

Chief Executive's Report
Public Board
Thursday 30 July 2026

Presented for:	Information and Discussion
Presented by:	Brendan Brown, Chief Executive Officer
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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)
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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

Risk Appetite Framework

Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Impact
External Risk	Legal & Governance Risk We will operate the Trust in a compliance with the Law and UK Corporate Governance Code, where applicable	Averse	Operating within
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	Operating within
External Risk	Regulatory Risk We will comply with or exceed all regulations, retain its CQC registration and always operate within the law	Averse	Operating within
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	Operating within

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

Provider Capability Self-Assessment and National Oversight Framework (NOF)

The Trust remains in segment 3 following the result of segmentation in Quarter 4 (Q4) of 2025/2026 with an average score of 2.48. The organisation now ranks 92/134 compared to Quarter 3 ranking position 88/134. Remaining in Segment 3 indicates that the Trust is still operating within the mid-range of performance, where challenges are present but not at the most severe level. Overall, while the position does not represent a significant deterioration in segment classification, it does underline the importance of maintaining momentum, focussing on improvement priorities, and ensuring that targeted actions are translating into measurable impact.

Elective Care- Planned Care Minimum Standards

NHS England has introduced new Planned Care Minimum Standards to improve the experience of patients waiting for elective treatment. The standards respond to concerns that patients can feel uninformed and disconnected from their care pathway, including uncertainty about whether referrals have been accepted, a lack of updates while waiting, and insufficient information about appointments.

The standards establish the minimum level of communication and support that every patient should receive once their referral has been accepted into secondary care. They have been developed in partnership with patient groups and key stakeholders and are structured around three stages of the patient journey:

- Information and expectations at the point of referral.
- Communication and support whilst waiting for care.
- Information provided before appointments.

Trust Boards are expected to assess current performance against each standard, identify any gaps, and oversee improvement plans where required. During 2026/27, all trusts will be required to publish a statement setting out their approach to meeting the standards, followed by an annual assessment of progress.

A national stocktake of progress after six months will be undertaken by NHS England and will monitor patient experience through national surveys, including the Office of National Statistics (ONS) Health Insight Survey and the British Social Attitudes Survey.

New Quality Strategy

NHS England has published its new Quality Strategy for NHS-funded care in England, setting out a framework to make quality the organising principle of NHS care over the next decade. The strategy brings together existing commitments under a single national framework centred on the three established domains of quality: safety, effectiveness and experience. Delivery will be taken forward through Modern Service Frameworks (MSFs), disease-specific plans and future national programmes. The first MSFs covering cardiovascular disease and sepsis have already been published.

Key national commitments include development of a standardised set of quality metrics, increased public transparency of quality and outcomes information, greater use of patient-reported measures, alignment of financial incentives with quality outcomes, and strengthened quality governance requirements for providers and Integrated Care Boards (ICBs). ICBs without a designated executive quality lead will be expected to appoint a Board-level lead with explicit responsibility for quality.

The strategy is a positive step towards creating a more coherent national approach to quality improvement, providing greater clarity on roles, responsibilities and priorities across the NHS. The proposed national approach to prioritising recommendations from reviews and investigations could reduce duplication and help organisations focus on interventions most likely to improve patient outcomes. The emphasis on agreed quality metrics may also help place quality alongside operational and financial performance as a core driver of organisational decision-making.

For LTHT, the strategy reinforces the importance of maintaining a strong quality management approach, embedding continuous improvement capability, strengthening data-driven quality governance and ensuring patient and colleagues' voices inform service improvement. The Trust is well placed to align with the ambitions of the strategy through existing improvement, quality and patient safety programmes. However, successful implementation nationally will depend on whether the National Quality Board (NQB) is given sufficient authority, resource and capability to fulfil its expanded role, alongside practical support for frontline organisations to deliver sustainable improvement.

Lord Mann Report

The Trust acknowledges the findings set out in Lord Mann's report (a review of antisemitism and other forms of racism in the NHS and healthcare regulatory system published 2 July 2026) and recognises the importance of the issues highlighted. The review provides valuable insight and an opportunity to strengthen governance, oversight and the consistency of processes across the organisation.

Immediate action has been taken to review the recommendations in detail and to develop a clear, time-bound implementation plan. This work is focused on ensuring that learning is translated into sustained improvements in quality, safety, colleagues and patient experience.

The Trust is committed to embedding these changes and providing assurance that progress is being actively monitored through established governance structures, with regular updates to the Board.

Risk Management Committee Update and review of the Corporate Risk Register

At the June meeting no significant changes were made to the corporate risk register, the controls and mitigating actions were noted at the committee and there were no changes to the risk scores. Under matters arising there was a discussion and agreement on including the output of recent Human Tissue Authority (HTA) inspections into the annual governance statement which has been updated. An action was taken for it to be considered as a new corporate risk to be presented at the July committee meeting.

The Committee meeting in July reviewed corporate risks related to

- CRRO2 - Power failure/lack of Inverter Power Supply/Uninterrupted Power Supply (IPS/UPS) resilience due to electrical infrastructure
- CRRO13 - Brotherton Wing, Blocks 11, 12 and 32 and their physical condition.

The scoring of these risks remains static and will both be reviewed again in January 2027, where it is expected that the current work to the roof of Brotherton wing when complete will mean that CRR02 risk score will reduce. The committee also reviewed:

- CRRC4 - Failure to achieve Emergency Care Standard which is currently scored 20 and received an update on city plans, live Opel risk ratings and the 30-day patient flow initiative.
- CRRC6 - 62-day cancer constitutional standard
- CRRC9 - Patients waiting longer than 6 weeks following referral for diagnostics tests both of which remain static.

The Committee approved a new corporate risk around corridor care running alongside CRRC4 and recognised the significant work taking place across the Trust to reduce the number of patients receiving corridor care.

Protecting Patient Information and Maintaining Public Trust

NHS England has issued new guidance reinforcing the legal and professional responsibilities of staff in relation to patient confidentiality following reports of unauthorised access to patient records. While the vast majority of NHS staff handle patient information appropriately, even isolated incidents of unlawful access can cause significant distress to patients, damage public confidence, and undermine trust in the NHS's ability to safeguard sensitive information.

The guidance makes clear that accessing patient records out of curiosity or for personal reasons is illegal and may result in disciplinary action, dismissal, referral to professional regulators, and potential criminal prosecution. Trusts are expected to take a robust approach to investigating and responding to breaches, including considering referral to the Information Commissioner's Office (ICO) and police where appropriate.

Alongside the new guidance, NHS England has launched a national awareness campaign, *"Don't Let Curiosity Kill Your Career,"* aimed at increasing staff understanding of their responsibilities and the consequences of inappropriate access. Trusts are being encouraged to strengthen local arrangements for monitoring record access, ensure staff receive appropriate information governance training, and promote awareness through internal communications and educational materials.

Maintaining the trust of patients and the public is fundamental, particularly as the NHS continues to develop digital services and initiatives such as the Single Patient Record. Leeds Teaching Hospitals NHS Trust will continue to review its arrangements to ensure patient information remains secure, colleagues understand their responsibilities, and appropriate action is taken where standards are not met.

Post-Death Care and Key Actions Following the Fuller Inquiry

NHS England has written to all NHS trusts and Integrated Care Boards (ICBs) following serious concerns identified in the Nottingham maternity review regarding the care and dignity afforded to deceased patients. These findings highlighted unacceptable practices in post-death care and reinforced concerns previously identified through the David Fuller Inquiry into mortuary security and governance. The correspondence emphasises that maintaining dignity, respect, compassion and security after death is a fundamental responsibility of the NHS and that failures in this area undermine public trust and cause significant additional harm to bereaved families.

NHS England stated that these findings should be considered alongside the Phase 2 Report of the David Fuller Inquiry, published in July 2025, with 29 recommendations directly relevant to NHS organisations out of the 75 recommendations to strengthen the protection, security and dignity of people after death. In response, the Human Tissue Authority (HTA) has been commissioned to undertake a national evidential compliance audit requiring mortuaries to review HTA reportable incident records covering the period 2015–2026 and verify that all incidents have been appropriately reported. Findings will be reported to the Secretary of State in October 2026.

The letter reinforces the Board's responsibility to maintain comprehensive oversight of mortuary services and all environments where deceased patients are cared for, moving beyond assurance of compliance and undertake active scrutiny of the culture, governance and operational management of mortuary and post-death care services. The requirements align with existing duties relating to patient safety, quality governance, safeguarding, Freedom to Speak Up, and compliance with Human Tissue Authority standards.

(Cross reference to agenda item 8.4).

Maternity and Neonatal Services- NHS 10 Point Plan

On 1st July 2026 NHS England published a 10 Point Plan for Maternity and Neonatal Services in response to the Ockenden report into Nottingham Teaching Hospitals, and Baroness Amos National review, setting out immediate actions to strengthen safety, quality, accountability and equity across maternity and neonatal care. Key priorities include the rollout of Martha's Rule, enhanced Board oversight of patient experience and outcomes, stronger clinical and executive accountability, action to address inequalities, improvements in maternity triage and workforce resilience, and a renewed focus on compassionate responses to incidents, complaints and concerns. The plan aligns with LTHT's ongoing maternity improvement work and will be supported by further national guidance, assurance and reporting arrangements.

Trusts and systems have been asked to prioritise these urgent actions while contributing to the development of a wider National Maternity and Neonatal Action Plan, which is due to be published in December 2026. Further guidance and reporting arrangements are expected shortly.

In response to the Amos report, the Government has announced £10.6 million of funding in 2026/27 to support the recruitment and retention of newly qualified midwives, strengthening frontline maternity capacity across the NHS. In addition, a new Maternity and Neonatal Commissioner will be established to provide an independent voice focused on safety, experience, equity and accountability for women, babies and families. A further £41 million investment has been confirmed to improve the safety and quality of Maternity and Neonatal estates, supporting better environments for both patients and staff.

While progress has been made through the commitment and dedication of Maternity and Neonatal Teams across the NHS, the findings of both reports reinforce that further improvement is required. National leaders have been clear that this must represent a turning point for maternity and neonatal services, ensuring that longstanding themes identified through successive reviews are addressed through sustained action and delivery.

International Clinical Trials Day

The Trust marked International Clinical Trials Day in May with a range of activities recognising the contribution of research to patient care. The event brought together patients, researchers and clinical teams, showcasing the breadth of research activity across LTHT.

Patient stories and interactive engagement highlighted the impact of clinical trials and the importance of participation in advancing treatment and improving outcomes.

Patient-centred testing

Work is underway through a clinically led Diagnostic Demand Optimisation Programme to support patient-centred pathways and maximise use of available capacity.

The Trust's vision for diagnostics is to ensure patients receive the right test, at the right time, in the right place, aligned to the Operational Transformation Strategy. Diagnostic services including Radiology, Endoscopy, Pathology and Physiological Sciences are central to clinical decision-making which impact waiting time standards and, in turn, timeliness of care and patient outcomes.

A new online provider for specialist care

From 2027, patients in England will have the option to access planned care through an Online NHS Trust via the NHS App. The service will enable patients to consult with specialist clinicians remotely, supporting faster access to care and reducing the need for travel where appropriate.

The approach is intended to improve patient choice and convenience, reduce waiting times, and make better use of NHS capacity, while maintaining face-to-face services for those who need or prefer them. Care will continue to be delivered by NHS clinicians, with appropriate safeguards for safety, quality and data security.

The model will allow patients to manage their care digitally, including receiving advice, accessing prescriptions, and booking tests or procedures at convenient locations. It will initially focus on conditions where digital pathways are proven and demand is high, with scope to expand over time.

Strategy Refresh

Following Board approval of the Trust's 2026/27 Organisational Strategy, key messages are being communicated through established engagement channels, including Leeds Live, Friday Focus, leadership briefings and directorate engagement sessions. These activities are designed to ensure colleagues understand both the strategic direction of the Trust and their role in delivering its ambitions.

Work is now underway to develop delivery plans aligned to the Strategy's four priorities: People, Improvement & Innovation, Outcomes, and Partnerships. These plans will be informed by the supporting Clinical and Operational Strategies currently being developed by Liz Garthwaite, Chief

Medical Officer, and Tim Hiles, Chief Operating Officer. The delivery plans will provide greater clarity on priorities, measures of success and accountability arrangements across the organisation. In parallel, work continues to strengthen the Trust's Board Assurance Framework (BAF). The intention is to evolve the BAF from a static record of strategic risks and controls into a more dynamic tool that supports the Board's oversight of strategic delivery. The revised approach will seek to demonstrate progress against strategic priorities through a combination of outcome measures, leading indicators and risk intelligence, enabling earlier identification of emerging issues and supporting more informed decision-making.

Leeds Provider Partnership

On 15 May 2026, the Leeds Provider Partnership Shadow Joint Committee convened for the first time in shadow form, marking the formal commencement of provider collaboration across Leeds. At that meeting, the proposed Terms of Reference and Collaboration Agreement were reviewed and approved for progression through governance processes, with formal ratification now being taken through individual provider Boards and expected to conclude by July 2026 (cross ref to agenda item 13.3). The Committee also recognised that these documents provide the initial framework for the shadow year, with further work is now required on the service delivery schedule, financial framework and priority programme areas ahead of full implementation from April 2027.

Within LTHT, a two-tier internal governance approach is now being established through a Partnerships Steering Group and Partnerships Delivery Group to provide strategic oversight, coordinate delivery and develop an LTHT partnerships delivery plan linking with system strategy to focus on three areas: frailty, multiple long-term conditions and paediatrics.

This arrangement is intended to strengthen internal alignment and support delivery across neighbourhood, place and system work, alongside CSU engagement sessions and wider communications and stakeholder engagement activity as the Leeds Provider Partnership arrangements continue to develop.

Deliver Continuous Improvement, Inclusive Research & Innovation.

UK-first Robotic Liver Cancer Treatment

Leeds Teaching Hospitals NHS Trust successfully delivered a UK-first innovative treatment for liver cancer, using robotic-guided electrochemotherapy. A 92-year-old patient from North Yorkshire became the first in the country to receive this pioneering procedure, which combines a low dose of chemotherapy with targeted electrical pulses to enhance uptake into cancer cells.

The use of robotic needle guidance enabled highly precise placement of needles around the tumour, improving accuracy in complex anatomical areas. The procedure does not produce heat which allows safe treatment of tumours located close to vital structures such as blood vessels and bile ducts, which are often unsuitable for conventional therapies.

LTHT is currently the only UK centre participating in the RESPECT trial, a major European study sponsored by the Cardiovascular and Interventional Radiology Society of Europe (CIRSE). This work further strengthens the Trust's position as a leader in interventional oncology and research-driven innovation, offering new treatment options for patients with limited alternatives.

Flagship Health Innovation Hub

The Trust, alongside partners at Nexus (University of Leeds) and Leeds Beckett University, signed a Memorandum of Understanding (MOU) with HiVE (High Value-add Economy) Places, a subsidiary of Scarborough Group International (SGI) to develop a health technology innovation hub at the Old Medical School.

This builds on the Health Innovation Leeds Incubator and aims to accelerate the growth of healthtech businesses across West Yorkshire, improving access to innovation for patients and populations. The

collaboration will strengthen support for innovators and create a shared environment where clinicians, researchers and industry can work together to develop and scale new technologies.

Leeds Teaching Hospitals NHS Trust will play a key clinical role in the initiative, providing access to NHS expertise, patient insight and real-world testing through its Innovation Pop-Up model.

South African exchange partners

The Trust continues to support international collaboration through participation in the UK–South Africa Health System Strengthening Partnership. Representatives from partner hospitals across five provinces in South Africa were welcomed in June.

The visit provided an opportunity to share learning, deepen understanding of respective health systems and identify areas for joint working. This collaboration supports the exchange of best practice and contributes to strengthening services in both settings.

Supporting And Developing Our People

NHS Staff Standards 2026

NHS England published the NHS Staff Standards on 6 July 2026, introducing a mandatory national framework that places colleague experience at the centre of organisational accountability. Developed as part of the NHS 10 Year Health Plan, the Standards represent a significant shift in accountability, with colleague experience now recognised as a core measure of organisational performance alongside quality, operational delivery and financial sustainability. Delivery against the Standards will be assessed through the NHS Oversight Framework (NOF), from 2026/27 and will contribute to workforce and organisational assurance, segmentation and regulatory oversight. The Standards focus on six priority areas:

1. Promoting Flexible Working
2. Line Management
3. Health and Wellbeing
4. Violence Prevention and Reduction
5. Tackling Racism
6. Championing Sexual Safety

Their implementation provides an opportunity to strengthen our existing focus on culture, inclusion, wellbeing and leadership while ensuring compliance with emerging national requirements.

Responsibility for coordination and organisational oversight will sit within the People Function, working in partnership with leaders across the Trust. Progress, risks and impact will be reported through existing governance arrangements, providing assurance to the Board on delivery and compliance with the Standards.

Volunteers Week

The Trust marked Volunteers' Week on 4th June recognising the significant contribution volunteers make to patient experience, staff support and organisational culture. Celebrations included engagement with the Lord Mayor of Leeds, Leeds Hospitals Charity and Volunteer Champions.

Over the past year, more than 200 new volunteers have joined the Trust, contributing over 11,000 hours. New roles have been introduced in areas such as the Discharge Lounge and Emergency Department, alongside expansion of initiatives including Meal Mates, Bedside Buddies and Rehab Rangers. Partnerships have been strengthened with organisations including Leeds University Union and Leeds Hospitals Charity, with additional specialist roles supporting services such as the Rob Burrows MND Centre.

Further development is planned, including growth in volunteer numbers and new roles such as End-of-Life support in partnership with Marie Curie, to extend opportunities and impact across the Trust.

Retirement of Mr Martin McKibbin, Consultant Ophthalmologist

Following a distinguished career in the Department of Ophthalmology, Mr Martin McKibbin, Consultant Ophthalmologist, has retired, leaving a significant legacy in retinal research and clinical care at the Trust.

As the department's first dedicated researcher, he led the introduction of interventional clinical trials in the early 2000s, establishing a strong foundation for research-led practice. He made a substantial contribution to medical retina, particularly in age-related macular degeneration, vascular and inherited retinal conditions, and was a chief and principal investigator on multiple studies.

His extensive research output and national collaborations have advanced both scientific understanding and patient care. The Trust recognises his outstanding contribution and wishes him well in his retirement.

Lifetime achievement award

Professor David Sebag-Montefiore has received a prestigious lifetime achievement award from the European Society for Radiotherapy and Oncology (ESTRO) for his outstanding contribution to rectal and anal cancer research and treatment with radiotherapy over a distinguished 40-year career.

Consultant Appointments

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

New appointments

Dr Michael Moreton-Smith **CONSULTANT IN RADIOLOGY (VASCULAR INTERVENTION)**

Dr Swe Thu **CONSULTANT IN RADIOLOGY (GU ONCOLOGY/GYNAE)**

Dr Rupert Simpson **CONSULTANT IN CARDIOLOGY (TAVI)**

Replacement appointments

Mr James Douglas **CONSULTANT IN Oral Maxillofacial (OMFs)**

Dr Chandran Nallathambi **CONSULTANT IN CLINICAL ONCOLOGY (HEAD & NECK & UPPER GI CANCERS)**

Dr Christy Riggott **CONSULTANT IN GASTRO (NUTRITION)**

Dr Nishita Lal **CONSULTANT IN RADIOLOGY (GU ONCOLOGY & DIAGNOSTICS)**

Dr Nasr Abdelsalam **CONSULTANT IN INTERVENTIONAL NEURORADIOLOGY**

Dr Richard Heywood **CONSULTANT IN MEDICAL ONCOLOGY (BREAST/SARCOMA)**

Dr Ramandeep Kaur **CONSULTANT IN CELLULAR PATHOLOGY (GYNAECOLOGY)**

Miss Charlotte Tunstall **CONSULTANT IN T&O (MTC)**

Ms Veena Patel **CONSULTANT IN ORTHODONTICS**

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