

Well-led Improvement Update

Public Board

Thursday 30 July 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	☐ YES (restricted from the FOIA) ☒ 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 Trust Board meeting, the Well-led Improvement Plan was approved to address the findings of the CQC Well-led inspection that was published in September 2025. This report sets out progress against the key actions since the Board last met on 28 May 2026.

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 the 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 one IQIG meeting held on 10 June, the July meeting has been deferred to August. The purpose of these meetings is to discuss wider aspects of the Trust accountabilities and performance, alongside monitoring progress of the Perinatal and Well-led Improvement Plans. The agenda covers; Improvement Action Plans and Progress, Perinatal Quality and Safety Assurance, Finance and Use of Resources, Performance, Organisational Governance and Leadership, Workforce, and Communication. The Advisors for the NHSE Maternity Safety Support Programme provide monthly updates at the meeting.

2. Update – Plan Status

The Well-led improvement programme contains 71 actions. 47 of the actions are marked as complete, 10 actions are on track, 1 action is off track, and 13 actions are evidenced and assured.

Status	Number	Definition
On Track	10	Work to deliver this action is underway and expected to meet target date and quality tolerances
Off Track	1	Achievement of the action has missed the scheduled target date. An exception report must be written to explain why, along with mitigating actions.
Completed	47	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.

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 31-3-26

The review phase of this action has now been completed, and the resulting outputs are currently undergoing evaluation. This assessment includes a comprehensive review of all Duty of Candour processes to ensure that the learning tool and template letters reflect best practice. Once finalised, the learning tool, including an accompanying video, will be published on the LTHT intranet. This will be completed before the next reporting cycle.

2.2 Progress since last reporting period

The actions listed below have been reported as completed since the previous reporting period. As part of the closure reporting process, the status of these actions will be reviewed and updated from 'Completed' to 'Evidenced and Assured' where supporting documentation provides the required level of assurance. Closure reports for all completed actions will be compiled and submitted ahead of the next reporting period.

3.2 - To host a dedicated session at senior leaders to engage corporate leaders and CSU tri teams to discuss the current governance systems and processes, escalation practices, and barriers within our existing structure,

3.3 - Using insight from 3.1 and 3.2 review the current resource to deliver governance across LTHT (Corporate and CSU level).

4.4 - Reset the annual review of committee effectiveness questionnaire to seek feedback on improvements made as a result of regulatory feedback so we can understand and embed changes.

4.5 - Trust Chair to complete mid-year reviews with all NEDs to re-set objectives. Appraisals will be carried out during Q1 2026/27 which will monitor progress of delivery of objectives and re-set.

4.7 - With the stability to the Board appointments during the autumn and the focus of work to progress action plans, the Board will commission an external well-led review to be undertaken in Q1 2026/27 to measure progress and support development as a Board.(commission during November/December).

7.1 - Patient Safety Specialists to undertake the PSIRF maturity self-assessment and share this matrix with WYATT Trusts to enable benchmarking and discussion through the WYATT shared learning Group.

7.11 - Expediate the use of Viva Engage, currently in trial, to provide an accessible and interactive space to share patient safety messages and learning, both internal and NHS wide, with all staff.

11.3 - Develop a supporting toolkit of resources for the Lead Champion role which includes terms of engagement that all CSU/Corporate Directorate leads must adhere to.

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.

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.

As reported at the last Trust Board meeting, accountability and ownership for elements of the Well-led Improvement Plan have been incorporated into a portfolio of thematic improvement plans overseen by the relevant Board subcommittees.

The Complaints, Inclusion and Belonging, Freedom to Speak Up, Shared Direction and Culture, and Mandatory Training improvement plans are now formally integrated into the Trust's core governance framework. These plans report directly to the relevant Board Committees, ensuring ongoing executive oversight, clear operational accountability, and robust assurance of progress and delivery.

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 developed 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:

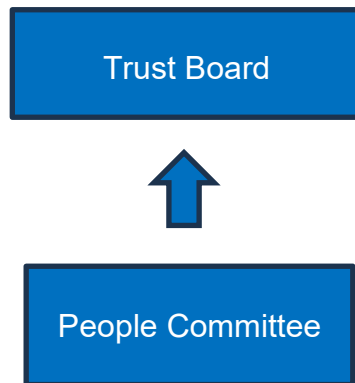


2.2.2 Mandatory Training - Regulation 18 - mandatory training compliance

All actions relating to mandatory training have now been completed, and a comprehensive Mandatory Training Improvement Plan has been developed. This plan provides a structured and sustainable approach to achieving full compliance with Regulation 18. The plan was approved by the Trust's People Committee on 11 June 2026, at which time it was

agreed that the original Well-Led actions, which form part of the wider improvement plan and are the subject of this report, could be formally closed.

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

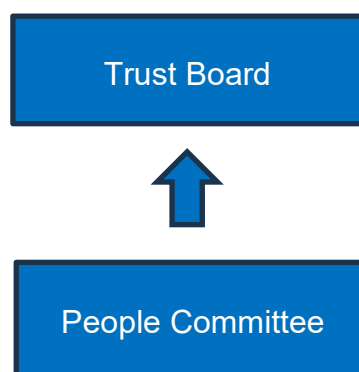


2.2.3 Compliance with CQC Quality Statement - shared direction and culture

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 was presented in May 2026 to update on improvements made in relation to this CQC quality statement.

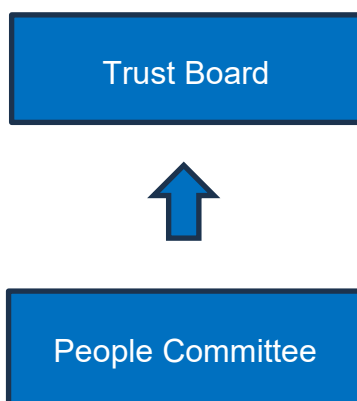
To gain effective oversight and accountability of the plan the following framework has been established to monitor delivery:



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.

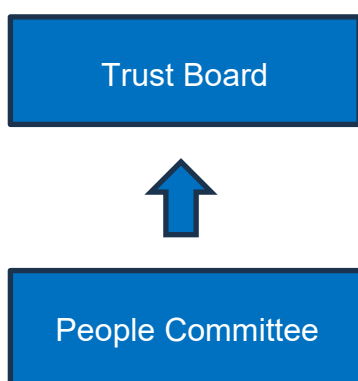
To gain effective oversight and accountability of the plan the following framework has been established to monitor delivery:



2.2.5 Compliance with CQC Quality Statement – Freedom to Speak Up

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 are monitored through the People Committee so assurance against the policy and process requirements outlined by NHSE and the National Guardians Office can be monitored.

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 commissioned an external Well-led review that has taken place during Q1. The scope of this work has been phased, with the initial work

taking place around the Board and its Committees following the implementation of the revised governance structure from 1 January 2026. This review is concluding and will be a valuable external assessment of the progress the Trust has made against the recommendations from the CQC findings. The final report will be shared within the September public Board meeting. The second phase of the review has been scoped and will commence in September, October and November and will review governance beyond the Board and our Committees looking at our Corporate and Clinical Service Units (CSUs) and include the role of the Corporate Teams in support of CSUs.

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 outside 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 documented 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 its 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

Trust Board is asked to receive the update and assurances provided on progress regarding implementation of the Well-Led Improvement Plan.

10. Supporting Information

The following papers make up this report:

8.3 Appendix 1 – LTHT Improvement Plan

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Programme Manager

20 July 2026