

Work Plans for Committees 2026/27

(Delegation by the Board)

28 May 2026 Public Board

Presented for:	Approval
Presented by:	Antony Kildare, Chair
Author:	Jo Bray, Director of Corporate Affairs
Previous Committees:	Annually

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	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

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 limit the ability to achieve safe and effective care for our patients	Minimal	Operating within
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

Key points	
The Board work plan is provided for information in the Blue Box at item 8.9(i).	Approval
The Board are required to delegate authority to its assurance Committees to carry work out on its behalf for 2026/27.	

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 Board has a forward plan of business that was re-set and approved by the Board in November in response to the findings from the CQC Well-led report published in September 2025 (Blue Box item 8.9(i)). As part of the review of our corporate governance, we revised our assurance Committee structures, along with the review of the Committee work plans. During Q1 these were embedding, with minor amendments.

2. Proposal

The Board is required to formally delegate duties to respective Committees in keeping with defined terms of reference and forward work plans. This includes delegating oversight and assurance in year for Maternity (Perinatal) Incentive Scheme Year 8 to the Perinatal Improvement Assurance Committee and reporting to the Board. However, the final declaration prior to submission to NHSR cannot be delegated to PIAC and must be reviewed by the Trust Board.

Minor amendments may be required in year, as we further embed the developments from the corporate governance review.

3. Financial Implications

N/A

4. Risk

The work plans of the Committees aim to maintain the Boards averse risk tolerance for legal & governance and regulatory risk appetite.

5. Communication and Involvement

Committees will report annually to the Board (next May) on the delivery of their work plans to provide assurance to the Board. Each Committee Chair will provide a summary report to the next Board meeting following their respective Committee meeting.

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 invited to delegate authority to its assurance Committees to carry work out on its behalf.

10. Supporting Information

The Work plans of each Committee are set out in the appendices;

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

20 May 2026

Appendix A – Audit Committee (AC)

Audit Committee 2026/27 Work Plan (amended 30 April)

Committee Training and Development		
Date	Subject	Lead
7 May 2026	Year End Finance Process	
3 September 2026	TBC	
7 January 2027		
4 March 2027		

Work Plan 2026-2027					
Dates Agenda Item	7 May 2026	24 June 26 (EoY)	3 Sep 2026	7 Jan 2027	4 March 2027
0 Private Discussions					
0.1 External Audit	X			X	
0.1 Internal Audit			X		X
0.1 Counter Fraud				X	
1. Standing Items					
1.1 Welcome, Introductions and Apologies for Absence	X	X	X	X	X
1.2 Declarations of Interest	X	X	X	X	X
1.3 Approval of Minutes of the Previous Meeting	X		X	X	X
1.4 Matters Arising	X	X	X	X	X
1.5(i) Review of Action Tracker	X		X	X	X
1.5(ii) Items from other Board Committees/ Executives	X		X	X	X
2. Briefings					
2.1 Chair of the Audit Committee	X	X	X	X	X
3. Governance, risk management and control (i.e. the Trust's system of internal controls)					
Level 1 risk reviews					
Workforce					
Director of HR&OD:					
Supply, Deployment, Retention & performance risks	X				
Clinical					
Chief Medical Officer:					
Patient safety & outcomes				X	
Research & Innovation Development -					X
Infection Prevention and control			X		
Chief Nurse:					
Patient experience	X				X
COO:					
Capacity Planning				X	
Operational					
COO:					
Business Continuity - COO	X				

Work Plan 2026-2027					
Dates Agenda Item	7 May 2026	24 June 26 (EoY)	3 Sep 2026	7 Jan 2027	4 March 2027
Chief Medical Officer: Health & Safety					X
Chief Digital Information Officer: Information Governance, Information Security, Information Technology, cyber security					X
Director of Estates: Physical Assets					X
External Chief Executive Office: Legal, Governance and Regulatory Partnership Working Strategic Planning	X			X X	
Financial Director of Finance Counter Fraud, Financial Management & Waste Reduction, Financial Reporting, Revenue funding & Cash management, Supply Chain			X X		
Corporate Risk Management <ul style="list-style-type: none">Board Assurance FrameworkAssurance on Corporate Risk Register	X		X	X	X
Review of Policies	✕		✕		
Review of Provider Capability Assessment Submission <i>*Received at March Board</i>	✕*		X	X	X
Review of Assurance against the Maternity Incentive Scheme Evidence				X	
Review of Risk Appetite Framework	X				
4. External Audit, Internal Audit and Counter Fraud					
4.1 External Audit					
Audit Strategy Memorandum and fee proposal					X
Progress Report and Briefing	X		X	X	X
External Auditors Completion report (ISA 260)		X			
Assessment of External Audit Performance			X		
4.2 Internal Audit					
Internal Audit Strategic and Annual Plans	X				X
Internal Audit Progress Report	X		X	X	X
Critical /High rated Audit Reports – <i>to include attendance from Lead Exec Director</i>	As required				
Internal Audit Annual Report and HoIA Opinion Statement	X				
Assessment of Internal Audit Performance			X		
Internal Audit Retender Process		X		X	
4.3 Counter Fraud					
Counter Fraud Annual Report and Update	X				
Counter Fraud Progress Updates	X			X	
Counter Fraud Policy (Approval – next due Jan 2029)					
5. Corporate Governance Reports					

Work Plan 2026-2027					
Dates Agenda Item	7 May 2026	24 June 26 (EoY)	3 Sep 2026	7 Jan 2027	4 March 2027
Assurance of Board Committees – <i>Annual Reports and attendance by Chairs</i>	X				
Audit Committee Annual Report	X				
Annual Governance Statement (AGS) – CEO in attendance	X	X			
Annual Declaration of Independence by Audit Committee Members					X
Review of Annual Declaration of Independence by all Non-Executive Directors					X
Freedom to Speak Up Annual Review					X
Losses and Special Payments Report	X			X	
Code of Governance (comply or explain)					X
6. Annual Report, Annual Accounts, and Quality Account					
Review of Draft Annual Report & Quality Account – CEO in attendance	X				
Final review of Annual Accounts, Annual Report & Quality Account (recommendation for Board approval)		X			
Summary of Year end process/ timescales (Annual Report, Accounts & Quality Account)				X	
Review of Draft Accounting Policies				X	
Single Site Evaluation (recommendation for Board approval)				X	
7. Matters for the Audit Committee					
Record of Use of the Seal	X				
Review of External Visits Register					X
Standing Orders and Standing Financial Instructions Review <i>last reviewed Jan 2026</i>					X
Application of Level 6 Approval (summary report) – <i>following changes to SFI approval limits in Jan 26</i>			X		
Single Tender Actions			X		X
Self-Assessment of submission to NHS Digital – Data Security & Protection Tool Kit					X
Review Audit Committee Terms of Reference					X
Assessment of Audit Committee’s Effectiveness (Incl. Impact Assessment) Self-assessment					X
Audit Committee Work Plan and Calendar of Key Events	X	X	X	X	X
8. Final Items					
Any other business	X	X	X	X	X
Matters to be drawn to the Board's attention by the Chair of the Audit Committee	X	X	X	X	X
Reflections on Meeting Effectiveness	X	X	X	X	X
Date of next meeting	X	X	X	X	X

Version	Comments
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Version 2 30/04/026	Policies Update deferred to Sep (to reflect new process via WEB); PCA received at Board

Appendix B – Finance & Performance Committee

Finance and Performance Committee 2026/27 Work Plan (amended 20 May 2026)

Work Plan 2026-2027												
Dates Agenda Item	29 April 2026	27 May 2026	24 June 2026	29 July 2026	26 Aug 2026	23 Sep 2026	28 Oct 2026	25 Nov 2026	16 Dec 2026	27 Jan 2027	24 Feb 2027	24 March 2027
1. Standing Items												
1.2 Welcome, Introductions and Apologies for Absence	X	X	X	X	X	X	X	X	X	X	X	X
1.2 Declarations of Interest	X	X	X	X	X	X	X	X	X	X	X	X
1.3 Approval of Minutes of the Previous Meeting	X	X	X	X	X	X	X	X	X	X	X	X
1.4 Matters Arising	X	X	X	X	X	X	X	X	X	X	X	X
1.5(i) Review of Action Tracker	X	X	X	X	X	X	X	X	X	X	X	X
1.5(ii) Items from other Board Committees/ Executives	X	X	X	X	X	X	X	X	X	X	X	X
2. Briefings												
Chair of the F&P Committee	X	X	X	X	X	X	X	X	X	X	X	X
Staff Story (waste reduction/ productivity)	X	X	X	X	X	X	X	X	X	X	X	X
3. Approvals												
Major Service contract review	X						X	X				
Business Cases Approvals and Awarding of Contracts	X	X	X	X	X	X	X	X	X	X	X	X
Update on Seacroft CDC (post-RIBA Stage 4)						X (tbc)						
E-Rostering Contract Renewal						X (tbc)						
4. Finance and Capital (focus to alternate bi-monthly with performance)												
Finance Report:	X	X	X	X	X	X	X	X	X	X	X	X
- In Year Financial Position			(Blue Box)		(Blue Box)		(Blue Box)		(Blue Box)		(Blue Box)	
- Financial Risk Range Forecast												
- ICS position												
- Trust Capital and Cash												
- CSU performance												
- Finance the Leeds Way												

Work Plan 2026-2027												
Dates Agenda Item	29 April 2026	27 May 2026	24 June 2026	29 July 2026	26 Aug 2026	23 Sep 2026	28 Oct 2026	25 Nov 2026	16 Dec 2026	27 Jan 2027	24 Feb 2027	24 March 2027
- Waste Reduction Plans												
Turnaround Executive Meeting update (include quarterly summary in FFR to Board)	X	X	X (Blue Box)	X	X (Blue Box)	X	X (Blue Box)	X	X (Blue Box)	X	X (Blue Box)	X
Year ahead Financial Planning Assumptions / updates								X	X	X	X	
Year ahead Financial Plan Approval (3-year planning cycle submitted on 12/02/26)												X
5 Year Financial Strategy Refresh							X	X				
Procurement Report (assurance against strategy)							X	X				
Commercial Opportunities and Private Patients Annual Report			X					X				
Monthly Capital Programme Report (included within Finance Report)	X	X	X	X	X	X	X	X	X	X	X	X
Capital Planning Group Minutes	X	X	X	X	X	X	X	X	X	X	X	X
Fundamental Financial Review (reportable to Board)			X			X			X			X
5. Performance (focus to alternate bi-monthly with finance)												
CSAR	X	X (Blue Box)	X	X (Blue Box)	X	X (Blue Box)	X	X (Blue Box)	X	X (Blue Box)	X	X (Blue Box)
Planning Guidance Submission (3-year planning cycle submitted on 12/02/26)									X		X	
Performance Deep Dives												
- Progress vs planning guidance/trajectories	X											
- RTT & Total Waiting list size		X	X					X	X			
- ECS and Bed Occupancy				X	X					X	X	
- Cancer Standards				X	X					X	X	
- Winter Planning						X	X					
Productivity and Efficiency Model Hospital (quarterly reports on internal productivity and efficiency through theatres, outpatients, diagnostics, and length of stay programmes)	X		X	X		X	X		X	X		

Work Plan 2026-2027												
Dates	29 April 2026	27 May 2026	24 June 2026	29 July 2026	26 Aug 2026	23 Sep 2026	28 Oct 2026	25 Nov 2026	16 Dec 2026	27 Jan 2027	24 Feb 2027	24 March 2027
Agenda Item												
Neighbourhood Committee in Common/ Transformational (Left-shift) work – reporting schedule TBC												
6. Corporate Governance Reports												
Benefits Review from Investments (post-project evaluation for capital schemes)						X						X
Research and Innovation (R&I) Finance and Performance Report (CMO in attendance) (NB. Annual report due in June 2027)							X					
F&P Committee Annual Report	X (reported to Audit in May 26)											X
7. Matters for the F&P Committee												
Review F&P Committee Terms of Reference												X
Assessment of F&P Committee's Effectiveness (Incl. Impact Assessment) Self-assessment												X
Review of Committee Objectives												X
Review of finance and performance related risk – Internal Audit actions/ CRR/ BAF	X	X	X	X	X	X	X	X	X	X	X	X
F&P Committee Work Plan & Calendar of Key Events	X	X	X	X	X	X	X	X	X	X	X	X
8. Final Items												
Issues to escalate to the CRR or impact to risk appetite framework	X	X	X	X	X	X	X	X	X	X	X	X
Issues to seek legal advice	X	X	X	X	X	X	X	X	X	X	X	X
Issues to escalate to the Trusts Regulators	X	X	X	X	X	X	X	X	X	X	X	X
Issues to raise with the Board/ Other Committees	X	X	X	X	X	X	X	X	X	X	X	X
Communications	X	X	X	X	X	X	X	X	X	X	X	X
Any other business	X	X	X	X	X	X	X	X	X	X	X	X
Reflections on Meeting Effectiveness	X	X	X	X	X	X	X	X	X	X	X	X
Date of next meeting	X	X	X	X	X	X	X	X	X	X	X	X

Version	Comments
V5	F&P items included on a rotational basis and updates to performance deep dive schedule
V6	Updated following Cttee review and comment on 29 April 2026; and updates to R&I reporting on 14/05/2026 as agreed with CMO
V7	Flow of finance and performance items flipped so that finance is received at month two; Commercial Opportunities and Private Patients Annual Report now one paper (due June)

Appendix C – Quality Assurance Committee

Quality Assurance Committee 2026/27 Work Plan (22 April 2026)

Work Plan 2026-2027						
Dates Agenda Item	16 April 2026	18 June 2026	20 Aug 2026	15 Oct 2026	17 Dec 2026	18 Feb 2027
1. Standing Items						
1.1 Welcome, Introductions and Apologies for Absence	X	X	X	X	X	X
1.2 Declarations of Interest	X	X	X	X	X	X
1.3 Approval of Minutes of the Previous Meeting	X	X	X	X	X	X
1.4 Matters Arising	X	X	X	X	X	X
1.5(i) Review of Action Tracker	X	X	X	X	X	X
1.5(ii) Items from other Board Committees/ Executives	X	X	X	X	X	X
2. Briefings						
Chair of the Quality Assurance Committee	X	X	X	X	X	X
Sub-Committee Escalation	X	X	X	X	X	X
3. Regulatory and Strategy						
CQC Registration Annual Assurance	X					
Oversight of regulatory inspections and action plans	As required					
Patient Safety and Quality Strategy		X			X	
Quality Improvement Programme (including Safety Improvement Plan)			X			
Patient Safety Incidence Response Framework (PSIRF)			X			X
Public Health & Health Inequalities			X			X
Leadership Walkround Programme				X		
Leadership Walkround Programme – Schedule for Approval						X
4. Patient Safety, Clinical Effectiveness and Patient Experience						
Essential Metrics (Blue Box)	X	X	X	X	X	X
Patient Safety Events and Learning	X	X	X	X	X	X
Sepsis Improvement Plan		X	X	X	X	X
Maintaining Safety in the ED (including Corridor Care)	X	X	X	X	X	X
Mortality Review (Learning from Deaths)		X	X	X		X
Maintaining Quality during Winter	X		X	X		
Healthcare Associated Infection (HCAI) including Antimicrobial Resistance (AMR)	X		X	X	X	X
HCAI Action Plan					X	

Work Plan 2026-2027						
Dates Agenda Item	16 April 2026	18 June 2026	20 Aug 2026	15 Oct 2026	17 Dec 2026	18 Feb 2027
Nursing & Midwifery Quality & Safe Staffing Workforce Report		X (report to BoD in July)			X (report to BoD in Jan)	
Patient harm review (patients waiting for treatment)	X			X		
Patients waiting for treatment for cancer	X			X		
Quality Impact Assessments (waste reduction programme)			X			
4(i). Patient Safety, Clinical Effectiveness and Patient Experience Annual Assurance Reports						
Complaints and PALS Bi-annual Report (report to Board in January)					X	
Complaints and PALS Annual Report (report to Board in July)		X				
Mortality Annual Report (report to Board in November)				X		
Palliative Care and End of Life Annual Report					X	
Children and Young People's Annual Report		X				
Resuscitation Annual Report					X	
Falls Annual Report		X				
Dementia Annual Report		X				
Cancer Board Annual Report	X	X				
Medication Safety Officer Annual Report					X	
CD Accountable Officer's Annual Report					X	
Medical Devices Accountable Officer's Annual Report	X	X				
Safeguarding Bi-Annual Report						X (report to BoD in March)
Safeguarding Annual Report		X	X (report to BoD in Sep)			
Leeds Safeguarding Adults Board Annual Report			X			
Learning Disability and Autism Annual report		X	X			
Visitor Access Annual Report		X				
Annual Clinical Audit Programme - for approval	X					
HCAI Annual Report Includes Antimicrobial Resistance (AMR)		X				
Clinical Audit Annual Report: Including findings from Trust-wide and National Audits						
Annual Report on Incidents, Coroners and Claims				X		
5. Quality Governance						
Quality Account (Draft review)		X				
Quality Goals (as part of Quality Account)	X					
6. Corporate Governance Reports						

Work Plan 2026-2027						
Dates Agenda Item	16 April 2026	18 June 2026	20 Aug 2026	15 Oct 2026	17 Dec 2026	18 Feb 2027
Quality Assurance Committee Annual Report	X					
Quality Assurance and Safety Group Annual Report	X	X				
7. Matters for the Quality Assurance Committee						
Review Committee Terms of Reference						X
Assessment of Committee's Effectiveness (Incl. Impact Assessment) Self-assessment						X
Review of Committee Objectives						X
Review of quality related risk – Internal Audit actions/ CRR/ BAF	X	X	X	X	X	X
Committee Work Plan and Calendar of Key Events	X	X	X	X	X	X
8. Final Items						
Issues to escalate to the CRR or impact to risk appetite framework	X	X	X	X	X	X
Issues to seek legal advice	X	X	X	X	X	X
Issues to escalate to the Trusts Regulators	X	X	X	X	X	X
Issues to raise with other Board Committees	X	X	X	X	X	X
Any other business	X	X	X	X	X	X
Matters to be drawn to the Board's attention by the Chair of the Committee	X	X	X	X	X	X
Reflections on Meeting Effectiveness	X	X	X	X	X	X
Date of next meeting	X	X	X	X	X	X

Version Control	Comments
Version 3 (22/04/2026)	inclusion of Sepsis and Safety in ED as regular items (agreed at QAC on 16/04/2026) and Winter Plan brought forward to August.
Version 4 (27/04/2026)	Safeguarding and LDA annual report schedule updated to August (Report to Board in Sep Medical devices <u>not</u> blue box AMR added to HCAI updates

Appendix D – People & Culture Committee

People and Culture Committee 2026/27 Work Plan (20 May 2026)

Note review of Risk Appetite Statements approval by Board 28 May 2026 needs to factor alignment of Health & Safety reporting into Committee

Date	Training Topic	Lead
11 June 2026	TBC by Cttee/ self-assessment review	
8 October 2026		
11 February 2027		

Work Plan 2026-2027						
Dates Agenda Item	9 April 2026	11 June 2026	13 Aug 2026	8 Oct 2026	10 Dec 2026	11 Feb 2027
1. Standing Items						
1.1 Welcome, Introductions and Apologies for Absence	X	X	X	X	X	X
1.2 Declarations of Interest	X	X	X	X	X	X
1.3 Approval of Minutes of the Previous Meeting	X	X	X	X	X	X
1.4 Matters Arising	X	X	X	X	X	X
1.5(i) Review of Action Tracker	X	X	X	X	X	X
1.5(ii) Items from other Board Committees/ Executives	X	X	X	X	X	X
2. Briefings						
Chair of the People & Culture Committee	X	X	X	X	X	X
Workforce Management Group Executive Summary	X	X	X	X	X	X
Workforce Management Group Draft Minutes	X	X	X	X	X	X
Escalations from any sub-Committees	X	X	X	X	X	X
Staff Story	X	X	X	X	X	X
3. Workforce Planning						
Workforce Metrics (WTE, Agency & Bank, Vacancy, Turnover, Deployment, Sickness, Training compliance)	X	X	X	X	X	X
Annual Workforce Report (including establishment review)			X			
National Workforce Plan Annual Progress Report			X			
Update on Terms and Conditions	X		X			
4. Health and Wellbeing						
Sickness absence; performance and process	X			X		
Staff Vaccination				X	X	
Burnout & Medical absence management	X			X		
Improving the Working Lives of Doctors in Training			X			
Medical and Dental Optimisation Programme			X			
5. Equality, Diversity and Inclusion						
WRES/WDES Data	X					

Work Plan 2026-2027						
Dates Agenda Item	9 April 2026	11 June 2026	13 Aug 2026	8 Oct 2026	10 Dec 2026	11 Feb 2027
Gender Pay Gap	X					
EDI Improvement Plan	X					
6. Learning, Training and Education						
Delivery of Learning, Training and Education (LET) Strategy		X				X
GMC National Training Survey			X			
National Education and Training (NET) Strategy	X					
Mandatory Training Compliance			X			X
7. Staff Engagement						
Staff Survey Results					X	
Staff Survey Improvement Plans						X
FTSU Guardians report	X			X		
FTSU Executive assurance	X					
Employee Relations Cases Annual Report (including staff grievances)		X				
8. Compassionate and Effective Leadership						
Appraisal	X			X		
Medical revalidation			X			
Leadership, talent and succession planning			X			X
Medical and Dental Optimisation Programme			X			
AfC Job Evaluation Annual Report	X					
Oversight of Staff Networks via Executive Lead						X
9. Policies and Procedures						
Review of Disciplinary Procedures Annual Report	X					
Violence and Aggression Bi -annual Report	X			X		
Domestic Abuse and Sexual Violence Annual Report	X					
10. Corporate Governance Reports						
People & Culture Committee Annual Report	X					
Workforce Management Group Effectiveness Annual Report	X					
11. Matters for the People & Culture Committee						
Review Committee's Terms of Reference						X
Assessment of Committee's Effectiveness (Incl. Impact Assessment) Self-assessment						X
Review of Committee Objectives						X
Refresh of the People Priorities and IQPR						X
Review of Workforce related risk – Internal Audit actions/ CRR/ BAF (<i>annually and by escalation</i>)						X
People & Culture Committee Work Plan and Calendar of Key Events	X	X	X	X	X	X
12. Standing Closing Items						

Work Plan 2026-2027						
Dates Agenda Item	9 April 2026	11 June 2026	13 Aug 2026	8 Oct 2026	10 Dec 2026	11 Feb 2027
Issues to escalate to the CRR or impact to risk appetite framework	X	X	X	X	X	X
Issues to seek legal advice	X	X	X	X	X	X
Issues to escalate to the Trusts Regulators	X	X	X	X	X	X
Issues to raise with other Board Committees	X	X	X	X	X	X
Any other business	X	X	X	X	X	X
Matters to be drawn to the Board's attention by the Chair of the People & Culture Committee	X	X	X	X	X	X
Reflections on Meeting Effectiveness	X	X	X	X	X	X
Date of next meeting	X	X	X	X	X	X

Appendix E – Perinatal Improvement Assurance Committee

Perinatal Improvement Assurance Committee 2026/27 Work Plan (16 April 2026)

WORKPLAN Jan 2026 – March 2027								
Dates Agenda Item	15 Jan 2026	12 March 2026	14 May 2026	9 July 2026	10 Sep 2026	12 Nov 2026	14 Jan 2027	11 March 2027
1. Standing Items								
1.1 Welcome, Introductions and Apologies for Absence	X	X	X	X	X	X	X	X
1.2 Declarations of Interest	X	X	X	X	X	X	X	X
1.3 Approval of Minutes of the Previous Meeting	X	X	X	X	X	X	X	X
1.4 Matters Arising	X	X	X	X	X	X	X	X
1.5(i) Review of Action Tracker	X	X	X	X	X	X	X	X
1.5(ii) Items from other Board Committees/ Executives	X	X	X	X	X	X	X	X
2. Briefings								
Chair of the Committee	X	X	X	X	X	X	X	X
Perinatal Quality Assurance Group Summary	X	X	X	X	X	X	X	X
3. Regulatory and Strategy								
Perinatal Improvement Plan Progress Report	X	X	X	X	X	X	X	X
IQIG Regional Meeting Output	X	X	X	X	X	X	X	X
4. Patient Safety, and Clinical Effectiveness								
Perinatal Assurance Report: <ul style="list-style-type: none"> - Perinatal mortality dataset - MNSI and PMRT summary - Clinical quality metrics (inc national benchmark where available) - SBL CBv3 - Screening Quality - Perinatal incidents and learning (inc Coroner regulation 28) - Perinatal risks - Operational activity - Perinatal workforce (inc red flags) (for July 2026) - Perinatal training compliance (aligned with core competency framework) - Perinatal culture progress - Safety champions update (inc staff feedback) 	X	X	X	X	X	X	X	X
PMRT Quarterly report (inc MBRRACE downloaded summary reports)	X	X	X	X	X	X	X	X
Scorecard summary (to include triangulation of claims incidents and experience)	X	X	X	X	X	X	X	X
Quarterly Deep Dive Topics (DATES TBC) <ul style="list-style-type: none"> - Perinatal Mortality Review Tool - Training - Saing Babies Lives Care Bundle v3 								
Bi-Annual Midwifery Workforce Paper			X			X		
Maternity Incentive Scheme progress	X	X	X	X	X	X	X	X

WORKPLAN Jan 2026 – March 2027								
Dates Agenda Item	15 Jan 2026	12 March 2026	14 May 2026	9 July 2026	10 Sep 2026	12 Nov 2026	14 Jan 2027	11 March 2027
<i>(Final compliance to be reported to Trust Board annually in January)</i>								
Three-year maternity and neonatal delivery plan		X		X		X		X
Update on Capital Investment		X						
5. Patient and Staff Experience								
Patient Experience (inc FFT, complaints compliments and PALS)	X	X	X	X	X	X	X	X
Patient Engagement (inc MNVP) <i>To include a presentation from the MNVP Lead on the overall status for May 2026 meeting.</i>	X	X	X	X	X	X	X	X
CQC Maternity Survey	X			X	X		X	
Staff Survey (Maternity)		X		X		X		X
Staff and Student Engagement/ Experience	X	X	X	X	X	X	X	X
6. Matters for the Perinatal Improvement Assurance Committee								
Review Committee Terms of Reference <i>(recommendation to the Board on dissolution)</i>								X
Assessment of Committee's Effectiveness (Incl. Impact Assessment) Self-assessment							X	
Perinatal Improvement Assurance Committee Annual Report								X
Committee Work Plan	X	X	X	X	X	X	X	X
7. Final Items								
Issues to escalate to the CRR or impact to risk appetite framework	X	X	X	X	X	X	X	X
Issues to seek legal advice	X	X	X	X	X	X	X	X
Issues to escalate to the Trusts Regulators	X	X	X	X	X	X	X	X
Issues to raise with other Board Committees	X	X	X	X	X	X	X	X
Any other business	X	X	X	X	X	X	X	X
Matters to be drawn to the Board's attention by the Chair of the Committee	X	X	X	X	X	X	X	X
Reflections on Meeting Effectiveness	X	X	X	X	X	X	X	X
Date of next meeting	X	X	X	X	X	X	X	X