



PUBLIC BOARD

Corporate Risk Register

25 September 2025

Presented for:	Assurance
Presented by:	Brendan Brown, Interim Chief Executive Magnus Harrison, Chief Medical Officer Jenny Ehrhardt, Director of Finance Lorna Johnson, Deputy 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
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Previous Committees	Risk Management Committee 7 August 2025 and 4 September 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 7 August 2025 and 4 September 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 (7 August 2025 and 4 September 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 7 August 2025 and 4 September 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 August 2025 and September 2025.

Risks reviewed at the August 2025 Risk Management Committee

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 issues related to the data protection agreement and end user licence, which had now been concluded. Updates on LIMS Phase 1 and Phase 2 were provided and planning continued for the upcoming moves related to Blood Sciences, Virology and Clinical Immunology from the old medical school, which would conclude the service moves. There was no proposed change to the risk score of 16.

CRRE1 - CQC Registration – breaches of Regulation(s) Maternity and Neonatal Services.

This corporate risk had been reviewed by Director of Midwifery, in conjunction with the Women's and Children's CSU's, with an update on controls and further mitigating actions. This included specific controls related to the support that was being provided from the Maternity Improvement Advisors (MIA) that had been appointed now that the Trust was formally enrolled in the Maternity Safety Support Programme (MSSP). The Committee were also advised of the equality, diversity and inclusion diagnostic that was undertaken 1 to 2 July 2025, the findings of this review were still awaited. The Neonatal peer review co-ordinated by NHSE was also undertaken on 16 and 17 July 2025 and the recommendations arising from this were noted. It was recommended that the controls were aligned to the specific regulations that had been breached, this would be completed for the next review. 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 a daily report to system partners that included pathways specific delays that required a partnership response, and the development of productivity and efficiency metrics for ED to be reported to the weekly tri meeting. The Primary Care Access Line (PCAL) continued to work in collaboration with ambulance services to route patients directly to ED or to alternatives to ED where this was considered to be clinically appropriate. 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 of controls and further mitigating actions, including the process for clinical validation of non-admitted diagnostic breaches to identify patients at risk of harm from a delay. Incidents would continue to be reported on Datix so that these could be reviewed

and lessons learned and shared. There was no proposed change to the risk score of 16.

CRRF1 - Failure to deliver the financial plan for 2025/26.

This corporate risk had been reviewed by the Director of Finance, with an update of controls and further mitigating actions, including the support to be sought from external parties where appropriate for funding for mutual aid and support from other Trusts who have already had to access emergency cash. The Committee were advised of the financial risk related to submission of the Maternity Incentive Scheme (MIS) to NHS Resolution (Year 6). It was confirmed that one of the key risks to achieving the financial plan in 2025/26 related to in year unplanned essential expenditure and recommended that this would cover the financial risk related to the MIS submission in year 6, noting that the mitigating actions for the year 7 submission were included in Corporate Risk CRRE1. There was no proposed change to the risk score of 20.

CRFF2 - Insufficient operational capital allocations.

This corporate risk had been reviewed by Director of Finance, with an update on controls and further mitigating actions, including incorporating the capital programme into the risk appetite framework to inform prioritisation of capital bids, based on risk and safety. This was being addressed through training on the application of the risk appetite framework for capital schemes and encouraging CSUs to report risks related to capital programmes and to discuss this at the General Managers meeting to inform priorities. There was no proposed change to the risk score of 20.

Risks reviewed at the September 2025 Risk Management Committee

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 two significant moves that had taken place in August 2025, blood sciences moved to its new location on 11 August 2025 and blood transfusion service completed its move on 3 September 2025, concluding that LIMS phase 1 of the project was now completed. LIMS Phase 2 was focusing explicitly on connectivity of the analysers in the laboratories and was now the key focus of the project. There was no proposed change to the risk score of 16.

CRRE1 - CQC Registration – breaches of Regulation(s) Maternity and Neonatal Services.

This corporate risk had been reviewed by Director of Quality and Director of Midwifery, in conjunction with the Women's CSU, with an update on controls and further mitigating actions, including the risk related to short term absence in the leadership team that impacted on the capacity to deliver the improvements. The progress related to the Maternity Incentive Scheme (MIS) submission, noting that the year 5 and year 6 reviews had been completed and a plan had been agreed for the year 7 submission, including establishing quarterly review meeting led by the Chief Nurse and independent assurance provided by the Trust Auditors (PwC). There was no proposed change to the risk score of 16.

CRRO4 - Staff absence Health, Safety and Wellbeing.

This Committee noted that the Chief Medical Officer had been identified as the responsible executive director for the overarching staff health and safety strategy, working in conjunction with the Director of Human Resources and Organisational Learning. An update of controls and further mitigating actions were noted, including an update on the scheduled review of Supporting Attendance Policy and Guidance,

currently awaiting agreement from Staffside, however, improvements to operational processes have been incorporated into standard work. Additional targeted HR support was being provided to assist with line management in identified areas. There was no proposed change to the risk score of 16.

CRRO7 - Risk of failure to deliver the hospital of the future project.

This corporate risk was discussed at the August 2025 Risk Management Committee and it was recommended that this risk was reviewed, noting that this was reviewed and updated in March 2025 following the announcement by the Secretary of State about the new hospital programmes and the deferral in Leeds. It was recommended that this corporate risk was removed and that those risks that were linked to the decision regarding new hospitals would be overseen and managed by the risk owners for the services and this was supported by the Committee.

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 an update in response to elective tier 1 scrutiny from NHSE, noting that additional recovery plans had been submitted by specialties with 52 week breach risks and the actions that had been agreed to address this were being reviewed through fortnightly meetings held led by the Chief Operating Officer and Deputy Chief Operating Officer and progress was being reported to the Executive Directors meeting on a weekly basis. There was no proposed change to the risk score of 20.

CRRC7 - Failure to achieve 28 day cancelled operations target.

This corporate risk had been reviewed by the Corporate Operations Team, with an update of controls and further mitigating actions, including an update on the regular audit and review of cancelled operations and reset of pre-assessment services to ensure patients were comprehensively reviewed and confirmed fit for surgery. 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 had been reviewed by the Corporate Operations Team, with an update of controls and further mitigating actions, including an update on the programme to reduce length of stay by 0.9 days across the Trust for 2024/25 had been established with a monthly summary of achievement and opportunity by CSU against peer. In addition, ongoing review of the live beds state reporting process and standardisation of the roles and responsibilities of the patient flow coordinators and discharge coordinators to improve consistency in working practice across CSUs. There was no proposed change to the risk score of 16.

Proposed New Corporate Risks

August 2025

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

September 2025

There were no new proposed corporate risks identified for approval by the Committee, however it had been agreed that the risk related to access to acute theatres (Fractured neck of femur pathways) would be further reviewed in conjunction with the CSU and a recommendation made to the Committee in October 2025 via action tracker.

Horizon Scan - New Risks

August 2025

At the August 2025 meeting, the Committee were briefed on the workforce pay risks related to the job evaluation review process that had been introduced. This involved reviewing all job profiles, with a view to pay staff for the work they do, as opposed to the work that was specifically set out in the job profile. This presented a potential financial risk, which would be determined by the outcome of the review. This would be reviewed at the Executive Directors meeting in August 2025.

September 2025

At the September 2025 meeting, the Committee acknowledged the discussions held at the housing association in relation to the potential risk related to growing civil unrest. This would continue to be monitored and overseen through the emergency preparedness group.

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 August and September 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.

Brendan Brown

Interim Chief Executive

Chair Risk Management Committee

September 2025