

Well-led Improvement Update

Public Board

Thursday 26th March 2026

Presented for:	Update and Assurance
Presented by:	Roger Mumby - Programme Manager
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Previous Committees:	None

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	✓	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	Moving Away
Clinical Risk	✓	Patient Experience Risk - We will comply with or exceed minimum patient experience targets.	Minimal	Moving Away
	✓	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	Moving Away
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Moving Away

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

1. Summary

At the 27 November 2025 Board meeting, we approved the Well-led Improvement Plan to address the findings of the CQC Well-led review that was published late September 2025. This report sets out an update on key actions over the last eight weeks.

2. Holding to Account by Regulators

The Trust is required to report to a monthly meeting, the Integrated Quality Improvement Group (IQIG), which is Chaired by Fiona Edwards, Regional Director, North East and Yorkshire 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 11 March 2026. The purpose of these meetings is for wider aspects of the Trust accountabilities and performance, alongside monitoring assurance of progress for the Perinatal and Well-led Improvement Plans. The agenda covers; Improvement Action Plans and Progress, Perinatal Quality & Assurance Safety Assurance, Finance and Use of Resources, Performance, Organisation Governance & Leadership, Workforce, and Communication. The Advisors for the NHSE Maternity Safety Support Programme provide monthly updates.

3. Strengthening Oversight

To improve the controls in place to monitor delivery of the Well-Led Improvement Plan, we are moving from a task-list approach to a more formal programme management framework. This shift will introduce standardised best practice designed to provide the Board with a 'single version of the truth' regarding progress, risks, and impact. This will support sustainable change rather than just temporary compliance and allow a more benefit realisation focus through better co-ordinated workstreams and clearer communication of the 'why' behind every change.

We have already delivered an improved reporting framework for IQIG to strengthened external assurance reporting, supported by exception reporting which mandates escalation for any tasks that have slipped past their target dates or are at risk of doing so.

A fundamental review of the Well-led Plan is scheduled for Q1 allowing us to recalibrate our trajectory and adapt in response to new information and learning. This will be presented at the next Trust Board for approval.

The weekly Chief Executive led Improvement Steering Group for oversight and assurance of progress of the Perinatal and Well-led Improvement Plans, including preparation for the independent inquiry into Maternity services, continues to meet.

Working with NHS Providers, the Trust has commissioned an external Well-led review during Q1. We have agreed the scope of this work as the first phase, which will be the Board and its Committees following the implementation of the revised governance structure from 1 January 2026. This review will be a valuable external assessment of the progress we've made. The second phase will be scoped in due course and will review governance beyond the Board and our Committees looking at our Corporate and Clinical Service Units (CSUs).

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

This assurance approach will mirror the Perinatal Improvement Plan where an evidence validation panel, made up of external partners, is being set up to review progress and submitted evidence.

4. Plan Status

The Well-led improvement plan currently comprises 72 actions. At this early stage of the programme lifecycle, the profile of the plan remains healthy, with the vast majority of workstreams progressing in line with initial trajectories.

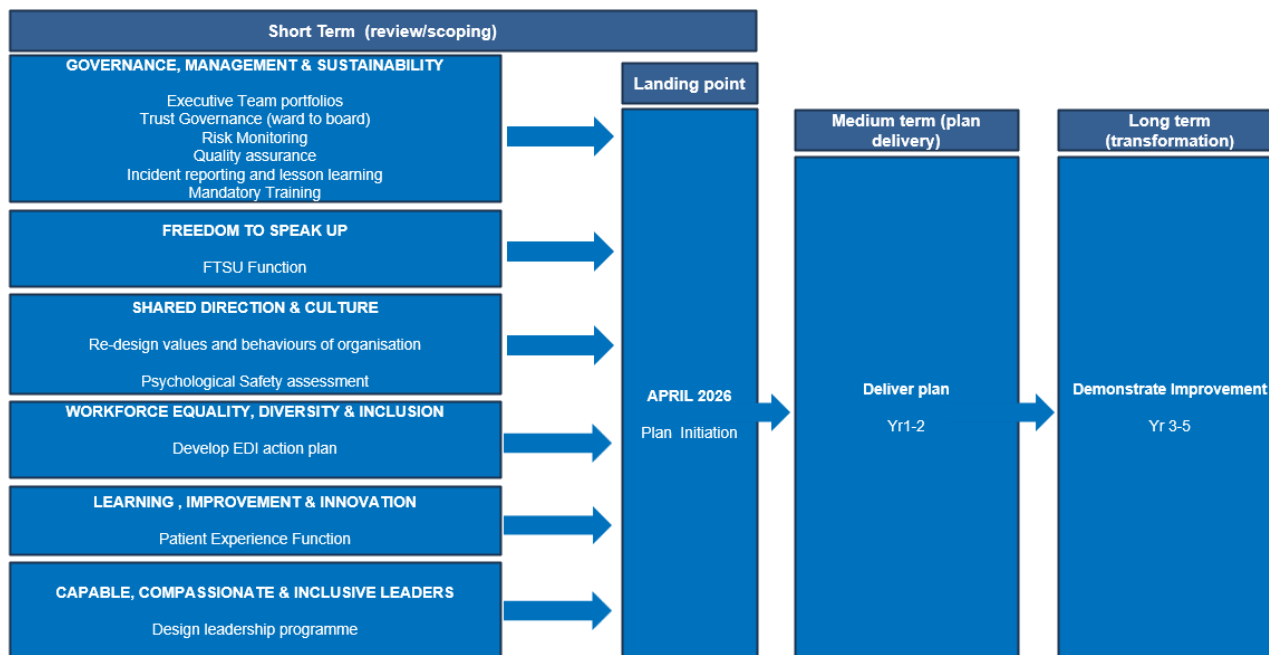
The status of the plan is summarised as follows:

Status	Volume	Definition
On Track	47	Work to deliver this action is underway and expected to meet target date and quality tolerances
Completed (evidence validation)	12	Action is in place with all tasks completed, but has not yet been assured/evidenced as delivering the required improvements
Evidenced and Assured	11	Action is in place with all tasks completed, but has not yet been assured/evidenced as delivering the required improvements
Off Track	2	Achievement of the action has missed the scheduled target date. An exception report will be written to explain why, along with mitigating actions, where possible

It is important to characterise the current maturity of the plan; this initial phase is primarily transactional in nature. Our current focus is a systematic review of existing infrastructures, policies, and reporting lines to identify where the gaps in our Well-Led evidence base lie.

This approach will ensure that the subsequent transformational phase of the plan is built on a validated baseline of data. This prevents the risk of layering new processes onto flawed systems, ensuring that when we move into broader cultural change, the foundation is clinically and operationally sound (see Figure 1 below).

Figure 1



5. Off Track actions

Action 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 – Original target date 31-1-26

There is an interdependency with the Integrated Accountability Framework Review which is in progress. Once this review has completed the Chief Operating Officer will facilitate a session with senior leaders across the Trust. *Revised delivery target date – 31-5-26.*

Action 7.11- Review the use of Viva Engage, to determine whether this can provide an accessible and interactive space to share patient safety messages and learning, both internally and NHS wide, with all staff, to support other methods of sharing learning - Original target date 31-12-26

Review in progress, in line with other methods to share learning, including the learning hub, safety alerts and staff communications. *Revised delivery target date – 31-5-26.*

6. Progress since last reporting period

Action 1.2 Develop a Patient Experience Improvement Plan to address findings of the review in 1.1

The Patient Experience Improvement Plan has been agreed after a root and branch review of the current function and an assessment of maturity against the Parliamentary and Health Service Ombudsman (PHSO) NHS Complaint Standards Tool.

Engagement from CSUs across the Trust will drive delivery of the improvement plan. CSUs will report their work into a newly established Complaint Working Group monthly. This group will report into Patient Experience and Engagement Group bi-monthly.

Action 2.3 Review the current capacity within the patient experience team to determine whether this is sufficient to deliver the identified short-, medium- and longer-term goals.

Workforce Review has taken place and improvement opportunities have been identified. The subsequent plan that is developed from the review will feed into the improvement plan outlined in action 1.2 above.

Action 9.1 - Develop a revised communications plan, led by the Chief Executive and Executive Directors building on the LTHT Live and revised Senior Leaders

This action is now complete but will be monitored for review and will seek views from staff to assess effectiveness of plan.

Action 11.7 Review the 2024/25 Freedom to Speak Up (FTSU) Guardians Office Self-assessment to consider areas where improved compliance is required and action that will be taken to enhance these areas.

An improvement plan has been developed to improve compliance which is monitored through the FTSU Steering Group

7. Evidenced and assured actions

While the high-level plan reflects 11 fully evidenced and assured actions, it is important to reiterate that a significant proportion of the evidenced work in this initial phase is transactional in nature. These actions primarily involve the reviewing of administrative processes, policy alignment, and baseline data audits with a view to develop improvement plans where appropriate. Some of these actions were reported at the Trust Board in January.

To maintain a strategic focus for the Board and ensure high-level oversight of the most impactful workstreams, these procedural enablers are not detailed individually within this report. However, a full record of these evidenced and assured actions is maintained within the Appendix to this report for transparency. This ensures that the Board's attention remains on the key strategic milestones that drive cultural and clinical improvement once this emergent work progresses after the plan refresh in Q1.

8. Financial implications

There are financial implications to delivering the improvement plans for Perinatal and Well-led areas along with the announcement of the Independent Inquiry into Maternity Services which is work in progress.

9. Risk

Whilst the Trust remains in the NHSE Integrated Quality Improvement process and taking actions to address the CQC regulatory breaches, the Trust is moving away from the risk appetite set by the Board for Workforce risk (Workforce Retention risk), External risk (Regulatory risk) and Clinical Risk (Patient Safety and Outcomes and Patient Experience risk).

There is a risk cited within the Corporate Risk Register related to CQC Registration – breaches of Regulation(s) which will monitor the controls in place and further mitigating actions at the monthly meeting.

10. 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.

11. Equality analysis

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

12. 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.

13. Publication Under Freedom of Information Act

This paper is made available.

14. Recommendation

To note the update and assurances on progress since the last Board meeting, implementation of programme management, continued monthly oversight and reporting to IQIG for regulatory oversight in addition to CQC and confirmed scope for Q1 external review of Well-led by NHS Providers.

15. Supporting Information

Appendix 1 – LTHT Improvement Plan

Roger Mumby
Programme Manager
16th March 2026