

Well-led Improvement Update

Public Board

Thursday 28th May 2026

Presented for:	Assurance
Presented by:	Jo Bray – Director for Corporate Affairs
Author:	Roger Mumby – Programme Manager
Previous Committees:	NONE

Freedom of Information Act (FOIA) Exemption	<input type="checkbox"/> YES (restricted from the FOIA) <input checked="" type="checkbox"/> NO (available to the public under the FOIA)
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Link to Strategic Objective	Support and develop our people
Link to Provider Capability Assessment	People and culture
Link to CQC Well-led Statement	Shared Direction and Culture
<u>Regulatory Impact</u>	Regulation 17: Good governance

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

<u>Risk Appetite Framework</u>			
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	Operating outside
Operational Risk			
Clinical Risk	Patient Experience Risk - We will comply with or exceed minimum patient experience targets.	Minimal	Operating outside
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	Operating outside

1. Summary

At the 27 November 2025 Board meeting, we approved 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.

1.1 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 from the West Yorkshire ICB, Commissioners, the National Maternity Improvement Advisor/s and the CQC. Since the last Board meeting there has been two IQIG meeting held on 8th April and 13th May 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 monthly updates.

2. Update – Plan Status

The Well-led improvement programme contains 73 actions. 37 of the actions are marked as complete, 19 actions are on track, three actions are off track, 13 actions are evidenced and assured, and one action is closed.

Status	Number	Definition
On Track	19	Work to deliver this action is underway and expected to meet target date and quality tolerances
Off Track	3	Achievement of the action has missed the scheduled target date. An exception report must be written to explain why, along with mitigating actions.
Completed	37	Action is in place with all tasks completed but has not yet been assured/evidenced as delivering the required improvements.
Evidenced and assured – Closure Report Submitted	13	Action is in place with assurance/evidence that the action has been embedded and will be sustained. A Closure Report has been submitted.
Closed	1	The action has been closed because it has been deemed unnecessary for the successful delivery of the programmes objectives.

2.1 Off Track Actions

Action 7.9 - Review and update the Duty of Candour learning tool and template letters to reflect best practice and include family engagement – Target date 31-1-26

The review phase of this action has been completed, and the outputs are being evaluated. Once the evaluation has taken place the learning tool will be uploaded to the LTHT intranet. This is expected to be delivered by the 1/6/26.

Action 11.4 - Review the representation of the FTSU Steering Group to ensure there is a voice for all staff groups engaged in shaping, promoting and self-assessment of the Trust FTSU model- Target date 1/3/26

Review of representation has been completed but further work needs to be done to get to the required representation target. The Steering Group continues to operate as usual during the work needed to complete this action.

Action 11.6 - Develop a 12-month communication plan of FTSU promotion, sharing of staff experience of speaking up, the role of a Champion and the Trust stance on detriment – Target date 30/4/26

The Communication Plan is being progressed and will be completed in May 2026

2.2 Progress since last reporting period

Since the last reporting period the Well-led Improvement Plan has been reviewed which is a shift from transactional tasks into a suite of integrated, thematic improvement plans.

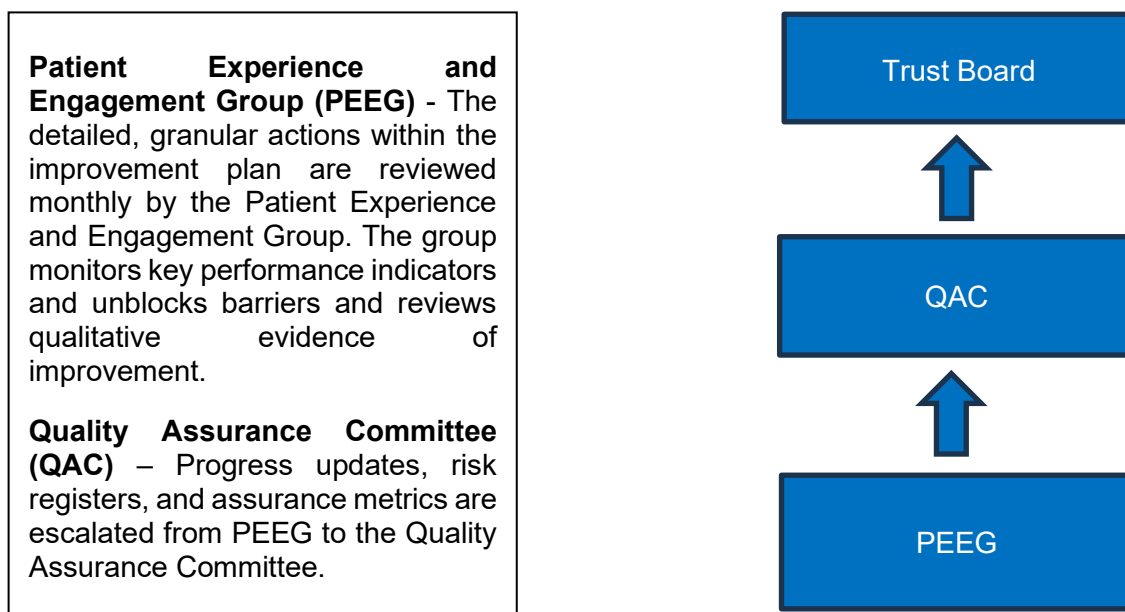
The Complaints, and Inclusion and Belonging plans have been 'plugged in' to the Trust's core governance framework. They report directly into their relevant Board Committees ensuring sustained executive oversight, operational accountability, and continuous assurance. It is expected that the Mandatory Training and Shared Direction and Culture work will adopt this approach once the Improvement Plans are finalised in the next reporting period.

Action 10.2 on the plan has been closed as it was deemed to be duplicative and is included in the proposed Shared Direction and Culture plan.

2.2.1 Complaints - Regulation 16 - Receiving and Acting on Complaints in relation to timely response and improve the effectiveness of responses

Following an initial diagnostic review of complaints processes, the Trust has moved from reactive, immediate actions into a structured, long-term Complaints Improvement Plan. This plan is designed to drive cultural and systemic changes in how the Trust captures, investigates, and, critically, learns from patient feedback. The targeted delivery date for the plan is June 2027.

To gain effective oversight and accountability of the plan the following framework has been established to monitor delivery:



2.2.2 Mandatory Training - Regulation 18 - mandatory training compliance

The actions related to mandatory training have been completed and a mandatory training improvement plan is currently in its final stages of development. The plan will establish a structured, sustainable pathway toward full compliance with Regulation 18. The plan is expected to be launched in June 2026.

The review process highlighted that compliance tracking was frequently hindered by data quality issues. Consequently, the critical first phase of the plan upon its launch in June 2026 will focus strictly on data integrity:

- **Data Accuracy:** Validating and cleansing current Electronic Staff Record (ESR) data to ensure the Trust has an accurate, undeniable single source of truth.
- **Effective Role Mapping:** Shifting the training architecture away from broad position numbers and instead precisely mapping specific mandatory training requirements to actual staff roles. This ensures staff are only required for training that is genuinely relevant to their clinical or operational duties.

2.2.3 Compliance with CQC Quality Statement - shared direction and culture

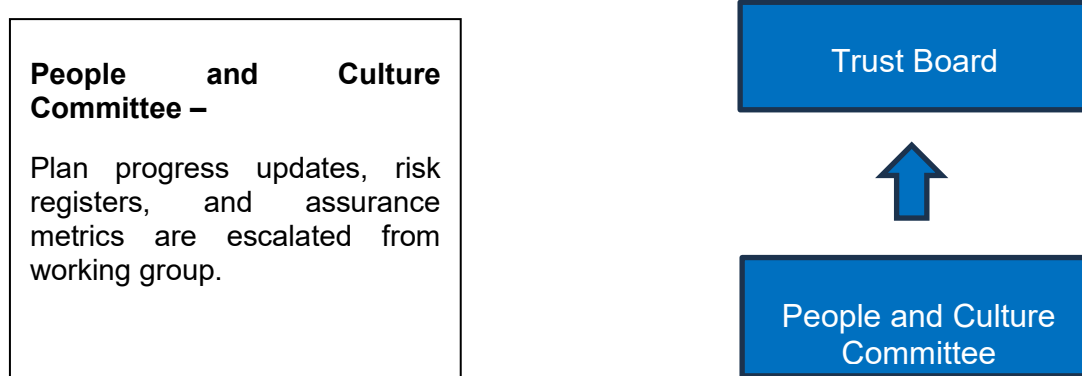
A core requirement of the Well-led Improvement Plan is to assess and re-set the Trust's values and behaviours. This includes streamlining our current multilayered vision to firmly embed a culture of being a 'listening and learning' organisation, ensuring our primary focus is to provide the best care and treatment for patients.

A Trust Board Report will be presented in May 2026 to update on improvements made in relation to this CQC quality statement.

2.2.4 Compliance with CQC Quality Statement workforce equality, diversity, and inclusion

The Trust has successfully delivered and concluded all initial actions associated with this quality statement. The outputs, data, and insights generated from these completed actions have been fully absorbed and integrated into an Inclusion and Belonging Improvement Plan. The targeted delivery date for completion of the plan is April 2027.

To gain effective oversight and accountability of the plan the following framework has been established to monitor delivery:



3. External Review

Working with NHS Alliance, 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 the Trust has 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).

The purpose of the Q1 external review by NHS Alliance is to objectively assess progress to address and seek assurance of embedding the improvement actions set out in the Well-led Improvement Plan.

4. Financial Implications

There are financial implications to delivering the Well-led improvement plan which is work in progress and detail will emerge as the plan matures.

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. Impact on Equality & Health Inequalities

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

8. Publication Under Freedom of Information Act

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

9. Recommendation

To note the update and assurances on progress since the last Board meeting, 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 Alliance.

10. Supporting Information

The following papers make up this report:

8.3 Appendix 1 – LTHT Improvement Plan