



Lancashire Teaching Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS (PART I)

BOARD OF DIRECTORS (PART I)



4 June 2026



09:15 GMT+1 Europe/London



Lecture Room 1, Education Centre 1, Royal Preston Hospital

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0.0 AGENDA

Items marked * have additional information in the Ancillary Pack

At 9.15 there will be a patient story presented

REFERENCES

Only PDFs are attached

 0. Agenda - Board (part I) - 4 June 2026 .pdf

Board of Directors

4 June 2026 | 9.15am | Lecture Room 1, Education Centre 1,
Royal Preston Hospital

Agenda

At 09.15am, there will be a patient story

Items marked * have additional information in the Ancillary Pack

No	Item	Time	Encl.	Purpose	Presenter
1.	Chair and quorum	9:30 am	Verbal	Information	M Thomas
2.	Apologies for absence	9:32 am	Verbal	Information	M Thomas
3.	Declaration of interests	9:35 am	Verbal	Information	M Thomas
4.	Minutes of the meeting held on 2 April 2026	9:37 am	✓	Decision	M Thomas
5.	Matters arising and action log update	9:40 am	✓	Decision	M Thomas
6.	Chair's opening remarks and report	9:42 am	✓	Information	M Thomas
7.	Chief Executive's report	9:45 am	✓	Information	S Nicholls
8.*	Board Assurance Framework	9:55 am	✓	Decision	H Ugradar
9. PERFORMANCE					
9.1*	Integrated Performance Report as at April 2026 including Finance update and Single Improvement Plan	10:10 am	✓	Assurance	K Foster-Greenwood/ S Morrison/ N Pease/ C Carter
10. PEOPLE (WORKFORCE, EDUCATION AND RESEARCH)					
10.1	Workforce Committee Chair's Report <i>(including recommendations on reports below)</i>	10:35 am	✓	Assurance	A Leather
*	a) Workforce Disability Equality Standard (WDES) Return 2026		✓	Decision	
	b) Workforce Racial Equality Standard (WRES) Return 2026		✓	Decision	
	c) Freedom to Speak Up Report		✓	Assurance	
	d) Social Value Strategy Annual Report		✓	Assurance	
10.2	Education, Training and Research Committee Chair's Report	10:45 am	✓	Assurance	S Crean
BREAK		10:55 am			
11. PATIENTS (SAFETY AND QUALITY)					
11.1	Safety and Quality Committee Chair's Report <i>(including recommendations on reports below)</i>	11:05 am	✓	Assurance	K Deeny

No	Item	Time	Encl.	Purpose	Presenter
*	a) Infection Prevention and Control Annual report		✓	Assurance	
	b) Patient Experience, Involvement and Engagement annual report		✓	Assurance	
	c) PSIRF Annual Report 2025-26		✓	Assurance	
	d) Health Inequalities and Health Improvement Plan Annual Update		✓	Assurance	
11.2*	Maternity and Neonatal Services Safety Report	11:15 am	✓	Assurance	E Ashton/J Lambert
12. PRODUCTIVITY (FINANCE)					
12.1	Finance and Performance Committee Chair's Report	11:25 am	✓	Assurance	J Schorah
12.2*	LTH Digital Enabling Strategy	11:35 am	✓	Decision	K Hudson / D Cottle
13. RISK, GOVERNANCE AND COMPLIANCE					
13.1	Audit Committee Chair's Report	11:45 am	✓	Assurance	T Wheeler
13.2*	Recovery Support Programme – Exit Criteria	11:55 am	✓	Assurance	A Brotherton
13.3*	Assurance Committee Realignment Report	12:05 pm	✓	Decision	J Foote
14. ITEMS FOR INFORMATION * ancillary pack					
14.1	Annual Fit and Proper Person Assessment		✓		
14.2	Date, time and venue of next meeting: <i>6 August 2026 at 9:15 am at Lecture Room 1, EC1, Royal Preston Hospital</i>	12:15 pm	Verbal	Information	M Thomas

1. CHAIR AND QUORUM

● Information Item

👤 M Thomas

🕒 9:30 am

2. APOLOGIES FOR ABSENCE

● Information Item

👤 M Thomas

🕒 09:32 am

3. DECLARATION OF INTERESTS

● Information Item

👤 M Thomas

🕒 9:35 am

4. MINUTES OF THE MEETING HELD ON 2 APRIL 2026


● Decision Item

👤 M Thomas

🕒 9:37 am

REFERENCES

Only PDFs are attached

 4.0 Minutes - Board (Part I) - 2 April 2026.pdf

Board of Directors

2 April 2026 | 9.15am

Lecture Room 1, Education Centre 1, Royal Preston Hospital

Part I

Present:

Professor M Thomas	Chair
Dr T Ballard	Non-Executive Director
Mr C Carter	Chief Finance Officer
Professor S Crean	Non-Executive Director
Mr A Leather	Non-Executive Director
Mrs S Morrison	Chief Nursing Officer/Deputy Chief Executive Officer
Mr J Schorah	Non-Executive Director
Professor T Wheeler	Non-Executive Director (<i>MS Teams</i>)

Apologies:

Mr S Canty, Dr K Deeny, Mrs K Foster-Greenwood, Professor S Nicholls, Mr U Patel

In attendance:

Professor A Brotherton	Chief Strategy and Improvement Officer
Mrs N Duggan	Director of Communication and Engagement
Mrs J Foote	Director of Corporate Affairs
Mrs K Lawrenson	Corporate Affairs Officer
Dr N Pease	Chief People Officer
Mrs K Stanton	Business Manager, Corporate Affairs (<i>minutes</i>)
Mr M Stewart	Deputy Chief Medical Officer
Mrs L Walsh	Deputy Chief Operating Officer

Presenters:

Ms K Hudson	Deputy Director of Strategy and Transformation (<i>minute 63/26</i>)
Ms J Lambert	Deputy Divisional Nursing & Midwifery Director (<i>minute 56/26</i>)
Mr S Regan	Associate Director of Risk and Assurance (<i>minute 52 & 54/26</i>)
Ms H Ugradar	Associate Director of Safety and Learning (<i>minute 55/26</i>)
Mr I Ward	Senior Associate Director of Strategic Planning (<i>minute 59/26</i>)

Governors observing:

George Bailey, Linda Bracewell, Sonia Connell, Ian Facer, Terry Lindsay, Carole Oldcorn, Graham Robinson

Observers:

Annemarie Vicary, National Recovery Support Team, NHSE

Presenters of the patient story:

Louise Gracie - Deputy Divisional Nursing Director, Surgery
 Louise Gill - Matron, Surgery Divisional Management Team
 Laura Burgess - Clinical Educator

Prior to the meeting the Board received the following presentation: Patient Story, presented by the Division of Surgery.

The Board received a patient story presentation from Ophthalmology colleagues regarding the experience of “Francis”, a patient with a diagnosis of Down syndrome and learning disabilities, who required cataract treatment and subsequent laser capsulotomy at the Lancashire Eye Centre (Chorley site). The presentation emphasised the importance of personalised, patient-centred care and reasonable adjustments to support patients who experience anxiety and have limited capacity. The presentation was prepared with Accessible Information Standard slides and presenters explained they aimed to tell Francis’s story in the way he chose.

Francis had longstanding poor vision and a significant cataract was identified in the left eye requiring intervention. Given concerns about capacity, clinicians initiated a best interests process and used a patient/carer passport to understand his needs and plan reasonable adjustments.

An initial attempt in 2022 did not proceed on the day due to severe anxiety and a fear of needles. The team subsequently revisited the approach, holding a multi-disciplinary best interests discussion with carers and family and agreeing a revised plan, including being first on the operating list, admission directly to a private room, minimised and consistent staff contacts, and pre-medication to reduce distress.

The revised pathway enabled successful cataract surgery with same-day discharge. Subsequent treatment was managed via planned, staged familiarisation, with carer/family presence and minimal staff interactions; this avoided general anaesthesia and supported improved quality of life. Carer feedback was strongly positive, noting staff remembered Francis’ needs and the pathway was delivered with “no fuss”.

The presentation closed with video of Francis post procedure, in good health and spirits, enjoying a holiday and his great joy of singing.

The Board reflected on the additional time and reasonable adjustments required to support complex patients, and the importance of consistently applying learning disability passports and best interests planning. The Board emphasised the value of sharing good practice across the organisation to support culture, training, and day-to-day application in busy services, and noted the wider capacity and system-funding implications of delivering complex pathways. The Board invited the presenters to share the story and their involvement at an All-Colleague briefing, and a letter of thanks to Francis for sharing his story would be arranged.

46/26 Chair and quorum

Having noted that due notice of the meeting had been given to each member and that a quorum was present the meeting was declared duly convened and constituted.

The Board of Directors was informed that the meeting would be observed by representatives from the National Recovery Support Team.

47/26 Declaration of interests

No declarations of interest were noted.

48/26 Minutes of the previous meeting

The minutes of the meeting held on 5 February 2026 were approved as a true and accurate record.

49/26 Matters arising and action log

All actions from previous meetings had been completed.

50/26 Chair's report

The Board of Directors received the Chair's Update Report, which summarised the Chair's work and key activities undertaken during February and March 2026. The update reflected extensive engagement across Trust and system priorities, including preparation for Medium Term Plan (MTP) discussions with NHS England, coordination of supporting briefings, and alignment with partners across the Lancashire and South Cumbria system. The Chair also highlighted ongoing governance and organisational development activity, including Board development and Board self-assessment, together with continued focus on financial planning in the context of operational pressures.

The Board reflected on progress made over the past year in establishing core foundations for improvement, while recognising that further work was required to build on these foundations in the year ahead. Members noted the development of key organisational "building blocks" over the last 12 months (including the Single Improvement Plan, supporting strategies, and clearer organisational alignment) and emphasised the importance of sustaining momentum to improve performance and exit the current improvement programme.

The Board noted a material improvement in the underlying financial position compared to prior years, alongside the requirement to ensure changes were sustainable. Members reiterated that improved financial and operational performance was integral to delivering better outcomes for patients, and highlighted the need to continue strengthening internal communications so staff could see the connection between improvement work and patient care. From an assurance perspective, it was noted that, despite operational pressures, a number of strategic advances had continued (including the integration of pathology services and progress in assembling land for the new hospital), with cautious optimism expressed about further improvement over the next 18 months.

51/26 Chief Executive's Report

The Board received the Chief Executive's Report, presented by the Deputy Chief Executive Officer (DCEO), covering key developments since the previous meeting.

The report indicated that at year end the Trust had been able to evidence a strengthened financial position, including an improvement in the underlying deficit. The report noted confirmation that the Trust expected to transition from the NHS England Recovery Support Programme (RSP) into the National Provider Improvement Programme (NPIP) from April 2026, and that the Trust remained in segment 5 of the National Oversight Framework. It was also noted that the transfer of Estates and Facilities colleagues into One LSC from 1 March 2026 would create a more standardised and resilient system-wide service.

An operational update was provided on medicine bed reconfiguration in support of the Days Kept Away from Home initiative. It was further noted that the Trust had recently appointed an experienced Improvement Director to support urgent care transformation alongside system partners. A range of Trust-wide developments was shared, including the urology one-stop clinic pilot, progress against the Green Plan, research milestones at the NIHR Lancashire Clinical Research Facility, and key infrastructure and safety improvements (including nurse call upgrades, defibrillator standardisation and the reopened Royal Preston Hospital helipad), alongside colleague and community engagement highlights.

On 1 April the Trust had successfully transitioned to lead provider with the system for pathology, with approximately 600 staff transferring. Thanks were recorded for departing colleagues. The Board was informed of delivery of a green plan milestone, including a tree-planting event in the Garden of Remembrance, and paid tribute to the chaplaincy team for sustained support during a period of multiple religious observances.

In discussion, the Board received assurance that plans were in place to maintain safe services during the forthcoming resident doctors' strike and noted that changes to training places were not expected to materially impact recruitment/training opportunities locally.

52/26 Board Assurance Framework

Simon Regan attended for this item.

The Board received an update on the Board Assurance Framework, which set out the principal risks to delivery of the 2026/27 corporate objectives.

Principal Risk 2 - Healthcare-associated infection – *C. difficile* trajectory - the Board noted that performance continued to track below trajectory, with increased confidence reported that the year-end position would remain under the threshold and representing the second consecutive year of delivery below trajectory. It was therefore recommended that this risk be considered 'controlled' and to move into routine monitoring through established governance arrangements, whilst maintaining vigilance and continued improvement. The work of the domestic staff in achieving this performance was noted and a letter of thanks would be sent to the department.

Principal Risk 15 - Research capacity and capability – progress towards university hospital status - It was reported to Board that the core objective to make progress on the pathway towards university hospital status had been achieved. Assurance was provided through the Education, Training and Research Committee that an agreed programme of work, supported by a plan and delivery group, was in place. The risk rating had therefore reduced and was recommended as 'controlled'.

The Board noted that the financial plan risk had been realised and had been updated for 2026/27, reflecting both the outturn position and recognised improvements achieved during the year, notwithstanding that the full year-end target had not been met.

The Board noted amendments to the proposed corporate objectives for 2026/27 and the associated review of principal risks. Proposed changes arising from the Board workshop included:

- Principal Risk 1 (patient experience in urgent and emergency care) updated to incorporate explicit safety dimensions, including ambulance handover performance.
- Principal Risk 3 (health inequalities) refined to narrow focus and align with prioritised programmes for 2026/27.
- The previously combined risk relating to cancer and elective care separated into two distinct risks to enable clearer oversight and demonstrable progress.
- The previously combined risk relating to staff experience and inclusion separated to distinguish overall workforce culture from the experience of colleagues with protected characteristics.
- A proposed new principal risk relating to delivery of planned whole-time equivalent workforce reductions, recognising the interaction with financial risk was proposed for oversight through the Finance and Performance Committee.

The Board noted a proposed change to the productivity risk appetite from 'cautious' (2025/26) to 'open' reflecting the scale and pace of change required to secure financial sustainability. It was emphasised that an 'open' appetite better aligned with the need for timely decision-making and acceptance of calculated risk in productivity initiatives over the next two to three years. A revised risk appetite statement was presented for approval.

The Board noted the upcoming departure of Simon Regan, Associate Director of Risk & Assurance. The Board acknowledged Simon's diligence and thanked him for his hard work and commitment during his time at the Trust.

The Board RESOLVED to approve the updated Board Assurance Framework, including the reclassification of the two principal risks as 'controlled' and the associated updates to principal risks, corporate objectives, and risk appetite as set out in the report.

53/26 Safety and Quality Committee Chair's Report

The Board received an update from the Safety and Quality Committee. It was reported that the Committee had provided robust scrutiny of the quality and safety agenda over the previous year and had tested the assurance provided through reports submitted for consideration.

The update highlighted key areas of focus, including the paediatric trauma unit peer review, where actions to address identified issues (including imaging arrangements and emergency department resource configuration) were reviewed and assessed as appropriate given current estate constraints. The Committee had also discussed outpatient surgical pathway tracking, noting reliance on manual processes and the Board received assurance that oversight had been triangulated with the Finance and Performance Committee whilst work progressed to strengthen digital solutions. The Board was informed that the committee had received the Birthrate Plus review and noted that work was progressing through the Board programme to consider associated financial implications. Progress in pathology consolidation was also noted, alongside an expectation of continued scrutiny as delivery moved from implementation to sustained performance. The Committee commended to the Board the Trust's delivery against the maternity CNST requirements, reporting that all actions had been completed ahead of schedule.

The Board discussed assurance relating to compliance with the Human Tissue Authority framework and associated licensing arrangements, including governance over the onward transfer and handling of tissue samples by recipient organisations. It was agreed that this would be reviewed to confirm the relevant processes and controls, with a report to be presented to the Safety and Quality Committee. The Board also requested further triangulated evidence to support assurance on paediatric trauma arrangements, with updates to be brought back through the established committee structure.

54/26 CQC Mental Health Act Focused Visit Report

Simon Regan attended for this item

The Board received the Care Quality Commission (CQC) Mental Health Act focused visit report. The visit had taken place on 9 September and the written findings were subsequently shared on 20 January, following delays within the CQC. The Board noted that this was the first focused visit of this type for the Trust and that it did not form part of a rated inspection programme. The Board received assurance that the report had been scrutinised and accepted and endorsed by the Safety and Quality Committee.

The report highlighted positive feedback from patients, families and staff, and confirmed that no concerns had been identified in relation to the Trust's compliance with its responsibilities under the Mental Health Act. The Board noted recognition within the report of effective partnership working with the mental health provider and the strength of local safeguarding and mental health liaison arrangements within the acute setting, including evidence of compliance with the relevant Code of Practice.

The principal area of concern related to the length of time some individuals waited in an acute hospital setting for an appropriate mental health bed or community placement. It was reported that a joint action plan had been developed with the mental health provider to address the issue, recognising the wider system nature of the challenge. Progress would be tracked through the Safety and Quality Committee via the quarterly CQC regulatory update, incorporating the Trust response and the joint provider response, and that wider system scrutiny would be supported through the Improvement Programme arrangements. It was further reported that work was underway to strengthen joint operational processes with partner organisations through more formal structures, alongside continued focus on early assessment, treatment and discharge planning for people subject to Mental Health Act pathways. The Board noted plans to develop a dedicated mental health review centre, aligned to a model being tested elsewhere within the region, to enable earlier streaming from triage and reduce time spent in the Emergency Department environment. The Board agreed an expectation that the facility would be delivered by 31 March 2027 and requested that this commitment be reflected within the Trust's response and associated programme reporting.

Assurance was sought that the mental health provider had committed appropriate capacity to support the proposed model and associated service changes, noting lessons from similar arrangements in other settings. It was confirmed that commitment had been provided and that implementation would be monitored through established partnership governance. The Board also noted that any capital and revenue implications would be managed through the Trust's financial planning and in-year monitoring processes, with flexibility to adjust plans as required through routine governance and assurance routes.

55/26 Always Safety First

Haj Ugradar attended for this item

The Board received a presentation on the "Always Safety First" Strategy, a five-year enabling strategy aligned to the overarching Trust strategy. The Board noted that the refreshed strategy had been informed by learning from the previous strategy (including establishing a shared safety language, strengthening patient involvement and embedding Safety-II principles) and had been updated to reflect the current national and local context, including the Patient Safety Incident Response Framework, the NHS Patient Safety Strategy, Patient Safety Commissioner principles, the Digital Clinical Safety Strategy and

Martha's Rule, as well as increasing operational pressures, workforce and financial constraints and estate challenges.

It was confirmed that the Safety and Quality Committee had scrutinised and endorsed the strategy and that progress reporting would be provided at six-monthly intervals. In discussion, the Board welcomed the ambition and the emphasis on compassionate leadership, fairness and psychological safety, and recognised the importance of embedding safety and learning within day-to-day operations and the wider improvement agenda, including the need to reduce corridor care and ward boarding. The Board discussed how impact would be evaluated, including the extent to which benefits could be evidenced through a financial lens. It was acknowledged that while the cost of harm and avoidable length of stay could be estimated, translating these into cash-releasing savings was complex and would require further development of analytical maturity. The Board gave due consideration to the language used in the strategy including terms of causing 'harm'. It was suggested that language would be considered carefully in future communications.

The Board RESOLVED to approve the Always Safety First Strategy.

56/26 Maternity Annual Safe Staffing

Jo Lambert attended for this item

The Board received the annual maternity safe staffing review and noted that the report had been validated through divisional governance and reviewed by the relevant executive leads, and that it had been scrutinised by the Safety and Quality Committee prior to submission for Board endorsement. The Board noted that the Trust had previously approved the maternity incentive scheme and that formal confirmation had been received from NHS Resolution that the year seven declaration had been approved, with the associated rebate to be received in due course.

The Board noted that, whilst overall birth numbers had remained broadly stable, the Birthrate Plus review undertaken between April and December 2025 concluded that the current midwifery establishment was below the recognised safe staffing benchmark. This was reported to reflect increased clinical acuity and complexity (including higher prevalence of co-morbidities) and increased service demand, including higher induction of labour activity and rising elective and emergency caesarean section rates, resulting in additional pressure across triage, delivery suite, theatre and postnatal services. To mitigate the identified risks, a phased two-year workforce investment plan totalling approximately £1.0m had been proposed, targeted to areas of greatest pressure. This included additional clinical midwifery capacity, strengthening induction of labour provision, and establishment of a separately staffed telephone triage line, together with investment to support governance, equity and quality improvement. The Board noted the alignment with culture and retention priorities and that the proposed investment had been reflected within the Trust's financial planning assumptions and the wider programme of local cost pressures considered as part of budget-setting.

The Board RESOLVED to approve the report, including Birthrate Plus as the validated workforce planning methodology for maternity services, and support the proposed phased workforce investment plan as set out within the associated financial planning and budget pressures.

The Board received the Integrated Performance Report, including the finance update and Single Improvement Plan update.

Patients - The Board noted a correlation between an increasing number of pressure ulcers and the length of time patients waited in the Emergency Department, and noted that mitigations were being progressed, including replacement of waiting-area seating and delivery of the urgent and emergency care (UEC) improvement programme to reduce time to be seen. In respect of quality and workforce, maternity fill rates were reported as slightly below desired levels, albeit recruitment had been successful, and that robust escalation and dynamic risk management arrangements remained in place. Complaint volumes were broadly consistent, with themes continuing to relate to waiting times and the UEC pathway (including ward boarding) and appointment delays. Mortality was reported to be in line with, or better than, expected across age ranges.

Performance – The Board noted that follow-up backlog waiting lists had increased over the preceding five months, with actions in hand including the increased use of digital tools (including artificial intelligence) and refreshed divisional trajectories to recover performance. Ward boarding remained above trajectory, although a reduction had been reported in February, and Days Kept Away From Home had also reduced in February although still above plan. It was reported that joint work with partners, including the local authority, was progressing to improve discharge responsiveness, including pilot arrangements for enhanced social work availability. Emergency Department four-hour performance remained below the national average, with continued focus through the UEC programme, including dedicated improvement capacity and a redesign programme. Ambulance handover performance remained below national averages and was noted to be closely linked to UEC flow and exit block, with improvement actions being progressed as part of the same programme.

Improvements in referral-to-treatment performance were evidenced in February and the mobilisation of additional 'sprint' activity to increase throughput. Diagnostic performance had also improved in February, with notable progress reported in endoscopy performance compared to the previous year. Virtual ward capacity had recovered following workforce-related constraints earlier in the year. From an assurance perspective, the position on 65-week waits had been maintained at zero since November and that 52-week waits continued to reduce.

People - The Board noted the people update, including that staff advocacy remained an area of focus and that changes to divisional people governance were being implemented to strengthen colleague engagement. Vacancy rates were reported as higher in some areas, reflecting intentional workforce controls associated with delivery of headcount reductions. Sickness absence had reduced materially compared to the prior year and was reported to be among the lowest in the region. Progress had been made in the rollout of a new digital people system and mandatory training and appraisal performance remained compliant, with focus shifting to targeted, specialty-specific training requirements. Overall turnover was reported as low and the Board received reassurance that this was not a cause for concern.

Finance - The Board received a year-end finance update for 2025/26 and noted a reported revenue deficit outturn of £13.7m. The Board noted the principal drivers, including unplanned cost pressures (including industrial action), winter pressures, other in-year operational pressures and interest costs, alongside delivery of the waste reduction programme. The Board noted mitigations secured during the year, including receipt of industrial action funding, work with commissioners on income assumptions and use of non-recurrent flexibilities, whilst noting that non-recurrent measures did not address the underlying recurrent deficit. It was reported that the system had achieved the financial control total, enabling receipt of deficit support funding, and that the Trust's underlying position had improved materially compared with the prior year, alongside recurrent delivery within the waste reduction programme. Capital delivery had increased during the year, including the completion of a strategic land purchase, and noted that the cash position had been supported by receipt of deficit support funding, with no material cash issues reported. The Board expressed thanks to colleagues who led on the land acquisition work.

The Board discussed assurance in relation to flow and discharge performance, including the relative contribution of internal improvement actions and system constraints (notably social care capacity), and sought clarity on where the principal bottlenecks sat across the pathway. It was agreed that the Finance and Performance Committee would continue to scrutinise flow-related metrics, including Criteria to Reside and discharge performance, to support triangulated assurance to the Board. The Board discussed the wider system pressures and how they impact Trust service provision and gave due consideration to how the Trust contributed and influenced as a system partner.

58/26 Finance and Performance Committee Chair's Report

The Committee Chair reported that, over the preceding year, performance reporting had frequently remained adverse; however, recent months had demonstrated clearer evidence of improvement and increased confidence in the robustness of plans and trajectories, including improved ability to obtain assurance through the Committee's scrutiny. The report noted the year-end position for 2025/26 represented a material improvement compared with the prior year. It was reported that the improvement reflected a combination of recurrent delivery within the waste reduction programme and additional mitigations, including system income positions and technical measures. However, these measures in isolation did not fully address the underlying recurrent deficit.

Looking forward to 2026/27, the Committee noted a planned deficit position of approximately £16m and the requirement to secure significant additional recurrent savings. The Committee emphasised the need to maintain ambition whilst applying learning from 2025/26, including the risks associated with over-optimism in scheme valuation, the interaction with deficit support and cash, and the importance of maintaining tight grip and control throughout the year. It was further emphasised that financial recovery required cross-organisational ownership and alignment with operational improvement, including urgent and emergency care, recognising that addressing root causes of inefficiency and poor flow was integral to financial sustainability.

The Committee received an update on the scheme development process for 2026/27. It was reported that proposed savings schemes progressed through an assessment pipeline (the "hopper"), moving to "green" where schemes were assessed as credible and deliverable, with remaining schemes graded amber/red pending further development and

evidence. The Board noted the position at the time of the meeting, with schemes totalling just over £26m assessed as green. A milestone was set to increase the green value to £40m by 15 April (reflecting the impact of the Easter period on working days), leaving a remaining gap of approximately £20m to be closed through further scheme development and commissioner discussions on income assumptions. It was reported that this position would be subject to assurance review through regional processes and would continue to be scrutinised through the Finance and Performance Committee.

The Board noted the implications of the financial position, including the potential requirement for difficult decisions should the organisation continue to provide services that were not fully funded, and the associated need either to reduce provision or to secure compensating savings elsewhere. The Board also discussed the approach to phasing delivery across the year, noting the tension between front-loading schemes to create early headroom and maintaining a consistent delivery runway to evidence grip and control and support confidence in plans, including in the context of transition through national improvement programmes. It was reported that lessons learned had informed a strengthened approach to scheme scrutiny and sign-off, including a shift in reporting from simple planning RAG to explicit delivery-risk assessment.

The Board Chair noted that the Executive team are working collaboratively across portfolios to identify opportunities for in year savings.

In response to a question regarding the potential impact of energy price changes, it was reported that national planning assumptions provided inflationary inputs at a point in time and that specific future market movements were not routinely embedded within local plans. Further sensitivity analysis could be requested as national assumptions were refreshed, and that energy procurement was largely managed through national framework arrangements which applied across providers.

59/26 Green Plan – Annual Report

Ian Ward attended for this item

The Board received the Green Plan Annual Report and noted that it had previously been scrutinised and supported by the Finance and Performance Committee. Areas highlighted for further attention included the nitrous oxide manifold and associated waste, planning for the transition to zero-emission vehicles from December 2027 (noting current market constraints on cost and suitability), and gaps in evidence relating to supply chain net zero requirements. The Board noted examples of progress, including the Trust's role as a Green Theatre pilot site with rollout of relevant checklists, increased use of specialist advice and digital approaches to reduce referrals with plans to expand further in 2026/27, and estates decarbonisation activity supported through the Public Sector Decarbonisation Scheme, including work to replace fossil-fuel heating systems.

The Board received a proposal to align existing sustainability activity into a single Green Plan to strengthen visibility, monitoring and governance, and to support active Board engagement in communicating sustainability goals. It was acknowledged that delivery of a number of initiatives remained dependent on securing national funding through competitive bids. In discussion, the Board noted positive feedback received from national teams on the Green Plan and recognised that some priorities, particularly those requiring energy system change, would require capital investment and wider national support in addition to actions within the Trust's direct control.

Overall carbon emissions had not yet reduced and it was agreed that the report represented a call to action, emphasising that sustainability should be treated as integral to quality, social value and financial sustainability. It was further agreed that additional non-executive support would be provided by Dr Tim Ballard in his Green Champion role, with clear boundaries to avoid operational involvement.

The Board RESOLVED to approve the report including the alignment of the green plan into a single green plan.

60/26 Workforce Committee Chair's Report

The Board received and accepted the Workforce Committee Chair's Report. The Committee Chair highlighted that recent changes to workforce practice and systems had affected the organisation's ability to undertake sickness management processes at pace and noted that this would be addressed through agreed actions with the relevant teams. The Committee Chair further reflected on staff survey feedback, noting themes relating to staff morale, capacity and the organisation's ability to support teams consistently at locality level. The importance of clear communication regarding organisational direction and continued investment in teams to sustain and strengthen culture was highlighted.

The Committee reported increasing reliance on digital, including artificial intelligence and ambient voice technology, to support new models of care and address workforce pressures. The Board noted risks relating to adoption and implementation, including staff willingness and capability to use new tools, and the need to ensure solutions were safe, effective and operationally viable. It was reported that the Committee did not yet have sufficient assurance regarding fitness for purpose and implementation readiness, and that enhanced assurance arrangements were required. In discussion, the Board agreed that corporate oversight of the digital programme should be strengthened through the Finance and Performance Committee, ensuring that the digital strategy was articulated in a way that was meaningful for frontline teams and that delivery was monitored at scale across the Trust. It was agreed that a structured update would be brought to a future Finance and Performance Committee meeting through the relevant digital lead arrangements. The Board clarified that assurance should focus on: (i) the existence of a robust, resourced implementation plan; (ii) delivery against defined milestones; and (iii) demonstrable outcomes across patient safety and quality of care, financial sustainability and operational performance. Increased testing and implementation support would be built into digital deployments, recognising the complexity and cost of adoption alongside the technology itself.

61/26 National Staff Survey Benchmark Report

The Board received the National Staff Survey Benchmark Report and noted that, following a three-year decline, the 2025 results indicated stabilisation. The Board noted that overall results remained marginally below the national average; however, the gap had reduced significantly. The Board emphasised an aspiration to improve beyond average performance, recognising the relationship between staff experience and the delivery of safe, high-quality patient care. Areas of relative strength within the results included team cohesion, compassion and engagement from local leaders. It was reported that analysis had been undertaken at Trust, divisional and team level, including review of free-text

comments. Recurring themes requiring further improvement included leadership visibility, staffing and operational pressures, patient advocacy and safety, staff wellbeing and morale, and value and recognition. The Board noted that sustained system and operational pressures were likely to have influenced perceptions and reaffirmed the importance of maintaining visible leadership and two-way communication with colleagues.

The report set out recommended corporate priorities for action aligned to the Trust's "Your Voice" programme and described how improvements would be delivered, supported by organisational development capacity. In discussion, evidence was welcomed that colleagues were increasingly seeing and engaging with Executive Team members and noted the value of regular communications to provide clarity on organisational priorities and the realities of working conditions.

The Board RESOLVED to accept the report and recommended priorities and requested that a clear improvement plan and progress update be brought back to the Board through the established workforce governance arrangements.

62/26 Education, Training and Research Committee Chair's Report

The Board received and accepted the Education, Training and Research Committee Chair's Report and noted that further work had progressed since the Committee meeting. The Board noted significant progress towards University Hospital status and that an update on the assessment criteria was expected from the relevant national body. It was reported that, because of the programme of work in place, Principal Risk 15 (research capacity and capability and progress towards university hospital status) had been downgraded.

The Board noted that the Committee had held robust scrutiny of areas where mandatory training compliance remained below the required standard and received assurance that actions had been implemented to improve performance, with early benefit reported in some areas. The continued external recognition of the Trust's role in research through the National Institute for Health and Care Research was welcomed and it was agreed that this remained a significant organisational strength despite wider operational and financial pressures.

63/26 Estates Strategy

Kate Hudson attended for this item.

The Board noted that the Estates Strategy had been developed to align with the overarching Trust strategy and formed part of the wider suite of enabling strategies, using a consistent structure, language and presentation. The document set out the contextual estate challenges and opportunities, the key strategic priorities, and the governance arrangements to oversee delivery. The Board noted that the strategy had been scrutinised by the Finance and Performance Committee and had been informed by engagement with clinical and corporate services, regional and national horizon scanning (including capital opportunities), and learning from place assessments, patient-led reviews of clinical areas and patient feedback.

In discussion, the Board welcomed the increased clarity and readability of the document. The Board noted the interdependencies between estates, digital and environmental sustainability objectives.

The Board RESOLVED to approve the Estates Strategy.

64/26 Charitable Funds Committee Chair's Report

The Board received and accepted the Charitable Funds Committee Chair's Report. The Board noted that the Committee had approved four positive funding items and had scrutinised the Rosemere charity. The Committee had discussed the appropriate involvement of charitable funds in the ward refurbishment programme and the governance required to ensure expenditure remained consistent with charitable purposes. The Committee also noted the wider organisational benefits of staff-led fundraising activity, including its contribution to team cohesion and staff morale.

65/26 Board Self-Assessment and Committee Effectiveness Review 2025/26

The Board noted its statutory requirement to comment on its effectiveness and the effectiveness of its committees within the Annual Report. An integrated effectiveness workshop had been held on 19 February 2026 to inform the 2025/26 review, enabling a consolidated assessment across the Board and its assurance committees. The Board concluded that it had remained compliant in the discharge of its responsibilities, including the requirements of the provider licence and that the same conclusion applied to its assurance committees. The Board also agreed a set of development actions to strengthen corporate governance and move from compliance to excellence during 2026/27.

The Board RESOLVED approve the Board Self-Assessment and Committee Effectiveness Review 2025/26.

66/26 Appointment of Directors & Authorised Signatories – LHS Ltd/Hospital Charities Investment Fund

The Board received a report comprising two parts relating to (i) the appointment of directors to a wholly owned subsidiary, LHS Ltd, and (ii) the update of authorised signatories for the investment fund used for hospital charitable funds.

The Board RESOLVED to

- 1. approve the appointment of Silas Nicholls and Paulk Jones (UHMB) as directors of LHS Ltd;**
- 2. approve the updated list of authorised signatories for the hospital charities' investment fund in line with the recommended executive director roles.**

67/26 Items for information

The following reports were received and noted for information:

- a) Audit Committee Chair's Report

The Board received this report from 29th January 2026 following a verbal update of contents being presented at the Board of Directors meeting on 5 February 2026.

b) Data Quality Assurance Report

The Board received the Data Quality Assurance Report, which summarised current assurance activity, external data quality assurance, key data quality risks, and performance against the Waiting List Minimum Dataset and the National Data Quality Assurance Dashboard/Maturity Index. The Board was asked to note the report and the ongoing work to strengthen data quality processes and clinical engagement.

c) Use of Common Seal 2025/26

The Board received a report of use of the Common Seal during the preceding year.

d) Governor Election Report

The Board received the Governor Election Report, which confirmed the 2026 Council of Governors election process and results. The election was conducted in line with the Trust's Constitution and the NHS Providers Model Election Rules, with Electoral Reform Services acting as Returning Officer. The Board noted that there were seven vacancies in the public constituency and three vacancies across the staff categories, that voting closed on 20 March 2026 and results were declared on 23 March 2026, and that the Returning Officer's voting and uncontested reports (including elected candidates and vote breakdown) were appended for information.

e) Cycle of Business 2026/27

The Board was asked to receive and note the Cycle of Business for Board of Directors Meetings.

The RSP colleague observing provided feedback in response to the opening question. The Board and Executive Team were commended for sustained professionalism and progress during a year of heightened scrutiny. It was noted that the organisation entered 2026/27 in a stronger position, with financial plans in place, albeit with further work required.

68/26 Date, time and venue of next meeting

The next meeting of the Board of Directors will be held on Thursday 4 June 2026 at 9:15am at Lecture Room 1, EC1, Royal Preston Hospital

The meeting closed at 12.47pm

5. MATTERS ARISING AND ACTION LOG UPDATE


● Decision Item

👤 M Thomas

🕒 9:40 am

REFERENCES

Only PDFs are attached

 5. Action log - Board (part I) - 2 April 2026.pdf

Action log: Board of Directors (part I) – 2 April 2026

No Outstanding Actions

No	Min. ref.	Meeting date	Action and narrative	Owner	Deadline	Update
1.	-	2 April 2026	Patient Story – Invite patient and Surgery colleagues to share patient story at All Team Briefing	Director of Comms & Engagement	4 June 2026	Complete Update 16.4.26 : Comms team have received contact info of presenters to follow this up.
2.	-	2 April 2026	Patient Story – Letter of thanks to be sent from the Board to the patient, thanking them for sharing their story.	Deputy CEO	4 June 2026	Complete Update for 4 June 2026: Letter of thanks from Board sent to patient.
3.	52/26	2 April 2026	BAF Risk Update - Letter to domestic staff thanking for work in achieving C Diff reduction.	Deputy CEO	4 June 2026	Complete Update for 4 June 2026: Letter of thanks from Board sent to domestic teams.
4.	53/26	2 April 2026	SQC Chair's Report – Review and confirm Human Tissue Authority compliance processes/controls and submit an update to SQC for escalation to the Board as appropriate. Add item to SQC cycle of business.	CAT	4 June 2026	Complete Update 17 April: Item added to SQC Cycle of Business for future consideration
5.	53/26	2 April 2026	SQC Chair's Report – Paediatric Trauma arrangements 'deep dive' to be reported via SQC. Add item to SQC cycle of business.	CAT	4 June 2026	Complete Update 17 April: Item added to SQC Cycle of Business for future consideration

ITEMS FOR FUTURE BUSINESS (for information)

<u>No</u>	<u>Min. ref.</u>	<u>Meeting date</u>	<u>Action and narrative</u>	<u>Owner</u>	<u>Deadline</u>	<u>Update</u>

6. CHAIR'S OPENING REMARKS AND REPORT

● Information Item

👤 M Thomas

🕒 9:42 am

REFERENCES

Only PDFs are attached

 6. Chairs report 4 June 2026.pdf



Board of Directors Report

Meeting of the	Board of Directors		4th June 2026
	Part I <input checked="" type="checkbox"/>	Part II <input type="checkbox"/>	
Title of Report	Chair's Update Report		
Report Author	Rebecca Black, Executive Business Manager to Chief Executive		
Lead Executive Director	Mike Thomas, Chair		
Recommendation/ Actions required	The Board of Directors is asked to receive the report and note the contents for information.		
	Decision <input type="checkbox"/>	Assurance <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
Executive Summary	The purpose of this report is to provide a summary of work and activities undertaken during April and May 2026 by the Trust Chair		
Link to Strategic Objectives 2025/26	Patients – deliver excellent care: Improve outcomes, reduce harm and deliver a positive patient experience.	<input checked="" type="checkbox"/>	
	Performance – deliver timely, effective care: Deliver agreed trajectories in clinical performance.	<input checked="" type="checkbox"/>	
	People – be a great place to work: Create an inclusive culture with leaders at every level leading colleague engagement.	<input checked="" type="checkbox"/>	
	Productivity – deliver value for money: Deliver the agreed financial plan including waste reduction programme, maximising use of resources.	<input checked="" type="checkbox"/>	
	Partnership – be fit for the future: Be an active system partner leading to the delivery of the system clinical strategy, university hospital status and fulfils our anchor and green plan ambitions.	<input checked="" type="checkbox"/>	

1. Introduction

The purpose of this report is to provide an overview of the work and activities undertaken during April and May 2026 by the Trust Chair.

2. Chair Update's

During April and May 2026, the Chair has been involved in a wide range of meetings and activities in support of the Trust's governance, performance and wider partnership agenda.

Latest Cancer Waiting Times - Performance

The Chair would like to formally acknowledge the hard work of teams across the Trust for their continued improvement work, which has supported strong progress in cancer performance, with the Faster Diagnosis Standard at 83.5% and in the top national quartile, 62 day performance ending the year at 76.6% above ambition (The Trust has seen the 5th largest year on year improvement nationally and now ranks 43rd/118), and 31 day performance at 93.3%, close to this year's target.

2026 King's Speech

The 2026 King's Speech included proposed NHS reform legislation through an NHS Modernisation Bill, covering changes to NHS structures, a single patient record and patient safety arrangements, and the Trust will continue to monitor developments as further detail emerges.

3. Summary of Key Items from Board Part 2 meeting of 2nd April 2026

The Board was presented with key updates on a Patient Safety Incident Response Framework (PSIRF), financial position and 2026/27 budget proposals, each of which had been subject to prior scrutiny through the appropriate assurance committee. Correspondence was shared from the Integrated Care Board which acknowledging the Trust's contribution to system financial control.

The Board approved a proposed workforce reduction programme which included a Mutually Agreed Resignation Scheme for non-medical staff. The Board further approved a number of significant governance and operational proposals. Routine committee minutes were also received for information.

4. Chair's attendance at meetings

Details below are the meetings attended and activities undertaken during April and May 2026.

Date	Activity
April 2026	
2 nd April	Board of Directors
2 nd April	121 – Managing Director, Provider Collaborative
2 nd April	NEDs Appraisal
7 th April	121 NHSE Intensive Improvement Director, National Recovery Support
7 th April	Welcome for new Governors
7 th April	121 – Non-Executive Director
8 th April	121 – Chief Strategy and Improvement Director

9 th April	Chairs Discussion
14 th April	Board Development Session
14 th April	121 – Deputy CMO
14 th April	Nominations Committee
15 th April	LTH Improvement Assurance Group (IAG)
15 th April	121 – Managing Director, Provider Collaborative
15 th April	121 – Chief Operating Officer
21 st April	121 – ICB Chair
21 st April	121 – Managing Director, 1LSC
21 st April	CEO Appraisal
23 rd April	Site Visit – RPH
23 rd April	Council of Governors
24 th April	NW System Leaders
28 th April	121 – Director of Communications & Engagement
28 th April	Health Development Meeting
28 th April	121 – Non-Executive Director
28 th April	121 – UEC Improvement Director
30 th April	ARTE Committee
May 2026	
5 th May	Board Workshop
5 th May	Board Agenda Setting
5 th May	121 – Non-Executive Director
5 th May	121 – Rev. M McDonald
5 th May	121 – NHSE CEO
5 th May	121 – LSC CEO
12 th May	121- Chief Operating Officer
12 th May	121 – Managing Director – 1LSC
12 th May	121 – Board Development Support
12 th May	Chairs Discussion
12 th May	121 – Director of Corporate Affairs
14 th May	Barriers & Limitations meeting
14 th May	Exit Interview
14 th May	121 – Introduction, CEO MBHT
19 th May	1LSC Regional Provider Oversight Meeting
20 th May	121 – NHSE Improvement Director
21 st May	Joint Board & Governor Development Session

4. Financial implications

None

5. Legal implications

None

6. Risks

None

7. Impact on stakeholders

None

8. Recommendations

It is recommended that the Board received the report and notes the contents for information.

7. CHIEF EXECUTIVE'S REPORT

● Information Item

👤 S Nicholls

🕒 9:45 am

REFERENCES

Only PDFs are attached

 7. Chief Executive's Report to Board - 4 June 26.pdf



Board of Directors' Report

Meeting of the	Board of Directors		4 June 2026
	Part I <input checked="" type="checkbox"/>	Part II <input type="checkbox"/>	
Title of Report	Chief Executive's Report		
Report Author	Prepared by Naomi Duggan – Director of Communications and Engagement		
Lead Executive Director	Professor Silas Nicholls		
Recommendation/ Actions required	The Board of Directors is asked to receive the report and note its contents for information.		
	Decision <input type="checkbox"/>	Assurance <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
Executive Summary	The purpose of this report is to update the Trust Board on matters of interest since the previous meeting.		
Link to Strategic Objectives 2025/26	Patients – deliver excellent care: Improve outcomes, reduce harm and deliver a positive patient experience.	<input checked="" type="checkbox"/>	
	Performance – deliver timely, effective care: Deliver agreed trajectories in clinical performance.	<input checked="" type="checkbox"/>	
	People – be a great place to work: Create an inclusive culture with leaders at every level leading colleague engagement.	<input checked="" type="checkbox"/>	
	Productivity – deliver value for money: Deliver the agreed financial plan including waste reduction programme, maximising use of resources.	<input checked="" type="checkbox"/>	
	Partnership – be fit for the future: Be an active system partner leading to the delivery of the system clinical strategy, university hospital status and fulfils our anchor and green plan ambitions.	<input checked="" type="checkbox"/>	
Due Diligence	To give the Trust Board assurance, please complete the following:		
Committee Approval:	Name of Committee: N/A	Date: N/A	
Operational Group Review:	Name of Operational Group: N/A	Date: N/A	
Link to Board Assurance Framework:	N/A - No aligned to a Principle Risk		
Appendices	N/A		

CHIEF EXECUTIVE'S REPORT

James Murray appointed as new Health Secretary

James Murray MP was appointed as the Secretary of State for Health and Social Care on 14 May 2026, following the resignation of Wes Streeting MP. Mr Streeting has confirmed he would enter any potential Labour leadership contest.

James Murray, who is the Member of Parliament for Ealing North, has been an MP since the 2019 General Election and has served in a number of roles across the government and the opposition, including being appointed as the Shadow Financial Secretary to the Treasury in October 2020. Mr Murray has also served as the Deputy Mayor of London for Housing.

Following the Labour Party's 2024 General Election victory, Mr Murray was appointed to Prime Minister Sir Keir Starmer's cabinet, taking on the role of Exchequer Secretary to the Treasury. When the Prime Minister reshuffled his cabinet in 2025, he was then appointed as Chief Secretary to the Treasury.

Local election results

Our local councils, such as Preston City Council, Chorley Council and South Ribble Borough Council, are amongst our key stakeholders, as we work collaboratively with them on many levels.

Following the recent round of local elections, there have been notable changes in the political composition of some of our key council partners. While South Ribble was not part of this election cycle, both Preston and Chorley saw one-third of their council seats contested. In Preston, 16 seats were contested and the council has moved to 'no overall control'. Labour remains the largest party but has lost its majority, with increased representation from Reform UK and the Green Party. Preston City Council will be run by a minority Labour administration, with Councillor Matthew Brown (Labour) returning as Leader.

In Chorley, 14 seats were contested and Labour retained overall control of the council, which is led by Councillor Alistair Bradley MBE (Labour), despite notable gains by Reform UK.

The Trust will continue to engage proactively with elected members and council leadership teams to maintain strong relationships and ensure continued alignment on shared objectives, particularly in relation to population health, system working, and service transformation.

Land secured for proposed site for replacement for Royal Preston Hospital

Shortly before our last Board meeting, we completed the purchase of the final section of land on the proposed site for the replacement for Royal Preston Hospital (RPH). The land at Lancashire Central, adjacent to the planned commercial site, has been purchased from strategic partner, Lancashire County Council, as part of the national New Hospital Programme. Lancashire Central is being brought forward by Lancashire County Council in partnership with Maple Grove Developments under an existing Development Agreement. The purchase completes the land assembly of the acres required to build a replacement for RPH and enables future public consultation on the proposed new hospital site.

The proposed site for the new build is land between Stanfield Lane and Wigan Road, south of Stoney Lane in Farington, near to the end of the M65 West.

Whilst the Trust has now completed the purchase of the potential new site for a new hospital build, no final decisions have been made – this would be subject to full public consultation at a later date and the necessary national and local approvals. The NHS is open to other sites being suggested, which would be subject to the same comprehensive review as the proposed site. Construction work on a replacement Royal Preston Hospital is currently expected to start between 2037 and 2039. [Full details are on our website.](#)



Launch of the Lancashire and South Cumbria Pathology Service

The Lancashire and South Cumbria Pathology Service launched on 1 April 2026, bringing together services across the region under a single organisational model, with Lancashire Teaching Hospitals as Lead Provider. Colleagues from Blackpool Teaching Hospitals, East Lancashire Hospitals and University Hospitals of Morecambe Bay have transferred to LTH under TUPE arrangements, creating a unified workforce while maintaining services at existing sites.

This change aligns with the national Carter Review and NHS England’s direction to improve the sustainability, quality and resilience of diagnostic services. Importantly, there is no impact on day-to-day roles or service delivery, with local access continuing as before.

The new model enables greater collaboration, supporting service improvement, innovation, cost efficiencies, and workforce resilience. Key future planned developments include the implementation of a new Laboratory Information Management System, expansion of digital pathology, and coordinated procurement. The launch of the single service represents a significant step forward in modernising diagnostics across the system. [Full details are available here.](#)

Sarah Morrison appointed as University of Cumbria Professor of Practice



On International Nurses’ Day 2026 (12 May), it was announced that our Chief Nursing Officer and Deputy Chief Executive, Sarah Morrison, has been awarded an honorary Professor of Practice role by the University of Cumbria, recognising her outstanding contribution to nursing leadership, research and clinical innovation. Sarah’s appointment strengthens strategic links with academia and reflects her leadership across the Lancashire and South Cumbria system, including her role as Lead Provider Chief Nurse for Research. She has championed embedding research into clinical

practice, supporting staff to undertake research degrees, fellowships, and contribute to national and international programmes.

Notable achievements include her involvement as Principal Investigator in the Magnet4Europe study, where the Trust ranked highly for safety culture, and executive sponsorship of work to reduce maternity inequalities. Sarah has also driven workforce development, expanding advanced clinical roles and career pathways. [Full details are on our website.](#)

Sharon Robson, Managing Director of One LSC, to retire

Sharon Robson, Managing Director of One LSC, has taken the decision to retire later this year after two years in post.

It is a testament to Sharon and the work of all the teams within One LSC that this innovative model has gained national recognition and is now being considered for wider adoption.

Former NHS Provider Trust Chief Executive Richard Beeken is joining as Interim Managing Director to ensure a smooth handover, focusing on strategy, governance, and colleague experience, as well as detailed planning and delivery.

Resident doctors' industrial action

The latest round of industrial action by resident doctors in England took place from 7am on 7 April to 6.59am on 13 April 2026, immediately following the Easter bank holiday period, after the British Medical Association rejected a national pay offer.

Trusts were asked to prioritise patient safety, maintaining emergency and urgent care services, supporting patient flow and discharge, and delivering elective activity wherever possible, with an ambition to maintain up to 95% of usual activity levels.

As in previous rounds of industrial action, our primary operational focus was the maintenance of safe, life-critical services, particularly across urgent and emergency care pathways. In parallel, we took all reasonable steps to minimise disruption to other essential services, including elective care, cancer diagnostics, and treatment pathways. We looked to ensure as many services as possible continued to operate safely and encouraged patients who needed urgent medical care to continue to come forward as normal, especially in emergency and serious life-threatening cases. We asked patients to attend appointments as planned if we had not contacted them regarding the need to reschedule due to strike action, which was only enacted where it was necessary.

Comprehensive communications, including detailed FAQs, were issued in advance to our medical workforce to ensure clarity, consistency, and preparedness across services, and I'd like to thank all colleagues who worked during the period of the Industrial Action, and also all those who contributed to the detailed planning required to maintain safe services.

NHS England performance update

The NHS has achieved a significant milestone, hitting its 18-week referral-to-treatment target for the first time in several years, alongside a substantial reduction in waiting lists. In March 2026, 65.3% of patients were treated within 18 weeks, reflecting a 6.4% improvement since July 2024.

Overall, the waiting list has fallen to 7.11 million – the lowest level in three and a half years – with over 500,000 fewer patients waiting since July 2024. Long waits have also reduced markedly, with the number of patients waiting over a year nearly halved in the past 12 months.

The NHS delivered record elective activity, with over 18.6 million treatment pathways completed, and 29.9 million diagnostic tests undertaken. This progress has been achieved despite sustained operational pressures, including high urgent care demand and industrial action.

Trust wide successes and service developments



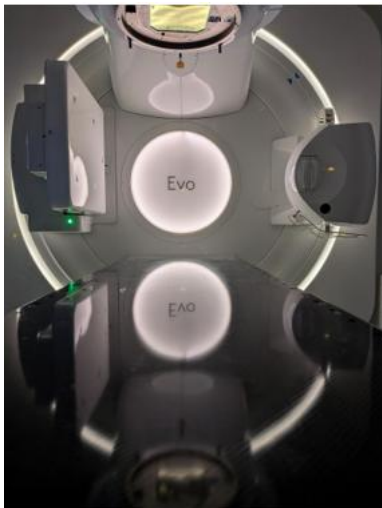
- **RPH reports excellent survival score in major trauma data**



Royal Preston Hospital's Major Trauma Service achieved an excellent survival score in the latest Athena data, with more patients surviving major trauma than would be expected. Since designation as a Major Trauma Centre in 2012, the hospital now treats more than 1,200 severely injured patients annually across Lancashire and South Cumbria. Performance reflects strong end-to-end delivery of the major trauma pathway, from advanced pre-hospital care with North West Ambulance Service (NWAS) and air ambulance partners to rapid emergency department resuscitation, supported by 24/7 CT imaging, diagnostics, and emergency theatre capability. Interventional radiology and surgical specialities ensure timely life- and limb-saving interventions. Care extends beyond acute treatment, with a multidisciplinary rehabilitation model involving therapy services, psychology, and specialist rehabilitation.



- **Cancer care strengthened with new LINAC machine**



We have strengthened our radiotherapy capability with the installation of a second next-generation linear accelerator (LINAC) at the Rosemere Cancer Centre, Royal Preston Hospital. The investment forms part of a £70m national programme to modernise radiotherapy equipment and improve reliability, reducing the risk of cancelled treatments.

The addition of a second identical machine enhances service resilience and supports future adoption of advanced techniques, including adaptive radiotherapy, which will enable more precise, personalised treatment. The technology allows clinicians to deliver highly targeted radiotherapy, minimising damage to healthy tissue and improving patient experience. We are already a leader in surface-guided radiotherapy, with around 90% of patients now receiving tattoo-free treatment. The expanded infrastructure also supports workforce development and service sustainability across a large regional population. This investment reinforces LTH's position as a leading provider of cancer care, improving treatment quality, capacity and

future readiness. [Full details are on our website.](#)

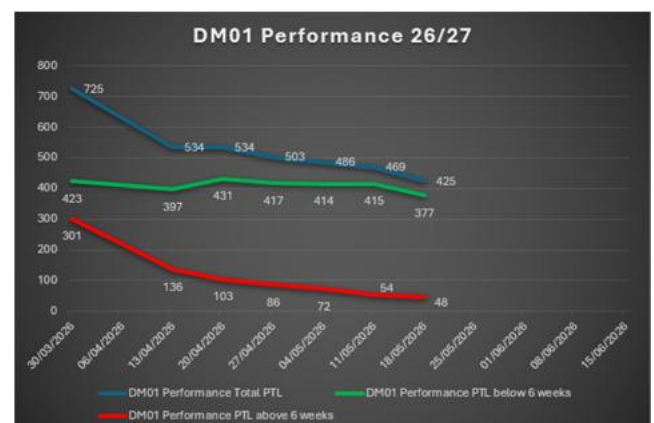
- **Endoscopy service making significant progress in reducing patient waits**



The Trust's Endoscopy service continues to make significant progress in reducing patient waits, with around 91% of patients now seen within six weeks, demonstrating sustained improvement against the national standard of 95%. This represents a major step forward from just a few years ago, when fewer than 20% of patients were being seen within six weeks, highlighting the scale of transformation delivered by the team.

Recent operational data shows ongoing reductions in long waiters, with just 48 patients waiting over six weeks in the latest snapshot. This improvement has been driven by a sustained focus on:

- Increasing capacity and maximising use of available sessions
- Investment in workforce and flexible staffing
- More efficient ways of working, including validation and improved scheduling.



Since April 2025, these efforts have delivered over a 78% reduction in overall waiting list size and nearly 95% reduction in long-waiting patients, underlining the impact of the programme.

- **Award for Lancashire Health Hub and Knowledge and Libraries Services**



Our Knowledge and Library Services, in partnership with colleagues across Lancashire and South Cumbria, have received the national CILIP and UCL Information Literacy Award 2026 for the Lancashire Health Hub. The award recognises outstanding practice in supporting public access to reliable information and developing critical literacy skills.

The Lancashire Health Hub was commended for its collaborative approach across health and public library sectors, its focus on reaching vulnerable communities, and its role as a trusted source of accessible health and wellbeing information. The platform supports both the public and health and care staff by improving health literacy, digital skills and access to local services, while also addressing inequalities. The initiative has been highlighted as a model of best practice, with plans to share learning nationally. Prize funding has been donated to a local charity, Sure-Start Central Lancashire.

- **LTH nurse shortlisted for six national awards**



Oluchi Emma Okoroafor, Bank Senior Healthcare Assistant at Lancashire Teaching Hospitals, has been shortlisted for six national awards, recognising her exceptional academic achievement, compassionate care and emerging leadership. Her nominations span five categories at the Student Nursing Times Awards, alongside a further nomination at the ASKeN Summit, highlighting her impact across clinical practice, education and inclusion. Oluchi's journey into nursing, following a previous career as a university lecturer back in Nigeria, has been marked by resilience and distinction. She is set to graduate with distinction in Adult Nursing and has been recognised for her work supporting fellow students, particularly international cohorts, through teaching, mentorship and peer-support initiatives.



Building on previous national recognition, Oluchi continues to contribute to clinical practice and education while maintaining links with the Trust. Her achievements showcase the strength of the workforce pipeline and the Trust's role in supporting talent development, diversity and future clinical leadership.

- **LTH steps in to host major surgical training conference**



We successfully recently hosted a major national surgical training conference at short notice, after the original venue became unavailable. Working in partnership with the Lancashire Surgical Society and the University of Lancashire, the Trust's Education Centres team quickly mobilised to deliver the event at its Preston facilities. The conference attracted around 200 attendees, including medical students, junior doctors and senior clinicians from across the UK. It featured a range of hands-on training sessions, including laparoscopic techniques and specialist procedural skills, providing valuable experiential learning and career insight.

Our high-quality education facilities and experienced teams were central to the event's success, ensuring seamless delivery despite tight timescales. Feedback from organisers and delegates was highly positive.

This initiative strengthened partnerships with academic and clinical partners, showcased our education capabilities, and reinforced our role in supporting workforce development and training.



- **£1.48m NIHR investment in new Centre for Stroke and Neurosciences**

We have secured £1.48m in NIHR capital funding to establish a new Centre for Stroke, Neuroscience and Ageing Research (CSNAR) at Royal Preston Hospital. The investment will transform mothballed space into a modern clinical and academic research hub, strengthening the Trust's research infrastructure and supporting expansion of both commercial and academic studies. The new centre will bring together clinicians and academic partners, including the University of Lancashire and Lancaster University, to address regional health challenges such as high stroke incidence and health inequalities. It will enhance access to research for local communities, improve early diagnosis and treatment pathways, and support rehabilitation outcomes.



The development aligns with our ambition to become a University Hospital and grow its commercial research portfolio. It is also expected to attract further investment, strengthen partnerships, and support workforce retention. The facility is scheduled to open in Spring 2027.

[Full details are on our website.](#)



- **Celebrating 10 Years of the LCRF**



The National Institute for Health and Care Research (NIHR) Lancashire Clinical Research Facility (LCRF) recently marked its 10-year anniversary, reflecting a decade of significant growth, innovation and impact in early phase clinical research. Since its establishment, the facility has developed from no early phase activity to a strong, multi-specialty portfolio, including advanced therapies, gene therapy, genetically modified organism (GMO) studies and cancer vaccines.

The team has expanded considerably, supported by sustained investment in training to ensure high-quality, safe and responsive research delivery. The LCRF has built strong partnerships with industry and national research infrastructure, achieving key milestones such as first global and UK patient enrolments and top recruiting centre status in national studies. Notable achievements include England's first strategic contract with BioNTech and delivery of the PERSICA first-in-human trial, with positive outcomes published in *The Lancet*. Overall, the LCRF is now recognised as a leading centre for innovative clinical trials, contributing to improved patient outcomes and regional research capacity. [Full details are on our website.](#)



- **MAU Chorley celebrates fourth-consecutive Gold STAR accreditation**

The Medical Assessment Unit (MAU) at Chorley and South Ribble Hospital has achieved its fourth consecutive Gold STAR Accreditation, recognising sustained excellence in patient care, quality improvement and team performance. This milestone reflects a long-term, structured improvement journey, progressing from Bronze to consistent Gold standard delivery. Key developments include strengthened clinical leadership visibility, embedded safety huddles, improved handovers, and standardised safety processes. Redesign of triage facilities has enhanced patient flow and efficiency in a high-pressure environment, managing around 600 discharges and transfers each month.



The team has also prioritised staff wellbeing and engagement, introducing initiatives such as a wellbeing room, flexible rostering, and regular recognition schemes to support morale and retention. Progress has been both structured and sustained, earning a first Silver in November 2022, a second in July 2023, and subsequent Golds in May and December 2024, July 2025, and February 2026.



- **New safer sleeping equipment for babies and children at RPH**



Royal Preston Hospital has introduced new cots and beds within paediatric services, improving safety, quality of care and patient experience for babies and children. The investment includes ten cots and 14 beds designed to meet National Patient Safety Alert standards, reducing risks associated with entrapment and falls, and forms part of the wider Women and Children's risk management programme. The updated equipment enhances clinical care by improving visibility for staff, enabling easier monitoring of patients, while also providing a more modern, comfortable and secure environment for children and families. One bed on each site has also been allocated for adult use, ensuring appropriate support where needed.

Early feedback from families and staff has been positive, with benefits seen in both safety and usability. This initiative reflects the Trust's ongoing commitment to patient safety, high-quality care environments and continuous improvement in services for children and young people.

- **Trust first to be recognised nationally for tracking and cutting food**



We have become the first trust in the UK to receive an NHS England Food Data Gold Star, recognising excellence in tracking and reducing food waste across its hospital catering services. The award reflects both high-quality data reporting and a strong commitment to sustainability, efficiency and patient care.

We have implemented new processes to measure food waste across preparation, unserved meals and plate waste, enabling more accurate, data-driven decision making. This has driven a significant cultural shift within catering teams and led to immediate improvements, including a 30 to 35% reduction in food production and lower disposal costs.



Savings are being reinvested to enhance patient and staff experience through improved ingredients, expanded menu choices and staff development. With around 850 meals served daily, the initiative also supports high standards of food safety. This achievement positions the Trust as a national leader in sustainable hospital catering and operational efficiency.

- **Sir Lindsay deeply moved by "remarkable" Gemma**



Gemma Devine, Healthcare Assistant at Chorley and South Ribble Hospital, has been recognised by Sir Lindsay Hoyle for her inspiring personal and professional journey living with Multiple Sclerosis (MS). During a meeting at Chorley Town Hall, Gemma shared her experience of being diagnosed at 18, rebuilding her mobility, and becoming a strong advocate for self-advocacy and resilience among people with long-term conditions. Now thriving in her role at the Trust, Gemma actively supports others through public speaking, media engagement – recently having an interview published in *Take a Break* magazine, the best-selling women's weekly magazine in the United Kingdom – and contributions to internal communications. She has also been a finalist in the Trust's Our People Awards for her work on equality.

Sir Lindsay described her journey as “remarkable” and has committed to recommending her to the MS Society as a national champion for young people and those newly diagnosed. Her story highlights the impact of lived experience in inspiring others and reinforces the Trust's commitment to inclusion, staff development and patient-centred values.

- **Cardiac Rehab Nurse wins national Special Recognition award**



A Lead Cardiac Rehabilitation Nurse at Lancashire Teaching Hospitals, Samantha Young, has received a national Special Recognition Award from the Pumping Marvellous Foundation, the UK's leading patient-led heart failure charity. The award recognises her outstanding contribution to improving care, outcomes and patient experience for people living with heart failure. Samantha was commended for her leadership, compassion and commitment to empowering patients to better manage their condition. Her work reflects a modern, holistic approach to cardiac rehabilitation, focused not only on recovery following cardiac events but on supporting long-term behaviour change, patient education and self-management.



The recognition highlights the strength of our cardiac rehabilitation service and its alignment with national best practice, including use of the NICE-recommended Pumping Marvellous platform. It also showcases the team's role in enabling patients to return to active, meaningful lives. This national accolade enhances the Trust's reputation for high-quality, patient-centred cardiovascular care.



- **Donna aims to drive respiratory improvement as new Asthma + Lung Champion**



Having been appointed as Asthma + Lung UK Champion for Lancashire and South Cumbria Integrated Care Board, Donna Peat (pictured, right), Advanced Clinical Practitioner at LTH, is leading a major programme to improve care for patients with asthma and Chronic Obstructive Pulmonary Disease (COPD). One of only six national champions, Donna will drive system-wide improvements across the patient pathway, from primary to specialist care, focusing on early intervention to reduce avoidable deterioration.

Respiratory disease remains a significant system pressure, with asthma and COPD contributing heavily to emergency attendances and admissions. Donna's work includes improving asthma care in emergency and acute settings through updated guidance, education and audit, alongside implementing a new regional COPD pathway to reduce readmissions and improve quality of life. A key element is strengthening cross-organisational collaboration, building a regional respiratory community of practice and ensuring consistent standards of care. Success will be measured through improved prescribing, reduced admissions and better patient self-management, supporting improved outcomes and prevention.

1. RECOMMENDATIONS

- i. It is recommended that the Board receive the report and note its contents for information.

8. *BOARD ASSURANCE FRAMEWORK

● Decision Item

👤 H Ugradar

🕒 9:55 am

REFERENCES

Only PDFs are attached

 8. Board Assurance Framework Report Board Part I 4 June 2026 .pdf



Board of Directors Report

Meeting of the	Board of Directors		4th June 2026	
	Part I	<input checked="" type="checkbox"/>	Part II	<input type="checkbox"/>
Title of Report	Board Assurance Framework (BAF) Report			
Report Author	Hajara Ugradar, Associate Director of Risk, Assurance and Corporate Affairs			
Lead Executive Director	Executive Directors			
Recommendation / Actions required	The Board of Directors are asked to:			
	Decision	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>
Executive Summary	<p>This paper provides an update on the Board Assurance Framework (BAF) following the review and approval of the Principal Risks aligned to the 2026/27 Corporate Objectives.</p> <p>Updates since the last Board of Directors meeting:</p> <ul style="list-style-type: none"> The Board approved a refreshed set of Principal Risks for 2026/27 at its meeting on 2 April 2026. The BAF has subsequently been refined to ensure full alignment with the Trust’s strategic objectives, incorporating changes discussed in the Board Workshop on 3rd March 2026 and Committees of the Board. The 2026/27 BAF establishes a revised baseline, with current risk scores reflecting the Trust’s starting position at the beginning of the financial year and no material movement since approval. Key changes to the BAF include: <ul style="list-style-type: none"> The disaggregation of the previously combined planned and cancer care risk into two distinct Principal Risks: <ul style="list-style-type: none"> PR3 – Timely access to planned care PR4 – Timely access to cancer care The refinement of the workforce culture risk into two separate Principal Risks: <ul style="list-style-type: none"> PR7 – Experience of under-represented staff groups PR8 – Experience of staff and levels of staff satisfaction Introduction of a new Principal Risk: <ul style="list-style-type: none"> PR13 – Delivery of the planned reduction in whole-time equivalent workforce, reflecting the significance of workforce transformation within the financial recovery plan. Performance-related risks (PR3–PR6) and financial risks (PR10 and PR11) remain high at the start of the year, consistent with the Trust’s underlying operational and financial position. 			

	<ul style="list-style-type: none"> • Focused committee discussions have taken place on key risks: <ul style="list-style-type: none"> ○ At its April 2026 meeting, the Finance and Performance Committee (FPC) requested clearer numerical thresholds and a defined time profile to demonstrate when a reduction in the Whole Time Equivalent (WTE) workforce risk (PR13) would be triggered. From May 2026, detailed performance against WTE reduction plans is reported in a separate monthly paper, enabling delivery to be monitored against trajectory. ○ FPC also considered whether the current risk score for PR13 appropriately reflects its relative significance, particularly given the contribution of workforce reductions to delivery of the financial plan. A number of key schemes remain in development, alongside a clear pipeline of opportunities, and the current position reflects an early stage of delivery, with improvement anticipated as schemes mature. However, Month 1 delivery of the Workforce Reduction Programme (WRP) is below plan; whilst this is consistent with expected phasing, the Committee highlighted the importance of demonstrating early progress against trajectory, given the scale of the programme. The relationship between PR13 and the overarching financial risk (PR10) will continue to be kept under active review, and a further review of the risk score is planned following the Month 2 reporting cycle. ○ At its May 2026 meeting, the Workforce Committee reviewed data underpinning PR7 (Experience of under-represented staff groups), including WRES, WDES, staff survey and Freedom to Speak Up findings. The Committee discussed whether the current risk score of 12 appropriately reflects the variation in experience for under-represented staff groups and the potential impact on staff experience and retention. It was agreed that a further review of the risk score will be undertaken, supported by more comprehensive analysis across protected characteristics, comparison with data supporting PR8 (Experience of staff and levels of staff satisfaction which is also currently scored at 12), and consideration of trends over time. This will be considered at the next Workforce Committee meeting, with any recommended changes reported through to the Board • There are currently no operational high risks escalated to the Board within the BAF this month. <p>Overall, the June BAF reflects a reset of the Trust’s principal risks for 2026/27, with strengthened alignment to strategic priorities and enhanced granularity in key risk areas.</p>								
Link to Strategic Objectives 2026/2027	<table border="1"> <tr> <td data-bbox="486 1720 1476 1792">Patients – deliver excellent care: Improve outcomes, reduce harm and deliver a positive patient experience.</td> <td data-bbox="1476 1720 1568 1792" style="text-align: center;">☑</td> </tr> <tr> <td data-bbox="486 1792 1476 1863">Performance – deliver timely, effective care: Deliver agreed trajectories in clinical performance.</td> <td data-bbox="1476 1792 1568 1863" style="text-align: center;">☑</td> </tr> <tr> <td data-bbox="486 1863 1476 1935">People – be a great place to work: Create an inclusive culture with leaders at every level leading colleague engagement.</td> <td data-bbox="1476 1863 1568 1935" style="text-align: center;">☑</td> </tr> <tr> <td data-bbox="486 1935 1476 2027">Productivity – deliver value for money: Deliver the agreed financial plan including waste reduction programme, maximising use of resources.</td> <td data-bbox="1476 1935 1568 2027" style="text-align: center;">☑</td> </tr> </table>	Patients – deliver excellent care: Improve outcomes, reduce harm and deliver a positive patient experience.	☑	Performance – deliver timely, effective care: Deliver agreed trajectories in clinical performance.	☑	People – be a great place to work: Create an inclusive culture with leaders at every level leading colleague engagement.	☑	Productivity – deliver value for money: Deliver the agreed financial plan including waste reduction programme, maximising use of resources.	☑
Patients – deliver excellent care: Improve outcomes, reduce harm and deliver a positive patient experience.	☑								
Performance – deliver timely, effective care: Deliver agreed trajectories in clinical performance.	☑								
People – be a great place to work: Create an inclusive culture with leaders at every level leading colleague engagement.	☑								
Productivity – deliver value for money: Deliver the agreed financial plan including waste reduction programme, maximising use of resources.	☑								

	Partnership – be fit for the future: Be an active system partner leading to the delivery of the system clinical strategy, university hospital status and fulfils our anchor and green plan ambitions.	<input checked="" type="checkbox"/>
Committee Approval:	Committees of the Board	Date: April and May 2026
Operational Group Review:	Board Workshop	Date: 3 rd March 2026
Link to Board Assurance Framework:	All Principal Risks within the BAF	
Appendices	Appendix 1: Board Assurance Framework – 2026/27	

1. Background

1.1 The Well Led Framework by NHS England and the Care Quality Commission (CQC) requires Boards of all provider organisations to ensure there is an effective and comprehensive process in place to identify, understand, monitor and address current and future risks. This includes a Board Assurance Framework (BAF) which provides a structure and process to enable organisations to identify those strategic and operational risks that may compromise the achievement of the Trust's objectives.

1.2 This paper provides the Board of Directors with an update on the BAF following the review and approval of the Principal Risks to the delivery of the 2026/27 Corporate Objectives.

2. Discussion

2.1 Current Board Assurance Framework

2.1.1 The BAF in Appendix 1 identifies the Principal Risks that threaten the delivery of the Corporate Objectives.

2.1.2 At the Board meeting on 2 April 2026, the Board approved the Principal Risks for 2026/27.

2.1.3 The BAF has since been refined to ensure full alignment with the Trust's strategic priorities, incorporating updates agreed through the March 2026 Board Workshop and Committees of the Board.

2.1.4 The Principal Risks for 2026/27 are as follows:

Principal Risk Number	Principal Risk	Exec Lead	5Ps	Risk Appetite	Risk Tolerance	Current score	Direction of score since last meeting
PR1 (26/27)	Patient safety and experience within the urgent and emergency care pathway	CNO	Patients	Cautious	1-6	15	→
PR2 (26/27)	People experiencing Health inequalities	CNO	Patients	Cautious	1-6	12	→
PR3 (26/27)	Timely access to planned care	COO	Performance	Cautious	1-6	16	NEW
PR4 (26/27)	Timely access to cancer care	COO	Performance	Cautious	1-6	16	NEW
PR5 (26/27)	Timely access to urgent and emergency care	COO	Performance	Cautious	1-6	20	→
PR6 (26/27)	Timely access to diagnostic investigations	COO	Performance	Cautious	1-6	16	→
PR7 (26/27)	Experience of under-represented staff groups	CPO	People	Open	4-8	12	NEW
PR8 (26/27)	Experience of staff and levels of staff satisfaction	CPO	People	Open	4-8	12	NEW
PR9 (26/27)	Failure to effectively manage staff absence and achieve Trust and National target rates	CPO	People	Open	4-8	12	→

Principal Risk Number	Principal Risk	Exec Lead	5Ps	Risk Appetite	Risk Tolerance	Current score	Direction of score since last meeting
PR10 (26/27)	Delivery of the 2026/27 financial plan whilst reducing the size of the underlying financial deficit	CFO	Productivity	Open	8-12	20	→
PR11 (26/27)	Cash consequences of the Trust's underlying financial position	CFO	Productivity	Open	8-12	20	→
PR12 (26/27)	Ability to access required Capital to support an ageing estate	CFO	Productivity	Open	8-12	16	→
PR13 (26/27)	Delivery of the planned reduction in whole time equivalent workforce	CPO	Productivity	Open	8-12	16	NEW

2.1.5 The key changes are as follows:

- The previous combined risk relating to planned and cancer care has been disaggregated into two discrete risks:
 - PR3 – Timely access to planned care
 - PR4 – Timely access to cancer care

This reflects the distinct operational and performance challenges associated with each pathway.

- The previous workforce culture risk has been refined into two Principal Risks:
 - PR7 – Experience of under-represented staff groups
 - PR8 – Experience of staff and levels of staff satisfaction

This enables more targeted oversight of equality, diversity and inclusion priorities alongside broader workforce experience.

- A new Principal Risk (PR13) has been introduced relating to the delivery of the planned reduction in whole-time equivalent workforce, reflecting the scale and significance of this requirement within the financial recovery plan.

2.1.6 There has been no material movement in risk scores since the establishment of the 2026/27 BAF, reflecting their position as baseline assessments at the start of the financial year. Committee oversight throughout April and May has focused on validating these scores and ensuring robust delivery against high-risk areas. Focused discussion has also taken place on specific risks as detailed below:

- At its April 2026 meeting, the Finance and Performance Committee (FPC) requested clearer numerical thresholds and a defined time profile to demonstrate when a reduction in the Whole Time Equivalent (WTE) workforce risk (PR13) would be triggered. From May 2026, detailed performance against WTE reduction plans is reported in a separate monthly paper, enabling delivery to be monitored against trajectory. This ensures the BAF remains focused on overall risk trajectory and delivery confidence, with supporting reports providing the detailed assurance to inform any future adjustment to the risk score.
- FPC also considered whether the current risk score for PR13 appropriately reflects its relative significance, particularly given the contribution of workforce reductions to delivery of the financial plan. A number of key schemes remain in development, alongside a clear pipeline of opportunities, and the current position reflects an early stage of delivery, with improvement anticipated as schemes mature. However, Month 1 delivery of the Workforce Reduction Programme (WRP) is

below plan; whilst this is consistent with expected phasing, the Committee highlighted the importance of demonstrating early progress against trajectory, given the scale of the programme. The relationship between PR13 and the overarching financial risk (PR10) will continue to be kept under active review, and a further review of the risk score is planned following the Month 2 reporting cycle.

- At its May 2026 meeting, the Workforce Committee reviewed data underpinning PR7 (Experience of under-represented staff groups), including WRES, WDES, staff survey and Freedom to Speak Up findings. The Committee discussed whether the current risk score of 12 appropriately reflects the variation in experience for under-represented staff groups and the potential impact on staff experience and retention. It was agreed that a further review of the risk score will be undertaken, supported by more comprehensive analysis across protected characteristics, comparison with data supporting PR8 (Experience of staff and levels of staff satisfaction which is also scored at 12), and consideration of trends over time. This will be considered at the next Workforce Committee meeting, with any recommended changes reported through to the Board.

2.2 Operational High Risks for Escalation/De-escalation

2.2.1 There are currently no operational high risks escalated to the Board within the BAF this month.

3. Financial implications

3.1 Any financial implications are captured within the Risk Register records and managed accordingly.

4. Legal implications

4.1 Any legal implications are captured within the Risk Register records and managed accordingly.

5. Risks

5.1 The paper identifies Principal and Operational Risks that may compromise the achievement of the Trust's high level Strategic Objectives and therefore, the entirety of the paper is risk focused.

6. Impact on stakeholders

6.1 A robust and well managed BAF reduces the negative impact on patients and staff and the reputation of the organisation. Its purpose is to mitigate and reduce, as far as is reasonably practicable, the level of risk to that identified in the Trust risk appetite statement.

6.2 All risks can impact upon patient experience, staff experience, the Integrated Care System and cross divisional work. This is captured within individual risk register entries on Datix.

7. Recommendations

7.1 It is recommended that the Board of Directors:

- Note and approve the updates to the BAF.

9.1 *INTEGRATED PERFORMANCE REPORT AS AT APRIL 2026

● Other

👤 K Foster-Greenwood/S Morrison/N Pease/C Carter

🕒 10:10 am

Item for Assurance

inc Finance Update and Single Improvement Plan

REFERENCES

Only PDFs are attached

 9.1 Integrated Performance Report Summary Board Part I 4 June 26.pdf



Board of Directors Report

Meeting of the	Board of Directors	4th June 2026	
	Part I <input checked="" type="checkbox"/>	Part II <input type="checkbox"/>	
Title of Report	Integrated Performance Report		
Report Author	Executive Directors		
Lead Executive Director	Katie Foster-Greenwood Chief Operating Officer		
Recommendation/ Actions required	The Board of Directors is asked to receive the integrated performance report, note the monitoring of the Single Improvement Plan delivery milestones is undertaken through the Finance and Performance committee and confirm it is assured of the Single Improvement Plan outcome metrics.		
	Decision <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
Executive Summary	<p>The purpose of the report is to present the Integrated Performance report to the Board of Directors with the position up to April 2026, unless date otherwise stated.</p> <p>The report provides the Single Improvement Plan, high level metrics, of which the outcomes have been scrutinised by each relevant committees of the Board. The outcome metrics are presented with a supporting summary, assurances provided and actions being taken to address the position where improvement is identified.</p> <p>The delivery milestones of the single Improvement plan are monitored through the Finance and Performance committee. The reporting around this continues to be refined with a plan to include milestone assurances in future IPR reporting.</p> <p>At the start of each priority section, a 3 A (Alert Advise and Assure) template is provided to guide the Board to areas of Alert Advise or Assure in line with the reporting approach adopted by the committees of the Board.</p> <p>The Chief Operating Officer will present the IPR with Executive Director presentation for each of the priorities.</p>		
Link to Strategic Objectives 2025/26	Patients – deliver excellent care: Improve outcomes, reduce harm and deliver a positive patient experience.	<input checked="" type="checkbox"/>	
	Performance – deliver timely, effective care: Deliver agreed trajectories in clinical performance.	<input checked="" type="checkbox"/>	
	People – be a great place to work: Create an inclusive culture with leaders at every level leading colleague engagement.	<input checked="" type="checkbox"/>	

	Productivity – deliver value for money: Deliver the agreed financial plan including waste reduction programme, maximising use of resources.	<input checked="" type="checkbox"/>
	Partnership – be fit for the future: Be an active system partner leading to the delivery of the system clinical strategy, university hospital status and fulfils our anchor and green plan ambitions.	<input checked="" type="checkbox"/>
Due Diligence	Reported through Finance and Performance Committee, Workforce Committee, Safety and Quality Committee	
Committee Approval:	Trust sub committees	Date: April and May 2026
Appendices		

10. PEOPLE (WORKFORCE, EDUCATION AND RESEARCH)

10.1 WORKFORCE COMMITTEE CHAIR'S REPORT

● Other

👤 A Leather

🕒 10:35 am


Item for Assurance

Including recommendations on the following reports*:


- a) Workforce Disability Equality Standard (WDES) Return 2026
- b) Workforce Racial Equality Standard (WRES) Return 2026
- c) Freedom to Speak Up Report
- d) Social Value Strategy Annual Report

REFERENCES

Only PDFs are attached

 10.1 - Workforce Committee Chair's Report 12 May 26.pdf

Chair's Report to Board				
Chair: Adrian Leather	Committee: Workforce			
Date(s): 12 May 2026	Agenda information	attached	for	✓

Strategic Risks	Trend
People: Be a Great Place to Work – current score 12	

ALERT

Areas of concern; Matters requiring urgent attention; Insufficient assurance received.

- Rising levels of bullying, harassment and discrimination were being experienced by both Black, Asian and minority ethnic and disabled colleagues, with clear evidence of widening disparities in experience. This pattern raised concerns regarding potential organisational or systemic bias and required a visible and sustained organisational response. These issues were occurring within a wider societal and cultural context, which appeared to be contributing to increased reports of unacceptable behaviour and negatively impacting overall staff experience.
- Risks relating to data and system capability (Empactis*/WRP) and the potential need for rapid procurement or system changes to maintain pace against financial and workforce priorities.

*Digital sickness reporting tool

ADVISE

Areas requiring on-going monitoring; Limited assurance received.

- The Strategic Risk Register score for staff experience of underrepresented groups required a review, including whether the current score accurately reflected the level of risk demonstrated by the most recent data.
- Further work was encouraged on minority representation at senior and Board level, recognising the long-term nature of improvement but its importance to overall culture.
- The Committee highlighted a cross-cutting need to strengthen the organisation's quality improvement loop, ensuring clearer alignment between insight (e.g. staff survey, FTSU, EDI data), actions taken, measurable impact and feedback to staff, to support confidence, learning and sustained improvement.

ASSURE

Assurance received; Matters of positive note.

- The positive performance and practice across teams and services was recognised, with opportunities to share learning and reinforce improvement.
- Sustained improvement in appraisal compliance, with levels above target and ongoing work to enhance quality and impact.



The Board of Directors is asked to:

1. Note the matters that the Committee wishes to Alert, Advise and Assure the Board.
2. Receive assurance and approve the following reports

Report	Meeting Date	Committee recommendation for Board
a) Workforce Disability Equality Standard (WDES)	12 May	Approve for external publication
b) Workforce Racial Equality Standard (WRES)	12 May	Approve for external publication
c) Freedom to Speak Up Report	12 May	The Board is assured by the report.
d) Social Value Strategy Annual Report	12 May	The Board is assured by the report.

Workforce Committee

12 May 2026 | 1.00pm | Microsoft Teams

Agenda

No	Item	Time	Encl.	Purpose	Presenter
1.	a) Chair and quorum b) Temporary recording of meeting	1.00pm	Verbal	Information	A Leather
2.	Apologies for absence	1.01pm	Verbal	Information	A Leather
3.	Declaration of interests	1.02pm	Verbal	Information	A Leather
4.	Minutes of the previous meeting held on 10 March 2026	1.03pm	✓	Decision	A Leather
5.	Matters Arising and Action Log	1.05pm	✓	Decision	A Leather
6.	Strategic Risk Register	1.10pm	✓	Assurance	H Ugradar
7. TO DELIVER A RESPONSIVE, FUTURE FOCUSED AND ENABLING SERVICE					
7.1	Social Value Strategy Annual Report	1.20pm	✓	Assurance	L Graham
7.2	National Management Code and Standards – Our Implementation Approach	1.35pm	✓	Information	L Graham
7.3	Overview of the National People Target Operating Model	1.45pm	✓	Information	L Graham
8. TO BE INCLUSIVE AND SUPPORTIVE					
8.1	Annual Violence and Aggression Report	1.55pm	✓	Assurance	R O'Brien
9. TO BE WELL LED					
9.1	Annual Appraisal and Talent Management Report	2.10pm	✓	Assurance	L Graham
10. TO CREATE A POSITIVE ORGANISATIONAL CULTURE					
10.1	Biannual Freedom to Speak Up Report	2.25pm	✓	Assurance	L Graham
11. TO ENGAGE, RETAIN, REWARD AND RECOGNISE					
11.1	Staff survey report and action plan	2.40pm	✓	Information & Assurance	L Graham
12. GOVERNANCE AND COMPLIANCE					

No	Item	Time	Encl.	Purpose	Presenter
12.1	Workforce Disability Equality Standard (WDES) Return	2.55pm	✓	Decision	L Graham
12.2	Workforce Racial Equality Standard (WRES) Return	3.10pm	✓	Decision	L Graham
12.3	Guardian of Safe Working Quarterly Report	3.25pm	✓	Assurance	V Varughese
12.4	Strategic Risk Register Review	3.35pm	Verbal	Discussion	A Leather
12.5	Items to alert, assure, advise to the board or items or referral to/from other committees	3.40pm	Verbal	Discussion	A Leather
12.6	Reflections on the meeting	3.45pm	Verbal	Discussion	A Leather
13. ITEMS FOR INFORMATION					
13.1	Feeder Groups Chair's Reports: a) Temporary Staffing Group b) Social Value Delivery Group		✓		
13.2	Date, time, and venue of next meeting: <i>14 July 2026, 1.00pm via Microsoft Teams</i>	3.50pm	Verbal	Information	A Leather

10.2 EDUCATION, TRAINING AND RESEARCH COMMITTEE CHAIR'S REPORT

● Other

● S Crean

🕒 10:45 am


Item for Assurance

REFERENCES

Only PDFs are attached

 10.2 - ETR Chairs Report 31 March 2026.pdf

Chair's Report to Board				
Chair: StJohn Crean	Committee: Education, Training and Research Committee			
Date(s): 31 March 2026	Agenda information	attached	for	✓

Strategic Risks	Trend
People and Partnership	 8

ALERT

Areas of concern; Matters requiring urgent attention; Insufficient assurance received.

Mandatory Training Non-Compliance: The Committee expressed concern about ongoing non-compliance with mandatory training, especially among medical and dental staff in surgical, medical, and paediatric services. Key risks included gaps in areas such as paediatric sepsis, information governance, ANTT, and blood culture competencies. Although overall compliance was above 90%, untrained frontline staff posed a risk to patient safety and organisational accountability. The Committee questioned if current escalation strategies were effective and suggested that stronger accountability measures, including practice restrictions for repeated non-compliance, may be necessary where patient harm was possible.

ADVISE

Areas requiring on-going monitoring; Limited assurance received.

Apprenticeship Levy Underspend: A material proportion of apprenticeship levy funding expired due to reduced take-up, driven by vacancy controls and service pressures limiting access to off-the-job training. While mitigations were in development, this presented a recurrent financial and workforce risk if not aligned more closely with workforce planning.

ASSURE

Assurance received; Matters of positive note.

Improvement in National Education and Training Survey Outcomes: NETS results showed improvement in 11 of 13 themes, with no negative outliers for the first time in over five years and several domains now above the national average. This provided assurance of improving learner experience and education quality, alongside clear plans to address remaining areas of concern.

Education and Research Single Improvement Plans: The Committee considered the Education Single Improvement Plan and received assurance on Research and Innovation delivery, including financial recovery, income generation, and alignment to Trust strategy. Both plans provided a clear framework for impact-focused delivery, governance and reporting through 2026/27.

The Board of Directors is asked to:

1. Note the matters that the Committee wishes to Alert, Advise and Assure the Board.

Education, Training and Research Committee

31 March 2026 | 1.00pm | Microsoft Teams

Agenda

No	Item	Time	Encl.	Purpose	Presenter
1.	(a) Chair and quorum (b) Temporary meeting recording	1.00pm	Verbal	Information	S Crean
2.	Apologies for absence	1.01pm	Verbal	Information	S Crean
3.	Declaration of interests	1.02pm	Verbal	Information	S Crean
4.	Minutes of the previous meeting held on 10 February 2026	1.03pm	✓	Decision	S Crean
5.	Matters arising and action log	1.05pm	✓	Decision	S Crean
6	Strategic Risk Register	1.10pm	✓	Assurance	S Regan
7.	PERFORMANCE				
7.1	Core Skills Training Report	1.20pm	✓	Assurance	L O'Brien
7.2	Educational Governance Report	1.30pm	✓	Assurance	L O'Brien
7.3	Apprenticeships Annual Report	1.40pm	✓	Assurance	L O'Brien
7.4	R&I Bi-Annual Financial Assurance Update – year-end and new forecast	1.50pm	✓	Assurance	P Brown
8.	STRATEGY AND PLANNING				
8.1	University Hospital Status Update	2.00pm	✓	Assurance	P Brown
8.2	Education SIP Report	2.20pm	✓	Assurance	L O'Brien
8.3	Research and Innovation SIP Update	2.30pm	✓	Assurance	P Brown
9.	GOVERNANCE AND COMPLIANCE				
9.1	Strategic Risk Register Review	2.40pm	Verbal	Decision	S Crean
9.2	Items to alert, assure, advise to the board or items or referral to/from other committees	2.50pm	Verbal	Information	S Crean

No	Item	Time	Encl.	Purpose	Presenter
9.3	Reflections on the meeting	2.55pm	Verbal	Assurance	S Crean
10. ITEMS FOR INFORMATION					
10.1	Feeder Groups – Terms of Reference a) Training Compliance and Assurance Committee b) Education Finance and Performance Sub-Committee c) Education Governance and Risk Sub-Committee d) Research and Innovation Sub-Committee		✓		
10.2	Feeder Groups – Chair’s Reports a) Training Compliance and Assurance Committee b) Education Finance and Performance Sub-Committee c) Education Governance and Risk Sub-Committee d) Research and Innovation Sub-Committee		✓		
10.3	Date, time, and venue of next meeting: <i>11 August 2026, 1pm, MS Teams</i>	3.00pm	Verbal	Information	S Crean

BREAK

🕒 10:55 am

11. PATIENTS (SAFETY AND QUALITY)

11.1 SAFETY AND QUALITY COMMITTEE CHAIR'S REPORT

● Other

👤 K Deeny

🕒 11:05 am


Item for Assurance

Including recommendations on the following reports*:


- a) Infection Prevention and Control Annual report
- b) Patient Experience, Involvement and Engagement annual report
- c) PSIRF Annual Report 2025-26
- d) Health Inequalities and Health Improvement Plan Annual Update

REFERENCES

Only PDFs are attached

 11.1 - SQC Chairs Report 27 March and 24 April.pdf

Chair's Report to Board				
Chair: Dr Karen Deeny	Committee:	Safety	&	Quality
Date(s): 27 March & 24 April 2026	Committee	Agenda information	attached for	✓

Strategic Risks	Trend
Patients - deliver excellent care	 15

ALERT

Areas of concern;
Matters requiring urgent attention;
Insufficient assurance received.

ADVISE

Areas requiring on-going monitoring;
Limited assurance received.

Board Briefing: The Committee was alerted to a Never Event relating to a retained foreign object following orthopaedic surgery, which had been formally confirmed and reported in line with national requirements. Appropriate Duty of Candour had been completed, system learning identified and actions were in place to address equipment integrity and prevent recurrence.

Bed Configuration Report: The Committee noted the significant and ongoing risks associated with sustained high levels of bed occupancy, including corridor care, boarding and exit block, and highlighted the Committee concern that current capacity remained close to, or beyond, acceptable risk thresholds. The Committee was advised of the continued pause on further bed reductions and agreed ongoing, joint oversight with the Finance and Performance Committee to ensure mitigating schemes, alternative care models and contingency plans were sufficiently robust, clearly defined, carefully monitored and deliverable within agreed timescales.

Picker Maternity Survey: The Committee welcomed the sustained positive maternity experience reported through the 2025 CQC and Picker surveys, alongside continued improvement in national benchmarking. It noted that targeted actions, co-produced with the Maternity Voices Partnership, were in place to address areas for further improvement, with a particular focus on inclusivity in gathering feedback in line with the Trust's health inequalities priorities.

Paediatric Trauma Unit Peer Review: The Committee noted the concerns raised through the Paediatric Trauma Unit Peer Review, including access to CT imaging and the absence of a dedicated paediatric resuscitation space. Mitigations currently in place had been accepted by the regional trauma network. The Committee agreed to keep continued oversight of delivery against the agreed action plan, with assurance sought on progress toward longer term solutions and reduction of potentially avoidable transfers.

The Committee noted ongoing challenges regarding Healthcare Assistant (HCA) vacancies, which continued to rise on a monthly basis. While current temporary staffing mitigated safety concerns, and a recovery plan was in place, this remained a workforce issue requiring continued oversight.

The Committee agreed to advise the Board of the scheduled report in June on the transformation programme for the Urgent and Emergency Care (UEC) pathway, which would provide enhanced oversight and assurance on progress and impact.

The Committee highlighted improvement in medicines safety and recommended continued monitoring to ensure these improvements were sustained.

The Committee agreed to draw the Board's attention to the ongoing changes in Care Quality Commission (CQC) personnel, noting the limitations in consistent relationship arrangements and associated resource implications.

ASSURE

Assurance received;
Matters of positive note.

Bi-annual Sepsis Report: Assurance was provided that the quality and safety of sepsis care within the Trust remained strong, with mortality and length of stay outcomes better than the national average and high levels of compliance across paediatric, obstetric and training metrics. Targeted improvement actions were in place to further improve compliance in adult pathways; the Committee was assured that these were being actively monitored and addressed through strengthened oversight and reporting.

Clinical Audit and Outcome Report: The Committee was assured of the management of programmes of work that support robust systems and processes for managing Clinical Audit performance and Compliance with NICE Clinical Guidelines.

Controlled Drugs Assurance Framework Report: Assurance was provided that Controlled Drugs governance was effective, with strong oversight and no evidence of unsafe prescribing. An area of limited assurance relating to 24 hour independent clinical verification had been identified and was being addressed through an agreed improvement plan within the Trust's Single Improvement Plan.

Assurance was provided regarding the significant reduction in *Clostridioides difficile* (C diff) infections, with March recording the lowest incidence since records began.

Completion of the CQC 2023/24 action plan and the Mental Health Act action plan were confirmed. While this now closed the action plan and tracking of the explicit must and should do's assurance was received regarding the mechanism for continued monitoring to ensure sustained improvement.

The Committee was assured that the thrombectomy service was now operating on a 24/7 basis, with no operational issues reported since its implementation in February.

The Committee confirmed that Equality and Quality Impact Assessment (EQIA) processes were robust and effective, with appropriate deferrals and rejections ensuring the integrity of decision-making.

The Board of Directors is asked to:

1. Note the matters that the Committee wishes to Alert, Advise and Assure the Board.
2. Receive assurance and approve the following reports.

Report	Meeting Date	Committee recommendation for Board
a) Infection Prevention and Control Annual Report	29 May 2026	The Committee recommended to the Board of Directors the approval of the IPC Annual Plan for 2026/27 and confirmed its assurance in respect of the progress against the 2025/26 Annual Plan.
b) Annual Patient Experience Report	29 May 2026	The Committee confirmed its assurance that patient experience remained a key focus for the organisation, whilst highlighting the need for a focused line of sight on communications, and agreed to recommend approval of the report to the Board of Directors.
c) PSIRF Annual Report (including incident reports to StEIS)	29 May 2026	The Committee resolved to: <ol style="list-style-type: none"> i. Endorse the refreshed PSIRF Local Priorities and associated PSIRF Plan and Policy. ii. Confirm its assurance in respect of the implementation of PSIRF and the management of incidents and recommended the approval of the report by the Trust Board of Directors.
d) Health Inequalities Report	29 May 2026	The Committee confirmed its assurance on the progress with the Health Improvement Plan and agreed to recommend approval of the report to the Board of Directors.

Safety and Quality Committee

27 March 2026 | 11.00am | Microsoft Teams

Agenda

No	Item	Time	Encl.	Purpose	Presenter
1.	(a) Chair and quorum (b) Temporary meeting recording	11.00am	Verbal	Information	K Deeny
2.	Apologies for absence	11.01am	Verbal	Information	K Deeny
3.	Declaration of interests	11.02am	Verbal	Information	K Deeny
4.	Minutes of the previous meeting held on 27 February 2026	11.03am	✓	Decision	K Deeny
5.	Matters arising and action log	11.05am	✓	Decision	K Deeny
6.	Strategic Risk Register	11.10am	✓	Assurance	S Regan
7. QUALITY AND PERFORMANCE					
7.1	Safety and Quality Dashboard	11.20am	✓	Assurance	S Morrison
7.2	Children and Young People Report	11.30am	✓	Assurance	S Morrison
7.3	Clinical Audit and Outcome Report	11.40am	✓	Assurance	H Ugradar
7.4	Bi-annual Sepsis Report	11.50am	✓	Assurance	S Fray
7.5	Bed Configuration Report	12.00pm	✓	Assurance	S Morrison
7.6	Always Safety First Strategy	12.10pm	✓	Assurance	H Ugradar
7.7	Paediatric Trauma Unit Peer Review	12.20pm	✓	Assurance	M Stewart
7.8	Controlled Drugs Assurance Framework Report	12.30pm	✓	Assurance	G Price
7.9	Picker Maternity Survey Report	12.40pm	✓	Assurance	J Lambert
8. GOVERNANCE AND COMPLIANCE					
8.1	Strategic risk register review	12.50pm	Verbal	Decision	K Deeny
8.2	Items to alert, advise or assure the Board.	12.55pm	Verbal	Information	K Deeny
8.3	Reflections on the meeting	12.58pm	Verbal	Assurance	K Deeny

No	Item	Time	Encl.	Purpose	Presenter
9. ITEMS FOR INFORMATION (matters to be raised by exception)					
9.1	Safety and Quality Committee: a) Terms of Reference b) Cycle of Business 2026/7		✓		
9.2	Chairs' reports from feeder groups: a) Infection, Prevention and Control Committee b) Safeguarding Board c) PSIRF Oversight Panel d) Medicines Governance Committee e) Patient Experience and Involvement f) Health Inequalities Group – no meeting g) Health and Safety Governance		✓		
9.3	Board Briefing - 224338		✓		
9.4	Date, time and venue of next meeting: <i>24 April 2026, 11.00am, Microsoft Teams</i>	12.59pm	Verbal	Information	K Deeny

Safety and Quality Committee

24 April 2026 | 11.00am | Microsoft Teams

Agenda

No	Item	Time	Encl.	Purpose	Presenter
1.	(a) Chair and quorum (b) Temporary meeting recording	11.00am	Verbal	Information	K Deeny
2.	Apologies for absence	11.01am	Verbal	Information	K Deeny
3.	Declaration of interests	11.02am	Verbal	Information	K Deeny
4.	Minutes of the previous meeting held on 27 March 2026	11.03am	✓	Decision	K Deeny
5.	Matters arising and action log	11.05am	✓	Decision	K Deeny
6.	Strategic Risk Register	11.10am	✓	Assurance	S Regan
7. QUALITY AND PERFORMANCE					
7.1	Safety and Quality Dashboard	11.20am	✓	Assurance	C Gregory
7.2	Children and Young People Report	11.30am	✓	Assurance	S Morrison
7.3	CQC Quarterly Update	11.40am	✓	Assurance	S Regan
7.4	Quarterly Thrombectomy Update	11.50am	✓	Assurance	S Canty
8. GOVERNANCE AND COMPLIANCE					
8.1	Equality & Quality Impact Assessment Report	12.00pm	✓	Assurance	S Morrison
8.2	Strategic risk register review	12.20pm	Verbal	Decision	K Deeny
8.3	Items to alert, advise or assure the Board	12.30pm	Verbal	Information	K Deeny
8.4	Reflections on the meeting	12.40pm	Verbal	Assurance	K Deeny
9. ITEMS FOR INFORMATION (matters to be raised by exception)					
9.1	Chairs' reports from feeder groups: a) Infection, Prevention and Control Committee b) Safeguarding Board c) PSIRF Oversight Panel d) Medicines Governance Committee		✓		

No	Item	Time	Encl.	Purpose	Presenter
	e) Patient Experience and Involvement f) Health Inequalities Group g) Health and Safety Governance h) Mortality and End of Life Care Committee				
9.2	Paediatric Trauma CT Risk Update		✓		
9.3	Date, time and venue of next meeting: <i>29 May 2026, 11.00am, Microsoft Teams</i>	12.50pm	Verbal	Information	K Deeny

11.2 *MATERNITY AND NEONATAL SERVICES SAFETY REPORT

● Other

👤 E Ashton / J Lambert

🕒 11:15 am

Item for Assurance

REFERENCES

Only PDFs are attached

 11.2 Maternity and Neonatal Services Safety Report Board Part I 4 June 26.pdf



Board of Directors

Meeting of the	Board of Directors	4 June 2026	
Meeting	Part 1 x	Part 2	
Title of Report	Maternity and Neonatal Services Safety Report		
Report Author	Jo Lambert – Deputy Midwifery & Nursing Director		
Lead Executive Director	Sarah Morrison – Chief Nursing Officer/Deputy Chief Executive Officer		
Recommendation/ Actions required	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> i. Receive and scrutinise the report, including the Clinical Negligence Scheme for Trusts (CNST) Year 8 Maternity Incentive Scheme (MIS) supplementary information pack and associated action plans ii. Note the changes to the requirements commenced in year 8 MIS iii. Confirm it is assured of the oversight and monitoring mechanisms used to monitor safety and quality within maternity and neonatal services, noting the Safety and Quality committee have received the report and provided scrutiny to its contents. 		
	Decision <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
Executive Summary	<p>The purpose of this report is to provide the Board of Directors with assurance on the maternity and neonatal workforce, staffing, safety, quality, assurance and oversight programmes of work up to the end of March 2026.</p> <p>The report is aligned to the Perinatal Quality Surveillance Model (PQSM) and the updated Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) year 8 standards (Appendix 1). The service confirms that it has achieved full compliance with year 7 standards, formally validated by NHS Resolution, and is making good progress in transitioning to the revised and new year 8 framework, which places greater emphasis on Board oversight, the use of safety intelligence, and targeted improvement across the six actions (A–F).</p> <p>Overall clinical outcomes remain stable, supported by robust governance arrangements and the use of the PQS Dashboard (Appendix 2) to triangulate workforce, safety, experience and outcome data, enabling timely escalation of emerging risk. Training compliance is over 90% for PROMPT, fetal monitoring and basic neonatal life support, except for new trainees for PROMPT; actions to rectify this are in place, with dates booked in May and June 2026.</p> <p>Positive performance is reflected in stillbirth rates over time, antenatal booking compliance, and 1:1 care in labour. Areas of exception include an increase in postpartum haemorrhage (PPH) and perineal tears, and workforce pressures in neonatal BAPM compliance, primarily driven by staff unavailability alongside increased intensive care and high-dependency cot demand, requiring higher nurse-to-patient ratios. There have been no adverse outcomes as a result; however, this has intermittently affected transitional care provision.</p>		

	<p>Workforce remains a key area of focus. Fill rates for registered midwives remain strong at 97% during the day and 94% at night, providing assurance of safe staffing levels across most shifts. In contrast, maternity support worker fill rates are lower at 77% during the day and 90% at night, reflecting the impact of vacancies and sickness absence. Targeted recruitment, roster oversight and sickness management actions are in place to address these gaps and improve workforce stability.</p> <p>Obstetric workforce service continuity has been impacted by vacancies, other unavailability, and maternity leave, affecting both clinical and leadership capacity. Mitigations include interim leadership arrangements, rota management, and recruitment to substantive posts, with the use of locums to maintain safe staffing.</p> <p>Positive improvement work in relation to vaginal birth after caesarean section pathways for women whose first language is not English and/or who live in lower uptake groups has started, and the Trust continues to present the Race and Health Observatory work at national events, including the NHS Expo in June 2026.</p>	
Link to Strategic Objectives 2025/26	Patients – deliver excellent care: Improve outcomes, reduce harm and deliver a positive patient experience.	<input checked="" type="checkbox"/>
	Performance – deliver timely, effective care: Deliver agreed trajectories in clinical performance.	<input type="checkbox"/>
	People – be a great place to work: Create an inclusive culture with leaders at every level leading colleague engagement.	<input checked="" type="checkbox"/>
	Productivity – deliver value for money: Deliver the agreed financial plan including waste reduction programme, maximising use of resources.	<input type="checkbox"/>
	Partnership – be fit for the future: Be an active system partner leading to the delivery of the system clinical strategy, university hospital status and fulfils our anchor and green plan ambitions.	<input checked="" type="checkbox"/>
Due Diligence	To give the Trust Board assurance, please complete the following:	
Committee Approval:	Safety and Quality Committee	29 May 2026
Operational Group Review:	Maternity Safety and Quality Group	Date:
Link to Board Assurance Framework:	The report is linked to the BAF through planned and unplanned care risks, whilst a specific BAF risk is not identified at Board level, operational risks pertaining to Tier 2 rota provision, Caesarean section rates, safe staffing and culture are detailed within the risk register.	
Appendices	<ol style="list-style-type: none"> 1. Clinical negligence scheme for trust information pack CNST Year 8 2. Perinatal Quality Surveillance Supplementary Pack 3. National Maternity Dashboard (Ethnicity and Deprivation Index), February 2026 4. Red Flags 	

12. PRODUCTIVITY (FINANCE)

12.1 FINANCE AND PERFORMANCE COMMITTEE CHAIR'S REPORT

● Other

👤 J Schorah

🕒 11:25 am


Item for Assurance

REFERENCES

Only PDFs are attached

 12.1 Finance and Performance Committee Chair's Report Board Part I 4 June 26.pdf

Chair's Report to Board of Directors				
Chair: John Schorah		Committee: Finance & Performance		
Date(s): 24 March, 28 April	Agenda information	attached	for	✓

Strategic Risks	Trend
Deliver Value for Money – 20 Fit for the Future - 16	

ALERT

Areas of concern;
 Matters requiring urgent attention;
 Insufficient assurance received.

- **Workforce Risk Potentially Under-Stated** - a risk was identified that workforce reduction requirements for 26/27 may be under-played within current risk scoring.
- **WRP Phasing and Early-Year Slippage Risk** - risk that under-delivery in the first half of the year could lead to unsustainable back-loading later in the year; it was emphasised that there was no room for slippage.
- **Urgency of Financial and Workforce Delivery** - while plans had been signed off as compliant, it was stressed that there was no tolerance for delay and that early assurance was required, particularly in relation to workforce delivery.

ADVISE

Areas requiring on-going monitoring;
 Limited assurance received.

- **Financial Position** - The Trust's year-end deficit position was £13.65m, an improvement from the £17.7 million forecast previously reported.
- **Empactis System** - Concern was raised regarding the system's operational effectiveness and reliability and that limitations in the system were affecting the proactive management of sickness absence, with resulting impacts on operational performance and costs.
- **Financial Plan Deliverability** - despite plan acceptance, there remained significant work to validate deliverability of the financial plan, and further assurance would be required as delivery progressed.
- **Workforce Reduction Visibility (WTE)** - the Board required a much clearer line of sight on workforce reductions, including where the planned reduction sat, the delivery profile, and early tracking of progress.
- **WRP Delivery Confidence and Early Warning** - reporting needed to provide clearer early warning on confidence in Waste Reduction Programme delivery, rather than relying solely on schemes being reported as 'green'.

ASSURE

Assurance received;
Matters of positive note.

- **Cash and Deficit Support Funding** - Assurance had been provided regarding the receipt of cash for the remainder of the 25/26 year and deficit support funding, reflecting confidence in the emerging system-level position.
- **Estates' developments** - positive progress with the Estates strategy that is clear and strongly aligns with Trust's overall strategy.
- **Procurement Progress** - good progress in procurement, with a reasonable set of results delivered and a growing level of confidence in forward delivery.
- **Performance Improvement Trajectory** - while the Committee could not yet be assured of full-year target achievement, it was assured that performance trajectories were moving in the right direction, with significant progress on planned care evident from the Trust's starting position.
- **Medical Staffing Additional Payments** – there had been early assurance that strengthened controls over medical staffing additional payments were beginning to show impact, recognising that this was over a short timeframe.
- **Annual Plan** - the Trust had moved into the next stage of planning, with greater clarity on delivery requirements and an improved footing for 2026/27.

The Board of Directors is asked to:

1. Note the matters that the Committee wishes to Alert, Advise and Assure the Board.
2. Receive assurance and approve the following reports

Report	Meeting Date	Committee recommendation for Board
a) NONE		
b)		
c)		
d)		
e)		

Finance and Performance Committee

24 March 2026 1.00pm | Microsoft Teams

Agenda

No	Item	Time	Encl.	Purpose	Presenter
1.	Chair and quorum	1.00pm	Verbal	Information	Chair
2.	Apologies for absence	1.01pm	Verbal	Information	Chair
3.	Declaration of interests	1.02pm	Verbal	Information	Chair
4.	Minutes of the previous meeting held on 24 February 2026	1.03pm	✓	Decision	Chair
5.	Matters arising and action log	1.05pm	✓	Decision	Chair
6.	Strategic Risk Register	1.10pm	✓	Decision	S Regan
7. OPERATIONAL PERFORMANCE					
7.1	Performance Assurance Progress report	1.20pm	✓	Assurance	K Foster-Greenwood
7.2	GIRFT Update	1.35pm	✓	Assurance	R Morgan-Evans
8. FINANCIAL PERFORMANCE					
8.1	M11 Finance Position and General Finance Update inc. IAG	1.45pm	✓	Assurance	C Carter
8.2	WRP and PMO Update	2.00pm	✓	Assurance	R Morgan-Evans
8.3	DDG Update - DCS	2.15pm	✓	Assurance	D O'Brien
8.4	Budget Setting	2.25pm	✓	Decision	C McGourty
8.5	One LSC Procurement Update (incorporate supplier scores)	2.35pm	✓	Assurance	J Collins
9. STRATEGY & PLANNING					
9.1	Estates Strategy	2.45pm	✓	Assurance	A Brotherton
9.2	SIP Update	2.55pm	✓	Assurance	A Brotherton

No	Item	Time	Encl.	Purpose	Presenter
9.3	Medium Term Plan 26/27 to 28/29	3.05pm	✓	Assurance	I Ward
9.4	LHS Ltd Update	3.20pm	✓	Assurance	G Price
10. RISK, GOVERNANCE AND COMPLIANCE					
10.1	Items to Alert, Advise or Assure the Board	3.40pm	Verbal	Information	Chair
10.2	Reflections on the meeting	3.45pm	Verbal	Information	Chair
11. ITEMS FOR INFORMATION					
11.1	Contract Performance		✓		
11.2	Review of Cycle of Business		✓		
11.3	Costing, costing transformation and patient-level costing (In line with the national timetable) Q3 25/26		✓		
11.4	Feeder Group Terms of Reference: (a) Information Governance and Records Committee (b) Senior Risk Owner/ Asset Information Owner Working Group (c) Digital and Health Informatics Divisional Board		✓		
11.5	Chair's Reports/Minutes: (a) Information Governance and Records Committee (b) Senior Risk Owner/ Asset Information Owner Working Group		✓		
11.6	Date, time, and venue of next meeting: <i>28 April 2026, 1.00pm, Microsoft Teams</i>	3.50pm	Verbal	Information	Chair

Finance and Performance Committee

28 April 2026 1.00pm | Microsoft Teams

Agenda

No	Item	Time	Encl.	Purpose	Presenter
1.	Chair and quorum	1.00pm	Verbal	Information	J Schorah
2.	Apologies for absence	1.01pm	Verbal	Information	J Schorah
3.	Declaration of interests	1.02pm	Verbal	Information	J Schorah
4.	Minutes of the previous meeting held on 24 March 2026	1.03pm	✓	Decision	J Schorah
5.	Matters arising and action log	1.05pm	✓	Decision	J Schorah
6.	Strategic Risk Register	1.10pm	✓	Decision	S Regan
7. FINANCIAL PERFORMANCE					
7.1	M12 Finance Position and General Finance Update inc. IAG	1.20pm	✓	Assurance	C Carter
7.2	DDG Update Report - Surgery	1.35pm	✓	Assurance	J Brown
7.3	WRP and PMO Update	1.50pm	✓	Assurance	R Morgan-Evans
7.4	One LSC Procurement update (incorporating supplier scores)	2.05pm	✓	Assurance	J Collins
8. OPERATIONAL PERFORMANCE					
8.1	Performance Assurance Progress Report	2.15pm	✓	Assurance	K Foster-Greenwood
8.2	Medical Staffing Additional Payment Update	2.30pm	✓	Assurance	S Canty
9. STRATEGY & PLANNING					
9.1	SIP Update	2:40pm	✓	Assurance	A Brotherton
9.2	Annual Plan, Forward Plan and 3 year financial and operational plan	2.50pm	✓	Assurance	A Brotherton
10. RISK, GOVERNANCE AND COMPLIANCE					
10.1	Items to Alert, Advise or Assure the Board	3:05pm	Verbal	Information	J Schorah

No	Item	Time	Encl.	Purpose	Presenter
10.2	Reflections on the meeting	3:10pm	Verbal	Information	J Schorah
11. ITEMS FOR INFORMATION					
11.1	Contract Performance		✓		
11.2	Trading Accounts (inc. Deficit Protocol Controls)		✓		
11.3	Continuous Improvement Annual Report		✓		
11.4	Chair's Reports/Minutes: (a) Emergency Preparedness, Resilience and Response (EPRR) Committee – stood down (b) Digital and Health Informatics Divisional Board (c) ELFS Management Board Minutes (d) LHS Minutes		✓		
11.5	Social Admissions		✓		
11.5	Date, time, and venue of next meeting: 26 May 2026, 1.00pm, Microsoft Teams	3:15pm	Verbal	Information	J Schorah

12.2 *LTH DIGITAL ENABLING STRATEGY

● Decision Item

👤 K Hudson / D Cottle

🕒 11:35 am

REFERENCES

Only PDFs are attached

 12.2 Digital Enabling Strategy Report Board Part I 4 June 26.pdf



Board of Directors Report

Meeting of the	Board of Directors		4th June 2026
	Part I	<input checked="" type="checkbox"/>	Part II <input type="checkbox"/>
Title of Report	Digital Enabling Strategy		
Report Author	Dan Cottle - Chief Clinical Information Officer Paul Moore – Interim Digital Director Kate Hudson – Deputy Director of Strategy and Transformation		
Lead Executive Director	Ailsa Brotherton		
Recommendation/ Actions required	The Board of Directors is asked to approve the Digital Enabling Strategy.		
	Decision <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/>	Information <input type="checkbox"/>
Executive Summary	This paper sets out the key deliverables of the Digital Enabling Strategy 2025–2030, aligned to the Trust’s five strategic pillars (Patients, People, Performance, Productivity, Partnerships). The Strategy responds to the 10 year health plan addressing the priorities within Lancashire Teaching Hospitals that align with the fundamental shift from analogue to digital. This strategy has been designed to translate the One LSC work into the local governance and strategic pillars to ensure that our teams, patients and public can understand what this means for them.		
Link to Strategic Objectives 2025/26	Patients – deliver excellent care: Improve outcomes, reduce harm and deliver a positive patient experience.		<input checked="" type="checkbox"/>
	Performance – deliver timely, effective care: Deliver agreed trajectories in clinical performance.		<input checked="" type="checkbox"/>
	People – be a great place to work: Create an inclusive culture with leaders at every level leading colleague engagement.		<input checked="" type="checkbox"/>
	Productivity – deliver value for money: Deliver the agreed financial plan including waste reduction programme, maximising use of resources.		<input checked="" type="checkbox"/>
	Partnership – be fit for the future: Be an active system partner leading to the delivery of the system clinical strategy, university hospital status and fulfils our anchor and green plan ambitions.		<input checked="" type="checkbox"/>
Due Diligence	To give the Trust Board assurance, please complete the following:		
Committee Approval:	Name of Committee: Finance and Performance Committee	Date: 26 th May 2026	
Operational Group Review:	Name of Operational Group: Digital Partnership Board	Date: 1 st June 2026	
Link to Board Assurance Framework:	N/A - Not aligned to a single Principle Risk		

Appendices	State whether there are any appendices and list them. For example: Appendix 1: Digital Enabling Strategy
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1. Introduction

The Digital Enabling Strategy 2025–2030 sets out Lancashire Teaching Hospitals NHS Foundation Trust’s vision for transforming care through the effective use of digital, data and technology. It sits alongside the Trust’s wider organisational strategy and the national Fit for the Future NHS 10 Year Health Plan, providing a clear roadmap for how digital innovation will support a more sustainable, patient centred healthcare delivery.

At its core, the strategy is structured around the Trust’s five strategic priorities, Patients, Partnerships, People, Performance and Productivity (the “5 Ps”). It outlines how digital capabilities such as artificial intelligence (AI), integrated data systems, and patient facing technologies will be developed to support redesign of services, enable the progress to deliver care closer to home, and move from reactive performance monitoring to predictive data. By embedding digital transformation across all aspects of care delivery, the Trust aims to create modern, responsive and resilient patient care that meets the evolving needs of its population.

2. Discussion

The Digital Enabling Strategy 2025–2030 provides a comprehensive framework for how Lancashire Teaching Hospitals will use digital technology to modernise healthcare delivery and improve population health. Anchored in the Trust’s ambition to become an accountable and sustainable healthcare organisation, the strategy aligns local priorities with national NHS reform, particularly focused on the digital enablers required to facilitate the ambition to move from hospital based care to community provision, from analogue processes to digital systems, and from illness treatment to prevention.

Central to delivery is the “5 Ps” model. For patients, the strategy prioritises improved access and experience through digital front doors, online appointment management, and greater access to personal health information. Remote monitoring and virtual care will enable more treatment at home while enhancing outcomes and convenience. For performance and productivity, the strategy focuses on digitally enabled clinical pathways, better use of real time data and predictive analytics, and streamlined processes to reduce delays and inefficiencies. This includes system wide integration of diagnostics, electronic prescribing, and shared care records.

The strategy also places strong emphasis on people and workforce development, recognising that digital transformation depends on a skilled, supported and engaged workforce. Investments in training, user friendly systems and automation will reduce administrative burden and improve staff experience. Through partnerships, particularly the “One LSC” collaborative approach, the Trust will standardise systems, share infrastructure and data, and strengthen integration across health and care organisations. This joined up approach is critical to delivering seamless, coordinated care and tackling health inequalities.

Finally, the strategy outlines robust delivery mechanisms, including system wide governance, alignment with national standards, and a strong focus on cybersecurity, safety and interoperability. Overall, it presents a clear and ambitious vision of a digitally enabled healthcare future one where technology empowers patients, supports staff, improves efficiency, and drives better, more equitable health outcomes across the region.

3. Governance

Delivery will be monitored through:

- Single Improvement Plan (SIP) – aligned to the 5Ps, led by responsible Executive Directors.
- Board Assurance Framework (BAF) – strategic risk oversight.
- Finance & Performance Committee – overarching responsibility for SIP delivery.

4. Recommendations

It is recommended that:

- I. The Trust Board approve the Digital Enabling Strategy

13. RISK, GOVERNANCE AND COMPLIANCE

13.1 AUDIT COMMITTEE CHAIR'S REPORT

● Other


👤 T Wheeler

🕒 11:45 am

Item for Assurance

REFERENCES

Only PDFs are attached

 13.1 - Audit Committee Chair's Report 16 April 2026.pdf

Chair's Report to Board				
Chair: Tim Wheeler		Committee: Audit		
Date(s): 16 April 2026	Agenda information	attached	for	✓

Strategic Risks	Trend
N/A	

ALERT

Areas of concern; Matters requiring urgent attention; Insufficient assurance received.

- Total Losses and Special Payments for 2025/26 have increased materially compared to 2024/25, driven primarily by drug stock losses within the wholly-owned subsidiary. The Committee expressed concern regarding the scale of increase in the context of financial pressures and the Waste Reduction Programme and seek clearer targets and assurance on control.
- Clearer oversight and assurance needed at subsidiary Board level, given the impact of subsidiary losses on Trust consolidated accounts.
- Assurance sought that stock management practices and policies are operating effectively and that avoidable losses are being minimised.

ADVISE

Areas requiring on-going monitoring; Limited assurance received.

- Query around where AI governance and assurance sits within the Trust's governance structure - limited visibility at Board or Committee level to date. It was confirmed that this should be addressed through the developing Digital Strategy, due to be considered by the Finance & Performance Committee.
- The Trust does not currently have a nominated Counter Fraud Champion, a requirement of the NHS Counter Fraud Authority standards. The matter will be addressed as a priority in conjunction with the Chief Finance Officer.

ASSURE

Assurance received; Matters of positive note.

- Draft Head of Internal Audit Opinion received which provided an overall Substantial Assurance for 2025/26. The opinion confirmed a robust system of risk management, governance and internal control, supported by largely positive audit outcomes and reasonable progress in implementing recommendations.
- Assurance received of strong progress against the Risk Management Strategy, including significant reductions in high and long-standing risks beyond target and the successful implementation of the new risk management system Ulysses.

The Board of Directors is asked to:

1. Note the matters that the Committee wishes to Alert, Advise and Assure the Board.
2. Receive assurance and approve the following reports

Report	Meeting Date	Committee recommendation for Board
a) None		
b)		
c)		
d)		
e)		

Audit Committee

16 April 2026 | 10.30am | Microsoft Teams

Agenda

No	Item	Time	Encl.	Purpose	Presenter
1.	Chair and quorum	10.30am	Verbal	Information	Chair
2.	Apologies for absence	10.31am	Verbal	Information	Chair
3.	Declaration of interests	10.32am	Verbal	Information	Chair
4.	Minutes of the previous meeting held on 29 January 2026	10.33am	✓	Decision	Chair
5.	Matters arising and action log	10.34am	✓	Decision	Chair
6. INTERNAL AUDIT					
6.1	MIAA Final Reports: a) Key Financial Systems b) Continuous Flow c) Risk Management d) Assurance Framework e) ESR/Payroll	10.35am	✓	Assurance	MIAA
6.2	Internal audit progress report (inc. update on progress against audits receiving limited assurance)	10.45am	✓	Assurance	MIAA
6.3	Internal Audit follow-up summary report	10.55am	✓	Assurance	MIAA
6.4	Draft Internal Audit Plan – 2026/27	11.05am	✓	Decision	MIAA
6.5	Head of Internal Audit Opinion (& draft)	11.15am	✓	Assurance	MIAA
6.6	Counter Fraud Annual Report	11.25am	✓	Assurance	MIAA
6.7	Counter Fraud work plan	11.35am	✓	Assurance	MIAA
7. EXTERNAL AUDIT					
7.1	Update on External Audit plan	11.45am	Verbal	Assurance	KPMG
7.2	External Audit plan and fees	11.55am	✓	Assurance	KPMG

No	Item	Time	Encl.	Purpose	Presenter
8. GOVERNANCE & COMPLIANCE					
8.1	Annual Risk Management Strategy Update	12.05pm	✓	Assurance	Associate Director of Risk & Assurance
8.2	Losses and Special Payments Report	12.15pm	✓	Decision	Assistant Director of Financial Services
8.3	Procurement Update & Single Tender Waiver Report	12.25pm	✓	Assurance	One LSC Director of Procurement
8.4	Update on Annual Report and Accounts Process	12.35pm	Verbal	Assurance	Director of Corporate Affairs
8.5	Annual Report on Gifts and Hospitality/Code of Business Conduct Compliance	12.40pm	✓	Assurance	Director of Corporate Affairs
8.6	L & SC Audit Chairs' Briefing	12.55pm	Verbal	Information	Chair
9. ITEMS FOR INFORMATION					
9.1	Strategic Risk Report		✓		
9.2	Audit Committee Cycle of Business		✓		
9.3	MIAA Internal Audit Charter		✓		
9.4	Clinical Audit Programme Update		✓		
9.5	RSP Funding Allocation and Spend		✓		
9.6	Date, time and venue of next meeting: <i>18 June 2026, 9.30am, Microsoft Teams</i>	1.00pm	Verbal	Information	Chair

13.2 *RECOVERY SUPPORT PROGRAMME ? EXIT CRITERIA

● Other

● A Brotherton

● 11:55 am

Item for Assurance

REFERENCES

Only PDFs are attached



13.2 Recovery Support Programme Exit Criteria & Enforcement Undertakings Report - Board Part I 4 June 26.pdf



Board of Directors Report

Meeting of the	Board of Directors		4 June 26	
	Part I	<input checked="" type="checkbox"/>	Part II	<input type="checkbox"/>
Title of Report	Recovery Support Programme Exit Criteria and Enforcement Undertakings			
Report Author	Katie Marshall, Head of Programme Management Office			
Lead Executive Director	Ailsa Brotherton, Chief Strategy and Improvement Officer			
Recommendation/ Actions required	The Board of Directors is asked to:			
	<ul style="list-style-type: none"> I. Note achievement of Recovery Support Programme exit criteria and enforcement undertakings with evidence provided. II. Note areas not achieved within enforcement undertakings 			
	Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
			Information	<input type="checkbox"/>
Executive Summary	<p>Lancashire Teaching Hospitals NHS Foundation Trust had Enforcement Undertakings as set out in July 2024, these were ‘replacement undertakings’ that superseded those set out in 2021. In February 2025, variations were made to the undertakings. The report summarises the Trust’s progress against these undertakings alongside a review of the progress made by the Trust in meeting the Recovery Support Programme (RSP) exit criteria. For completeness, the changes made to the Enforcement Undertakings have been outlined alongside a summary of the Trust’s progress.</p> <p>Further detail and evidence against the RSP exit criteria is included in the appended slide set which details progress against each of the exit criteria and evidence submitted to the Improvement Assurance Group (IAG) in April-2026.</p> <p>Out of the 31 undertakings listed:</p> <ul style="list-style-type: none"> 14 have been achieved with evidence provided 8 are compliant 2 were partially achieved 7 have been deleted/replaced <p>Undertakings that were not achieved included:</p> <ul style="list-style-type: none"> 1.1 Within a timeframe set by NHS England the licensee will agree a 2025/26 Financial Plan with NHS England. The Plan should be consistent with the medium-term system plan currently in production, which sets out a trajectory for the Integrated Care System to achieve underlying financial balance by 2026/27. 1.2 The Licensee will deliver a quarter-on-quarter run rate improvement from Quarter 4 2024/25 and throughout 2025/26, to enable the Licensee to deliver the financial plan as agreed with NHS England. <p>Although overall run rate was achieved there was variation between quarters so this is not fully achieved.</p>			

Link to Strategic Objectives 2025/26	Patients – deliver excellent care: Improve outcomes, reduce harm and deliver a positive patient experience.		☒
	Performance – deliver timely, effective care: Deliver agreed trajectories in clinical performance.		☒
	People – be a great place to work: Create an inclusive culture with leaders at every level leading colleague engagement.		☒
	Productivity – deliver value for money: Deliver the agreed financial plan including waste reduction programme, maximising use of resources.		☒
	Partnership – be fit for the future: Be an active system partner leading to the delivery of the system clinical strategy, university hospital status and fulfils our anchor and green plan ambitions.		☒
Sub-Committee	Improvement Assurance Group (IAG)	Date: 15/04/26	
Operational Group Review:	Executive Management Team (EMT)	Date: 27/05/26	
Link to Board Assurance Framework:	The enforcement undertakings and exit criteria content reach across the organisation and seek to reduce risks across several areas. Primary focus was aligned to Principal Risk 12 (25/26) - Failure to meet the financial plan 2025/26		
Appendices	Appendix 1: Summary Of Enforcement Undertakings Appendix 2: RSP Exit Criteria Progress and Evidence File 2026		

13.3 *ASSURANCE COMMITTEE REALIGNMENT REPORT

● Decision Item

● J Foote

● 12:05 pm

REFERENCES

Only PDFs are attached

 13.3 Assurance Committee Re-alignment Report Board Part I 4 June 26.pdf



Board of Directors Report

Meeting of the	Board of Directors		4 June 2026
	Part I <input checked="" type="checkbox"/>	Part II <input type="checkbox"/>	
Title of Report	Re-Alignment of Assurance Committees		
Report Author	Jennifer Foote, Director of Corporate Affairs		
Lead Executive Director	Jennifer Foote, Director of Corporate Affairs		
Recommendation/ Actions required	The Board of Directors is asked to approve the re-alignment of assurance committees as set out in the report.		
	Decision <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/>	Information <input type="checkbox"/>
Executive Summary	<p>Following the 2026 annual Board effectiveness review, it was identified that the existing committee structure limited the ability to triangulate operational, financial, and workforce performance effectively, resulting in duplication and gaps in assurance. In response, a revised model has been developed to ensure clearer accountability and more coherent oversight across the organisation’s priorities. The proposed changes align committee structures to the five domains of the Single Improvement Plan—Patients, Performance, Productivity, Partnerships and People—creating a more integrated and logical framework for assurance. Key changes include merging workforce-related functions into a new “People and Partnerships” Committee, and strengthening oversight of workforce metrics aligned to the productivity and performance domains as they sit within the Finance and Performance Committee. However, the current naming conventions for the Finance and Performance Committee and Safety & Quality Committee will remain unchanged. Changes to membership arrangements will also allow broader participation while maintaining governance integrity. Overall, the re-alignment is expected to enhance the effectiveness of Board assurance processes, reduce duplication, and support more streamlined, strategic decision-making, with ongoing monitoring to address any emerging risks or gaps.</p>		
Link to Strategic Objectives 2026/27	Patients – deliver excellent care: Improve outcomes, reduce harm and deliver a positive patient experience.	<input checked="" type="checkbox"/>	
	Performance – deliver timely, effective care: Deliver agreed trajectories in clinical performance.	<input checked="" type="checkbox"/>	
	People – be a great place to work: Create an inclusive culture with leaders at every level leading colleague engagement.	<input checked="" type="checkbox"/>	
	Productivity – deliver value for money: Deliver the agreed financial plan including waste reduction programme, maximising use of resources.	<input checked="" type="checkbox"/>	
	Partnership – be fit for the future: Be an active system partner leading to the delivery of the system clinical strategy, university hospital status and fulfils our anchor and green plan ambitions.	<input checked="" type="checkbox"/>	
Due Diligence	To give the Trust Board assurance, please complete the following:		
Operational Group Review:	Executive Management Team	Date: 20 May 2026	

Link to Board Assurance Framework:	N/A - Not aligned to a Principle Risk
Appendices	Appendix 1: Revised Terms of Reference Appendix 2: Revised Cycles of Business Appendix 3: Committee Membership

1. Background

The Board is required to undertake an annual review of its own effectiveness. This year for the first time a holistic review of the responsibilities of the Board, including its assurance committees was undertaken. This highlighted the gap that had been recognised by committee members for some time, in that there was little opportunity for the Finance and Performance Committee to triangulate operational and financial performance with performance against key workforce metrics without duplication of reporting. It was agreed that a review of the assurance committee structure should be undertaken to address this issue and re-align committee oversight more effectively.

2. Detail

The adoption of the Single Improvement Plan in 2025 articulated the oversight of the work of the Trust into the five 'P's: Patients, Performance, Productivity, Partnerships and People. When applying this model against the assurance committee structure there was a natural alignment between these and the work undertaken at committee level.

Terms of Reference

A revised set of terms of reference (set out as appendix 1 to the report) were drafted to allow for:

1. Safety and Quality Committee is aligned to the 'patients' domain but no changes are proposed to the current terms of reference or the name of the committee.
2. Finance and Performance Committee, is aligned to 'Productivity and Performance' but retains its current name. Additional oversight for workforce performance metrics is added.
3. ETR and Workforce to merge and be renamed 'People and Partnerships'. Oversight of people matters as they relate to organisational development, support and wellbeing now sit with oversight of education, training and research, recognising the synergies between the two portfolios.
4. The opportunity has also been used to reflect that a simpler name for the ARTE committee is Remuneration (with some minor changes made to update to current terminology).
5. Whilst Charitable Funds Committee is not an assurance committee in the strict sense, a review has been undertaken of its terms of reference for completeness with minor references to changed job titles etc recommended.
6. This is also the case for Audit Committee.

Cycles of Business

The Cycles of Business (set out as appendix 2) were revised to ensure that no one committee would become overly burdened by the change. A split between workforce performance reporting and OD/workforce support reporting has not resulted in either the revised Finance & Performance Committee or the People & Partnerships Committee having an unmanageable plan of business. However, this will be monitored with adjustments made should this prove necessary.

Membership

It had previously been directed by the Board of Directors that the assurance committees should have the capacity potentially to be given some delegated authority. As the Trust is an FT this locked the membership of assurance committees down to voting directors only. This scope to receive delegated powers has been removed from the assurance committees (not Audit, Remuneration or CFC), thereby widening the participation of a member of the committees to non-voting executive directors. In addition, feedback from the RSP team on low attendance at some committee meetings has been addressed by increasing the membership of each committee to a maximum of 7 (being four non-executive directors and three executive directors). Quoracy remains the same. Suggested membership is presented at Appendix 3, recognising that it is within the chair's authority to amend this as necessary during the year.

3. Financial implications

None

4. Legal implications

Within the authority of the Board to decide

5. Risks

The discharge of assurance via the re-alignment will be monitored to ensure that any gaps in assurance or unintended consequences are addressed.

6. Impact on stakeholders

The work of the Board as a whole will continue to be discharged, albeit that it is anticipated the revised alignment will allow for a more efficient process.

7. Recommendations

It is recommended that

1. the Board approved the re-alignment of its assurance committees from:

From	To
Safety & Quality (SQC)	Patients (with the retention of SQC as its name)
Finance and Performance (FPC)	Productivity and Performance (with the retention of FPC as its name)
Workforce Education Training and Research	Merge to form People and Partnerships

2. the Appointments, Remuneration & Terms of Employment remain constituted on the same basis but renamed Remuneration Committee.
3. The Terms of Reference for all committees as set out at Appendix 1 be approved.
4. The Cycles of Business for the newly aligned committees as set out in appendix 2 be approved, recognising that further changes may be required as the new ways of working become embedded.
5. The membership as set out at Appendix 3 be approved, recognising that it remains within the authority of the Chair to amend this should the business of the Board require.

14. *ITEMS FOR INFORMATION

14.1 ANNUAL FIT AND PROPER PERSON ASSESSMENT

14.2 DATE, TIME AND VENUE OF NEXT MEETING:

● Information Item

👤 M Thomas

🕒 12:15 pm

6 August 2026 at 9:15 am at Lecture Room 1, EC1, Royal Preston Hospital