to the CfLM. There was no proposed change to the risk score of 16.

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

This corporate risk had been reviewed by the Director of Estates & Facilities (E&F), in conjunction with the E&F Team, with an update on controls and further mitigating actions, including surveying of grade A areas and oversight provided by the Electrical Safety Group. This work had taken priority over other schemes and the Capital team were working on a risk based approach. It was anticipated that the risk would be mitigated and closed within the next 12 months. 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, in conjunction with the E&F Team, with an update on controls and further mitigating actions, including vacating 3 floors and securing capital for the work. There was a delay with the Building Safety Regulator, this had been approved in June 2025. It was noted that the building works should be completed by end of the financial year. There was no proposed change to the risk score of 16.

CRRC6 – 62-day cancer standard.

This corporate risk had been reviewed by the Corporate Operations Team, with an update on controls and further mitigating actions, including the recruitment success, noting that 40 applicants applied for the advertised posts and application to alliance was successful, enabling additional reporting from home. The next steps included the Corporate Operations team undertaking a root and branch review of the current position. There was no proposed change to the risk score of 16.

Proposed New Corporate Risks

June 2025

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

July 2025 Meeting

The Committee considered one new proposed corporate risk at the meeting.

Breaches to Regulation (CQC licence – maternity and neonatal services).

The Chief Executive presented the first draft of the corporate risk relating to the regulatory breach and noted that the risk needed to be worked up further with a view to providing a monthly update report to Risk Management Committee, in a similar format to the Pathology risk CRRO8. The Committee approved the addition of this risk to the corporate risk register.

Horizon Scan - New Risks

June 2025

At the June 2025 meeting, the Committee were briefed on the potential emerging risk related to industrial action following the ballot of resident doctors. This would continue to be reviewed and overseen by the Corporate Operations Team in conjunction with HR.

The Committee also acknowledged the ongoing risk related to regulatory oversight and conditions on the Trusts license, noting that this to date had not changed and the Trust continued to work in co-operation and collaboration with the CQC and NHS England whilst the inspection cycle was completed and would continue to engage with these organisations on the improvements identified.

July 2025

At the July 2025 meeting, the Committee acknowledged the emerging risk related to the Maternity Incentive Scheme (MIS) following receipt of a letter from NSH Resolution requesting the Trust review the year 6 submission as part of the Maternity Safety Support Programme. The Trust have asked NHS England to undertake an independent review of the MIS Year 6 to inform the Trust response to NHS Resolution ahead of the deadline on 18 July 2025. This would be further discussed with the Director of Finance.

The Committee also noted the earlier discussions in relation to insufficient estate capital allocation and the need to capture these in the corporate risk CRRF2 (capital allocation) as a wider capital risk.

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 June and July 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

July 2025