

**Chief Executive Report
Public Board
Thursday 29 January 2026**

Presented for:	Discussion and Information
Presented by:	Brendan Brown, Chief Executive Officer
Author	Brendan Brown, Chief Executive Officer Sudharsan Suriyakumar, Business Support Manager (Officer to the Chief Executive)
Previous Committees	None

Link to Strategic Objective	Applicable to all objectives
Link to Provider Capability Assessment	Governance, risk and regulatory
Link to CQC Well-led Statement	Governance, Management and Sustainability
Regulatory Impact	Considers all regulatory impact

Risk Appetite Framework			
Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Risk
External Risk	Legal & Governance Risk We will operate the Trust in a compliance with the Law and UK Corporate Governance Code, where applicable	Averse	↔ (same)
External Risk	Partnership Working Risk We will maintain well-established stakeholder partnerships which will mitigate the threats to the achievement of the organisation's strategic goals.	Open	↔ (same)
External Risk	Regulatory Risk We will comply with or exceed all regulations, retain its CQC registration and always operate within the law	Averse	↑ (increase)
External Risk	Strategic Planning Risk We will deliver Our Vision 'to be the best for specialist and integrated care' through the delivery of a set of Strategic Goals and operating in line with Our Values	Cautious	↔ (same)

Key points	
To provide an update on Trust Business and the actions and activity of the Chief Executive Office since the last Board meeting.	Discussion and information
To ratify the delegated authority for the appointment of Consultants.	Approval

Annual Commitment – Next Steps:

This year marked the third cycle of our Annual Commitments, which have provided a clear and consistent focus for targeted improvement activity across the Trust at the outset of each financial year. Following the regulatory inspections undertaken during 2025, together with the introduction of the NHSE National Operating Framework (NOF), we have reviewed progress against the seven Annual Commitments for 2025/26.

As previously communicated with the Board, this review concluded that the Annual Commitments process should be formally closed at Q3. This decision was taken to ensure that organisational capacity and leadership focus are directed towards the priorities arising from the NOF and the delivery of improvement plans developed in response to regulatory inspection findings. As a result, no further work is being progressed under the Annual Commitments framework. This decision does not diminish the significant progress, innovation and commitment demonstrated by teams through the Annual Commitments to date. Instead, we are ensuring that this work is appropriately embedded within, and aligned to, the Trust's strategic priorities, providing greater clarity of focus, strengthened Executive oversight, and reduced duplication.

During Q4 of 2025/26, we will undertake a formal review of the Trust's Strategic Priorities, with the intention of finalising and launching a refreshed set of priorities at the start of the new financial year. A Task and Finish Group, led by the Director of Transformation, has been established to oversee this work. In the interim, a structured exercise is underway to assimilate activity previously reported under the Annual Commitments, including work presented through Friday Focus, into one of the Trust's five Strategic Priorities. This will strengthen line-of-sight between delivery activity, Executive accountability and Board oversight.

Work is in progress by the Executive Team to redraft the Accountability Framework, this is the means that the Executive seek assurance and hold the Clinical Service Units (CSUs) to account for the performance of their respective services within our Trust. This revised approach with associated dashboards will provide assurance of robust arrangements for performance that is appropriately aligned to the Trust's strategic priorities. This will provide a clear and sustainable framework for ongoing Board assurance and will support the assurances required by Non-Executive Directors within Board and Committee structures.

National Operating Framework - Q2 2025/26 Performance:

We can now confirm the Trust's position under NOF for Q2 of 2025/26. Our performance against the new framework is as follows:

- Our average metric score is 2.45 (where a lower score indicates higher performance, on a scale of 1 to 4).
- The Trust remains in Segment 3, unchanged from Q1.
- Our ranking among acute NHS providers nationally has improved from 96th to 80th out of 134.

It should be noted that the financial override rule applies to any organisation in deficit or receiving deficit support, limiting such Trusts to a maximum of Segment 3. Our current placement reflects both our performance metrics and our financial position.

The publication of the quarterly NOF, while slightly later than expected, provides a valuable benchmark of how NHS organisations compare across England and supports transparency and accountability for patients, regulators and the public. The framework enables Trusts to

assess performance at both an overall and individual metric level, identifying areas of strength and those requiring improvement.

We are pleased to recognise the improvements reflected in our Q2 results. These include:

- Reduction in the proportion of patients waiting longer than 52 weeks.
- Increase in the proportion of patients treated within 18 weeks.
- Improvements in urgent cancer referrals meeting the four-week diagnostic standard.
- Improvements in patients treated for cancer within 62 days of referral.
- Positive movement in key Emergency Department metrics, including patients managed in under four hours and a reduction in patients spending over 12 hours in the department.

These improvements demonstrate the collective commitment of our Teams to delivering high-quality care for patients and their families. While we celebrate these achievements, we remain mindful of the areas where further improvement is required. Segment 3 reflects not only our operational performance but also the limitations imposed by our current financial position.

We would like to extend our thanks to everyone across the Trust for their dedication, professionalism and continued focus on delivering safe, high-quality care. The progress highlighted in these metrics is a direct result of the efforts of our colleagues across all services, and it reinforces our commitment to doing the right thing, for the right reason, to achieve the right outcome for our patients.

Planning Assurance Meeting and Maternity Inquiry Update:

The Trust Chair and I attended a Planning Assurance meeting with NHSE on Friday 23 January 2026. The discussion focused on an update on the progress of the Trust's development plan and the expected level of compliance in the 12 February 2026 submission. The meeting also considered any Board-level or strategic support required and reviewed the Trust's approach to planning in relation to quality, performance, finance, and workforce. Contextual factors, including the key lines of enquiry shared with planning feedback and wider strategic organisational objectives, were also considered.

In relation to Maternity services, there have been no further details released regarding the Independent Inquiry into Maternity Services at LTHT. However, Baroness Amos, Chair of the independent National Maternity and Neonatal Investigation, is inviting women, families, and service users to share their experiences of Maternity and Neonatal care across England. The call for evidence remains open to the public until 17 March 2026. We continue to support our colleagues and patients in contributing to this important national review and will ensure colleagues are aware of how to engage with the process.

Leeds Provider Partnership - Integration of Community and Mental Health Services:

Following the publication of the Leeds Provider Partnership Review in November, we are progressing work to explore the formal integration of Leeds Community Healthcare NHS Trust and Leeds and York Partnership NHS Foundation Trust. The review identified a clear strategic opportunity to strengthen the delivery of whole-person, community-based care for the populations we serve.

In response, the Boards of both Trusts have approved the development of a Strategic Outline Case, which will set out the case for change and options for closer integration. This work is aligned with national policy, including the Neighbourhood Health agenda within the NHS 10-Year Health Plan, and reflects Leeds selection as a first-wave site for

neighbourhood health delivery. The Strategic Outline Case is being developed with system partners and with engagement from regional and national NHS colleagues.

Elective Recovery – 65 and 52 Week Waits:

We have formally responded to the NHSE request for assurance on the Trust's position in relation to 65 and 52 week elective waits, including a detailed response to Sir Jim Mackey, Chief Executive of NHSE. This set out the current position, the actions underway to reduce long waits, and the specific challenges within a small number of services where demand, clinical complexity and capacity constraints continue to impact delivery. We have confirmed that while significant progress is being made, particularly through additional recovery activity and pathway reform, there remains a risk that a zero position for 65-week waits cannot be fully achieved across all services by the financial year end without further capacity support. Our response also highlighted the longer-term actions required to sustain improvement, including workforce, estate and digital enablers, and the need for continued system and national support. The Board is sighted on these challenges and the associated delivery risks, and ongoing engagement with NHSE is in place to agree realistic trajectories and next steps.

Risk Management Committee Update:

The Risk Management Committee met on 4 December 2025 and 8 January 2026. The corporate risks related to CQC regulation regarding Maternity and Neonatal services (CRRE1) and Well Led (CRRE2) were reviewed, the controls and mitigating actions were noted at the committee and there were no changes to the risk scores. These will continue to be reviewed monthly at the committee. At the December meeting the corporate risks related to workforce (CRRW4), emergency care constitutional standard (CRRC4) and the cancer constitutional standards (CRRC6) were reviewed, there were no changes to the risk scores. At the January meeting the corporate risks related to diagnostic tests (CRRC9), electrical infrastructure (UPS/IPS) (CRRO2) and Brotherton Wing estate at the LGI (CRRO13) were reviewed, there were no changes to the risk scores. There were no significant emerging material risks identified at the December and January meetings.

Leadership Visit Programme - Quality and Assurance:

In light of the findings from the CQC Well-Led review, we are reviewing and strengthening the Trust's Leadership Visit Programme to ensure it reflects the learning from the inspection and continues to support effective Board assurance. As part of this review, we are extending the scope of the programme beyond CSUs to include non-clinical areas and expanding visits to cover out-of-hours and weekend periods. This will provide greater assurance that high-quality services are being delivered consistently, irrespective of time or day.

We are also considering enhanced reporting of the Leadership Visit Programme to the Board on a quarterly basis, to support improved engagement, visibility and active assurance in relation to the quality of services and leadership presence across the organisation.

Supporting and Developing Our People:

Supporting, engaging and recognising our people has remained a central focus for the Trust, particularly during a period of sustained winter pressure, high operational demand and wider societal challenges that continue to affect colleagues.

We have previously informed colleagues of a serious and wholly unacceptable Islamophobic incident that occurred within the Faith Centre at St James's University Hospital. This incident was reported to West Yorkshire Police and remains a live investigation. An arrest has been made, and we continue to fully support police colleagues while allowing the investigation to run its course.

Leeds Teaching Hospitals is a diverse organisation, serving and employing people from many different backgrounds, faiths and beliefs. We are unequivocal that there is no place in our Trust for hate, discrimination or intimidation of any kind. We remain firmly committed to creating an environment where all colleagues, patients and visitors feel safe, respected and supported. We recognise the profound impact that such incidents can have on individuals and communities, and we continue to work closely with our chaplaincy, staff networks and wellbeing services to ensure that appropriate care and support is available. Through our leadership and actions, we will continue to uphold our values and our responsibility to provide safe, inclusive and respectful services for all.

Throughout this winter period of heightened operational pressures and challenges, regular Chief Executive communications have acknowledged the exceptional commitment, dedication and professionalism shown by colleagues across all services. This has included outstanding work during times of record Emergency Department attendances, increased seasonal illness, and periods of industrial action. We are particularly grateful for the collective effort across clinical and non-clinical teams including estates, facilities, catering, security, digital and corporate services whose contribution is fundamental to ensuring the delivery of safe, effective and high-quality patient care.

We also wish to recognise and thank our patients and their families for their understanding, patience and support during these periods of increased demand. The way colleagues have continued to support one another, and the way patients have engaged constructively with the pressures on our services, remains a source of pride for the Trust and demonstrates the resilience, professionalism and compassion that underpin everything we do.

Recognition and celebration of colleagues has remained a consistent theme. This has included Trust-wide and public recognition initiatives such as the 12 Faces of Christmas campaign, alongside celebration of significant national and professional achievements. These include:

- **Dr Bobby Bhartia**, Consultant Radiologist, who was awarded the **Barclay Medal** by the British Journal of Radiology for outstanding original research.
- **Dr Vinson Chan**, recipient of the **British Institute of Radiology George du Boulay Pump Priming Award** for innovative early-stage research.
- **Dr Rani Khatib**, Consultant Pharmacist in Cardiology, who won the **Primary Care Pharmacy Association Award for Outstanding Contribution to the Pharmacy Profession**.
- **Luke Wilby**, Business Manager in Haematology, who performed at the **Royal Variety Performance**, representing amateur theatre on a national stage.

These achievements reflect not only individual excellence, but also the depth of talent, ambition and professionalism that exists across the Trust, and our collective commitment to advancing patient care, research, innovation and culture.

Engagement with our colleagues has remained strong, reflected in high participation in the NHS Staff Survey. This demonstrates our ongoing commitment to listening to colleagues, valuing their feedback, and acting on it throughout the year, not just at the point of survey results. Since joining the Trust, I have prioritised open dialogue with everyone, and this will continue. In response to recent Islamophobic incidents and colleague feedback, a Task and Finish Group has been established and will be extended to cover all aspects of faith, belief and inclusivity, taking forward important actions in response to colleague feedback, including tackling antisemitism and Islamophobia. Our weekly LTHT Live sessions, every Wednesday at 1pm, provide an open forum for all colleagues to share their experiences, reflect on what

belonging means to them, and influence the development of our Trust-wide Inclusion and Belonging Plan. This will help create an environment where everyone feels welcome, included and valued, guided by the principles of the Leeds Way Values. I know colleagues are extremely busy, but your participation in these conversations is invaluable and will help shape the direction of our work on inclusion and belonging across the Trust. The Trust is also actively listening and responding to patient feedback, including ongoing engagement with families regarding Maternity services, ensuring that patient requests and queries are heard, addressed, and incorporated into service improvement.

Taken together, these actions support assurance that, despite significant operational pressures, the Trust continues to prioritise the wellbeing, inclusion, development and recognition of its people. We are proud to work alongside our colleagues, to support one another through challenging times, and to remain focused on creating an organisation where everyone feels valued, supported and able to do their best work in the service of our patients and communities.

Executive Appointment:

We are pleased to welcome Suzanne Dunkley to the Trust as our new Chief People Officer. Suzanne brings a strong track record of senior leadership and significant experience across people, workforce and organisational development, and we are confident that her expertise will be instrumental in supporting the Trust's strategic ambitions, workforce priorities and future growth.

We would also like to place on record our sincere thanks to Kate Sims for her leadership and commitment during her time as Interim Chief People Officer. Kate has provided stability, continuity and clear leadership during a period of sustained organisational challenge, and her contribution has been highly valued. We are extremely grateful for the impact she has made and wish her every success in her next role.

Consultant Appointments:

The Chief Executive is required to report that, under delegated authority, approval of the following appointments are required by the Board:

New Appointments

Dr Samuel Briggs **Consultant in Clinical Oncology**

Dr Milad Ahmadi **Consultant in Soft Tissue Knee Surgery**

Dr Sarah Billingsley **Consultant in Radiology (Head, Neck and Chest)**

Replacement Appointments

Dr Harriet Barraclough **Consultant in Paediatric Gastroenterology**

Dr Priyanka Divekar **Consultant in Radiology (GU/Oncology)**

Dr Jennifer Stahle **Consultant in Cellular Pathology (Head, Neck, Dental and Endocrine)**

Dr Mark Winton **Consultant in Paediatric ICU/EMBRACE**

Dr Alexander Wordie **Consultant in Paediatric ICU/EMBRACE**

1. Improving Health Equity

The Trust is committed to Improving Health Equity meaning reducing the unfair and avoidable differences in health some groups experience. In my role as Chief Executive

Officer, I endorse this commitment within my work.

2. Publication Under Freedom of Information Act

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

3. Recommendation

The Board is asked to receive this paper for information, and to ratify the delegated authority for the appointment of Consultants.

4. Supporting Information

There are no supporting documents required for this paper.