Well-led Improvement Update

Public Board

Thursday 26 November 2026

Presented for:	Assurance
Presented by:	Jo Bray, Director of Corporate Affairs
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Previous Committees:	NONE

Freedom of Information Act (FOIA) Exemption	☐**YES** (restricted from the FOIA ☒) **NO** (available to the public under the FOIA)

Link to Strategic Objective	Support and develop our people
Link to Provider Capability Assessment	People and culture
Link to CQC Well-led Statement	Shared Direction and Culture
Regulatory Impact	Regulation 17: Good governance

Key points	**Purpose**
The Board are asked to;	
Receive the updated Well-led Improvement Plan associated with the CQC Well-led inspection in June 2025 and note the progress in delivering 59 of the 66 actions, with assurance the seven remaining are on track to deliver.	Assurance
To note the three breaches to the CQC Well-led inspection (two associated with service inspections), remain and receive assurance of the ongoing work to address these actions.	Assurance
To receive and consider the summary of the recommendations from the NHS Alliance Phase 1 report of the external Well-led review, along with additional considerations and the Trust's response to address, and embed as business as usual, to continue to strengthen our corporate governance processes.	Assurance Decision
To note that within the Q4 self-assessment of effectiveness for each of our assurance Committees of the Board, we will further test and hold ourselves to account of progress and areas to continue to embed and mature our corporate governance practices.	Information

Risk Appetite Framework

Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Impact
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	Operating outside
Operational Risk			
Clinical Risk	Patient Experience Risk - We will comply with or exceed minimum patient experience targets.	Minimal	Operating outside
Financial Risk			
External Risk	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Operating outside

1. Summary

The CQC carried out a Well-led inspection at the Trust in June 2025, publishing their report and recommendations in September 2025. This identified three regulatory breaches and resulted in an overall Well-led rating of 'requires improvement'.

The Trust developed a comprehensive Well-led Improvement Plan (Appendix A) to address the breaches and recommendations which was approved by the Board in November 2025. Updates on progress have been received at each subsequent Board meeting.

The Trust also commissioned NHS Alliance to undertake a phased external Well-led review with a report of the findings from Phase 1 received at the September 2026 Board meeting.

This report provides;

- An update on the delivery of the Well-led Improvement Plan associated with the CQC inspection in June 2025.
- Summarises the work to address the three regulatory breaches.
- Sets out an action plan to respond to the recommendations from the Phase 1 of the NHS Alliance external Well-led review.

2. Background and Context

Antony Kildare commenced in role as Chair of Leeds Teaching Hospitals on 1 August 2025 with Brendan Brown as Chief Executive from 15 September 2025. There have been significant changes to the composition of the Board in the last 12 months.

Several recommendations from the June 2025 CQC inspection were themed around; Board culture, processes, leadership and governance. They also identified improvements to the supporting assurance Committee structures, f information reported to the Board, risk management and the Board Assurance Framework (BAF).

Wider recommendations across the Trust related to the overall culture, with particular focus to Equality and Diversity (now internally described as inclusion and belonging), Freedom to Speak Up, and learning from incidents and patient feedback.

All recommendations were incorporated into the comprehensive improvement plan in Appendix A.

2.1 Well-led Improvement Plan

The Well-led Improvement Plan can be summarised as work focussing on;

- Actions to address the three regulatory breaches;
- Short to medium term actions;
- Longer-term actions that require cultural change across the organisation.

Progress against the delivery of the actions has been monitored throughout the last 12 months though a project management approach, with assurance of evidence and closure reports for the short to medium term actions, and with the longer-term actions being factored into processes for addressing as business as usual. These details have been reported to each Board meeting.

The status of the actions is set out in Appendix A and summarised below:

Action status	Number of actions
Complete	59
On track	7
Total	66

The seven actions on track but not yet reached the defined delivery date are set out below;

1. Delivery Patient Experience improvement plan - 01/04/2027
2. Review the CSU Quality Assurance Group framework to ensure that it is reflective of the current process of regular reporting and escalation - 31/1/2027
3. Develop a programme, with suitable resource, to implement the Trust Learning Response Toolkit. This will include development of learning tools, training for Lead Investigators and development of action learning sets - 31/03/2027
4. Using insight, improvement and involvement create the Trust Patient Safety Incident Response Plan for 2027-2029 - 31/03/2027
5. Conduct a Rapid Process Improvement Week to examine the systems and process of how we share and use the learning for improvement from Never Events - 31/01/2027
6. Complete the survey and based on the results of 9.3 develop an improvement plan to address areas of risk, opportunities for improvement and shared learning - 31/01/2027
7. Repeat the benchmarking survey (above) to evaluate the impact - 01/04/2027

These were defined in the original Improvement Plan as longer term actions and were reported to the Board in September citing where they would be transferred to business-as-usual governance arrangements for continued oversight and assurance and reporting to Board Committees.

The Trust has been held to account for delivery of progress of the Well-led Improvement Plan by the NHS England North East Regional Team with oversight through the Integrated Quality Improvement Group (IQIG). This includes key members of the West Yorkshire ICB, along with regulators.

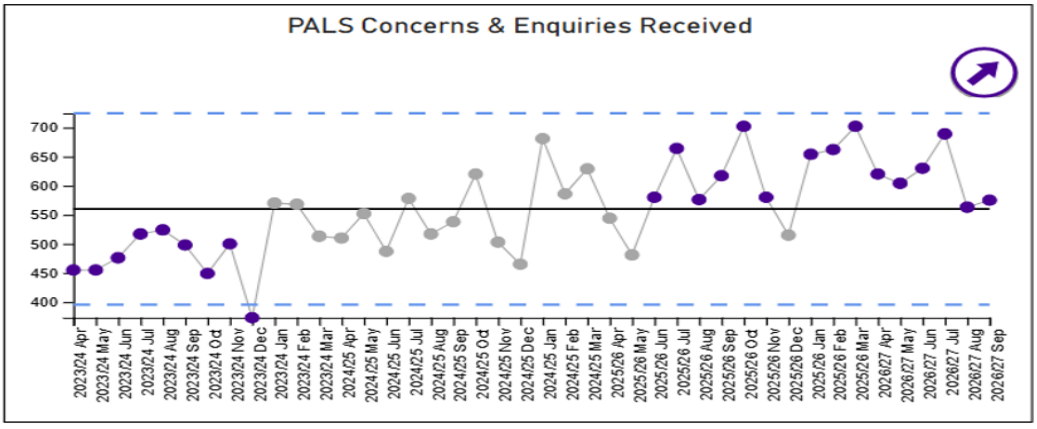
From October 2026 this has become a Quality Improvement Group (QIG) meeting held every six weeks with revised terms of reference but remains with the accountability to oversee progress to address the CQC breaches.

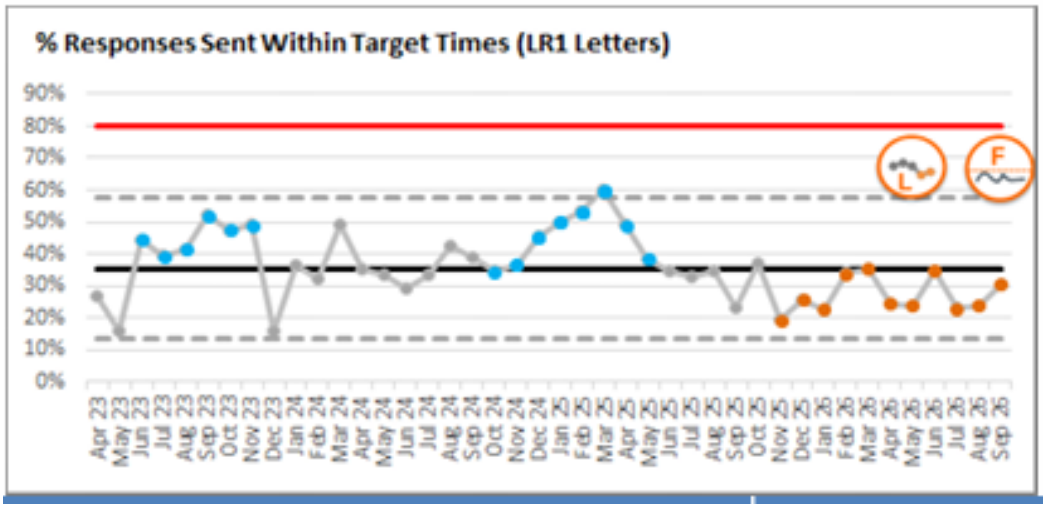
2.2 Three Breaches to CQC Compliance

The Trust remains in breach of complaints, good governance, and staffing. It must also be noted that breaches in association with Regulations 17 and 18 were related to service inspections by the CQC and therefore compliance cannot be achieved by a reinspection of Well-led alone.

- **Complaints Performance**

Complaints - Regulation 16 - Receiving and Acting on Complaints in relation to timely response and improve the effectiveness of responses.





The breach relates to the timeliness and effectiveness of complaints responses.

The Trust consistently meets the minimum regulatory standard for complaints response times. However, response times remain significantly longer than those required by the Trust's internal policy, and the associated key performance indicators have not been achieved.

The volume r of complaints received by the Trust has continued to increase, alongside demand for the Patient Advice and Liaison Service (PALS). In Q1-Q2 PALS experienced a 21% increase in calls and a 53% increase in emails.

A complaints improvement plan has been developed which includes additional staffing for the complaints and PALS teams. The plan is designed to deliver cultural and systemic improvements in how the Trust captures, investigates, and, critically, learns from patient feedback. The targeted delivery date for completion is 1 April 2027.

The Trust's complaints policy has been benchmarked with comparable Trusts and is being reviewed.

- **Leadership and Governance**

Regulation 17 Corporate Governance System – (Provider Licence conditions NHS2(2), (4), (5 B,C,D,E,F) and (6).

The areas identified for improvement encompass Board and Clinical Service Unit (CSU) leadership and governance, equality and diversity, Freedom to Speak Up, learning from incidents and Trust-wide culture.

The Chair will continue to build on diversity of the Board achieved to date, within future recruitment underpinned by a succession plan. We will continue with our Board development plan addressing ways of working, and curiosity with deep dives within Board and Committees. The governance frameworks underpinning the Board and our Committee structure will be kept under review to ensure that terms of reference and work plans are adhered to. We will continue to work with report authors to ensure the information and assurance (underpinned by evidence) is reported clearly to our Board and Committees.

This work includes refreshing the Board Assurance Framework (BAF), strengthening its use across Board and Committee meetings, and reviewing the data reported through the Integrated Quality and Performance Report (IQPR). The recently introduced Triple A Chair's Reports will be further developed, with clear links to the BAF and its use in Committee discussions.

Longer term actions relate to cultural aspects of inclusion and belonging, Freedom to Speak Up, and learning from incidents and Trust culture are being progressed through established programmes of work with assurance reporting to Board Committees or directly to Board, as business as usual.

Actions to improve leadership and governance have been incorporated into the action plan developed in response to the NHS Alliance Phase 1 external Well-led review.

Phase 2 of the NHS Alliance external review will provide valuable insight to the direct tier of leadership, accountability structures and processes below Board.
Its findings will inform further development of the Trust's senior leadership teams.

- **Safe Staffing**

Mandatory Training - Regulation 18 - mandatory training compliance.

The original Well-led actions relating to mandatory training have been completed.

A comprehensive Mandatory Training Improvement Plan has been developed which provides a structured and sustainable approach to achieving full compliance with Regulation 18. The plan was approved by the Trust's People Committee on 11 June 2026,

at which time it was agreed that the original Well-led actions, which form part of the wider improvement plan and are the subject of this report, could be formally closed.

CSU	Afc Appraisal	Mand Training
LTHT	93.86%	88.70%
Informatics	97.83%	94.53%
Human Resources	96.63%	95.16%
Medicines Management and Pharmacy Services CSU	96.12%	94.55%
Adult Critical Care CSU	95.46%	88.76%
Leeds Dental Institute CSU	95.19%	91.21%
Radiology CSU	95.37%	91.17%
Finance	95.40%	93.54%
Adult Therapies CSU	92.63%	90.77%
Division of E&F	98.51%	93.89%
Outpatients CSU	94.08%	95.75%
Medical Directorate	90.59%	87.60%
Pathology CSU	91.56%	88.63%
Childrens CSU	92.10%	87.00%
Head & Neck CSU	91.73%	85.21%
Management Executive L4	95.19%	86.13%
Urgent Care CSU	92.54%	83.82%
Trauma and Related Services CSU	93.60%	84.63%
Theatres & Anaesthesia CSU	94.00%	90.29%
Directorate of Research & Innovation	95.16%	91.72%
Cardio-Respiratory CSU	94.76%	87.94%
Chief Operating Officer L4	92.17%	91.75%
Womens CSU	88.71%	90.57%
Centre for Neurosciences CSU	93.97%	85.85%
Chief Nurse	93.33%	91.85%
Abdominal Medicine and Surgery CSU	91.66%	87.37%
Oncology CSU	91.48%	87.12%
Chapel Allerton CSU	93.33%	84.88%
Specialty and Integrated Medicine CSU	92.85%	85.86%

The Trust's staffing breach was primarily in relation to concerns in staffing levels and mandatory training in the perinatal services. The Trust has evidenced sustained improvement in these services which is continuing.

Trust wide insight of mandatory training is driven by the People Function, with oversight from the People Committee. The Trust's current mandatory training compliance is 88.7% (as of September 2026). Appraisal compliance is 93.86% for colleagues on Agenda for Change. The Trust recognises the assessment of the staffing breach will be primarily based on findings from frontline services and further improvement is necessary in maternity staffing before this breach can be closed.

2.3 External Review of Well-led by NHS Alliance

The Trust commissioned NHS Alliance to carry out a phased external review against the CQC Well-led criteria and to assess progress against the recommendations from the June 2025 inspection. The field work for Phase 1 of this review was carried out in June and July 2026, one year on from the CQC original inspection and the report was received at the September 2026 Board meeting. This report set out 17 recommendations, with a number of additional reflections cited in the text, with suggested further considerations for the Trust which are summarised in Appendix B.

3. Proposal

The Board are asked to consider that the Well-led Improvement Plan (Appendix A), associated with the June 2025 inspection has delivered actions that have addressed the findings associated with the Board and leadership at a point in time, June 2025 (18 months ago). **A key consideration to be asked is, *are we better today than when we were inspected and has the organisation moved on from this point in time?***

The Board will remain focused on assurance of the ongoing work to address the three regulatory breaches, with oversight provided through the Committees of the Board.

The 17 recommendations along with the additional associated areas for consideration from the Phase 1 NHS Alliance external Well-led review have been incorporated into an action plan which is provided at Appendix B. The Board are asked to consider these actions with the aim of delivering further maturity to our corporate governance processes at Board and Committees.

As part of our yearend process each of our assurance Committees are required to carry out a self-assessment effectiveness review during Q4. This will seek feedback to underpin key aspects of governance improvements from both the CQC Well-led and NHS Alliance reviews. The aim is to test and hold ourselves to account of our progress and areas we will continue to embed and mature our corporate governance practices. For objectivity we would seek NHS Alliance support in structuring the content of these surveys.

The Board are asked to note that NHS Alliance have commenced the field work on Phase 2 which is currently on-going, with a focus to the governance and leadership by Executive led structures, roles of deputy Executives and the five Directorate Teams, and accountability of the Clinical Service Units (CSUs) Triumvirate Teams.

4. Financial Implications

Any financial implications to delivering the Well-led improvement plan will be worked through to gain support as required.

5. Risk

Whilst the Trust remains in the NHSE Quality Improvement process and taking actions to address the CQC regulatory breaches, the Trust is outside 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 documented 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. We have revised to strengthen the BAF and need to move forward with new ways of working within our assurance Committees of the Board for this to be a ‘live and dynamic’ tool to aid the Board.

6. Communication and Involvement

There are a number of on-going communication streams to raise awareness of the original CQC Well-led improvement plan, and the recommendations from the Phase 1 report from NHS Alliance. However, over time these actions and recommendations will be embedded into business as normal processes.

7. Impact on Equality & Health Inequalities

The Trust strives to adhere to inclusion and belonging within its practices and 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.

8. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000.

9. Recommendation

The Board are asked to;

- Receive the updated Well-led Improvement Plan associated with the CQC Well-led inspection in June 2025. Note the progress in delivering and closing 59 of the 66 actions, with assurance the seven remaining actions are on track to deliver.

- To note the three breaches to the CQC Well-led inspection (two associated with service inspections) remain and the assurance of the ongoing work to address these actions.

- To receive and consider the summary of the recommendations from the NHS Alliance Phase 1 report of the external Well-led review, along with additional considerations and the Trust response to address, and embed as business as usual, to continue to strengthen our corporate governance processes.

- To note that within the Q4 self-assessment of effectiveness for each of our assurance Committees of the Board, we will further test and hold ourselves to account of progress and areas to continue to embed and mature our corporate governance practices.

10. Supporting Information

The following papers make up this report:

Appendix A – Well-led Improvement Plan (response to CQC recommendations)
Appendix B – NHS Alliance Summary of Recommendations from External Review

Jo Bray
Director of Corporate Affairs
19 November 2026