

Well-led Improvement Update

Public Board

29 January 2026

Presented for:	Update and Assurance
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Previous Committees:	27 November 2025 public Board meeting

Link to Strategic Objective	Applicable to all objectives
Link to Provider Capability Assessment	Governance, risk and regulatory
Link to CQC Well-led Statement	Governance, Management and Sustainability
Regulatory Impact	Considers all regulatory impact

Risk Appetite Framework			
Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk	Workforce Retention Risk - We will deliver safe and effective patient care, through supporting the training, development and H&WB of our staff to retain the appropriate level of resource to continue to meet the patient demand for our clinical services	Cautious	Moving Away
Clinical Risk	Patient Experience Risk - We will comply with or exceed minimum patient experience targets.	Minimal	Moving Away
	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	Moving Away
External Risk	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Moving Away

Key points	
The purpose of this report is to note the update on progress to support the Well-led Improvement Plan.	Update & Assurance

1. Summary

At the 27 November 2025 Board meeting, we approve the Well-led Improvement Plan to address the findings of the CQC Well-led review that was published late September 2025. This report sets out an update on key actions over the last eight weeks.

2. Holding to Account by Regulators

The Trust is required to report to a monthly meeting, the Integrated Quality Improvement Group (IQIG), which is Chaired by Fiona Edwards, Regional Director, North East NHS England and regional colleagues, with wider membership including representatives West Yorkshire ICB, Commissioners, the National Maternity Improvement Advisor/s and the CQC. Since the last Board meeting there has been two IQIG meetings held on 8 December 2025 and 23 January 2026. The purpose of these meetings is for wider aspects of the Trust accountabilities and performance, alongside monitoring assurance of progress for the Perinatal and Well-led Improvement Plans. The agenda covers; Improvement Action Plans and Progress, Perinatal Quality & Assurance Safety Assurance, Finance and Use of Resources, Performance, Organisation Governance & Leadership, Workforce, and Communication. The Advisors for the NHSE Maternity Safety Support Programme provide and monthly update.

The CQC met with key Executives on 18 December 2025 as a formal engagement meeting with the Trust and for the CQC to receive progress against their regulatory duties.

3. Leadership

The weekly Chief Executive led Improvement Steering Group for oversight and assurance of progress of the Perinatal and Well-led Improvement Plans, including preparation for the independent inquiry into Maternity services, continue to meet.

The Executive Team have commenced work to review the Accountability Framework with a review of best practice and redefining this for LTHT. This will be shared with the Board, and our wider Senior Leadership Teams and implemented from Q1 moving forward.

From February we will established a new weekly Senior Leadership Team meeting with the Executive Team. This will establish a new forum for decision making which includes the Executive Team, Deputies and representation from the each of the CSU Tri Teams.

Work continues with the cultural shift under 'Inclusion and Belonging' with a more detailed report as a separate agenda item at 11.2.

The Well-led report made reference to a number of concerns relating to leadership and culture of the Board and wider impact to the Trust, which we continue to address and can report the following progress;

The Interim Chief Nurse has re-structured Corporate Nursing, along with appointing a Deputy Chief Nurse which was raised within the Well-led report. We have been unsuccessful at the current time to appoint to the Director of Midwifery but have re-structured to strengthen senior leadership within the service.

We have appointed a new substantive Chief People Officer, Suzanne Dunkley as from 5 January 2026. We also welcome Ricky Singh as an Associate Non-Executive Director as succession planning to become Chair of our Audit Committee in 12 months time. We also seek to build further diversity into our Board with the current advert for a Non-Executive

Director with skills to represent and advocate for the diverse local communities served by the Trust.

Craig Brigg, current Director of Quality has commenced his role as Director to the Office of the Public Maternity Inquiry and have recently appointed Penny McSorley as incoming Director of Quality with a start date to be confirmed.

We welcome Roger Mumby back to LTHT, as the Programme Manager to the Office of the Office of the Maternity Inquiry who will be supporting the delivery of the Well-led and Perinatal Improvement Plans. Formally we thank Sarah Dronsfield who was seconded to LTHT by the region as the Improvement Director from October until the end of January.

3.2 Governance Review

From the governance review approved at our November Board meeting, we have implemented the revised format to our agendas for our Board and Committee meetings from January. This is to reflect the six pillars of the Provider Capability Assessment, hence the following headings are being used; Governance Risk and Regulatory, Quality of Care, People and Culture, Access and Delivery of Services, Strategy, Leadership and Planning, Financial Performance and Oversight, and Productivity and Value for Money.

We have also adopted a change to the reports from our Committee Chairs implementing the triple A style of reporting based on; Assure, Advise and Alert.

We have held the first meeting of a new assurance Committee of the Board, the Perinatal Improvement Committee on 15 January 2026 with the Committee Chairs report at agenda item 10.1. Laura Stroud remains the Board Maternity Safety Champion but in strengthening the focus and assurances to our Board we have chosen to have a second Board Maternity Safety Champion Angela Graves, which as Professor of Midwifery at the University of Leeds complements the skills of Laura. Angela is a member of the new established Perinatal Improvement Assurance Committee reporting to Board, with Laura Chairing the Quality Assurance Committee of the Board hence the direct ward to Board links for this vital Champion role.

Working with NHS Providers, the Trust has commissioned an external Well-led review during Q1. We have agreed the scope of this work as the first phase, which will be the Board and its Committees following the implementation of the revised governance structure from 1 January 2026. This review will be a valuable external assessment of the progress we've made. The second phase will be scoped in due course and will review governance beyond the Board and our Committees looking at our Corporate and Clinical Service Units (CSUs).

Progress continues to address and embed the actions set out in the Well-led Improvement Plan and the Board will receive an updated against the actions set out in the Improvement Plan at alternate meetings. The purpose of the Q1 external review by NHS Providers is to objectively assess progress to address and seek assurance of embedding these improvements.

4. Financial implications

There are financial implications to delivering the improvement plans for Perinatal and Well-led areas along with the announcement of the Independent Inquiry into Maternity Services which is work in progress.

5. Risk

Whilst the Trust remains in the NHSE Integrated Quality Improvement process and taking actions to address the CQC regulatory breaches, the Trust is moving away from the risk appetite set by the Board for Workforce risk (Workforce Retention risk), External risk (Regulatory risk) and Clinical Risk (Patient Safety and Outcomes and Patient Experience risk).

There is a risk cited within the Corporate Risk Register related to CQC Registration – breaches of Regulation(s) which will monitor the controls in place and further mitigating actions at the monthly meeting.

6. Communication and involvement

There will be a comprehensive internal and external communications plan to support the open and transparent sharing of our progress against the improvement work outlined in this paper.

7. Equality analysis

The Trust strives to adhere to inclusion and belonging within our practices.

8. Improving health equalities

The Trust is committed to Improving Health Equity which means reducing the unfair and avoidable differences in healthcare some groups experience. The work of the Board and Committees underpins this commitment.

9. Publication Under Freedom of Information Act

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

10. Recommendation

To note the update and assurances on progress since the last Board meeting, changes to leadership, continued monthly oversight and reporting to IQIG for regulatory oversight in addition to CQC and confirmed scope for Q1 external review of Well-led by NHS Providers.

11. Supporting Information

None