

Chief Executive's Report

Public Board
Thursday 26 March 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

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

Independent Review into Maternity and Neonatal Services at LTHT

On the 10th March 2026, the Government announced that Donna Ockenden will chair the independent review into maternity and neonatal services at the Trust. We welcome the announcement that a Chair has been appointed to lead the independent review, and we are absolutely committed to working openly, honestly and transparently with Donna Ockenden and the review team.

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.

Corridor Care

The National Director for Urgent and Emergency Care, Sarah Jane Marsh, wrote to all Trust Chief Executive Officers (CEO's) and Chairs on 4th March 2026 setting out the ambition to virtually eliminate Corridor care.

The single national definition was agreed as; *a patient has experienced corridor care if they have spent at least 45 minutes in a clinically inappropriate area of an emergency department or general and acute ward.*

The 45-minute threshold for corridor care aligns with the Withdraw at 45 Minutes (W45) protocol for ambulances. The aim is to revise both down to 30 minutes in 2027/28 once demonstrable progress has been made. We all agree that corridor care is unacceptable but reflects the growing demand in urgent care across the country. As a Trust, we have challenged ourselves on the position; which includes the experience for patients – particularly older patients – and their loved ones, the experience and working conditions for our colleagues, and the confidence of the communities we serve in the ability of the NHS.

Data collection from each Trust will be collated and published on the NHSE website each month from May 2026. Work is underway with Nursing, Medical and Operations teams to look at our internal processes in response to the demand we have consistently seen in our Emergency Departments, and in response to the national ambition set out by NHSE. Oversight and assurance of this work will be through the Quality Assurance Committee.

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

The Trust has received an overall red Provider Capability rating which has been confirmed following the review by NHS England (NHSE) Regional Team. This is in keeping with the red self-assessment agreed by the Board of Directors back in October 2025.

The Trust has been placed into segment 3 of the NHS Oversight Framework for Q3 of 2025-26, with an average score of 2.56. This remains unchanged since Quarter 2 and ranks 88 out of 134 Trusts.

Risk Management Committee Update and review of the Corporate Risk Register

The Risk Management Committee met on 5 February and 5 March 2026. The corporate risks related to CQC regulation regarding maternity and neonatal services (CRRE1) and well led (CRRE2) were reviewed at the February meeting. The controls and mitigating actions were noted at the committee and there were no changes to the risk scores. The corporate risks related to delivery of the financial plan (CRRF1) and capital (CRRF2) were also reviewed at the February meeting, with no changes identified to the risk scores. The corporate risk related to the LGI site development project (CRR09) was escalated to the Corporate Risk Register as a consequence of delays in completion. This will be reviewed again at the committee in April.

At the March meeting the corporate risks related to Referral to Treatment (RTT) constitutional standard (CRRC5), 28 day cancelled operations (CRRC7) and patient flow across the health care system (CRRC10) were reviewed, with no changes identified to the risk scores. Following discussion with the leadership team for Urgent Care and Specialised and Integrated Medicine it was agreed that the risk related to patients attending the emergency department with mental health conditions would be added to the Corporate Risk Register, setting out the controls and mitigating actions. The emerging risk related to the national supply of bone cement was discussed at the March committee, including the controls and mitigating actions that had been agreed to address this, working in conjunction with the Integrated Care Board (ICB) and NHS England. It was noted that an alternative supplier had now been identified, and this risk would be mitigated.

Hosting National Visitors

As part of the city and regional leaders, the Trust welcomed HM Treasury's Growth and Resilience team, highlighting how Leeds's £40m National Institute for Health and Care Research (NIHR) infrastructure is accelerating national ambitions to tackle health inequalities and position the UK as a global leader in life sciences. Our guests were able to hear how the Trust is committed to ensuring every colleague has the opportunity to be involved in clinical research and hear from colleagues who were able to highlight how clinical research is delivered at the Trust and across the wider NIHR infrastructure. As stated by Prof. Philip Conaghan, Director of the NIHR Leeds Biomedical Research Centre "Leeds is one of the UK's top five research delivery centres, halving trial set-up times, and a top city for attracting research funding. We are incredibly proud to show how, in Leeds, powerful partnership makes funding go further, delivering real returns and real impact – locally, nationally and globally." The visit reinforced Leeds's reputation as a high-performing, collaborative research ecosystem where partnership working, innovation, and the effective use of investment are delivering tangible improvements for patients and communities.

We also welcomed Karin Smyth (Minister of State for Health) on 28th January to St James's University Hospital to showcase the ground-breaking clinical research and pioneering cancer treatment that is delivered at the Trust. The visit was the opportunity for colleagues in Oncology, Radiotherapy and Research and Innovation as well as our partners to demonstrate the advancements in healthcare we are delivering.

Making Every Day Count

As part of the Making Every Day Count intervention, colleagues from multiple Clinical Service Units undertook Genba walks across 31 wards at LGI, Chapel Allerton and St

James's. Genba is a Japanese word and one of the core continuous improvement tools in Leeds Improvement Methodology (LIM) which means going to where the work happens and asking questions respectfully to understand processes and support continuous improvement. This cross-CSU approach introduces fresh perspectives into clinical areas, enabling the identification of improvement opportunities for patients, families and staff. Feedback from ward teams has been highly positive, with colleagues noting the enthusiasm, openness and warm welcome received.

Flu Vaccination

I am pleased to report that 53.7% of frontline colleagues were vaccinated during the 2025/26 season, representing the highest uptake among the ten largest acute hospitals in England. This achievement significantly strengthens protection for both patients and colleagues. Immunisation is recognised by the World Health Organisation (WHO) and global health authorities as one of the most effective and cost-efficient public health interventions, reducing the risk of serious illness and transmission. The Trust's Occupational Health team continues to offer a comprehensive immunisation programme for all new starters including vaccines for measles, hepatitis B and chickenpox, and uses face-to-face appointments to advise colleagues on the benefits of immunisation and encourage full uptake.

Develop Integrated Partnership Services.

HALO Study

I am pleased to report the launch of the Haematology Lived Experience and Outcomes (HALO) study. In the UK, beta thalassaemia affects around 1,100 people and sickle cell disease approximately 17,500 people. Researchers highlight that understanding patients' lived experience into adulthood is essential to improving treatment pathways and tackling persistent health inequalities. HALO forms part of Child Health Research Outcomes at Leeds (CHORAL), a partnership between the Trust and the University of Leeds aimed at improving outcomes for children and young people. Supported by a £680,000 grant from Leeds Hospitals Charity, the study will enhance understanding of the lifelong impact of childhood blood disorders including sickle cell disease, beta thalassaemia and acute leukaemia. HALO is an excellent example of how CHORAL is enabling impactful research designed to reduce health inequalities and improve long-term outcomes.

Progressing the Integration of Trusts

The Board of Directors of Leeds Community Healthcare NHS Trust and Leeds and York Partnership NHS Foundation Trust have formally approved the Strategic Outline Case (SOC) for integration. By adopting a "best of both" approach and bringing together the complementary strengths of both organisations, the proposal sets out a shared ambition to create a new organisation capable of meeting the challenges set out in the national 10-Year Health Plan, particularly the development of neighbourhood health models and the delivery of whole-person, community-based care from pre-conception through to older age. Dr Sara Munro, Joint Chief Executive of both Trusts, emphasised that this represents more than an organisational restructure; it reflects a commitment to doing things differently and enhancing the delivery of high-quality, compassionate and fully integrated care for local communities. For our Trust, the integration will support more streamlined pathways and strengthen our ability to provide seamless, integrated and specialist care for patients.

Award for Sustainability

Our Sustainability and Facilities Team, working in partnership with Leeds City Council, has won the Climate Action Award at the Keep Britain Tidy Awards for the innovative *Get Our Kit Back* walking aid return project. The initiative introduced designated bins at recycling centres across Leeds, encouraging members of the public to return and recycle walking aids no longer in use. This approach has generated substantial financial savings and delivered important carbon reductions, demonstrating the positive environmental and economic impact of collaborative working across the city.

Deliver Continuous Improvement, Inclusive Research & Innovation.

Leeds Dental Institute

Colleagues at Leeds Dental Institute have reduced patient non-attendance by strengthening referral processes and using Referral to Treatment (RTT) data to monitor pathway performance in line with NHS England requirements. Using the Federated Data Platform (FDP), teams now have a clear and accessible view of referral information for each patient, enabling more effective management of last minute cancellations and faster identification and prioritisation of patients who still need to be seen.

In addition, two teams in the Trust have been recognised in this year's Health Service Journal (HSJ) Digital Awards: the Dermatology Team for continued innovation in the skin cancer pathway within the Improving Primary Care through Digital category, and the Children's Assessment and Treatment Unit, shortlisted in two categories for their Healthier at Home virtual ward. Winners will be announced in May.

Trust colleagues honoured

Several of our colleagues have been included in the prestigious Northern Health Science Alliance (NHSA) list of over 500 women who are pushing the boundaries of innovation in their sectors.

The following team colleagues were recognised for their outstanding contributions:

- Professor Adele Fielding, researcher for NIHR Leeds Biomedical Research Centre Haematology Theme, Head of Experimental Medicine and Biomedicine and Professor of Haematology University of York.
- Dr Ai Lyn Tan – Consultant Rheumatologist and Medical Director of Research and Innovation LTHT and Associate Professor of Rheumatology, University of Leeds.
- Professor Anne-Maree Keenan – NIHR Leeds BRC Associate Director and Chair of Applied Health Research, University of Leeds.
- Dr Beverley Riley, Business Development and Innovation Manager LTHT
- Dr Kerrie Davies MBE, Consultant Clinical Scientist, Head of HCAI group Laboratory LTHT

Accountability Framework Update

The accountability framework is under review by the executive team, in order to better define how services are held to account, performance is managed issues are escalated to the Executive Team. This will be accompanied by a revised data dashboard with key metrics against quality, workforce, activity, finance, performance and patient experience. The framework will be shared with CSU and corporate teams at the Weekly Executive Board meeting on 1st April 2026 and implemented in May with data from M1 of the 2026/27 financial year. Executive's will be sharing and discussing the revised process within the sub-committees of the Board during April.

Supporting And Developing Our People

People Improvement Framework

A new 'People Improvement Framework' has been developed that will provide assurance to the Board on the action being taken to improve workforce health metrics in CSUs and across the Trust as a whole. It will also identify examples of good practice, ensuring teams can learn from each other and share their approach. The People Improvement Framework is a core element of the Trust's approach to Inclusion and Belonging, the review of resources within the People Function and the refresh of people policies and processes. It also aligns to the revised Accountability Framework.

Inclusion and Belonging

As a Trust, we remain committed to advancing the full breadth of Equality, Diversity and Inclusion (EDI) by converting intent into tangible action and driving measurable cultural improvement. Our Staff Networks continue to play a critical role as trusted voices for colleagues, offering insights that help shape more inclusive policies, practices and working environments. To strengthen this impact, we have introduced a *Network of Networks* model to support greater collaboration, alignment of priorities and more effective use of shared resources. This integrated approach is helping to create consistent standards across networks while amplifying collective influence.

We have refreshed and reset the executive commitment to our staff networks by appointing Executive Sponsors aligned to each network, who will champion inclusive culture, amplify colleagues voices, and drive organisational progress on equality, diversity, and inclusion. They include Paul Jones for Faith and Belief Network, Suzanne Dunkley for Black and Minority Ethnic (BME) and link for all networks, Craige Richardson for Men Action and Awareness Network, Jenny Ehrhardt for Empower Leeds Women, Tim Hiles for Disabled Staff Network, Magnus Harrison for Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) and Beverley Geary for the planned new Youth Network.

This year, our longest-established and largest Staff Network, the BME Network will mark its tenth anniversary. With more than 500 members, including allies, the Network continues to advocate for equity, belonging and inclusive leadership by supporting colleagues through challenges and partnering with services to build cultural competence across the organisation. A tenth-anniversary celebration is scheduled for Thursday 19 November, and planning discussions are underway with the Chief People Officer, Suzanne Dunkley. This milestone provides an important opportunity to reflect on the Network's contribution, highlight progress, and reaffirm our strategic commitment to creating a workplace where all colleagues can thrive.

Consultant Appointments

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

New appointments

Dr Kallol Bhadra **CONSULTANT IN CELL PATH (BREAST, RT & UROLOGY)**

Dr Rebecca Rollett **CONSULTANT IN PLASTIC SURGERY (PERINEAL)**

Dr Sally Price **CONSULTANT IN EMERGENCY MEDICINE**

Replacement appointments

Dr Jennifer Stahle **CONSULTANT IN PATHOLOGY**

Dr Alexander Wordie **CONSULTANT IN PAEDIATRIC ICU/EMBRACE**

Dr Mark Winton **CONSULTANT IN PAEDIATRIC ICU/EMBRACE**

Dr Mahsa Momeni **CONSULTANT IN ACUTE MEDICINE**

Dr Vikas Kaura **CONSULTANT IN ANAESTHETICS**

Dr John Summers **CONSULTANT IN ANAESTHETICS**

Dr Kieran Bradley **CONSULTANT IN ANAESTHETICS**

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