Leeds Teaching Hospitals NHS Trust Board Assurance Framework

November 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

Board Assurance Framework Key

Risk Rating Matrix					
Consequence	Likelihood				
	Rare 1	Unlikely2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5	5 Moderate	10 High	15 Significant	20 Significant	25 Significant
Major 4	4 Moderate	8 High	12 High	16 Significant	20 Significant
Moderate 3	3 Low	6 Moderate	9 High	12 High	15 Significant
Minor 2	2 Low	4 Moderate	6 Moderate	8 High	10 High
Negligible 1	1 Low	2 Low	3 Low	4 Moderate	5 Moderate

Risk Definitions	
Current Score	The level of the risk at the present time
Residual Score	The level of anticipated risk after controls
Risk Appetite	Defines the amount and type of risk the organisation is prepared to seek, accept or tolerate (see Appendix 1)
Risk Tolerance	Defines the range of risk scores the Trust will accept within the risk appetite

Board Assurance Framework Legend					
Strategic Risk	The title of the strategic risk that threatens the achievement of the aligned strategic objective				
Rationale for Current Risk Score	This narrative is updated on a quarterly basis and provides a summary of the information that has supported the assessment of the BAF risk				
Corporate Risk Register	The document which records the most significant operational risks faced by the Trust				
Control/s	The measures in place to reduce the risk likelihood or risk consequence.				
Assurances	The measures in place to provide confirmation that the controls are working effectively in supporting the mitigation of the risk.				
Levels of Assurance	The platform that reports on the assurance (**First line:** Operational **Second line:** Management Oversight **Third line:** Independent and Objective Assurance)				
Gaps in Controls	Areas that require attention to ensure that systems and processes are in place to mitigate the BAF risk				
Gaps in Assurance	Areas where there is limited or no assurance that processes and procedures are in place to support the mitigation of the BAF risk				
Required Action	Actions required to close the gap in control(s)/ assurance(s)				
Action Lead	The person responsible for completing the required action				
Target Completion	Deadline for completing the required action				
Monitoring	The forum that will monitor completion of the required action				
Oversight of Risk Score	The executive lead's prediction of the risk score with supporting rationale.				
Action Progress	A RAG rated assessment of how much progress has been made on the completion of the required action	**Overdue**	In Progress	Complete	Not started

Our Purpose

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

Four Strategic Priorities

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

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

Partnerships - Integration that adds value, with patients at the centre

Outcomes - Being outstanding now and in the future



NHS
The Leeds Teaching Hospitals
NHS Trust

Board Assurance Framework Dashboard

Strategic Risks	Assurance Committee	Exec Lead	26/27 Q4	27/28 Q1	27/28 Q2	27/28 Q3	27/28 Q4	Residual Score	Risk Appetite & Tolerance
Strategic Objective 1: Purpose Excellent, safe & sustainable care for every patient, every time									
SR01: If the Trust does not maintain effective quality governance, patient safety and assurance arrangements, then quality and safety risks may not be identified, escalated or addressed in a timely manner, resulting in avoidable harm, poor patient outcomes and experience.	**Quality and Assurance Committee**	**CNO (Lead), CMO, COO**	**16 4x4**					**12 4x3**	Minimal Appetite 1–5; tolerance 6–10.
SR02: If LTHT is unable to maintain long-term financial, environmental and organisational sustainability, then it may be unable to invest in services, people, digital and infrastructure, resulting in declining performance and reduced ability to deliver strategic ambitions.	**Finance and Performance**	**CFO (Lead), DoE, CDIO, COO**	**20 5x4**					**20 5x4**	Cautious Appetite 1–8; tolerance 9–15.
SR03: If LTHT fails to deliver on its environmental sustainability commitments as set out within the Board approved Green Plan, it will fail to meet the mandated NHSE carbon emissions reductions targets, net zero for direct emissions by 2040 and indirect supply chain/ influenced emissions by 2045 (established under the Health and Care Act 2022), the consequences affect public health, finances, infrastructure, and wider UK climate goals.	**Board**	**DoE (Lead), CFO, CDIO, COO**	**12 3x4**					**9 3x3**	Averse Appetite 1–3; tolerance 4–6.
Strategic Objective 2: People We make LTHT a brilliant place to work for everyone									
SR04: If the Trust is unable to develop and sustain an affordable workforce with the capacity and capability required to meet current and future service needs, then the Trust may be unable to deliver safe, effective and sustainable care due to workforce shortages, skills gaps, suboptimal deployment, reduced productivity or an increased reliance on temporary or external capacity.	**People Committee**	**CPO**	**16 4x4**					**12 4x3**	Cautious Appetite 1–8; tolerance 9–15.
SR05: If the Trust is unable to sustain a positive work environment in which colleagues are safe, supported, included and able to speak up, then colleague wellbeing, engagement and retention may deteriorate, adversely affecting service performance and patient care	**People Committee**	**CPO**	**16 4x4**					**8 4x2**	Cautious Appetite 1–8; tolerance 9–15.
Strategic Objective 3: Improvement and Innovation Ensuring we are at the forefront of health improvement, innovation and research									
SR06: If LTHT is unable to embed continuous improvement capability consistently across clinical and corporate services, then productivity, quality and transformation benefits may not be realised, resulting in failure to achieve strategic objectives and financial sustainability.	**Quality and Assurance Committee**	**DoT (Lead), CMO, CFO**	**9 3x3**					**6 3x2**	Cautious Appetite 1–8; tolerance 9–15.

Strategic Risks	Assurance Committee	Exec Lead	26/27 Q4	27/28 Q1	27/28 Q2	27/28 Q3	27/28 Q4	Residual Score	Risk Appetite & Tolerance
SR07: If LTHT cannot sustain an environment which promotes and enables research & innovation and the infrastructure and strategic partnerships needed to attract, develop and retain world-leading researchers and teams, it risks a progressive loss of research capability, ability to stimulate and adopt innovation, external (competitive) funding, and influence, weakening its position as a leading academic healthcare institution and reducing its ability to attract outstanding clinical staff and advance patient care.	**Finance and Performance Committee**	**CMO (Lead), CDIO**	**12 4x3**					**12 4x3**	Open Appetite 1–10; tolerance 12–20.
Strategic Objective 4: Partnerships Integration that adds value with patients at the centre									
SR08: If LTHT and its partners are unable to work effectively together to align priorities, resources and decision-making, then the transformation of pathways and delivery of integrated and neighbourhood-based care may not be achieved, resulting in fragmented care, avoidable hospital demand, poorer patient flow and reduced benefits for patients and communities.	**Board**	**DoT (Lead), COO, CFO**	**12 4x3**					**12 4x3**	Open Appetite 1–10; tolerance 12–20.
Strategic Objective 5: Outcomes Being outstanding now and in the future									
SR09: If LTHT is unable to sustain operational performance across urgent care, elective recovery, cancer, diagnostics and maternity pathways, then patient access and outcomes will deteriorate, resulting in increased waiting times, poorer experience and regulatory concern.	**Finance and Performance Committee**	**COO**	**20 5x4**					**20 5x4**	Cautious Appetite 1–8; tolerance 9–15.
SR010: If LTHT does not consistently deliver high-quality, timely and effective services and reduce unwarranted variation, then patients and communities may experience differences in access, experience and clinical outcomes, resulting in poorer outcomes, health inequalities and failure to achieve the Trust's ambition to be outstanding.	**Quality and Assurance Committee**	**CMO (Lead), COO, CNO**	**16 4x3**					**12 4x3**	Minimal Appetite 1–5; tolerance 6–10.
All Strategic Objectives									
SR11: If LTHT does not maintain robust governance, assurance and risk management arrangements, then the Board may not have sufficient oversight of strategic delivery and risk, resulting in ineffective decision-making, regulatory concern and failure to achieve the organisational strategy.	**Board**	**DoCA (Lead), CEO, Chair**	**20 5x4**					**15 5x3**	Averse Appetite 1–3; tolerance 4–6.

Strategic Risk Updates: Purpose Excellent, safe & sustainable care for every patient, every time

STRATEGIC RISK SR01: If the Trust does not maintain effective quality governance, patient safety and assurance arrangements, then quality and safety risks may not be identified, escalated or addressed in a timely manner, resulting in avoidable harm, poor patient outcomes and experience.						**Executive Director Lead:**	CNO (Lead), CMO, COO	
						Date Last Reviewed:	16th November 2026	
RISK SCORE JOURNEY:						**Monitoring**	Quality and Assurance Committee	
26/27 Q4	**27/28 Q1**	**27/28 Q2**	**27/28 Q3**	**27/28 Q4**	**Residual**	**Risk Appetite:**	Minimal	
16 Significant					**12 High**	**Risk Appetite Description:** The Trust has a minimal appetite for risks to patient safety, patient outcomes and patient experience. Safe options are preferred and only very limited clinical risk will be accepted where essential to patient care and supported by effective controls.		**Risk Appetite Behaviour:** Prioritise safe, evidence-based options; maintain robust quality governance, escalation and assurance; and avoid decisions that could cause avoidable harm or threaten regulatory compliance.
4x4					**4x3**	**Acceptable Residual Risk (Tolerance) Score:**		Appetite 1–5; tolerance 6–10.
Quarterly Oversight (risk score): Deteriorating / Static / Improving					**Q4:** Static	**Q1:**	**Q2:**	**Q3:**
Residual Score Rationale:	**12**	Revised governance and quality assurance arrangements introduced ‘safe today’ meetings. We are revising our PSERP plans to review priorities for patient safety response plans. Introduced weekly executive oversight quality and safety meetings and established monthly quality and assurance meetings.						

STRATEGIC RISK SR02: If LTHT is unable to maintain long-term financial sustainability, then it may be unable to invest in services, people, digital and infrastructure, resulting in declining performance and reduced ability to deliver strategic ambitions.						**Executive Director Lead:**	CFO (Lead), DoE, CDIO, COO	
						Date Last Reviewed:	15th November 2026	
RISK SCORE JOURNEY:						**Monitoring**	Finance and Performance Committee	
26/27 Q4	**27/28 Q1**	**27/28 Q2**	**27/28 Q3**	**27/28 Q4**	**Residual**	**Risk Appetite:**	Cautious	
20 Significant					**20 Significant**	**Risk Appetite Description:** The Trust has a cautious appetite for financial, operational and sustainability risk. Limited risk may be accepted where it		**Risk Appetite Behaviour:** Prefer affordable, well-controlled options with clear benefits, robust financial and operational oversight, and defined

						supports safe care, value for money and delivery of strategic priorities, but not where it creates material financial variance, service instability or unmanaged infrastructure risk.		mitigations. Escalate exposures above the agreed tolerance.
5x4					**5x4**	**Acceptable Residual Risk (Tolerance) Score:**		Appetite 1–8; tolerance 9–15.
Quarterly Oversight (risk score): Deteriorating / Static / Improving					**Q4: Static**	**Q1:**	**Q2:**	**Q3:**
Residual Score Rationale:	**20**	The residual risk remains at 20 (5×4), reflecting the continuing severity and likelihood of financial sustainability pressures and the absence of sufficient evidence to support a reduction at this stage. Although mitigating controls are in place, the risk should remain above tolerance until sustained improvement in the underlying financial position can be demonstrated						

STRATEGIC RISK SR03: If LTHT fails to deliver on its environmental sustainability commitments as set out within the Board approved Green Plan, it will fail to meet the mandated NHSE carbon emissions reductions targets, net zero for direct emissions by 2040 and indirect supply chain/ influenced emissions by 2045 (established under the Health and Care Act 2022), the consequences affect public health, finances, infrastructure, and wider UK climate goals.						**Executive Director Lead:**	DoE (Lead), CDIO, CFO, COO	
						Date Last Reviewed:	16th November 2026	
						Monitoring	Board	
RISK SCORE JOURNEY:								
26/27 Q4	**27/28 Q1**	**27/28 Q2**	**27/28 Q3**	**27/28 Q4**	**Residual**	**Risk Appetite:**	Averse	
12 High					**9 High**	**Risk Appetite Description:** The Trust has zero tolerance for non-compliance with its statutory and mandated environmental sustainability requirements, including delivery of the Green Plan and NHS net-zero commitments.		**Risk Appetite Behaviour:** Avoid actions that could result in non-compliance with environmental obligations; prioritise delivery of mandated carbon reduction and net-zero requirements, with robust oversight, controls and timely corrective action where delivery is at risk.
3x4					**3x3**	**Acceptable Residual Risk (Tolerance) Score:**		Appetite 1–3; tolerance 4–6.
Quarterly Oversight (risk score): Deteriorating / Static / Improving					**Q4: Static**	**Q1:**	**Q2:**	**Q3:**
Residual Score Rationale:	**9**	The residual risk is assessed at 9 (3×3), reflecting continued uncertainty over the pathway and investment required to achieve the mandated net-zero targets.						

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

Executive Summary: The Trust continues to face significant challenges from rising demand, workforce pressures, financial constraints, regulatory requirements and infrastructure limitations, all of which impact delivery of excellent, safe and sustainable care. Progress has been made through improvements in patient flow, elective recovery, workforce stability, financial governance and sustainability programmes, with several underlying risks now reducing or stabilising. However, material risks remain in quality and safety within the trust's services due to urgent and emergency care demand, workforce affordability, overall revenue and capital constraints, estate condition, and digital infrastructure. Whilst elements of the overall risk trajectory are improving, the Trust remains above its desired risk appetite and faces risk of regulatory action.

The Board-approved Green Plan and Sustainable Action Plan set out the interventions required to achieve LTHT's mandated net-zero targets, supported by regular reporting of delivery and carbon performance to the Board and oversight through the Estates Strategy Programme Board. However, not all interventions are currently implemented, the 2022 decarbonisation strategy requires updating and there is no approved business case for the investment required; a revised, costed decarbonisation strategy is due in 2026 to establish the roadmap to net zero and inform the required business case.

Gap in Controls and Assurance	Action identified	Lead	Target completion	Progress
Delegated Governance: Delegated quality governance responsibilities are impacting on lines of sight from board to ward.	PWC have been commissioned to undertake a CSU governance audit. Five CSUs have been selected for review.	Chief Nurse	January 2027	In Progress
Risk: The corporate risk register is inconsistent, with examples of poorly defined risks and controls, which is impacting on how well risks are escalated from frontline service to board.	Risk management committee is reviewing all risks with further work planned to improve how controls are identified and recorded.	COO	March 2027	In Progress
Quality Resource: Variation in quality staffing and resources within CSUs are impacting on capacity for governance. Staffing pressures within services require colleagues with quality and governance responsibilities to support frontline care.	Safe Today programme initiated with tools and training for frontline services, and interim support from corporate quality and risk teams.	Chief Nurse	January 2027	In Progress
Training: Limited training has been provided to colleagues to produce high-quality board and committee reports which is creating inconsistency in reporting and impacting on levels of assurance.	New training programme for leaders (*Writing for assurance Masterclasses*) to be developed.	Chief Nurse	January 2027	In Progress

Outdated decarbonisation strategy and the absence of an approved business case for the investment required.	Current decarbonisation strategy is outdated and does not reflect the Trust's current position, investment requirements or pathway to net zero.	Director of Estates	March 2027	In Progress

Purpose: Controls and Assurances			
Controls, Processes and Compliance	**First Level Controls (Operational Assurance)**	**Second Level Controls (Management & Governance Oversight)**	**Third Level Assurance (Independent Assurance)**
Care, quality and regulatory compliance	• Patient Safety Incident Response Plan (PSIRP) • Benchmarking against peers through model hospital and specialty GIRFT reviews • Perinatal Improvement Plan to Perinatal Improvement Action Group • Well-led Improvement Plan • Maternity Safety Support Programme (MSSP) • Quality Improvement Group (QIG) • International recruitment plan and support programme • Maternity Incentive Scheme (MIS) compliance • Patient Safety and Quality Strategy 2024-27 • Nursing and Midwifery Strategy • Public Health and Health Inequalities Strategy	• Quality Assurance Committee with oversight of patient safety and quality metrics • CSU-level Quality Assurance Meetings • Safe Today Meetings • Improvement • Complaints report to Board • Patient Safety Incident report to QAC • Quality Account • Clinical Quality review programme • Integrated Accountability Framework • Corporate Risk Register • Risk Management Committee oversight of risks related to patient safety, quality and experience: risk framework (risk categories/risk appetite) • People Committee oversight of People Priorities • Perinatal report to Perinatal Improvement Assurance Committee • 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.	• NHSE-led Quality Improvement Board • National Inpatient and outpatient survey • National maternity survey • National Staff survey • Regulatory inspections including CQC, HTA and NHSE. • Well-led development review and preparation for external review in response to new criteria for Well-led. • Internal audit programme (PwC) • CQC engagement process

Controls, Processes and Compliance	First Level Controls (Operational Assurance)	Second Level Controls (Management & Governance Oversight)	Third Level Assurance (Independent Assurance)
		• Health & Safety annual report, including Controls Assurance Audit • Quality Assurance Committee (QAC) annual report • Healthcare Associated infection annual report • Perinatal Improvement Assurance Committee oversight of improvement plans and metrics related to maternity and neonatal services • Board oversight of delivery of the digital strategy	
Financial sustainability and affordability	• Integrated Accountability Framework and Meetings. • Trust medium-term 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 • Programme Management Office (PMO) support to the delivery of the waste reduction programme • Internal audit programme, which includes financial governance • 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	• 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 medium-term plan • Trust annual governance statement • Board approved financial sustainability self-assessment • 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.	• NHSE-led (Integrated) Quality Improvement Board • External auditors Value for money report • External reviews of grip & control measures, Peer Review. • Regulator view of Trust in relation to financial sustainability & affordability; acceptance of plan. • Level Three accreditation for Future Focused Finance • CQC Use of Resources Framework review - rated outstanding for its use of resources, February 2019 • Internal Audit programme (PWC)

Controls, Processes and Compliance	First Level Controls (Operational Assurance)	Second Level Controls (Management & Governance Oversight)	Third Level Assurance (Independent Assurance)
	overseen by Trust Expenditure Review Group • Maintenance of professional relationships with regulators, commissioners and other external parties • Leeds Improvement Method - Finance the Leeds Way Improvement Programme • Counter fraud strategy and team in place	• Overarching Financial Governance framework including Standing Orders, Standing Financial Instructions and Scheme of Delegation • Value for Money Self-Assessment • Annual waste reduction conference	
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	• 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. • Annual updates to Board on green plan and estate strategy	• Independent carbon accounting/ monitoring & reporting by a consultancy to an approved methodology (to inform Board on the Trust progress).

Significant Corporate Risks Aligned to Purpose						
CRR No.	**Nature of Risk**	**Date Added to CRR**	**Executive Lead**	**Current Risk Score**	**Last Reviewed by RMC**	**Next Review by RMC**
CRRF1	Failure to deliver the financial plan 2025/26	**May-14**	**CFO**	**20**	**Aug-26**	**Feb-27**
CRRF2	Insufficient operational capital allocations	**May-23**	**CFO**	**20**	**Aug-26**	**Feb-27**
CRRE1	CQC Registration – breaches of Regulation(s) Maternity and Neonatal Services	**Jul-25**	**CNO**	**16**	**Aug-26**	**Feb-27**
CRRO10	Cyber-attack leading to potential loss of IT systems and/ or data	**May-22**	**CDIO**	**20**	**Apr-25**	**Oct-26**
CRRO11	Insufficient DIT resources to maintain Trust IT estate to minimally supported standard and meet demand for DIT led projects.	**Jan-23**	**CDIO**	**16**	**Apr-25**	**Oct-26**

Strategic Risk Updates: People We make LTHT a brilliant place to work for everyone

STRATEGIC RISK SR04: If the Trust is unable to develop and sustain an affordable workforce with the capacity and capability required to meet current and future service needs, then the Trust may be unable to deliver safe, effective and sustainable care due to workforce shortages, skills gaps, suboptimal deployment, reduced productivity or an increased reliance on temporary or external capacity.						**Executive Director Lead:**	CPO	
						Date Last Reviewed:	15th November 2026	
						Monitoring:	People Committee	
RISK SCORE JOURNEY:								
26/27 Q4	**27/28 Q1**	**27/28 Q2**	**27/28 Q3**	**27/28 Q4**	**Residual**	**Risk Appetite:**	Cautious	
16 Significant					**12 High**	**Risk Appetite Description:** The Trust has a cautious appetite for workforce supply, deployment, retention and performance risk. Limited workforce risk may be accepted where it supports improvements in patient care and outcomes.		**Risk Appetite Behaviour:** Prefer safe workforce models with appropriate staffing, skills, capacity and controls. Accept limited, time-bound risk only where benefits and mitigations are clear.
4x4					**4x3**	**Acceptable Residual Risk (Tolerance) Score:**		Appetite 1–8; tolerance 9–15.
Quarterly Oversight (risk score): Deteriorating / Static / Improving					**Q4:** Static	**Q1:**	**Q2:**	**Q3:**
Residual Score Rationale:	**12**	Effective strategic workforce planning, recruitment and retention, attendance management, workforce controls, safe staffing arrangements and development of workforce capability should reduce the likelihood of material workforce failure. The potential consequence of insufficient capacity or capability remains major because workforce sustainability is fundamental to safe service delivery. Achievement of an affordable workforce model, with sustained improvement in workforce availability, deployment, retention and productivity, would reduce likelihood from likely to possible, giving a residual score of 12.						

STRATEGIC RISK SR05: If the Trust is unable to sustain a positive work environment in which colleagues are safe, supported, included and able to speak up, then colleague wellbeing, engagement and retention may deteriorate, adversely affecting service performance and patient care.						**Executive Director Lead:**	CPO	
						Date Last Reviewed:	15th November 2026	
						Monitoring:	People Committee	
RISK SCORE JOURNEY:								
26/27 Q4	**27/28 Q1**	**27/28 Q2**	**27/28 Q3**	**27/28 Q4**	**Residual**	**Risk Appetite:**	Cautious	
16 Significant					**8 High**	**Risk Appetite Description:** The Trust has a cautious appetite for workforce culture, wellbeing, inclusion and		**Risk Appetite Behaviour:** Prioritise psychologically safe and inclusive approaches, act on workforce

						retention risk. Limited risk may be accepted where it supports **sustainable service improvement without undermining colleague safety, engagement or patient care.**		intelligence and speaking-up concerns, and maintain close oversight of wellbeing and retention impacts.
4x4					**4x2**	**Acceptable Residual Risk (Tolerance) Score:**		Appetite 1–8; tolerance 9–15.
Quarterly Oversight (risk score): Deteriorating / Static / Improving					**Q4: Static**	**Q1:**	**Q2:**	**Q3:**
Residual Score Rationale:	**8**	Existing arrangements for colleague speaking up, wellbeing, inclusion, employee relations and leadership should reduce the likelihood of material culture failure. The consequence remains major because sustained failure could affect wellbeing, retention, safety and patient care. Once these controls are demonstrably effective and supported by triangulated and independent assurance, likelihood should reduce from possible to unlikely, giving a residual score of 8.						

Progress Update: People Excellent, safe & sustainable care for every patient, every time

Executive Summary: The Trust continues to face a material workforce risk from the need to maintain sufficient capacity and capability while delivering a more productive and affordable workforce model. Established workforce planning, recruitment, retention, attendance, deployment and safe staffing arrangements provide mitigation. Stronger integrated assurance is required to demonstrate that workforce requirements and affordability are being managed sustainably.

Established arrangements support colleague engagement, wellbeing, inclusion, safety and speaking up. However, intelligence is dispersed across several sources and requires stronger triangulation to provide a clear view of organisation and local culture and colleague experience.

The principal improvement required across both risks is clearer evidence of control effectiveness supported by proportionate independent assurance.

Gap in Controls and Assurance	Action identified	Lead	Target completion	Progress
A sufficiently integrated view of workforce sustainability is not yet available to demonstrate that workforce capacity, capability, affordability and productivity collectively support current and future service requirements.	Develop an integrated workforce sustainability assessment through existing people governance arrangements, triangulation of workforce plan delivery, workforce cost, availability, retention, absence, temporary staffing, safe staffing, productivity and critical capability risks. Report material exceptions, actions and trajectory through the Integrated Accountability Framework and People Committee.	CPO	April 2027 (tbc)	In Progress
Colleague experience and culture intelligence is available through multiple sources but is not yet sufficiently triangulated to provide a single	Establish an integrated colleague experience assessment drawing together Staff Survey and listening data, Freedom to Speak Up, employee relations, wellbeing, colleague safety and workforce equality evidence. Identify	CPO	April 2027 (tbc)	In Progress

assessment of organisational and local strengths, risks and areas requiring intervention.	organisational and local areas of concern and track actions through existing improvement and accountability arrangements.			
Independent assurance does not yet systematically test the effectiveness of the principal controls mitigating the two People strategic risks.	Map existing Internal Audit, CQC, national benchmarking and other independent assurance to SR03 and SR04. Identify material gaps and address these through the Trust assurance plan, prioritising areas where management assurance is currently limited or where performance remains off track.	CPO	April 2027 (tbc)	In Progress

People: Controls and Assurances			
Controls, Processes and Compliance	**First Level Controls (Operational Assurance)**	**Second Level Controls (Management & Governance Oversight)**	**Third Level Assurance (Independent Assurance)**
Recruitment, retention and workforce planning	• Trust People priorities • People Improvement Framework and escalation process • Inclusion and Belonging Action Plan • CSU Operational Workforce Action Plans • Workforce establishment and vacancy controls • Attendance management systems and processes • Safe staffing and workforce deployment processes • Temporary workforce and variable pay controls •	• People Committee Annual Report • People Committee scrutiny of workforce performance, workforce plan delivery and material exceptions • Integrated Accountability Meetings and the People Improvement Framework providing escalation and focused intervention where workforce performance is off track • Workforce affordability and productivity reporting against plan • Safe staffing assurance through the relevant governance arrangements • Corporate Risk Register and Risk Management Committee oversight of workforce risks	• Internal Audit reviews • CQC assessment including Well Led • NHS Staff Survey • National workforce benchmarking • NHS England/external led reviews

Controls, Processes and Compliance	First Level Controls (Operational Assurance)	Second Level Controls (Management & Governance Oversight)	Third Level Assurance (Independent Assurance)
		• Annual Employment Relations Report • Annual Sexual Safety Report • Annual Agenda for Change Report	
Workforce wellbeing and colleague safety	• Safe staffing levels as defined through nationally set professional standards and triangulated workforce plans	• Risk Management Committee oversight of risks related to workforce, staff safety, health, and wellbeing • Hard Truths Safer Staffing report to Board • Guardian of Safe Working Hours reports to People Committee and Board • People Committee Annual Report • Violence and Aggression reports to People Committee and Board	• National Staff Survey • CQC inspection reports • CQC Regulation 18 - staffing • Internal Audit programme
Culture, inclusion and Freedom to Speak Up	• Integrated Accountability Meetings • Freedom to Speak up (FTSU) policy • Leadership and management standards • Leadership and management development programmes • Colleague listening and engagement arrangements • Health and wellbeing support • Health, safety and violence prevention arrangements • Employment policies	• Freedom to Speak Up Guardian reports to People Committee and Board Public Sector Equality Duty annual publication • People Committee workplan • NHS Staff Survey, Pulse Surveys and other listening evidence, including local variation and trend • workforce equality reporting including WRES/WDES/GPG • employee relations, sexual safety, colleague safety and	• NHS Staff Survey • National benchmarking data • CQC Well Led assessment • Internal Audit programme

Controls, Processes and Compliance	First Level Controls (Operational Assurance)	Second Level Controls (Management & Governance Oversight)	Third Level Assurance (Independent Assurance)
	• Local colleague experience improvement actions • Focused escalation and intervention via the People Improvement Framework and Integrated Accountability Framework	violence and aggression reports • People Improvement Framework and Integrated Accountability Framework • Board leadership visit programme	
Leadership and capability	• Health an Wellbeing strategy • Inclusion and Belonging strategy • Learning, Education and Training Strategy	• People Committee oversight of people priorities • Board leadership visit programme • Trust annual governance statement • Finance and Performance Committee annual report • Integrated Quality and Performance Report to the Board	CQC Well Led inspection report

Significant Corporate Risks Aligned to People						
CRR No.	**Nature of Risk**	**Date Added to CRR**	**Executive Lead**	**Current Risk Score**	**Last Reviewed by RMC**	**Next Review by RMC**
CRRO4	Staff absence Health, Safety and Wellbeing	**Oct-20**	**CPO**	**16**	**Sep-26**	**Mar-27**
CRRE2	CQC Registration – breaches of Regulation(s) Well-led	**Nov-25**	**CNO**	**16**	**Sep-26**	**Feb-27**

Strategic Risk Updates: Improvement & Innovation Ensuring we are at the forefront of health improvement, innovation and research

STRATEGIC RISK SR06: If LTHT is unable to embed continuous improvement capability consistently across clinical and corporate services, then productivity, quality and transformation benefits may not be realised, resulting in failure to achieve strategic objectives and financial sustainability.						**Executive Director Lead:**	DoT (Lead), CMO, CFO		
						Date Last Reviewed:	13th November 2026		
						Monitoring:	Quality and Assurance Committee		
RISK SCORE JOURNEY:									
26/27 Q4	**27/28 Q1**	**27/28 Q2**	**27/28 Q3**	**27/28 Q4**	**Residual**	**Risk Appetite:**	Cautious		
9 High					**6 Moderate**	**Risk Appetite Description:** The Trust has a cautious appetite for strategic planning and improvement delivery risk. It will pursue improvement opportunities where expected benefits are clear and delivery risks are proportionate, understood and controlled.		**Risk Appetite Behaviour:** Use disciplined prioritisation, phased implementation, measurable benefits and executive oversight. Accept limited delivery uncertainty but avoid unmanaged impacts on safety, performance or financial sustainability.	
3x3					**3x2**	**Acceptable Residual Risk (Tolerance) Score:**		Appetite 1–8; tolerance 9–15.	
Quarterly Oversight (risk score): Deteriorating / Static / Improving					**Q4:** Static	**Q1:**	**Q2:**	**Q3:**	
Residual Score Rationale:	**6**	Trust improvement training continues to be led by our Kaizen Programme Office with frequent training sessions offered to all staff. Additionally, the alignment of key KPO led initiatives have been assigned to executive portfolios to ensure these represent the strategic objectives of the Trust.							

STRATEGIC RISK SR07: If LTHT cannot sustain an environment which promotes and enables research & innovation and the infrastructure and strategic partnerships needed to attract, develop and retain world-leading researchers and teams, it risks a progressive loss of research capability, ability to stimulate and adopt innovation, external (competitive) funding, and influence, weakening its position as a leading academic healthcare institution and reducing its ability to attract outstanding clinical staff and advance patient care.						**Executive Director Lead:**	CMO, CDIO		
						Date Last Reviewed:	13th November 2026		
						Monitoring:	Finance and Performance Committee		
RISK SCORE JOURNEY:									
26/27 Q4	**27/28 Q1**	**27/28 Q2**	**27/28 Q3**	**27/28 Q4**	**Residual**	**Risk Appetite:**	Open		
12 High					**12 High**	**Risk Appetite Description:** The Trust has an open appetite for research,		**Risk Appetite Behaviour:** Consider innovative options and partnerships,	

						innovation and development risk, recognising that ambition and innovation require managed uncertainty to advance patient care and organisational capability.		accepting proportionate uncertainty where governance, ethics, funding, infrastructure and patient safety risks are understood and managed.
4x3					**4x3**	**Acceptable Residual Risk (Tolerance) Score:**		Appetite 1–10; tolerance 12–20.
Quarterly Oversight (risk score): Deteriorating / Static / Improving					**Q4: Static**	**Q1:**	**Q2:**	**Q3:**
Residual Score Rationale:	**12**	LTHT's position as a leading research institution rest on the quality of the research led by clinical academics and their teams across the Trust. Sustaining and strengthening that position depends on supporting and developing those teams, attracting outstanding researchers and securing the funding and infrastructure they need to increase the impact of their work. The Research and Innovation leadership team continues to focus on strengthening partnerships with the University of Leeds, Leeds Academic Health Partnership and regional innovation networks. The current R&I strategy sets out actions to support research and innovation, which will be prioritised within available capital and staffing.						

Progress Update: Improvement & Innovation Ensuring we are at the forefront of health improvement, innovation and research

Executive Summary: 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.

Gap in Controls and Assurance	Action identified	Lead	Target completion	Progress
Adequate evidence to support the assertion that improvement is driven by strong alignment to Trust strategic priorities.	Implementation of Exec Stand-Up process and review to be conducted in March 2027.	Director of Transformation	March 2027	Not Started
The current Research and Innovation Strategy could provide a clearer vision and strategy for the overall research effort	Engage key Trust Research stakeholders to develop the LTHT Research vision and strategy.	Chief Medical Officer	March 2027	Not Started

Improvement and Innovation: Controls and Assurances			
Key Controls / Mitigations	**First Level Controls (Operational Assurance)**	**Second Level Controls (Management & Governance Oversight)**	**Third Level Assurance (Independent Assurance)**
Strategic governance and prioritisation	• Executive portfolios aligned to KPO programme • Trust Improvement Governance Framework • Trust Weekly Executive Stand Up Meetings • 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. • 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)	• Risk Management Committee oversight of risks related to research and innovation, education and provision of specialist services • Finance and Performance Committee annual report • DIT Committee annual report • Trust annual governance statement • Executive portfolio performance reviews and reporting to relevant Board committees • Annual review of governance arrangements and Board committee assurance reports	• CQC inspection report(s) • Internal audit programme (PwC)
Continuous improvement capability and benefits realisation	• Leeds Improvement Method • Trust improvement portfolio management arrangements	• Improvement portfolio performance reporting to Executives.	

Key Controls / Mitigations	First Level Controls (Operational Assurance)	Second Level Controls (Management & Governance Oversight)	Third Level Assurance (Independent Assurance)
	• Improvement capability building and leadership development • Benchmarking against peers and through model hospital and specialty GIRFT reviews • Routine reporting of improvement activity, outcomes and benefits realisation • Workforce capability measures and uptake of improvement training and development • NHS IMPACT self assessment and external benchmarking		
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	• 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 • 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, digital, education and specialist services	• Trust capital and estate plan • Trust Digital Strategy • LGI Development Site and Innovation Village programme • Digital transformation programme governance	• Capital programme reporting and estate strategy assurance • Innovation Village and OMS redevelopment programme milestone reporting and Board updates	

Key Controls / Mitigations	First Level Controls (Operational Assurance)	Second Level Controls (Management & Governance Oversight)	Third Level Assurance (Independent Assurance)
	• West Yorkshire Investment Zone	• Digital transformation programme reporting and Internal Audit assurance • West Yorkshire Investment Zone delivery reporting against agreed outcomes	
Education, specialist services and partnerships	• Planned Care Programme delivery reporting against agreed objectives • Joint Education Strategy with the University of Leeds • Joint Partnership Group with the University of Leeds • WYAAT Elective Co-ordination Group • Planned Care Programme • Learning, Education and Training Strategy	• 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 Delivery Board oversight and delivery reporting • Learning, Education and Training Committee	

Significant Corporate Risks Aligned to Improvement and Innovation						
CRR No.	**Nature of Risk**	**Date Added to CRR**	**Executive Lead**	**Current Risk Score**	**Last Reviewed by RMC**	**Next Review by RMC**
	N/A					

Strategic Risk Updates: Partnerships Integration that adds value with patients at the centre

STRATEGIC RISK SR08: If LTHT and its partners are unable to work effectively together to align priorities, resources and decision-making, then the transformation of pathways and delivery of integrated and neighbourhood-based care may not be achieved, resulting in fragmented care, avoidable hospital demand, poorer patient flow and reduced benefits for patients and communities.						**Executive Director Lead:**	Director of Transformation	
						Date Last Reviewed	6th November 2026	
						Monitoring	Board	
RISK SCORE JOURNEY:								
26/27 Q4	**27/28 Q1**	**27/28 Q2**	**27/28 Q3**	**27/28 Q4**	**Residual**	**Risk Appetite:**	Open	
12 High					**12 High**	**Risk Appetite Description:** LTHT is willing to work collaboratively and take proportionate risks through partnership arrangements where this supports achievement of the Trust's strategic goals and creates benefits for patients and communities.		**Risk Appetite Behaviour:** Willing to consider different partnership, governance, resource and delivery models, accepting a degree of uncertainty where this enables integration and improved outcomes, provided risks are understood, shared and appropriately managed.
4x3					**4x3**	**Acceptable Residual Risk (Tolerance) Score:**		**Within tolerance but above appetite.**
Quarterly Oversight (risk score): Deteriorating / Static / Improving					**Q4:** Static	**Q1:**	**Q2:**	**Q3:** Appetite 1–10; Tolerance 12–20.
Residual Score Rationale:	**12**	A residual risk score of 12 (4 × 3) reflects the developing nature of partnership arrangements and the development of the Leeds Provider Partnership. As clearer shared priorities, governance, accountability and aligned delivery arrangements are developed we would expect further reduction. However, achievement of any reduction will require demonstrable progress, including evidence of improved pathway integration, reduced NCTR, improved patient flow and delivery of agreed neighbourhood models.						

Progress Update: Partnerships Integration that adds value with patients at the centre

Executive Summary: 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 are maturing and there is increasing alignment around shared strategic priorities. The greatest risks to us working in effective partnership relate to the continued system flow pressures.

Gap in Controls and Assurance	Action identified	Lead	Target completion	Progress
Partnership governance and decision-making arrangements are not yet fully mature, creating a risk of unclear accountability and delays in agreeing and implementing system-wide change.	Finalise Leeds Provider Partnership governance, decision-making and contractual arrangements, with the proposed model presented to Trust Board for approval.	Director of Transformation, Chief Financial Officer	Jan 2027	In progress
System-wide accountability for delivery of shared priorities remains underdeveloped, with limited mechanisms to provide collective oversight of delivery and performance across partners.	Agree a shared set of priorities, outcomes and delivery arrangements through the Leeds Provider Partnership, supported by an agreed delivery plan and appropriate LTHT Board oversight.	Director of Transformation	Jan 2027	In progress
NCTR, HomeFirst and intermediate care performance remain under sustained pressure, demonstrating that current system arrangements are not yet consistently delivering the required improvements in flow.	Agree refreshed system flow ambitions and identify priority transformation opportunities, with clearer trajectories, measures and collective accountability for delivery.	Chief Operating Officer	Dec 2026	In progress
Changes arising from ICB restructuring create uncertainty around commissioning capacity, decision-making and the ability to implement contractual and pathway changes at pace.	Assess the implications of ICB restructuring for Leeds partnership arrangements and agree transitional arrangements for commissioning, contracting and decision-making to minimise disruption to delivery.	Director of Transformation	TBC	Emerging
Integrated and neighbourhood-based care is still developing, and the required alignment of LTHT pathways, workforce, resources and partner delivery models is not yet fully established.	Develop and agree LTHT's contribution to the Leeds neighbourhood health model, identifying priority pathways for integration and the changes required to workforce, resource and delivery arrangements.	Director of Transformation	Mar 2027	In progress
Neighbourhood care for children and young people is not as established as the adults programme.	Work with the ICB to develop and establish children's neighbourhood governance linking in with LTHT priorities.	Director of Transformation	Mar 2027	In progress

Partnerships: Controls and Assurances			
Key Controls / Mitigations	**First Level Controls (Operational Assurance)**	**Second Level Controls (Management & Governance Oversight)**	**Third Level Assurance (Independent Assurance)**
System leadership and collaborative governance	• West Yorkshire Integrated Care Partnership and Leeds Committee of the Integrated Care Board. • Membership of the Leeds Provider Partnership and Joint Committee with associated collaboration agreements.	• Exception and escalation reporting where system delivery is off track to Finance and Performance Committee • Leeds Clinical Executive Group	• Inclusion in in National Frailty Improvement Collaborative.

Key Controls / Mitigations	First Level Controls (Operational Assurance)	Second Level Controls (Management & Governance Oversight)	Third Level Assurance (Independent Assurance)
	• 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 Partnerships Delivery Group. • Leeds Anchor Network • The One Workforce programme for Leeds includes specific priorities on integrated workforce design and working across organisations.	• LTHT Partnerships Steering Group. • Neighbourhood Health Adults Board.	
Patient flow and integrated care	• LTHT Clinical and Operational Strategy • Making Every Day Count (MEDC) report outs • The HomeFirst programme incorporating the redesign of intermediate care.	• Integrated Quality and Performance Report to the Trust Board • Reports to Board re WYAAT, ICB, key system transformation programmes • Neighbourhood Health Adults Board – Reactive Care Report	• Outputs from the NHS England, CQC visits and reports • CQC system review • Healthwatch Leeds visits • National Inpatient and outpatient survey
Elective, specialist services, workforce and anchor activity	• 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 • West Yorkshire Association of Acute Trust (WYAAT) work programme and shared learning group	• Report to Risk Management Committee	

Significant Corporate Risks Aligned to Partnerships						
CRR No.	**Nature of Risk**	**Date Added to CRR**	**Executive Lead**	**Current Risk Score**	**Last Reviewed by RMC**	**Next Review by RMC**
CRRC10	High occupancy levels and insufficient capacity and flow across the health and Social care system causing impact on patient safety, outcomes and experience	Sep-15	COO	16	Sep-26	Mar-27
CRRC11	Risk that patients presenting with mental health conditions wait for prolonged periods in ED and acute admission pathway due to sustained operational pressures	Apr-26	CNO	16	Apr-26	Oct-26

Strategic Risk Updates: Outcomes Being outstanding now and in the future

STRATEGIC RISK SR09: If LTHT is unable to sustain operational performance across urgent care, elective recovery, cancer, diagnostics and maternity pathways, then patient access and outcomes will deteriorate, resulting in increased waiting times, poorer experience and regulatory concern.						**Executive Director Lead:**	COO	
						Date Last Reviewed	17th November 2026	
						Monitoring	Finance and Performance Committee	
RISK SCORE JOURNEY:								
26/27 Q4	**27/28 Q1**	**27/28 Q2**	**27/28 Q3**	**27/28 Q4**	**Residual**	**Risk Appetite:**	Cautious	
20 Significant					**20 Significant**	**Risk Appetite Description:** The Trust has a cautious appetite for capacity planning and operational performance risk. Limited, controlled risk may be accepted to improve access and flow, but not where it compromises safe and effective care or regulatory obligations.		**Risk Appetite Behaviour:** Prioritise resilient delivery plans, active performance management and escalation. Accept only time-limited operational risk with clear mitigations, recovery trajectories and oversight.
5x4					**5x4**	**Acceptable Residual Risk (Tolerance) Score:**		Appetite 1–8; tolerance 9–15.
Quarterly Oversight (risk score): Deteriorating / Static / Improving					**Q4:** Static	**Q1:**	**Q2:**	**Q3:**
Residual Score Rationale:	**20**	The residual risk remains at 20 (5×4), reflecting sustained failure to achieve the emergency care standard and the ongoing impact of corridor care, alongside significant pressures across elective, cancer and diagnostic pathways. Although recovery programmes and strengthened operational controls are in place, improvement is dependent on both LTHT delivery and effective system-wide action to improve flow, discharge and alternatives to acute hospital care. These actions have not yet delivered sufficiently sustained improvement to justify a reduction in likelihood, and the potential consequences for patient safety, experience, outcomes and regulatory compliance therefore remain significant.						

STRATEGIC RISK SR10: If LTHT does not consistently deliver high-quality, timely and effective services and reduce unwarranted variation, then patients and communities may experience differences in access, experience and clinical outcomes, resulting in poorer outcomes, health inequalities and failure to achieve the Trust's ambition to be outstanding.						**Executive Director Lead:**	CMO (Lead), COO, CNO	
						Date Last Reviewed:	17th November 2026	
						Monitoring	Quality and Assurance Committee	
RISK SCORE JOURNEY:								
26/27 Q4	**27/28 Q1**	**27/28 Q2**	**27/28 Q3**	**27/28 Q4**	**Residual**	**Risk Appetite:**	Minimal	
16 Significant					**12 High**	**Risk Appetite Description:** The Trust has a minimal appetite for risks to patient		**Risk Appetite Behaviour:** Use evidence-based standards, address

						experience, safety and clinical outcomes. Safe options are preferred and only very limited clinical risk will be accepted where essential to improve care and outcomes.		unwarranted variation and inequalities, and maintain strong quality assurance. Avoid choices that could create material differences in access, experience or outcomes.
4x4					**4x3**	**Acceptable Residual Risk (Tolerance) Score:**		Appetite: 1–5; Tolerance: 6–10.
Quarterly Oversight (risk score): Deteriorating / Static / Improving					**Q4: Static**	**Q1:**	**Q2:**	**Q3:**
Residual Score Rationale:	**12**	The residual risk is assessed at 12 (4×3). Delivery of the Well-Led and perinatal improvement plans, strengthened CSU quality governance, the Safe Today programme, revised quality dashboards and enhanced Board and committee oversight should reduce the likelihood of material variation in quality and outcomes from likely to possible. However, the potential consequence remains major, and the risk will remain above tolerance until improvements are consistently embedded, unwarranted variation is demonstrably reduced and regulatory assurance confirms that the outstanding breaches can be removed.						

Progress Update: Outcomes Being outstanding now and in the future

Executive Summary: 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.

Gap in Controls and Assurance	Action identified	Lead	Target completion	Progress
Patient Flow	Daily flow and escalation reviews embedded, with HomeFirst and system discharge initiatives supporting reductions in patients with no criteria to reside. Decision Management Tool and Operational Response Guidance are well embedded and used by managers to support flow. Implementation of continual flow methodology will reduce risk being carried in Emergency Departments Neighbourhood Health Reactive Care work to reduce number of patients in beds with no criteria to reside. Planning underway to accelerate delivery and reduce bed occupancy by 100 in six months and further reduction in subsequent year.	Dir Op / Med Dir Op (Urgent Care) Neighbourhood Health SRO	March 2027	In Progress

Elective Recovery	Improved oversight of Cancer Delivery has been implemented during 2026 with cancer board well established and daily management. Ongoing pathway review groups are crucial to continued improvement. Elective recovery is overseen by the Director of Planning and Performance who is overseeing the development of recovery plans for RTT and activity where this is not in line with our plans. Productivity gains in operating theatres and outpatients will deliver additional capacity that will enable us to deliver additional capacity to support recovery	Dir Op / Med Dir Op (Cancer) Dir Planning and Performance Dir Op / Med Dir Op (Theatres) Dir Op / Med Dir Op (Outpts)	March 2027	In Progress
Quality & Safety	Well-Led improvement actions continue, maternity improvement programme remains on trajectory and governance arrangements strengthened following inspections and reviews. Safe today programme in place to review quality assurance practices at CSU level and support challenge and reporting through accountability meetings. Revision to dashboard and information provided to integrated accountability meetings will support broader discussion on quality during these meetings.	Director of Corporate Affairs Director of Quality Director of Quality	March 2027	In Progress
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	Exec Directors	March 2027	In Progress

Outcomes: Controls and Assurances			
Key Controls / Mitigations	**First Level Controls (Operational Assurance)**	**Second Level Controls (Management & Governance Oversight)**	**Third Level Assurance (Independent Assurance)**
Access, patient flow and elective recovery	• Bed demand modelling and winter planning	• Finance and Performance Committee oversight of	• Internal audit programme (PwC)

Key Controls / Mitigations	First Level Controls (Operational Assurance)	Second Level Controls (Management & Governance Oversight)	Third Level Assurance (Independent Assurance)
	• Operational Transformation Strategy • Improvement Strategy • Integrated Accountability Framework	delivery against constitutional standards, including in year deep dives • Corporate Risk Register	• National Inpatient and outpatient survey
Quality, safety and regulatory improvement	• Benchmarking against peers through model hospital and specialty GIRFT reviews • Maternity Safety Support Programme (MSSP) • Perinatal Improvement Plan • Well-led Improvement Plan	• Trust Board oversight of delivery of the digital strategy • 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) • CQC engagement process • CQC inspection report: maternity and neonatal services, well-led • 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. • Ockenden report (Nottingham Independent Review) – immediate and essential actions • National Investigation Maternity and Neonates Report (Amos) – 10 Point Plan
Infrastructure, inequalities and digital enablers	• Trust capital 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 • Public Health and Health Inequalities Strategy		

Significant Corporate Risks Aligned to Outcomes						
CRR No.	**Nature of Risk**	**Date Added to CRR**	**Executive Lead**	**Current Risk Score**	**Last Reviewed by RMC**	**Next Review by RMC**
CRRC4	Emergency Care 95% Constitutional Standard	**May-14**	**COO**	**20**	**Jul-26**	**Jan-27**
CRRC5	18-week RTT constitutional standard	**May-14**	**COO**	**20**	**Sep-26**	**Mar-27**
CRRC6	62-day cancer constitutional standard	**May-14**	**COO**	**16**	**Jul-26**	**Jan-27**
CRRC7	Failure to achieve 28 day cancelled operations standard	**May-14**	**COO**	**16**	**Sep-26**	**Mar-27**
CRRC9	Patients waiting longer than 6 weeks following referral for diagnostics tests	**May-14**	**COO**	**16**	**Jul-26**	**Jan-27**
CRRC12	Corridor care in Emergency departments and in ward areas	**Jul-26**	**CNO**	**20**	**Jul-26**	**Jan-27**

All Strategic Objectives – Governance

STRATEGIC RISK SR11: If LTHT does not maintain robust governance, assurance and risk management arrangements, then the Board may not have sufficient oversight of strategic delivery and risk, resulting in ineffective decision-making, regulatory compliance and failure to achieve the organisational strategy.						**Executive Director Lead:**	Director of Corporate Affairs	
						Date Last Reviewed	17th November 2026	
						Monitoring	Board	
RISK SCORE JOURNEY:						**Risk Appetite:**	Averse	
26/27 Q4	**27/28 Q1**	**27/28 Q2**	**27/28 Q3**	**27/28 Q4**	**Residual**	**Risk Appetite Description:** The Trust is averse to legal and governance risk and has no appetite for decisions that could undermine lawful, effective governance, Board assurance, regulatory compliance or organisational accountability.		**Risk Appetite Behaviour:** Avoid governance and compliance risk wherever possible; maintain clear accountabilities, effective controls and timely escalation; and take prompt corrective action where weaknesses are identified.
20 Significant					**15 Significant**			
5x4					**5x3**	**Acceptable Residual Risk (Tolerance) Score:**		Appetite 1–3; tolerance 4–6.
Quarterly Oversight (risk score): Deteriorating / Static / Improving					**Q4:** Static	**Q1:**	**Q2:**	**Q3:**
Residual Score Rationale:	**20**	The residual risk is assessed at 15 (5×3), recognising that strengthened governance, assurance and risk management arrangements reduce the likelihood of significant governance failure. However, the potential impact remains severe and the Trust continues to operate above its Averse risk tolerance, reflecting outstanding regulatory requirements and the need to demonstrate that improvements are fully embedded and sustained. The risk will remain significant until the required improvement actions have been embedded and regulatory re-inspection provides assurance that the breaches can be removed.						

Executive Summary:

External regulatory oversight remains in place through NHS England's Quality Improvement Group, with continued focus on Well-Led and perinatal improvement. The Board has strengthened assurance through its Perinatal Improvement Assurance Committee and an independent Well-Led review undertaken by NHS Alliance; Phase 2 has been commissioned and will report to the Board in January 2027. While these arrangements provide strengthened oversight of improvement, the three outstanding regulatory breaches mean the overall risk remains significant pending evidence of sustained improvement and re-inspection.

Appendix 1: Appetite Levels by Risk Category

	Averse	Minimal	Cautious	Open	Eager
Workforce	**Avoidance of any workforce risks** that threaten the delivery of safe and effective patient care and outcomes, is a key objective.	Only prepared to **accept the possibility of very limited workforce risk** impacts if essential to safe and effective patient care and outcomes.	Seek options to deliver safe and effective patient care and outcomes **with limited workforce risks** only if it could yield patient care opportunities elsewhere within the Trust.	Appetite to take workforce management decisions that may give rise to opportunities, but with the **potential to expose** the Trust to **sub-optimal patient care and outcomes**.	Appetite to take workforce management decisions that may give rise to opportunities, but which are **likely to expose** the Trust to **sub-optimal patient care and outcomes**.
Operational	**Defensive approach** to **operational service** delivery – aim to invest in current risk management capabilities to protect service. Priority for close management controls, with governance & oversight.	Legacy technologies and sub-optimal risk management capabilities **largely avoided or prioritised as part the Trust's change programme**. Decision making authority held by senior management.	Risk management capabilities in place to **meet regulatory standards** to deliver safe and effective patient services. Robust oversight processes in place.	Appetite to take investment decisions in areas which are likely to expose the Trust to **periodic operational service failures** to elective patient services.	Appetite to take investment decisions in areas which are likely to expose the Trust to **regular operational service failures** to non-elective patient services.
Clinical	**Zero appetite** for any decisions with a high chance of adverse impacts upon patient care and outcomes and/or the Trust's clinical reputation.	Appetite for taking **very limited clinical risks** if essential to patient care and outcomes. Such risks are properly assessed with mitigating controls in place.	Appetite for taking **moderate clinical risks** if essential to patient care and outcomes. Such risks and properly assessed with mitigating controls in place.	Appetite for taking **significant clinical risks if essential** to patient care and outcomes. Mitigating controls are not fully implemented.	Appetite for taking **significant clinical risks** that may result **in serious events, never events or formal regulatory action.** Mitigating controls are not fully implemented.
Financial	**Avoidance of** any **financial impacts or losses, variances to forecast, reporting misstatements or workforce fraud events**, are key objectives.	Only prepared to **accept the very limited possibility** of **material financial impacts or losses** or **reporting misstatements** if essential to safe and effective patient care and outcomes.	**Limited financial impacts or losses** are accepted if they yield upside opportunities elsewhere within the Trust. Minimum cash **balance retained in excess of £3m**.	**Prepared to invest** and/or accept **financial impacts or losses** for the benefit of patient care and outcomes. At points during the year, minimum cash **balance of less than £3m.**	Prepared to invest and/or accept **financial impacts or losses** for the benefit of patient care and outcomes. At points during the year, the Trust has a **negative cash balance.**
External	**Zero appetite** for any decisions that present risks to the Trust maintaining its CQC registration and complying with the law.	Only prepared to accept the possibility of minor regulatory observations, if related actions are essential to the safe and effective patient care and outcomes.	**Moderate regulatory observations/judgements** are reported within the periodic CQC inspection report.	**Significant regulatory observations/judgements** are reported within the periodic CQC inspection report, but any **impacts to patient care and outcomes are likely to be limited**.	**Significant regulatory observations/judgements** are reported within the periodic CQC inspection report or **other regulatory notification.**

Appendix 2: Risk Category and Risk Appetite Statement – November 2026

Level 1 Risk Type	Risk Appetite	Purpose	People	Improvement & Innovation	Partnerships	Outcomes
		Relevant to Strategic Priority				
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	√			√	√