The Leeds Teaching Hospitals NHS Trust

Chief Executive Report
Public Board
Thursday 26 November 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)

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

Protecting Patient Confidentiality

NHS England has strengthened its expectations on inappropriate access to patient records, adopting a zero-tolerance approach and making clear that unauthorised access will, in almost all cases, constitute gross misconduct. At Leeds Teaching Hospitals NHS Trust (LTHT), we fully support this position. Protecting patient confidentiality is fundamental to the trust patients place in us and reflects our commitment to patient-centred care, respect, and integrity.

Trust-wide communications to colleagues continue to reinforce records must only be accessed for legitimate work purposes and that we will not tolerate inappropriate or unjustifiable access. Our established Information Governance and workforce policies provide the framework for prevention, monitoring and investigation, with appropriate action taken where concerns arise, including restriction of system access, disciplinary action and referral to relevant external or professional bodies where required. This approach balances robust accountability with ongoing education and awareness, safeguarding patient confidentiality and maintaining public confidence in the Trust.

Martha's Rule Expansion

NHS England has announced the phased expansion of Martha's Rule to all hospital Emergency Departments by March 2028, enabling patients, families and staff to request an urgent clinical review where deterioration is suspected and concerns are not being addressed.

The expansion follows a successful pilot across seven trusts and builds on implementation across 221 acute adult and paediatric inpatient sites. More than 19,000 calls were made through Martha's Rule between September 2024 and July 2026, demonstrating its growing role in strengthening patient voice and supporting earlier recognition and escalation of concerns around deterioration. Implementation is underway in Maternity services, and is already in place in Neonatal Services, ahead of the national announcement. This provides assurance that the Trust is proactively aligning with national requirements, strengthening escalation pathways and ensuring women and families are able to raise concerns about deterioration and receive a timely clinical response.

Quality Improvement Group (QIG)

The Trust attended its first meeting of the newly constituted QIG in October which replaced the monthly Integrated Quality Improvement Group (IQIG) and will now move to a six-weekly cycle of meetings. Membership includes NHS England regional senior leaders along with ICB colleagues, regulators and leads for maternity improvement, with Executives from the Trust. This is an accountability meeting seeking assurance of the progress of our improvements and embedding actions against the Trusts regulatory breaches.

Leeds Lung Cancer Screening Programme

In September, the Trust commenced delivery of a Lung Cancer Screening Programme across Leeds, with invitations being phased over the next two years to approximately 90,000 people aged 55 to 74 who currently smoke or have previously smoked. The NHS programme is being delivered in partnership with Alliance Medical, with mobile low-dose CT scanning units located within local communities to improve accessibility and support early diagnosis.

Lung cancer remains the leading cause of cancer-related deaths in Yorkshire, with many patients diagnosed at an advanced stage when treatment options are more limited. The introduction of systematic screening aims to identify lung cancer earlier, before symptoms develop, significantly improving treatment outcomes and increasing the potential for curative intervention linked to our strategic priorities.

Leeds Independent Review into Maternity and Neonatal Services - Terms of Reference
The Trust received the Terms of Reference for the independent review into maternity and neonatal services in September (Independent review into maternity and neonatal services at Leeds Teaching Hospitals NHS Trust: terms of reference - GOV.UK).

The review will examine care provided between 1 January 2011 and 31 March 2028, including cases involving severe harm or death of mothers and babies under the care of perinatal services at LTHT. The Terms of Reference set out the review objectives, scope and timescales.

The Trust will continue to engage fully with the review team and provide regular progress updates to the Board through the established reporting arrangements under agenda item 8.4.

Mid-Year Review
The Trust received formal feedback following its NHS England Mid-Year Review on 1 October 2026. Whilst acknowledging the effort invested in the review process and the Trust's commitment to improvement, the review highlighted significant challenges relating to;

- Financial recovery - Particular concern was expressed regarding the Trust's year-to-date financial deficit at Month 5, alongside the need for further assurance regarding the financial recovery trajectory for the remainder of 2026/27. Workforce transformation was identified as a critical enabler of financial sustainability, with Boards expected to maintain a strong focus on workforce productivity and cost reduction.

- Workforce productivity - As winter approaches, the review reinforced the importance of maintaining safe care through strong infection prevention and control measures, staff vaccination programmes, effective ambulance handovers, reduced corridor care and improved system flow. The region also highlighted the importance of Board assurance, challenge and organisational learning in light of the findings from both the Thirlwall and Aubrey reports.

- Operational performance and delivery of national access standards - the Trust continues to face significant challenges in Urgent and Emergency Care (UEC) four-hour performance, Referral to Treatment (RTT) recovery and Cancer Waiting Times (CWT). The region has set clear expectations for recovery, with RTT improvement expected by the end of November and UEC recovery by the end of January, unless otherwise agreed. Additional regional oversight arrangements will be implemented to monitor delivery trajectories and improvement actions.

- Patient flow - Concerns were also raised regarding patient flow, delayed discharges and the responsiveness of wider system partners, including social care. NHS England intends to work with the West Yorkshire Integrated Care Board (ICB) to further review discharge processes, escalation arrangements and community capacity across the city. Opportunities to improve performance across the West Yorkshire Association of Acute Trusts (WYAAT) collaborative were also identified.

The region emphasised that all organisations are expected to deliver their agreed financial and performance plans, with accelerated recovery actions required where delivery remains off track. The Trust will need to maintain a clear focus on delivery, demonstrate grip on the most significant risks and provide assurance that actions are translating into measurable improvements in finance, access standards, patient flow and patient safety.

Risk Management Committee Update and review of the Corporate Risk Register

There have been two Risk Management Committees held since the last board meeting.

At the meeting on the 1st Oct under matters arising a risk was escalated from the Perinatal Improvement and Assurance Committee (PIAC) regarding implementation of a digital solution for recording maternity triage and an update was given from the Chief Information Officer on expected implementation in early Nov.

The risks reviewed by the Committee in October include:

- CRRC11- Patients presenting with mental health conditions waiting for long periods in the emergency department and acute admission pathway
- CRRO10 - Cyber-attack leading to potential loss of IT systems and/or data
- CRRO11- Insufficient Digital Information Technician (DIT) resources to update the Trust IT estate to a minimally supported standard, maintain it, and meet demand for DIT led projects.

Corporate risks CRRC11, CRRO10 and CRRO11 scoring was unchanged and progress noted. Discussions in relation to current DIT risk CRRO11 agreed that further consideration should be given to whether additional risks relating to ageing or suboptimal digital systems required articulation through the risk register and to come back to November committee.
CSU's presenting at Risk Management Committee (RMC) were Chapel Allerton Hospital, Neurosciences and Cardiorespiratory with key risks noted, discussed and actions taken.

The six-monthly Health and Safety Update Report was received noting overall health and safety performance remained stable with no significant concerns identified**.**

In November, the Committee reviewed

- CRRO4 – Staff absence, Health, Safety and Wellbeing
- CRRF3 – Supply Chain Failure
- CRRC1 – Healthcare Acquired infection
- CRRO9 – Risk that LGI site development projects fails to deliver objectives
- CRRO1 – Risk of Inadequate Preparedness for and Response to a Pandemic

Under matters arising an update was received on discussion around DIT risks which were sufficiently reflected within the Trust risk framework. The Associate Director of Regulation and Compliance confirmed that a draft risk had been developed which appropriately captured the concerns and the Chief Information Officer agreed to formally develop the risk within the Trust risk framework. Corporate risks CRRO4, CRRO1, CRRC1and CRRF3 were received, risk scores and updates given from Executive colleagues.

CRRO9 which is the risk that LGI site development projects fail to deliver objectives has now transferred from the finance directorate to estates and facilities and it was accepted that the risk would be fully reviewed and brought back to the January risk committee. CSU's presenting risk registers were Outpatients, Adult Therapies, Leeds Dental Institute, and Corporate Finance, with key risk, controls and mitigations discussed. A new draft corporate risk around Sepsis was reviewed and the Director of Quality has taken an action to review scoring and controls prior to next risk committee.

PHP and Cyber Security Update
Recent media coverage reported a newly identified vulnerability affecting PHP (a programming language widely used to develop websites and web-based applications). The Trust's cyber security controls remain robust. Our systems are protected by a fully up-to-date firewall, and both the Trust intranet and public-facing website have been reviewed and confirmed as protected against this vulnerability.

As a precautionary measure, the Trust is undertaking a comprehensive assessment of Trust systems to identify any potential exposure. A multidisciplinary risk management group has been established to coordinate this work, oversee mitigating actions, and provide assurance that any risks are identified and managed appropriately.

At present, there is no evidence of impact on Trust services, and monitoring arrangements remain in place to ensure the continued security and resilience of our digital infrastructure. The recent Microsoft outage has similarly highlighted the importance of business continuity and resilience where services rely on national and third-party digital infrastructure.

The Equality and Human Rights Commission's (EHRC) statutory Code of Practice.
The code of practice came into force on 5 August 2026, with NHS England subsequently issuing revised guidance on privacy, dignity and safety in hospital accommodation and staff facilities. The Trust is currently reviewing relevant clinical, workforce, estates and facilities arrangements to ensure compliance with the Equality Act 2010 and NHS Constitution requirements.

Public Service Ombudsman
The Parliamentary and Health Service Ombudsman (PHSO) has adopted the new name Public Service Ombudsman (PSO) The change reflects its role in providing independent oversight and investigation of complaints across public services, while its statutory functions and responsibilities remain unchanged. The Trust will update references in policies, guidance, and correspondence as appropriate to ensure consistency with the new branding.

The Agenda for Change Staff Bank Centralisation Programme
This is a key workforce transformation initiative that will establish a single Trust-wide Staff Bank within the People Function, strengthening governance, improving oversight of temporary staffing, and supporting greater utilisation of the internal workforce. Following colleague engagement, the Nursing Staff Bank transferred into the People Function on 1 November 2026, creating the foundation for a phased roll-out across other staff groups, including Estates and Facilities, Adult Therapies, Pathology and Radiology. This supports the Trust's strategic objective to maximise use of the internal workforce, improve workforce planning, reduce avoidable staffing costs, and maintain safe, high-quality patient care. The valued contribution of bank colleagues remains central to the future model.

Strategy Refresh

Leeds Provider Partnership
Progress continues in turning our neighbourhood ambitions into delivery with initial pilots of Community based Comprehensive Geriatric Assessments operational in East Leeds and a neighbourhood diabetes Multi Disciplinary Team (MDT) model planned for launch in January 2027. In addition to this, a stocktake across adult services has been completed to identify further opportunities for neighbourhood delivery beyond 2027/28. In parallel, we are working with the Leeds Integrated Care Board (ICB) and paediatric clinical leads to develop a neighbourhood approach for children and young people, with a series of tests of change to be agreed during November.

The adult stocktake, alongside learning from the models already in delivery, will help shape our next pipeline of neighbourhood transformation and influence future system planning priorities. Leeds is also joining the National Frailty Improvement Collaborative, providing an opportunity to accelerate our system-wide approach to improving care for people living with frailty with specific focus on bringing together system partners to improve acute flow in the first 72 hours of frail patients' experiences within LTHT.

Our partnerships agenda and engagement continues to expand with this year's annual Waste Reduction Programme (WRP) Conference focused on Productive Partnerships, which brought colleagues and partners together from across the system around pathway redesign, reducing waste

and making better use of our collective resources. This marks a positive step in our ambition work across organisational boundaries for the benefits of Leeds patients and the outputs will be shared alongside a delivery plan in the coming weeks.

While the NHS featured less prominently in the Chancellor's Budget, the additional £190 million of winter funding provides further support for managing pressures across the NHS. For LTHT, this reinforces the importance of working closely with partners across Leeds and West Yorkshire to improve patient flow, strengthen urgent and emergency care pathways and make best use of collective capacity. The forthcoming independent review of NHS productivity and AI will also provide an important framework for partnership working around innovation, productivity and sustainable service improvement.

A fuller update on progress, delivery and next steps across the Trust's partnership priorities is provided through the Partnerships Update report on the agenda.

Deliver Continuous Improvement, Inclusive Research & Innovation.

Putting Patient Need at the Heart of Digital Health Innovation
Leeds Teaching Hospitals hosted a Leeds Digital Festival event, *Digital Health: What's the Point?*, bringing together almost 100 representatives from healthcare, academia and industry to explore how digital technologies can be translated into meaningful patient benefit.

The event highlighted the Trust's approach to innovation, emphasising that successful adoption of new technologies must be driven by genuine patient need, supported by strong partnerships, underpinned by robust evidence, and capable of safe and equitable implementation at scale.

A key example was the Trust's collaboration with Strolll - a UK health technology company, whose augmented reality rehabilitation platform is being used to support people living with neurological conditions. Delegates heard how the technology has progressed from concept to clinical application through close collaboration between patients, clinicians, researchers and industry partners. The technology is currently being evaluated through the NIHR-funded RESTART-PD (Rehabilitation Exercise Study with Therapeutic Augmented Reality Treatment for patients with Parkinson's Disease) study, led by the University of Leeds, with more than 165 participants recruited nationally.

Reducing Waste, One Gown at a Time
Our Robotics Theatres team is trialling reusable surgical gowns as part of the Trust's commitment to reducing waste, environmental impact and costs. As gowns are among the more carbon-intensive items of Personal Protective Equipment (PPE), moving safely towards reusable alternatives provides an opportunity to support greener patient pathways.

The reusable gowns meet the same protection standards as single-use alternatives and can be used up to 100 times before being recycled into new products. Our laundry and linen supplier, Synergy, processes the gowns in line with national sterilisation standards, maintaining patient and staff safety while supporting a more sustainable approach.

The trial demonstrates how practical changes within clinical pathways can contribute to the Trust's wider sustainability ambitions while maintaining quality and safety.

NIHR Strategic Infrastructure Partnerships
The National Institute for Health and Care Research (NIHR) Strategic Infrastructure Partnerships (SIP) programme is a major new investment designed to bring together NIHR infrastructure and wider health and care partners to tackle complex challenges and health inequity at scale. The first round of bidding will provide up to £45 million over five years, with individual partnerships able to apply for up to £15 million. It focuses on technologies that enable people to live well and

independently at home and approaches that reduce demand on urgent, emergency and primary care services.

I am pleased to report that Leeds has submitted an Expression of Interest (EOI), led through our HealthTech Research Centre, with LTHT as the proposed host organisation. The Leeds proposal is focused on reducing the burden of surgical care on acute, emergency and community services, and we expect to hear towards the end of November whether we have the green light to progress to a full application. This builds on Leeds' established NIHR research infrastructure and strong track record of translating research and innovation into patient benefit.

A successful bid would provide a significant opportunity for the Trust to accelerate new models and technologies that support care closer to home, reduce avoidable pressure on hospital and emergency services, and improve recovery and outcomes for patients. It would also strengthen LTHT's position as a leading centre for health research and innovation, deepen collaboration across the Leeds and wider health and care system, and provide a platform to translate innovation into routine practice at greater pace and scale**.**

Supporting And Developing Our People

Allied Health Professionals (AHP) Day
In October, we celebrated the contribution of our Allied Health Professionals across the Trust. Through their expertise and leadership, AHPs play a critical role in improving patient outcomes, supporting timely discharge, enhancing rehabilitation and helping patients maintain independence. We also welcomed Katie Puplett as the Trust's first Chief AHP, strengthening professional leadership and the voice of AHPs across the organisation. Their commitment continues to make a significant difference to the quality and effectiveness of care we provide.

Nursing Times Awards Finalist
I am pleased to report that nursing colleagues were announced as finalists in two categories at the Nursing Times Awards 2026, recognising innovative practice and improvements in patient care.
One finalist project, Between the Navel and the Knees, was developed in response to patient feedback following pelvic cancer chemoradiotherapy treatment. The project led by Robyn Bowman, Clinical Nurse Specialist for Pelvic Late Effects, in collaboration with an artist and a poet used patient stories to provide more open, compassionate and practical support around intimacy and sexual wellbeing after treatment.

A second finalist was the Neuro Critical Care team, recognised for work supporting patients with stroke, brain injury and hydrocephalus (a neurological condition caused by abnormal build-up of fluid in the brain), to leave intensive care sooner and more safely, improving patient flow and recovery whilst maintaining high standards of care.

These national award nominations demonstrate the Trust's commitment to person-centred care, innovation and continuous improvement, while showcasing the impact of multidisciplinary collaboration in improving outcomes and patient experience.

Long Service Awards – Celebrating 3,065 Years of NHS Service
The final Long Service Awards ceremony of 2026 was held in October at Leeds Civic Hall. Alongside our Chair, Antony Kildare, I was privileged to recognise colleagues whose combined NHS service totalled an extraordinary 3,065 years. The awards celebrated the dedication, expertise and commitment of colleagues who have made a lasting contribution to patient care, service delivery and the development of future generations of staff. Of particular note was a colleague recognised for an exceptional 65 years of NHS service, reflecting a lifetime of commitment to patients and the NHS.

The event provided an opportunity to acknowledge the invaluable experience and knowledge retained within our workforce, which continues to support high-quality care, organisational learning and positive patient outcomes.

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

New appointments
Dr Gordon Begg **CONSULTANT IN CARDIOLOGY (EP & DEVICES)**
Dr Sathyavani Subbarao **CONSULTANT IN MICROBIOLOGY**
Dr Sairah Razak **CONSULTANT IN MICROBIOLOGY**
Dr Ahmed Elbatran **CONSULTANT IN CARDIOLOGY (EP & DEVICES)**
Dr Duha Ilyas **CONSULTANT IN NEPHROLOGY**

Replacement appointments
Dr Ali Hussain **CONSULTANT IN STROKE MEDICINE**
Dr Attiq Ahmad **CONSULTANT IN STROKE MEDICINE**
Dr Elaine Carson **CONSULTANT IN OBS & GYNAE (FETAL MEDICINE)**
Dr Benjamin Green **CONSULTANT IN ANAESTHETICS (THROMBECTOMY)**
Dr Mohamed Soliman **CONSULTANT IN STROKE MEDICINE**
Dr Rebecca Spencer **CONSULTANT IN OBS & GYNAE (FETAL MEDICINE)**
Dr Samuel Mercer **CONSULTANT IN STROKE MEDICINE**
Mr Yogesh Puri **CONSULTANT IN ORGAN RETRIEVAL & LIVER TRANSPLANT**

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