

Board Development Plan Public Board 26 March 2026

Presented for:	Information, Governance and Assurance
Presented by:	Antony Kildare, Chair
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Previous Committees:	N/A

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	Cautious	Moving Towards

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	maintenance of information. As a minimum we will meet data protection and healthcare information governance requirements.		
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 a new Board Development Plan as set out in the appendices. This will be a live document that will be updated to reflect agreed activities.	Information, Governance Assurance

1. Summary

The Board, as individuals and collectively, are required to undertake training and development.

2. Proposal

Appendix A & B describe the processes in place to support Board development. The plan is at a point in time and will continually be reviewed and updated to ensure there is a clear record available to the CQC as evidence to support good governance required by Well-led.

3. Quality and Performance Implications

Within the Board development plan, quality and performance implications will be factored into training, both at a personal level and collectively as a Board.

4. Financial Implications

There are no new financial implications.

5. Risk

The Board hold the duty of oversight and assurance of risk including setting the risk appetite and tolerances used across the organisation. Collective understanding and

application must be understood by all Board members, hence training and development will key.

6. Communication and Involvement

All Board members will understand the Board Development Plan, have access to this and be able to liaise with the Chair, Chief Executive and Director of Corporate Affairs for inclusion of future themes.

7. Improving Health Equity

The Board hold a duty to ensure that our services meet the needs of all aspects of the wider the community we serve. Within the Board development plan, we will ensure that we consider and understand health equity.

8. Publication Under Freedom of Information Act

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

9. Recommendation

The Board Development Plan is presented for assurance.

The Board are asked to note that this is at a point in time and will be maintained as a live document.

10. Supporting Information

Appendix A sets out the current content of the development plan.

Appendix B sets out the overview of the components of Board Development

Antony Kildare, Chair

Jo Bray, Director of Corporate Affairs

13 March 2026

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Appendix A

**Leeds Teaching Hospitals NHS Trust
Board Development**

The following information sets out the expectation and investment in our individual Board members and the collective working of the Board, thus individuals are equipped with skills and we continue to invest in building the dynamics and ways of working for an effective Board.

At interview, all Board appointments will be asked of any development needs they have identified and would require support from the Trust. These would be factored into personalised induction programmes and longer-term Personal Development Plans (PDPs) as required. All Board members comply with the CQC Fit and Proper Persons Test, including formal qualification as defined in person specifications.

The Board at LTHT is a unitary Board. Non-Executive (NED) members have defined terms of office that adhere to best practice adherence to the code of conduct for

corporate governance in respect of serving a maximum of six years in role. Executive colleagues are not limited by defined fixed terms. Leeds Teaching Hospitals NHS Trust has Associate NEDs that are generally used for succession planning roles, however time served in an Associate role will also be factored into the six-year duration of good governance practice.

Induction

All Board members will attend the Trust wide one day corporate induction day. All Board members will have a generic induction of 1:1 meetings with fellow Board members to understand roles and responsibilities, and this will be supplemented with more localised meetings to underpin specific roles and duties. PSIRF will be covered within 1:1 induction session with the Director of Quality and will be an updated session with the full Board alternate years

Skills Audit

The Board will periodically carry out a skills audit that will be utilised for succession planning for NEDs and to identify gaps in knowledge for training and development of current members.

Mandatory Training

All Board members will adhere to the mandatory training requirements for all LTHT employees. New starters complete this through the one-day induction programme and reminders are automated to individuals and compliance reported and managed by the Director of Corporate Affairs. The Board cannot hold the wider organisation to account if they are not full compliance with their respective mandatory training.

Duties, roles, responsibilities and accountability

A programme (see appendix) will be set out to ensure that all Board members are kept updated on statutory duties along with any changes to legislation or regulation that could impact them and their responsibilities. For example, this could be changes in accounting rules, Health & Safety legislation or Fraud. This would also include any aspect of health and social care regulation, or other aspects of wider compliance with regulators.

Effective working of the Board

On joining the Board and following induction, each member will have short term objectives defined by either the Chair or Chief Executive. Annually each member of the Board will have an appraisal, which will include 360 feedback and set out personal objectives that will support the organisational delivery of the vision and strategic aims, with a mid-year review process. Performance concerns would be addressed outside an appraisal process.

NHS England are driving the effectiveness of Boards with a number of recent publications and standards within their Management and Leadership Frameworks. The content and requirements of these will be factored into the Board development programme. Within two years NHS Boards will be required to comply with the NHSE new requirements for regulations of Boards and Senior Managers. As preparation we will review our appraisal processes, 360 feedback and implement Scope for Growth for reflective learning for our Board. (see Appendix B)

The CQC carried out a Well-led inspection of the Trust in June 2025 publishing findings in September. An action plan has been developed to address the recommendations for improvement. Some changes in our Board members were planned, some were career progression churn and for other reasons. This has resulted in changes in membership, with some interim positions currently in place that need to be stabilised with substantive recruitment. We have significantly reviewed our governance and Committee structures for the Board which were approved in November 2025 and implemented from January 2026. We have commissioned NHS Providers to carry out a phased approach to an external Well-led review, which will commence in Q1 of 2026, with a focus to the effectiveness of this governance review. We will implement feedback for continued improvements to our Board.

Annually the Board Committees will carry out a review of their effectiveness and summarise within the Committee annual report to Board. The above review by NHS Providers will be used for the basis of the reports to the May 2026 Board meeting.

Culture and ways of working (Board and across the Organisation)

The Board is responsible for setting the Strategy of the organisation and should spend a third of its time with this focus. It is also responsible for holding Officers to account for its delivery and supporting where issues arise.

Board members will adhere to the Nolan Principles and the Leeds Way Values and set exemplary behaviours as role models. They will be required to make an annual pledge within a public Board meeting.

The culture of the Board and its Committees are critical to the organisation. Discussion and decisions are driven by the quality and integrity of the data and reports received, the content and focus of the agenda which drives quality, safety effective care within the financial resources. But in doing so that assurance or escalation are conducted with respect to all and that all staff feel psychologically safe in reporting and discussing information with the purpose to assure, advise or alert the Board.

In setting Strategy, collectively the Board may require deeper dive sessions to explore and learn wider context or best practice from others, both within the NHS or external organisations. For example, the shift from adherence to EDI legislative requirements to an inclusive organisation with a drive for belonging.

Understanding each other and working together

We will work to address the diversity of our Board to maximise the experience and contribution that this brings to reflect the communities we serve.

There are many recognised tools for understanding personality traits, the impact to Team dynamics, and ways of working. For Teams to be truly effective, periodically or with greater churn, good Boards will spend time reflecting on how they understand each other and how they will work to get the best from each other's skills to strive to be effective. This will include annual feedback. That said there are other aspects of feedback that the Board can use to underpin development, for example from CQC Well-led reviews or external reviews against these criteria, or via external or internal audit, reflections from stakeholders, partners formally and informally.

Board Development Programme

Appendix A records for an audit trail the development activities that have commences from September 2025 under the stewardship of the new Chair of the Trust. This also maps out activities programmed for the coming six months which enables the Trust to be flexible in its response to wider issues in the NHS, system change and issues that are directly related to the Trust.

Appendix B sets out the cycle for appraisal processes annually and mid-year reviews, that will also drive individual learning or collective learning for the Board that will be addressed within the on-going development plan for the Board mapping the overall components.

2025/26 Board Development

Date	Content	Theme
September - private	Received CQC Well-led in Public domain and commence re-set discussions	Governance
October (timeout)	Who are we as a Board – reflections & learning, moving forward What is EDI and why is this so important	Governance/ Well-led Culture Board & Org
November – private November - public	Curiosity as a Board, right questions, golden thread, high performing Re-set Board and Cttee governance structure	Culture Board, Cttees & Org Governance/ Well-led
January - private	Legal Duties of a Board (including legislative changes to fraud duties) Legal context, understanding and learning from other public inquiries Curiosity as a Board, right questions, golden thread, high performing	Duties/legal Duties/legal Culture Board, Cttees & Org
March (timeout)	CQC Well-led (by CQC) Strategy & Partnerships Curiosity as a Board, right questions	Governance/ Well-led Strategy & Governance Culture Board, Cttees & Org
March – private	Risk, BAF and Risk Appetite PSIRF	Governance/ Well-led Patient Safety & Quality

To be confirmed

- NHS Providers (Cyber, AI and digital transformation, Digital and AI-enabled change is now a core responsibility for NHS boards). Tailored support for you and your board [Digital Boards programme](#)
- Productivity/transformation
- Understanding the Financial Model of the NHS and changes
- System changes (progressing the ten year plan)
- ENEI – session in Oct 2025, we requested a re-visit to the Board

Programme 2026/27

Date	Content	Theme
April – June	Appraisal season Objective setting Collate feedback/skills gap During Q1 – NHS Providers to carryout external review of Well-led and progress to date	
May – private	PSIRF	Patient Safety & Quality
June (timeout)		Culture Board, Cttees & Org
July - private	Report from Q1 NHS Providers external Well-led review phase 1, report and reflections (or could this be June timeout)??	Governance/Well-led Effective working of Board & Cttees
September – private		
October (timeout)		
November - private		
January – private		
March (timeout)		
March – private		

Appendix B

Overview of the Components of Board Development

