

Chief Executive's Report

Public Board
Thursday 28 May 2026

Presented for:	Information and Discussion
Presented by:	Brendan Brown, Chief Executive Officer
Author:	Brendan Brown, Chief Executive Officer Modupe Hector-Goma, Business Support Manager
Previous Committees:	NONE

Freedom of Information Act (FOIA) Exemption	<input type="checkbox"/> YES (restricted from the FOIA) <input checked="" type="checkbox"/> NO (available to the public under the FOIA)
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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

Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Impact
External Risk	Legal & Governance Risk - We will operate the Trust in 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	
1. To provide an update on news across the Trust and the actions and activity of the Chief Executive since the last Board meeting.	Information and Discussion
2. To ratify the delegated authority for the appointment of Consultants.	Approval

Focus On Care Quality, Effectiveness & Patient Experience

Operational Performance Highlights

LTHT is demonstrating strong and sustained improvement across urgent, cancer and elective pathways, with ambulance handovers now averaging under 15 minutes, the fastest in the region placing the Trust 7th regionally, with LGI consistently meeting the standard and SJUH showing further opportunity for improvement. Emergency Care performance remains stable at just under 79% across March and April, with a clear ambition to reach 82% by March 2027. Cancer performance remains robust, with four in five patients diagnosed within 28 days and over 96% of patients starting treatment within one month, and a significant reduction in 62-day waits to fewer than 200 patients halving since Christmas. Elective recovery also continues to improve, with 52-week waits reduced to 1,300, down substantially from 2,484 a year ago, reflecting sustained progress in tackling long waits.

Update Independent Review into Maternity and Neonatal Services at LTHT

As previously reported on the 10th of March 2026, the Government announced that Donna Ockenden will chair the independent review into maternity and neonatal services at the Trust.

The Terms of Reference for the independent review led are yet to be agreed; however, we expect the review to involve case reviews of stillbirths, neonatal deaths and serious incidents, hypoxic injuries and maternal deaths over a 15-year period, from 1 January 2011 to 31 December 2025.

Risk Management Committee Update and review of the Corporate Risk Register

The Risk Management Committee met on 2 April and 7 May 2026. The corporate risks related to viral pandemic (CRRO1), healthcare associated infection (CRRC1), workforce (CRRW4), staff safety, health and wellbeing (CRRWO4), DIT resources (CRRO11) and risk related to cyber-attack (CRRO10) were reviewed at the April meeting. The controls and mitigating actions were discussed at the committee and there were no changes to the risk scores. The committee reviewed the risk related to delivery of the LGI development project that had been added back to the corporate risk register in March, as a consequence of delays in completion. The committee were advised that this had now been resolved, and this risk would be removed from the corporate risk register.

The corporate risk related to patients presenting to the emergency department with mental health conditions (CRRC11) was added to the corporate risk register, following discussion at the March committee. It was agreed that the risk related to supply chain resilience would also be added to the corporate risk register, as a consequence of ongoing global disruption.

The corporate risks related to Insufficient staff to provide treatment, care and services to patients (CRRW4), Failure to deliver the financial plan 2026/27 (CRRF1) and a new risk of supply chain resilience failure (CRRF3). The controls and mitigating actions were discussed at the committee and there was no change to the risk score for CRRF1. It was agreed to remove CRRW4 as a trust wide risk, allowing for specific risks to be managed locally on CSU risk registers. CRRF3 was accepted to the corporate risk register, as a consequence of ongoing global disruption.

CSU risk registers from Leeds Dental Institute, Head & Neck and Outpatients were presented and discussed.

Ground-breaking work supporting national trial

Clinical teams at Leeds Teaching Hospitals contributed to a national research study (2021–2023) evaluating Your Care Needs You (YCNy), an approach designed to improve transitions from hospital to home for older patients and reducing readmissions. Six wards at the Trust participated in the study. The study, published in 2025, has been awarded the Dhole Eddlestone Memorial Prize 2026 by the British Geriatrics Society in recognition of its impact on age related care. Findings demonstrated a significant reduction in hospital readmissions at three months when patients were actively involved in decisions about their discharge and ongoing care. The award reflects the strength of research collaboration at Leeds and the commitment of ward teams to improving outcomes for older patients. The findings were clear that YCNy can help us successfully reduce readmissions, saving time and resources whilst also improving patient wellbeing.

Showcasing innovation in frailty care

We welcomed Prof. Jugdeep Dhesi, President of the British Geriatric Society, and Prof. Judith Partridge, Geriatrician, to St James's in May.

The visit provided an opportunity to showcase our commitment to innovation in frailty care. The professors met with Dr Sherena Nair, Consultant Geriatrician, and Tracey Scanlon, Service Manager, and toured our Same Day Emergency Care department, admission wards and long-stay wards, hearing directly from our teams.

Walking Route Helping Patients Get Up and be Active

Mr Dermot Burke, Consultant in Abdominal Surgery, and Angela Cascarino, Clinical Nurse Specialist, have worked together to launch and promote the routes, helping patients gain the confidence to get up and be active. The routes are featured on the Trust website and give patients simple information about distance and length of walk, highlighting stop off spots along the way. walking routes as a way of recovering more quickly and improving their wellbeing during their hospital stay.

Automated text messages improve awareness of Martha's Rule

Leeds Children's Hospital is the first to implement an automated text-messaging initiative to strengthen awareness of Martha's Rule and improve equitable access to escalation pathways for families.

From early March, parents and guardians now receive an automated text message within four hours of their child's admission, providing clear information on how to raise concerns if they believe their child's condition is deteriorating during their hospital stay.

The initiative uses automated bots (software programs that use algorithms, AI, and data) to scan admissions and trigger messages, providing assurance that information is issued consistently and that no families are inadvertently excluded.

By delivering information directly to personal devices, the approach reduces known barriers to access and supports inclusivity, with built-in options for translation and read-aloud formats. This represents a scalable, system-enabled intervention that supports patient safety, family empowerment and the Trust's wider objectives around equity and digital innovation.

Strategy Refresh

The LTHT Organisational Strategy 2026–2029 sets a clear direction to deliver excellent, safe and sustainable care in a context of rising demand, population growth and significant health inequalities, aligned to NHS priorities on digital, prevention and care closer to home. Built around four priorities—People, Improvement & Innovation, Partnerships and Outcomes—it balances workforce, quality, productivity and system leadership. The strategy was developed through extensive engagement with staff networks, patients and partners, with over 600 colleagues contributing. It provides an ambitious but deliverable framework, with strong governance and accountability to improve outcomes and reduce inequalities across Leeds and West Yorkshire.

Overall, the strategy is ambitious but deliverable, aligning organisational capability with system priorities, and placing patients, colleagues, and partnerships at the centre to improve outcomes and reduce inequalities across Leeds and West Yorkshire.

NHS Modernisation Bill

The NHS Modernisation Bill, introduced in the King's Speech on 13 May, represents a significant structural reset of the NHS, with a clear shift towards greater centralisation alongside ambitions for stronger local delivery. Key reforms include the abolition of NHS England with functions transferred to the Department of Health and Social Care and Secretary of State, expansion of Integrated Care Boards as primary strategic commissioners, and major governance changes such as removal of Foundation Trust governors, abolition of Integrated Care Partnerships, and increased ministerial powers over appointments, constitutions and financial controls. The Bill also introduces a legislative basis for a Single Patient Record to enhance patient access, safety and continuity of care, alongside restructuring of regulatory and scrutiny bodies, including integration of the Health Service and Safety Investigation Board (HSSIB) into the Care Quality Commission (CQC) and abolition of Healthwatch. While these changes aim to reduce bureaucracy and improve accountability, they introduce material risks around reduced independent oversight, tensions between central control and local autonomy, and delivery complexity, with successful passage of the legislation critical to resolving current system ambiguities and enabling the Government's 10-Year Health Plan.

Leeds Provider Partnership

The Leeds Provider Partnership (LPP) brings together providers across the city, including Leeds City Council, NHS trusts, Primary Care, and the voluntary and community sector. It works collectively to deliver shared priorities, drive service improvement, and support system transformation. The Partnership is recognised as a key enabler of neighbourhood health in Leeds.

The Partnership plays a critical role in making neighbourhood health a reality by supporting joined-up care, earlier intervention, and action to reduce health inequalities in line with the Leeds Ambitions. It also enables the system to respond effectively to the evolving role of the Integrated Care Board (ICB) and the requirements of the 10-Year Health Plan, which emphasise deeper integration, community-based care, and prevention.

Delivery will be supported through two core structures:

- The **Partnership Leadership Team (PLT)**
- The **Provider Partnership Joint Committee (PPJC)**

The PLT provides strategic leadership and alignment across the system, with a focus on culture, strategy, and transformation priorities. While it does not hold formal delegated authority, its role is to:

- Build and strengthen relationships
- Share intelligence across organisations
- Agree system-wide priorities and direction

The PPJC will establish a formal mechanism for collective decision-making across partner organisations and once fully operational, will operate with delegated authority in defined areas, enabling decisions to be taken on behalf of the partnership. This will strengthen system-level governance as the system will be better positioned to move more quickly, reduce duplication and act with greater confidence.

These leadership functions will create the conditions for neighbourhood health to flourish, enabling teams to work more collaboratively and effectively in serving Leeds communities.

Deliver Continuous Improvement, Inclusive Research & Innovation.

Multiple Sclerosis Team setting the gold standard

Multiple Sclerosis (MS) Awareness Week was marked from 20 - 26 April and our team here at Leeds have been raising the profile of multiple sclerosis and how we improve care for patients. The team's achievements in developing a 'gold standard' multiple sclerosis service in Leeds have been highlighted in a recently published article in the British Journal of Neuroscience Nursing. The Leeds team have succeeded in providing care closer to home, introduced an Advanced MS Champion role, and reduced non-elective hospital admissions by 50%. The team have also embedded routine enquiries about domestic violence and abuse within MS care explored in a second article in the same journal.

Spotlight on Scan4Safety

The outstanding work on Scan4Safety has been featured in the British Medical Journal. The article highlights the programme's complexity, capability and, most importantly, the significant value it brings to patient safety and to the wider health and care system. Scan4Safety exemplifies how the intelligent use of technology can support safer, more reliable care ensuring that the right patient receives the right care or product, in the right place, at the right time. This work directly supports our commitment to high-quality, safe care for every patient. The Trust continues to receive national recognition for Scan4Safety, and that reputation is built on the consistency, professionalism and commitment of colleagues across the Trust.

Celebrating the 150th robotic surgery for endometriosis

I am pleased to note that more than 150 patients with endometriosis have now undergone robotic surgery in our hospitals, benefiting from less invasive procedures and faster recovery times. This milestone comes during Endometriosis Awareness Month in March and just over two years after the introduction of the Trust's robotic programme. It represents a significant achievement and demonstrates our continued commitment to innovation, high-quality care and improved patient experience.

Driving research that improves lives

Colleagues across our National Institute for Health and Care Research (NIHR) Biomedical Research Centre (BRC) Leeds are leading innovative work to explore how Virtual Reality headsets could support recovery following brain trauma. This is just one example of how cutting-edge research is being translated into meaningful, real-world benefits for patients. The team at the BRC are making a genuine difference by working closely with patients, the public, and our academic partners at the Universities of Leeds and York, ensuring that research is shaped by what matters most to our communities.

Alongside this, colleagues are also investing in the future by nurturing the next generation of clinical researchers through initiatives such as the Yorkshire & Humber Community of Research Practice Internship scheme.

Major National Institute of Health and Care Research (NIHR) Capital Infrastructure funding.

Leeds Teaching Hospitals NHS Trust has been awarded £1.5m in capital funding from the National Institute for Health and Care Research (NIHR) to strengthen its position as a leader in cutting-edge research and innovation and to enable more patients across the region to benefit from life-changing treatments.

The funding supports four strategic initiatives aligned with the Life Sciences Sector Plan, the Trust's research strategy and sustainability ambitions. A significant element of the investment will enable the Trust to acquire a HistoSonics Edison system, a pioneering non-invasive platform using focused sonic beams (histotripsy) to destroy tumours without surgery.

The Trust previously delivered the HOPE4Liver trial (2021) and a world-first kidney tumour treatment through the CAIN trial (2023), with evidence of faster recovery, shorter hospital stays and reduced complications. This investment will allow expansion into additional cancer indications, benefiting more patients and reinforcing Leeds' international research profile. Funding will also support development of the SUSTAIN (Sustainability and Simulation Theatre for Academia and Industry) facility at Leeds General Infirmary. Led by the NIHR HealthTech Research Centre in Accelerated Surgical Care, the simulated theatre will evaluate the environmental impact of surgical innovations and accelerate adoption of greener surgical technologies across the NHS. Overall, the investment strengthens collaboration with academia and industry, accelerates innovation adoption, and delivers clear patient, sustainability and system-wide benefits.

Further investment will enhance translational research through the NIHR Leeds Biomedical Research Centre and NIHR Leeds Clinical Research Facility, including evaluation of an AI-enabled handheld cardiac ultrasound device to support earlier diagnosis of heart failure in GP practices, expanding research delivery beyond hospital settings.

Supporting And Developing Our People

A proud Veterans Aware Trust

The Trust has received reaccreditation of our status as a Veterans Aware organisation, a status we have held since 2017. This is an important milestone in affirming our commitment to the Armed Forces community, which includes serving personnel and their families, and UK veterans. As a Trust, we want to do everything we can to ensure the Armed Forces community is not disadvantaged by their service.

External Assurance Award

I am delighted to share that both our Finance and Procurement teams have achieved outstanding results in recent external assessments, reflecting the high level of support they provide to the Trust and the strength of their processes.

The Finance team have been awarded NHSE Towards Excellence Level 3, the highest possible rating, and the Procurement team achieved best in the Cabinet Office CCIAP assessment. These achievements are a testament to the teams' professionalism, rigour, and commitment to excellence, and they make a significant contribution to the Trust's overall performance.

Health technology and innovation in Parkinsons wins award

Ally Whelan is a Highly Specialised Physiotherapist, who recently attended the Health Service Journal (HSJ) Awards to collect a win for 'Most Effective Contribution for Clinical Redesign' and a highly commended for 'Best Partnerships Supporting Personalised Care Pathways', for her work with Kneu Health and their Parkinson's smartphone app and dashboard.

Ally has used the tracker over the past year in her outpatient programmes, helping patients take greater ownership of their care and assisting clinical teams to tailor care more effectively.

40 Years Contribution Award

Dr Susan Picton from Leeds Children's Hospital was recently presented with a 'Lifetime Achievement Award' by the Children and Young People's Cancer and Leukaemia Association (CCLG) at their member Excellence awards. The award recognises Susan's 40-year contribution to children's cancer, including 30 years here at Leeds. The award also recognises Susan's considerable contribution to children's cancer services in developing countries.

Regional award for our Staff Psychological Support Service

Our Staff Psychological Support Service has been recognised with a regional Trauma Responsive Workforce award. The Team offers a range of trauma informed support through the Post Event Support Pathway, helping teams access the right type of help at the right time, from psychological therapies to specialist advice and guidance.

Consultant Appointments

I am pleased to report that I have, under delegated authority, approved the following appointments:

New appointments

Dr Catherine Campbell **CONSULTANT IN RESPIRATORY MEDICINE (TB/COPD)**

Dr Jonathan Guckian **CONSULTANT IN DERMATOLOGY (PAEDIATRICS)**

Dr Sneha Raju **CONSULTANT IN ANAESTHETICS**

Dr Simon Shaw **CONSULTANT IN PAEDIATRIC NEUROREHABILITATION**

Replacement appointments

Dr David Wright **CONSULTANT IN DERMATOLOGY**

Dr Nang Htwe **CONSULTANT IN DIABETES & ENDOCRINOLOGY**

Dr Rebecca Sagar **CONSULTANT IN DIABETES & ENDOCRINOLOGY**

Dr Hannah Bennett **CONSULTANT IN DERMATOLOGY (LASER)**

Dr Amanda Hilton **CONSULTANT IN CELLULAR PATHOLOGY (UROLOGY/GYNAECO)**

Dr Muhammad Soobadar **CONSULTANT IN RENAL MEDICINE**

Dr Andrew Charlton **CONSULTANT IN ADULT CRITICAL CARE**

Mr Richard Bell **CONSULTANT IN HEPATO-PANCREATO-BILIARY (HPB)**

Dr Kavi Fatania **CONSULTANT IN NEURORADIOLOGY**

Dr Fiona Wallace **CONSULTANT IN NEONATAL MEDICINE**

Dr Caroline Fraser **CONSULTANT IN NEONATAL MEDICINE**

1. Improving Health Equity

The Trust is committed to Improving Health Equity meaning reducing the unfair and avoidable differences in health of 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.

Brendan Brown
Chief Executive