



**The Leeds
Teaching Hospitals**
NHS Trust

Board Assurance Framework Update

**Public Trust Board
24th September 2026**

Presented for:	Information
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Author:	Mike Harvey, Director of Transformation
Previous Committees:	Executive Team Meeting Trust Board – July 2026 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
The Board Assurance Framework (BAF) has been aligned to the Trust's 2026–2029 organisational strategy using the existing template. However, engagement with Non-Executive Directors, Executive Leaders and external benchmarking has identified further opportunities to strengthen control effectiveness, improve the quality and independence of assurance, and clarify Executive and Committee ownership of strategic risks. The next phase will focus on validating risks and assurance arrangements with Strategic Risk Owners, strengthening committee oversight, developing strategic risk indicators aligned to the risk register and completing assurance mapping. The Board is asked to note the progress made, endorse the proposed next steps and support the continued development of the BAF as an effective management and assurance tool for delivery of the Trust's strategic objectives.	Information

<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

1. Summary

This paper updates the Board on work to strengthen the Board Assurance Framework (BAF) for the 2026–2029 strategic period. The BAF has recently been aligned to the Trust's organisational strategy using the previous Trust template. Through the development of this document and engagement with Non-Executive and Executive leaders, it is evident that further work is required to improve the effectiveness of controls and the adequacy of assurance to ensure the BAF is a dynamic document used throughout the Trust's internal governance processes. The accompanying BAF in its current format is provided in the Appendix and this paper will set out the next steps to improve the framework.

The Board is asked to note the progress made and endorse the next steps to embed the framework within Executive and Committee governance.

2. Update

Progress to date:

- Key Non-Executive Directors have been engaged to understand their views and concerns, particularly the need for clearer evidence of control effectiveness and tracking progress against assurance.
- Agreement attained from Executive sponsors to review internal assurances.
- A detailed session is scheduled with Andrew Greenwood (Non-Executive Director) to draw on his experience of risk-control processes in financial services management.
- Engagement with the Trust's Associate Director of Regulatory Affairs and Compliance to identify areas of CQC good practice which can be included in further iterations.
- Good-practice examples from Sheffield and Bradford have been reviewed, with meetings scheduled to understand the governance routines, behaviours and culture supporting their approaches.

Next Steps:

- Structured meetings will be held with each Executive Strategic Risk Owner to validate risk statements, controls, assurance, gaps, trajectory, indicators and ownership.
- The role of each Board sub-committee will be agreed so that risks are scrutinised and signed off through the committee structure before final consideration by the Board. For example, how the People Committee will control the People Strategic Priority trajectories and how this will be used.
- Review frequency, escalation thresholds and a proportionate set of strategic risk controls. First (operational), second (oversight) and third (independent/external) level assurance mapping will then be completed.
- Integrate learning from planned sessions with NEDs and neighbouring Trusts.
- A strengthened document will be presented at November Board for review.

3. Quality and Performance Implications

A clearer BAF should strengthen Board oversight of risks to quality, operational performance and delivery of the Trust strategy. No immediate service change arises from this paper.

4. Financial Implications

No financial approval is sought. The work will initially be progressed within existing Trust resources. Any proposal to commission external specialist support will be subject to a separate assessment of scope, value and the appropriate approval route.

5. Risk

The principal risk is that the BAF remains a periodic compliance document rather than an active management and assurance tool. This may limit the Board's visibility of changes in strategic risk, weaknesses in control and gaps in assurance. The proposed Executive ownership, committee scrutiny, indicators and assurance mapping are intended to mitigate this. No change to the Trust's agreed risk appetite is proposed through this paper.

6. Communication and Involvement

Engagement has taken place with key Non-Executive Directors and will continue with Executive Strategic Risk Owners, Board committees, Risk Management and governance leads. Learning will also be drawn from planned discussions with Sheffield and Bradford as well as other Trusts who have attained Well-Led ratings from the CQC with reference to their BAF's in their reports. The emerging framework will be tested through these routes before returning to the Board.

7. Impact on Equality & Health Inequalities

The development of the BAF does not itself create a direct or differential impact on people with protected characteristics or communities experiencing health inequalities. It does, however, provide an opportunity to strengthen Board oversight of these impacts across the Trust's strategic risks. As part of the Strategic Risk Owner review, each risk will be considered for relevant equality and health inequality impacts, with appropriate controls, assurance and disaggregated indicators included where material and supported by reliable data. A proportionate Equality and Health Inequalities Impact Assessment will be completed if subsequent changes to policy, service delivery or resource allocation arise from this work.

8. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000.

9. Recommendation

The Board is asked to:

- note the progress made and the current interim position;
- endorse the next steps for Executive and Committee validation, control development and assurance mapping; and
- note that the updated and strengthened BAF will return following Executive sign off for November Board.

10. Supporting Information

The current iteration of the BAF has been provided in the Appendix below.

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 - Inability to achieve efficiency requirements due to sustained operational pressures	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) CRRC1 (Healthcare Associated Infection) Sustainability (Financial & Environmental) CRRF1 (financial plan) CRRF2 (capital) CRR011 (DIT capacity)

• 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 • People Committee oversight of People Priorities.	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. • Internal audit programme (PwC)

- 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.
- Strengthened expenditure controls e.g. vacancy management processes overseen by Trust Expenditure Review Group

- 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
- Programme Management Office (PMO) support to the delivery of the waste reduction programme

- 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.
- Strong clinical engagement [Greener care pathways]
- Annual updates to Board on green plan and estate strategy

- 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.
- Independent carbon accounting/ monitoring & reporting by a consultancy to an approved

- 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: - Reduce NHS Carbon Footprint emissions by 47% by 2032 (from a 2019/20 baseline). - Reduce NHS Carbon Footprint Plus emissions by 73% by 2038 (from a 2019/20 baseline).	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	• National Staff survey • People Committee annual report • CQC inspection report(s)

• 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	• 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
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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. - Challenges in maintaining research capacity and securing external funding and partnerships. - Lack of resource for development of innovation Strategic infrastructure and digital	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)

• 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 approaching agreed tolerance thresholds (in progress)	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 • DIT Committee annual report • Trust annual governance statement

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 • Learning, Education and Training Strategy. • Learning, Education and Training Committee. • Joint Education Strategy with the University of Leeds.	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 • Annual Learning, Education and Training report. • Learning, Education and Training Committee annual report and escalation processes.
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• Joint Partnership Group with the University of Leeds. • WYAAT Elective Co-ordination Group. • Planned Care Programme. • Planned Care Delivery Board.	• 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 • 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).	• 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 • Exception and escalation reporting where system delivery is off track to Finance and Performance Committee.

• 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.	• 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	√