**NHS**
**The Leeds Teaching Hospitals**
**NHS Trust**

# Risk Management Committee Annual Report (2023/24)

# Blue Box Public Board 30 May 2024

| Presented for: | Information and Assurance |
|---|---|
| Presented by: | Professor Phil Wood Chief Executive/Chair of the Risk Management Committee |
| Author: | Craig Brigg, Director of Quality<br>James Meehan, Serious Incident Investigation and Learning Manager |
| Previous Committees: | Audit Committee 2 May 2024 |

| Our Annual Commitments for 2024/25 are: | |
|---|---|
| Reduce wait for patients | ✓ |
| Reduce Healthcare Acquired Infections by 15% | ✓ |
| Reduce our carbon footprint through greener care | ✓ |
| Use our existing digital systems to their full potential | ✓ |
| Strengthen participation and growth in research and innovation | ✓ |
| Deliver the financial plan | ✓ |
| Be in the top 25% performing Trusts for staff retention | ✓ |

| Trust Risks (Type & Category) | | | | |
|---|---|---|---|---|
| Level 1 Risk | (✓) | Level 2 Risks | (Risk Appetite Scale) | Impact |
| Workforce Risk | | | | |
| Operational Risk | | | | |
| Clinical Risk | ✓ | Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients. | Minimal | ↔ (same) |
| Financial Risk | | | | |
| External Risk | ✓ | Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law. | Averse | ↔ (same) |

| Key points | |
|---|---|
| 1. **Terms of Reference**<br>The Committee Chair, along with the Committee has reviewed the Terms of Reference to ensure that the Committee is fit for purpose and carries out its duties as delegated by the Board of Directors.<br><br>The Committee has discharged its duties in line with the ToR set out in Appendix A. | Assurance |
| 2. **Reporting Requirements**<br>The Terms of reference for Risk Management Committee state the focus of the Committee is to;<br>• foster an open, anticipatory, adaptive and proactive risk-aware culture in which people are actively engaged;<br>• keep risk under prudent control on behalf of the Board and in accordance with the Board's risk appetite - maintaining an effective control system and minimising over-exposure to harm;<br>• horizon scan, challenge and keep material risk under review at all times; and<br>• improve organisational resilience.<br><br>This report provides an annual review on the delivery of the Committee's work programme. | Assurance |
| 3. **Work Plans**<br>The Board of Directors approved the Committees Work Plan for 2023/24 (Appendix B). The reports to Board provide assurance related to the items received during the year, or state where it was not able to provide full assurance and the actions being taken to address this.<br><br>The Committee sets out its draft Work Plan for 2024/25 (Appendix C), which was approved at Risk Management Committee and is now seeking approval from the Board. | Assurance |

## 1. Purpose

The purpose of this annual report is to provide assurance to the Audit Committee that the Risk Management Committee has discharged its duties in accordance with its Terms of Reference, completed its Work Plan for 2023/24, and delivered against the defined objectives, and sets out the proposed Work Plan for 2024/25.

## 2. Committee Membership

Professor Phil Wood, Chair of the Committee, with membership from Non-Executive Directors, and eight colleagues.
The Committee's membership is set out in the Terms of Reference, as follows:
- Chief Executive (Chair)
- Chief Medical Officer
- Chief Nurse

- Chief Operating Officer
- Director of Finance
- Director of Human Resources and Organisational Development
- Chief Digital and Information Officer
- Director of Estates and Facilities
- Director of Strategy

There were changes to Executive Director roles during 2023/24: Chief Medical Officer (September 2023) and Chief Nurse (January 2024), including Interim Chief Nurse (September – December 2023).

In routine attendance:
- Director of Quality
- Medical Director (Risk and Governance)
- Company Secretary
- Trust Risk Manager
- Serious Incident Investigation and Learning Manager
- CSU triumvirate leads (in line with the work programme)
- Non-Executive Director (Chair of Audit Committee)

Other Directors and Managers have attended meetings to discuss specific items, as requested. Non-Executive Directors have attended to support the work of the Committee and to observe during the year.

The Committee met monthly in 2023/24 (12 meetings in total). The draft minutes of the Risk Management Committee meetings were presented to the Trust Board Workshop together with a summary report to highlight the key areas of discussion. A report on significant risks and changes to the Corporate Risk Register was reported to the bi-monthly Public Board meeting.

Since April 2020 the meetings had been streamlined to support the response to the coronavirus (COVID-19) pandemic and were moved to the Microsoft Teams platform to maintain social distancing. This approach continued in 2023/24 to facilitate attendance of CSU and corporate leads. In February 2024 the meeting moved to a hybrid model of face to face and Microsoft Teams, offering benefits of both approaches to facilitate effective clinical and management engagement, and will continue to be delivered in this way in 2024/25. The work plan was maintained with regular CSU and corporate function attendance; there continued to be a focus on risks arising in relation to sustained operational pressures and the impact of these risks on patient safety, experience and outcomes.

The Committee has been effective during the year, with assurance and information from the Committee flowing to the Board through a Committee Chairs report. Full and approved minutes are received in the Blue Box, Board Workshop.

### 3. Committee Effectiveness
The Committee has reviewed its effectiveness at the end of each meeting, enabling members to reflect on the discussions, including the decision to move to a hybrid model of face to face and Microsoft Teams to improve and facilitate engagement. This is reflected in the minutes of the meeting.

### 4. Delivery Against Terms of Reference

The Committee Chair, along with the Committee has reviewed the Terms of Reference to ensure that the Committee is fit for purpose and carries out its duties as delegated by the Board of Directors.

The Committee has discharged its duties in line with the ToR set out in Appendix A.

### 5. Amendments to Terms of Reference

The terms of reference were updated and approved by the Committee in March 2024 to reflect minor changes to the titles of full members of the Committee.

### 6. Committee Objectives

The Corporate Risks set out against the annual commitments were reviewed in 2023/24 in line with the work programme. Changes to the risk scores, controls and mitigating actions were summarised in the minutes and report to Board. There were changes to the corporate risks during 2023/24 following discussion at the Committee that are reflected in the objectives for 2024/25: Corporate Risk CRRW1 (nurse staffing) and CRRW2 (medical staffing) were incorporated into the wider workforce Corporate Risk (CRRW4) to reflect the common controls and mitigating actions to address the risks related to workforce. Corporate Risk CRRF1 (finance and capital plan) was revised to include a specific Corporate Risk related to the capital programme (CRRF2) to reflect the changes to the risk profile as a consequence of reductions to the capital programme both locally and nationally.

The Risk Management Committee Objectives for 2023/24, including those set against the annual commitments, were delivered (Appendix A). The Risk Management Committee Objectives for 2024/25 are set within the context of the revised annual commitments that were agreed with senior leaders and the Board in March 2024 and have been reviewed at the Committee to support the delivery of these annual commitments:

:

| Our Annual Commitments for 2024/25 | Committee Objectives to support delivering the Annual Commitments |
|---|---|
| 1. Reduce our carbon footprint through greener care | Review risks related to carbon footprint and environmental sustainability in conjunction with Emergency Preparedness and Estates and Facilities. Review Corporate Risks CRR02 (electrical infrastructure), Corporate Risks related to Building the Leeds Way (CCR06, CRR07, CRR08, CRR09) and finance/capital plan (CRRF1), in line with the annual work plan and in the event of the risk profile changing or new related risks emerging in-year. |
| 2. Reduce healthcare associated infections by 15% | Review risks related to healthcare associated infections with CSUs and IPC leads and the actions that are being taken to mitigate the risks to patient safety. Review Corporate Risk CRRC1 (healthcare associated infections) in line with the annual work plan and in the event of the risk profile changing or new related risks emerging in-year. |

| | |
|---|---|
| 3. Be in the top 25% performing trust for staff retention | Review risks related to workforce, staff health safety and wellbeing with CSUs and HR leads and the actions that are being taken to mitigate the risks to patient safety. Review Corporate Risk re workforce (CRRW4) in line with the annual work plan and in the event of the risk profile changing or new related risks emerging in-year. |
| 4. Deliver the financial plan | Review risks related to finance and capital programme with CSUs and finance leads and the actions that are being taken. Review Corporate Risk CRRF1 (finance plan) and CRRF2 (capital plan) in line with the annual work plan and in the event of the risk profile changing or new related risks emerging in-year. |
| 5. Reduce waits for patients | Review risks related to delivery of constitutional standards (clinical) with CSUs and Corporate Operations leads and the actions that are being taken to mitigate the risks to patient safety: CRRC4 (emergency care standard), CRRC5 (18 week RTT standard), CRRC6 (62-day cancer standard), CRRC7 (28 day cancelled operations standard), CRRC8 (52 and 78 week standard), CRRC9 (diagnostic standard), CRRC10 (patient flow) in line with the annual work plan and in the event of the risk profile changing or new related risks emerging in-year. |
| 6. Use our existing digital systems to their full potential | Review Corporate Risks CRR010 (cyber-attack)), CRR011 (DIT resources) in line with the annual work plan and in the event of the risk profile changing or new related risks emerging in-year. |
| 7. Strengthen participation and growth in research and innovation | Review risks related to Research & Innovation and the actions that are being taken to mitigate the risks to patient safety. |

The specific Risk Management Committee Objectives for 2024/25 were agreed. We will:

- Provide oversight of significant risks working in conjunction with CSUs and corporate leads, and engage with Board Sub-Committees, including Quality Assurance Committee, Finance and Performance Committee, Workforce Committee, Research and Innovation Committee and DIT.

- Review and advise on risk controls and mitigating actions related to sustained operational pressures across the system, leading to congested emergency departments and patient flow pressures, impacting on achieving access targets, with a specific focus on patient safety, outcomes and experience.

- Review and advise on risk controls and mitigating actions related to workforce.

- Review and advise on risk controls and mitigating actions related to harm to patients, including healthcare associated infections, falls and hospital acquired pressure ulcers.

- Review and advise on risk controls and mitigating actions related to hospital infrastructure and prioritisation of capital allocations.

- Utilise the Leeds Improvement Method to mitigate risks and reduce harm to patients.

- Embed the revised risk management framework, focusing on the risk categories and risk appetite statements, using this framework to provide assurance through the Board Committee structure.

### 7. Work Plan

The Risk Management Committee has maintained a work plan and calendar of key events in order to manage its business effectively.

Throughout the year, the Committee has been effective in managing its business according to its work plan. The work plan for 2023/24 is attached at Appendix B.

**CSU and Corporate Department Risk Reviews**

The main feature of the work programme and the focus of each Committee meeting continued to be the schedule of individual CSU and Corporate Department risk register reviews. CSUs attended the Committee twice a year and Corporate Departments once a year, in accordance with the work programme.

Risks from CSU/Corporate Department Risk Registers, which scored 10 or above were presented to the Committee and robustly reviewed and challenged by members of the Committee. During the year risk scores were both increased and reduced following challenge and review, risks descriptions re-worded and controls and further actions strengthened. These decisions were recorded in the minutes of the meeting and action tracker. The Committee's role is to ensure that the correct strategy is adopted for managing each key risk and verifying controls and action plans that are in place for those risks which remain with a risk score of 10 or above.

CSUs continued to report that the process is thorough, fair, and supportive. CSUs continue to be scheduled to attend the Risk Management Committee with other CSU triumvirates with whom they have mutual or shared risks.

**Corporate Risk Register**

The Corporate Risk Register features the most serious risks from CSUs and Corporate Department Risk Registers. These risks have a score of 15 or higher and include workforce; performance against constitutional standards, eg referral to treatment time, cancer, emergency care standard; patient safety indicators, including hospital onset pressure ulcers and falls; hospital estate and infrastructure, capital allocation and financial performance. There are currently twenty-three risks on the Corporate Risk Register as at March 2024, there were also twenty-three risks in March 2023.

There have been three corporate risks added to the Corporate Risk Register in 2023/24:

CRRF2 (reduction is capital allocation) added May 2023.
CRRO12 (Closure of data centre) added May 2023, removed July 2023
CRR013 (Brother Wing estate) added January 2024.

There have been two corporate risks removed from the Corporate Risk Register in 2023/24 as a consequence of the mitigating actions:
- CRR06 commercial pressures arising from delays in delivering the refurbishment of the Generating Station Complex (GSC) at LGI
- CRRO12 Risk of loss of multiple IT systems due to the planned closure of data centre.

Two corporate risks have been removed from the corporate risk register and have been incorporated into the workforce risk (CRRW4).

- CRRW1 (Inadequate nurse staffing)
- CRRW2 (insufficient medical staffing)

At each meeting, the Committee considered a number of corporate risks in detail on a rolling programme, updating controls, gaps in control, further actions and reviewing the risk score.

**Risk Management Framework**
An internal audit of the Trust risk management framework was undertaken in Q4 2022/23, focusing on the risk appetite framework that was implemented in March 2021, and revised and updated in 2022/23. The final report concluded that the Trust had an established Risk Management Framework in place, with robust processes in place for identifying and managing risks. There were two recommendations related to training and guidance provided to authors of Board and Committee papers, which has been addressed (see section 10).

A Risk Framework Masterclass was delivered to senior management teams in Q2 2023/24, to raise awareness of the management of risks at CSU and corporate team level, together with a summary of the risk categories and risk appetite statements, to support Clinical Directors, General Managers and Heads of Nursing in their roles, including those who were new in post.

**Risk Appetite**
The Board commissioned a Task and Finish Group in October 2020 to further develop the Risk Management Framework, focusing specifically on the Trust's approach to setting and embedding its risk appetite and risk categories, supported by a Non-Executive Director and working in collaboration with commercial partners at Yorkshire Building Society. The work of the Task and Finish Group was presented to Trust Board in March 2021, including the revised risk categories and risk appetite statements, which were approved by the Board. A document was published; Risk Appetite 2021/22, to be used as a resource for staff working in the Trust to support them in adopting this. A revised, second edition was published in March 2023. This amended version included changes to some risk descriptions for clarity and additional details.

The Risk Management Framework has continued to be developed, including agreeing the Trust's risk appetite statements, level 1 risk types and level 2 risk categories, to help guide Executive Directors, senior managers and clinicians in the assessment and prioritisation of risk within the organisation. The risk categories have also been subject to a programme of reviews at Audit Committee, presented by the accountable Executive, for assurance. The

risk categories and the risk appetite statements have been cross referenced and incorporated into the Trust's Corporate Risk Register (CRR), to establish a fully integrated Risk Management Framework based on the work that has been undertaken to date.

Following the introduction of the Risk Appetite Framework in April 2021 the Board, at its Time-Out session in October 2022, undertook a review of the risk appetite statements against each of the identified risk types and risk categories. These were reviewed at Board Sub-Committees, led by the Committee Chairs. There were no material changes made to the risk appetite statements, with the exception of supply chain risk (changed from open to cautious following review at Finance and Performance Committee and Building and Development Committee). Some minor changes to the narrative descriptions to level 2 risk categories were approved, including financial reporting, revenue funding, change risk, information governance and information technology. Feedback was also received regarding the use of arrows and the terms decreasing and increasing risk appetite were reported to be confusing. This was replaced with the terms move towards or away from operating within risk appetite.

The changes were approved at the public Board meeting in January 2023. These have continued to be implemented and embedded during 2023/24.

**Key risk areas reviewed in 2023/24**
The Committee has considered the context for reviewing risks during this period, recognising the sustained operational pressures and the impact on the urgent and emergency care pathways, and the delivery of planned (elective) care, including the level of risk as a consequence of this. This has been impacted by the coronavirus pandemic and the associated recovery programme. In addition, whilst the vaccination programme and drug treatments has reduced the severity of illness in many cases, COVID-19 has continued to impact on patients admitted to hospital, although the level of risk has significantly reduced. This has affected a range of established risks, these have been considered in relation to the impact on patient safety, outcomes and experience and the health and wellbeing of staff who were required to provide care in a very challenging environment. The Committee has sought assurance on the actions that were being taken in conjunction with operational teams and corporate departments to mitigate these risks. Specific assurance was provided on the plans to maintain patient safety during winter at Quality Assurance Committee.

The Committee considered the ongoing risks related to industrial action, which began in December 2022 and continued into 2023/24, including nursing, medical and allied health professional groups. Industrial action involving medical staff groups has continued throughout the year. Whilst the Committee acknowledged that the industrial action decisions could not be influenced, there were mitigating actions that were being taken to minimise the impact of these risks and these were considered at the meetings throughout the year, in conjunction with a report provided to Quality and Safety Assurance Group (QSAG) and Quality Assurance Committee (QAC).

**Staff Absence, Health, Safety and Wellbeing (CRRO4)**
In November 2022 this risk was reinstated to the Corporate Risk Register following review by the HR team, increasing the risk score to 15. This was to reflect the increase in absence of staff due to COVID-19 and prolonged periods of service pressure, which may result in a further depleted workforce. The controls and further mitigating actions had been updated, including the establishment of a working group to oversee implementation of the remote working policy, including on-going training and support for managers. The control

related to managing sickness absence had been amended to reflect the national decision for COVID-19 absence to be managed in line with all other types of sickness. This risk continues to be reviewed in detail at the Workforce Committee.

**Healthcare-acquired infection (CRRC1)**
This risk has been updated by the Head of Infection Control with the risk description, controls and mitigating actions now being aligned to include COVID-19 so that this was fully incorporated into the broader infection prevention and control risk. Specific updates were provided on the process that was developed for the Trust oversight of specific infections, including surgical site infection surveillance, the management of Carbapenemase Producing Enterobacteriaceae (CPE) and the risks related to environment and water sources. The risks related to availability of side rooms in the Trust estate and updates to the IPC Board Assurance Framework (BAF) were also reviewed. This risk continues to be reviewed in detail at the Infection Prevention and Control Committee, reporting to Quality Assurance Committee (QAC) and the Board.

**Staffing (CRRW4)**
Staffing risks continued to be highlighted reviewed with CSUs during 2023/24. The Corporate Risk CRRW1 (nurse staffing) and CRRW2 (medical staffing) were incorporated into the wider workforce Corporate Risk (CRRW4) to reflect the common controls and mitigating actions to address the risks related to workforce. This risk continues to be reviewed in detail at the Workforce Committee.

**Delivering the financial plan 2022/23 (CRRF1)**
This corporate risk was reviewed by the Finance Directorate and the controls and actions amended in response to developments in the year. The risk score remained high (20) in light of the rise in inflation and rising energy prices, which exceeded current financial forecasts. CSUs continued to report high scoring risks related to estate and infrastructure, linked to the reduced capital programme for 2023/24 and it was agreed to add a specific risk related to capital to the Corporate Risk Register (CRRF2). This risk continues to be reviewed in detail at the Finance and Performance Committee.

**Building the Leeds Way (CRR07, CRR08, CRR09)**
The corporate risks related to the Building the Leeds Way project have continued to be reviewed. These are overseen by the BtLW Programme Board. The increasing risk related to changes in the political landscape were considered, including inflationary pressures that have led to rising costs in procurement, materials and construction. The risk description includes specific reference to the delivery of maternity and neonatal service centralisation, which has continued to be the subject of discussion at the Committee, to consider the mitigating actions to maintain safety of neonates whilst the service is delivered at LGI and St James's locations. A report on neonatal services continues to be provided to Quality Assurance Committee.

**Information Technology Risks (CRR010, CRR011)**
The risks relating to IT systems and infrastructure continued to be reviewed at the Committee, these were reported regularly by CSUs who were working in conjunction with DIT to mitigate the risks, including developing and implementing business continuity plans. The risk would continue to be overseen by DIT, working in conjunction with the Emergency Preparedness Team where required and noting the commercial sensitivity of the organisation's controls. This risk continues to be reviewed in detail at the DIT Committee.

**Commercially confidential risks**

The Committee maintained its approach to the reporting of details relating to corporate risks which were agreed to be commercially sensitive for public meetings. This included Commercial pressures arising from delays to the Generating Station Complex at LGI (CRRO6), which was removed from the corporate risk register in January 2024, cyber-attack leading to potential loss of IT systems and/ or data (CRRO10) and Airedale Hospital Infrastructure (CRRC12).

**Fire, Security and Health and Safety**
In accordance with its work plan the Committee also received reports on Emergency Preparedness, Health and Safety, Fire Safety, and Compliance with Central Safety Alerts as part of its work programme in 2023/24

### 8. Other Issues Addressed by the Committee in Year
No other issues addressed by the Risk Management Committee in 2023/24 are reported, a full record of the discussions is included in the minutes of the meetings.

### 9. Risk Management
Changes to risks overseen by the Risk Management Committee are described in section 6 of this report. Revised risk appetite statements were published in Q4 2022/23 and implemented in 2023/24.

### 10. Internal Control Environment
The Trust's Internal Auditors completed a review of the updates to the Board Risk Appetite statements and the Board Assurance Framework in February 2023 and was presented to the Committee meeting in April 2023. The overall report classification was 'Satisfactory'. The audit found that the Trust has robust processes in place for identifying risks, with a golden thread in place showing how risks were being escalated through the Trusts corporate risk register to the BAF. It was also noted that the BAF and corporate risk registers had been updated to reflect its new risk categories and risk appetite statements. There were two recommendations related to training and guidance provided to authors of Board and Committee papers, which has been addressed.

### 11. Publication Under Freedom of Information Act

This paper is available under the Freedom of Information Act 2000.

### 12. Recommendation
Trust Board is asked to receive the Risk Management Committee Annual Report, to provide assurance that the Risk Management Committee's objectives and work plan for 2023/24 have been met.

### 13. Supporting Information
The following papers make up this report:
*Appendix A – Terms of Reference*
*Appendix B – Work Plan for 2023/24*
*Appendix C – Proposed Work Plan for 2024/25*

Craig Brigg, Director of Quality
James Meehan, Serious Incident Investigations & Learning Manager
7 May 2024

Appendix A

**RMC Terms of Reference (updated 2 March 2023)**


**Executive Risk Management Committee**

**1. Main Authority / Limitations**

1.1    The Board hereby resolves to establish a management committee to be known as the Risk Management Committee ('the Committee'). The Committee is an executive-led management committee accountable to the Board and shall have executive responsibilities, powers, authorities and discretion as set out in these terms of reference.  The primary objective of the Committee is to enable and underpin organisational success.

1.2    The Committee is authorised by the Board to develop and implement risk treatment strategies, and to monitor, investigate and address any activity within its terms of reference. It is authorised to seek a range of views, expertise, transparency and openness in meeting its objective. The Committee is authorised to request the attendance of individuals and advisors with relevant experience and expertise where necessary.

1.3    Approved minutes of the Committee are circulated to the Board for information at the first formal meeting of the Board after approval. The minutes are also circulated to those regularly in attendance. The Committee Chair provides the Board with a brief summary of the Committee's work at the first available Board meeting opportunity after each Committee meeting. The Chair of the Committee will escalate matters to the Board as deemed appropriate.

1.4    Trust Standing Orders and Standing Financial Instructions apply to the operation of this Committee.

**2. Achieving Objectives**

2.1    The Committee shall be accountable to the Board and through its work shall enable and underpin organisational success by:

    (i)     fostering an open, anticipatory, adaptive and proactive risk-aware culture in which people are actively engaged;
    (ii)    keeping risk under prudent control on behalf of the Board and in accordance with the Board's risk appetite - maintaining an effective control system and minimising over-exposure to harm;
    (iii)   horizon scanning, challenging and keeping material risk under review at all times; and
    (iv)    improving organisational resilience.


**3. Primary Duties and Responsibilities**

  3.1    Receive and consider reports following relevant investigations or failures in healthcare provision (within or external to the Trust) and to discuss and agree subsequent action required to keep the residual risk under prudent control.

  3.2    Systematically review, scrutinise and challenge risk profiles across all CSU's and Corporate

Departments ensuring the correct strategy is adopted for managing each key risk, and verifying controls and action plans are in place and effective for those risks which remain intolerant.

3.3 Satisfy itself and the Board that the structures, processes and responsibilities for identifying and managing key risks to patients, staff and the organisation are adequate.

3.4 Monitor, evaluate and scrutinise all risks recorded on the risk register with a current risk rating of 10 or more, escalating to the Board those that pose a significant threat to the operations, safety, financial health or reputation of the Trust and score 15 or more.

3.5 Oversee the population and management of the Board Assurance Framework, which is presented to the Board of Directors and Audit Committee at least twice a year.

3.6 Review and approve the Trust's Risk Management, Health & Safety and related policies and procedures.

3.7 In accordance with requirements of the Regulator, formally review the capacity to handle risk ensuring all requirements are met for the Chief Executive to sign the Annual Governance Statement and other relevant public disclosure declarations.

3.8 Work closely with the Board's Quality Assurance Committee, Finance Committee and Performance, Audit Committee and Research, Education and Training Committees to understand the corporate risk profile and, where necessary, to clarify the arrangements for dealing with those risks between committees.

3.9 The Chair of the Committee shall attend an annual meeting with the Audit Committee to ensure appropriateness of risk management structures. In addition, to make recommendations concerning the annual programme of Internal Audit work, to the extent that it applies to matters that fall within these terms of reference.

3.10 To ensure all risks are escalated, reviewed and managed in line with the Trust's Risk management Policy.

3.11 To provide an annual letter of assurance to the Chair of Audit Committee confirming the effectiveness of the Committee and fulfilment of its objective and to the effect that the Committee has disclosed to the Audit Chair all significant deficiencies and material weaknesses in the design or operation of internal controls, of which the Committee are aware, which could adversely affect the Trust's ability to provide safe, high quality and satisfactory care for patients.

## 4. Duties and Etiquette

4.1 The duties of the Chairperson of the Committee shall be to:

- keep the Board informed regularly of any material matters which have come to the Committee's attention;
- ensure that minutes of the Committee are an accurate reflection of discussion;
- attend or designate another member of the Committee to attend public meetings of the Trust to answer any questions related to the work of the Committee;
- submit an annual report on the work of the Committee to the Board; and

- ensure that all significant risks are discussed and escalated in line with LTHT's Risk Management Policy.

4.2 The duties of members and attendees shall be to:

- attend and contribute
- have read the papers and materials in advance and be ready to work with them
- actively participate in discussions pertaining to Committee business ensuring that solutions and action plans have multidisciplinary perspectives and have considered the impact Trust-wide;
- disseminate the learning and actions from the meetings; and
- to attend at least 80% of meetings of the Committee per year.

## 5. Constitution

5.1 The Committee shall meet as often as required but not less than ten times each year.

5.2 The quorum for meetings shall be two Members, one of whom should be the Committee Chairman, unless he or she is unable to attend due to exceptional circumstances. In the absence of both the Committee Chair and Vice Chair a decision will be taken in advance of the meeting as to which member of the committee shall chair that particular meeting.

## 6. Membership and attendance

6.1 Members of the Committee shall be appointed at the discretion of the Chief Executive. The Chairman and Non-Executive Directors shall have the right of attendance but not as members of the Committee. Any member of the Committee who is able to speak and be heard by each of the other members shall be deemed to be present in person and shall count towards the quorum. The core membership shall be:

(i) Chief Executive (Chair)
(ii) Chief Nurse
(iii) Chief Medical Officer (Vice Chair)
(iv) Chief Operating Officer
(v) Director of Finance
(vi) Director of Human Resources & Organisational Development
(vii) Chief Digital and Information Officer
(viii) Director of Estates and Facilities
(ix) Director of Strategy

In routine attendance:

(i) Medical Director (Operations)
(ii) Medical Director (Risk and Governance)
(iii) Director of Quality
(iv) Serious Incident Investigation and Learning Manager
(v) Trust Risk Manager
(vi) Head of Health and Safety
(vii) CSU triumvirate leads (as part of rolling programme)
(viii) Non-Executive Director (Chair of Audit Committee)

6.2     The Company Secretary shall be in attendance at all meetings. Members or those in attendance may send deputies to represent them in their absence. The Chair may invite specific colleagues to address the Committee where appropriate.

6.3     In order for decisions taken by the Committee to be valid, the meeting must be quorate. This will consist of two members of the Committee being present at the point when any business is transacted. [See 6.1 above].

6.4     The Committee is serviced by the Director of Quality in conjunction with the Serious Incident Investigation and Learning Manager, who shall organise meetings, prepare the annual work plan and ensure a record of proceedings. Papers shall be available at least five clear days before each meeting. Papers shall not be tabled unless it is essential and only with the Committee Chair's prior agreement.

6.5     Terms of reference are reviewed annually or in the light of changes in practice or national/local guidance. The Chief Executive will initiate the mechanism to review performance, which shall include the extent to which the Committee has operated in satisfaction of its terms of reference, and in particular compliance with reporting arrangements to the Board.

**Document Owner**

The Company Secretary is the owner of this document and of any Board minute authorising an amendment to the Terms of Reference

**Risk Management Committee Objectives 2023/24**

**April 2023**

The Risk Management Committee Objectives for 2023/24 have been reviewed to reflect the annual commitments and are aligned to the quality goals and will focus on:

- Risk controls and mitigating actions related to sustained operational pressures across the system, leading to congested emergency departments and patient flow pressures, impacting on achieving access targets, with a specific focus on patient safety, outcomes and experience.

- Risk controls and mitigating actions to support the recovery plan related to the ongoing impact of COVID-19.

- Risk controls and mitigating actions to support the women's CSU in their focus on maternity safety, taking into account the recommendations in the Ockenden report and HSIB investigation reports.

- Risk controls and mitigating actions to support the urgent care CSU in their focus on emergency care, to provide assurance related to patient safety for those patients waiting in the emergency department for an inpatient bed.

- Risk controls and mitigating actions to support patients waiting in hospital with no reason to reside to identify potential harm and deconditioning, to share with partners across the health and social care system.

- Risk controls and mitigating actions related to harm to patients, including healthcare associated infections, falls and hospital acquired pressure ulcers.

- Utilising the Leeds Improvement Method to mitigate risks and reduce harm to patients.

Embedding the revised risk management framework, focusing on the risk categories and risk appetite statements, using this framework to provide assurance through the Board Committee structure.

Appendix A

The Risk Management Committee Objectives for 2023/24 were set out against the annual commitments:

| Objective | Committee Objectives to support delivering Commitments |
|---|---|
| Effectively develop and deploy new assets (buildings, equipment, IT) | Review Corporate Risk CRR011 (DIT resources available to meet demand), CRR02 (electrical infrastructure), Corporate Risks related to Building the Leeds Way (CCR06, CRR07, CRR08, CRR09) and finance/capital plan (CRRF1), in line with the annual work plan and in the event of the risk profile changing or new related risks emerging in-year. |
| Reduce healthcare associated infections | Review risks related to healthcare associated infections with CSUs and IPC leads and the actions that are being taken to mitigate the risks to patient safety. Review Corporate Risk CRRC1 (healthcare associated infections) in line with the annual work plan and in the event of the risk profile changing or new related risks emerging in-year. |
| Improve staff retention | Review risks related to workforce, staff health safety and wellbeing with CSUs and HR leads and the actions that are being taken to mitigate the risks to patient safety. Review Corporate Risk CRRW1 (nurse staffing), CRRW2 (medical staffing) and the wider workforce Corporate Risk (CRRW4) in line with the annual work plan and in the event of the risk profile changing or new related risks emerging in-year. |
| Deliver the financial plan | Review risks related to finance and capital programme with CSUs and finance leads and the actions that are being taken. Review Corporate Risk CRRF1 (finance and capital plan) in line with the annual work plan and in the event of the risk profile changing or new related risks emerging in-year. |
| Reduce average length of stay by 0.5 days per patient | Review risks related to delivery of constitutional standards with CSUs and Corporate Operations leads and the actions that are being taken to mitigate the risks to patient safety. Review Corporate Risk CRRC10 (patient flow) in line with the annual work plan and in the event of the risk profile changing or new related risks emerging in-year. |
| Achieve the Access Targets for Patients | Review risks related to delivery of constitutional standards (clinical) with CSUs and Corporate Operations leads and |

|  | the actions that are being taken to mitigate the risks to patient safety: CRRC4 (emergency care standard), CRRC5 (18 week RTT standard), CRRC6 (62-day cancer standard), CRRC7 (28 day cancelled operations standard), CRRC8 (52 and 78 week standard), CRRC9 (diagnostic standard), CRRC10 (patient flow) in line with the annual work plan and in the event of the risk profile changing or new related risks emerging in-year. |
|---|---|
| Support a culture of research | Review risks related to Research & Innovation and the actions that are being taken to mitigate the risks to patient safety. |

**Risk Management Committee 2023/24 Work Plan**

| ITEM | LEAD | 6 APR 2023 | 4 MAY 2023 | 1 JUN 2023 | 6 JUL 2023 | 3 AUG 2023 | 7 SEP 2023 |
|---|---|---|---|---|---|---|---|
| **Terms of Reference** | **CB** | | | | | | |
| **Forward Planner 2023/24** | **CB** | | | | | | |
| **Significant Risk Profile – Review of Corporate Risk Register risks** | **CB & ED's** | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ |
| **Schedule of CSU Risk Reviews** *(to review 'reportable' risks ≥10)* | **CSU CDs GMs HoNs** | Chapel Allerton Cardio-Respiratory Neurosciences | Leeds Dental Institute Adult Therapies Head & Neck Outpatients | Women's Children's Pathology | Oncology Abdominal Medicine & Surgery Radiology | Urgent Care Specialty & Integrated Medicine MMPS | Theatres & Anaesthetics Adult Critical Care Trauma & Related Services |
| **Schedule of Corporate Risk Reviews** *(to review 'reportable' risks ≥10)* | **ED's** | Informatics | Finance Including Counter Fraud & Building the Leeds Way | HR & Communications | Estates & Facilities Research & Innovation | CNO | CMO |
| **High Impact / Low Probability Events**: Emergency Preparedness Status Report | **HS/CS** | | | | | | ◆ |
| **Risk Management Committee Annual Report** | **CB** | | | | | | |
| **Health & Safety Report** *(RIDDORs, accident trends etc)* | **CB** | ◆ For 2022/23 FY (Annual Report)* | | | | | |
| **Fire Safety Quarterly Report and Action Plan** | **PA** | | | | ◆ Q4 22/23 & Q1 23/24 | | |
| **Security Quarterly Report and Action Plan** | **PA** | | | | ◆ Q4 22/23 & Q1 24/24 | | |
| **Policies for Approval** *(as required)* | **ALL** | | | | | | |
| **Review Committee's Effectiveness** | **PW** | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ |
| **Central Alerts Compliance Update** | **CB** | | | ◆ Full Year Review | | | |
| **PREVENT** | **CR** | | | | ◆ | | |
| **BAF Review** | **CB** | | | ◆ | | | |

| ITEM | LEAD | 5 OCT 2023 | 2 NOV 2023 | 7 DEC 2023 | 4 JAN 2024 | 1 FEB 2024 | 7 MAR 2024 |
|---|---|---|---|---|---|---|---|
| **Terms of Reference** | **CB** | | | | | | Formal Review |
| **Work Plan Review 2024/25** | **CB** | | | | ◆ | | |
| **Significant Risk Profile** | **CB & ED's** | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ |
| **Schedule of CSU Risk Reviews** *(to review 'reportable' risks ≥10)* | **CSU CD's GM's HoN's** | Chapel Allerton Neurosciences Cardio-Respiratory | Adult Therapies Head & Neck Leeds Dental Institute Outpatients | Women's Children's Pathology | Abdominal Medicine & Surgery Radiology <br><br> Review of CRR | Theatres & Anaesthetics Adult Critical Care Oncology MMPS | Urgent Care Specialty & Integrated Medicine Trauma & Related Services |
| **Schedule of Corporate Risk Reviews** *(to review 'reportable' risks ≥10)* | **ED's** | Informatics | Finance Including Counter Fraud & Building the Leeds Way | HR & Communications | Estates & Facilities Research & Innovation | CNO | CMO |
| **High Impact / Low Probability Events**: Emergency Preparedness Status Report | **HS/CS** | | | | | | ◆ |
| **Risk Management Committee Annual Report** | **CB** | | | | | ◆ | |
| **Health & Safety Report** *(RIDDORs,, accident trends etc)* | **CB** | ◆ 2023/24 (Half Year Report) | | | | | |
| **Fire Safety Quarterly Report and Action Plan** | **PA** | | | | ◆ Q2 23/24 & Q3 23/24 | | |
| **Security Quarterly Report and Action Plan** | **PA** | | | | ◆ Q2 23/24 & Q3 23/24 | | |
| **Policies for Approval** *(as required)* | **ALL** | | | | RM Policy to note | RM Policy for approval | |
| **Review Committee's Effectiveness** | **PW** | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ |
| **Central Alerts Compliance Update** | **CB** | | | | | | |
| **PREVENT** | **CR** | | | | ◆ | | |
| **BAF Review** | **CB** | | | ◆ | | | |

**Risk Management Committee 2024/25 Forward Work Plan**

| ITEM | LEAD | 4 APR 2024 | 2 MAY 2024 | 6 JUN 2024 | 4 JUL 2024 | 1 AUG 2024 | 5 SEP 2024 |
|---|---|---|---|---|---|---|---|
| **Terms of Reference** | **CB** | | | | | | |
| **Forward Planner 2024/25** | **CB** | | | | | | |
| **Significant Risk Profile – Review of Corporate Risk Register risks** | **CB & ED's** | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ |
| **Schedule of CSU Risk Reviews** *(to review 'reportable' risks ≥10)* | **CSU CDs GMs HoNs** | Chapel Allerton Cardio-Respiratory Neurosciences | Leeds Dental Institute Adult Therapies Head & Neck Outpatients | Women's Children's Pathology | Oncology Abdominal Medicine & Surgery Radiology | Urgent Care Specialty & Integrated Medicine MMPS | Theatres & Anaesthetics Adult Critical Care Trauma & Related Services |
| **Schedule of Corporate Risk Reviews** *(to review 'reportable' risks ≥10)* | **ED's** | Informatics | Finance Including Counter Fraud & Building the Leeds Way | HR & Communications | Estates & Facilities Research & Innovation | CNO | CMO |
| Emergency Preparedness Status Report | **HS/CS** | | | | | | ◆ |
| **Risk Management Committee Annual Report** | **JM** | | | | | | |
| **Health & Safety Report** *(RIDDORs, accident trends etc)* | **KA** | ◆ For 2023/24 FY (Annual Report)* | | | | | |
| **Fire Safety Quarterly Report and Action Plan** | **PA** | | | | ◆ Q4 23/24 & Q1 24/25 | | |
| **Security Quarterly Report and Action Plan** | **PA** | | | | ◆ Q4 23/24 & Q1 24/25 | | |
| **Policies for Approval** *(as required)* | **ALL** | | | | | | |
| **Review Committee's Effectiveness** | **PW** | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ |
| **Central Alerts Compliance Update** | **KA** | | | ◆ Full Year Review | | | |

Appendix C

| ITEM | LEAD | 3 OCT 2024 | 7 NOV 2024 | 5 DEC 2024 | 9 JAN 2025 | 6 FEB 2025 | 6 MAR 2025 |
|---|---|---|---|---|---|---|---|
| **Terms of Reference** | **CB** | | | | | | Formal Review |
| **Work Plan Review 2025/26** | **CB** | | | | ◆ | | |
| **Significant Risk Profile** | **CB & ED's** | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ |
| **Schedule of CSU Risk Reviews** *(to review 'reportable' risks ≥10)* | **CSU CD's GM's HoN's** | Chapel Allerton Neurosciences Cardio-Respiratory | Adult Therapies Head & Neck Leeds Dental Institute Outpatients | Women's Children's Pathology | Abdominal Medicine & Surgery Radiology | Theatres & Anaesthetics Adult Critical Care Oncology MMPS | Urgent Care Specialty & Integrated Medicine Trauma & Related Services |
| **Schedule of Corporate Risk Reviews** *(to review 'reportable' risks ≥10)* | **ED's** | Informatics | Finance Including Counter Fraud & Building the Leeds Way | HR & Communications | Estates & Facilities Research & Innovation | CNO | CMO |
| **High Impact / Low Probability Events**: Emergency Preparedness Status Report | **HS/CS** | | | | | | ◆ |
| **Risk Management Committee Annual Report** | **JM** | | | | | ◆ | |
| **Health & Safety Report** *(RIDDORs,, accident trends etc)* | **KA** | ◆ 2024/25 (Half Year Report) | | | | | |
| **Fire Safety Quarterly Report and Action Plan** | **PA** | | | | ◆ Q2 24/25 & Q3 24/25 | | |
| **Security Quarterly Report and Action Plan** | **PA** | | | | ◆ Q2 24/25 & Q3 24/25 | | |
| **Policies for Approval** *(as required)* | **ALL** | | | | RM Policy to note | RM Policy for approval | |
| **Review Committee's Effectiveness** | **PW** | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ |
| **Central Alerts Compliance Update** | **KA** | | | | | | |

| CRR No. | Risk Title | Date Added to CRR | Executive Lead | Current Risk Score | Last Reviewed by RMC | Next Review by RMC (1st review) | Next Review by RMC (2nd review) |
|---|---|---|---|---|---|---|---|
| | **CORPORATE RISK REGISTER REVIEW WORKPLAN 2024/25** | | | | | | |
| CRRW4 | Insufficient staff to provide treatment, care and services to patients | May 23 | Director of Human Resources, Chief Nurse & Chief Medical Officer | 16 | Dec 23 | **Jun 24** | **Dec 24** |
| CRRO1 | Risk of a viral pandemic | May 18 | Chief Operating Officer | 15 | Oct 23 | **Apr 24** | **Oct 24** |
| CRRO2 | Power failure/lack of IPS/UPS resilience due to electrical infrastructure | Aug 15 | Director of Estates & Facilities | 16 | Jan 24 | **Jul 24** | **Jul 25** |
| CRRO3 | Harm due to clinically related behaviours that challenge linked to organic, mental health or other reasons | May 15 | Chief Nurse | 16 | Dec 23 | **Jun 24** | **Dec 24** |
| CRRO4 | Staff absence Health, Safety and Wellbeing | Oct 20 | Director of Human Resources | 15 | Dec 23 | **Jun 24** | **Dec 24** |
| CRRO7 | Risk of failure to deliver the hospital of the future project. | May 20 | Director of Finance | 20 | Nov 23 | **May 24** | **Nov 24** |
| CRRO8 | Risk of failure to deliver the pathology project. | May 20 | Director of Finance | 16 | Nov 23 | **May 24** | **Nov 24** |
| CRRO9 | Risk of failure to deliver the LGI Site Development Project | Nov 21 | Director of Finance | 16 | Nov 23 | **May 24** | **Nov 24** |
| CRRO10 | Cyber-attack leading to potential loss of IT systems and/ or data | May 22 | Chief Digital & Information Officer | 16 | Oct 23 | **Apr 24** | **Oct 24** |
| CRRO11 | Insufficient DIT resources to meet demand for DIT led projects | Jan 23 | Chief Digital & Information Officer | 15 | Sep 23 | **Mar 24** | **Sep 24** |
| CRRC1 | Healthcare acquired infection | Mar 19 | Chief Nurse | 16 | Oct 23 | **Apr 24** | **Oct 24** |
| CRRC3 | Patient harm – falls and hospital acquired pressure ulcers | Mar 21 | Chief Nurse | 16 | Aug 23 | **Feb 24** | **Aug 24** |
| CRRC4 | Failure to achieve Emergency Care Standard | May 14 | Chief Operating Officer | 20 | Jan 24 | **Jul 24** | **Jan 25** |
| CRRC5 | 18-week RTT target non-compliance | May 14 | Chief Operating Officer | 20 | Sep 23 | **Mar 24** | **Sep 24** |
| CRRC6 | 62-day cancer target | May 14 | Chief Operating Officer | 16 | Dec 23 | **Jun 24** | **Dec 24** |
| CRRC7 | Failure to achieve 28 day cancelled operations target | May 14 | Chief Operating Officer | 16 | Sep 23 | **Mar 24** | **Sep 24** |
| CRRC8 | Patients waiting over 52 & 78 weeks for treatment across a range of services. | Oct 18 | Chief Operating Officer | 20 | Dec 23 | **Jun 24** | **Dec 24** |
| CRRC9 | Patients waiting longer than 6 weeks following referral for diagnostics tests | May 14 | Chief Operating Officer | 16 | Jan 24 | **Jul 24** | **Jan 25** |
| CRRC10 | High occupancy levels and insufficient capacity and flow across the health and Social care system causing impact on elective activity, unplanned care and diagnostic ability to meet the needs of our patients. | Sept 15 | Chief Operating Officer | 20 | Sept 23 | **Mar 24** | **Sep 24** |
| CRRC12 | Airedale Hospital Infrastructure: potential risk re transferring patients to LTHT | Feb 22 | Chief Operating Officer | 16 | Nov 23 | **May 24** | **Nov 24** |
| CRRC13 | Brotherton Wing, Blocks 11, 12 and 32 physical condition | Jan 34 | Director of Estates & Facilities | 20 | Jan 24 | **Jul 24** | **Jan 25** |
| CRRF1 | Failure to deliver the financial plan 2023/24 | May 14 | Director of Finance | 20 | Nov 23 | **May 24** | **Nov 24** |
| CRRF2 | Reduction in operational capital allocation | May 23 | Director of Finance | 16 | Nov 23 | **May 24** | **Nov 24** |

EDs - Executive Directors

PW - Phil Wood, Chief Executive

CSU CD's - Clinical Service Unit Clinical Directors

CB - Craig Brigg, Director of Quality

CSU GM's - Clinical Service Unit General Managers

RT – Rabina Tindale, Chief Nurse

CSU HoN's - Clinical Service Unit Head of Nursing's

CR - Craige Richardson, Director of Estates & Facilities

HS - Helen Salvini, Resilience Manager

CS - Clare Smith, Chief Operation Officer

PA - Peter Aldridge, Associate Director, Estate Operations

MH – Magnus Harrison, Chief Medical Officer

| Meetings: | 1st Thursday of the Month |
|---|---|
| Time: | 13-15.00 |
| Venue: | Hybrid meeting, face to face and MS Teams (Gledhow Wing SR) |