

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

**27 November 2025**

<b>Presented for:</b>	Assurance
<b>Presented by:</b>	Magnus Harrison, Chief Medical Officer
<b>Author</b>	Craig Brigg, Director of Quality Najmin Begum, Quality Governance Facilitator
<b>Previous Committees</b>	Risk Management Committee 2 October 2025 and 6 November 2025

<b>Our Annual Commitments for 2025/26 are:</b>	<b>Category</b>	<b>✓</b>
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	✓

<b>Trust Risks (Type &amp; Category)</b>				
<b>Level 1 Risk</b>	<b>(✓)</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	Moving towards
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	Moving towards
Clinical Risk	✓	<ul style="list-style-type: none"> <li><b>Capacity planning</b></li> </ul>	Minimal	Moving towards

		<p>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.</p> <ul style="list-style-type: none"> <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>		
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	Moving towards
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	Moving towards

Key points	
1. There are currently 18 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 2 October 2025 and 6 November 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 (2 October 2025 and 6 November 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

### 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:** 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.

### External Risk

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

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 2 October 2025 and 6 November 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. 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 October 2025 and November 2025.

## **Risks reviewed at the October 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 vacation of the old medical school and transfer of services to the CfLM. The Committee were advised that the primary objective to ensure completion of the key activities related to the implementation of the laboratory information management system and managed service contract equipment with relocation of the majority of services to the CfLM or AHL, which had been achieved. The pathology transformation programme would now be closed down with oversight provided by the Pathology CSU and Executive sponsor. Services would move to a business as usual state. The proposal to reduce the risk score from 16 to 12 to reflect the position was considered by the Committee and supported.

### **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 and Children's CSUs, with an update on controls and further mitigating actions. This included additional controls related to the breach in regulation 12 (Safe care and treatment), to clarify the Trusts participation in the national rapid maternity investigation, which was announced by the Health Secretary in June 2025. A further mitigating action was added following the appointment of an Improvement Director who would work with the Trust for 12 weeks to support the review of ward to board governance and focus specifically on development of a single perinatal improvement plan in October 2025. It was noted that whilst there was some overlap with the breaches to regulations in maternity and neonatal services, there were specific improvement actions required in response to those identified in the well led inspection report. These would be reviewed and the action plan developed before submission to the CQC in November 2025. There was no proposed change to the risk score of 16.

### **CRRO1 - Risk of a viral pandemic.**

This corporate risk had been reviewed by the Head of Resilience in conjunction with the Corporate Operations Team. There were no significant material changes to the corporate risk related to the viral pandemic, with the exception of the further mitigating action related to the new framework for emergency response that was being developed to be completed in November 2025. This would then be added to the controls for this risk. The Trust would also participate in a national exercise in autumn (Exercise Pegasus) and learning from this would be incorporated into the emergency preparedness plan. There was no proposed change to the risk score of 15.

### **CRRO10 - Cyber-attack leading to potential loss of IT systems and/ or data.**

This corporate risk had been reviewed by the Chief Digital and Information Officer, with an update of controls and further mitigating actions. There was no proposed change to the risk score of 16.

**CRRO11 - Insufficient DIT resources to maintain Trust IT estate to minimally supported standard and meet demand for DIT led projects.**

This corporate risk had been reviewed by the Chief Digital and Information Officer, with an update of controls and further mitigating actions, including the discussions underway to address the current DIT five-year revenue funding approach and a task and finish group with CCIO and Clinical Directors to consider options to increase digital funding. There was no proposed change to the risk score of 16.

**CRRC1 - Healthcare acquired infection.**

This corporate risk had been reviewed by the Deputy Director of Infection Prevention and Control, with an update of controls and further mitigating actions. The continued challenge related to the management of healthcare associated infections was acknowledged by the Committee and the controls and mitigating actions were set out in the corporate risk and these continued to be overseen by the Infection Prevention and Control Sub Committee, chaired by the Chief Medical Officer. The Committee were advised that the position at quarter 1 2025/26 and in July and August was escalated with a specific report to Quality Assurance Committee (QAC), setting out the actions that were being taken to address this, including relaunch of the essentials of IPC. There was no proposed change to the risk score of 16.

**CRRF3 - Cash Availability.**

This corporate risk had been reviewed by the Director of Finance, with an update of controls and further mitigating actions. This risk had been discussed at Trust Board in September 2025, and the cash balance position had improved so that the Trust would meet its obligations in the 2025/26 financial year. The recommendation to reduce the risk score from 16 to 12 with a proposal to remove the risk from the corporate risk register and to be overseen by the Finance Directorate through their local risk register was supported by the Committee.

**Proposed New Corporate Risks**

**October 2025**

It was agreed at the Committee that the regulatory breaches identified in the well led CQC inspection report would be reviewed and presented to the Committee in November 2025.

**Risks reviewed at the November 2025 Risk Management Committee**

**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, with an update of controls and further mitigating actions, including the specific control added since the last meeting related to the Secretary of State announcement for a Leeds Independent Inquiry in October 2025. There were gaps in controls documented related to this, which focused on the capacity of the maternity and neonatal senior leadership team to participate in the independent inquiry whilst taking part in the national review and also delivering services and improvements. It was noted that the

Trust would no longer be part of the national maternity review that had been announced earlier in the year, as a consequence of the specific inquiry that would be undertaken regarding Leeds maternity and neonatal services. It was also noted that the terms of reference and scope of the review had not yet been published. This had been discussed at the monthly Integrated Quality Improvement Group (IQIG) meeting with NHS England earlier that day, 6 November 2025, including the plans to set up an office for the independent inquiry and infrastructure to support this. The would be added to the controls in the corporate risk. There was no proposed change to the risk score of 16.

**CRRO9 - Risk of failure to deliver the LGI Site Development Project.**

This corporate risk had been reviewed by Director of Finance, in conjunction with the Building the Leeds Way Programme Team, with an update of controls and further mitigating actions. It was noted that the risk had been impacted by the decision that was announced by the Secretary of State earlier this year about the new hospital programmes and the fact that the Leeds development would be delayed. However, phase 1 of the programme continued to be progressed to vacate the old medical school at the LGI location. It was recommended that the risk score would be reduced from 16 to 12 as the phase 1 of the scheme would be completed and handed over. This recommendation was supported by the Committee and it was agreed that this would be removed from the corporate risk register and overseen as part of the pathology transition.

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

This corporate risk had been reviewed by Director of Finance, with an update of controls and further mitigating actions. It was confirmed that there were no significant material changes to the risk since this was last reviewed and it would continue to be overseen at the Finance and Performance Committee. There was no proposed change to the risk score of 20.

**Proposed New Corporate Risks**

**November 2025**

The Committee considered one new proposed corporate risk for approval by the Committee.

**CRRE2 - CQC Registration – breaches of Regulation(s) Well-led.**

The proposed risk was presented to the Committee setting out the breaches to the regulations.

- Regulation 16 receiving and acting on complaints.
- Regulation 17 good governance.
- Regulation 18 staffing, which related specifically to provision of mandatory training.

The Committee were advised that this corporate risk had been drafted, this was shared with the Committee. The controls were set out against these specific regulations, so that this was consistent with the corporate risk related to breaches in regulations in maternity and neonatal services (CRRE1) that was added to the corporate risk register in July. The Committee were advised that this incorporated the findings in the CQC inspection report and also the issues identified in the letter from NHS England dated 7 October 2025, setting out enforcement undertakings under Section 106 of the Health and Social Care Act 2012. The Committee were also advised that this would be overseen at the monthly Integrated Quality Improvement Group (IQIG) with NHS

England alongside the perinatal risk and the respective improvement plans. The proposed corporate risk was supported by the Committee.

## **Horizon Scan - New Risks**

### **October 2025**

There were no new risks identified at the Committee.

### **November 2025**

There were no new risks identified at the Committee.

## **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 October and November 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:

- receive the report from the Risk Management Committee and the updated Corporate Risk Register following the meetings in October and November 2025
- consider and approve the changes to significant risks following the meeting of the Risk Management Committee
- advise on any further risk treatment required.

## **8. Supporting Information**

Corporate Risk Register - Appendix A.

**Dr Magnus Harrison**  
**Chief Medical Officer**  
**November 2025**