

**Chair's Report
Public Board
Thursday 29 January 2026**

Presented for:	Discussion and Information
Presented by:	Antony Kildare, Trust Chair
Author	Antony Kildare, Trust Chair
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

Key points	
1. To provide an update to the Board.	Discussion and information

Risk Appetite Framework			
Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Risk
External Risk	Legal & Governance Risk We will operate the Trust in a 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)

During December, I continued my induction programme, taking the opportunity to meet staff, patients and visitors around our sites and, as the year came to a close, thanking staff and volunteers for their dedication and invaluable service to the Trust, during another busy and challenging year.

By the time of the Board meeting, I will have visited all our sites and met with all key external stakeholders across the city, and West Yorkshire. I sincerely thank everyone I've met to date who has afforded me time, sharing their experiences and insights of the many strengths of our organisation as well as views on our challenges moving forward.

Update to Board Membership

Chief People Officer

I am delighted to welcome Suzanne Dunkley, as Chief People Officer to the Trust and extend my welcome on behalf of the full Board, all of whom look forward to working with her. I also want to offer my thanks to Kate Sims, Interim Chief People Officer who returned to West Yorkshire ICB on 20 December 2025 from her secondment with the Trust which commenced on 24 September 2025.

Non- Executive Directors (NEDs)

In my report last month I updated that Ricky Singh, Associate Non-Executive Director was to join the Board from 1 January 2026, as part of our succession plan, to become the Audit Committee Chair as from January 2027. I extend my welcome to Ricky who is attending his first Board meeting.

We are currently 'live' on a campaign to recruit a Non-Executive Director with skills to represent and advocate for the diverse local communities served by the Trust. The closing date is 9 February 2026 and more information can be found at [Non-executive opportunities in the NHS » Leeds Teaching Hospitals NHS Trust, Non-executive Director](#) We aim for the successful incumbent to commence in post from 1 April 2026 as Phil Corrigan's terms of office expire at the end of March.

Within NHS Boards there are five defined Champion roles for Non-Executive Directors. At the November Board meeting we confirmed the changes to these roles. Professor Laura Stroud remains the Board Maternity Safety Champion and in strengthening the focus and assurances to our Board, we have chosen to appoint Angela Graves as a second Board Maternity Safety Champion, whose skills as Professor of Midwifery at the University of Leeds will complement the skills of Laura. Angela is a member of the newly established Perinatal Improvement Assurance Committee reporting to Board. Laura is Chair of the Quality Assurance Committee of the Board. Their vital Champion roles will link ward practice and operations to Board oversight and assurance.

Working with Regulators

We continue to work with regulators and within the Board agenda, we will give transparent updates of our work and progress. To date we have not received any formal response to the Trust's submission in October to NHS England against the new requirement of the Provider Capability Assessment.

Brendan Brown, Chief Executive, and I will attend a meeting with NHS England's regional Team on 23 January 2026, to review the Trust's draft planning submission, submitted prior

to Christmas against the Planning Framework, noting the final submission is for consideration and approval by the Board at agenda item 13.1 of the public Board meeting, with a final submission date of 12 February 2026.

As part of our going work to address the Action Plan for the Well-led review by the CQC, we have commissioned an external review of our progress which will commence in Q1 and be carried out by NHS providers. In addition to this Chris Storton, Deputy Director of Operations Hospitals (Secondary and Specialist Care) North-West Region will attend our Board timeout meeting on 19 March 2026 to work with the Board for further insight into Well-led.

Emergency Powers and Urgent Decisions – These powers which the Board has reserved to these Standing Orders (see SO 2.23) may be used in emergencies or for an urgent decision to be exercised by the Chief Executive and Chair after having consulted with at least two Non-Executive Directors. The exercise of such powers by the Chief Executive and Chair shall be reported to the next formal meeting of the Trust Board in public session for formal ratification. Therefore, I seek formal ratification for the following decisions that have been given Chair's action prior to this Board meeting.

On 19 December 2025, Chair's action was requested for HistoSonics (Edison) system. Professor Tze Wah has previously led a trial with HistoSonics for the Edison system which is the only commercially available histotripsy system in the world which can deliver non-invasive, non-ionizing, and non-thermal mechanical destruction of liver tumours (i.e. non-invasive destruction of tumour).

Professor Tze had been engaged with NHS England (NHSE) and National Institute for Health Research (NIHR) with regards to further research opportunities for the system, and the wider rollout to NHS patients for treatment. There are only two centres currently with this equipment, which are Leeds and Cambridge. The system has US FDA approval which has accelerated its global rollout. Histotripsy was selected as one of eight technologies for the inaugural Innovative Device Access Pathway (IDAP) in Feb 2024 and has thus been receiving support from the DHSC, MHRA, NICE, NIHR, and NHSE with the aim of being rapidly adopted throughout the NHS to benefit patients in need. In April 2025, the HistoSonics (Edison) system attained UK regulatory approval.

Capital costs are covered by a combination of the NIHR funding and use of revenue gained from the previous research trials (this includes the system, two treatment heads and six years of warranty (first year is free). At a cost of £1.2m this is a significant saving versus the list price, which we have benefited from due to Tze's previous leadership of the trials. However, this offer is only available until the 31 December 2025, hence the request for raising a PO by this deadline.

The reasoning for the request for a Chair's action, outside of the standard process was driven by the need to await confirmation from NIHR of the capital funding, which had only been received a few days preceding the request, hence inability to seek approval from Finance & Performance Committee. As noted above, the Business Case was supported by the Business Case Review Group.

Approval was supported by Antony Kildare, Chair, Brendan Brown, Chief Executive, Gillian Taylor, in her capacity as Chair of Audit Committee and Mike Baker, Senior Independent Director.

Upon concluding the purchase at a value of £883,333, this could be approved by the Director of Finance as the value was below the £1m threshold requiring approval via Finance & Performance Committee.

The following summary balances the governance requirements, as stated in Standing Orders, alongside respect to patient confidentiality. On 13 January 2026, Chair's Action was requested to support a treatment commissioned by NHS England, noting the Trust held the contract for the supply agreement, signed with the supplier. The request was for a specific therapy for the treatment of severe long-term condition, which was a single one-off dose for a patient. This medicine was commissioned by NHS England through the Innovative Medicines Funding (IMF), with funding approval in place, and the required Blueteq paperwork had been completed to obtain this funding from NHS England. The invoice for £2.1m, would be issued by the company to LTHT once the medicine has been administered. A national MDT was held to approve this therapy for this patient, along with a very vigorous process that the patient needed to follow before they were eligible for therapy. In addition, this medicine had been approved clinically by the LTHT ATMP Steering Committee.

Approval was supported by Gillian Taylor, Deputy Chair (as I was on leave), Brendan Brown, Chief Executive, Mike Baker, Senior Independent Director, and Mark Burton, Chair of Finance & Performance Committee. A follow up summary report will be supplied to Finance & Performance Committee on 28 January 2026 to explain more details to the rational for Chair's Action.

Chairs Action was requested on 20 January 2026 for an increase in the authorised contract to Sewell Group (Illingworth & Gregory Ltd.) for Mechanical & Electrical (M&E) works under the National Estate Safety Fund (NESF) in advance of the January Finance & Performance Committee (F&P) and Board meetings. The contract was for elements of the business case was approved at F&P Committee in October 2025, for work to replace M&E systems which are classed as Critical Infrastructure Risk (CIR) backlog maintenance (BLM) liability. The scope of projects included within the business case was varied by agreement with NHS England in December 2025 to maximise expenditure of the 2025/26 funding award, due to slippage in project delivery of the Brotherton Wing roof replacement because of delays in approvals by the Building Safety Regulator. The work is funded within the approved BE Capital Plan and forms part of the memorandum of understanding (MOU) with NHS England (updated December 2025). As a result of this variation approval is sought for an increase to the contract award value.

The NESF business case was approved at Trust Board in July 2025 for £21m. Approval for a contract award of up to £2.5m net of VAT (£3m incl. VAT) was given at F&P Committee in October 2025, based on the original inclusion within the NESF bid. NHS England has approved a variation to the MOU with the Trust which allows more of the £21m to be spent on M&E works. Therefore, approval was sought for an increase to the contract award approval of £1.776m net (£2,131m incl. VAT). The total approved contract value will then be £4.276m net (£5.131m incl. VAT).

Approval was supported by Antony Kildare, Chair, Brendan Brown, Chief Executive, Gillian Taylor, in her capacity as Chair of Audit Committee and Mark Burton, Chair of Finance & Performance Committee.

Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000.

Antony Kildare, Chair
January 2026