

Provider Licence

**Public Board
26 March 2026**

Presented for:	Position Statement, Assurance
Presented by:	Jo Bray, Director of Corporate Affairs
Author:	Jo Bray, Director of Corporate Affairs
Previous Committees:	

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				
Operational Risk				
Clinical Risk				
Financial Risk				
External Risk	✓	Legal & Governance Risk - We will operate the Trust in compliance with the Law and UK Corporate Governance Code, where applicable.	Averse	Move towards

Key points	
1. The report sets out the requirements by NHS England of the Provider Licence and provides summary statements of assurance for compliance against each requirement. The Trust remains in breach of G6 of the Provider Licence: Registration with the Care Quality Commission.	Position Statement, Assurance

1. Summary and Background

The Trust is required to comply with the requirements of NHS England Provider Licence. On the 7 October 2025, NHS England (NHSE) took regulatory action and issued the Trust with an Enforcement Notice which stated; *'The Licensee (the Trust) submitted to NHS England as part of a recovery plan setting out the steps it will take to achieve quality standards overseen by the CQC and to ensure good standards of corporate governance'*.

The Trust is in breach of G6 of the Provider Licence: Registration with the Care Quality Commission.

The Care Quality Commission (CQC) conducted unannounced inspections of Maternity Services on 9 to 11 December 2024 and of Neonatal Services 14 to 16 January 2025.

The Trust received a Warning Notice under Section 29A of the Health and Social Care Act 2008 (maternity staffing), on 14 February 2025, the Trust responded setting out the actions that will be taken, advising the CQC and the NHS England Quality Improvement Group that Birthrate Plus will be achieved in December 2025.

Following the publication of the final inspection report on 20 June 2025 the Trust received notification of breaches in the following regulations: Regulation 12 Safe care and Treatment. Regulation 15 Premises and Equipment, Regulation 17 Good Governance and Regulation 18 Staffing.

The CQC Well-led inspection was carried out at Leeds Teaching Hospitals NHS Trust during 17-19 June 2025 with the report published on 24 September 2025, where the Trust was downgraded to 'requires improvement'. As a result, the Trust is required to develop a report on improvement actions it will take to meet Health and Social Care Act 2008, its associated regulations in relation to the Well-led CQC inspection report.

NHS England as the regulator, facilitates monthly Integrated Quality Improvement Group (IQIG) meetings with the Trust, with attendance of the CQC and other key stakeholders. The purpose of these meetings is to hold the Trust to account for delivery of improvement of the action plans to respond to recommendations and breaches in keeping with overall oversight and accountability.

Within the yearend governance processes, the Trust will state its compliance or breaches against the Provider Licence, hence its important for the Board to review the summary statements of assurance for compliance against each requirement.

2. Financial Implications

N/A

3. Risk

The breaches to the Provider Licence and ongoing work to mitigate are defined within the Corporate Risk Register.

4. Communication and Involvement

The requirements for inclusion within the Annual Report will be published through the normal process and timescale. This report is a public Board report thus available for all.

5. Equality Analysis

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

6. 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.

7. Publication Under Freedom of Information Act

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

8. Recommendation

The Board are reminded of the requirements of the Provider Licence and receive compliance against each requirement, and note the Trust remains in breach of G6 of the Provider Licence: Registration with the Care Quality Commission.

9. Supporting Information

The Appendix A below sets out the requirements by NHS England of the Provider Licence and provides a summary of compliance against the requirements.

Jo Bray

Director of Corporate Affairs

18 March 2026

Appendix A - Provider Licence Self-Certification

The NHS Provider Licence was extended from NHS Foundation Trusts to all NHS Trusts in 2023 and was approved by Trust Board in May 2024. The Provider Licence self-certification is reviewed and approved annually to provide assurance that the Trust complies with the terms of the licence. The self-certification is presented at Public Trust Board in May each year.

The Trust's position against each of the conditions is outlined below.

Condition	Provision	Lead	Comments
Section 1 – Integrated Care			
IC1: Provision of Integrated Care	1. Requires licensee to act in the interests of people who use health care services by ensuring its provision is: i) Integrated with the provision of services by others, ii) Integrated with the provision of health-related services or social care services by others, iii) Enables cooperation with other providers of health care services for the purposes of the NHS, 2. The objectives are: c) Improving the quality of health care services provided for the purposes of the NHS or the efficiency of their provision, c) Reducing inequalities between persons with respect to their ability to access those services, and c) Reducing inequalities between persons with respect to the outcome achieved for them by the provision of those services 3. The licensee shall have regard to guidance as may be issued by NHS England from time to time for the purposes of paragraphs 1 and 2.	Chief Operating Officer	The Trust actively works with partners through formal and informal mechanisms to develop integrated care. There are well-established place-based governance systems which support collaborative and integrated working, and decision making between all providers. The Trust is part of the Leeds Provider Partnership (LPP) which focusses on finance, governance, OD, PMO and communications, working to develop and deliver capacity and capability workstreams. Monthly Executive level meetings take place with system partners to ensure oversight and visibility of activity being delivered through the LPP and other partnership models of care. The Trust is involved in projects aimed at developing new ways of working and new models of care through partnership working with other local stakeholders. Some examples include: • The Homefirst Programme which brings partners together to improve discharge pathways for patients identified as having no criteria to reside in a hospital environment, but who require support for discharge.

	4. Nothing in this licence condition requires the licensee to take action or share information with other providers of health care services for the purposes of the NHS if the action or disclosure of the information would materially prejudice its commercial or charitable interests.		• The Trust is working with Place partners in the development of the Neighborhood Healthcare model. • Development of the West Yorkshire Endoscopy Training Academy, delivering endoscopy training and development on behalf of all West Yorkshire NHS Trusts. • The Opening of the Community Diagnostic Centers (CDC) provides diagnostic services in the community and improved access for patients to get tests closer to home. • The opening of the Integrated Transfer of Care Hub has had a positive impact on joint working. The hub is the home of a multi-disciplinary team working together to help discharge our patients who require additional support once they leave hospital. • The Virtual Ward, has helped patients who would otherwise be in hospital to receive acute care in their home and is aimed at patients requiring support from elderly, medicine and cardiorespiratory services as well as the home monitoring ward which is delivered remotely. This is supported by a multidisciplinary team who work closely with local GPs to ensure seamless care. • Integrated community teams – social care, mental health and Voluntary, Community and Social Enterprise (VCSE). • The development of a Patient Council and patient groups to engage populations, work with them to listen to their feedback, building trust and embedding patient voices into decision-making on how we shape and deliver our services. • Continued use of Language Line, which allows easy telephonic access to translation services
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		and supplements our face-to-face translation services. • Monitoring of system working takes place via several forums and includes: ○ Partnership Leadership Team ○ Home First Board, jointly chaired by the COO (Acute Trust) and Deputy Director of Adult Social Care (monthly) • LYPMHT system group to collectively understand the mental health attendance at hospital and the wider system support required to support the joint capital bid to create a mental health SDEC • The Trust has a Quality Impact Assessment process and Equality Impact Assessment Process to help us ensure any service changes or the development of new services take account of the needs of our local population. The Trust is working closely with Providers to ensure that service models are integrated and pathways of care address health inequalities and support care closer to home. The Trust works with other West Yorkshire Acute Trusts and is a member of the West Yorkshire Association of Acute Trusts (WYAAT), which focusses on bringing local hospitals together to work in partnership and to provide mutual aid where possible to support recovery. Examples of shared programmes across WYAAT include endoscopy training, pathology, vascular services and procurement. Trust Directors chair key WYAAT groups and the Trust endorsed the WYAAT Service Review in September 2025, which sets out a five-year plan for the six West Yorkshire Trusts to address Fit for the Future priorities and population health needs.
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IC2: Personalised Care and Patient Choice	1. The licensee shall support the implementation and delivery of personalised care by complying with legislation and having due regard to guidance on personalised care. 2. The licensee must ensure people who use their services are offered information, choice and control to manage their own health and well-being to best meet their circumstances, needs and preferences, working in partnership with other services where required. 3. The licensee shall ensure that at every point where that person has a choice of provider under the NHS constitution or a choice of provider conferred locally by Commissioners, the person is notified of that choice and told where information about that choice can be found. 4. Information and advice about patient choice made available by the licensee shall not be misleading. 5. Information and advice about patient choice made available by the licensee shall not unduly favour one provider over another and shall be presented in a manner that as far as reasonable practicable, assists patients in making well informed choices between providers of treatments or other health care services. 6. The licensee shall not offer or give gifts, benefits in kind or pecuniary or other advantages to clinicians, other health professionals, Commissioners or their administrative or other staff as inducements to refer patients or commission services.	Chief Operating Officer	The Trust actively supports personalised care in line with legislation and strives to adhere to guidance on personalised care. This commitment is reflected in the West Yorkshire Association of Acute Trusts Elective Care Access Policy, aligned with NHS guidelines and best practices. The Trust aim to ensure that patients are informed and empowered to manage their health through detailed information leaflets, provided by specialty teams, which explain available choices and control mechanisms. The Trust has implemented processes to ensure any reasonable adjustments required by patients are flagged on their record to ensure care is personalised to their requirements. During primary care consultations, patients should be informed of their provider choices, as mandated. Our referral process allows patients to change providers. Patient choice information is carefully reviewed to ensure accuracy and non-bias, complying with NHS standards. Our procedures for selecting additional independent sector capacity are transparent and equitable, overseen by the Trust's provider to provider contracting team to prevent undue favouritism. The Trust adheres to the prohibition of offering or accepting inappropriate incentives to or from healthcare professionals. The Trust offers patients alternatives for quicker care where available. The Trust has adhered to national initiatives where patients have been contacted to ask if they would like to be considered for mutual aid and will continue to implement to future cohorts.
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			Commissioners monitor the Trust's compliance with the legal right of choice as part of contract monitoring in line with NHS Standard Contract requirements. The Trust has a Standards of Business Conduct policy in place which covers gifts, benefits in kind and declarations of interest. The policy is regularly reviewed and updated in accordance with the Trust's Management of Policies, Procedures. The Register of conflicts is cited on the public website – for all staff and for Board.
Section 2 – Trusts Working in Systems			
WS1: Cooperation	The licensee shall carry out its legal duties to cooperate with NHS bodies and local authorities. The licensee shall consistently co-operate with other providers of NHS services and other NHS bodies and any relevant Local Authority in England. The licensee shall have regard to such guidance concerning co-operation as may be issued by the Secretary of State for Health and Social Care or NHS England. For the purposes of this condition, cooperation is considered synonymous to collaboration.	Director of Transformation (Partnerships and Strategy)	LTHT is an active member of the West Yorkshire Integrated Care System. The Trust aligns directly to and provides services within the Leeds Place is a part of the Leeds Health and Care Partnership. The Trust has worked closely with ICB colleagues and Place providers in developing the shadow provider partnership arrangements for 2026/27, which will operate in full form from April 2027, including commissioning lead provider arrangements. The Trust works with other West Yorkshire Acute Trusts and is a member of the West Yorkshire Association of Acute Trusts (WYAAT), which focuses on bringing local hospitals together to work in partnership. LTHT works in closely with Leeds Community Healthcare NHS Trust and Leeds and York Partnership NHS Foundation Trust and the wider Leeds Integrated Care Partnership, including the local authority, primary care and voluntary sector, to develop collaborative arrangements and transformation programmes to benefit patients across the Leeds system.

			The Trust is a member of many other established alliances and collaboratives across the Leeds Place, including Leeds Integrated Care Board, Leeds academic Health partnership, and Leeds Anchors Network. The Trust is also a member of the Leeds Health and Wellbeing Board. The Trust is also part of Voluntary, Community and Social Enterprise collaborations for service provision, for example Leeds Cares and other third sector partners. The Trust is committed to continuing to work with Partners across its Place to ensure the Provider Partnership enhances and integrates with the work being carried out through the above arrangements. The Trust welcomes opportunities to be part of new and emerging alliances, collaboratives, and partnerships to make further improvements to the health and wellbeing of our population.
WS2: The Triple Aim	The licensee shall comply with its duty relating to the triple aim (section 26A of the 2006 Act) and to any guidance published by NHS England under section 13NB of the 2006 Act. The Triple Aim refers to the achieving of: c) Better health and wellbeing of the people of England. c) Better quality of health care services for the purposes of the NHS. c) More sustainable and efficient use of resources by NHS bodies.	Chief Executive/All	When making decisions in the exercise of its functions, the Trust considers its duty relating to triple aim. The Trust has an established Quality and Health Equity and Health Inequalities Impact Assessment process in place. The Trust has access to Pace level population health data that helps to inform it to understand the population it serves and in particular those groups of people the Trust may not be reaching. The population data is used to support pathway re-design and the location of new services. It has been used in developing lung screening services, for example. The Trust's Integrated Performance Report is being developed to include a suite of key health equity metrics focussed on identifying disparity in access and outcomes through the Core20+5 lens with associated actions focussed on improving equity. Analysis on how the Trust

			is addressing health equity also features in the Trust's Annual Plan. The Trust has a Health Inequalities Steering Group in place, which reports to the Tier 1 Quality Assurance Committee, and its 'MY Community Promise' approach to being a positive anchor institution contains pledges relating to improving health inequalities in local communities. As outlined in WS1, the Trust is an active member of many alliances and partnerships and is committed to its duties relating to the triple aim. The Trust is seeking to deliver productivity gains to ensure that use of resources enables the maximum benefit for our population from the resources available. This is overseen by the Finance and Performance Committee which reports into the Trust Board. The Trust supports an extensive research portfolio aimed at delivering improved treatments, more efficient use of resources and improving outcomes.
WS3: Digital Transformation	The licensee shall comply with: 1. Information standards published under section 250 of the 2012 Act, 2. Required levels of digital maturity as set out in guidance published by NHS England from time to time, where they pertain to one or more of the requirements set out in conditions WS1 and WS2.	Chief Digital Information Officer	New and revised information standards go through a standard operating procedure at the Trust to assess the scale of change required. Based on this analysis amendments are either dealt with as business as usual, task and finish groups or in exceptional situations as full projects. Levels of digital maturity are not currently specified in as structured a way as information standards. LTHT contributes fully to the NHSE Digital Maturity Assessment. A minimum level of digital maturity would be that all core systems are fully supported, at the time of writing the Meds Management, Enterprise Imaging and PAS systems are end-of-life and procurements are

			running to replace all three. There is a corporate risk that outlines the issues associated to legacy estate and lack of resource to mitigate the risks to systems.
Section 3 – General Conditions			
G1: Provision of Information	The licensee shall provide NHS England with such information, documents and reports as required for any of the purposes set out in section 96(2) of the 2012 Act. Information shall be provided in such form, place and times as required by NHS England and take reasonable steps to ensure the information is accurate, complete and not misleading and is a true copy of the document requested. This condition shall not require the licensee to provide any information which it could not be compelled to produce or give in evidence in civil proceedings before a court because of legal professional privilege.	Director of Finance, Chief Operating Officer, Chief People Officer, Director of Corporate Affairs	The Trust is obliged to provide NHS England with any information it requires and has systems in place to identify and respond to routine and ad-hoc requests. The Trust has an open and transparent culture with NHS England and our regulators. Examples include the annual operating plan submission, performance, workforce, and finance monitoring. In addition to the progress and assurance reporting of Improvement Plans relating to Perinatal and Well-led following CQC Inspections The Trust takes steps to validate data to ensure it is accurate, complete, and not misleading. As part of the National Oversight Framework, the Trust has an open book policy with NHS England. The Trust also completed and submitted the Provider Capability Self-Assessment template to NHS England in October 2025, with a self-assessment of red rating, which was approved by Trust Board and confirmed by NHS England in February. The Trust has attended the Mid-Year reviews and hosted visits by NHSE regional team members.
G2: Publication of Information	The licensee shall comply with any instruction by NHS England, issued for any purposes set out in section 96(2) of the 2012 Act, to publish information about the health care services it provides for the purposes of the NHS.	Director of Communications	The Trust is obliged to adhere to instructions by NHS England to publish information about the healthcare services it provides.

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			The Trust has systems in place to respond to such requests and where possible strives to go beyond what is required. The Trust publishes key information on the Trust website including the Trust's annual report and accounts, and Trust strategies. The Trust undertakes media and campaign work.
G3: Fit and proper persons	The licensee must ensure that they do not allow unfit persons to become or continue as directors if that person is not fit and proper.	Director of Corporate Affairs	The Care Quality Commission (CQC) published the fit and proper person (FPP) requirements to take effect from 1 October 2014. A revised FPP framework was published in 2023 by NHS England, following the KARK review. The Trust implemented the revised fit and proper persons framework and as part of this revised its FPP scope, updated its FPP policy. The Trust completes the annual FPP tests for all individuals within scope as per the revised framework with an assurance report to March Board each year. Fit and proper person (FPP) tests are conducted prior to appointment for relevant posts and annual tests are completed thereafter. The Trust submits an annual submission to the NHSE Regional Director. Internal audit reviews the Trust's FPP processes and checks every three years. The most recent internal audit was in 2023 with good compliance. This was also commended within the CQC Well-led report published in September 2025. For any joint posts the checks are completed by the employing/host organisation and a joint appointment letter would be provided to the other organisation.

			The Trust has also extended the FPP scope further to include formal deputies and nominated senior staff who can influence the Board or a Committee as authors of reports, this is also included within the annual report to March Board.
G4: NHS England Guidance	The licensee shall at all times have regard to guidance issued by NHS England for any purposes set out in section 96(2) of the 2012 Act. In any case where the licensee decides not to follow the guidance referred to above, the licensee shall inform NHS England of the reasons for that decision.	Chief Executive/All	The Trust responds to guidance issued by NHS England. Each Executive Director has a responsibility to review guidance relating to their areas of responsibility and bring any matter to the attention of the other Executives and as necessary the Trust Board. Appropriate guidance issued by NHS England is reflected in Trust policies and procedures, where appropriate. All Trust wide policies have a lead Executive Director and require approval by a lead Executive Director. Any new policies or policies which have received moderate to major change are considered at the Executive Director Team Meeting.
G5: Systems for compliance with licence conditions and related obligations	The licensee shall take all reasonable precautions against the risk of failure to comply with the conditions of this licence, requirements imposed on it under the NHS Acts and to have due regard to the NHS Constitution in providing health care services for the purposes of the NHS. The steps the licensee must take pursuant to that paragraph shall include: b) The establishment and implementation of processes and systems to identify risks and guard against their occurrence, and b) Regular review of whether those processes and systems have been implemented and of their effectiveness	Director of Corporate Affairs	The Board will review the Provider License and complete self-certification annually. The Board Assurance Framework provides assurance regarding risk to the delivery of the Trust's strategic objectives including the controls in place, assurance received and any gaps in controls or assurance. This is reviewed as a standing agenda item at each Board timeout session, to consider amendments following strategic discussions, along with formal review twice a year in public Board and is received by assurance Committees. This is audited annually by Internal Audit and in the most recent audit in 2026 provided significant assurance.

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			The Trust's Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation set out how the Trust meets the requirements of the extant NHS Acts referenced in the Licence. These are reviewed annually and were last approved by Trust Board in January 2026 (minor amends to SFI's March 2026). The Trust has clear governance arrangements in place via Trust Board and assurance Committees. The Trust has a Risk Management policy in place for managing risk across the Trust and this was last reviewed in 2025. The Risk Management Committee meets monthly with a planned rotation for CSUs and Corporate functions attending, or by escalation of issues as required. The Corporate Risk Register is received by the Board and Assurance Committees, with the inclusion of risks over a score of 15 (using 5x5 metrics). This was reviewed within the CQC Well-led with feedback received and actions included within the Well-led Improvement Plan. Independent assurance is provided as and when required by the Trust's internal and external auditors. The internal and external audit programmes are approved annually by the Executive Team and the Audit Committee. The Trust's Annual Governance Statement is reviewed by the Audit Committee with the attendance of the Chief Executive at the May meeting and audited by external audit within the yearend processes.
G6: Registration with the Care Quality Commission	The licensee shall at all times be registered with the Care Quality Commission (CQC) in order to be able to lawfully provide healthcare services for the purposes of the NHS.	Chief Nursing Officer, Chief Medical Officer	The Trust is registered with the CQC. The Trust complies with CQC requests or visits.

	The licensee shall notify NHS England within 7 days if their registration is cancelled, providing an explanation of the reasons for cancellation.		Following the CQC Inspections into Maternity and Neonatal Services, along with a Well-led review which identified breaches and numerous recommendations, Improvement Plans have been developed and progressed with assurance to LTHT Board and NHS England via IQIG and CQC regulatory and engagement meetings. The Chief Executive leads a weekly Executive meeting – Improvement Steering Group for grip and control on progress and updates on assurance to Board.
	Additional Context – CQC Maternity & Neonatal Services		<i>The Care Quality Commission (CQC) conducted unannounced inspections of Maternity Services on 9 to 11 December 2024 and of Neonatal Services 14 to 16 January 2025.</i> <i>The Trust received a Warning Notice under Section 29A of the Health and Social Care Act 2008 (maternity staffing), on 14 February 2025, the Trust responded setting out the actions that will be taken, advising the CQC and the NHS England Quality Improvement Group that Birthrate Plus will be achieved in December 2025. Following the publication of the final inspection report on 20 June 2025 the Trust received notification of breaches in the following regulations:</i> <i>Regulation 12 Safe care and Treatment</i> <i>Regulation 15 Premises and Equipment</i> <i>Regulation 17 Good Governance</i> <i>Regulation 18 Staffing</i> <i>The Trust has established a new assurance Committee of the Board the Perinatal Improvement Assurance Committee for governance and assurance to Board.</i>
	Additional Context – CQC Well-led		<i>The CQC Well-led inspection was carried out at Leeds Teaching Hospitals NHS Trust during 17-19 June 2025 with the report published on 24 September 2025, where</i>

			<i>the Trust was downgraded to 'requires improvement'. As a result, the Trust is required to develop a report on improvement actions it will take to meet Health and Social Care Act 2008, its associated regulations in relation to the Well-led CQC inspection report.</i> <i>On the 7 October 2025, NHS England (NHSE) took regulatory action and issued the Trust with an Enforcement Notice which stated; 'The Licensee (the Trust) submitted to NHS England as part of a recovery plan setting out the steps it will take to achieve quality standards overseen by the CQC and to ensure good standards of corporate governance'.</i>
G7: Patient eligibility and selection criteria	The licensee shall set transparent eligibility and selection criteria for patients and apply these in a transparent way to persons who, having a choice of persons from whom to receive health care services for the purposes of the NHS, choose to receive them from the licensee. The licensee shall publish those criteria in such a manner as will make them readily accessible by any persons who could reasonably be regarded as likely to have an interest in them.	Chief Operating Officer	The West Yorkshire Association of Acute Trusts Elective Care Access Policy, which is publicly available on the Trust's website, sets clear, transparent eligibility and selection criteria. The policy is regularly reviewed and updated in accordance with the Trust's Management of Policies, Procedures and Other Written Control Documents policy. The policy adheres to NHS England guidance and best practice ensuring equitable and fair patient selection. The Trust also ensures our patient selection criteria aligns with West Yorkshire Integrated Care Board (WYICB) commissioning policies, which are informed by the standards set by National Institute for Health and Care Excellence (NICE), ensuring consistency and fairness in patient selection. In addition, the Trust is part of the West Yorkshire Association of Acute Trusts (WYAAT), supporting a collective approach and consistent delivery amongst providers.
G8: Application of section 6 (Continuity of Service)	Sets out the conditions under which a service will be designated as a Commissioner Requested Service.	Chief Executive	The Trust delivers appropriate 'Acute Services', as stipulated and defined by NHS England.

Section 4 – Trust Conditions			
NHS1: Information to update the register	This condition applies to Foundation Trusts only.	N/A	Not applicable – this applies to Foundation Trusts only.
NHS2: Governance arrangements	The licensee shall apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a provider of health care services to the NHS including effective board and committee structures, clear responsibilities for its board and reporting lines and accountabilities throughout its organisation.	Director of Corporate Affairs	The Trust has corporate governance processes in place, which were inspected during the CQC Well-led review in June 2025. Following the appointment of a new Chair, Chief Executive and the publication of the Well-led report in September 2025, a fundamental review of the Board and its assurance Committees was carried out and approved at the November 2025 Board meeting which implemented a new assurance Committee structure from January. Changes to the Board were made from the autumn. The Trust Board has commissioned NHS Providers to carry out an external Well-led review in Q1 2026 to ‘test out’ the effectiveness of the Board and Committee structures, with clear terms of reference and workplans in place for each Committee. The Trust has reported progress of actions relating to the CQC Well-led review and the establishment of the new Committee of the Board – the Perinatal Improvement Assurance Committee (PIAC). Oversight via IQIG, Chaired by NHSE Regional Director which commenced in the autumn as an accountability meeting held by NHS England as the regulator, along with other regulars in attendance. Executive Directors accountabilities have been reviewed and are currently being set out on the intranet for all staff to see, arrangements for reporting lines and ward to Board/Board to ward view. Executive and Non-Executive Directors are appropriately qualified and sufficient in number to ensure compliance

			with this condition. Qualifications are checked when Directors are recruited, and any professional registrations are checked as part of annual fit and proper person tests. A wide range of documents and processes are in place including Corporate Strategy (which is currently being reviewed), supported by several enabling strategies e.g. digital, green plan etc. Operational Plans, Financial Controls and Financial Turnaround Board, Integrated Performance Reporting and review at Committee and Board; F&P Committee, P&C Committee, appraisals and revalidation for staff; Standing Orders, Standing Financial Instructions, Scheme of Reservation and Delegation in place and up to date; Internal and External auditors; counter fraud arrangements.
Section 5 – NHS Controlled Providers Conditions			
CP1: Governance arrangements for NHS-controlled providers	This condition applies to NHS-controlled providers only.	N/A	Not applicable – this applies to NHS-controlled providers.
Section 6 – Continuity of Services			
CoS1: Continuing provision of Commissioner Requested Services (CRS)	Prevents the licensee from ceasing to provide CRS or from changing the way in which they provide CRS without the agreement of relevant commissioners.	Chief Executive	The Trust is fully aware that it shall not cease to provide or materially alter any Commissioner Requested Services, other than in accordance with this condition. As stipulated by NHS England, this is ‘Acute Services’. The Trust works with the ICB on all service improvements.
Cos2: Restriction of the disposal of assets	The licensee shall establish, maintain and keep an up-to-date asset register.	Director of Finance	The Trust has an asset register in place which includes all capitalised assets. The register is updated and reconciled to the finance ledger on a monthly basis.

	The asset register should list every relevant asset used by the licensee for the provision of Commissioner Requested Services (CRS) should be established, maintained and kept up to date. The licensee should gain NHS England's consent in writing before disposing of assets, unless NHS England has issued general consent for the purposes of this condition, or where the licensee is required by the CQC to dispose of a relevant asset.		The Trust is not aware of any circumstances that have required NHS England consent, however, is aware of the condition that the Trust would require NHS England consent to the disposal of any relevant assets that would impact on its ability to provide 'Commissioner Requested Services'.
CoS3: Standards of corporate governance, financial management and quality governance	The licensee shall at all times adopt and apply systems and standards of corporate governance, quality governance and financial management which would reasonably be regarded as appropriate for a provider of NHS services and provide reasonable safeguards against the risk of being unable to carry on as a going concern or unable to deliver services due to quality stress.	Director of Corporate Affairs, Chief Nursing Officer, and Director of Finance	The Trust has sound financial governance processes in place and reviews of these arrangements are a core part of the internal audit annual work programme, along with the yearend processes. Assurance is reported to Board through the Quality Assurance, Perinatal Improvement Assurance Committee and Finance & Performance Committees. The most recent core financials (grip and control assessment) by internal audit took place in 2025, reporting early January 2026 and provided detailed recommendations which are being oversee by the Executive Turnaround Board. The CQC carried out a Well-led review in June 2025, with the report published in September 2025. Changes to corporate governance have been made to the Board and its assurance Committees. The Board has commissioned an external Well-led review by NHS Providers in Q1 2026 to assess progress against the Well-led Improvement Plan. The internal audit plan is agreed by the Executive, Audit Committee and Board. A high-level summary of all internal audit reports are reviewed by the Committee, and those with limited assurance are reported in full, with the respective Executive required to attend the

			Committee to provide further context and outline the action plan to address any weaknesses.
CoS4: Undertaking from the ultimate controller	The licensee shall put a legally enforceable agreement in place to stop the ultimate controller from taking action that would cause the licensee to breach its licensing conditions.	N/A	Not applicable to the Trust.
CoS5: Risk pool levy	The licensee shall pay to NHS England any sums required to be paid in consequence of any requirement imposed on providers under section 135(2) of the 2012 Act, including sums payable by way of levy imposed under section 139(1) and interest payable under section 143(10).	Director of Finance	To our knowledge, this condition has not been enacted by NHS England and there is no risk pool levy in place. If it was, this would create a significant cost pressure on the Trust.
CoS6: Cooperation in the event of financial or quality stress	Applies when NHS England has given notice in writing to the licensee that it is concerned about: 1. The ability of the licensee to continue to provide commissioner requested services due to quality stress, 2. The ability of a hard to replace provider being able to continue to provide its NHS commissioned services due to quality stress, 3. The ability of the licensee to carry on as a going concern. In such circumstances this condition obliges the licensee to co-operate with NHS England.	Chief Executive and Director of Finance	The Trust is aware that in such circumstances, the Trust would need to cooperate with NHS England, or such persons as NHS England direct, including providing information, allowing such persons to enter Licensee premises and co-operate with such persons assisting in the Trust's affairs, business and property. As part of the current IQIG meetings, the Trust has shared information to provide wider assurance across quality and finance. Alongside this the Trust DoF has regular informal discussions with the Regional NHSE DoF. The Trust also completed and submitted the Provider Capability Self-Assessment template to NHS England in October 2025. The Trust has robust and effective quality governance arrangements in place which includes a tier 1 Quality Committee with sub-committees, quality seminars, clinical audit programme, the Patient Safety Incident Response Framework (PSIRF), a quality strategy, Patient Safety Incident Investigation processes and a full time Freedom to Speak Up Guardian.

			In preparing the 2025/26 financial statements as part of the Trust's annual reports and accounts, the Trust Board considered the organisation to be a going concern for at least the next 12 months. As well as the 3- year plan the Trust has also developed a 5-year medium term financial plan and narrative. This was submitted to NHSE in Spring 2026. Development of the plan included engagement with stakeholders internally and externally to ensure plans aligned to those across Place. Board engagement was central to the planning approval, and the Board Assurance statements have been reviewed in detail through the board approval process.
CoS7: Availability of resources	The licensee shall at all times act in a manner calculated to secure that it has, or has access to, the required resources. The licensee shall not enter into any agreement or undertake any activity which creates a material risk that the required resources will not be available to the licensee.	Chief Executive and Director of Finance	The Trust has processes and systems in place, which seek to ensure it has the resources necessary to deliver its services. The Trust undertakes contract discussions and undertakes early identification of Waste Reduction Plan schemes supported by appropriate Quality Impact Assessments. The current operating environment is extremely challenging, which has a natural impact on the availability of resources. The Trust seeks to take all appropriate action to ensure the availability of resources, but there may be circumstances outside the Trust's control which require external partner support.
Section 7 – Costing Conditions			
C1: Submission of costing information	The licensee shall: b) Obtain, record and maintain sufficient information about the costs which it expends in the course of providing services for the purposes of the NHS and other relevant information.	Director of Finance	The Trust produces monthly service line reporting and patient level costing. This is produced using a costing system provided by IQVIA which creates a patient level information costing (PLICS) dashboard that is available to all Clinical Service Units. This dashboard is complemented by a range of in-house created tools

	b) Establish, maintain and apply such systems and methods for the obtaining, recording and maintaining of such information about those costs and other relevant information, as are necessary to enable it to comply with the following paragraphs of this condition. The licensee should record the cost and other relevant information consistent with the guidance in NHS England's approved costing guidance.		including our 'PLICS Opportunity Scoper'. This is also refreshed and shared monthly and provides greater insights into the clinical information that drive cost. The Trust is highly regarded in how it has grown and evolved its clinical engagement in the use of its outputs to improve patient services and waste reduction identification, with the Team winning two consecutive national Healthcare Financial Management Association (HFMA) awards in 2024 and 2025. This continuous use of the outputs also underpins our on-going, maintenance, validation and quality assurance processes. The Trust also performs well in the nationally mandated National Costing Collection (NCC) submission, with the team often being called upon to support NHSE with the on-going evolution of this process.
C2: Provision of costing and costing related information	The licensee shall submit the mandated information required as per condition C1 consistent with the approved costing guidance in the form, manner, and the timetable as prescribed. The licensee shall take reasonable steps to ensure that information is accurate, complete and not misleading and that documents are a true copy of any document requested.	Director of Finance	The NCC submission is created each year in accordance with NHSE guidance. The outputs are validated prior to submission using bespoke and other available tools. A Board assurance paper is written ahead of this process taking place each year that sets out the process and timetable for successful delivery. A detailed report is provided to the Director of Finance each year summarising post-submission results, focusing on comparison against local national peers, and highlighting performance by specialty against national averages.
C3: Assuring the accuracy of pricing and costing information	The licensee shall have processes in place to ensure itself of the accuracy and completeness of costing and other relevant information collected and submitted to NHS England as per the approved costing guidance.	Director of Finance	The NHS Payment Scheme guidance allows different payment mechanisms to be used in different circumstances. The Trust is in the process of agreeing contracts with our ICB and Specialised commissioners covering all contractual relationships above £0.5m. This blended payment approach includes a fixed payment element for the majority of secondary care services plus

			a variable element for specific services including elective care. Other ICB and Specialised Commissioning activity is covered by LVA (Low Volume Activity) block payments. Although the majority of activity is covered by a fixed block payment, the Trust continues to record and report actual activity in line with payment by results (PBR) rules applying unit prices, guide prices or local prices as appropriate.
Section 8 – Pricing Conditions			
P1: Compliance with the NHS payment scheme	Except as approved in writing by NHS England, the licensee shall comply with the rules, any apply the methods, concerning charging for the provision of health care services for the purposes of the NHS contained in the NHS payment scheme published by NHS England in accordance with section 116 of the 2012 Act, wherever applicable.	Director of Finance	The NHS Payment Scheme guidance allows different payment mechanisms to be used in different circumstances. The Trust is in the process of agreeing contracts with our ICB and Specialised commissioners covering all contractual relationships above £0.5m. This blended payment approach includes a fixed payment element for the majority of secondary care services plus a variable element for specific services including elective care. Other ICB and Specialised Commissioning activity is covered by LVA (Low Volume Activity) block payments. Although the majority of activity is covered by a fixed block payment, the Trust continues to record and report actual activity in line with Payment By Results (PBR) rules applying unit prices, guide prices or local prices as appropriate.