

## Committee Annual Report

### 28 May 2026 Public Board

<b>Presented for:</b>	Information, Governance and Assurance
<b>Presented by:</b>	Committee Chairs
<b>Author:</b>	Jo Bray, Director of Corporate Affairs and each Non-Executive Director Committee Chairs
<b>Previous Committees:</b>	7 May 2026 Audit Committee

<b>Freedom of Information Act (FOIA) Exemption</b>	<input type="checkbox"/> <b>YES</b> (restricted from the FOIA) <input checked="" type="checkbox"/> <b>NO</b> (available to the public under the FOIA)
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<b>Link to Strategic Objective</b>	Applicable to all objectives
<b>Link to Provider Capability Assessment</b>	Governance, risk and regulatory
<b>Link to CQC Well-led Statement</b>	Governance, Management and Sustainability
<b>Regulatory Impact</b>	Considers all regulatory impact

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 within
Workforce Risk	Workforce Deployment Risk – We will deliver safe and effective patient care through the deployment of resources with the right mix of skills and capacity to do what is required	Cautious	Operating within
Workforce Risk	Workforce Performance Risk – We will deliver safe and effective patient care through having the right systems and processes in place to manage performance of our workforce	Cautious	Operating within
Operational Risk	Information Security Risk - We will ensure the confidentiality, integrity and availability of information, and it's appropriate and legitimate use.	Cautious	Operating within
Operational Risk	Information Governance Risk – We will appropriately manage information management risk through the collection, transmission, storage, management and maintenance of information. As a minimum we will meet data protection and healthcare information governance requirements.	Cautious	Operating within
Clinical Risk	Patient Experience Risk - We will comply with or exceed minimum patient experience targets.	Minimal	Operating within
Clinical Risk	Patient Safety & Outcomes Risk – We will provide high quality services to patients and manage risks that could	Minimal	Operating within

	limit the ability to achieve safe and effective care for our patients		
Financial Risk	Counter-Fraud Risk - We will adopt a zero-tolerance approach to workforce fraud through the maintenance of an anti-fraud culture, investigating all reported instances of fraud and following disciplinary and criminal proceedings.	Averse	Operating within
External Risk	Legal & Governance Risk - We will operate the Trust in compliance with the Law and UK Corporate Governance Code, where applicable.	Averse	Operating within
External Risk	Regulator Risk – We will comply with or exceed all regulations, retain its CQC registration and always operate within the law	Averse	Operating within

<b>Key points</b>	
The Board are provided for information and assurance, the annual update to summarise the work of the assurance Committees of the Board.	Information, Governance Assurance

### 1. Summary and Background

The Board of Directors at the Trust is supported by a number of assurance Committees. The terms of reference for these Committees are cited within Standing Orders which is the governance framework which defines the duties and responsibilities of the Board, along with aspects of business that can be delegated to Committees.

The CQC carried out a Well-led inspection in June 2025 publishing their findings in September 2025. There were a number of recommendations that are now set out within our Well-led Improvement Plan, for changes to address and strengthen our Board and Committee structure. This included the Board had too many Committees and needed to re-focus the purpose and assurances received. The Board approved a revised Committee structure in November 2025, with new ways of working implemented from January 2026. This included revisiting core governance guidance such as the Provider Licence, NHS Code of Governance, Provider Capability Assessment, Insightful Board, and CQC Well-led.

From January 2026 the Board of Leeds Teaching Hospitals NHS Trust has been underpinned by the following Committees: Audit, Finance & Performance, Quality Assurance, People & Culture and Perinatal Assurance Committee, along with a Remuneration Committee. Hence the formally closed the R&I, DIT and Infrastructure assurance Committees that had previously reported to Board. The Risk Management Committee remains a management Committee but without the observation of the Chair of the Audit Committee (AC). Decisions from this meeting regarding changes to the Corporate Risk Register are reported directly to the Board within the Chief Executives report.

Historically each Committee annually has sought 360 feedback as a part of its self-assessment process. In reviewing our Committees during 2025/26, we have received external feedback from the CQC, and we have implemented actions to address the recommended changes to ways of working during Q4. We have commissioned NHS Providers (now Alliance) to carry out an external Well-led review of our changes in practice during Q1 2026/27.

There is an ongoing development programme for authors of Board and Committee reports, this is called the Shadow Committee experience. During the year this programme has been Chaired by Gillian Taylor, Deputy Chair & Audit Committee Chair and co-facilitated by Jo Bray, Director of Corporate Affairs. For future succession planning and to reach more staff Amanda Stainton, Chair of the People & Culture Committee observed the session March, thus aiming for greater availability of sessions in the coming year. NHS Providers (Now Alliance) host internal training sessions for staff development of writing the content of a good assurance report. We know that a concise, well written report, which can either provide assurance, advise or alert (triple A reporting) the Board or a Committee, is critical to the quality of the discussion and desired outcome for assurance. With staff turnover and for succession planning, we know that we must continue to educate and develop staff to drive for quality reports and create confidence in our staff when attending Board or Committees. We want to create a safe environment where presenters feel able to provide positive and negative reports for triple A reporting.

From September 2025 the Board has re-set ways of working with a new development programme. This builds on individual skills and training, along with collective duties of the Board. There have been changes in the Board both Executive and Non-Executive, and aspects of this programme have set to address and improve ways of working, especially relating to curiosity, assurance moving forward.

## **2. Proposal**

Each Committee Chair has set out their reflections on the changes to the new ways of working, and objectives for the 2026/27. These summaries are set out for each Committee in the appendices, and reflect on the changes and progress during Q4.

Committee attendance is reported within the Annual Report noting that terms of reference require 80% attendance for good governance and compliance.

## **3. Financial Implications**

N/A

## **4. Risk**

The changes set out will support and maintain the Boards averse risk tolerance for legal & governance and regulatory risk appetite.

## **5. Communication and Involvement**

This report will be shared with all Committee members, reported to public May Board and made available for any future CQC Well-led inspections.

## **6. Equality Analysis**

There are no equality issues to raise.

## **7. Improving Health Equity**

The Trust is committed to Improving Health Equity meaning reducing the unfair and avoidable differences in health some groups experience, the work of the Board and our Committees, aims to support the Trust's commitment.

## **8. Publication Under Freedom of Information Act**

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

## 9. Recommendation

The Board are provided for information and assurance, for the annual update to summarise the work of the assurance Committees of the Board.

## 10. Supporting Information

Roles, description and supporting information for the Champion Role

Appendix A – Audit Committee

Appendix B – Finance & Performance Committee

Appendix C – Quality Assurance Committee

Appendix D – People & Culture Committee

Appendix E – Perinatal Improvement Assurance Committee

**Jo Bray, Director of Corporate Affairs**

**27 April 2026**

## Appendix A – Audit Committee (AC)

The membership of the Audit Committee (AC) has been strengthened during the year, with up to four Non-Executive Directors (NEDs) in attendance. There is also cross over of NED membership with AC NEDs attending the Finance & Performance, Perinatal Improvement Assurance, and People & Culture Committees in addition to the AC, which ensures good cross over and triangulation opportunities.

The AC set objectives for 2025/26:

<b>Committee Objectives 2025/26</b>	<b>Status April 2026</b>
1. To attend Audit Committee meetings of a peer to benchmark the Committee's performance.	Completed
2. Ensure a clear and continuous view of the Internal Audit plan progress is in place, building in increased engagement with the Executive team.	Completed, but ongoing with changes in Executive appointments
3. Support the implementation of increased Executive oversight of Internal Audit extension requests and approvals for Internal Audit actions.	Completed, but ongoing with changes in Executive appointments
4. Increase oversight on the value and frequency of use of single tender waivers.	Completed
5. During 25/26, in the context of reorganisation of the statutory health system, assurances will be reviewed in the context of the likely and potential impact of change. The Audit Committee will seek assurances related to the impact of these changes on patient care, our staff, efficiency, the LTHT operating costs and the associated risks, whilst maintaining focus on collaboration, integration and innovation.	Ongoing

In 2025 the AC Chair attended two Audit and Risk Committees at peer Trusts: Manchester NHS Foundation Trust and Imperial College Healthcare NHS Trust. Updates from observing these peers were shared with the Trust Chair, Director of Corporate Affairs and Committee members. Similarities to LTHT, and areas where improvement could be made were noted and discussed. The Chair of the AC at a neighbouring Trust (Leeds and York Partnership NHS Foundation Trust) has observed LTHT's AC in 2025 and provided feedback on the similarities and differences between the two Trusts.

The AC has kept on track with the delivery against the Internal Audit plan, which is an improved position from 2024/25. The AC has worked collaboratively with PwC and LTHT Teams to improve the timely completion and closure on audit actions, whilst reducing overdue actions and extension requests.

In 2025, a working group from the AC was established to complete the procurement tender process for Internal Audit, which resulted in PwC being successfully reappointed.

The oversight of single tender waivers has happened at every AC this year. The Committee are now assured on the processes and controls, resulting in this topic being presented to AC as per the Workplan frequency in 2026.

Following the CQC and Well-led assessment, the Committee has been focused on the risk section of the workplan/agenda. The AC Chair, Director of Corporate Affairs and Director of Quality have worked together to introduce a new template for this section of the agenda and have given significant support to paper writers to trial the use of the new template for reporting assurance against the Board defined Risk Appetite statement.

The report highlights the control framework in place for the risks identified within the remit of the relevant Executive Director, and the assurance processes within the Trust through various governance structures, Committees and supporting groups. The template sets out both the internal and external assurance on controls for, and where applicable cross references to the Corporate Risk Register or the Corporate Department Risk Register. This allows the AC to critically assess and challenge the effectiveness of the assurance processes and the robustness of the Boards Risk Appetite Framework and defined tolerances. Where the Committee has felt that assurance wasn't at the level expected, they have asked for presenters to return to provide additional information, data and evidence.

The AC members have also given additional attention to the Board Assurance Framework (BAF) challenging where they felt it was out-dated or where additional controls are known to be in place. They have requested additional Executive ownership of the BAF going forwards. The Board training and development session in March reviewed the Risk Appetite Framework, Corporate Risk Register (CRR) and BAF with the full Board and re-set the use of the CRR and BAF within all our Committees for 2026/27.

As Chair of the AC, I will reach end of my term of office in January 2027, as preparation and succession planning Ricky Singh became an Associate NED from 1 January 2026 with the focus during 2026 for a smooth handover of the Chair of AC. This has been planned over a 12-month period and is already in progress.

In 2026/27 the AC will continue their focus on the risk section of the workplan, and the quality of papers presented.

Following each AC meeting, I provide a Committee Chairs report that has been revised to model triple A reporting (assure, advise, alert) to the next public Board meeting.

Proposed Objectives for the AC in 2026/27

<b>Committee Objectives 2026/27</b>
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1. Smooth transition and handover process to the new Chair of the AC by end of December 2026.
2. Continue the additional focus on the risk section of the workplan. A new template was rolled out in March 2026 and this will be refined during the year to minimise effort for paper writers, whilst highlighting the pertinent points, facts and KPIs which the AC need for assurance. Support will continue to be offered to paper writers.
3. Ensure the AC actively use and review the CRR and BAF, keeping the document and discussion live and relevant.
4. Deliver the AC training plan, ensuring that the AC are kept informed and understand the impact of developments in the wider operating environment.

## Appendix B – Finance & Performance Committee

The membership of the Finance & Performance Committee (FPC) has been strengthened during the year, with up to four NEDs in attendance. There is also cross over of NED membership with FPC NEDs attending the People & Culture Committee and Audit Committees in addition to the FPC, which ensures good cross over and triangulation opportunities.

The FPC set objectives for 2025/26:

The Committee objectives for 2025/26 are set below with the associated Annual Commitment they are will be aligned to the seven new LTHT Annual Commitments for 2025/26 where relevant to the Committee, and other Board Committees, particularly focusing on

<b><i>Our Targets for 2025/26</i></b>	<b><i>Committee Objectives to support delivering Commitments</i></b>	<b><i>Status April 2026</i></b>
<b>1. Deliver the Financial Plan</b>	<b>The F&amp;P Committee will:</b> <ul style="list-style-type: none"> <li>Assure on the waste reduction plans to achieve a break-even financial position</li> <li>Review, challenge and assure on the difficult financial choices which will have to be made to achieve the plan, balancing the impacts on patient quality, staff, performance and the financial impact</li> <li>Review and assure on management of financial and performance risks, in particular on the management of cash across revenue and capital.</li> <li>Assure on capital spend, ensuring investments align to Trust goals and are tracked against a clear benefits realisation methodology</li> </ul>	<b>Completed</b>
<b>2. Deliver Operational Targets</b>	<b>The F&amp;P Committee will:</b> <ul style="list-style-type: none"> <li>Assure on the plans to achieve the operational planning targets and trajectories, through operational deep dives, – ensuring deep dives are targeted appropriately to ensure they are highlighting the breadth of any challenge and the appropriate deliverable solutions</li> </ul>	<b>Completed</b>

3. Focus on ongoing Improvements to Productivity & Efficiency	<b>The F&amp;P Committee will:</b> <ul style="list-style-type: none"> <li>Assure on productivity focus and improvements though the course of the financial year by continuing to build on the assurance started in 24/25 under the revised methodology achieve 4% national target improvement</li> </ul>	<b>Incomplete – not all National Targets met</b>
4. Ensure that the Committee stays relevant and continues to evolve its approach for the benefit of our patients and staff	<b>The F&amp;P Committee will:</b> <ul style="list-style-type: none"> <li>Chair of committee will benchmark LTHT F&amp;P with two other Shelford Group F&amp;P Cttees</li> <li>Ensuring there is clarity and triangulation between Committees, in particular on Workforce, Quality and the new Infrastructure Committees</li> <li>Assure on the delivery of benefits from large business cases which have progressed to delivery via a formal review process</li> </ul>	<b>Completed</b>
<ul style="list-style-type: none"> <li>Ensure that the Committee gives consideration to potential for health inequalities</li> </ul>	<b>The F&amp;P Committee will:</b> <ul style="list-style-type: none"> <li>Ensure that the Committee routinely receives data which considers health inequalities perspectives and by ethnicity and deprivation, and determine which population groups might be missing from data</li> </ul>	<b>Completed</b>

In 2025/26 the FPC Chair attended three FPC at peer Trusts; The Newcastle Upon Tyne Hospitals NHS Foundation Trust, Royal Surrey NHS Foundation Trust and Sheffield Teaching Hospitals NHS Foundation Trust. Updates from observing these peers were shared with the Trust Chair, Director of Finance, Chief Operating Officer and Committee members. Similarities to LTHT, and areas where improvement could be made were noted and discussed. The learnings from these sessions will see a change to the work plan and operating rhythm of the FPC at LTHT in 2026/27.

2025/26 saw further changes to the make-up of the FPC with one new NED joining FPC and one further NED returning to the Committee. Throughout the year we have maintained the focus on the core objectives of the Committee with the Trust delivering a break-even plan at the end of the financial year whilst improving its overall performance standards for the benefit of its diverse patient and wider community base.

Following the CQC and Well-led assessments, the Committee has been focused on ensuring that there is the right balance between financial performance and the quality of care provided, prioritising critical areas for investment and improvement to drive quality patient outcomes.

In year, we undertook an effectiveness assessment of FPC which under pins the focus for the year ahead being:

- Providing continuity, in the high standard of assurance provided by the Committee
- Ensuring there is clarity and triangulation between Committees, in particular on People & Culture, Quality Assurance and Risk Committees

- An ongoing focus on Productivity and Efficiency
- Closing of loop by reviewing the status of actions from previous deep dives and ensuring when receiving data consideration is given to health inequalities perspectives and by ethnicity and deprivation, to determine which population groups might be missing from data
- Delivery of benefits - reviews of large business cases, which have progressed to delivery.

Latterly the FPC members have given additional attention to the BAF challenging where they felt it was out-dated or where additional controls are known to be in place. They have requested additional Executive ownership of the BAF going forwards. In 2026/27 the FPC will take one BAF risk per committee and deep dive into the risk to ensure it is being covered appropriately.

Following each FPC meeting, I provide a Committee Chairs report that has been revised to model triple A reporting (assure, advise, alert) to the next public Board meeting.

Proposed Objectives for the AC in 2026/27

<b>Committee Objectives 2026/27</b>	
1.	To deliver the financial plan in a way that balances patient and colleague experience as well as the needs of the wider system
2.	To deliver the stretching operational plan set for 26/27 and agreed with the Region
3.	Continue to refine and improve our approach around focussing on productivity and efficiency across the Trust
4.	Ensuring the right balance is maintained around care quality, patient experience with consideration at all times to potential for health inequalities – i.e. no patient or part of our communities left behind
5.	Ensure that we continue to evolve the FPC to ensure it is efficient, effective and empathetic, learning from other Trusts for the benefit of our patients, staff, communities and wider stakeholders.

## Appendix C – Quality Assurance Committee

During 2025/26 the Quality Assurance Committee provided assurance to Board that staffing and safety metrics were triangulated with the patient voice and complaints data in service of a safe, open & empathetic culture for our people and those using our services.

The Committee maintained a particular focus on perinatal assurance arising from the requirements following the outcome of the CQC inspection into the Maternity and Neonatal Services and the Maternity Safety Support Programme (MSSP) Immediate Improvement Plan. As a result of the governance review of the Board and Committees following the recommendations with the Well-led report, the Board took the decision to stand-up a new Committee, which would be time limited and reviewed in 12 months from establishing; the Perinatal Improvement Assurance Committee to better enable in-depth focus on service improvement. This Committee reports directly to Board and will continue until such time that the Board takes the decision to revert to business as usual, at which time perinatal service assurances will revert back to the Quality Assurance Committee.



The Committee has reviewed and refreshed membership during the year, with two new NED members, Professor Angela Graves and Dr Simon Le Clerc, joining Amanda Stainton and myself as associate NEDs. The Committee membership affords good triangulation across Board Committees. Amanda Chairs the People & Culture Committee, Angela joins me as Maternity Board Safety Champion, also joining PIAC, which was Chaired by Phil Corrigan, until her terms expired at the end of March and the succession as planned is now Chaired Simon. During the reporting period we said farewell and thank you to Phil Corrigan, who has been a highly experienced stalwart of the Quality Assurance Committee. The Committee continues to develop with rich discussion across Executive portfolios to enable strong check and challenge.

The Committee has maintained close scrutiny of HCAI during the year, with in-depth discussion of the LTHT position, national benchmarking and areas of concern. We recognised the excellent practice in the management of a measles outbreak and continue to receive frank and detailed reporting across a range of infectious diseases.

For the coming year we are re-emphasising the need to address quality and safety and the non-acceptance of 'corridor care'. With the Chief Operating Officer and Chief Nurse, Amanda and I have visited Emergency Department on both sites of the Trust, which has further informed the intelligence and knowledge of both our Committees and Board of the issues for patients and staff.

The reporting framework of Alert, Advise and Assure supports focus on the risks and mitigations described, particularly where services are operating outside of the agreed risk appetite set by the Board. This enables the Committee to clearly focus on what is needed to bring the service back to within appetite with a renewed emphasis on the BAF. We have maintained the expectation that presenters of papers understand what the committee requires and will continue to support colleagues in that endeavour

I have attended various NHSE briefings in my substantive role and continue to support local discussion of Health Inequalities. In pursuit of best practice, I am observing a two Quality Committees outside of region and have had discussions with a number of Chairs of Quality Committees.

## **Appendix D – People & Culture Committee (former Workforce Committee)**

The membership of the People & Culture Committee (PCC) has been strengthened during the latter part of the year, with up to four NEDs in attendance. There continues to be useful crossover with both the Quality Assurance and Finance & Performance Committees, meaning there is good coverage of key topics and excellent triangulation opportunities.

## The PCC set objectives for 2025/26:

Objectives	Progress
Provide assurance on refresh of the People Priorities (strategy) aligned to the Trust Strategy and delivery plan.	Ongoing in principle although this was superseded by a change in approach
Review on a regular basis the key workforce performance metrics to ensure they provide the insight required for assurance.	Completed and now replaced by the Performance Improvement Framework
Continue to ensure the appropriate quality of papers and facilitate open discussions in a psychologically safe environment for presenters, attendees and members.	Ongoing
Focus on understanding and closing the staff Health Inequality gap in the context of wider EDI six high impact actions.	Incomplete
Provide assurance on delivery against the new in-year commitment of Team – ‘Support each other to act with kindness and compassion’.	Significant work was undertaken to align this with other people focussed priorities. Limited assurance provided dependent on topic
Develop a plan to build the Committee’s knowledge and quality of discussion by ensuring understanding of the People Priorities and the strategic interdependencies with finance, quality and service delivery.	Ongoing with the change in composition of the committee
Provide assurance on the delivery of the workforce plan (WTE) for 2025/26 in the context of the restrictions placed on us by the Financial Plan and the Operational Priorities.	Completed

2025/26 has been a period of considerable change, both among the NED members and the Executive lead. I have worked with the incoming Chief People Officer to review and amend our assurance processes, including removing the Workforce Management Group and replacing it with an assurance meeting using the Performance Improvement Framework. We expect this will improve focus across the CSUs and Corporate Functions on their performance and activities related to the people priority topics, leading to continued improvement.

Accordingly, the Committee’s forward work plans have been reviewed.

Following each PCC meeting, I provide a Committee Chairs report that has been revised to model triple A reporting (assure, advise, alert) to the next public Board meeting.

**Proposed objectives for 2026/27:**

1. Continue to build the Committee’s knowledge and quality of discussion by ensuring understanding of the People Priorities and the strategic interdependencies with finance, quality and service delivery.
2. Provide oversight and assurance on the delivery against the Inclusion & Belonging improvement plan, with a particular focus on the delivery of Board members’ objectives (linking this to Health Inequalities gap).
3. Ensure improved visibility of workforce planning challenges and understanding of the interdependencies with performance and quality of care.

4. Continue to ensure the appropriate quality of papers and facilitate open discussions in a psychologically safe environment for presenters, attendees and members.

## **Appendix E – Perinatal Improvement Assurance Committee**

The Board established a new Perinatal Independent Assurance Committee (PIAC) to provide independent oversight and assurance to the Trust Board on the safety, quality and effectiveness of maternity and neonatal services, including compliance with national requirements such as the Maternity Incentive Scheme (MIS). This was established in January 2026 with Phil Corrigan as Chair, serving out her remaining term of office until the end of March. As from April I became Chair of the Committee with Gillian Taylor and Angela Greaves as fellow NEDs.

### **Key Areas of Focus and Changes During Q4**

- Transition in Chairing arrangements with a renewed focus on clarity and consistency of assurance
- Development of a structured AAA-aligned assurance approach
- Increased emphasis on triangulation across PMRT, incidents, complaints and patient experience
- Consideration of broader clinical and subject matter expert input

### **Alert**

- Substantive Director of Midwifery appointment remains outstanding, with recruitment ongoing
- Further work required to strengthen medical workforce planning
- Neonatal occupancy remains above recommended levels at times
- Variability in demonstrating learning translating into measurable improvement
- Variability in completion and timeliness of key processes

### **Advice**

- Preparation underway for MIS Year 8
- Approved capital investment in neonatal cots and equipment with implementation underway
- Strengthening governance processes for clearer assurance reporting
- Ongoing workforce mitigation and service stabilisation
- Increased triangulation across PMRT, incidents, complaints and MNVP feedback
- Development of a rolling equipment replacement register
- Recognition of forthcoming independent maternity review and staff wellbeing considerations
- Strengthening the use of quantifiable outcome measures to evidence the impact and effectiveness of improvement initiatives

#### Assurance

- Robust MBRRACE reporting and PMRT processes in place
- Established governance structures for perinatal safety oversight
- Interim strengthened senior midwifery and nursing leadership in place
- Improved midwifery workforce position
- Approved capital investment to strengthen neonatal capacity
- Ongoing patient engagement and feedback mechanisms
- Active improvement programmes in place

#### Overall Assurance

Moderate Assurance – strong processes in place, with further work required to consistently demonstrate measurable impact, completion and sustainability of improvement.

#### Priorities for 2026/27

- Embed AAA assurance approach
- Strengthen evidence of learning → impact
- Improve triangulation of data
- Ensure compliance with MIS Year 8
- Strengthen medical workforce planning
- Monitor neonatal capacity and flow
- Enhance patient voice in governance
- Embed consistent use of quantitative metrics to demonstrate effectiveness of improvement activity