

Board Assurance Framework

Public Board

26th March 2026

Presented for:	Approval
Presented by:	Mike Harvey, Director of Transformation
Author:	Mike Harvey, Director of Transformation
Previous Committees:	NONE

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Link to Strategic Objective	Focus on care quality, effectiveness and patient experience
Link to Provider Capability Assessment	Governance, risk and regulatory
Link to CQC Well-led Statement	Governance, Management and Sustainability
Regulatory Impact	Regulation 17: Good governance

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Key points	Purpose
This 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. <u>Specifically;</u> <u>1. Review of Strategic triangle referenced with update to be provided once work completed.</u> <u>2. Multi Year Goals removed as per agreement in November 2025.</u> <u>3. All individual risk sections reviewed by relevant Executive and their team.</u> <u>4. Review of Calderdale and Huddersfield BAF undertaken. Their document incorporates more detail on risk (but not all risk) but appears to be used in a similar way to how we use the BAF at LHT.</u>	Approval

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Risk Appetite Framework

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	Moving Towards

Board Assurance Framework

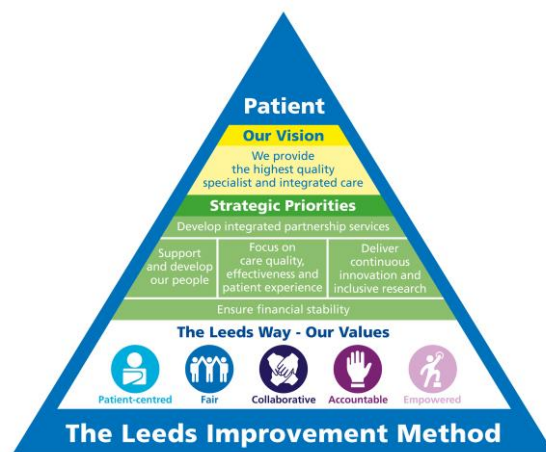
Threats to the achievement of the Trusts strategic priorities
and multi-year goals

March~~January~~ 2026

Agenda Item 8.2

5 strategic priorities

- Focus on care quality, effectiveness, and patient experience
- Support and develop our people
- Develop integrated partnership services
- Deliver continuous innovation and inclusive research
- Ensure financial stability



[The Strategic Triangle is currently under review and this section will be updated in due course \(Likely April 2026\).](#)

Trust strategic priority:
Focus on care quality, effectiveness and patient experience

Strategic risk description	
There is a risk that the Trust cannot achieve its strategic priority to focus on care quality, effectiveness, and patient experience 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 to the conditions of registration with the Care Quality Commission (CQC) due to Warning Notice under Section 29A of the Health and Social Care Act 2008 (maternity staffing), breaches of Regulations and failure to meet the fundamental standards under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 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, regulatory breach (CQC).	Lead Executive Director(s): Beverley Geary, Interim Chief Nurse Date: June 2023 Date last reviewed: March-Jan 2026 Multi-year goals Deliver top-quartile holistic healthcare performance People receive person-centred care in the most appropriate environment and setting Links to Corporate Risks CRRE1 (CQC Registration – breaches of Regulation(s) maternity and neonates) CRRE2 (CQC Registration – breaches of Regulation(s) – well-led CRRW4 (workforce) CRR04 (Staff absence, health, safety and wellbeing) CRRC1 (Healthcare Associated Infection) 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)
- Patient Safety and Quality Strategy 2024-27 - Nursing and Midwifery Strategy - Patient Safety Incident Response Plan (PSIRP) - Operational Transformation Strategy - Trust capital plan - Public Health and Health Inequalities Strategy - Improvement Strategy - Clinical Quality review programme - Integrated Accountability Framework - Benchmarking against peers through model hospital and specialty GIRFT reviews - Bed demand modelling and winter planning - Corporate Risk Register	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

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• 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 • People and Culture Committee oversight of People Priorities. • Perinatal Improvement Assurance Committee oversight of improvement plans and metrics related to maternity and neonatal services • Finance and Performance Committee oversight of delivery against constitutional standards, including in year deep dives • DIT oversight of delivery of the digital strategy • CQC engagement process • International recruitment plan and support programme • CQC inspection report: maternity and neonatal services, well-led • Perinatal assurance report to Quality Assurance Committee • Maternity Safety Support Programme (MSSP) • Maternity and Neonatal Integrated Quality Improvement Group (IQIG) MIG	• Well-led development review and preparation for external review in response to new criteria for Well-led. • Internal audit programme (PwC) • Health & Safety annual report, including Controls Assurance Audit • Quality Assurance Committee (QAC) annual report • Perinatal Improvement Plan • Well-led Improvement Plan • Perinatal report to Perinatal Improvement Assurance Committee • Healthcare Associated infection annual report • DIT Committee 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 QAC) • Trust annual governance statement
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Significant gaps in control	Further assurance required
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	Weekly-Monthly report on midwifery staffing Monthly 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	

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Change	Cautious	
Health and safety	Minimal	√
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:
To support and develop our people

Strategic risk description

There is a risk that the Trust cannot achieve its strategic priority to support and develop our people 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 stagnation WTE to meet financial plan.
- Requirement to reduce bank and agency spend by 5% respectively to meet NHSE Operational Plan
- Reduced workforce availability due to sickness absence;
- Sustained operational pressures leading to risks of fatigue, staff burnout, unplanned absence and reduced colleague engagement; staff fatigue; staff leaving the Trust, senior staff taking early retirement.
- Insufficient workforce supply due to national workforce shortages
- National/ regional skills shortages and/ or recruitment challenges in specific services and/ or staff groups amplify operational pressures in specific services.
- Ageing workforce profile
- Ageing estate and digital infrastructure leading to poor staff experience
- Management time, capacity to implement, deliver and sustain change
- Management and/ or leadership capacity and capability to consistently and proactively support the workforce, capability and leadership
- The absence of an inclusive and supportive culture in some areas.
- Reduced resources for training and development due to financial constraints.

....resulting in the potential for insufficient workforce capacity and/ or capability, staff leaving the organisation, inability to recruit to key specialty areas, 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: Jan 2026

Multi-year goals

To have a consistent, high performing and sustainable workforce

Links to Corporate Risks

CRRW4 (workforce)

CRR04 (Staff absence, health, safety and wellbeing)

CRRO13 (Brotherton Wing, Blocks 11, 12 and 32 physical condition).

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

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Key Controls (to manage risks related to goal)

- Trust People Plan and refreshed people priorities
- People Improvement Framework and escalation process (in development)

Key assurances (effectiveness of

- National Staff survey
- Workforce People and Culture
- Committee annual report
- CQC inspection report(s)

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• Inclusion and Belonging Action Plan CSU Operational Workforce Action Plans • 7C focus on kindness and compassion • Health & Wellbeing strategy • Equality, Diversity & Inclusion strategy • Learning, Education and Training Strategy • Digital Strategy • Leeds One Workforce board and targeted recruitment as anchor institution • Corporate Risk CRR04 - Staff health, safety and wellbeing • Corporate Risk CRRW4 - Workforce • Staff vaccination programme and support • Freedom to speak up policy • Leeds Improvement Method—visual management and weekly Gemba walks • People Link/production boards • Joint Accountability Framework for Workforce • Integrated Accountability Meetings • Escalation process from CSUs to Workforce Committee • Risk Management Committee oversight of risks related to workforce, staff safety, health, and wellbeing: risk framework (risk categories/risk appetite) • Workforce People and Culture Committee and its sub-committees, oversight of progress against each of the People Priorities • DIT oversight of delivery of the digital strategy	• CQC Regulation 18 - staffing • Internal audit programme (PwC) • Finance and Performance Committee annual report • DIT 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 • Publication of Trust's annual Public Sector Equality Duty • Twice yearly report into Violence and Aggression. • Annual Employment Relations Report • Annual Report on Sexual Safety • Annual Agenda for Change Report • Board leadership visits • Trust annual governance statement
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Significant gaps in control	Further assurance required
• People Improvement Framework and escalation process (in development) • Further development of monitoring arrangements for Inclusion and Belonging	

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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	√
Change	Cautious	
Health and safety	Minimal	√
Information Governance	Cautious	
Information Security	Cautious	

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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:
Develop integrated partnership services**

Strategic risk description	
There is a risk that the Trust cannot achieve its strategic priority to develop integrated partnership services due to: • 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 • Lack of commercial innovation expertise to develop and leverage strategic partnerships resulting in possible harm to patients, poor experience, impact on external relations, failure to deliver the transformation programme and a long-term threat to service sustainability, regulatory breach (CQC).	Lead Executive Director(s): Tim Hiles, Interim Chief Operating Officer Date: October 2021 Date last reviewed: March Jan 2026 Multi-year goals People receive person-centred care in the most appropriate environment and setting Links to Corporate Risks CRRC10 (patient flow across the system) CRRW43 (workforce) CRR04 (Staff absence, health, safety and wellbeing)

Key Controls (to manage risks related to goal controls)	Key assurances (effectiveness of)
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 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 Home First 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. • West Yorkshire Association of Acute Trust (WYAAT) work programme and shared learning group • Leeds Innovation Partnership • Leeds Anchor Network • Formal partnerships/network arrangements with other specialist centres to ensure LTHT is an outstanding centre for specialist services	• 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 Counts (MEDC) report outs • 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.

Children's Hospital Alliance: collaborating with other Children's Hospitals.	
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Significant gaps in control	Further assurance required
- 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	

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	√
Change	Cautious	√
Health and safety	Minimal	
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:
Deliver continuous innovation and inclusive research

Strategic risk description	
There is a risk that the Trust cannot achieve its strategic priority to deliver continuous innovation and inclusive research due to: • The impact of clinical demand pressure crowding out research capacity, particularly in relation to clinical time and support services such as radiology, pharmacy and pathology. • Impact of delays to Hospitals of the Future (New Hospitals Programme) • Inability to deliver high quality education, research, and innovation due to ageing estate and equipment and inadequate digital infrastructure • Deskillling of workforce in partner hospitals due to increased specialisation • The wider longer term impact on research, education and training resulting from the pandemic, including recovering lost ground • Possible lack of effective specialist services planning due to devolvement of specialist commissioning budgets to ICB level. • Lack of a clear pathway for adoption of innovation within the Trust resulting in failure to deliver research, innovation and education programmes, failure to deliver the innovation village project, impact on staff recruitment and retention and award of research funding grants, timely and effective treatment of patients requiring specialist services, and the further development of future specialist services.	Lead Executive Director(s): Magnus Harrison, Chief Medical Officer Date: June 2023 Date last reviewed: Jan-March 2026 Multi-year goals To be a leading academic healthcare institution To have an embedded culture of service improvement and innovation To have a consistent, high performing and sustainable workforce Links to Corporate Risks CRRF1 (financial plan) CRRW1 (nurse staffing) CRRW2 (medical staffing) CRRW3 (workforce)

Key Controls (to manage risks related to goal controls)	Key assurances (effectiveness of)
• Research and Innovation Strategy. • Research and Innovation Committee Management Group. • Risk Management Committee oversight of risks related to research and innovation, education and provision of specialist services. • Trust capital and estate plan. • LGI Development Site/Innovation Village project including redevelopment of the OMS. • Leeds Improvement Method. • Benchmarking against peers and through model hospital and specialty GIRFT reviews. • WYAAT Elective Co-ordination Group. • WYAAT Research and Innovation Group • Planned Care Programme (Transformational Services Group). • Planned Care Delivery Board (Leeds ICB). • Leeds Innovation Partnership. • Leeds Research Collaborative. • WY Investment Zone status	• Research and Innovation Committee management Group annual report to trust Board and escalations to ket Trust committees. • CQC inspection report(s) • Internal audit programme (PwC) • Finance and Performance Committee annual report • DIT Committee annual report • Trust annual governance statement • Learning, Education & Training Committee annual report • LET Committee report • Annual update on R&I Strategy • Reports to Board on progress with the Innovation Village and OMS redevelopment

- Digital Strategy - Learning, Education & Training (LET) Committee - Learning, Education & Training Strategy - Joint Education Strategy with University of Leeds, plan for collaboration to deliver excellence in education/training - Joint Partnership Group with University of Leeds - Leeds Academic Health Partnership	
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Significant gaps in control	Further assurance required
NHS England policy constraints mean that LTH has been unable to appoint a Director of Innovation to lead strategic commercial partnerships.	

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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	
Change	Cautious	√
Health and safety	Minimal	
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:
Ensure financial stability**

Strategic risk description	
There is a risk that the Trust cannot achieve its strategic priority to ensure financial stability due to: - Funding uncertainty and minimal funding growth across both revenue and capital. - Inflation - Inability to achieve efficiency requirements due to sustained operational pressures - Lack of capital investment to address estate/digital/equipment needs - Ageing population, deprivation, morbidity and health inequalities. - Funding in Social Care Changes to the Political and economic policy framework, legislation and regulatory and/ or relevant legislation changes. - Poor system financial performance Changes to commissioning resulting from the delegation of specialised services and changes within ICBs National requirements of performance and quality in the national financial environments 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.	Lead Executive Director(s): Jenny Ehrhardt, Director of Finance Date: June 2023 Date last reviewed: Jan March 2026 Multi-year goals Deliver a sustainable surplus by becoming the most efficient teaching hospital Deliver fit for purpose healthcare infrastructure Links to Corporate Risks CRRF1 (financial plan) CRRF2 (capital) CRRF3 (Cash) CRR07 (Hospital of the Future Project) CRR08 (Pathology Project) CRR09 (LGI Site Development Project) CRR011 (DIT capacity)

Key Controls (to manage risks related to goal controls)	Key assurances (effectiveness of)
- Financial governance framework. - Trust five-year financial plan in place - 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 Waste Reduction Programme in place with oversight by Financial Improvement Board Turnaround Executive chaired by CEO driving actions to deliver the financial plan. Centrally managed Waste Reduction Programme with central oversight and local ownership. - 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,	Quarterly Fundamental Financial Review to Board CQC Use of Resources Framework review – rated outstanding for its use of resources, February 2019 - Integrated Quality and Performance Report to the Trust Board relevant metrics: key indicators re effective financial management - Finance and Performance Committee annual report. - Audit Committee annual report - Board approved five-year plan - Trust annual governance statement - Programme Management Office (PMO) report on support to the delivery of the waste reduction programme Infrastructure Committee annual report - External auditors Value for money report - Internal audit programme covers reports re financial governance and BIIW programme (PWC).

- Value for Money Self-Assessment - Counter fraud strategy and team in place - Trust Green Plan and decarbonisation plan. - CQC Use of Resources Framework CSU strategic business plans - Leeds Improvement Method - Finance the Leeds Way Improvement Programme Infrastructure Committee includes oversight of the Hospitals of the future project - 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, Building the Leeds Way Maintenance of professional relationships with regulators, commissioners and other external parties	- Level Three accreditation for Future Focused Finance - Board approved financial sustainability self-assessment - NHSE Region deep dive of efficiency programme June 2025. PWC review actions delivered through Turnaround Executive Recommendations and action plan reported through Financial Improvement Board and Finance and Performance Committee CQC Use of Resources Framework review - rated outstanding for its use of resources, February 2019
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Significant gaps in control	Further assurance required

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	
Change	Cautious	✓
Health and safety	Minimal	
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	✓

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Supply Chain	Cautious	√
External Risk		
Legal and Governance	Averse	√
Partnership Working	Open	√
Regulatory	Averse	√
Strategic Planning	Cautious	√

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