

By Email

Professor Phil Wood
Chief Executive Officer
Leeds Teaching Hospitals NHS Trust
St James's University Hospital
Beckett Street
Leeds
West Yorkshire
LS9 7TF

20 June 2025

CQC Reference Number: AP11413

Dear Professor Wood

Re: CQC Inspection of Leeds Teaching Hospitals NHS Trust

Following your feedback meeting with Jackie Bird, Karen Knapton, Linda Hirst and Marc Wilson on 19 June 2025, I thought it would be helpful to give you written feedback as highlighted at the inspection and given to you and your colleagues at the feedback meeting.

This letter does not replace the draft report and evidence log we will send to you, but simply confirms what we fed-back on 19 May 2025 and provides you with a basis to start considering what action is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence log, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform your CQC Regional Communications Manager, who is copied into this letter.

An overview of our feedback

The feedback to you was:

- There is a shared vision, direction and values, with a longstanding commitment to the values embodied by the Leeds Way.
- A trust strategy is in place with plans to refresh this from 2026 onwards. There are annual commitments to work toward for 2025/26 including appropriate

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supporting strategies which are kept under review and development.

- Most senior leaders demonstrated a positive compassionate culture, and most were visible within the organisation. The executive team were relatively newly formed and had a breadth of experience. Opportunities were provided to further develop the executive team.
- A new chair had been appointed, and was due to start in 1-2 months, which will understandably affect the dynamics of board operation and interaction. There was an acknowledgement that further clinical membership of the non-executives would be beneficial.
- There was a freedom to speak up structure in place and the organisation had recognised the need to increase capacity, albeit this is only on a temporary basis.
- We identified concerns relating to a perceived/real culture about the organisation's balance between quality and finance, with a skew toward finance over quality. This may have been affecting the escalation/raising of concerns.
- We have not completed all our interviews/review of equality, diversity and inclusion matters. In particular, related to the allegations of racism and bullying that we have received.
- Organisational and governance structures have been in place for a long period and would benefit from a review and refresh, for example the CSU's have been in place for 13 years. It was recognised, by executives, that over the coming months there will be an opportunity to look at those structures, and to consider if there would be an alternative and more effective model.
- There was a lack of consistency in escalation and reporting both from the CSU's and through executive mechanisms and associated board committees. There appeared to be some confusion regarding roles, responsibilities and accountabilities between board committee level and the CSU's, which may impact the effectiveness of governance and oversight.
- There was action being taken by the trust to review and improve the level of assurance regarding risk management.
- There was strong partnership working with stakeholders, particularly within place and region. This also included secondary care partnership working with other acute trusts across the region. Such as the development of the aseptic unit for West Yorkshire.
- There had been positive improvement in the last 12 months regarding learning from complaints and deaths, however this continues to be a work in progress.

- Work on addressing health inequalities was developing, including data driven analysis to understand and improve health outcomes for both patients and staff.
- There was an embedded improvement methodology (the Leeds Improvement Method). Improvement programmes for finance and quality were in place (Kaizen and PMO), with a view to these working closer together in the future.
- Cross organisational learning could be improved. Low level incidents or instances of harm did not appear to be effectively collated, reviewed and learned from for the benefit of greater patient safety/experience. We noted that escalation of learning from some never events was not disseminated effectively across the CSU's.
- There was positive leadership and documented initiatives regarding a green agenda, with great examples shared with us which had been suggested from front line staff.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to NHS England via their designated email address of england.cqcreportsne@nhs.net.

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff. We felt we were able to have open and honest conversations which enabled both an effective dialogue between us and inspection process.

Thank you for your positive feedback on the conduct and behaviours of our team during our inspection. That is much appreciated. We will ensure these are shared with the full team.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

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If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Linda Hirst'.

Linda Hirst
Deputy Director of Operations
North Network

CC: Chair of Trust
NHS England
CQC regional communications manager