

Annual Update from Non-Executive Director Safety Champions

26 March 2026

Presented for:	Information, Governance and Assurance
Presented by:	Non-Executive Directors (Champions); Laura Stroud, Angela Graves, Amanda Stainton, Andrew Greenwood, Simon Le Clerc, Gillian Taylor
Author:	Jo Bray, Director of Corporate Affairs and Non-Executive Director Champions
Previous Committees:	This is the first annual update

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	Moving Towards
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	Moving Towards
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	Moving Towards
Operational Risk	Information Security Risk - We will ensure the confidentiality, integrity and availability of information, and it's appropriate and legitimate use.	Cautious	Moving Towards
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	Moving Towards
Clinical Risk	Patient Experience Risk - We will comply with or exceed minimum patient experience targets.	Minimal	Moving Towards

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	Moving Towards
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	Moving Towards
External Risk	Legal & Governance Risk - We will operate the Trust in compliance with the Law and UK Corporate Governance Code, where applicable.	Averse	Moving Towards
External Risk	Regulator Risk – We will comply with or exceed all regulations, retain its CQC registration and always operate within the law	Averse	Moving Towards

Key points	
The Board are provided with the first annual update summary of the work and actions carried out by the named Non-Executive Director (NED) against their respective Champion roles for governance and assurance.	Information, Governance Assurance

1. Summary and Background

In November 2025 the Board confirmed the five NED Champion for these roles which are either defined in legislation, or are formal recommendations from national inquiries.

For Leeds Teaching Hospitals NHS Trust, the NED Champion roles are the following, (with supporting information set out in appendices);

- Maternity Board Safety Champion – Laura Stroud & Angela Graves
- Wellbeing Guardian – Simon Le Clerc
- Freedom to Speak Up – Gillian Taylor
- Doctors Disciplinary – Amanda Stainton
- Security Management (Fraud) – Andrew Greenwood

In January 2026 the Board also appointed a second Non-Executive, Maternity Board Safety Champion, Professor Angela Greaves.

Within the governance review of the Board and its Committees it was agreed that an annual report would be received by the Board for assurance on the work of the roles NED Champions.

These NED Champion roles provide triangulation and assurance to discussion within Committees and the Board.

2. Proposal

The following sets out an update on each role;

NB - The information set out below is for assurance on the role/s carried out by the Non-Executive Director (NED) which is at a high-level and retains anonymity and confidentiality to any member of staff.

Maternity Board Safety Champion

Laura Stroud ongoing, with Angela Graves (from 1 February 2026).

Laura Stroud, on a bi-monthly basis I visit the Maternity and Neonatal units, alternating between SJUH and LGI. During visits, the role of the non-exec board safety champion is introduced and made known to staff. The purpose of the visit is to 'take the temperature' of the service; to identify any immediate issues that the Board can assist with; to listen to staff and ask curious questions. I also attend the Maternity Safety Champion meetings held via teams.

Where appropriate, I speak with parents and care givers, asking open questions and seeking their feedback. The intelligence gained is used to triangulate with safety metrics and assurance reports.

During summer 2025, by request, I met with a number of staff without an exec present and subsequently raised the feedback to Board.

The development of relationships between Board and the service will continue to be a theme in the coming year.

Angela Graves will also carry out the bi-monthly visits to the Maternity and Neonatal units, alternating between SJUH and LGI, and work with the Chief Nurse to develop her role as the second Maternity Board Safety Champion.

Wellbeing Guardian

Gillian Taylor until 30 November, Simon Le Clerc from 1 December 2025

Activities to fulfil this role by Gillian Taylor include:

- Meeting with Deputy Director of HR and the Head of HR (Occupational Health and Wellbeing) every 6-8 weeks. Examples of the types of topics we have discussed in 2035 include:
 - Progress on the delivery of the Health & Wellbeing (HWB) strategy
 - The topics covered in the HWB colleague newsletter
 - Staff vaccination rates for flu, and data to show the correlation to reduced sickness absence rates
 - The length of time it can take for change interventions to embed and impact, linking this back to the HWB related questions on the colleague survey.
 - Sharing my experience of the HWB agenda and activities I see in other organisations.

These regular conversations are helpful in keeping HWB front of mind to support conversations at Board level, interactions with colleagues at all levels on leadership visits, discussion and topics covered at LTHT Live and Friday Focus.

Activities to fulfil this role by Simon Le Clerck include:

I assumed the role of Non-Executive Wellbeing Guardian from Gillian Taylor on 1 December 2025 and would like to acknowledge the strong foundation she established in supporting the Trust's Health and Wellbeing agenda.

During the initial handover period I have met with the newly appointed Chief People Officer to discuss the developing People and Wellbeing strategy and have also held introductory discussions with several Executive colleagues, including the Interim Chief Nurse, Chief Medical Officer, Chief Operating Officer and Chief Executive, to understand the current pressures facing colleagues across the Trust.

My first formal meeting with the HR and Occupational Health and Wellbeing leadership team is scheduled this month. I intend to continue the regular engagement approach previously established, meeting every 6–8 weeks to review progress against the Health and Wellbeing strategy, workforce wellbeing indicators, and themes emerging from colleague engagement.

I also plan to undertake visits to both clinical and non-clinical areas and attend staff engagement forums to hear directly from colleagues and support ongoing Board assurance regarding staff wellbeing across the Trust.

Freedom to Speak Up Gillian Taylor on going

As the NED Champion for Freedom to Speak Up (FTSU), it is essential I maintain the confidentiality of anyone who speaks to me within this role. In establishing a rapport, it is critical that this is based on psychological safety. It is also understood by other staff members, senior leaders or indeed Board colleagues, that at all times I will maintain and respect the confidentiality to protect the individual. Any agreement for me to discuss any aspect of a FTSU concern must be provided in writing by the individual. Building trust is a key feature of my first meetings with individuals. Noting that as the FTSU NED, I do not hear the 'management side' of any case as I only hear the staff side's perception.

As the FTSU NED, I have shared periodic themed reflections with the Chief Executive, one example is of resource capacity and learning for senior managers that would yield benefits for our staff, without instigating lengthier processes leading to grievances, conduct or absence management.

With permission of individuals, both the FTUS Guardian and myself have been able to discuss cases, which has provided helpful psychological support to each other when dealing with some complex cases.

Activities to fulfil this role include:

- The use of available FTSU resources. For example, E-learning, NED checklists and toolkits which are available to train, support and educate the FTSU Guardian from the National Guardian's office. There is specific FTSU e-learning which all senior leaders can complete, however for the FTSU NED, training at three levels - for workers, managers and senior leaders is encouraged to understand FTSU concerns from different perspectives. I have completed this in 2024 and 2025.
- Built a strong and very open relationship with the FTSU Guardian. Met with the FTSU guardian every six to eight weeks, where themes, case numbers, negative impact, and concerns are discussed. The Chief People Officer periodically joins these meetings. Confidentiality of concerns from individuals is protected, and their concerns are only discussed wider if the individual gives their permission.
- In the FTSU policy, there is an escalation route in place for colleagues with a FTSU concern to escalate from the FTSU Guardian to the FTSU NED. Interactions with the FTSU Guardian have been more frequent (daily at times) due to ongoing FTSU case escalations. Case updates and next steps are discussed and agreed and escalated higher in the organisation if the FTSU NED feels that is necessary.
- In the FTSU policy, the FTSU NED also has the ability to commission independent external support if they deem necessary. This could be in the form of legal advice or specialist support for the Trust to learn from complex FTSU cases. In 2025 this has been invoked.

- During 2025 an anonymous route for colleagues to raise FTSU concerns has been implemented, and the take-up and themes of this route are closely monitored and actioned. The anonymous route can also be used to escalate from the FTSU Guardian to the FTSU NED.
- Each year there is a FTSU submission to complete, via a toolkit. (May Board)
- In 2025, The FTSU has completed a training session for Board members – the FTSU NED and the CPO supported the guardian with the preparation of materials and the execution.
- As per the 2025/26 Board workplan the FTSU guardian has attended the Audit Committee and the Board to provide assurance on the process, controls and update on the case numbers and themes of FTSU concerns and negative detriment. The Chief People Officer and Chief Executive has also reported to Board on the Executive's progress to address FTSU concerns raised.
- The interim Chief Executive has commissioned a review to consider whether there are FTSU learnings which LTHT can take from other Trusts. The review is being carried out by a FTSU Guardian from another Trust.
- My term of office as a NED at the Trust expires on 4 January 2027, I will work to support a new FTSU NED and build in a transition period.

Doctors Disciplinary

Amanda Stainton from 1 August 2025

Until 31 July 2025 this role was supported by Chris Schofield, when his terms of office as a Non-Executive Director expired. Amanda Stainton commenced in role from 1 August 2025.

It is a formal requirement for the Board to be informed of any Doctor or Dentist that has been excluded by the Trust. For HR and confidentiality, this is reported in our private Board, and there has been one case which was reported to the May and July Board meetings, in keeping with the defined requirements.

From commencing in role from 1 August 2026, there has been one further report to the March Board for Excluded Doctors.

To support my understanding of the role and its requirements, I have met with the Head of Operational HR.

During my current tenure, there has been one case where an individual has made contact with me, however as they are currently part of a disciplinary process, they continue to be supported through the HR Processes.

Security Management (Fraud)

Gillian Taylor until 30 November, Andrew Greenwood from 1 December 2025

Activities to fulfil this role by Gillian Taylor include:

- Building a relationship with the Counter Fraud Specialists (internal LTHT team) to understand their annual work plan, their risks, best practices and how they incorporate learning from other Trusts and external organisations.
- In building the relationships with the Counter Fraud Specialists, I have also reassured them that they have an escalation route to me if they felt that there were any fraud risks which they felt weren't being sufficiently actioned by LTHT, or if they ever had any concerns where it wasn't appropriate to raise via their line management.

- To further enhance openness, assurance and escalation routes, there is a private session built into the Audit Committee work plan where the Trusts Counter Fraud Specialists meet with the Non-Executive Directors who are members of the Audit Committee.
- Reading, and understanding the impact of Counter Fraud Prevention notices which are issued by the NHS Counter Fraud Authority, and that the prevention advice is embedded in the Trust.
- Completion of the Counter Fraud Functional Standard Annual Return to the NHS CFA. (I believe I do this as Chair of the Audit Committee, however going forwards I will seek input and assurance from Andrew as the NED on the declarations made).
- General reading of <https://cfa.nhs.uk/> to keep abreast of the current work being performed by the NHS CFA.
- General reading of <https://nhsfraudandsecurity.co.uk>

These relationships and insights are helpful in keeping security management front of mind to support conversations at Board level, in the Audit Committee and in interactions with colleagues at all levels on leadership visits.

Andrew Greenwoods activities to support this role and transition:

I've held a handover meeting with Gillian Taylor. As part of my NED role seeking to be curious on security management/fraud considerations in meetings. I have regular meetings planned with the Counter Fraud Team Jamie Darnton and Wallis Dyson.

3. Financial Implications

N/A

4. Risk

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

5. Communication and Involvement

These roles are stated within the biographical information of 'who is who' for the Board on our website, along with information on the intranet for staff.

6. Equality Analysis

There are no equality issues to raise.

7. Improving Health Equity

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

8. Publication Under Freedom of Information Act

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

9. Recommendation

The Board are provided with the first annual update summary of the work and actions carried out by the named Non-Executive Director (NED) against their respective Champion roles for governance and assurance.

10. Supporting Information

Roles, description and supporting information for the Champion Role

Appendix A – Maternity Board Safety Champion
 Appendix B – Wellbeing Guardian
 Appendix C – Freedom to Speak Up Champion
 Appendix D – Doctors Disciplinary
 Appendix E – Security Management

Reference

https://www.england.nhs.uk/wp-content/uploads/2021/12/B0994_Enhancing-board-oversight-a-new-approach-to-non-executive-director-champion-roles_December-2021.pdf

Jo Bray
Director of Corporate Affairs
13 March 2026

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Appendix A - Maternity Board Safety Champion

Role descriptor for the Non-Executive Board Safety Champion

In line with recommendations from the Ockenden Review, the Board-level safety champion role should be supported by a Non-Executive Director. In trusts where this role is currently being undertaken by an Executive lead, a Non-Executive must now be appointed in addition and the two should work together to ensure a seamless leadership function. The role of the Trust Board Safety Champion is to act as a conduit between staff, frontline safety champions (obstetric, midwifery and neonatal), service users, LMS leads, the Regional Chief Midwife and Lead Obstetrician and the Trust Board to understand, communicate and champion learning, challenges and successes. Published guidance sets these responsibilities out in detail. The Non-Executive will act as a support to the Board Perinatal Safety Champion by:

- Bringing a degree of independent, supportive challenge to the oversight of maternity services
- Ensuring that they are resourced to carry out their role
- Challenging the board to reflect on the quality and safety of its maternity services
- Ensuring that the views and experiences of patients and staff are heard

Together the Non-Executive and the Board-level Safety Champion should:

- Adopt a curious approach to understanding quality and safety of services
- Jointly, with frontline safety champions, draw on a range of intelligence sources to review outcomes, including staff and user feedback to fully understand the services they champion
- Update the Trust Board **on a monthly basis**, on issues requiring Board-level action. (noting at LTHT we hold bi-monthly Board meetings and this would be escalated by exception between these formal meetings if required)

The Board should be updated using a Board level dashboard (see further guidance) which includes as a minimum:

- All maternity and neonatal Serious Incidents

- Incidents graded as moderate harm or higher
- Trust position in meeting national ambition trajectories for stillbirth, brain injury, maternal mortality, neonatal mortality and preterm birth rates; implementation rates of SBLCBv2 and Continuity of Carer
- Safe staffing levels
- Correspondence or concerns raised by the Regional Chief Midwife and Lead Obstetrician, Coroners, Deaneries, national bodies including NHS Resolution, CQC, HSIB or the Invited Review process
- Ensuring that Duty of Candour is upheld and that locally undertaken SI investigations meet national standards for review
- Ensuring themes and learning from SI investigations, Never Events, Invited Reviews and concerns raised by external parties, including service users, are implemented, audited for efficacy and monitored at board level ensuring accountability for actions being undertaken
- Providing oversight and appropriate challenge in relation to evidence for the CNST maternity incentive scheme safety actions
- Ensuring that learning as well as improvement activity is shared with the LMS, Regional Chief Midwife and Lead Obstetrician and Patient Safety Networks as part of revised oversight and governance structures.

Enablers to achieving these priorities include:

Protected time to undertake the Board Maternity Safety Champion role

- Together with your MVP lead, Non-Executive and Board Safety Champion, undertaking an assessment of the safety of your services using the Maternity Safety Self-Assessment Tool
- Taking into account locally undertaken culture surveys, working with service users and the wider clinical team to develop a common vision for safety
- Meeting monthly with midwifery, obstetric and neonatal safety champions to fully understand relevant insights, barriers and successes which need reflecting at Board level
- Acting as a key point of contact for the clinical triumvirate, national organisations, the Regional Chief Midwife and Lead Obstetrician and LMS lead to address identified issues
- Engaging with leaders in other parts of the organisation responsible for safety and improvement to ensure alignment of safety initiatives.
- Supporting improvement initiatives that require both maternity and neonatal collaboration
- Setting out clearly and publicly how the Trust is working to improve the safety of perinatal services – including those relating to service user feedback

Appendix B – Wellbeing Guardian

A successful Wellbeing Guardian will be values-driven, people-focused, and willing to challenge the status quo to empower a wellbeing culture within their organisation. Sometimes this can involve asking difficult questions when championing wellbeing and seeking assurance that this is of organisational priority.

To hold the organisation to account in this way, it is suggested that this role sits best with a Non-Executive Director (NED) or equivalent in the context of your healthcare organisation.

If your healthcare organisation does not have a NED, individuals in equivalent roles, such as a lay member or clinical director may be considered.

The role should be that of assurance and be empowered to act strategically. Therefore, the organisation should enable the Guardian by aligning functions such as HR / OD / Occupational Health and Wellbeing to operationally support them.

From an organisational perspective, the Wellbeing Guardian needs to:

- Challenge the organisation to include employee wellbeing in everything they do and actively create a 'culture of wellbeing', to care for people who care for others.
- Act as a 'critical friend' to question the impact of decisions on employee wellbeing – just as financial, performance or care quality impact are questioned. Seek assurance that how the organisation enables the wellbeing of its employees, is given as much weight as what it achieves.
- Ensure the Board (or equivalent senior leadership team in the context of your healthcare organisation) holds senior leaders to account for the way employees are managed, empowered, and supported with their wellbeing.
- Seek data to show what's happening on the ground, evidencing the wellbeing needs of the diverse workforce (inputs) and that wellbeing strategy / policies / initiatives are working and impactful (outputs).
- Champion equality, diversity and inclusion, ensuring that the organisation considers the needs of the diverse groups within its workforce and adapts holistic approaches to wellbeing, appreciating peoples changing needs over time.
- Continually and strategically 'sense-check' the wellbeing agenda for the organisation and prompt improvement / developmental action if needed.
- Demonstrate that the Board (or equivalent senior leadership team) takes their personal wellbeing responsibilities seriously.
- Work closely with the organisations people function (i.e. HR, OD, Occupational Health and Wellbeing etc) as enabling operational functions to realise the wellbeing agenda for the organisation and that they are supportive to the Wellbeing Guardian to be effective in role.

From a personal perspective, the Wellbeing Guardian needs to:

- Strategically influence and shape the wellbeing agenda, speaking to the hearts and minds of the organisation's diverse workforce.
- Hold the values reflected in the role description, role modelling the values of fairness, compassion and inclusivity.
- Actively promote opportunities for the most vulnerable in the workforce to contribute and address wellbeing inequalities and the needs of diverse groups and individuals.

Although Wellbeing Guardians must be competent and confident in their ability to challenge the executive / senior leader team on behalf of the board (or equivalent senior leadership team) Wellbeing Guardians are not accountable for the entire people agenda. They do not need to be an expert in wellbeing, but they do need to be adept at understanding the breadth of wellbeing in the context of their organisation and holding the organisation to account where improvements are identified.

With this in mind, a Wellbeing Guardian does not need to:

Be a wellbeing expert.

- Take on executive/management responsibilities for ensuring wellbeing policies are operationally actioned and delivered.
- Get involved in ‘the doing’, operational management, or individual staff cases.
- Personally collect, analyse or present data on wellbeing.

Appendix C - Freedom to Speak Up Champion

Non-Executive lead for FTSU

The Non-Executive lead is responsible for:

- role-modelling high standards of conduct around FTSU
- ensuring they are aware of the latest guidance from National Guardian’s Office
- challenging the chief executive, executive lead for FTSU and the Board to reflect on whether they could do more to create a healthy and effective speaking up culture
- acting as an alternative source of advice and support for the FTSU Guardian
- overseeing speaking up matters regarding Board members – see below.

We appreciate it can be challenging to maintain confidentiality and objectivity when investigating issues raised about board members. This is why the role of the designated non-executive lead is critical. Therefore, in exceptional circumstances, we would expect the non-executive lead to take the lead in determining whether:

- sufficient attempts have been made to resolve a speaking up concern involving a Board member(s) and
- if so, whether an appropriate fair and impartial investigation can be conducted, is proportionate, and what the terms of reference should be for escalating matters to regulators, as appropriate.

Depending on the circumstances, it may be appropriate for the Non-Executive lead to oversee the investigation and take on the responsibility of updating the worker. Wherever the non-executive lead does take the lead, they inform the FTSU Guardian, confidentially, of the case; keep them informed of progress; and seek their advice around process and record-keeping.

The Non-Executive lead informs NHS Improvement and CQC that they are overseeing an investigation into a Board member (depending on the circumstances we may require you to provide the name of the board member under investigation). NHS Improvement and CQC can then provide the non-executive with support and advice. The Trust needs to consider how to enable a Non-Executive lead to commission an external investigation (which might need an Executive Director to sign-off the costs) without compromising the confidentiality of the individual worker or revealing allegations before it is appropriate to do so.

Appendix D - Doctors disciplinary NED champion/independent member

Under the 2003 Maintaining High Professional Standards in the modern NHS: A Framework for the Initial Handling of Concerns about Doctors and Dentists in the NHS and the associated Directions on Disciplinary Procedures 2005 there is a requirement for chairs to designate a NED member as “the designated member” to oversee each case to ensure momentum is maintained. There is no specific requirement that this is the same NED for each case. The framework was issued to NHS foundation trusts as advice only.

Appendix E – Security Management

Under the Directions to NHS Bodies on Security Management Measures 2004 there is a statutory requirement for NHS bodies to designate a NED or non-officer member to promote security management work at Board level. Security management covers a wide remit including counter fraud, violence and aggression and also security management of assets and estates. Strategic oversight of counter fraud now rests with the Counter Fraud Authority and violence/aggression is overseen by NHS England and NHS Improvement.

While promotion of security management in its broadest sense should be discharged through the designated NED, relevant Committees may wish to oversee specific functions related to counter fraud and violence/aggression.

Boards should make their own local arrangements for the strategic oversight of security of assets and estates.