

Leeds Teaching Hospitals NHS Trust

Well Led review – phase one

Board and committee effectiveness review

Summary report

Draft version

September 2026

Introduction

Leeds Teaching Hospitals NHS Trust (the Trust) commissioned The NHS Alliance to conduct a Well Led Developmental Review, as set out within the Single Assessment Framework jointly developed by the Care Quality Commission (CQC) and NHS England (NHSE). The Trust has commissioned the review in phases with this phase (phase one) being a review of the Trust Board and committee operations. This follows on from a 're-set' of the Board and its ways of working alongside a revised committee structure introduced in January 2026 together with the appointment of a new Chair and interim CEO in August and September 2025 respectively.

Phase two of the review will review executive and corporate oversight of Trust performance including the delivery and effectiveness of integrated assurance meetings held with clinical service units. This phase is due to commence in September 2026 with a scheduled completion in December 2026.

This report has been prepared by The NHS Alliance for the Board of Leeds Teaching Hospitals NHS Trust. The report highlights existing strengths drawn from the review and identifies areas for further focus and development to continue strengthening the operation of the Trust's Board and its committees.

We would like to place on record our gratitude to the Trust staff who have supported the successful delivery of this review and to thank those we have engaged with during the review, all of whom have engaged in a positive and constructive manner which has helped shape the outcome. In particular, we would like to thank Jo Bray and Vickie Hewitt who acted as key contact points during the review.

Limitations

This review focuses on the operations of the Trust Board and its committees. Our conclusions and recommendations are based purely on the scope of the review and are confined to the information provided by those we interviewed as part of this process, observed at those meetings we attended and contained within the documentation reviewed. The review was carried out between April and July 2026 and included reviewing documentation generally covering the period May 2025 – March 2026 i.e., pre and post revisions to Board and committee operations.

The matters raised in this report are limited to those that came to our attention during this assignment and are not necessarily a comprehensive statement of all the opportunities or weaknesses that may exist, nor of all the improvements that may be required. The NHS Alliance has taken every care to ensure that the information provided in this report is as accurate as possible, based on the information provided and documentation reviewed. However, no complete guarantee or warranty can be given regarding the advice and information contained herein and neither does this work provide absolute assurance that material errors, loss or fraud do not exist.

This report is prepared solely for use by Leeds Teaching Hospitals NHS Trust. Details may be made available to specified external agencies, including regulators and external auditors, but otherwise the report should not be quoted or referred to in whole or in part without prior consent of The NHS Alliance. No responsibility to any third party is accepted as the report has not been prepared and is not intended for any other purpose.

Context

Following the raising of concerns and subsequent CQC inspection of maternity and neonatal services in December 2024 – January 2025 (reported June 2025), the CQC undertook a targeted well led review of the Trust with a focus on the Trust Board in June 2025 (reported September 2025). As a result of this, the Trust instigated an improvement plan to address the CQC well led review recommendations which included changes to the Board committee structure and ways of working. These changes were introduced in January 2026 and included revised agenda formats for Board and committee meetings, adoption of a revised committee Chair's report implementing the triple A style of reporting based on Assure, Advise and Alert elements and revised the committee structure. As part of the changes to the Board committee structure, the Trust formed the Perinatal Improvement Assurance Committee (PIAC), reporting directly into Board for an initial 12-month period, when its ongoing requirement will be reviewed. The Trust also took the decision to cease its Digital Informatics & Technology (DIT), Research & Innovation (R&I) and Infrastructure Committee (IC) to allow Board member time to be freed up to service the new committee and give greater focus to the immediate needs of the Trust. The Workforce Committee was renamed the People and Culture Committee and subsequently further renamed People Committee (PC) in June 2026.

The Board is heading towards having a stable board after a period of significant churn in its membership over the last 12 months. The Board is therefore a relatively new board alongside the above new ways of working. Resultingly the Trust commissioned this review to provide an external view on the embeddedness and effectiveness of both the structural governance changes and ways of working to provide independent evidenced progress against the CQC well led inspection recommendations relevant to the scope of the review (i.e. those affecting the Trust Board and its committees).

The scope of the review encompassed the Trust Board and five committees: the Audit Committee (AC), Quality Assurance Committee (QAC), Perinatal Improvement Assurance Committee (PIAC), People Committee (PC) and the Finance and Performance Committee (FPC). Remuneration Committee was excluded due to the ad hoc nature and focus of this committee.

We undertook the following activities during the review in order to arrive at triangulated, evidenced based conclusions and recommendations recognising the importance of also applying professional judgment to any subjective elements. Our activities included:

- Review of documentation for each forum within scope.
- 1:1 discussion with all Board members and the Freedom To Speak Up Guardian (FTSU Guardian).
- Forum effectiveness surveys issued to each member of each forum within scope.
- Observation of one meeting of each forum within scope.

Overall findings

LTHT's Board and committee governance is on a positive trajectory, with improvements in culture, leadership, governance and accountability resulting from the appointments of the current Chair and CEO and revised processes and ways of working following the 2025 CQC well led review of Board operations. Board members described a more open, collaborative and accountable environment, with clearer roles, and improved governance arrangements. However, the Board is still developing into a fully effective unitary board with a number of areas of further focus identified.

Continued improvements are to be gained from greater focus on becoming a more strategically driven and evidence-led Board, with continued strengthening of assurance processes, greater use of qualitative intelligence, in part driven from improved organisational visibility, and improved triangulation of assurances to support the Board's increasing curiosity and need for strengthened assurances over the safety, delivery and sustainability of Trust services.

Key strengths identified include:

- Improved Board culture and dynamics: The new Chair has driven a more open, transparent and less performative Board environment, with wider participation and greater clarity of roles and responsibilities.
- Stronger governance arrangements: Committee structures have been revised and the flow of assurance has improved through the introduction of "Triple A" reporting.
- Investment in Board development: Board members reported positive impacts from development sessions, with continued learning and development planned.
- Greater transparency: More Board business is now conducted in public, with the Trust also switching its public meetings to occur before private meetings.
- Improved focus on assurance: There has been a noticeable increase in discussion about assurance, accountability and challenge within Board and committee meetings.
- Positive quality improvement focus: The Board remains strongly focused on patient care issues, including maternity and neonatal services, patient flow, and eliminating corridor care.
- Increasing diversity and skills within the Board: Increased clinical expertise among Non-Executive Directors (NEDs) and improved diversity were viewed positively.

Continued areas of focus include:

Strengthening the Board's strategic focus

Understandably, the Board remains focused on operational issues, particularly maternity and neonatal services and wider delivery of annual targets. The review noted opportunities to give greater attention to long-term strategy, including development of up to date clinical, digital, workforce and estate strategies.

Without a clear strategic framework, there is a risk of short-term decision making and investments and not securing the necessary transformation at scale to deliver longer term safe, effective and high-quality services.

Continued promotion of Board curiosity and improved triangulation of assurance

The Board needs to continue its journey of improvement in seeking greater evidenced assurance as opposed to reassurance, including increasing qualitative feedback into its forums alongside existing quantitative data and using this to help triangulate assurance sources. Improved triangulation of data will also support proactive identification of concerns.

Improve use of staff and patient feedback

As part of the above, while patient and staff stories are reported, Board reporting remains predominantly quantitative in nature. Opportunities exist to analyse and report themes from patient and staff experience feedback, Freedom to Speak Up (FTSU) insights, PALS data and social media sentiment alongside workforce and quality information to support triangulated assurance at Board and committee level and promote greater culturally based discussions.

Strengthen Board visibility and connectivity

As part of triangulating assurance, Board members undertake service visits and engagement activities, and we noted a more structured approach to this following the previous CQC well led report. However, there remains scope to improve connection with clinical service unit leadership teams and also consider more innovative approaches, beyond service visits to engage with frontline staff.

Improve quality of assurance

Assurance reports could be strengthened by focusing beyond narrative descriptions of structures and processes of governance to demonstrate outcomes and effectiveness. This could be achieved through greater use of meaningful performance metrics; clear management actions being taken to address identified gaps and improvement trajectories and milestones.