



The Leeds
Teaching Hospitals
NHS Trust

Leeds Teaching Hospitals NHS Trust

Organisational Strategy

2026-2029





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Foreword

As Chair of Leeds Teaching Hospitals NHS Trust, I am really pleased to introduce our Organisational Strategy for 2026-2029. Since joining the Trust in summer 2025, it's clear to me how proud colleagues are of what they do and the tangible difference they make each and every day. This energy, focus and skill has been captured to help to influence what you're reading here.

This strategy comes at a significant moment for our Trust, our city and the wider NHS. Leeds is a vibrant and growing city, but it is also one where health inequalities remain stark.

Nationally, the NHS is being asked to transform – to embrace digital innovation, strengthen prevention, and deliver more care closer to home. In this context, strong leadership, clear priorities and disciplined governance have never been more important.

Our role as a Board is to ensure that the Trust is well-led, financially sustainable and consistently delivering safe, high-quality and equitable care. This strategy provides a clear and balanced framework to do just that. It builds on our strengths as one of the largest teaching hospital trusts in the country, helping us maintain our focus on continuous improvement while upholding the highest standards of governance and transparency.

Our strategy reflects our commitment to putting all users of our services, including children & young people and adults first whilst supporting and valuing our colleagues, working collaboratively across Leeds and West Yorkshire, advancing research and innovation, and ensuring long-term sustainability. It will not always be easy, but I know that we will continue to work together for the benefit of all our communities.

As one of the UK's leading centres for children's healthcare, we will place children and young people at the heart of this strategy, recognising their distinct needs and the lifelong impact of getting care right early. We are committed to strengthening Leeds Children's Hospital as a centre of excellence locally, regionally and nationally.

Importantly, our strategy has been shaped through engagement with our colleagues, patients and partners. Their voices have influenced both our ambitions and our approach. As a Board, we will continue to listen, to provide constructive challenge and support, and to hold ourselves and the organisation to account for delivery.

This strategy sets a clear direction for the next three years. Above all, I am confident in our people. Their dedication, expertise and compassion are the foundations on which this plan will succeed.



Antony Kildare,
Chair

It is a privilege to present our 2026-2029 Organisational Strategy for Leeds Teaching Hospitals NHS Trust.

Every day, I see the extraordinary skill, compassion and determination of our colleagues. In our wards, theatres, clinics, laboratories and every team, people go above and beyond for patients and for one another. That commitment is our greatest strength – and it is the foundation of this strategy.

This strategy sets out how we will do that over the next three years. Built around four priorities - People, Improvement and Innovation, Partnerships and Outcomes – it translates our ambition into clear action.

For our patients, this means safer, more responsive and more equitable care, reduced waiting times and services designed around people's needs.

It means embracing digital tools with our digital priorities aligning to the NHS 10 Year Plan ambition for digital first care, including interoperable records, patient access through the NHS App, and data enabled decision making, expanding neighbourhood working and strengthening prevention while ensuring hospital care remains world class when it is needed. As a major acute provider, we will actively support the shift from hospital to neighbourhood by redesigning pathways, supporting community partners, and ensuring hospital care is reserved for those who need it most.

For our colleagues, it means investing in wellbeing, leadership and inclusion. We know that caring for our colleagues is fundamental to caring for patients.

We are committed to tackling inequality, improving colleague wellbeing, supporting flexible working and creating an environment where everyone can thrive.

It also means embedding research, innovation and green sustainability into everyday practice – ensuring we remain at the forefront of healthcare improvement.

The context is challenging. Demand continues to rise and resources are finite. However, we have incredible talent, strong partnerships across Leeds and West Yorkshire, and a shared commitment to improvement. We will empower teams to solve problems, improve productivity and enhance quality every day. This strategy is ambitious because our communities deserve ambition. Delivery will be our focus, and we will measure progress openly and honestly.

This is also your opportunity to be a part of our successes - what role will you play? This strategy will only succeed if it lives beyond these pages. It belongs to all of us. Every team, every service, every role has a part to play.

Together, we have the power and drive to turn this strategy into real and lasting impact for every patient and every colleague we serve. I am confident that we can deliver the scale of ambition set out here.



Brendan Brown,
Chief Executive

About us

We are one of the largest teaching hospital trusts in the UK, with around 1.8 million patient contacts each year across seven hospitals on five sites. We are both the local hospitals for Leeds and a regional and national centre for specialist care.

We are one of the largest providers of services for children and young people in the country and will further develop Leeds Children's Hospital as a nationally recognised centre of excellence - delivering integrated, family-centred care, leading research and innovation, and improving outcomes across the whole of a patient's life.

We employ approximately 20,200 colleagues and work closely with the other healthcare organisations in Leeds and across West Yorkshire as well as colleagues at Leeds City Council, universities, industry partners and voluntary and third-sector organisations to provide care, education, research and innovation at scale.

We work closely with and remain grateful to the Leeds Hospitals Charity for their support in improvements in care and support for our colleagues.





Leeds General Infirmary (LGI):

City Centre (LS1 3EX)

Leeds Children's Hospital:

City Centre (LS1 3EX)

Leeds Dental Institute:

City Centre (LS1 3EX)



St James's University Hospital (SJUH):

Beckett St, Leeds (LS9 7TF)



Chapel Allerton Hospital:

Chapel Allerton (LS7 4SA)



Seacroft Hospital:

Seacroft (LS14 6UH)



Wharfedale Hospital:

Otley (LS21 2LY)

Who we are and how we work

We are Leeds Teaching Hospitals. Every day, we work together to provide excellent, safe and sustainable care for patients and families every time and be a great place to work for colleagues.

Our values demonstrate this and guide how we work together as one organisation.

- We are **KIND** and inclusive by ensuring everyone is heard and valued
- We care for each other and our patients by working together as **ONE TEAM**
- We are **RESPONSIBLE** for our actions and behaviours
- We are **OPEN** and **HONEST** so that we can always improve

These values guide how we treat one another, how we make decisions, and how we deliver care so that everyone feels respected, valued, and able to contribute.

Improving together

We are committed to continually improving how we work. This means paying attention to everyday issues, using evidence and data to make changes, listening to different perspectives, and removing unnecessary steps that get in the way of good care.

By improving together, we focus on making care safer, more effective, and better experienced for patients, while also making work more meaningful and sustainable for colleagues across all roles and backgrounds.

Speaking up and being heard

We want everyone to feel safe, included and supported to speak up. Colleagues should be able to raise concerns, share ideas, and challenge decisions respectfully, without fear of negative consequences.

Our Freedom to Speak Up (FTSU) Guardian works independently and is supported by a network of champions across the organisation. They are there to listen, help colleagues be heard, and ensure concerns are taken seriously.

Learning from what colleagues' raise is an important part of how we improve. Themes from speaking-up concerns are reviewed alongside staff survey feedback, incidents, and inclusion information. The actions we take are tracked and shared so people can see that speaking up leads to real change.

This openness helps build trust, strengthens a sense of belonging, and supports safe, compassionate care for everyone.





Our strategic framework

We have a well-established framework which ensures that there is strong relationship between the wider organisational strategy and associated strategies that we describe as either core or enabling strategies as illustrated within the graphic.

Our framework aligns corporate and clinical service units objectives, guides investment and enables system-working across the Integrated Care System.

Clinical service units are generally a collection of related clinical specialties operating under the same management team. We will focus on four priorities - People, Improvement & Innovation, Partnership and Performance.

- underpinned by The Leeds Way values. For each priority, we set out what success looks like by 2029, how we will provide, and how we will measure progress. This includes a specific focus on children and young people across all priorities, recognising their unique clinical, developmental and safeguarding needs.



The Board will have clear and active oversight of the delivery of this strategy. Each of the strategic priorities will be sponsored by a named Executive Director and reviewed at least twice yearly through the Board Assurance Framework.

The Board uses an integrated accountability framework to balance quality, workforce and financial considerations, supported by clear escalation routes where performance, safety or delivery is off track. Risks related to strategic delivery are held on the Board Assurance Framework and reviewed regularly to ensure effective mitigation. This approach enables timely challenge, supportive intervention and clear decision making, ensuring that strategic ambition is matched by strong governance and disciplined delivery. Where delivery is off track, the Board agrees time limited recovery actions and monitors progress through enhanced reporting and executive oversight.

The relationship between the four organisational priorities and the strategies supporting their delivery is highlighted on the next page.

Core and enabling strategies strategic priorities

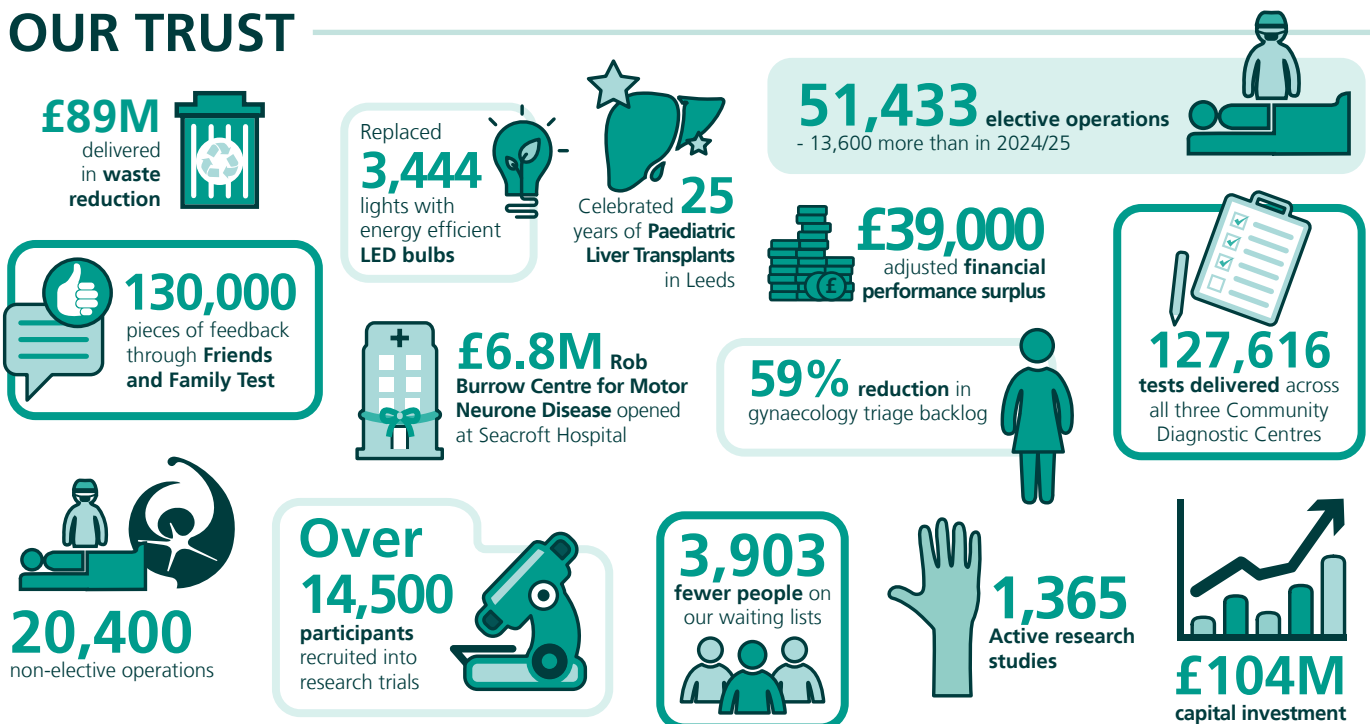
- **Patient Safety & Quality (2024-27):** This strategy sets out what we will do in response to the National Patient Safety Strategy. Our strategy sets out how we will develop our patient safety culture, learn from incidents and change the way we investigate through implementing the Patient Safety Incident Response Framework (PSIRF).
- **Operational (2024-2027):** This strategy describes an ambitious plan to achieve our vision to provide the highest quality integrated and specialist care delivered in a supportive environment that develops our people and produces optimal outcomes for our patients.
- **Clinical Services (2024–27):** leading-edge, multi-professional, networked and equitable care across unplanned, planned and diagnostics, with clear local/ tertiary/quaternary roles.

Enabling strategies

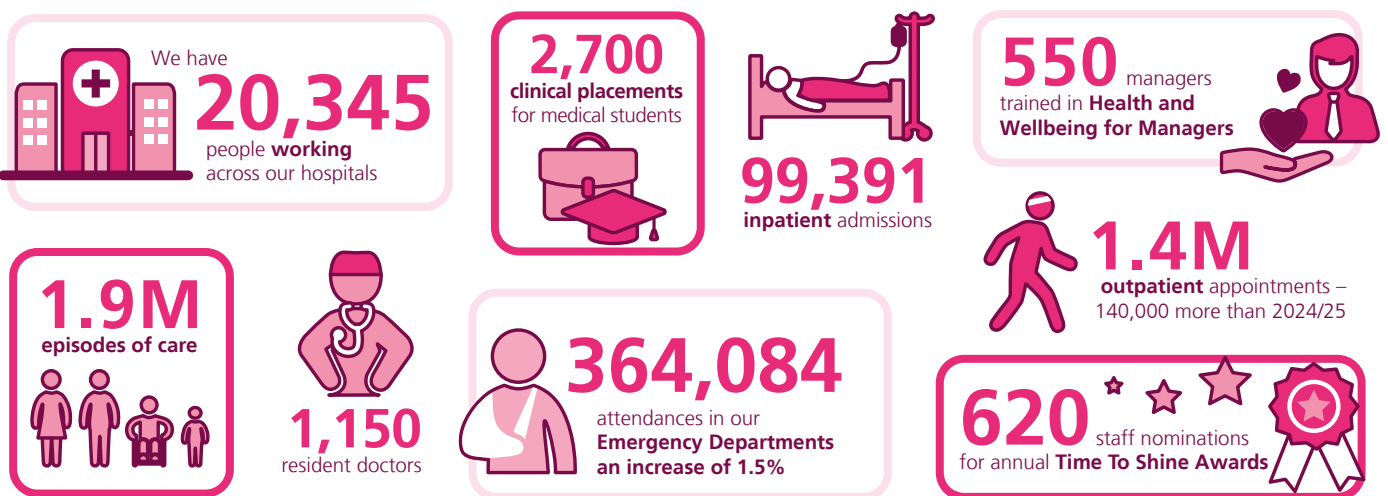
- **Health Equity & Public Health Strategy (2025–28):** aims to embed fairness across all services by reducing health inequalities, improving access, experience, and outcomes—especially for deprived and high-risk populations.
- **People Priorities (2024-28):** inclusive recruitment; wellbeing linked to LIM; sustainable talent pipeline; e-rostering and job-planning; reduced agency reliance.
- **Research & Innovation (2024-28):** aims to embed research and innovation in care, advance data, partnerships and workforce, reduce inequalities, improve outcomes, and drive economic growth.
- **Nursing, Midwifery & AHP (2024–28):** competency frameworks; leadership development; After-Action Review; ward accreditation; harm-free care; clinical academic pathways.
- **Learning, Education & Training (2024-28):** five-theme improvement programme (Content & Style; People; Infrastructure; Culture & Policy; Governance) with protected learning time and board oversight.
- **Estate (2024-28):** This strategy reflects an ambitious plan to build an outstanding healthcare environment for our patients and colleagues. reduce backlog risk; improve use; provide digital/ SMART buildings aligned to clinical needs and patient experience; reduce non-clinical space.
- **Finance (2026–29):** rolling three-year plan; daily financial governance; procurement strategy; commercial capability and Innovation Village growth.
- **Improvement (2024-28):** This strategy defines our commitment to improve the quality and timeliness of care whilst delivering first class patient experience and improving outcomes.
- **Digital (2024–28):** resilient infrastructure; maximise existing platforms; equity in digital access; structured patient feedback; governed data use; digital literacy for staff and patients.
- **The Green Plan (2025–28):** Green Plan and Sustainable Action Plan across leadership, clinical transformation & medicines, digital, travel, estates, biodiversity, supply chain, food and adaptation.
- **Corporate Communications Strategy (2024–28):** sets out how LTHT will deliver clear, consistent, and inclusive communications to engage staff, patients, and stakeholders, build trust, and strengthen its reputation.

Snapshot of the year 2025/26

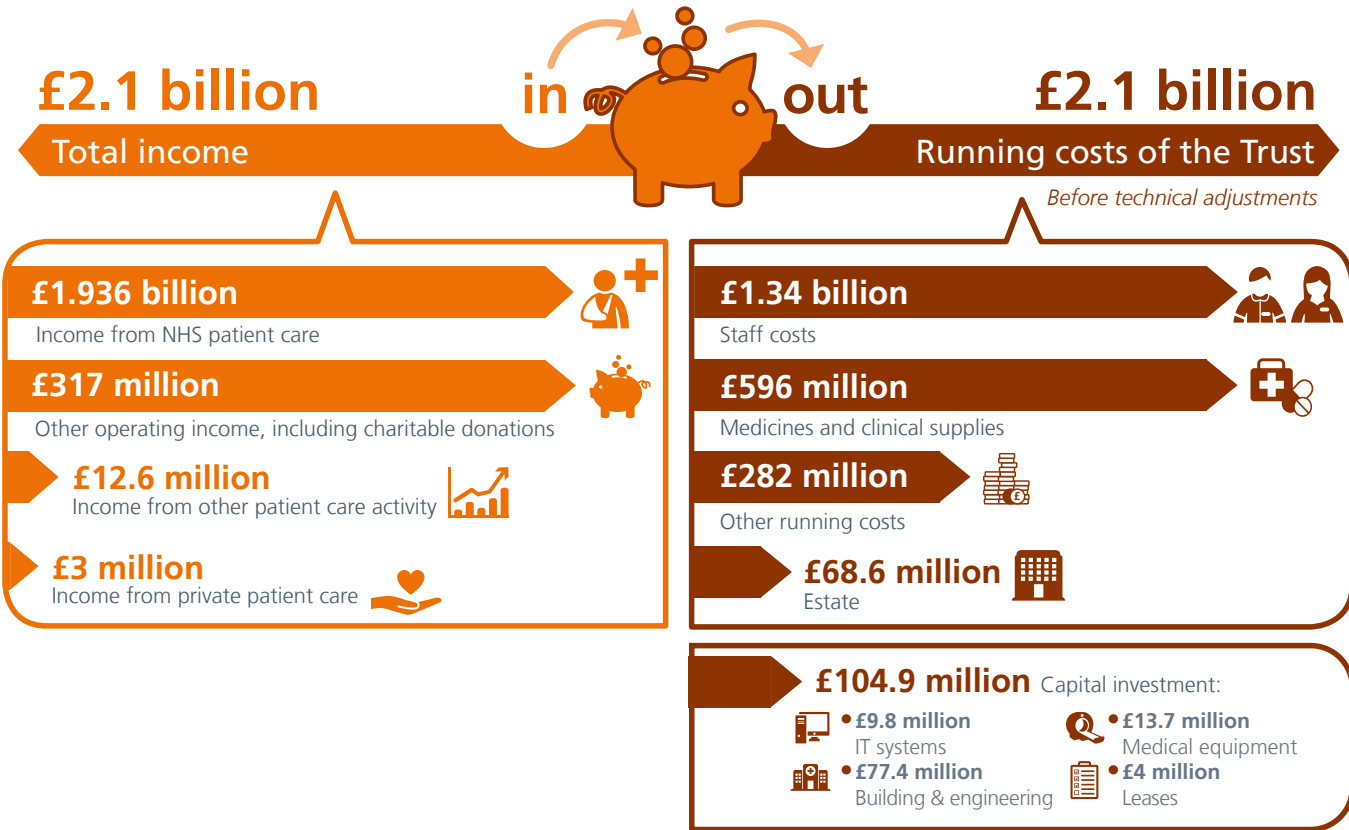
OUR TRUST



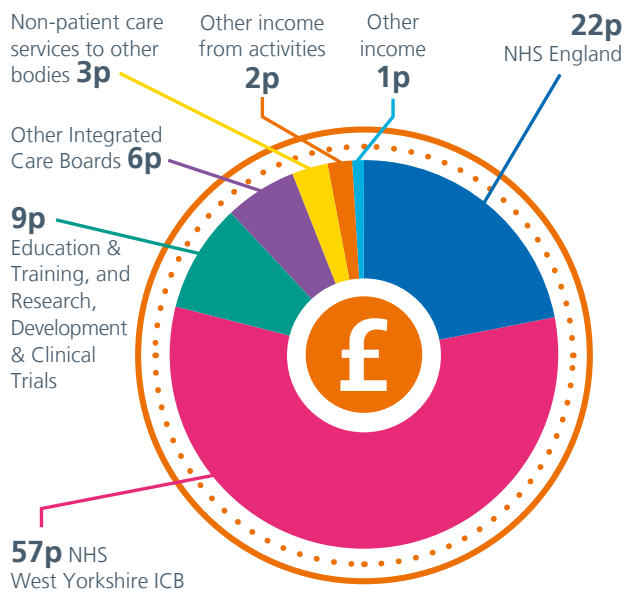
PEOPLE



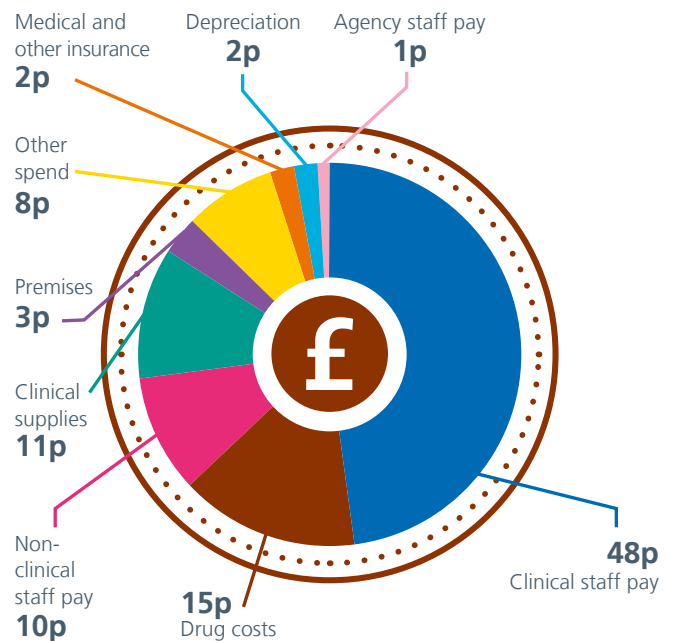
FINANCE



Where each £1 came from



Where each £1 was spent



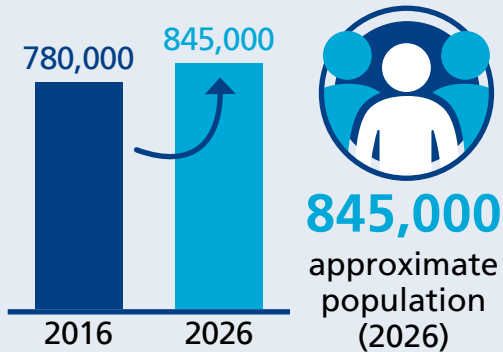


Current context

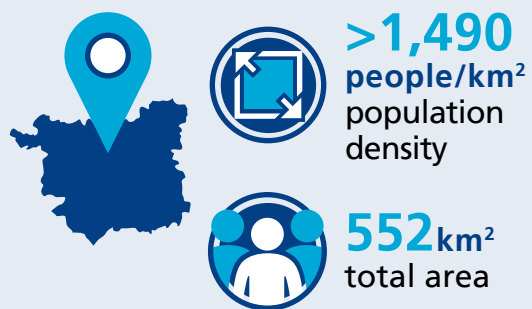
Leeds

Leeds is one of the UK's fastest-growing major cities.

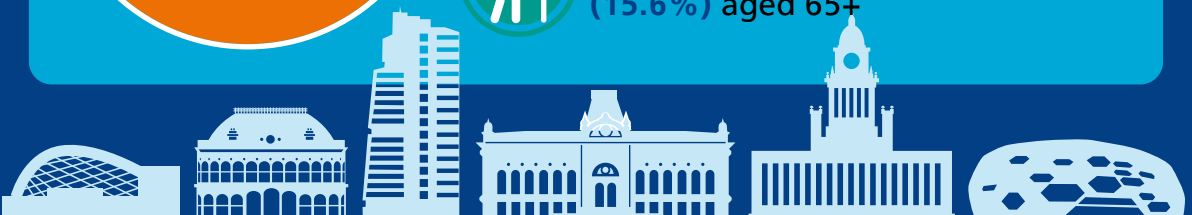
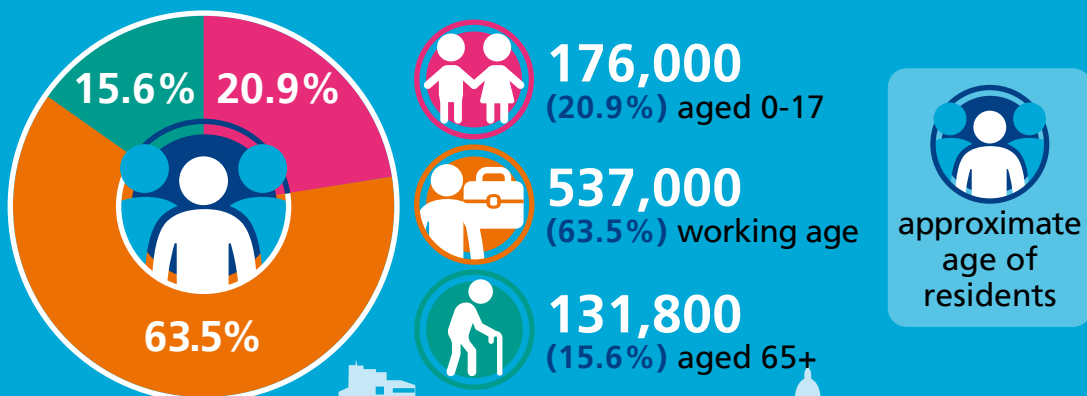
POPULATION GROWTH



AREA & DENSITY



AGE DISTRIBUTION



National

The NHS 10-Year Plan (2025) marks a pivotal moment in the evolution of England's health service. The plan reaffirms the NHS's founding principles of being free at the point of use, universally accessible, and publicly funded, while calling for a radical transformation in how care is delivered, managed, and experienced. Specifically the three keys shifts are:

- Analogue to digital
- Hospital to home
- Ill health to prevention

Core vision of the 10 year plan

The plan envisions a reimagined NHS that is:

- **Personalised:** Care tailored to individual needs and preferences.
- **Preventative:** Focused on early intervention and health promotion.
- **Digitally enabled:** Leveraging technology to improve access, efficiency, and outcomes.
- **Integrated:** Seamless collaboration across primary, secondary, community, and social care.
- **Locally led:** Empowering local systems and frontline staff to innovate.

The goal is to shift from a reactive, hospital-centric model to one that supports people to stay healthy and independent for longer, with care delivered closer to home.

We are fully engaged with this agenda and committed to working in partnership with colleagues across the health and Social care world to help deliver transformative care closer to home, through new models of working such as the Provider Collaboratives.

Life expectancy and health inequality:

Overall life expectancy is around 80 years, but stark inequalities exist: residents in the most deprived wards may live up to 14 years less than those in affluent neighbourhoods. Around 23% of children live in relative poverty; 19% of working-age adults are below 60% median income.

Deprivation and social determinants:

Some wards rank at the top of the Index of Multiple Deprivation, with low incomes, unemployment, housing insecurity, and poor educational outcomes clustering in areas like Armley, Beeston and Hyde Park. Child poverty affects one in four children.

Leeds



West Yorkshire

Through our regional specialist services, we provide care to the wider population

of West Yorkshire and we remain a strong partner in the West Yorkshire Association of Acute Trusts (WYAAT). The relationship between us and WYAAT is built on collaboration across the region to improve care, share expertise, and make better use of collective resources. By working together, the trusts can standardise pathways, reduce unwarranted variation, and ensure that patients across West Yorkshire benefit from the same high quality, safe, and accessible services - regardless of where they live. This partnership matters to patients because it enables faster access to specialist care, more resilient services, and a more co-ordinated approach to tackling the region's biggest health challenges.

We are fully engaged with this agenda and committed to working in partnership with colleagues across the health and social care world to help deliver transformative care closer to home, through new models of working such as the Provider Collaboratives.



Diversity and community cohesion:

Leeds is home to many different communities, cultures and life experiences. The people who live here identify in a wide range of ways — in ethnicity, culture, language, and faith — and this richness shapes the care people need and how they want to receive it.

Leeds is home to many different communities, cultures and life stories. Most residents identify as White (79%), and many belong to Christian traditions. Alongside this, the city is enriched by a wide range of ethnic backgrounds — around 21% of people are from Black, Asian and minority ethnic communities, including Asian (9.7%), Black (5.6%), Mixed heritage (3.3%), and other ethnic backgrounds (2.3%). Leeds is also home to diverse faith communities, including around 63,000 Muslims, 10,000 Sikhs, 9,200 Hindus, and 6,300 Jewish residents, as well as many people of other faiths and people with no religious beliefs. Leeds is also a multilingual place. While most people speak English confidently, some speak it less often or not at all, and many households use multiple languages. This means it is essential that our services are easy to understand, accessible, and welcoming, whatever someone's background, language or level of confidence with the NHS.

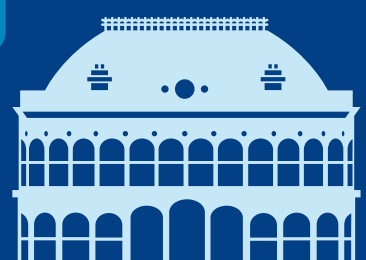
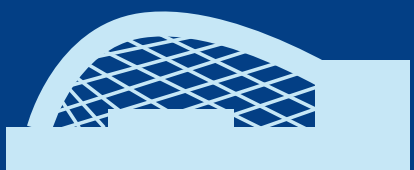
Our job as a Trust is to recognise the people behind these numbers — to understand their experiences, remove barriers to care, and make sure everyone feels seen, heard and respected.

Housing and education:

Pressure on housing affordability is driving high rents and overcrowded conditions in inner-city wards, impacting health and wellbeing. Educational inequalities persist, with lower attainment and fewer university-access rates in the most deprived areas.

Employment and economic opportunity:

Leeds plays a critical role in the regional economy: Leeds Teaching Hospitals and other public organisations anchor thousands of jobs, boosting economic opportunity and social mobility.





Employment and economic opportunity:

The unemployment rate rose from 1.6% in late 2024 to 4.7% by mid-2025, reflecting economic volatility and cost-of-living pressures.

Why this matters for us:

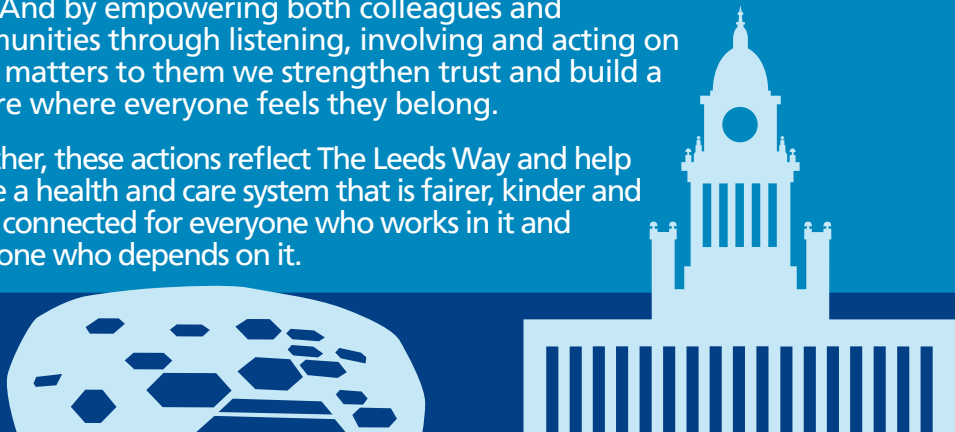
Wide health inequalities across Leeds mean we must take an equity-first, patient-centred approach to how we plan and provide care. Our city's diversity in culture, language, ethnicity, faith, income and life experience shapes what people need from us and how they access our services. Many residents face challenges linked to housing, deprivation, long-term conditions and financial hardship, which increases pressure on acute services and support pathways. Putting patients at the centre means recognising these realities and designing care that is responsive, respectful and accessible for all.

These inequalities affect our staff too. Colleagues across the Trust come from over 130 countries, bringing huge strengths and lived experience to our workforce. At the same time, many face the same pressures as the communities we serve including rising living costs, caring responsibilities, insecure housing, language or cultural barriers and experiences of discrimination. Living our values means being fair, creating workplaces where people feel safe, included and able to thrive, and ensuring everyone has an equal chance to grow and progress.

Addressing these inequalities is not something we can or should do alone. We will continue to work collaboratively across the Leeds Health and Care Partnership, with primary care, community services, mental health services, the voluntary and community sector, local authorities, and local communities themselves. Together, we can remove barriers to access, design services that reflect people's lived experiences, and make sure support reaches those who need it most. Strong partnerships mean better care, better outcomes, and a more connected health and care system for everyone.

Our commitment to accountability means being honest about the pressures our staff and services face, and taking responsibility for equitable, compassionate care. And by empowering both colleagues and communities through listening, involving and acting on what matters to them we strengthen trust and build a culture where everyone feels they belong.

Together, these actions reflect The Leeds Way and help create a health and care system that is fairer, kinder and more connected for everyone who works in it and everyone who depends on it.



How we developed this strategy

Engagement and co-design

We initially built this strategy through targeted engagement with staff and communities. Task-and-finish groups were convened with some of our internal staff networks including Empower Leeds Women, our BME wider network, our disability network, and our LGBTQ+ network. We also engaged with our patients and the public through established groups. These groups reviewed our questions on involvement, priorities and outcomes and provided feedback which has helped to shape the strategy.

Some feedback received:

“Fully embed equality, diversity, and inclusion (EDI) into the Trust’s culture, policies, and practices”
(Disabled Staff Network)

“Quality starts with compassion - for staff as much as for patients.”
(Empower Leeds Women Network)

“Protected learning time must be real - not something that disappears when things get busy.”
(Empower Leeds Women Network)

“Flexible working isn’t just helpful - it’s what keeps many women in work and able to progress.”
(Empower Leeds Women Network)

“Communities want us to involve them earlier, not once decisions are already made.”
(Patient & Public Feedback)

“Waiting for hours with no updates is the hardest part - communication really matters.”
(Patient & Public Feedback)

“People want to feel safe - whether they are patients coming onto our sites or staff working off them.”
(Patient & Public + ELW Network)

“I want to attend my staff network meetings without feeling judged or having to explain myself.”
(LGBTQ+ Network)

“People want services that feel joined-up - not lots of teams working separately.”
(BME Wider Network)

“A lot of people worry that digital changes could widen inequalities if we don’t support those who struggle with technology.”
(Patient & Public Feedback + ELW Network)

“People want to receive care closer to home, but only if it feels safe and well-supported.”
(Patient & Public Feedback + ELW Network)

“Staff want time to learn, grow, and feel proud of their work - not just ‘get through the day’.”
(ELW Network + Patient & Public Feedback)

Further to our engagement with staff networks we also tested the priorities, giving all colleagues opportunity to comment. Over 600 colleagues provided feedback with the most common responses shown within the word cloud below, which shows a strong connection to the proposed values and priorities.



Listening and responding

Engagement with patients, carers, communities and colleagues is continuous throughout the delivery of this strategy, not limited to its development. We will involve people early in the design of services, particularly where changes affect access, experience or equity.

We will routinely publish “you said – we did” updates to demonstrate how feedback has influenced decisions, service changes and outcomes. This approach ensures that involvement is meaningful, transparent and clearly linked to improved experiences and outcomes for those who use and deliver our services.

Imagining LTHT in three years' time

What partnership-based care feels like for patients

Living well with frailty – Jean, 82

Jean lives independently and is supported by her local neighbourhood team, bringing together her GP, community services, social care, voluntary organisations and Leeds Teaching Hospitals. When she notices something doesn't feel right, she reports this through the NHS App.

Her information is reviewed by the neighbourhood team using shared records and a community visit is arranged, with specialist advice provided remotely by a Geriatrician. Jean's care plan is adjusted at home, with falls prevention and practical support from a voluntary sector partner. She feels known, supported and safe, with hospital care available when needed but no longer the default.



Managing long-term conditions closer to home – Imran

Imran lives with COPD and previously experienced frequent hospital admissions. He is now supported by an integrated neighbourhood team. Remote monitoring helps identify early warning signs, which are reviewed using shared systems across organisations. Treatment is adjusted the same day via remote consultation, providing same day prescriptions, preventing deterioration and avoiding emergency care. When tests are needed, diagnostics are arranged closer to home via a Community Diagnostic Centre and results are shared quickly. Care feels proactive, coordinated and focused on helping Imran stay well.



Follow-up that fits around life – Hana, 15

Following cancer treatment, Hana's follow-up care is delivered through a shared pathway across hospital, community and diagnostic services. Using the NHS App, she manages patient-initiated follow-up and symptom monitoring in a way that fits around her life.

Any concerns trigger rapid review, with diagnostics arranged via Community Diagnostic Centres and information shared immediately with specialists. Routine hospital appointments are replaced with personalised, responsive care that focuses on what matters most to Hana, while ensuring timely access to support.

What this shows

Together, these examples show how strong partnerships help LTHT deliver **seamless, place-based care**, support earlier intervention and prevention, reduce unnecessary hospital attendance, tackle health inequalities and ensure hospital care remains outstanding when it is needed most.

This is partnerships in practice – **integration that adds value, with patients at the centre.**

What partnership-based care feels like for colleagues

Specialist support without the hospital trip

A consultant reviews digital referrals, remote monitoring trends and advice requests from neighbourhood teams across Leeds. Working within agreed, standardised pathways, she provides specialist input without patients needing to travel to hospital.

Hospital appointments are reserved for those who truly need face-to-face care. This improves access, reduces waiting lists and supports continuity across the system, while strengthening relationships between hospital teams and neighbourhood partners.

For colleagues

In three years, the People function at Leeds Teaching Hospitals will be known for getting the basics right, brilliantly and reliably. Simple, consistent processes and smart digital tools will take the hassle out of people tasks, freeing colleagues to focus on what matters most: caring for patients. Leaders at every level will have the skills, confidence and compassion to create inclusive, high-performing teams where people feel valued and supported to do their best work. LTHT will be recognised as a true learning organisation, where continuous development is part of everyday work and everyone, at every stage of their career, can grow, contribute and thrive.

Our purpose – Why we do what we do

To ensure every patient who comes into contact with us receives excellent, safe and sustainable care, every time - for babies, children, young people and adults.

Everything we do is centred on improving outcomes, supporting people to stay well, and delivering care that is fair, accessible and responsive to individual need. We are here to care for the people of Leeds, West Yorkshire and beyond, recognising the trust placed in us at some of the most important moments of people's lives.

Patients, children, young people, families and carers are at the heart of everything we do. We are committed to care that is safe, effective, compassionate and respectful, where individuals feel listened to, involved and supported in decisions about their care.

As a major teaching and specialist centre, including a dedicated children's hospital, we recognise the distinct needs of babies, children and young people. We deliver developmentally appropriate care, ensure strong safeguarding, and work in partnership with families to achieve the best possible outcomes.

Quality goes beyond clinical outcomes - it includes dignity, experience and fairness. We design services that are coordinated, timely and easy to navigate, reducing waiting, improving communication and ensuring care is delivered in the right place, including closer to home where appropriate.

High-quality care depends on the wellbeing, capability and confidence of our staff. We are committed to creating an inclusive, supportive and psychologically safe environment where colleagues feel valued, respected and able to thrive.

Through compassionate leadership, continuous learning and a strong culture of speaking up, we enable our people to deliver safe, high-quality care and drive improvement. Supporting our workforce is fundamental to achieving better outcomes for patients.

We are committed to reducing health inequalities and addressing unwarranted variation in access, experience and outcomes. Many people face barriers related to deprivation, disability, culture, language or long-term conditions, and we act deliberately to remove these barriers.

Equity and inclusion are built into how we design services, allocate resources and make decisions. This includes addressing the needs of children, young people and underserved communities, ensuring care is accessible, culturally sensitive and shaped by those who use it.

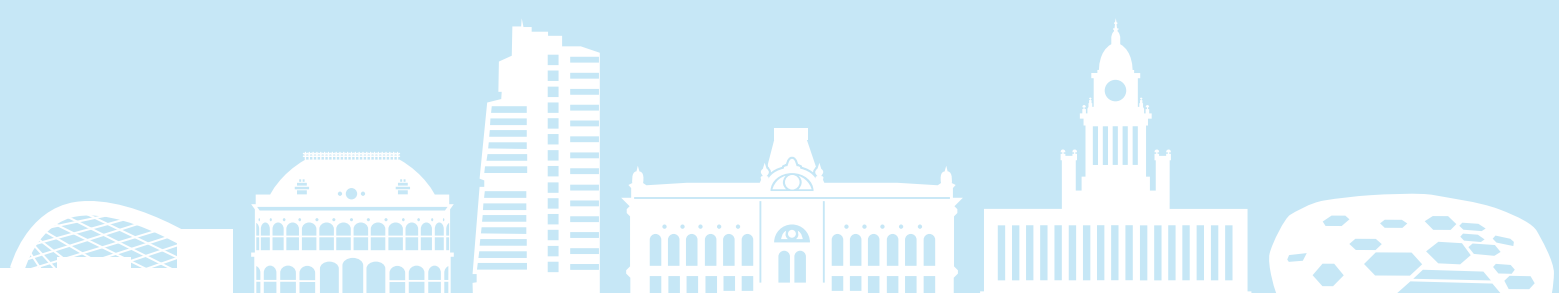
We are a learning organisation where improvement is continuous and embedded at every level. We listen to patients, families, staff and partners, and systematically learn from incidents, feedback and outcomes.

Through the Leeds Improvement Method and our patient safety approach, we turn learning into action, ensuring improvements are sustained and visible. We are open and transparent about our

performance, using data and insight to improve reliability, reduce harm and enhance experience.

We work closely with partners across health, social care, education and the voluntary sector to deliver joined-up, integrated care. Many health needs cannot be met by hospitals alone, and collaboration enables prevention, early intervention and better coordinated care.

As a system-leading academic health organisation, we contribute to innovation, research and sustainability, delivering care across hospital, community and digital settings to meet the needs of our populations now and in the future.



Our priorities



People



Improvement & Innovation



Partnerships



Outcomes



People - We make LHT a brilliant place to work for everyone in order to deliver excellent, safe and sustainable care for every patient, every time



By 2029 we want to ensure:

- We are recognised as a leading employer and educator, with inclusive, compassionate leadership and equitable access to learning.
- We have a sustainable workforce with the right skills and roles, reduced agency reliance, effective e-rostering and electronic job planning at scale.
- A skilled and sustainable workforce for Children's services, with recognised expertise in children's physical and mental health, safeguarding, and family centred care.
- Protected learning time and a simplified learning management approach underpin world-class Learning, Education & Training (LET) with board-level oversight, with a greater focus on improving patient care whilst making our organisation a better place to work.
- Freedom to Speak Up (FTSU) is strong and responsive, and bullying, racism and discrimination are actively confronted with zero tolerance, with colleagues supported to speak up.
- Colleagues have all the necessary resources they need to be effective at work.
- Protected learning time is built in to workforce plans and rotas with clear expectations for delivery across all services.





We will do this by:

- Embedding the Leeds Improvement Method to tackle workload-driven burnout through daily management, improvement capability and waste removal, alongside accessible wellbeing support linked to the Health & Wellbeing Strategy.
- Implementing fair, values-based recruitment and widening participation to grow and retain local talent; strengthening talent pipelines and career pathways, including clinical academic roles.
- Delivering multi-professional education and simulation, inter-professional training and equitable access to facilities and resources, with protected time and transparent governance.
- Strengthening leadership development, board and CSU governance, and transparent balancing of quality and finance.
- Developing workforce pipelines and specialist training, including advanced practice.
- Delivery of protected learning time will be monitored through Clinical Service Unit (CSU) governance and reported through the people and culture committee. Where learning time is compromised, this will be escalated and addressed, ensuring that development, improvement capability and professional growth remain core to how we operate. Compliance with protected learning time will be audited annually.

Breakthrough objectives (2026–2027)

- Maximise colleague availability by keeping colleagues well at work and improving retention in priority groups.
- Set clear standards of behaviour and ensure our leaders and managers have the skills and tools to create an inclusive environment.
- Continue to roll out e rostering and electronic job planning, reducing agency and locum spend through sustainable workforce models.
- Increase participation in leadership and inclusion programmes; improve Workforce Racial Equality Standard (WRES)/Workforce Disability Equality Standard (WDES) outcomes and representation at senior levels.
- Speaking up - in addition to FTSU as a route to raise concerns about patient harm, we ensure that all leaders and managers listen and respond to colleagues concerns. We also ensure colleagues are aware of how to report violence and abuse and as a Trust we act on concerns swiftly and appropriately. Themes and actions arising from FTSU will be shared with colleagues at least annually.





Improvement & Innovation - Ensuring we are at the forefront of health improvement, innovation and research



By 2029 we want to ensure:

- The Leeds Improvement Method (LIM) remains our go to management method and is embedded across our front-line teams, who with the support of our expert Improvement Practitioners can deliver ongoing transformational change with real impact on improving the experience for patients and our colleagues across all our pathways.
- Continuous improvement and digital enablement will support sustained productivity gains across the medium term.
- Children and young people benefit from innovative models of care, including virtual consultations, digital pathways and research participation.
- The work of our expert Improvement Practitioners (The Kaizen Promotion Office) is aligned perfectly to the delivery of the priorities agreed by us.
- Research is integrated into everyday care, with more patients able to participate, reflecting the diversity of Leeds and west Yorkshire and reducing outcome disparities.
- Digitally enabled care is mature and resilient, with secure infrastructure, governed data science/AI, and high digital literacy among colleagues and patients.
- Translational research and clinical academic roles are expanded, leveraging genomics, multi-omics and personalised medicine.
- Green innovation and smart estate investments reduce emissions, improve use and create environments for cutting-edge care.





We will do this by:

- Actively engaging with patients and the wider public on service developments, innovation and research, specifically those in underserved communities.
- Facilitating research in directorates and departments; publicising opportunities; and simplifying consent and participation via digital tools.
- Developing interoperable records and patient portals; advancing artificial intelligence (AI) and decision-support with strong clinical governance and transparency.
- Partnering with academia and industry to accelerate adoption of innovative diagnostics and therapeutics; expanding clinical academic pathways.
- Applying greener care tools, lifecycle assessments and SMART building technology across estate programmes.
- Specifically expanding paediatric research and innovation, ensuring children and young people have equitable access to clinical trials and new treatments.

Breakthrough objectives (2026–2027)

- Increase the numbers of colleagues who have trained in LIM and are actively participating in improvement activities.
- Increase research participation rates in priority pathways and underserved groups; grow investigator-initiated and commercial trials.
- Deploy priority artificial intelligence (AI)-supported diagnostics/reporting with measurable safety and productivity benefits; expand virtual wards and remote monitoring.
- Launch carbon literacy in clinical teams; integrate greener care assessments into business cases.





Partnerships - Integration that adds value, with patients at the centre



By 2029 we want to ensure:

- Through the Leeds Provider Partnership and the Neighbourhood Health Programme, deliver radical transformation of place-based care in Leeds, which is seamless across primary, community, mental health, social care and the voluntary, community and social enterprise, (VCSE) sector, improving access, experience and outcomes.
- Regional clinical networks via West Yorkshire Association of Acute Trusts (WYAAT) sustain specialist services, reduce unwarranted variation, optimise the co-ordinated use of resources and share workforce and data.
- Academic and industry collaboration accelerates translation in diagnostics, therapeutics and digital, anchored by the Innovation Village and joint frameworks with the major academic institutions of Leeds.
- We act as an anchor institution, supporting skills, jobs and inclusive growth across Leeds and West Yorkshire.
- Reduce health inequalities, with population health approaches used to target prevention, outreach and access - applying Core20PLUS5 locally and co-designing services with underserved communities.
- Diagnostics are closer to home through community diagnostic centres and regional collaboratives, with artificial intelligence (AI)-enabled reporting meeting six-week standards and reducing inequalities.
- The work of both Leeds Hospitals Charity and ourselves is closely aligned to maximise the benefit staff, patients and their families can gain from closer co-ordination.
- Integrated children's pathways with primary care, community, mental health services, schools and local authorities improve early intervention and reduce avoidable hospital use.





We will do this by:

- Co-designing neighbourhood models and pathways with partners and the public, making every contact count and addressing wider determinants of health.
- Expanding centres of excellence and managed clinical networks with shared governance and standardised pathways.
- Strengthening data-sharing agreements and analytics to enable proactive, population-based care and research participation.
- Aligning anchor commitments (procurement, employment, estates and sustainability) to reduce inequalities and support local prosperity.
- Working with education, social care and voluntary sector partners to deliver joined up services for children, young people and families.
- Scaling neighbourhood models with primary, community, mental health, social care and the voluntary, community and social enterprise (VCSE) to make every contact count.
- Using population health data and risk stratification to reduce non-attendance and late diagnosis, with targeted outreach in high-need communities.

Breakthrough objectives (2026–2027)

- Implement neighbourhood model pilots with measured improvements in access and experience for underserved groups.
- Agree and put in place standardised pathways across priority specialties via West Yorkshire Association of Acute Trusts (WYAAT); publish variation and outcomes.
- Expand joint appointments and programmes with the academic institutions and industry partners; increase trial access and commercial income.
- Expand virtual ward capacity and artificial intelligence (AI)-supported reporting across high-volume pathways.





Outcomes - Being outstanding now and in the future

Using resources responsibly

We are committed to delivering this strategy in a way that is financially, environmentally and operationally sustainable. We recognise that difficult choices will be required in a challenging context. Where trade offs are necessary, quality and safety will remain non negotiable.

Decisions about investment, disinvestment and service change will be taken transparently, informed by data, equality impact, and patient and staff experience. The Board will routinely review how resources are allocated to ensure they support long term sustainability and deliver maximum value for our communities.

By 2029 we want to ensure:

- We provide outstanding (safe, caring, responsive, effective, well-led) care with equity built into and throughout pathways.
- Outstanding outcomes for children and young people, including reduced waiting times, improved access to urgent and planned care, and better experience for families.
- Top-quartile operational performance across urgent & emergency care, referral to treatment (RTT), cancer, diagnostics, maternity and interface pathways.
- Urgent and emergency care is integrated across the city, with early deterioration identification, rapid diagnostics, virtual wards at scale and same-day emergency care reducing avoidable admissions and length of stay.
- Planned care is person-centred and digitally supported, with prehabilitation, robotic surgery, personalised medicine and networked models improving safety, outcomes and productivity.
- Financial sustainability with multi-year surpluses and a rolling three-year plan; strong daily financial management and procurement excellence.
- Resources used wisely - improved theatre use and bed occupancy (92%), reduced reliance on temporary staffing, aligned capital to clinical priorities and reduced backlog risk.
- Sustainability integrated across performance: Progression of the Green Plan , SMART estate, reduced non-clinical space and emissions on the net-zero trajectory.





We will do this by:

- Operating a single performance/data spine covering quality, safety, workforce, finance and sustainability; transparent quarterly public reporting.
- Delivering Finance the Leeds Way and value programmes; strengthening CSU financial governance and accountability.
- Executing the procurement strategy; growing commercial income via Innovation Village; reducing agency usage through sustainable workforce models.
- Progressing estates optimisation to reduce backlog risk and non-clinical space; building these measures into sustainability metrics and greener care.
- Focusing on improving theatre productivity and patient flow; expanding patient portal adoption and remote monitoring; and standardising pathways using GIRFT benchmarks.

Breakthrough objectives (2026–2027)

- Deliver waste reduction and productivity improvements with published theatre and patient flow metrics; maintain bed occupancy at or below 92%.
- Achieve cost reductions in agency and external accommodation; increase commercial income and sustainable procurement KPIs.
- Publish sustainability trajectory (CO2e) and estate use improvements; reduce backlog maintenance risk.
- Reduce 65-/78-week referral to treatment (RTT) waits; improve Accident and Emergency (A&E) four-hour performance; meet Category-2 ambulance response trajectory; achieve 95% diagnostics within six weeks; provide 62-day/28-day cancer standards.
- For children specifically we will:
 - Improve Paediatric RTT and diagnostic performance.
 - Reduce emergency admissions for children.
 - Improve CYP experience scores.



Next steps

We will work with colleagues in the Trust and within the city and wider region to ensure this strategy comes to life. We will establish measures to ensure the changes we have promoted are happening and real improvements are seen for patients, their families and colleagues. Where necessary new programmes of work will be established (such as in partnerships, where governance and oversight will be strengthened).

This progress will be reported in to Trust Board at least twice yearly.







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www.facebook.com/LeedsTHTrust



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If you need this information in another language, please contact our Patient Advice and Liaison Service (PALS).

You can do this by phone: 0113 206 6261 (10am to 3pm, Monday to Friday) or by email: patientexperience.leedsth@nhs.net

إذا كنت تحتاج إلى هذه المعلومات بلغة أخرى، فيرجى الاتصال بخدمة تقديم المشورة والتواصل مع المرضى (PALS). يمكنك التواصل معهم عبر الهاتف على الرقم: 01132066261 (متاح من الساعة 10 صباحاً حتى 3 عصراً، من الاثنين إلى الجمعة) أو عبر البريد الإلكتروني: patientexperience.leedsth@nhs.net

اگر آپ کو یہ معلومات دوسری زبان میں درکار ہیں تو، براہ کرم ہماری پیشینٹ ایڈوائس اینڈ لائن سروس (Patient Advice and Liaison Service, PALS) سے رابطہ کریں۔ آپ یہ کام کر سکتے ہیں بذریعہ فون: 0113 206 6261 (10 بجے صبح تا 3 بجے سہ پہر، پیر تا جمعہ کھلا رہتا ہے) یا بذریعہ ای میل: patientexperience.leedsth@nhs.net

اگر بہ این اطلاعات بہ زبان دیگری نیاز دارید، لطفاً با خدمات مشاوره و ارتباط با بیمار (PALS) ما تماس بگیرید. می‌توانید این کار را از طریق تلفن انجام دهید: 0113 206 6261 (از ساعت 10 صبح تا 3 بعد از ظهر، دوشنبه تا جمعه) یا از طریق ایمیل: patientexperience.leedsth@nhs.net

ئەگەر پێویستت بەم زانیاریە بوو بە زمانی دیکە، تکایە پەیوەندی بکە بە خزمەتگوزاری هەماهەنگی و ئامۆژگاری نەخۆش (PALS). دەتوانیت ئەمە ئەنجام بەدەیت لەرێگەی تەلەفۆنەو: 0113 206 6261 (ڕۆژانە لە کاتژمێر 10 ی سەر لە بەیانی تا 3 ی پاش نیوەڕۆ، دووشەممەن تا هەینی) یان لە رێگەی ئیمیلەو: patientexperience.leedsth@nhs.net

እዚ ተበሬታ ብኸልእ ቋንቋ ምስ ዘድልዮኩም፣ በይዘኹም ንኣገልግሎት ምኽርን ርክብ ተተኪምቲን (Patient Advice and Liaison Service, PALS) ናብ ዝብል ተወከሱ። ክትረከቡና ምስ እትደልዩ በዘም መንገድታት ክትረከቡና ትክእሉ ኢኩም፣ ማለት እውን ብስልኪ፡- 0113 206 6261 (ካብ ሰኑይ ክሰብ ዓርቢ ኣብ ዘሎ እዋን ካብ ሰዓት 10 ንግሆ ክሰብ ሰዓት 3 ድሕሪ ቀትሪ ክፍቲ እዩ) ወይ ብኢሜይል፡- patientexperience.leedsth@nhs.net

Dacă aveți nevoie de aceste informații într-o altă limbă, vă rugăm să contactați Serviciul nostru de Consiliere și Relații cu Pacienții (PALS). Puteți face acest lucru prin telefon: 0113 206 6261 (deschis de luni până vineri, între orele 10:00 și 15:00) sau prin e-mail: patientexperience.leedsth@nhs.net

