

## Well-led Improvement Plan and Update

### Public Board

**27 November 2025**

<b>Presented for:</b>	Update, Assurance and Approval
<b>Presented by:</b>	Antony Kildare, Trust Chair Brendan Brown, Interim Chief Executive
<b>Author:</b>	Jo Bray, Director of Corporate Affairs
<b>Previous Committees:</b>	None

<b>Our Annual Commitments for 2025/26 are:</b>	
Recognise and act upon moments that matter to our patients	✓
Support our patients to get home a day sooner	
Be in the top 25% for patient experience and efficiency in outpatients	✓
Support each other to act with kindness and compassion	✓
Reduce our carbon footprint by creating greener patient pathways	
Support our staff to manage every £ wisely	✓
Make best use of our estate, equipment and digital assets	✓

<b>Risk Appetite Framework</b>				
<b>Level 1 Risk</b>	<b>(✓)</b>	<b>Level 2 Risks</b>	<b>(Risk Appetite Scale)</b>	<b>Impact</b>
Workforce Risk	✓	Workforce Retention Risk - We will deliver safe and effective patient care, through supporting the training, development and H&WB of our staff to retain the appropriate level of resource to continue to meet the patient demand for our clinical services	Cautious	Moving Away
Clinical Risk	✓	Patient Experience Risk - We will comply with or exceed minimum patient experience targets.	Minimal	Moving Away
	✓	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Minimal	Moving Away
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC	Averse	Moving Away

		registration and always operate within the law.		
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Key points	
The purpose of this report is to receive and approve the Improvement Plan that was shared in draft format at the October Board timeout cited in Appendix A and to provide the Board with an update of actions since the 24 September 2025 Board.	Approve Update & Assurance

## 1. Summary

The CQC Well-led inspection was carried out at Leeds Teaching Hospitals NHS Trust during 17-19 June 2025 with the report published on 24 September 2025, where the Trust was downgraded to 'requires improvement'. As a result, the Trust is required to develop a report on improvement actions it will take to meet Health and Social Care Act 2008, its associated regulations in relation to the Well-led CQC inspection report.

An improvement plan has been developed for Perinatal Services in response to the inspection reports of Maternity and Neonatal services that were published in June 2025. A specific plan has been sent to the CQC to address the breaches in regulation.

On the 7 October 2025, NHS England (NHSE) took regulatory action and issued the Trust with an Enforcement Notice which stated '*The Licensee (the Trust) submitted to NHS England as part of a recovery plan setting out the steps it will take to achieve quality standards overseen by the CQC and to ensure good standards of corporate governance*'.

The purpose of this report is to receive and approve the Improvement Plan that was shared in draft format at the October Board timeout, cited in Appendix A and to provide the Board with an update of actions since the 24 September 2025 Board.

## 2. Development of a combined action plan

The Trust has developed a combined improvement plan (Appendix A) which defines the actions that will be taken to address the Well-led regulatory breaches, areas for improvement aligned to the Well-led Quality statements and to address the NHSE Enforcement Notice.

## 3. Progress

### 3.1 Context of regulatory accountability

As a result of the NHSE Enforcement Notice, NHSE have reviewed their role and accountability requirements for oversight of improvement by the Trust. This is through a monthly Integrated Quality Improvement Group (IQIG) that, as from the start of November, is chaired by Fiona Edwards, Regional Director NHSE. This will be the means for the Trust to report improvement progress against Maternity, Neonatal (Perinatal), and Well-led actions which will also address the Enforcement Notice.

In addition to the IQIG monthly reporting meetings, the Trust will also be held to account by the CQC, and in keeping with their regulatory requirements will be subject to re-inspections for Maternity, Neonates (Perinatal) and Well-led.

LTHT has established a weekly Chief Executive led Improvement Steering Group for oversight and assurance of progress of the Perinatal and Well-led improvement plans, including preparation for the independent inquiry into Maternity services.

The Trust has commissioned NHS Providers to carry out a voluntary further external Well-led review during Q1 to provide objective scrutiny and further assurance to assess progress to the Boards response to the Well-led CQC report.

### **3.2 Leadership changes**

The Well-led report made reference a number of concerns relating to leadership and culture of the Board and wider impact to the Trust.

As from 1 August 2025, Antony Kildare commenced in role as Trust Chair. Professor Phil Wood, Chief Executive announced his retirement within the weeks prior to the change in tenure of the Chair, with Brendan Brown commencing as Chief Executive from 15 September 2025.

Further planned changes were already in place with the Chief Operating Officer, Clare Smith, having been appointed to the role of Chief Executive at Scarborough & York NHS Foundation Trust and Jenny Lewis, appointed to the role of Group Chief People and Culture Officer at the Bristol NHS Group.

During September following external adverts, Tim Hiles was appointed as interim Chief Operating Officer for six months. With support from West Yorkshire ICB an Interim Chief People Officer, Kate Sims, has joined the Executive Team, and this substantive role is currently out to advert with a two-day recruitment process taking place 11 and 12 December.

Following a period of leave, Rabina Tindale, Chief Nurse has moved to a new role at NHS North East and North Cumbria Integrated Care Board as Director of Nursing and Patient Safety. Support from West Yorkshire ICB has been provided temporary cover, now interim to the Chief Nurse role by Beverley Geary.

Within the Well-led report, the need for greater diversity of the Board was acknowledged along with more effective representation of the communities served within the Well-led report. Recent Non-Executive Director (NED) recruitment has made some progress to address some of these concerns and we welcome Dr Simon Le Clerc, Ricky Singh and Amrit Riat as incoming NED/ Associate NEDs.

As from September we also welcomed Professor Angela Graves as the nominated NED from the University of Leeds, bringing a wealth of clinical focus to Maternity services.

NHSE have provided an Improvement Director from October 2025 to support the Trust in progressing the improvements required.

Work is in progress to review the senior nursing structure reporting to the Chief Nurse, and we are currently out to advert for a Director of Midwifery.

Leadership changes have taken place within Maternity services with the appointment of a new Clinical Director and Deputy Clinical Director. A new Clinical Director has been appointed to lead our Children's Clinical Service Unit.

### **3.3 Culture**

The Board held a two-day timeout session towards the end of October. This was a re-set and refocus with discussion addressing aspects of the Well-led feedback in relation to openness, culture within the Board, cohesion, check and challenge, and sufficient curiosity. It was recognised that the changes in the Board, were facilitating change in leadership and ongoing Board development would continue.

As a result of the review of governance, structures and reporting to Board, work has been undertaken to re-set the focus of the Board and the work of our Committees. An outcome from the timeout was to close our Digital Informatics & Technology (DIT), Research & Innovation (R&I) and Infrastructure Committees along with the recommendation from the Executive Team to establishment of a new Perinatal Improvement Assurance Committee, reporting directly into Board for a 12 months period (to then be reviewed). This new Committee will sit alongside Audit, Finance & Performance, Workforce (now to become our People & Culture) and Quality Assurance Committee. More information is provided at agenda item 15.1.

Within the timeout, the Board was joined by the author of the externally commissioned EDI desk top review to explore this report further. This report, alongside the Well-led review and the MSSP EDI report into Maternity and neonates has been aligned to an overarching action plan. The output from this work is shared at agenda item 10.2(ii).

### **3.4 Complaints review**

The Trust has commenced a comprehensive review of our complaints process in response to the regulatory breach and findings in the Well-led report. The Board will be kept updated of this work as this progresses further.

### **3.5 Announcement of the Independent Inquiry into Maternity services**

In addition to the regulatory focus on Maternity and Neonatal services, the Secretary of State for Health and Care announced an Independent Inquiry into Maternity Services at Leeds Teaching Hospitals. The terms of reference and timeline of this have yet to be confirmed. The Trust has commenced working on its preparation for this, taking learning from other Trusts to establish leadership and infrastructure to support this important programme of work. The impact of this announcement to families can not be underestimated and it is crucial that we have effective communications mechanisms in place to support families during this time. An Executive led triage system has been introduced for families in response to any concerns they may have as a result of the announcement, and preparations are in place for wider help and support for communicating with the Trust.

## **4. Financial implications**

There are financial implications to delivering the improvement plans for Perinatal and Well-led areas along with the announcement of the Independent Inquiry into Maternity Services which is work in progress.

## **5. Risk**

Whilst in the NHSE Integrated Quality Improvement process and taking actions to address the CQC regulatory breaches, the Trust is moving away from the risk appetite set by the Board for Workforce risk (Workforce Retention risk), External risk (Regulatory risk) and Clinical Risk (Patient Safety and Outcomes and Patient Experience risk).

There is a risk cited within the Corporate Risk Register related to CQC Registration – breaches of Regulation(s) which will monitor the controls in place and further mitigating actions at the monthly meeting.

#### **6. Communication and involvement**

There will be a comprehensive internal and external communications plan to support the open and transparent sharing of our progress against the improvement work outlined in this paper.

#### **7. Equality analysis**

The Trust strives to adhere to equality and diversity practices.

#### **8. Improving health equalities**

The Trust is committed to Improving Health Equity which means reducing the unfair and avoidable differences in healthcare some groups experience. The work of the Board and Committees underpins this commitment.

#### **9. Publication Under Freedom of Information Act**

This paper is made

#### **10. Recommendation**

- Agree the proposed management and oversight of the Improvement Plan.
- Note the progress and actions since the 24 September 2025 Board meeting

#### **11. Supporting Information**

Appendix A Leeds Teaching Hospitals NHS Trust Improvement Plan 17/11/2025 (v0.7)

**Jo Bray**  
**Director of Corporate Affairs**  
**20 November 2025**