The Leeds Teaching Hospitals NHS Trust

Chair's Report
Public Board
Thursday 26 November 2026

Presented for:	Discussion and Information
Presented by:	Antony Kildare, Trust Chair
Author	Antony Kildare, Trust Chair Modupe Hector-Goma (Business Support Manager)
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

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

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	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

Review of NHS Chairs and Non-Executive Directors

Penny Dash (Chair NHS England) has commissioned a review of NHS governance, including the evolving roles, expectations and contribution of Chairs and Non-Executive Directors in the context of increasing system complexity and changing governance requirements. The review is also considering remuneration and the time commitment expected of Board members.

On behalf of LTHT, I have completed the requested NHS England data return and, following a further invitation to contribute from a Chair's perspective, have also submitted more detailed feedback. This ensures the Trust's experience and perspective are represented in the national review and will help inform any future changes to NHS Board leadership and governance arrangements. The report of the review is yet to be published.

Colleague Flu Vaccination

The Board actively support the Trust-wide vaccination programme and recognises the importance of visible Board and Executive leadership in improving flu vaccination uptake. NHS England has set a national ambition of at least 60%, reflecting the important contribution vaccination makes to protecting patients and colleagues, supporting wellbeing and infection prevention, and maintaining clinical capacity through winter.

In 2025/26, LTHT reported internally the highest uptake among the ten largest acute hospitals in England, with 53.7% of frontline colleagues vaccinated. The Board welcomes this progress while recognising the need to build further momentum towards the national ambition.

Engagement with NHS England Board

In October, I attended an NHS England Board dinner in Leeds alongside our Chief Executive-Brendan Brown and was pleased to welcome several Board members to the Trust Headquarters at LGI the following day. This provided a valuable opportunity for direct engagement, strengthening relationships and enabling discussion of LTHT's priorities, achievements and contribution to the wider NHS.

Yorkshire and the Humber Trust Chairs' Meeting

I attended the recent Yorkshire and the Humber Trust Chairs' meeting, which provided a valuable opportunity to engage with regional colleagues and consider the wider strategic context for the NHS. Updates were provided by Bill McCarthy, Regional Chair, NHS England North East and Yorkshire; Sam Allen, Interim Regional Director, North East and Yorkshire; and Sir Ciarán Devane, Chief Executive, NHS Alliance. The discussions provided helpful insight into the evolving national and regional landscape and reinforced the importance of strong system leadership, collaboration and partnership working as we continue to respond to the opportunities and challenges facing the NHS.

NHS England Board Development Programme

As individual Board members it is extremely important that we fully understand the duties and accountabilities as Directors defined by corporate governance rules, compliance and regulation. But it is also important, that as a unitary Board we take time to continue to develop our collective leadership role and ways of working to ensure that we remain effective, focused on strategic

delivery and outcomes for the communities we serve. I am delighted that the Board has secured a place in cohort three of this new development programme for NHS Boards through NHS College of Leadership and Management.

Chief Executive Appointment

I am pleased to confirm the substantive appointment of Brendan Brown as Chief Executive, following his 13 months as Interim Chief Executive.

Brendan has provided strong and committed leadership through a period of significant challenge and change. His substantive appointment provides continuity and stability of leadership, enabling the Trust to maintain momentum on its key priorities and our focus on delivering high-quality care for patients and communities. This continuity is particularly important as we prepare for the independent review of our maternity and neonatal services and continue to learn from the challenges we face and deliver the improvements that matter most to patients, families and colleagues.

On behalf of the Board, I congratulate Brendan on his appointment and look forward to continuing to work with him and colleagues across the Trust.

Non- Executive Director (NED) Update

It is with considerable regret that I have accepted the resignation of Andrew Greenwood, effective from 23 September 2026, as he stepped down to focus on challenging family circumstances. During Andrew tenure, he made a significant and valued contribution to the Board and its Committees, bringing professional expertise, objective scrutiny and constructive challenge to our governance and decision-making. I would like to record the Board's sincere thanks for his commitment and contribution to LTHT and the wider NHS.

I am delighted to welcome Rashik Parmar to the Board as a Non-Executive Director from 16 November 2026. Rashik will become Deputy Chair from 4 January 2027, following the conclusion of Gillian Taylor's term of office, and will join the Finance and Performance and People Committees. His appointment supports continuity of Board leadership and effective succession planning, while reinforcing our commitment to strengthening diversity and representation at Board level. We recognise the importance of ensuring that our leadership increasingly reflects the diversity of both our patients, workforce and the communities we serve, bringing a broader range of perspectives and lived experiences to our decision-making and helping us to lead as a more inclusive organisation.

Non-Executive Director Recruitment

From Andrew's resignation we are actively recruiting to this vacancy with a live advert to recruit a Non-Executive Director, with applications closing at 11am on 1 December 2026 (Non-executive opportunities in the NHS » The Leeds Teaching Hospitals NHS Trust, Non-executive Director)

The Trust is seeking an experienced Non-executive Director, ideally with commercial and transformation skills for large scale capital developments. Candidates should bring senior-level experience gained within a large and/or complex organisation in the private, public, or charity sectors, combined with a strong understanding of the challenges and opportunities facing health and social care.

Board Time Out

I would like to thank Board colleagues for their commitment, engagement and constructive challenge at our Board Development Timeout in October. Reflecting on our progress since our first development session a year ago, it is encouraging to see the continued progress we are making towards the maturity of our unitary Board, while recognising that there remains more we can do to strengthen our collective effectiveness.

The Board carried out a deep dive review into mortality to understand the review and assurance processes in place across the whole Trust, which also included Sudden Unexpected Death in Infancy and Childhood (SUDIC) which was a recommendation for all action by Boards from NHS England Maternity 10-point plan.

There are a number of actions to be implemented across the Trust by March 2027 and the Board will seek assurance of progress towards this deadline by a further update at our Board Development session on 18 March, focusing on progress against the actions and milestones identified. Board members will be offered further opportunities to strengthen assurance through observation of a mortality review meeting, in addition to further reports to the Quality Assurance Committee within their mortality review processes. These actions will support continued Board development, strengthen regulatory preparedness and ensure our oversight remains focused on the quality and safety of care.

CHORAL – Investing in the Future of Child Health Research

It was a real pleasure to join colleagues and partners to celebrate the fantastic progress of Child Health Outcomes Research at Leeds (CHORAL) and to hear first-hand about the passion, expertise and collaboration driving forward research to improve the lives of children and young people.

It was particularly exciting to hear about the £772,000 investment in Future Leaders in Child Health Research, creating opportunities for PhD studentships, clinical pre- and post-doctoral fellowships, and dedicated career development support. This is a wonderful investment not only in research, but in people and the next generation of child health research leaders.

I was inspired by the energy and ambition in the room and the commitment to turning innovative ideas into research that can make a meaningful difference to the care, experiences and outcomes of children and their families.

Leeds Hospitals Charity Board of Trustees Meeting

Within our Board Timeout meeting in October, we spent time as a Board with the Board of Trustees of the Charity. This provided an opportunity to review the priorities and vision that will re-set the next three-year Strategy. The Trust is grateful for the work of the Charity and for the commitment and contributions of the wider community in fundraising to support the many initiatives to improve care and services to our patients and staff.

As a Trustee, I attended the Leeds Hospitals Charity Board of Trustees meeting at Nexus. The meeting provided a valuable opportunity to maintain close engagement with the Charity and reflect on our shared ambitions for Leeds Teaching Hospitals.

Armistice Day Service

I was privileged to join colleagues in marking Armistice Day and reflecting on the significant contribution of our hospitals and staff during times of conflict. The service recognised the remarkable legacy of colleagues who cared for wounded servicemen during the First World War, including teams at the East Leeds Military Hospital at St James's and Leeds-trained nurse Nellie Spindler, who lost her life while serving at Passchendaele. We also remembered the resilience of colleagues during the Second World War and the origins of Chapel Allerton Hospital in caring for wounded soldiers and amputees. This proud history of service, compassion and courage continues to resonate today and provides a powerful reminder of the values that remain at the heart of Leeds Teaching Hospitals.

Leadership Visits

Centre for Laboratory Medicine

I was pleased to visit the Centre for Laboratory Medicine alongside Ricky Singh (Non- Executive Director) and meet colleagues delivering highly specialised pathology and screening services. This visit as part of the Board leadership walk around programme highlighted the critical contribution of the core laboratory to timely diagnosis and patient flow, supported by high-throughput automation, integrated workflows and real-time dashboards which prioritise urgent samples and support clinically agreed turnaround times. It was particularly encouraging to hear about the next phase of innovation.

Leeds Pathology is preparing to become the first UK pathology service to implement automatic sample registration using Siemens technology, reducing labour-intensive manual processes and creating opportunities to improve efficiency and resilience. Further developments include AI-enabled digital blood-film morphology and Radio-Frequency Identification (RFID) specimen tracking, working alongside our Scan4Safety programme.

I also visited the Screening Service following its successful relocation to the Centre. The team provides highly specialised services locally, regionally and nationally, including new born bloodspot screening, where Leeds continues to contribute to the expansion and evaluation of nationally commissioned screening programmes.

The visit demonstrated the expertise and commitment of our laboratory teams and the significant opportunities offered by automation, digital technology and AI. These developments position LTHT well to improve productivity and resilience while maintaining the quality, safety and timeliness of diagnostic services that are fundamental to patient care.

Maggie's 30th Anniversary

I was delighted to attend Maggie's 30th anniversary celebration alongside our Chief Executive, Brendan Brown, recognising the significant contribution Maggie's makes in supporting people affected by cancer and their families throughout their cancer journey.

The Trust continues to be grateful to the wider support and work of Maggie's charity with their support to the services they deliver though the Maggie's centre located at St James's site.

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.

At the Finance & Performance Committee meeting on 28 October 2026, the Committee received a report that set out the recommendation for approval of a contract to Keir Construction Limited for the expansion of the Seacroft Community Diagnostic Centre (CDC) on a 2-stage design and build basis. The business case was approved by the Board in January 2026.

Stage 1 pre-construction services agreement is estimated at £0.4m net VAT (£0.48 including VAT) for the full Royal Institute of British Architecture (RIBA) 3 scope of the scheme. The Committee recognised that the threshold value for stage 1 did not require Committee or Board approval but that this was one element of the overall scheme. Stage 2 would be subject to a further recommendation from the Committee and then to Board for approval, with the total estimated value of this contract was £15.5m net of VAT (£18.6m including VAT).

The Committee noted the support in principle from NHSE of an additional £4.3m funding to be allocated to the Trust to fund the full £28.5m forecast cost.

NHSE has confirmed that the Trust is to submit a revised Outline Business Case (OBC), with fees draw down and an enabling works application. This revised OBC will be subject to review at Finance & Performance Committee during December before issue. Assuming the OBC is approved, this will allow capital funds to flow. The Trust will subsequently submit a Full Business Case for final approval of the scheme.

Approval was provided by Antony Kildare, Chair, Brendan Brown, Chief Executive, Simon Le Clerc and Angela Graves as Non-Executive Directors. Noting Non-Executive Director members of the Finance & Performance Committee were conflicted to support Chairs Action.

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

Antony Kildare
Chair November 2026