



**The Leeds
Teaching Hospitals**
NHS Trust

Board Assurance Framework

Public Trust Board

30th July 2026

Presented for:	Approval
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Previous Committees:	Executive Team Meeting Trust Board Time Out - June 2026

Freedom of Information Act (FOIA) Exemption	☐ YES (restricted from the FOIA) ☒ NO (available to the public under the FOIA)
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Link to Strategic Objective	All
Link to Provider Capability Assessment	Strategy, leadership and planning
Link to CQC Well-led Statement	Governance, Management and Sustainability
<u>Regulatory Impact</u>	Regulation 17: Good governance

Key points	Purpose
This draft BAF update represents a comprehensive review of the BAF, including a review of risks, key controls, assurances and gaps in control reviewed by Executive colleagues and presented to the Board for approval. Specifically 1. Alignment to the new purpose and strategic priorities following approval of the Organisational Strategy (2026-2029) at Public Trust Board in May 2026. 2. Replacement of the strategic triangle with new values and priorities circle 3. All individual risk and mitigations re-assigned where appropriate to relevant executives and reviewed by same. 4. Introduction of a new summary section demonstrating progress since the previous report in management of mitigations and risk. Full BAF now attached in Appendix 1. Full re-draft of BAF format to be completed for September 2026 Trust Board meeting.	Approval

<u>Risk Appetite Framework</u>			
Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Impact
External Risk	Strategic Planning Risk - We will deliver Our Vision "to be the best for specialist and integrated care" through the delivery of a set of Strategic Goals and operating in line with Our Values.	Cautious	Operating within

Board Assurance Framework

July 2026

The **Board Assurance Framework** is the document that records the threats to the strategic objectives and goals, is a governance and risk management tool used to help the Trust Board understand:

- The organisation's strategic objectives
- The key risks that could prevent those objectives being achieved
- The controls in place to manage those risks
- The assurance available that those controls are working
- Any gaps in control or assurance that require action

Corporate Risk Register is the document which records the most significant operational risks faced by the Trust

Risk Appetite – defines the amount and type of risk the organisation is prepared to seek, accept or tolerate

Risk Tolerance – defines the range of risk scores the Trust will accept within the risk appetite

Our Purpose

Excellent, safe & sustainable care for every patient, every time.

4 strategic priorities



Board Assurance Framework Progress Summary

Trust Purpose: Excellent, safe & sustainable care for every patient , every time

Executive Assessment

The Trust continues to operate within a highly challenging environment characterised by increasing demand, workforce shortages, financial constraints, pressures across health and social care, regulatory requirements and infrastructure limitations. These factors continue to present significant risks to the delivery of excellent, safe and sustainable care.

During the reporting period, progress has been made across a number of key mitigating programmes including improvements in patient flow, elective recovery, workforce stability, financial governance, sustainability initiatives and regulatory improvement programmes. There is evidence that several underlying corporate risks are either reducing or stabilising.

However, the Trust remains exposed to significant strategic risks related to urgent and emergency care demand, workforce affordability, estate condition, digital infrastructure constraints and ongoing regulatory compliance requirements. Whilst positive progress is evident, the overall strategic purpose risk remains above appetite.

Key Risk Indicators

- Table to be inserted once KPIs agreed (in readiness for September 2026 Board).

Progress on mitigation since previous review

Care

- Continued implementation of the Patient Safety and Quality Strategy.
- Development of ward metrics along side new RISE accreditation programme
- Continued development of Patient Safety incident Response Framework and Plan
- Ongoing delivery of maternity and neonatal improvement programmes, including MSSP actions.
- Improvements in elective recovery and reduction in long-wait cohorts.
- Strengthened operational oversight through the Integrated Accountability Framework.
- Continued delivery of workforce recruitment and retention initiatives.

Financial Sustainability

- Strengthened expenditure controls and vacancy management arrangements.
- Continued oversight through Turnaround Executive and Financial Improvement Programmes.
- Waste reduction programmes established across all major service areas.
- Improved financial accountability through CSU performance review processes.

Environmental Sustainability

- Delivery of the 2025–2028 Green Plan.
- Carbon emissions trajectory remains aligned to published NHS Net Zero expectations.
- Green Care initiatives continue to identify opportunities that improve sustainability and reduce waste.
- Strong governance maintained through the Strategic Sustainability Group.

Infrastructure and Transformation

- Prioritisation of capital investment towards highest-risk estate and digital infrastructure issues.
- Progress maintained on strategic digital transformation programmes.
- Improvement governance arrangements strengthened to support delivery of strategic priorities and corporate risk reduction.

Risk trajectory

The Board can take assurance that significant mitigation activity is being delivered across all strategic priorities and that evidence is emerging of improvement in workforce stability, operational performance, financial control, sustainability and governance. Several underlying risks demonstrate positive trajectories and improvement programmes are increasingly aligned to strategic priorities. However, substantial risks remain relating to demand, regulatory compliance, workforce affordability and infrastructure constraints. Continued Board oversight is required before the Trust can conclude that the overall purpose risk is operating within its desired appetite.

Trust strategic priority: People - We make LTHT a brilliant place to work for everyone in order to deliver excellent, safe & sustainable care for every patient, every time.

Executive Assessment

Workforce indicators demonstrate gradual improvement across a number of areas, particularly recruitment, retention and colleague wellbeing. However, sustained operational pressures and workforce affordability requirements continue to create risk in maintaining engagement, inclusion and colleague resilience

Key Risk Indicators

- Table to be inserted once KPIs agreed (in readiness for September 2026 Board).

Progress on mitigation since previous review

Recruitment and Retention

- Vacancy reduction plans implemented across high-risk services.
- Turnover reduction initiatives implemented in priority clinical areas.

Workforce Wellbeing

- Health and wellbeing offer strengthened.
- Violence and aggression improvement programme established.
- Enhanced support arrangements for managers and teams under pressure.

Culture and Inclusion

- Inclusion and Belonging Action Plan refreshed.
- People Improvement Framework introduced with escalation arrangements.
- Freedom to Speak Up themes routinely reviewed through governance structures.

Leadership and Capability

- Leadership development programmes expanded.
- Mandatory management training introduced for first-line leaders.
- Workforce planning capability strengthened through CSU accountability framework.

Risk trajectory

The Board can take assurance that recruitment, retention, wellbeing and leadership interventions are beginning to deliver measurable improvements in workforce indicators. Linked workforce risks have reduced, and colleague experience measures are moving in a positive direction. However, the Trust remains above appetite due to continuing operational pressures, workforce affordability challenges and variability in inclusion and leadership outcomes. Further assurance is required that improvements are sustainable and consistently delivered across all services

Trust strategic priority: Improvement & Innovation – Ensuring we are at the forefront of health improvement, innovation and research.

Executive Assessment

The Trust has made significant progress in strengthening its improvement governance arrangements during the reporting period. A clearer line of sight has been established between strategic priorities, corporate risks and improvement activity through the development of the Trust Improvement Governance Framework and associated prioritisation processes.

Improvement resource is increasingly focused on areas of highest strategic importance, including patient flow, elective recovery, workforce sustainability, regulatory compliance and financial improvement. Governance arrangements remain in development and further evidence is required to demonstrate that improvement activity is consistently delivering measurable reductions in strategic and corporate risk exposure.

Research performance remains strong and partnership arrangements with the University of Leeds, Leeds Academic Health Partnership and regional innovation networks continue to support research and innovation ambitions. However, operational pressures, workforce constraints and capital limitations continue to affect organisational capacity to deliver and scale improvement activity at pace.

Key Risk Indicators

- Table to be inserted once KPIs agreed (in readiness for September 2026 Board).

Progress on mitigation since previous review

Governance

- Improvement Governance Framework approved.
- Revised quality governance arrangements (for approval at QAC in August)
- New arrangements in place for weekly quality review and escalation to executives
- Improvement Portfolio Board established.
- 100% of major improvement programmes now mapped to one or more strategic priorities.

Prioritisation

- Risk and improvement review completed across all Executive portfolios.
- Improvement resource reallocated towards:
 - Patient flow
 - Theatre Productivity
 - Patient quality and improvement activity
 - Digital productivity

Improvement Outcomes

- Work ongoing to ensure improvement projects now have agreed benefit measures.
- Work ongoing to ensure transparency of delivery against milestones.
- Improvement portfolio reporting incorporated into Trust Stand Up process.

Research & Innovation

- Innovation adoption pathway agreed.
- New collaborative projects established through Leeds Academic Health Partnership.

Risk trajectory

The Trust has made significant progress in establishing governance and prioritisation arrangements for improvement activity. Evidence now demonstrates improved alignment of improvement resources to strategic objectives and corporate risks. Further assurance is required that these arrangements deliver sustained improvement in organisational performance and measurable reductions in strategic and corporate risk exposure.

Trust strategic priority: Partnerships - Integration that adds value with patients at the centre.

Executive Assessment

The Trust continues to play a significant leadership role across Leeds and West Yorkshire partnership arrangements, including the Leeds Provider Partnership, West Yorkshire Integrated Care Partnership, WYAAT and the Health and Wellbeing Board. Governance arrangements supporting partnership working have matured and there is increasing alignment around shared strategic priorities.

Progress has been made in several areas of system working, particularly through HomeFirst, integrated discharge pathways, elective collaboration and workforce initiatives. However, the pace of system-wide transformation remains constrained by pressures in adult social care, community services, primary care capacity and wider system finances.

Whilst partnership structures are well established, further evidence is required that collaboration is consistently translating into measurable improvements in patient outcomes, flow, productivity and system resilience. The strategic risk therefore remains above the desired level, although there are signs of improvement.

Key Risk Indicators

- Table to be inserted once KPIs agreed (in readiness for September 2026 Board).

Progress on mitigation since previous review

System Leadership and Governance

- Leeds Provider Partnership governance arrangements further established and embedded.
- LTHT continued active participation in West Yorkshire Integrated Care Partnership and Leeds Committee of the ICB.

Patient Flow and Integrated Care

- Continued implementation of HomeFirst and intermediate care redesign initiatives.
- Collaboration with community and social care partners to support discharge and reduce unnecessary hospital stays.
- Greater use of shared system intelligence to identify bottlenecks and delivery risks.

Elective and Specialist Services

- Ongoing participation in WYAAT elective collaboration arrangements.
- Continued development of specialist service partnerships to enhance sustainability and resilience.

Workforce and Anchor Institution Activity

- Continued delivery of Leeds One Workforce priorities.
- Joint workforce initiatives progressed with city partners.
- Further development of LTHT's role as an Anchor Institution through the Leeds Anchor Network

Risk trajectory

The Board can take assurance that partnership governance arrangements are increasingly mature and that collaborative programmes such as HomeFirst, WYAAT and One Workforce continue to support delivery of strategic objectives. There is emerging evidence of positive impact on patient flow and workforce resilience. However, significant dependencies remain on system partners and further assurance is required that partnership activity is delivering measurable, sustainable improvements in system performance, patient outcomes and strategic risk reduction.

Trust strategic priority: Outcomes – Being outstanding now and in the future

Executive Assessment

Whilst constitutional performance remains below target and regulatory concerns remain, there is evidence that mitigation programmes are delivering improvement in selected operational and quality measures. The overall risk remains above appetite because sustained performance has not yet been achieved across all domains.

Key Risk Indicators (Indicative example for development)

- Table to be inserted once KPIs agreed (in readiness for September 2026 Board).

Progress on mitigation since previous review

Patient Flow

- Daily escalation and flow reviews embedded.
- HomeFirst and system discharge initiatives expanded.
- Small reduction in patients with no criteria to reside.

Elective Recovery

- Long-wait cohort reduced.
- Additional theatre capacity commissioned.
- Improved utilisation of mutual aid and regional elective capacity.

Quality and Safety

- Delivery of Well-Led improvement actions continues.
- Maternity improvement programme remains on trajectory.
- Additional governance arrangements implemented following CQC inspections.

Risk trajectory

The Board can take assurance that a number of key mitigations are delivering measurable operational improvements, particularly in elective recovery, patient flow and programme governance. However, the Trust remains outside appetite because constitutional standards are not yet consistently achieved and significant regulatory improvement activity remains ongoing. Continued oversight is required to demonstrate that these improvements are sustainable and sufficient to reduce the strategic risk further.

Appendix 1 – Board Assurance Framework

Trust Purpose

Excellent, safe & sustainable care for every patient , every time

Purpose risk description	
There is a risk that the Trust cannot achieve its purpose to deliver excellent, safe & sustainable care for every patient, every time due to the following factors: Care - Increased demand due to the impact of deprivation, multi-morbidity and an ageing population - Increased demand – unplanned care, emergency department attendances, impacting on patient flow within the Trust and across the system - Significant growth in the number of patients waiting for elective treatment - Demand and capacity imbalance reduce the ability to treat patients within national standard timeframes for both planned and unplanned care. - Ageing estate and building/digital infrastructure leading to poor patient experience - Insufficient workforce in specific areas and/ or specialties due to availability and competition from other providers - Breaches of CQC Regulations related to failure to meet the fundamental safety and quality standards under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 following inspections of core services of Maternity and Neonatal Services and Trust Wide Well Led. resulting in potential harm to patients, impact on outcomes, experience and quality of care, impact on external relations, and long-term threat to service sustainability. Sustainability (Financial) - Funding uncertainty and minimal funding growth across both revenue and capital. - National requirements of performance and quality in the national financial environment - Changes to commissioning resulting from the delegation of specialised services and changes within ICBs. - Poor system financial performance	Lead Executive Director(s): Beverley Geary, Chief Nurse Tim Hiles, Chief Operating Officer Jenny Ehrhardt, Chief Finance Officer Craig Richardson – Director of Estates Date: June 2023 Date last reviewed: June 2026 Links to Corporate Risks Care CRRE1 (CQC Registration – breaches of Regulation(s) maternity and neonates) CRRE2 (CQC Registration – breaches of Regulation(s) – well-led CRR04 (Staff absence, health, safety and wellbeing) CRR01 (Healthcare Associated Infection) Sustainability (Financial & Environmental) CRRF1 (financial plan) CRRF2 (capital) CRR011 (DIT capacity)

• Inability to achieve efficiency requirements due to sustained operational pressures • Inflation • Effective management and development of our medical equipment and devices, digital infrastructure, as well as our built environment. • Ageing population, deprivation, morbidity and health inequalities. • Funding in Social Care • Changes to the political and economic policy framework, regulation and/ or relevant legislation changes. Sustainability (Environmental) • Ageing estate, with one of the largest backlog maintenance levels in the NHS • Insufficient capital to invest in the estate • Pause on the New Hospitals Programme investment in LTHT resulting in failure to deliver a balanced financial plan and savings targets, possible harm to patients, poor experience, impact on external relations and a long-term threat to service sustainability.	
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Key Controls (to manage risks related to delivery controls) of the purpose) Key assurances (effectiveness of	
Care • Patient Safety and Quality Strategy 2024-27 • Nursing and Midwifery Strategy • Patient Safety Incident Response Plan (PSIRP) • Trust capital plan • Public Health and Health Inequalities Strategy • Clinical Quality review programme • Integrated Accountability Framework • Benchmarking against peers through model hospital and specialty GIRFT reviews • Corporate Risk Register • Risk Management Committee oversight of risks related to patient safety, quality and experience: risk framework (risk categories/risk appetite) • Quality Assurance Committee oversight of patient safety and quality metrics	Care • National Inpatient and outpatient survey • National maternity survey • National Staff survey • Complaints report to Board • Patient Safety Incident report to QAC • Quality Account • CQC inspection report(s) • CQC Regulation 10 – dignity and respect • CQC Regulation 12 - safe care and treatment • CQC Regulation 17 – good governance • Well-led development review and preparation for external review in response to new criteria for Well-led.

- People Committee oversight of People Priorities.
- Perinatal Improvement Assurance Committee oversight of improvement plans and metrics related to maternity and neonatal services
- Board oversight of delivery of the digital strategy
- CQC engagement process
- International recruitment plan and support programme
- CQC inspection reports: maternity and neonatal services, well-led
- Maternity Safety Support Programme (MSSP)
- Integrated Quality Improvement Group (IQIG)
- Maternity Incentive Scheme (MIS) compliance

Sustainability (Financial)

- Integrated Accountability Framework.
- Trust five-year financial plan in place
- Development and maintenance of relationships with NHSE regionally and nationally
- Financial planning with WYICB and Leeds DOFs
- Trust wide capital development plan (including estate, digital and medical equipment) in place
- Integrated accountability and financial performance framework meetings with CSU's/ Business Units
- Turnaround Executive chaired by CEO, driving actions to deliver the financial plan.
- Waste Reduction Programme with central oversight and local ownership.

- Internal audit programme (PwC)
- Health & Safety annual report, including Controls Assurance Audit
- Quality Assurance Committee (QAC) annual report
- Perinatal Improvement Plan to Perinatal Improvement Action Group
- Well-led Improvement Plan
- Perinatal report to Perinatal Improvement Assurance Committee
- Healthcare Associated infection annual report
- Risk Management Committee annual report
- Integrated Quality and Performance Report to the Trust Board, key metrics: mortality (SHMI), Healthcare Associated Infection, maternity safety, pressure ulcers, falls, patient safety incidents and Never Events.
- Board Leadership visits (report to Board)
Trust annual governance statement.

Sustainability (Financial)

- Quarterly Fundamental Financial Review to Board
- Integrated Quality and Performance Report to the Trust Board relevant metrics: key indicators re effective financial management
- Monthly reporting to Finance & Performance Committee
- Finance and Performance Committee annual report.
- Audit Committee annual report
- Board approved five-year plan
- Trust annual governance statement

- Strengthened expenditure controls e.g. vacancy management processes overseen by Trust Expenditure Review Group
- Annual waste reduction conference
- West Yorkshire and Harrogate Sustainability and Transformation Plan. The Trust has Integrated Care System status
- Overarching Financial Governance framework including Standing Orders, Standing Financial Instructions and Scheme of Delegation,
- Value for Money Self-Assessment
- Counter fraud strategy and team in place
- CQC Use of Resources Framework
- Leeds Improvement Method - Finance the Leeds Way Improvement Programme
- Finance and Performance Committee oversight of key finance metrics
- Audit Committee oversight of the effective design and operation of internal control, financial reporting, counter fraud activities and use of single tender waivers
- Risk Management Committee oversight of risks related to finance, capital and cash.
- Maintenance of professional relationships with regulators, commissioners and other external parties

Sustainability (Environmental)

- The new revised version of the Board approved Green Plan (2025-28) outlines the Trust's goals and objectives to reduce our carbon emissions and contribution to climate change, alongside improving our overall sustainability performance.
- Significant progress has been made to date; the current version will guide our sustainability direction until 2028 (supported by a well-established governance, improvement & accountability framework).
- The Green Plan sets out the Trust's vision for carbon reduction and sustainable development, accompanied by a comprehensive Sustainable Action Plan that is designed to prioritise and deliver our strategic sustainability objectives.
- The 2025 Green Plan focuses on nine key focus areas which are aligned to the Greener NHS Delivering a Net Zero Health Service guidance.

- Programme Management Office (PMO) support to the delivery of the waste reduction programme
- External auditors Value for money report
- Internal audit programme covers financial governance
- Level Three accreditation for Future Focused Finance
- Board approved financial sustainability self-assessment
- PwC review actions delivered through Turnaround Executive
- CQC Use of Resources Framework review - rated outstanding for its use of resources, February 2019

Sustainability (Environmental)

- Strategic Sustainability Group provides governance & assurance on progress of the Green Plan (Sustainable Action Plan).
- Periodic reporting on NHSE reportable carbon emissions to Greener NHS
- Greener Care Network established to support wider engagement from Clinical colleagues on Sustainability initiatives (often resulting in financial savings from introducing sustainable practices such as moving away from single use products), projects are overseen by the Lean 2 Green team using the Leeds Improvement Methodology.

• Strong clinical engagement [Greener care pathways] • Annual updates to Board on green plan and estate strategy • Historically, the Trust has utilised a baseline year of 2013-14 for its carbon footprint reporting, against which the carbon emissions from all subsequent years have been compared. NHS England has, has now undertaken work to determine a suitable baseline year for trusts, based upon the UK's nationally mandated 1990 baseline reporting year, which enables for a level of standardisation amongst healthcare providers. • The NHS's Green Plan Support Tool, accessible on the NHS's Federated Data Platform, now establishes the following carbon reduction targets, equivalent to a 1990 baseline: 1. Reduce NHS Carbon Footprint emissions by 47% by 2032 (from a 2019/20 baseline). 2. Reduce NHS Carbon Footprint Plus emissions by 73% by 2038 (from a 2019/20 baseline).	• Independent carbon accounting/ monitoring & reporting by a consultancy to an approved methodology (to inform Board on the Trust progress). • In the 2025-26 financial year, the Trust recorded a total of 55,717 tCO₂e emissions, representative of approximately a 40% reduction with a 2019/20 carbon baseline of 72,168 tCO₂e. • This provides assurance that not only is LTHT currently in line with the NHS carbon reduction targets, but that we are also expected to achieve an annual carbon footprint of 38,249 tCO₂e by 2032 (a 47% reduction). • This is a significantly lower, more achievable and far more justified carbon reduction target for the Trust to aim for and will now be used to provide assurance on the Trust's carbon reduction progress, to the relevant regulators and stakeholders.
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Significant gaps in control	Further assurance required
Care Section 29A Warning Notice (midwifery staffing) CQC Registration under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended): breaches to: Regulation 12 Safe Care and Treatment Regulation 15 Premises and Equipment Regulation 17 Good Governance Regulation 18 Staffing Well-led report – breaches to: Regulation 16 Receiving and Acting on Complaints Regulation 17 Good Governance Regulation 18 Staffing (resulting in breach to Provider Licence with NHSE)	Care Monthly report on midwifery staffing Report to Risk Management Committee (Regulation breaches)

Risk category and risk appetite statement		
Level 1 Risk Type	Risk appetite	Relevant to strategic risk
Workforce		
Workforce supply	Cautious	✓
Workforce deployment	Cautious	✓
Workforce retention	Cautious	✓
Workforce performance	Cautious	✓
Operational		
Business Continuity	Cautious	
Health and safety	Averse	✓
Information Governance	Cautious	✓
Information Security	Cautious	
Information Technology	Cautious	✓
Physical Assets	Cautious	
Clinical Risk		
Capacity Planning	Cautious	✓
Infection Prevention and Control	Minimal	✓
Patient Experience	Minimal	✓
Patient Safety and Outcomes	Minimal	✓
Research, Innovation and Development	Cautious	
Financial Risk		
Counter-fraud	Averse	✓
Financial management and waste reduction	Cautious	✓
Financial reporting	Minimal	✓
Revenue funding and liquidity	Cautious	✓
Supply Chain	Cautious	✓
External Risk		
Legal and Governance	Averse	✓
Partnership Working	Open	✓
Regulatory	Averse	✓
Strategic Planning	Cautious	✓

Trust strategic priority:

People - We make LTHT a brilliant place to work for everyone in order to deliver excellent, safe & sustainable care for every patient, every time.

Strategic risk description	
There is a risk that the Trust cannot achieve its strategic priority to make LTHT a brilliant place to work due to: • The financial requirement to reduce the size and cost of the overall workforce presents risks to colleague engagement, morale and motivation, reduced career development, opportunities and organisational improvement. • Sustained operational pressures leads to risks of fatigue, burnout, unplanned absence and reduced colleague engagement. • National/ regional skills shortages and/ or recruitment challenges in specific services and/ or staff groups amplify operational pressures in specific services. • Ineffective management and development of our medical equipment and devices, digital infrastructure, as well as our built environment. • Management time, capacity to implement, deliver and sustain change • Management and/ or leadership capacity and capability to consistently and proactively support the workforce. • The absence of an inclusive and supportive culture in some areas and effective communications and engagement with colleagues. • Inability to release front line staff for rostered mandatory training due to staffing gaps. resulting in the potential for insufficient workforce capacity and/ or capability, impact on external relations and long-term threat to service sustainability, regulatory breach (CQC).	Lead Executive Director(s): Suzanne Dunkley, Chief People Officer Date: June 2023 Date last reviewed: June 2026 Links to Corporate Risks CRR04 (Staff absence, health, safety and wellbeing) CRRO13 (Brotherton Wing, Blocks 11, 12 and 32 physical condition) CRRO11 Insufficient DIT resources to maintain the digital infrastructure to minimally supported standard and meet demand for DIT projects

Key Controls (to manage risks related to goal).	Key assurances (effectiveness of controls).
• Trust People priorities • People Improvement Framework and escalation process • Inclusion and Belonging Action Plan • CSU Operational Workforce Action Plans • Health & Wellbeing strategy • Equality, Diversity & Inclusion strategy • Learning, Education and Training Strategy • Leeds One Workforce board and targeted recruitment as anchor institution • Corporate Risk CRR04 - Staff health, safety and wellbeing • Freedom to speak up (FTSU) policy • Integrated Accountability Meetings with onward reporting of FTSU. • Risk Management Committee oversight of risks related to workforce, staff safety, health, and wellbeing: risk framework (risk categories/risk appetite) • People Committee and its sub-committees, oversight of progress against each of the People Priorities • Board oversight of delivery of the digital strategy • Use safe staffing levels as defined through nationally set professional standards and triangulated workforce plans	• National Staff survey • People Committee annual report • CQC inspection report(s) • CQC Regulation 18 - staffing • Internal audit programme (PwC) • Finance and Performance Committee annual report • Integrated Quality and Performance Report to the Trust Board • Hard Truths safer staffing report to Board • Freedom to speak up Guardian report (to Board and assurance on process to Audit Committee) • Executive Annual Report on FTSU • Publication of Trust's annual Public Sector Equality Duty • Twice yearly report into Violence and Aggression to People Committee and Board • Annual Employment Relations Report • Annual Report on Sexual Safety • Annual Agenda for Change Report • Board leadership visits – with Quarterly reports to Board • Trust annual governance statement

Significant gaps in control	Further assurance required
• Further development of monitoring arrangements for Inclusion and Belonging	

Risk category and risk appetite statement		
Level 1 Risk Type	Risk appetite	Relevant to strategic risk
Workforce		
Workforce supply	Cautious	√
Workforce deployment	Cautious	√
Workforce retention	Cautious	√
Workforce performance	Cautious	√
Operational		
Business Continuity	Cautious	√
Health and safety	Averse	√
Information Governance	Cautious	
Information Security	Cautious	
Information Technology	Cautious	
Physical Assets	Cautious	
Clinical Risk		
Capacity Planning	Cautious	√
Infection Prevention and Control	Minimal	√
Patient Experience	Minimal	√
Patient Safety and Outcomes	Minimal	√
Research, Innovation and Development	Cautious	
Financial Risk		
Counter-fraud	Averse	
Financial management and waste reduction	Cautious	
Financial reporting	Minimal	
Revenue funding and liquidity	Cautious	
Supply Chain	Cautious	
External Risk		
Legal and Governance	Averse	
Partnership Working	Open	√
Regulatory	Averse	√
Strategic Planning	Cautious	

Trust strategic priority:

Improvement & Innovation – Ensuring we are at the forefront of health improvement, innovation and research.

Strategic risk description	
There is a risk that the Trust cannot achieve its strategic priority to deliver continuous Improvement, innovation and inclusive research due to: Strategic governance and prioritisation - Increasing operational and clinical pressures reducing organisational capacity for improvement, innovation and research activity. - Lack of systematic identification and prioritisation of opportunities for improvement based on strategic and corporate risk intelligence. - Failure to identify and intervene early where risks are approaching agreed tolerance, resulting in reactive rather than proactive improvement activity. - Impact of delays to progress through the New Hospitals Programme - Ageing estate, equipment and digital infrastructure limiting the delivery of education, research and innovation. - Workforce capacity, capability and specialist service planning challenges across the Trust and partner organisations, driven by increasing specialisation and wider system pressures, affecting the sustainability and future development of specialist services. - Changes to commissioning and system arrangements affecting strategic planning and partnership working. Lack of a clear pathway for adoption, spread and sustaining of innovation and improvement within the Trust - Lack of effective development of specialist services due to commissioner financial constraints Continuous improvement - Lack of consistent governance, capability and capacity to support continuous improvement across the Trust. - Lack of clear pathways to spread and sustain successful improvements across services. Research and innovation - Lack of clear pathways for the adoption, spread and sustainability of innovation.	Lead Executive Director(s): Mike Harvey, Director of Transformation Elizabeth Garthwaite, Interim Chief Medical Officer Jenny Ehrhardt – Chief Finance Officer Date: June 2023 Date last reviewed: June 2026 Links to Corporate Risks CRRF1 (financial plan)

- Challenges in maintaining research capacity and securing external funding and partnerships. - Lack of resource for development of innovation Strategic infrastructure and digital - Delays to strategic capital programmes, including Hospitals of the Future. - Ageing estate, equipment and digital infrastructure limiting the delivery of improvement, innovation, education and research. Education, specialist services and partnerships - Workforce capacity, capability and specialist service planning challenges across the Trust and partner organisations, driven by increasing specialisation and wider system pressures, affecting the sustainability and future development of specialist services. - Changes to commissioning and system arrangements affecting strategic planning, partnership working and the future development of specialist services. ...resulting in failure to deliver improvement, innovation, research and education ambitions, reduced organisational resilience and staff engagement, loss of research and funding opportunities, failure to realise the benefits of innovation, reduced ability to manage strategic and corporate risks proactively, and adverse impacts on patient outcomes and future service development.	
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Key Controls (to manage risks related to goal).	Key assurances (effectiveness of controls).
Strategic governance and prioritisation - Risk Management Committee oversight of risks related to research and innovation, education and provision of specialist services. - Executive portfolio accountability for Improvement. - Trust Improvement Governance Framework (in progress). - Trust Stand Up governance process (in progress). - Integrated risk and improvement prioritisation process, using intelligence from Executive portfolios, the Corporate Risk Register and Trust Stand Up to align improvement resource to priorities and strategic and corporate risks, with particular focus on areas demonstrating deterioration or	Strategic governance and prioritisation - Executive portfolio performance reviews and reporting to relevant Board committees. - Annual review of governance arrangements and Board committee assurance reports. - Routine Trust Stand Up reporting, escalation logs and evidence of issue resolution. - Routine reporting demonstrating that improvement activity is aligned to strategic and corporate priorities and risks, with evidence of impact on risk trajectory, organisational performance and delivery of strategic objectives. - CQC inspection report(s) - Internal audit programme (PwC) - Finance and Performance Committee annual report

approaching agreed tolerance thresholds (in progress) Continuous improvement • Leeds Improvement Method. • Trust improvement portfolio management arrangements. • Improvement capability building and leadership development. • NHS IMPACT continuous improvement approach. • Benchmarking against peers and through model hospital and specialty GIRFT reviews. Research and innovation • Research and Innovation Strategy • Associated R&I communications strategy. • Research and Innovation Management Group. • Innovation adoption and spread pathway. • Leeds Innovation Partnership. • Leeds Research Collaborative. • Leeds Academic Health Partnership. • WYAAT Research and Innovation Group. • Joint Partnership Group with University of Leeds Strategic infrastructure and digital • Trust capital and estate plan. • Trust Digital Strategy • LGI Development Site and Innovation Village programme • Digital transformation programme governance. • West Yorkshire Investment Zone. Education, specialist services and partnerships	• DIT Committee annual report • Trust annual governance statement Continuous improvement • Routine reporting of improvement activity, outcomes and benefits realisation. • Improvement portfolio performance reporting against agreed milestones and Executive oversight. • Workforce capability measures and uptake of improvement training and development. • NHS IMPACT self assessment and external benchmarking. Research and innovation • Annual Research and Innovation report to Board. • Routine reporting and escalation from the Research and Innovation Management Group. • Reporting on innovation adoption, spread and realised benefits. • Partnership performance reporting against agreed objectives. • Annual collaborative performance reporting. • Academic partnership governance and delivery reporting. • System partnership reporting and agreed programme delivery. • Reports to Board on progress with the Innovation Village Strategic infrastructure and digital • Capital programme reporting and estate strategy assurance. • Innovation Village and OMS redevelopment programme milestone reporting and Board updates. • Digital transformation programme reporting and Internal Audit assurance. • West Yorkshire Investment Zone delivery reporting against agreed outcomes. Education, specialist services and partnerships
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• Learning, Education and Training Strategy. • Learning, Education and Training Committee. • Joint Education Strategy with the University of Leeds. • Joint Partnership Group with the University of Leeds. • WYAAT Elective Co-ordination Group. • Planned Care Programme. • Planned Care Delivery Board.	• Annual Learning, Education and Training report. • Learning, Education and Training Committee annual report and escalation processes. • Joint education partnership performance reporting. • Annual review of collaborative objectives and outcomes with partner organisations. • System performance reporting for elective and specialist services. • Planned Care Programme delivery reporting against agreed objectives. • Planned Care Delivery Board oversight and delivery reporting.
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Significant gaps in control	Further assurance required
Adequate evidence to support the assertion that improvement is driven by strong alignment to Trust strategic priorities.	Further assurance is required that the developing strategic improvement governance arrangements are fully embedded and providing a consistent, risk informed approach to prioritising improvement activity, with evidence that improvement resource is aligned to strategic priorities and emerging corporate risks and contributing to improved organisational performance and risk trajectories.

Risk category and risk appetite statement		
Level 1 Risk Type	Risk appetite	Relevant to strategic risk
Workforce		
Workforce supply	Cautious	√
Workforce deployment	Cautious	
Workforce retention	Cautious	
Workforce performance	Cautious	
Operational		
Business Continuity	Cautious	
Health and safety	Averse	
Information Governance	Cautious	
Information Security	Cautious	
Information Technology	Cautious	
Physical Assets	Cautious	
Clinical Risk		
Capacity Planning	Cautious	
Infection Prevention and Control	Minimal	
Patient Experience	Minimal	
Patient Safety and Outcomes	Minimal	√
Research, Innovation and Development	Cautious	√
Financial Risk		
Counter-fraud	Averse	
Financial management and waste reduction	Cautious	
Financial reporting	Minimal	
Revenue funding and liquidity	Cautious	√
Supply Chain	Cautious	
External Risk		
Legal and Governance	Averse	
Partnership Working	Open	√
Regulatory	Averse	√
Strategic Planning	Cautious	

Trust strategic priority:**Partnerships - Integration that adds value with patients at the centre.**

Strategic risk description	
There is a risk that the Trust cannot achieve its strategic priority for integration that adds value due to: • Insufficient pace and effectiveness of system working • Lack of system resilience due to workforce and funding pressures in community/primary/social care • Cultural differences with system partners • Lack of system resilience due to workforce and funding pressures in acute hospital partners • Lack of digital integration with system partners • Misalignment of financial and operational incentives across organisations • Prolonged acute operational pressures and demand across the Trust limit capacity and resource required to deliver the shift of care into community and neighbourhood settings • Lack of commercial innovation expertise to develop and leverage strategic partnerships resulting in sustained acute demand, delays in patient flow, reduced elective recovery, possible harm to patients, poor experience, impact on external relations, failure to deliver the transformation programme and a long-term threat to service sustainability resulting in potential regulatory breach (CQC).	Lead Executive Director(s): Mike Harvey, Director of Transformation Tim Hiles, Chief Operating Officer Date: October 2021 Date last reviewed: June 2026 Links to Corporate Risks CRRC10 (patient flow across the system) CRR04 (Staff absence, health, safety and wellbeing)

Key Controls (to manage risks related to goal).	Key assurances (effectiveness of controls).
LTHT influences citywide and regional strategy and work programmes via membership of key partnership forums, ensuring strategic alignment with partners including: • Membership of the West Yorkshire Integrated Care Partnership and Leeds Committee of the Integrated Care Board. • Membership of the recently established Leeds Provider Partnership and Joint Committee with associated collaboration agreements. • Leeds Provider Partnership involvement	• Outputs from the NHS England, CQC visits and reports • CQC system review • Healthwatch Leeds visits • National Inpatient and outpatient survey • Integrated Quality and Performance Report to the Trust Board • Making Every Day Count (MEDC) report outs

• Membership of Health and Wellbeing Board, responsible for joint strategic assessment and health and wellbeing strategy for Leeds. • Membership of the West Yorkshire Association of Acute Trusts (WYAAT). • LTHT Operational Transformation Strategy • Healthier Leeds Plan • The HomeFirst programme incorporating the redesign of intermediate care. • Leeds Clinical Executive Group • The One Workforce programme for Leeds includes specific priorities on integrated workforce design and working across organisations. • Strategic Health and Care communications group. • West Yorkshire Association of Acute Trust (WYAAT) work programme and shared learning group • Leeds Anchor Network • Formal partnerships/network arrangements with other specialist centres to ensure LTHT is an outstanding centre for specialist services • Children's Hospital Alliance: collaborating with other Children's Hospitals. • Established internal partnerships governance arrangements with defined decision-making forums and escalation routes.	• Exception and escalation reporting where system delivery is off track to Finance and Performance Committee. • Report to Risk Management Committee • How Does It Feel for Me patient experience balanced scorecard reviewed at Partnership Executive Group. • Reports to Board re WYAAT, ICB, key system transformation programmes e.g., HomeFirst programme, LTHT as an Anchor Institution etc.
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Significant gaps in control	Further assurance required
• Adequate resources and attention for adult social care • Adequate city provision of facilities for younger people with significant mental health or neurodiversity • Adequate city provision of housing or support for complex younger adults • Lack of system-wide accountability for delivery of shared priorities, with limited mechanisms to hold partners to collective performance standards. • Variability in maturity of partnership governance and decision-making structures, leading to delays in implementing system-wide change. • Insufficient interoperable digital systems across the system, impacting real-time decision-making and patient management.	• Evidence of jointly agreed system performance metrics and formal accountability arrangements, including clear escalation routes where delivery is off track. • Clarity on system financial governance, risk-sharing arrangements and alignment of incentives, with evidence of collective delivery against system financial plans. • Evidence of improvements in coordinated care demonstrated via shared care record access and interoperability programmes, including adoption across system partners.

Risk category and risk appetite statement		
Level 1 Risk Type	Risk appetite	Relevant to strategic risk
Workforce		
Workforce supply	Cautious	√
Workforce deployment	Cautious	
Workforce retention	Cautious	
Workforce performance	Cautious	
Operational		
Business Continuity	Cautious	√
Health and safety	Averse	
Information Governance	Cautious	
Information Security	Cautious	
Information Technology	Cautious	
Physical Assets	Cautious	
Clinical Risk		
Capacity Planning	Cautious	√
Infection Prevention and Control	Minimal	
Patient Experience	Minimal	√
Patient Safety and Outcomes	Minimal	√
Research, Innovation and Development	Cautious	
Financial Risk		
Counter-fraud	Averse	
Financial management and waste reduction	Cautious	√
Financial reporting	Minimal	
Revenue funding and liquidity	Cautious	
Supply Chain	Cautious	
External Risk		
Legal and Governance	Averse	
Partnership Working	Open	√
Regulatory	Averse	√
Strategic Planning	Cautious	√

Trust strategic priority:**Outcomes – Being outstanding now and in the future**

Strategic risk description	
There is a risk that the Trust cannot achieve its strategic priority to be outstanding now and in the future due to - Increased demand due to the impact of deprivation, multi-morbidity and an ageing population - Increased demand – unplanned care, emergency department attendances, impacting on patient flow across the system - Significant growth in the number of patients waiting for elective treatment - Inability to treat patients within national standard timeframes for both planned and unplanned care due to capacity and demand - Ageing estate and building/digital infrastructure leading to poor patient experience - Insufficient workforce in specific areas and/ or specialties due to availability and competition from other providers - Breaches of CQC Regulations related to failure to meet the fundamental safety and quality standards under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 following inspections of core services of Maternity and Neonatal Services and Trust Wide Well Led. resulting in potential harm to patients, impact on outcomes, experience and quality of care, impact on external relations, reduction in partner, public and patient confidence and long-term threat to service sustainability.	Lead Executive Director(s): Tim Hiles, Chief Operating Officer Date: June 2023 Date last reviewed: June 2026 Links to Corporate Risks CCRC4 (emergency care standard) CRRC5 (18 weeks RTT) CRRC7 (cancelled operations) CRRC6 (62-day cancer target) CRRC9 (diagnostic tests) CCRC10 (patient flow)

Key Controls (to manage risks related to goal).	Key assurances (effectiveness of controls).
- Operational Transformation Strategy - Trust capital plan - Public Health and Health Inequalities Strategy - Improvement Strategy - Integrated Accountability Framework - Benchmarking against peers through model hospital and specialty GIRFT reviews - Bed demand modelling and winter planning - Corporate Risk Register - Finance and Performance Committee oversight of delivery against constitutional standards, including in year deep dives	- National Inpatient and outpatient survey - Quality Account - CQC inspection report(s) - CQC Regulation 10 – dignity and respect - CQC Regulation 12 - safe care and treatment - CQC Regulation 17 – good governance - Well-led development review and preparation for external review in response to new criteria for Well-led. - Internal audit programme (PwC)

- Trust Board oversight of delivery of the digital strategy - CQC engagement process - CQC inspection report: maternity and neonatal services, well-led - Maternity Safety Support Programme (MSSP) - Perinatal Improvement Plan - Well-led Improvement Plan - Maintenance of excellent relationships with regulators, NHSE and other national groups to ensure we maximise the opportunities for revenue and capital support to help deliver change. - Ockenden report (Nottingham Independent Review) – immediate and essential actions - National Investigation Maternity and Neonates Report (Amos) – 10 Point Plan	- Integrated Quality Improvement Group with key partners and CQC - Perinatal report to Perinatal Improvement Assurance Committee - Risk Management Committee annual report - Integrated Quality and Performance Report to the Trust Board - Board Leadership visits (quarterly report to Board)
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Significant gaps in control	Further assurance required
- CQC Registration under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended): breaches to: - Regulation 12 Safe Care and Treatment - Regulation 17 Good Governance resulting in breach to the NHSE Provider Licence - Well-Led report – breaches to: - Regulation 17 Good Governance	- Assurance on key actions from previous inspections in relation to regulatory breaches and overall improvements - Assurance on quality governance arrangements in CSUs and inspection readiness

Risk category and risk appetite statement		
Level 1 Risk Type	Risk appetite	Relevant to strategic risk
Workforce		
Workforce supply	Cautious	√
Workforce deployment	Cautious	√
Workforce retention	Cautious	√
Workforce performance	Cautious	√
Operational		
Business Continuity	Cautious	
Health and safety	Averse	
Information Governance	Cautious	
Information Security	Cautious	
Information Technology	Cautious	√
Physical Assets	Cautious	√
Clinical Risk		
Capacity Planning	Cautious	
Infection Prevention and Control	Minimal	
Patient Experience	Minimal	
Patient Safety and Outcomes	Minimal	

Research, Innovation and Development	Cautious	
Financial Risk		
Counter-fraud	Averse	√
Financial management and waste reduction	Cautious	√
Financial reporting	Minimal	√
Revenue funding and liquidity	Cautious	√
Supply Chain	Cautious	√
External Risk		
Legal and Governance	Averse	√
Partnership Working	Open	√
Regulatory	Averse	√
Strategic Planning	Cautious	√