

**Chief Executive Report
Public Board
Thursday 24 September 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

NHS Oversight Framework (NOF) Q1 2026/27

Leeds Teaching Hospitals NHS Trust remains in Segment 3 under the NHS Oversight Framework, unchanged from Quarter 4 of 2025/26, with an average metric score of 2.45. Positively, the Trust's national ranking amongst acute NHS providers has improved significantly, moving from 92nd out of 134 providers in Quarter 4 2025/26 to 74th out of 134 providers in Quarter 1 2026/27, indicating a stronger comparative performance position, although the Trust's overall segmentation remains unchanged.

New NHS West Yorkshire Integrated Care Board (ICB) Operating Model

NHS West Yorkshire Integrated Care Board (ICB) has now implemented its new operating model, marking an important milestone in its transition to a leaner, more strategic commissioning organisation. While the new structure is in place, the transition will continue over the coming months as the organisation supports colleagues through the final stages of redeployment and embeds new ways of working across the system. The new model is designed to improve population health outcomes, increase healthy life expectancy and reduce health inequalities, with a stronger focus on directing resources towards areas of greatest need.

Underpinned by the ICB's five-year strategic commissioning plan, the new approach emphasises prevention, neighbourhood health services, mature Place Provider Partnerships, and greater consistency in decision-making and resource allocation across West Yorkshire. The ICB will also place increased emphasis on the use of data, intelligence and outcomes-based commissioning to drive improvements in performance and population health.

As a strategic commissioner, the ICB will increasingly focus on using data and intelligence to understand population need, identify emerging challenges and opportunities, and ensure resources are aligned to deliver the greatest impact. A stronger emphasis on outcomes, performance oversight and evidence-based decision-making will support more effective commissioning across the system.

As the model is being embedded, LTHT will continue to work closely with system partners to improve outcomes, tackle health inequity and support the delivery of high-quality, sustainable services for the populations we serve.

Quality Oversight and Perinatal Improvement Update

Leeds Teaching Hospitals NHS Trust attended the Integrated Quality Improvement Group (IQIG) meeting chaired by NHS England, with participation from regulators and system partners in August. The Trust provided updates on progress against the Perinatal Improvement Plan, wider organisational improvements, and current challenges and achievements across quality, finance, performance, and workforce.

Following the meeting, NHS England colleagues undertook a Peer Review and visited maternity services at Leeds General Infirmary and St James's University Hospital. Whilst formal feedback is awaited, no urgent high-risk issues or concerns were raised during the visit.

NHS England has advised that the current IQIG arrangements will cease as alternative mechanisms are now in place to provide oversight of finance, performance, productivity, and quality. From October 2026, the Trust will attend a dedicated Quality Improvement Group (QIG), established under the National Quality Board Framework to oversee and support improvements in perinatal services and trust-wide governance, with new terms of reference and membership. The Group will meet every six weeks.

Cancer Waiting Times Improvement

Significant progress has been made in reducing cancer waiting times, with the number of patients waiting more than 62 days from GP referral to treatment reducing from 301 to 116 compared with the same period last year. Those waiting more than 104 days have also fallen from 72 to 15, placing Leeds among the strongest-performing trusts nationally.

Mid-Year Review

The Trust has been invited for a formal discussion with NHS England on Thursday 1st October to review progress at the halfway point of the financial year. The purpose of the meeting will be to test delivery against agreed plans, performance trajectories, financial position, risks, and recovery actions for the remainder of the year.

Risk Management Committee Update and review of the Corporate Risk Register

Since the last Board meeting, the Risk Management Committee has met in August and September. The controls and mitigating actions were noted at the Committee and there were no changes to the corporate risk scores of 20. The Committee also reviewed Care Quality Commission (CQC) related risks (CRRE1) and CRRE2), noting no immediate threat to the Trust's registration and continued progress against the Well-Led Improvement Programme. In addition, the Radiology Capacity Risk (11712) score was reviewed under matters arising and reduced from 25 to 20, reflecting strengthened controls, contingency arrangements and continued progress on longer-term solutions.

The risks reviewed by the Committee in August include:

- CRRF1 and CRRF2- Corporate risks relating to delivery of the financial plan and operational capital allocation.
- CRRE1 and CRRE2- CQC related risks

In September, the Committee reviewed

- CRRC5 - 18-week RTT performance
- CRRC7 - 28-day cancelled operations
- CRRC10 - system capacity and patient flow

Following discussion of controls and mitigating actions, no changes were made to the risk scores. The Committee also received assurance through reviews of the risk registers for Adult Critical Care, Theatres and Anaesthetics, Trauma and Related Services, and the Medical Directorate.

Implementation of the Resident Doctors Deal.

NHS England has set out the next phase of the resident doctors' deal, focusing on workforce sustainability, expansion of training posts and improved employment arrangements for Locally Employed Doctors (LEDs).

Key developments include:

- Over 350 additional training posts approved nationally for February 2027, contributing towards the commitment to deliver 1,000 additional posts in 2026/27.
- Transition of LEDs to more substantive employment arrangements, with fixed-term contracts used only where justified.
- Continued implementation of the Resident Doctor 10 Point Plan and enhanced support, supervision and career development for resident doctors.

Trusts are expected to:

- Submit expressions of interest for the next tranche of training posts by 30 September 2026.
- Undertake a baseline assessment of the resident doctor workforce, including contract arrangements, workforce gaps and temporary staffing expenditure.
- Develop plans to support implementation of new LED contractual arrangements and expand training capacity.

The Trust will continue to monitor national guidance and oversee local implementation arrangements. Work is underway to assess the Trust's current LED workforce profile and ensure preparedness for the forthcoming contractual and workforce planning requirements. These changes align with LTHT's wider workforce strategy and ambition to build a sustainable, high-quality medical workforce that improves both colleague experience and patient care.

Thirlwall Inquiry Reports

The Report of the Public Inquiry into events at the Countess of Chester Hospital (2015-2018) was published on 15 September and has received significant national media attention. The Inquiry makes 17 recommendations for hospital providers, national bodies and regulators.

Key themes include monitoring arrangements in neonatal settings, medicines security and storage, laboratory processes, and the identification, escalation and management of concerns regarding staff behaviour, including suspicions of deliberate harm. The report comprises three volumes, supported by a summary report and recommendations document.

We are currently reviewing the findings and recommendations with senior leadership teams across the Trust, adopting a "what is true for us" approach to ensure that the wider implications and required actions are considered across all services. While several recommendations are specific to neonatal care, there are broader organisational lessons relevant to all Clinical Service Units.

Progress and assurance against relevant actions will be overseen through the Perinatal Improvement Assurance Group (PIAG) and the Perinatal Improvement Assurance Committee (PIAC) on behalf of the Board.

New Name for Trust

Leeds Partnership NHS Foundation Trust (LPFT) has been announced as the name of the new organisation formed through the merger of Leeds and York Partnership NHS Trust and Leeds Community Healthcare NHS Trust. The new name reflects a strong commitment to partnership working across community and mental health services, alongside wider health and care partners, local government, the voluntary sector and service users. This significant milestone signals the organisation's ambition to deliver integrated, collaborative care and improve health outcomes through shared responsibility, partnership and service integration.

Mental Health Emergency Department Funding

The Trust is one of 159 sites across the country to receive funding from the Government to open NHS mental health centres, giving people earlier local support and specialist crisis care. The £2m investment will create what is termed nationally as a 'Mental Health Emergency Department', providing a fit-for-purpose environment for patients who present with an emergency care need alongside an acute mental health crisis. The clinical pathway will remain a joint arrangement with Leeds Partnership NHS Foundation Trust.

Around-the-Clock Stroke Intervention Service

Following two years of planning and collaboration, the Trust's Stroke Service now provides a 24-hour, seven-day mechanical thrombectomy service. This significant development will improve access to this life-changing treatment for patients across West Yorkshire and is expected to deliver better outcomes for stroke survivors. Mechanical thrombectomy is a highly specialised procedure that removes blood clots from arteries within the brain, helping to reduce disability and improve recovery following a stroke. The introduction of a round-the-clock service represents a major milestone in the delivery of equitable, timely, and specialist stroke care across the region.

Strategy Refresh

Following the approval at Trust Board in May 2026 of the new organisational strategy, work has commenced on the next stage of the strategy. This involves the development of an integrated Operational and Clinical Services Strategy, led by the Chief Operating Officer and Chief Medical Officer. The work will involve significant engagement work with clinical and operational colleagues to ensure we produce a strategy which will guide the way we transform the delivery of our services and ensure they are fit for the future. Further progress updates will be provided to the Board of Directors with a final version expected to be ready for approval within the next six months.

Leeds Provider Partnership

Work continues to progress at pace across the Trust's neighbourhood and partnership programmes. Agreement has now been secured to commence a pilot Community Comprehensive Geriatric Assessment (CCGA) Clinic in East Leeds from October 2026, bringing specialist frailty expertise closer to home through a multidisciplinary model involving consultant geriatricians, community teams, primary care and wider partners. The pilot will test how specialist frailty assessment can be delivered within neighbourhood settings and generate learning to inform future scale-up across the city.

In parallel, the neighbourhood diabetes programme is progressing towards implementation, with specialist consultant time allocated to support a multi-organisational Multi Disciplinary Team model for people with complex diabetes and multiple long-term conditions. This will strengthen proactive care and provide specialist advice closer to home. Alongside these pilots, partners continue to develop the wider Leeds neighbourhood health model, including plans for multi-neighbourhood hubs and delivery through the Leeds Provider Partnership. Oversight of these programmes has been strengthened through the establishment of a dedicated Partnerships Delivery Group and Strategic Steering Group, providing a clear route for risk management, issue escalation, programme coordination and the assessment of future scalability across Leeds.

Deliver Continuous Improvement, Inclusive Research & Innovation.

Global Adoption of AI-enabled Pathology for Cancer Diagnostics

Leeds Teaching Hospitals continues to demonstrate national and international leadership in healthcare innovation through the development of TANGO, a world-first laboratory quality assurance tool created by researchers at the National Pathology Imaging Co-operative (NPIC). Designed to support the adoption of AI-enabled pathology, TANGO uses a specially developed reference slide to reduce variation in staining processes, improve consistency across laboratories, and support faster, more reliable cancer diagnostics. Through a partnership with Epredia, there is now an opportunity to deploy this NHS-developed innovation at scale across the NHS and internationally, accelerating the safe adoption of AI technologies in pathology and ultimately improving diagnostic turnaround times and patient care.

Sharing Our Digital Expertise with NHS England

Rob Thompson, Chief Digital Information Officer at NHS England, visited LTHT in August to learn more about how the Trust is using digital technology to enhance patient care, improve operational efficiency and support colleagues.

The visit provided an opportunity to showcase the scale and complexity of LTHT's digital transformation programme and the critical role digital services play across clinical and corporate functions. Colleagues from clinical, operational and digital teams demonstrated a range of innovative solutions spanning Emergency Care, Same Day Emergency Care, Critical Care, Medical Records and 3D technology, highlighting the tangible benefits being delivered for patients and colleagues.

Supporting And Developing Our People

First Leadership Conference

In July, we held our first Leadership Conference, bringing together colleagues from across the Trust to shape the behaviours that will bring our new Leeds Way values to life. The conference explored leading across generations, highlighting the importance of harnessing the diverse experiences, perspectives and strengths that colleagues of all ages bring to LTHT. Building on the positive engagement and energy generated by the event, further work will be undertaken over the coming months to support colleagues in creating fair, inclusive and positive experiences for both colleagues and patients.

Supporting Staff Wellbeing Through Improved Access to Food

The Trust has introduced two state-of-the-art frozen food vending machines at Gledhow and Jubilee receptions, providing colleagues with 24/7 access to hot meals. This initiative supports colleagues working evenings, nights and weekends by ensuring convenient access to nutritious food at all times. The machines offer an inclusive range of meal options, including plant-based, meat and kosher meals, helping to meet the diverse dietary needs of our workforce. Integrated microwave technology enables meals to be heated quickly and easily, with cutlery provided for convenience.

This investment reflects the Trust's ongoing commitment to our colleagues' wellbeing and improving their working experience across the organisation.

GreenED Bronze Accreditation

The team at Leeds General Infirmary Emergency Department have achieved bronze accreditation through the Royal College of Emergency Medicine's GreenED programme. This nationally recognised accreditation reflects the team's commitment to embedding environmentally sustainable practices into patient care, including reducing unnecessary investigations and promoting sustainable prescribing and treatment choices. Their achievement supports the Trust's broader sustainability ambitions and demonstrates how frontline teams are contributing to reducing our carbon footprint while maintaining high-quality care.

Wobble Room

Colleagues in Interventional Radiology at Leeds General Infirmary have transformed an unused storeroom into a dedicated wellbeing space, known as the 'Wobble Room', providing a quiet environment to rest, recharge and manage the pressures of busy clinical shifts. The initiative was led by the Interventional Radiology colleagues Council, who identified the opportunity to enhance colleague wellbeing through the creation of a calming and supportive space. With funding from Leeds

Hospitals Charity, the team successfully delivered a welcoming facility for colleagues across the department. This initiative demonstrates the Trust's continued focus on creating healthy working environments and supporting colleague wellbeing as a key enabler of high-quality patient care.

Consultant Appointments

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

New appointments

Dr Nikita Lal **CONSULTANT IN PAEDIATRICS**

Dr Simon Gosling **CONSULTANT IN PAEDIATRIC NEUROLOGY**

Dr Faroug Ahmed **CONSULTANT IN DIABETES & ENDOCRINOLOGY**

Dr Pin-Tsung Huang **CONSULTANT IN OBS & GYNAE (RECURRENT MISCARRIAGE)**

Replacement appointments

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

Dr Katherine Barton **CONSULTANT IN OBS & GYNAE (HIGH RISK OBSTETRICS)**

Dr Anil Israni **Consultant in PAEDIATRIC NEUROLOGY (EPILEPSY)**

Dr Omar Aly **CONSULTANT IN COLORECTAL SURGERY**

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