



annual report

summary accounts

2009/10



Chapel Allerton Hospital



Leeds Dental Institute



Leeds General Infirmary



Seacroft Hospital



St. James's University Hospital



Wharfedale Hospital



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introducing the trust

Message from the Chairman and Chief Executive



Each year in the annual report we give an overview of the work that Leeds Teaching Hospitals is doing to improve NHS care and deliver quality services to patients in Leeds and across the region.

The size of the Trust and the wide range of patient care provided in our hospitals means that a document like this can only give a few highlights of what has been a year of solid progress.

One of the achievements we are most proud of is the work to deliver the Trust's aim of centralising key services in one location, to make the most of staff expertise and improve the patient pathway.

A huge amount of work this year has gone into bringing all children's inpatient services together in a transformed environment at Leeds General Infirmary, joining a wide range of existing services already on the site.

The creation of the Leeds Children's Hospital is a move families, doctors and nurses have long campaigned for, ending the need for sick children to be transferred between different hospitals in Leeds.

We have also successfully brought adult inpatient acute medicine together in much better facilities at St James's. The third major piece of this jigsaw, the centralisation of older people's services at St James's, will be delivered towards the end of 2010.

What all these projects have in common is that they have been designed with the needs of patients at their heart. We are pleased that the reaction to the new facilities has been extremely favourable.

More generally, investment to improve wards across the Trust to meet new privacy and dignity standards has seen an increase in dedicated single-sex ward accommodation, which has been

widely welcomed by our patients. The safety and well-being of those in our care remains our top priority, and recent new initiatives range from more rigorous checks in operating theatres to an improved focus on patient nutrition.

Staff everywhere in the organisation have worked together to reduce the levels of healthcare-associated infections. Instances of MRSA and clostridium difficile have both decreased by over 60% during 2009/10. We recognise more work is needed and everyone in the Trust is determined to carry on making improvements in this area.

Progress has also been apparent in our performance against key national targets, set out in detail in the performance section of this report. These allowed us to achieve a welcome improvement in our most recent Annual Health Check ratings published by the Care Quality Commission - more evidence that the organisation is moving in the right direction.

The way the Trust is run is changing, with work underway to modernise our workforce and ensure we get the best possible value for money from the services we provide - vital if we are to meet the challenges of the new political and economic climate.

Our major change programme, Managing for Success, will improve the Trust's finances, enhance the quality of care and ensure that we provide services which are designed to meet the expectations of our patients.

Patient choice and involvement is also a central platform of our bid for Foundation Trust status. This work was launched with a public consultation last October on our early proposals, with some very useful engagement and feedback which demonstrated that patients and the public are interested in working with us to improve their hospital services. The plans will be developed in the coming year, and we are continuing our drive to recruit members.

None of the progress during this past year would have been achieved without the dedication and commitment of all our staff, and our thanks go to them for their hard work. Similarly we are extremely grateful for the efforts of all our dedicated volunteers and fundraisers, who do so much to help us make this an organisation to be proud of.

Mike Collier, Chairman

Maggie Boyle, Chief Executive



The new Secretary of State for Health, Andrew Lansley (centre) visited the catheter labs at the LGI in May 2010



About the Trust

Leeds Teaching Hospitals is one of the largest and busiest NHS trusts in the country. We see well over a million patients a year, have 2,200 inpatient beds, a budget of £930 million and employ over 15,000 staff.

The Trust was formed in April 1998 bringing together two smaller NHS trusts in the city. The merger was designed to bring services across Leeds together to ensure the best use of resources and to improve patient care.

Patients will be most familiar with our biggest hospitals, Leeds General Infirmary and St James's University Hospital, each of which has a distinguished history. They are two of the most important buildings in the city and have a national and international reputation.

We also have a network of well-respected and popular smaller facilities - Chapel Allerton Hospital, Seacroft Hospital, Wharfedale Hospital and the Leeds Dental Institute - which each have their own character and special role.

The Trust exists to serve its patients, and is committed to provide them with the best possible care. There are around 770,000 people who live in the Leeds district and a wider regional population of 2.6 million who may require our specialist expertise.

Examples of these regional services include cancer care, heart and brain surgery, liver, kidney and bone marrow transplantation etc.

The Trust has five clinical divisions:

- Diagnostic and Therapeutic Services
- Medicine
- Oncology and Surgery
- Specialist Surgery
- Women's, Children's, Head, Neck and Dental

Our promise to patients and staff

Patients come first at Leeds Teaching Hospitals, and we are committed to providing the right services, buildings and staff to deliver high quality care 24 hours a day, 365 days a year.

The Trust Board's vision is as follows:

We will ensure the Leeds Teaching Hospitals NHS Trust is a locally, nationally and internationally renowned centre of excellence for patient care, education and research. We will deliver this vision by ensuring we attract the best possible staff and invest in their development.

The Trust also has three aims which are applied to every activity taking place within our hospitals:

- **Achieving excellent clinical outcomes**
- **Improving the way we manage our business**
- **Becoming the hospital of choice for patients and staff**

Playing our part in the National Health Service

The Trust is part of the National Health Service (NHS) in England, which funds the vast majority of our activities. The NHS is committed to ensuring high standards of quality and sets a range of demanding targets on quality of care and waiting times which individual trusts are expected to deliver.

The NHS operates under a set of agreed national policies such as patient choice, which gives individual patients far more say over where they are treated and helps them to make an informed choice comparing different hospitals. As NHS trusts are funded according to the patient care they carry out, providing a high quality, convenient and accessible service is important to the success of Leeds Teaching Hospitals, now and in the future.

One of the most important developments in the past year has been the introduction of the first ever NHS Constitution, which includes a number of rights, pledges and responsibilities for staff and patients.

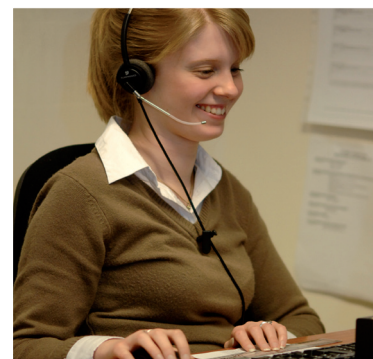
Do you want to know more about us?

For members of the public interested in getting into the detail of how the Trust functions on a day-to-day basis, the best place to start is our website www.leedsth.nhs.uk

Lots of good news about developments in the Trust is included in our bi-monthly staff newsletter, *Bulletin*, which is also available on the Trust website.

The Trust Board of Directors meets in public each month (usually on a Thursday). A patient representative and a staff council member are present and take part in discussions. The media attend and report on proceedings in the local press, and any member of the public is very welcome to attend as an observer.

Dates are advertised in the *Yorkshire Evening Post* and on the Trust website. The website also provides board agendas and minutes as well as the detailed papers which support the decision-making process.



All change for acute medicine and children's services



The Trust has invested £35 million to bring together key services on a single site to improve patient care and use of resources.

The first visible sign of change came last summer with the opening of the new Children's Assessment and Treatment (CAT) Unit in the Jubilee Wing at Leeds General Infirmary, adjacent to A&E. The unit is a new concept expanding the scope of care for poorly youngsters.

In February this year acute medicine at the Trust was centralised on the St James's site, with the top level of Chancellor's Wing transformed into a new Acute Medical Floor looking after patients with a range of conditions who have been admitted for urgent investigations or observation. Doctors and nurses were directly involved in helping to design the new facility.

Meanwhile over at LGI, February saw gastroenterology centralised there, followed in April and May by the most eagerly-anticipated part of the plan - the move of children's hospital services to create what is now known as the Leeds Children's Hospital.

Children's A&E was the first major service to move in April, followed by other wards and departments, some to brand new accommodation in Jubilee Wing. As part of the work a much-needed revamp for the Clarendon Wing entrance was also completed.

The diabetes service was centralised at St James's in June, and later in the year older people's services will be brought together at St James's.

All these moves have seen the Trust make the most of the opportunity to redesign patient pathways and facilities to improve patient safety and clinical outcomes.

Gamma knife joins the

The Bexley Wing at St James's is now home to a £3 million gamma knife, operated in a partnership between the Trust and Nova Healthcare, treating both NHS and private patients.

The high-tech device, one of the most advanced in the world, helped around 100 patients during the year.

g excellent clinical outcomes

New home for Trust reproductive medicine service

One of the biggest investments in the Seacroft Hospital site in recent years has seen the creation of the new £3.3m Leeds Reproductive Medicine Unit, opened in January. It is one of the largest NHS facilities in the country.

Replacing two smaller units at LGI and St James's, the service has much greater room for expansion as demand for IVF-related treatment continues to grow. The Seacroft facility is well placed to meet the needs of a wide group of patients from around the region.

Reproductive medicine in Leeds has consistently been in the top ten nationally in terms of success rates, and the service has an international reputation for world-class research which should be greatly enhanced with the improved facilities in its new location.



fight against brain disease

It uses gamma rays to target and destroy abnormalities with pinpoint accuracy, saving the need for conventional brain surgery in certain patients.

The procedure is far more comfortable and stress-free for patients, with many being able to go home the same day.

Genetic boost for Chapel Allerton

The Trust is home to the Yorkshire Regional Genetics Service, which moved its clinical services into a new facility at Chapel Allerton Hospital in 2009.

Clinical genetics provides specialist diagnostic and counselling services for patients from across Yorkshire affected by a range of genetic conditions. Bringing clinical services together in a much-improved new unit will help improve the service and outcomes for patients.



New dress code for clerical staff

A more professional look for the Trust's clerical officers has been introduced over the last year.

The distinctive blue-and-white striped shirt and blouse paired with dark trousers or skirts are designed to make them more easily identifiable to patients as well as creating the right professional image.

The introduction of the new uniforms is one part of a programme which also includes focusing on improving clinical reception areas to make them better for patients and staff.



Short stay ward helps reduce cancelled operations

Reducing the number of cancelled operations is one of the top priorities for the Trust and a great deal of work has been going on this year to look into the underlying causes, which can include bed availability, theatre scheduling and staffing issues.

A significant contribution to reducing the number of cancellations in urology has been the establishment of a short-stay elective surgery unit at St James's. The ward is closely linked to a new pre-assessment unit, meaning patients can often come in on the same day as surgery, avoiding them the worry of an extra night in hospital.

g the way we manage our business

Leaner, greener hospital transport

A high-tech “telematics” system has been installed in the Trust’s fleet of vehicles, helping to cut fuel costs, reduce carbon emissions, boost road safety and manage the time of drivers more effectively.

The Trust relies on vehicles to keep supplies, staff and samples moving between its sites and to other locations such as GP surgeries and hospitals across the region. Around 40 vehicles have been fitted with an advanced device, which monitors the exact location, speed and down-time of any vehicle.

The Trust’s drivers have also been undergoing specialised driver training to boost both safety and fuel economy.

Overall the changes have more than paid for themselves, delivering more than £36,000 of savings this year and reducing carbon emissions by 40 tonnes.



Pathology progress

Investment in one of the oldest buildings within the Trust estate, the Victorian-era Old Medical School next to the LGI, has created a new learning space for healthcare scientists in pathology. This has state-of-the-art video conferencing facilities, library, internet study points, break-out and social area.

Pathology is vital to patient care at the Trust, carrying out 7.5 million tests in Leeds annually.



Screening service transformed

The Seacroft Hospital-based Leeds and Wakefield Breast Screening Service has been named the Yorkshire and North Trent team of the year for their efforts to turn round waiting times.

After falling behind at one stage, a huge team effort has seen the situation completely transformed with the service now being ahead of target in terms of the percentage of women it sees.

Meanwhile, plans consulted on in early 2010 are likely to see routine breast screening facilities extended to Wharfedale Hospital, where they will join the growing portfolio of services offered there.

Breast care ward has star quality

One of the most consistently highly-rated wards in the Trust, the LGI breast care unit, moved to a larger, purpose-designed home in the Clarendon Wing in 2009. It was officially opened by pop star Ronan Keating.



Ronan, a campaigner for improved breast care facilities following the death of his mother, was invited by Senior Sister Sue Callum, and delighted patients and staff when he toured the new facility and signed autographs.

Around £1million has been invested to create the new unit, converting former office accommodation, allowing a more integrated environment built around the needs of patients

New food court and shops at St James's

The Gledhow Wing, one of the most well-used buildings on the St James's site, has been transformed during the year with a completely new-look entrance and retail and dining facilities.

A former footbridge outside has been demolished and replaced with a landscaped area, and inside there is a new reception, convenience store and other shop units, with a much-improved dining room offering a far wider choice of food outlets.

The facility was officially launched with a fun Ready, Steady Cook event where three teams of staff competed against the clock to make a meal in front of a live audience.

Around £6 million of investment from the private sector has achieved this major upgrade at no cost to the Trust.

Chaplaincy service boosted

One of the landmark buildings on the St James's site, the historic workhouse chapel, has been brought back into use after a long period of closure due to unsafe electrical wiring. A celebration concert was held to mark the improvements.

The chapel complements the Faith Centre in the new Bexley Wing, and is one of the many ways the chaplaincy service and its volunteers connect with patients, visitors and staff from all faiths and none.

ng the hospital of choice for patients and staff



Return to single-sex wards

For the first time since the 1970s the Trust is reverting to mainly single-sex wards, as a major contribution to enhancing the privacy and dignity of patients.

A significant amount of building work has been undertaken to make wards comply with new national guidance. New bed-bay doors have been fitted to create self-contained single-sex areas.

Staff and patients have warmly welcomed the improvements.

Safer parking on site

The safety of car parks on the Trust's sites has been underlined this year with the extension of the Park Mark scheme from the British Parking Association.

Originally awarded to the new multi-storey car park next to Bexley Wing at St James's, it was extended this year to the multi-storey car park at LGI. More recently the car parks at Wharfedale and Chapel Allerton hospitals have also won the accolade.

It recognises car parks where a tough range of measures have been put in place to enhance safety and security of people and vehicles and deter criminal activity.



Hospital cleanliness

The Trust believes in putting Infection Prevention and Control (IPC) and cleanliness at the heart of everything we do. As a result we are one of the first trusts in the country to make the IPC qualification mandatory for all our cleaning staff. They work as a team in partnership with nursing, medical and support staff on the wards.

Out of an establishment of some 2,000 Facilities staff, 95% of these have already received IPC training and 90% have undertaken clean hands awareness training.

Each year the Trust is required to assess its hospitals in line with national Patient Environment Team (PEAT) guidelines. Inspections are carried out by a multi-disciplinary team, including patient representatives.

In the latest figures there have been improvements in the environment scores at Leeds General Infirmary and St James's University Hospital, meaning all the Trust's hospital sites now score either Good or Excellent.



The full PEAT ratings for 2010 are as follows:

Site Name	Environment Score	Food Score	Privacy & Dignity Score
Leeds General Infirmary	Good	Good	Good
Wharfedale Hospital	Excellent	Good	Excellent
St James's University Hospital	Good	Good	Good
Seacroft Hospital	Good	Good	Excellent
Chapel Allerton Hospital	Excellent	Good	Excellent

Patient catering

We know the importance of providing nutritious and tasty meals which meet the needs of the wide range of patients who spend time in our hospitals. In the last year we have been working hard to further raise standards.

The Trust has been making every effort to support local food producers wherever possible. Over 47% of the supplies used in patient meals are now sourced locally within the Yorkshire region.

Patient Catering Services have complied with and met the requirements of British Standards Institute (BSI) ISO 9001 in the ordering, receipt, storage, production and delivery of meals to all patients within the Trust to a set standard. Meeting the BSI ISO standards is a quality standard of excellence.

The Trust was also awarded Five Star status from Leeds City Council's Environmental Health Department for the patient catering services we provide at our hospitals.

Every one of our food handlers has successfully completed their food hygiene qualification. In addition, every Facilities Manager who works within the patient environment now holds the Advanced Food Hygiene qualification.

Security

The security of patients, visitors and staff is a high priority, with the Trust's investment in its state-of-the-art control room in the Bexley Wing continuing to pay dividends. Staff working in it have access to hundreds of cameras around our hospitals as well as overseeing access control, intruder detection and a range of other alarms including medical gases, blood banks and fire.

On busy hospital sites incidents inevitably occur, and our priority is to keep people safe and deal quickly and firmly with anti-social behaviour. We are one of only a few NHS organisations to have recently procured head cameras for our security personnel. These will enable us to record incidents and effectively retain evidence.

In addition this provides us with the ability to remotely monitor situations as they develop and arrange for resources to be deployed accordingly to keep patients, visitors and staff safe.





Modernising our estate

For historical reasons the size of the hospital estate owned by Leeds Teaching Hospitals is the largest of any NHS trust in England, and that poses significant challenges in upkeep and maintenance.

With some parts of our buildings dating back as far as the middle of the 19th century, these are less than ideal for purpose and we have been taking steps to concentrate clinical care in our newer premises.

Significant progress has been made in recent years, particularly with the building of the Bexley Wing and facilities such as Wharfedale Hospital, which are a model for the rest of the Trust.

During this year there have been major improvements to the patient environment, with the provision of, for example, new reception areas in the Gledhow Wing and Clarendon Wing at St James's and LGI respectively. There have been changes to boost patient care on wards across the Trust, particularly those created or enhanced as part of our strategy to centralise key services on single sites.

There has also been a significant investment in improvements at the Leeds Dental Institute, where a major upgrade to the building has allowed dental student numbers to double as well as increasing the available space for clinical work and redesigning departments to improve patient flows.

The creation of the new Leeds Reproductive Medicine Unit has seen much-needed investment on the Seacroft Hospital site, where key services are gradually being brought together in a central core.

In addition there have been infrastructure improvements on many of our sites to replace items like boilers and lifts which are vital to keeping our hospitals functioning.

The Trust also successfully disposed of its two major redundant properties - Cookridge Hospital (from which cancer services moved to St James's in 2008) and the former Leeds Chest Clinic on New Briggate, which has relocated to LGI. Both these buildings dated back to Victorian times and were no longer fit for purpose.

Taking complaints and feedback seriously

A total of 1,065 complaints were received during 2009/10. This is a decrease of 331 (23.7%) on the previous year.

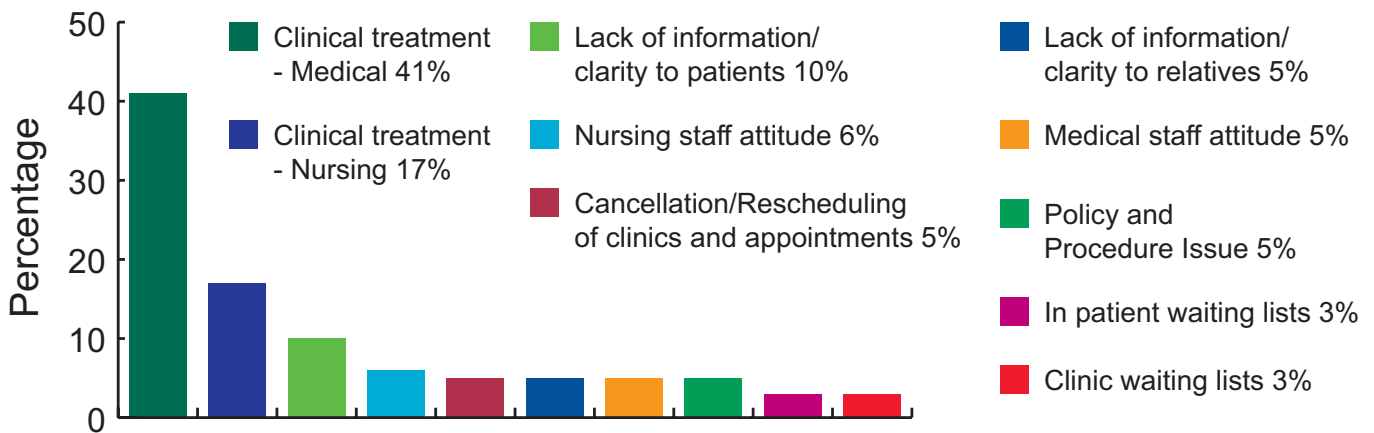
This decrease is mainly due to better use of the Patient Advice and Liaison Service (PALS), which dealt with 1,799 calls last year, an average of 150 calls per month. PALS, led by matrons, aims to give advice and assistance to sort out problems as quickly as possible.

PALS can be contacted on 0113 206 7168.

In addition, a new policy *Handling NHS Complaints, Concerns, Comments and Compliments* (The 4C's) was approved in April 2009. This supports the new legislative framework that came in to effect at the same time introducing a single complaint system for all health and local authority adult social care and services in England. There is now a much more personal and continuous dialogue between the complainant and the investigator throughout the complaint process.

A single complaint often covers more than one issue and over the year the top ten themes raised in complaints are set out below:

What did people complain to us about?





Examples of lessons learned from feedback

Case study: High Dependency Unit

In March 2009, patients and relatives using the purpose-built High Dependency Unit (HDU) in Bexley Wing at St James's were asked what they thought of the unit and how it could be improved. This was done through detailed questionnaires. The results showed there were many things that people liked about the unit, for example, the space and cleanliness. However, it was also evident they found it rather stark and unstimulating, with little to divert patients. It was also noted that the ward had little natural light and people felt disorientated, visitors struggled with access and information could be improved.

A programme of change for HDU was developed based on this feedback, which included producing an information leaflet for relatives, giving each patient a bedside clock, purchasing a computer game console, DVD players and mobile telephones, plus installing an electronic notice board and requesting a trolley service to allow the opportunity to buy newspapers. Work is ongoing with the Trust arts team looking at use of art work and light boxes. A further survey will be done in September 2010 to see if the changes have improved the patient experience.

Case study: Cardiology

Several complaints were received relating to groin complications following arterial sheath removal. Pathways for sheath removal were reviewed and it was identified that the process for removal was not consistent.

A new pathway was developed and introduced across all cardiology wards. Key trainers were developed to educate clinical staff.

Regular audit of complications and complaints received ensures that the new pathway improves the standard of clinical care that patients receive.

Foundation Trust progress

The Trust Board is committed to ensuring the organisation develops to become an NHS Foundation Trust, and in September 2009 launched an initial public consultation, *Your Hospitals, Your Say*.

The consultation lasted until December 2009, and 2,000 documents outlining the Trust's proposals were sent to organisations, stakeholders and key individuals, as well as being available in GP surgeries, public libraries and hospitals across the city.

Around 500 people including many local councillors attended more than 40 community and public meetings organised by the Trust to hear the key points and give feedback and ask questions. Internal meetings were also held to discuss the proposals with Trust staff.

Most of the comments received were about the detail of the proposal, particularly on aligning FT member constituency boundaries with local authority area committee boundaries and expanding the number of public governors.

During the consultation the Trust began the process of recruiting public members, and around 4,700 people have signed up so far to say they want to get more involved with our hospitals. We are keen to sign up more members this year.

Patient and public involvement

During the year the new Leeds Local Involvement Network (LINK) has been establishing itself. The LINK is the statutory patient, carer and public involvement network that replaced the former Patient Forum.

Some early joint working has commenced, and a representative of LINK, Betty Smithson, attends monthly Trust Board meetings and provides valuable input.

The Trust has also continued to work closely with the Leeds City Council Health Scrutiny Board and welcomes the involvement of elected councillors in helping to improve our services. These have looked in detail at a number of hospital specialties over the last year.



Fundraising

The Leeds Teaching Hospitals' Charitable Foundation is responsible for the administration of all the charitable funds of individual Trust hospitals and sites.

It is independent of the Trust Board and ensures all money gifted to the Leeds Teaching Hospitals is spent in accordance with the donor's wishes.

During 2009-10 the Charitable Foundation has given specific support to the Leeds Biomedical Research Unit's academic programmed activities. This funding has encouraged collaborative research, particularly across radiology and orthopaedics. It has resulted in several new streams of additional research activity.



The Foundation has ensured that funds and donations given for staff and patient welfare and amenities of over £1.5 million have been allocated to appropriate projects.

Following on from the success of the Yorkshire Cancer Centre Appeal, which has raised nearly £5 million for various projects within the St James's Institute of Oncology, the Charitable Foundation is about to launch The Leeds Children's Hospital Appeal. This will raise money to enhance the child-friendly environment and provide additional state-of-the-art medical equipment.

In addition to the Charitable Foundation, a large number of independent regional and national charities work extremely hard to support our hospitals and specific services within them, and we are extremely grateful for all their efforts.





Volunteers

More than 800 people volunteer their time, energy and enthusiasm every month for the benefit of patients, visitors and staff at the Leeds Teaching Hospitals.

Our volunteers work on receptions, 'meeting and greeting', taking sweet, newspaper and library trolley shops to the wards and assisting staff on wards and clinics. They also provide information to patients and visitors in the new Bexley Wing, as chaplaincy visitors, in hospital radio and many other areas.

Volunteers who are appropriately qualified provide a complementary therapy service to cancer patients and their relatives in the Robert Ogden Macmillan cancer centre and on wards. Each and every volunteer is making a vital contribution to daily hospital life.

We are always seeking new volunteers from all cultures to strengthen and enrich our dedicated team of people. If you would like an application form please contact Voluntary Services on 0113 206 5888 or download and print a form from the Trust's website, www.leedsth.nhs.uk

Equality and diversity

Ensuring equality of access to our services is important for the Trust. In May 2009 the Board approved the Single Equality Scheme which underpins this work.

Almost 1,100 staff completed the Trust's Equality and Diversity e-learning package during 2009-10. In addition, 88 people attended Equality Impact Assessment Awareness Training.

During the year we had over 23,000 spoken language interpreting assignments and nearly 22,000 meals were served from the multicultural menu, which offers halal, kosher and other special requirements.

There has been an increase in the number of sign language interpreters used as well as a slight increase in the number of deaf-blind communicator guides.

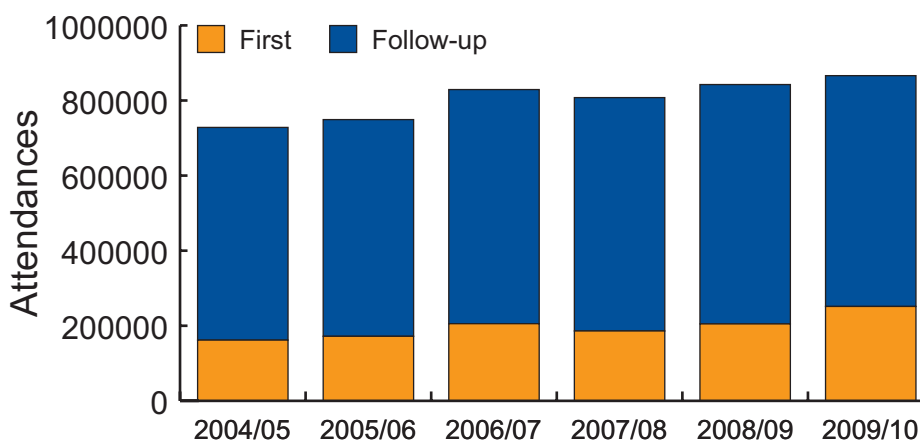


Introduction

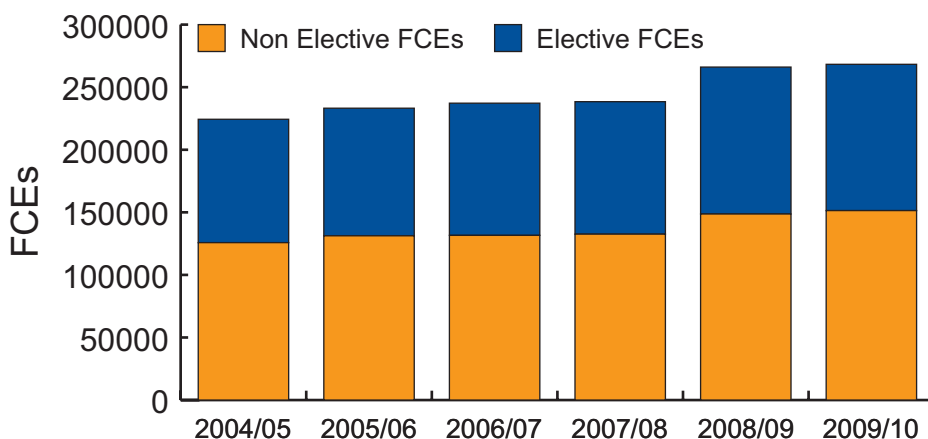
Understanding how the services in the Trust are performing is key to improving patient care and ensuring we bring down waiting times and meet a range of national and local targets.

In this section we have presented in graphical form some of the most important measures we use to check our performance, plan improvements to enhance the patient experience and compare our services with those offered by nearby hospitals.

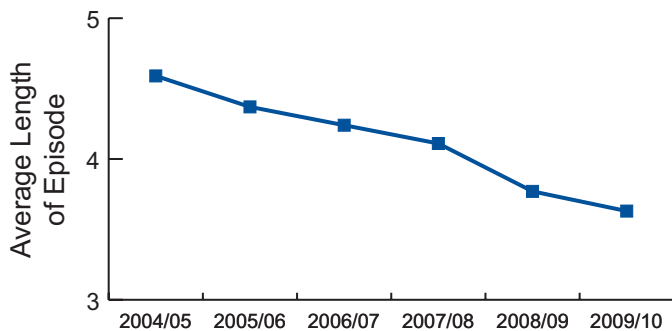
Number of outpatient attendances at our hospitals



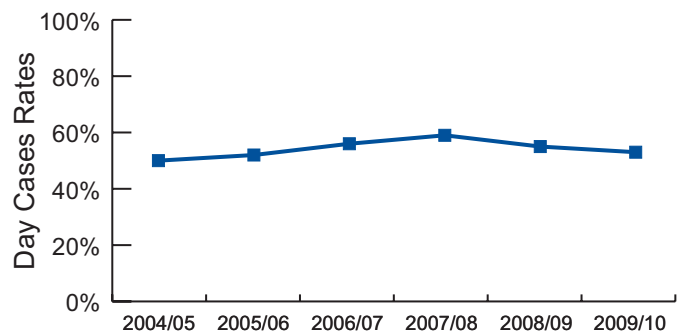
Number of inpatient Finished Consultant Episodes (FCEs) at our hospitals



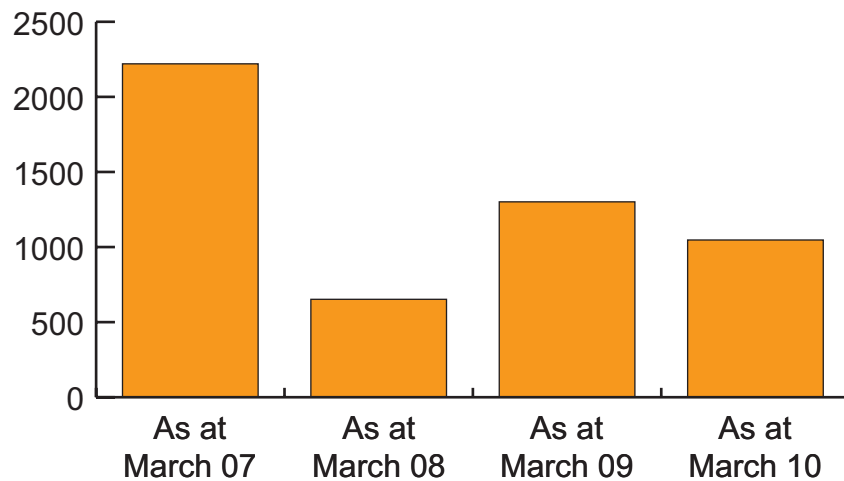
Average length of stay in hospital



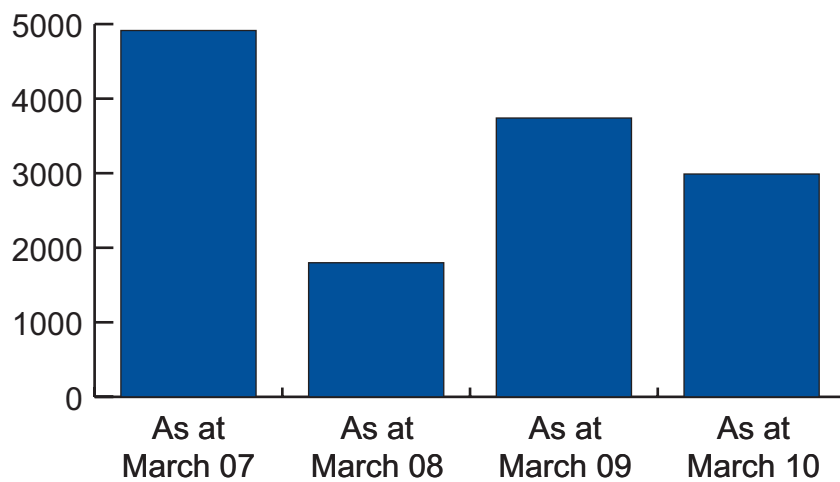
Percentage of surgery done as a day case



Number of inpatients/day cases waiting over 11 weeks

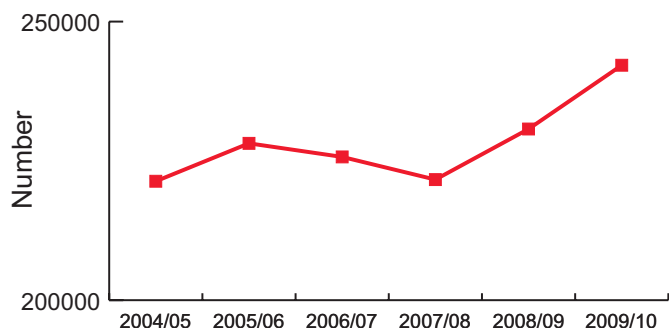


Number of outpatients waiting over 5 weeks

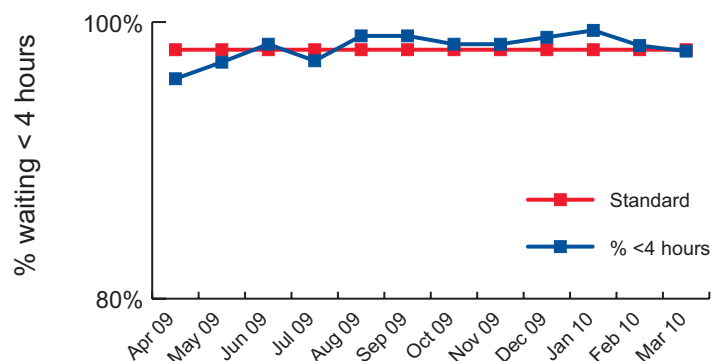


how are we performing

Accident and Emergency total attendances

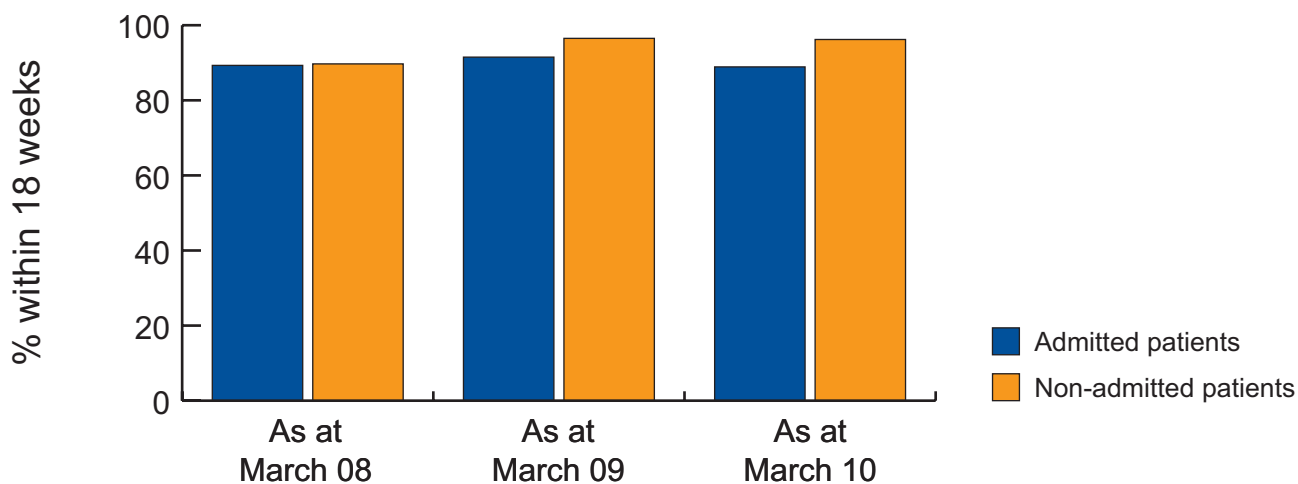


Percentage of A&E patients treated within 4 hours

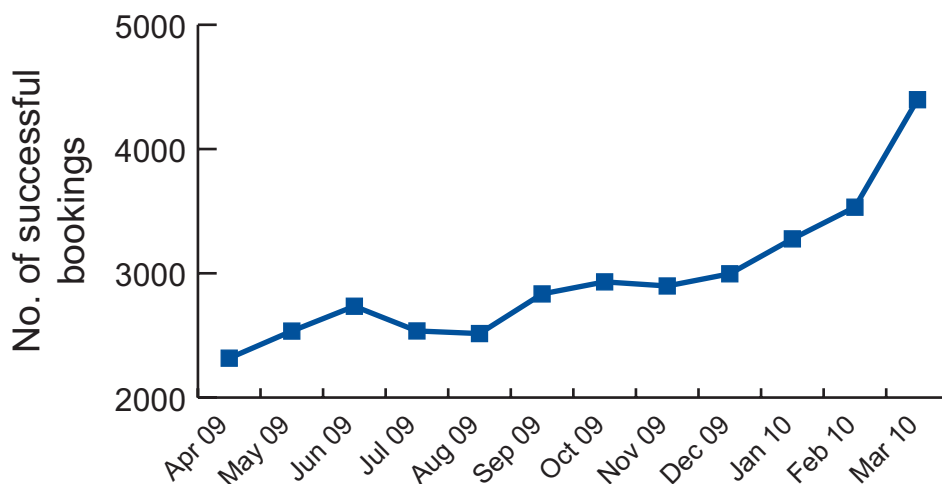


Includes attendances at Minor Injury Units at Wharfedale Hospital and St George's Centre, Middleton.

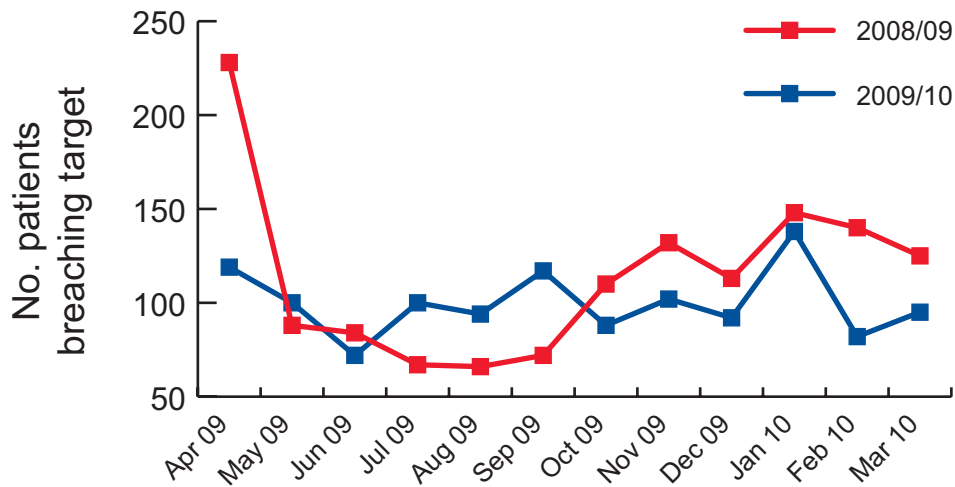
Percentage of patients treated within 18 weeks of GP referral



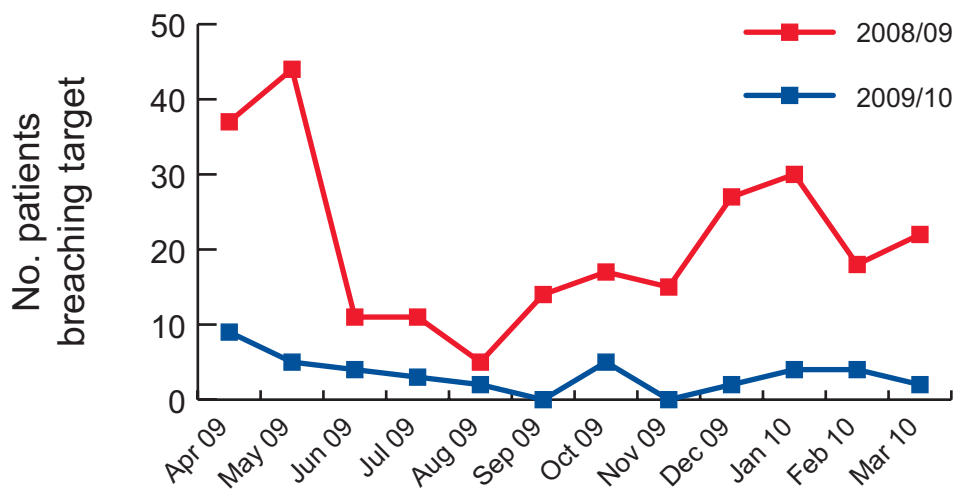
Take-up of electronic "Choose and Book" scheme



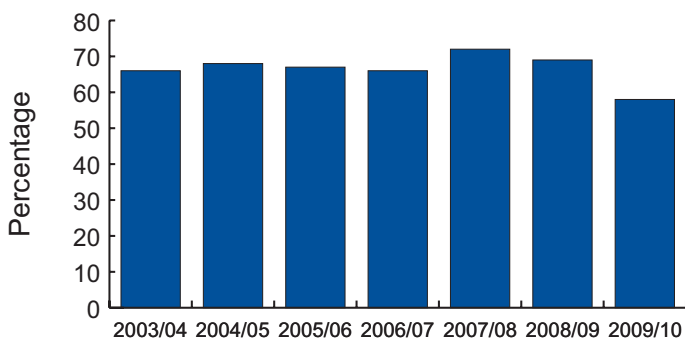
Operations cancelled at last minute for non-clinical reasons



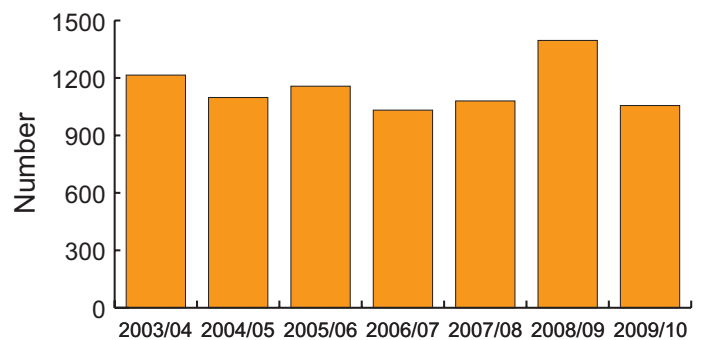
Patients not treated within 28 days of last minute cancellation for non-clinical reasons



Complaints resolved within time target



Total number of complaints received



Response time targets are agreed with the complainant depending on the complexity of each issue.

Patient safety first

The Trust is committed to making further improvements to the quality of services delivered to patients. In September 2008 we launched our Patient Safety Strategy and signed up to the National Patient Safety First campaign.

Initial efforts have been focused on improving safety in surgery, further reducing healthcare associated infection, improving nutrition, reducing the risk of venous thromboembolism (VTE) and the care of the deteriorating adult.

The Trust has also developed its Releasing Time to Care programme, helping ward staff to make direct improvements at a local level to improve the patient experience by freeing up administration time and improving organisation on wards.

We are committed to delivering the Quality, Innovation, Productivity and Prevention (QIPP) initiative, which has patient safety at its heart.

Reducing hospital-associated infections

Our patients tell us that one of the most important things to them is knowing our hospitals are clean and safe. The prevention and control of infection remains a top priority for the Trust.

We have made significant progress in 2009/10 and our performance has improved considerably. From April 2009 to March 2010 we have reduced the numbers of patients who acquired an MRSA bacteremia (blood stream infection) whilst in our care by 67%

and clostridium difficile infection by 61%. We know we can go further to protect our patients and we are committed to doing this in the coming year.

Clinical quality

The independent Dr Foster Hospital Guide published in November 2009 awarded all trusts nationally an overall score for patient safety.

Leeds Teaching Hospitals was awarded the second highest banding (band 4) and scored particularly well in terms of a low Hospital Standardised Mortality Rate (HSMR) as well as the emergency admissions HSMR.

The National Patient Safety Agency (NPSA) has reported on its website that the Trust is a leading organisation in relation to incident reporting and implementation of national patient safety alerts, describing the Trust's positive reporting culture and willingness to learn from incidents and safety alerts.

How to find out more

This year for the first time the Trust has published a detailed Quality Account Report for 2009-10, which addresses patient safety and quality in much more detail. A copy of this document can be found on the Trust website www.leedsth.nhs.uk

Annual Health Check

Everyone at the Trust has been working very hard to improve the quality of our services, enhance patient safety and increase our performance against national standards.

We are therefore pleased that the October 2009 Care Quality Commission assessment recognised these efforts, upgrading our performance to Fair for quality of services. This reflects really significant improvements which our staff have made in meeting key patient care targets such as speeding up access to treatment and enhancing patient experience.

In terms of use of resources - how well we managed our finances - the Trust rating remained Fair. This was despite facing a significant challenge in balancing income against expenditure, and reflects our continued strong focus on maintaining financial stability.

Safeguarding vulnerable adults

The Leeds Safeguarding Adults Partnership, of which the Trust is a member, revised and launched its policy and procedures in August 2009. Subsequently, the Trust updated its own policy and procedures, including the training strategy.

The focus of the policy is for multi-agency working and a uniform approach to identifying and protecting vulnerable adults. There is a true drive in the Trust to ensure that all staff have been educated in order to protect vulnerable people who use our services.

In readiness for this, Jackie Bailey, lead nurse for safeguarding vulnerable adults, came into post in late February 2009 to work with Sally Mansfield, nurse consultant, safeguarding and dignity. Jackie has been developing, delivering and co-ordinating mandatory training across the Trust to staff from all areas, both clinical and non-clinical across all Trust sites.

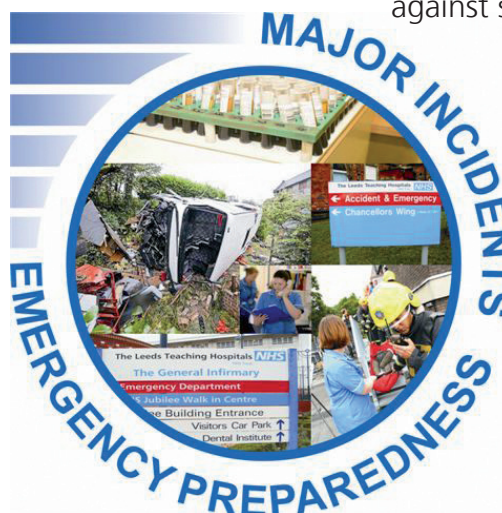
Planning for major incidents

Ensuring that the Trust can deliver an effective response to and recover from a major incident or service disruption is at the heart of what the emergency planning team do here in Leeds.

Over the past year the Trust has successfully responded to a range of emergencies including power supply interruptions and heavy snowfall.

The focus for much of 2009 was, however, spent planning for and responding to the global swine flu pandemic. The Trust worked closely with partners in health and social care to provide care and treatment to patients in Leeds who required admission to hospital suffering from an influenza-like illness and to ensure that appropriate arrangements were in place to maintain essential services. We now have plans in all areas to help us in our response to flu in the future.

The Trust also worked hard to encourage vaccination from swine flu and seasonal flu amongst staff to ensure that patients and staff were protected from the virus. Around 5,400 of our health care workers received their swine flu vaccination and over 6,000 were vaccinated against seasonal flu.



Our Staff

Our staff are the largest single investment we make in providing the highest quality of care to patients, accounting for over 60% of the Trust's total expenditure each year. We know that a competent, flexible and affordable workforce is the key to our future and modernising job roles is a major part of our whole-hospital transformation programme, Managing for Success.

This was launched in September 2009, is the Trust-wide "Lean-based" programme which sits at the heart of our aim to be a more people-centred and more productive organisation. This approach to tackling what is recognised as the most significant and challenging period of transition in the history of the Trust is based on working in partnership with staff and their representatives. We aim to engage everyone in the pursuit of quality and efficiency and the overarching goal of excellence in everything the Trust does.

We know that over the next few years Leeds Teaching Hospitals will face significant challenges against a backdrop of a difficult economic situation nationally and public spending cuts.

During 2009/10, whilst laying the foundations of our transformation programme, we have focused on the two key elements of the workforce agenda - cost control and modernisation - linked to the wider improvements which are being delivered via Managing for Success. There has been some real progress in controlling these costs, but



levels of bank and agency usage and sickness absence remain of concern and are a priority going forward. We are rolling out a new electronic rostering system, which will be key to improving productivity.

Against this challenging background, 2009/10 has been a year of success, with the Trust and its staff making some good progress, highlighted in external reviews including both the Dr Foster and Care Quality Commission reports. Additionally, individual teams and members of staff have achieved a variety of awards and accolades for their practice at an international, national and regional level. It will be important to build on this success in the coming years, keeping patients at the heart of what we do.

The Trust's Single Equality Scheme and all workforce monitoring statistics are available through the Trust website at <http://www.leedsth.nhs.uk/sites/equality/index.php>.



How are we? - Staff health and well-being

Our staff work hard to provide the highest quality of care to patients. There is much research evidence which clearly links the health and well-being of staff and excellent patient care.

As part of our commitment to make the Trust a better place to work and improve the experience for our patients, several healthy workplace initiatives are in place including:

Cycle to work scheme - The Trust has been working with Edinburgh Bicycle Co-operative, an experienced local supplier, on a Cycle to Work Scheme. Established in order to encourage staff to leave their cars at home and to cycle to work, the Inland Revenue-approved scheme for leasing a bike has proved popular, with 243 staff so far joining the project.

Boorman Review - This national review made clear links between staff health and well-being and the quality of patient care and the patient experience. The Trust has developed a Health and Well-being Strategy that will enable us to implement the recommendations of the Boorman report and support staff in looking after their health and well-being.

Health motivators - The Trust has now trained 13 existing staff as health motivators who can offer support and advice to help employees make improvements in their health and well-being, helping to reduce stress and sickness absence.

Who are we? - Staff profile

At the end of March 2010 the Trust employed 15,235 (13,211 Whole Time Equivalent) people including:

- 1,872 (1,709 WTE) Doctors
- 4,063 (3,584 WTE) qualified Nursing and Midwifery staff
- 2,015 (1,494 WTE) Estates and Ancillary staff
- 2,900 (2,551 WTE) Administrative, Clerical and Managerial staff
- 1,546 (1,414 WTE) Scientific and Technical staff
- 772 (663 WTE) Allied Health Professionals
- 2,051 (1,779 WTE) Clinical Support staff

Other key facts include:

- 22.3% of our workforce are over the age of 50 and 24% are under the age of 30
- Female employees account for around 75% of the total workforce
- 13.3% of Trust staff are of BME (Black Minority Ethnic) origin compared to 8.1% population in Leeds as a whole

Bullying/harassment awareness training

- As part of the Trust's work on culture and behaviours, a short awareness session is being provided for staff working in areas where a risk has been identified. The session aims to ensure that staff are able to work in an environment that is free from bullying or harassment.

What are we doing? - Organisational learning

Throughout 2009/10, the Education, Training and Development (ETD) department has offered a wide range of training and development opportunities to staff, focusing on meeting the Trust objective of achieving excellent clinical outcomes. The safety of our patients and staff is paramount and there has been an intense effort to ensure that all staff are fulfilling their mandatory training requirements.



The systems and processes for staff appraisal have been improved with training for appraisers to ensure the appraisal experience is a positive one. By the end of the year over 70% of staff had been appraised, a significant improvement on the previous year's figure of just over 50%.

A range of development opportunities are underway to support staff in achieving their personal development plans.

As part of the Support Staff Learning and Development Fund, the Trust has delivered training and development options to staff without a professional qualification including NVQs, foundation degrees, basic skills and management qualifications.

Almost 700 staff gained a vocational qualification in 2009/10 by the Trust providing funding to attend study, or through partnership working with local educational providers or training at accredited centres.

Other education, training and development initiatives in 2009/10 included:

- **The department supported front-line services such as patient administration in their strategy to improve customer service by providing 'Delivering Excellent Service' workshops to 400 administration and reception staff**
- **ETD also funded the initiative which will enable over 200 housekeeping staff to gain a level 2 qualification. This will contribute to the wider Infection Prevention agenda**
- **The setting up of a management development programme for Clinical Directors (the key to medical management in individual service and speciality areas)**

- The establishment of an organisation-wide coaching service
- The use of assessment centres in recruiting and selecting individuals for senior roles
- The continued development of an internal mediation service
- The Trust remains in close partnership with Leeds City Council's Jobs and Skills service supporting and training local unemployed people to gain employment with the organisation. In 2009/10 110 trainees commenced on the programme, with 46 gaining employment with the NHS
- The Education Liaison Team has successfully gained Aim Higher funding for a further 2 years in support of 'Tomorrow's Healthcare Professionals Today'. This scheme engages with targeted young people from school years 9 to 11 across West Yorkshire and the team works with other NHS trusts, colleges and universities to organise activities that will encourage students to consider a career in healthcare
- In addition, the Trust has recruited to a range of apprenticeship roles, including clinical support workers and administrative staff. These provide a route into work for individuals who also access a recognised training qualification. The Trust has made a significant contribution to the region's targets on apprentices.

Where are we going? - The future for our workforce



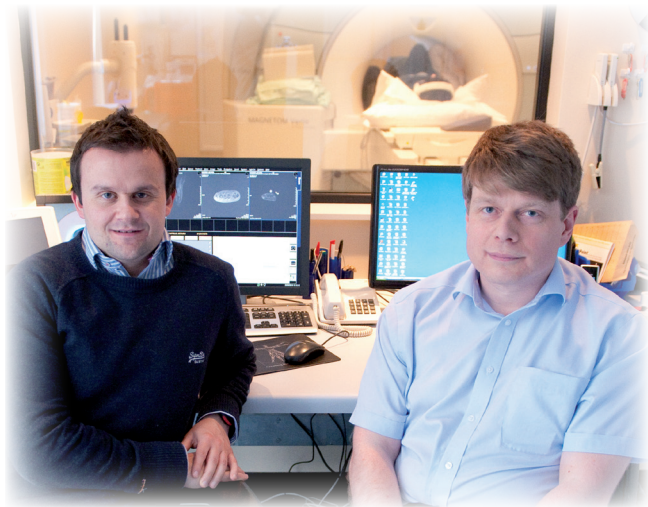
In a year of transition for staff there has been a focus on improving the productivity of our workforce whilst maintaining the high quality of care and services that we deliver to our patients. Such initiatives included reducing staff sickness absence as well as reviewing our bank and agency expenditure. Staff sickness absence for the year April 2009 to March 2010 was 4.62%. It will be important as we move forward that there is a continued focus on sickness absence rates, aligned to the health and well-being agenda.

In addition, several large-scale service moves, notably the relocation of children's services to the Leeds General Infirmary site, facilitated the more effective and efficient use of staff time and expertise.

Research and development

One of the most important reasons for a major trust to undertake clinical research is that it can significantly improve patient outcomes. This is due to at least three factors, each of which has some supporting evidence:

- **patients in some clinical trials have better outcomes**
- **institutions which are research-active deliver better outcomes, even for patients not included in research trials**
- **research-active Trusts tend to attract and retain high-calibre, innovative clinical and managerial staff**



Leeds Teaching Hospitals is well-placed to improve the quality of its clinical research, in partnership with the University of Leeds, and, in so doing, deliver improvements in clinical outcomes for the benefit of patients.

A key approach embodied in the Trust research strategy is to focus support on the five core clinical research strengths which have been selected on the basis of relevant research metrics, including performance in various major national bids to high-quality research funders.

These are Applied Health Research, Cardiovascular Disease, Dentistry, Musculoskeletal Disease and Oncology.

The Trust and University of Leeds have together invested £13 million to create a joint Biomedical and Health Research Centre in order to drive forward clinical research in Leeds (see www.bhrc.ac.uk) and the Trust/University Joint Partnership Board, which oversees the Centre, met three times during the year.

There is now strong evidence that this partnership approach is beginning to bear fruit, including the following awards:

- **National Institute of Health Research (NIHR) Biomedical Research Unit in Musculo-skeletal Disease (£5 million, 2008)**
- **NIHR Collaboration for Leadership in Applied Research and Care (CLAHRC) - hosted by the Trust (£20 million, 2008)**
- **Wellcome Trust/Engineering and Physical Science Research Council, Medical Engineering Centre for tissue engineering (£11 million, 2009)**
- **NIHR PET/CT scanner system (£2 million, September 2009)**
- **Designation by Cancer Research UK as a Cancer Centre (£2.1 million, September 2009)**

A particularly noteworthy element, which links strongly to innovation at regional, national and international levels, is the world-leading activity in medical engineering, led by the University of Leeds and recognised by Yorkshire Forward, the Northern Way initiative and in a recent report by the Organisation for Economic Co-operation and Development.

A key measure of research activity and quality is the number of patients recruited into NIHR clinical trials and other studies. In the period between April and December 2009, Leeds Teaching Hospitals recruited more patients into NIHR portfolio studies than any other trust in England. Overall, more than 15,000 Trust patients chose to participate in high quality clinical research studies in 2009/10.

There are real prospects for increasing the number of patients in trials across the clinical specialities. Research in cancer is a real strength in the Trust, with more than 2,000 patients recruited to clinical trials in cancer in 2009/10, underpinned by world-class laboratory research in the Leeds Institute of Molecular Medicine and recognition by Cancer Research UK as a Cancer Centre.

Clinical research in cardiovascular disease is also strong in Leeds, with major research awards from the British Heart Foundation, whilst clinical trials in rheumatology have delivered real benefits for patients. The National Institute of Health Research Leeds Biomedical Research Unit in Musculoskeletal Disease at Chapel Allerton Hospital, noted in last year's report, has gone from strength-to-strength, securing more than £40 million additional research funding since April 2008, and using a new research Magnetic Resonance Imaging scanner to undertake high quality studies.

Doubling recruitment into high quality research clinical studies over the next five years is now an explicit goal of the NHS and the Trust is committed to contributing to this important aim, which will lead to further improvements in patient care.

Training tomorrow's professionals

In addition to strong research partnerships, the Trust continues to work with the University of Leeds to train the next generation of healthcare professionals in our teaching hospitals.

Together we have over 3,000 students studying to become nurses, midwives, doctors, radiographers, audiologists, clinical physiologists, dentists, dental technologists, dental hygienists and dental nurses.



Financial Review of the year ended 31st March 2010

Introduction

The Accounts which follow this review portray not only a snapshot of the Trust's finances at the end of 2009/10 but also reflect the significant financial implications of two major changes i.e.

- **The implementation of International Financial Reporting Standards**
- **The valuation of our estate on a Modern Equivalent Asset basis**

Before dealing with the review of 2009/10 and outlook for the future it is necessary to offer some explanation of these two changes and set the Accounts in proper context.

International Financial Reporting Standards

During 2009\10 the Trust completed the mandatory transition of its Accounts to comply with International Financial Reporting Standards (IFRS). These international standards govern the way financial transactions are brought into account and how they are reported. Making the transition has affected both the appearance of our accounts and our financial position.

In making the transition to IFRS the Trust has had to revisit and restate the Annual Accounts it published for 2008/09. The Balance Sheet published at the end of 2007/08 has also been restated. This was necessary in order to present users of the Accounts with meaningful comparative information.

There are many other changes to the appearance of the Accounts including additional, or expanded, disclosure notes. Titles and descriptive terms have changed. As an example, the Balance Sheet is now known as the Statement of Financial Position (SoFP) and Fixed Assets become Property, Plant and Equipment. A glossary has been added at the end of the Accounts to assist readers with these changes and to explain some of the more technical terms used. For the purpose of this review only, the previous terms have been retained.

From a financial viewpoint the most significant change introduced by the transition to IFRS was to the accounting treatment of our Private Finance Initiative (PFI) schemes; Wharfedale Hospital and Bexley Wing. Both schemes had previously been "off balance sheet" to comply with HM Treasury regulations but IFRS required evaluation against different criteria. These placed more emphasis on the fact that it is the Trust who effectively controls the assets and their use even though they are in the legal ownership of our private sector partners. Since both schemes predated 1 April 2008 they had to be retrospectively added to our restated balance sheet as at that date, with a combined initial value of £247 million. This increase in value is offset on the Balance Sheet by "Borrowing" in the form of a finance lease. In addition a Catering Department Receipt and Distribution Unit (RADU) at Seacroft Hospital, although not strictly a PFI scheme, was built by a private sector company and is leased by the Trust. It has been treated in exactly the same way with an initial value of £694,000.

Fixed Assets and borrowing generate depreciation and interest charges respectively which go directly to the Income and Expenditure Account as costs. In 2009/10 these additional charges added £2.3 million of cost to our Income and Expenditure Account.

Asset valuation

The year saw a great deal of activity to determine fair values for our assets. A full estate valuation was conducted, independently, by the District Valuer's Office. These valuations are conducted at least every five years but for the first time in 2009/10 new rules were applied. Buildings must now be valued on the basis of the cost to replace them with Modern Equivalent Assets (MEAs) rather than on a 'like for like' basis. In effect this means that the Trust's older, larger buildings set in sprawling sites have been valued using the cost of replacing them with fully up to date structures built to modern standards and with today's materials. The technique assumes that multiple buildings would be replaced by single structures requiring far less land. The buildings themselves would use space more efficiently.

The financial effect of this revised technique in 2009/10 was to reduce the value of our estate by £159 million. Most of this impairment could be charged to the Revaluation Reserve Account on the Balance Sheet but that left £38 million which had to be charged to the Income and Expenditure Account as a direct revenue cost.

The £159 million fall in value of our estate includes £51.6 million which relates to land. The Trust has not disposed of land other than through those asset sales described below and in note 24 of the full published accounts. The reduction in land value reflects the fact that a MEA valuation assumes replacement buildings would occupy a much smaller footprint than our existing facilities. The value of land and buildings reflected in our Accounts does not reflect its market value. In the event that any land is declared surplus in future a full market value will be obtained and brought into account. The sale price will be measured against that market valuation with any profit or loss taken to Income and Expenditure.

A separate valuation of major equipment items was commissioned from the District Valuer. Equipment assets have traditionally been valued by applying nationally published indexation factors to their carrying value on an annual basis. These indexation factors were withdrawn recently and the Trust took the view that it would be prudent to seek an independent opinion on the value of its equipment. The valuation report resulted in an overall fall of £2.8 million of which £2.5 million was taken as an impairment to the Income and Expenditure Account with the balance charged to the Revaluation Reserve. In January 2010 the Trust sold the former Cookridge Hospital site to a local property developer. The sale was finalised at a very challenging time in terms of the national economy. While the best possible price was achieved, it was necessary to impair the carrying amount of Cookridge in our books to reflect its true realisable value. This resulted in an impairment of £1.6 million being charged to the Income and Expenditure Account.

Together the impairments added £42 million of cost to our revenue position in the year.

Financial performance

The Trust is reporting a deficit of £43.4 million for the year ended 31st March 2010 and a restated deficit for 2008/09 of £12.7 million which compares to a pre IFRS surplus in that year of £0.5 million. This dramatic change in financial performance is a direct result of the transition to IFRS and falls in asset values described above. The underlying position, when these factors are stripped out, is a surplus of almost £1 million as shown below:

	£000
Reported deficit for the year	(43,426)
Less:	
Impairments arising from estate valuation	38,006
Other impairments	4,069
PFI costs arising from IFRS	2,314
Underlying surplus for the year	963

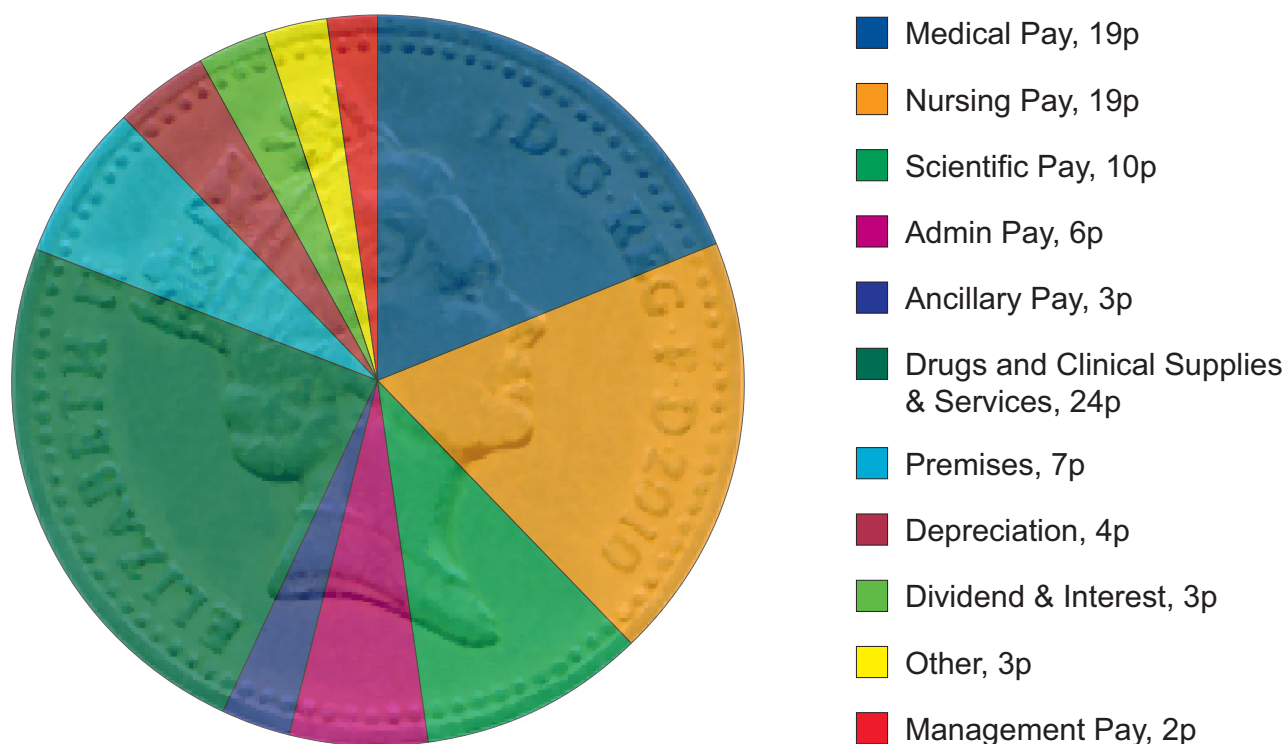
NHS trusts have a statutory duty to break even in terms of income and expenditure. Despite the deficit arising from impairments and bringing our PFI schemes into account as assets, the Trust is deemed to have achieved its break even obligation in both 2009/10 and in its restated 2008/09 accounts. The Department of Health have determined that expenditure associated with impairments and the additional costs of PFI are outside the scope of the break even duty.

The underlying position was achieved in the face of a number of financial pressures. When planning for 2009/10 the Trust identified four factors which combined to give a savings target of £37.5 million:

- **A national efficiency target of £22.4 million (3% of patient care income)**
- **A £7.5 million reduction in income resulting from changes to the tariff structure by which trusts are paid by commissioners for treating patients**
- **A further £3.8 million loss of grant based payments for research and development work**
- **An agreed £3.8 million reduction in the transitional funding paid by commissioners to meet additional service costs in Bexley Wing**

This savings target was met by a combination of increased activity and income and by a series of measures to improve efficiency and reduce the Trust's cost base. These included reductions in the number of beds and employed staff.

The graph below gives an indication of how money was spent in the year:



Capital investment

During 2009/10 the Trust spent just over £57.1 million on capital schemes; a record level of investment. Funding came from a variety of sources as summarised below:

	£ million
Retained depreciation	28.5
Proceeds from disposals	2.6
Donations	1.7
Public Dividend Capital	6.7
Capital loan	17.6
Total	57.1

The capital loan was drawn down by prior agreement with the Department of Health to fund ongoing work to centralise all children's services at Leeds General Infirmary and medicine and elderly medicine services at St. James's. This major project bore fruit in April 2010 with the transfer of all Accident and Emergency facilities for children to LGI. Centralisation of services to establish the Leeds Children's Hospital will continue throughout 2010/11 with further planned borrowing of £14 million.

In very high level terms, the Trust invested £45.8 million in its estate; £9.3 million in medical equipment and £2.0 million in informatics and information technology. The table below gives an indication of some of the specific schemes and purchases on which the money was spent.

Examples of Capital Expenditure in 2009/10

Estate Schemes	£000	Medical Equipment	£000
Children's Services centralisation	18,098	PET scanner - Chapel Allerton	2,086
Leeds Dental Institute reconfiguration	5,376	Anaesthetic machines and monitors	617
Reproductive Medicine - Seacroft	2,253	CT scanner	592
Electrical infrastructure - St James's	2,199	Informatics	£000
Eckersley House replacement	550	Pathology system upgrade	263
Ward privacy and dignity	943	IT infrastructure upgrade	224

There is a financial duty on NHS trusts to manage capital expenditure within their Capital Resource Limit (CRL). The CRL is set by the Department of Health and no overspend is permitted. The Trust delivered an undershoot of £9.9 million against its CRL for 2009/10 of £59.2 million. The duty has therefore been achieved, albeit with a higher than planned undershoot. In measuring expenditure against the CRL, monies received from asset sales and donations have the effect of reducing the charge. At the time the Trust's CRL was set no donations were expected and asset sales, most notably of the former Cookridge Hospital site, were not expected to complete as a result of the general economic climate.

Looking to 2010/11 and beyond it is unlikely that the Trust will have such a level of resource available for capital investment. There will be much less centrally funded Public Dividend Capital and greater reliance will be placed on internally generated funds, borrowing or alternatives to outright purchase such as leasing.

The capital programme for 2010/11 has been set at £39 million including the scheme to complete Children's Services centralisation mentioned above. None of the schemes attract Public Dividend Capital. Despite this reduction the programme still represents a significant investment. We will deliver estate-related improvements of £34 million with a further £1 million and £4 million on equipment and informatics respectively.

Cash

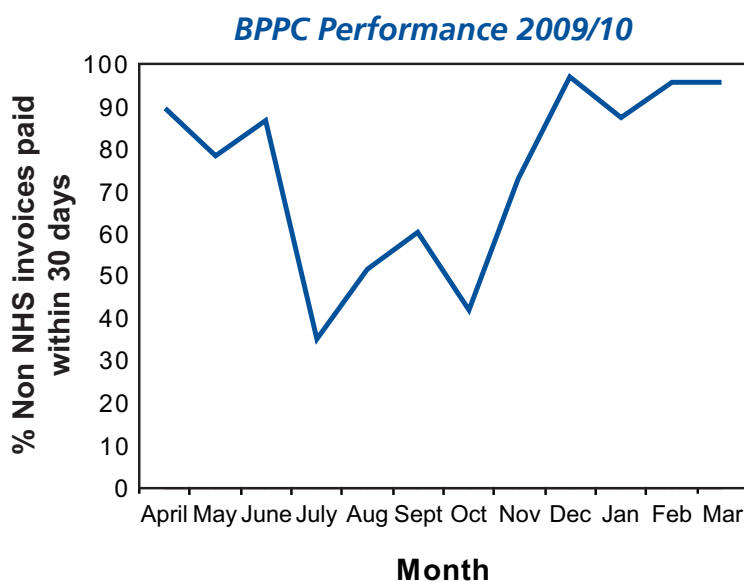
NHS trusts have a requirement to manage cash within their notified External Financing Limit (EFL). This limit is set by the Department of Health and determines how much cash a trust may spend beyond that generated by its normal, day to day operations. It is a breach of the financial duty to overspend against the EFL. In 2009/10 the Trust delivered an undershoot of £5.6 million which means that it has met its obligation. Following the sale of Cookridge and other assets late in the year a decision was taken to retain some of the proceeds to help improve liquidity. This enabled the Trust to retain £8.8 million in cash at the year end rather than £3.3 million as planned.

During the course of the year the Trust did experience some problems with cashflow. Our contractual payment arrangements with commissioners changed and this did lead to some temporary reductions in income receipts. In turn this had a regrettable impact on our payments to some suppliers and led

to a sharp fall in reported performance against the Better Payment Practice Code (BPPC). The code requires organisations to pay non NHS suppliers within 30 days of receiving a valid invoice. The Trust's performance fell from 93% in 2008/09 to 74% in 2009/10. The percentage is an average for the year. This is a matter which the Trust takes extremely seriously at any time but is particularly mindful of the potential effect at a time of economic recession. Every effort was made to get payments to all of our suppliers as quickly as possible and we are grateful for their patience and understanding.

It is pleasing to note that the situation was only temporary as demonstrated by the graph below. This records our monthly performance against the Better Payment Practice Code throughout 2009/10 and shows that we had recovered to our previous 90% plus levels in the later months.

The Trust was able to finish 2009/10 in a stronger cash position than it had enjoyed at the outset. This return to stability and resolution of the payments issues with commissioners puts us in a much better position to meet our responsibilities in 2010/11. The Trust is confident that its next set of Accounts will record a marked improvement in our compliance with the BPPC.



Summary

From a financial perspective 2009/10 was a year of change and challenge managed with success. The transition to IFRS was completed; all financial duties were met and there was a record level of capital investment. No patient services were cut and despite restrictions on new appointments there were no redundancies. Only the BPPC fall casts a shadow on an otherwise positive picture.

The Trust faces clear ongoing financial pressures and the next few years will inevitably see further constraints on resources. To meet the longer term challenges the Trust has embarked on its Managing for Success programme which aims to identify means of improving productivity. In 2010/11, there is a savings target of £40 million. Managing for Success schemes will make a contribution during the year but due to the long term nature of the programme a short term plan to find the full £40 million has been presented to and approved by the Board.

Our savings target of £40 million in 2010/11 will mean difficult decisions having to be faced but delivering excellent patient care in a safe environment remains our overriding concern. There is a clear commitment to improving efficiency and doing "more for less". With another year of financial achievement to build on and with the innovative Managing for Success programme to guide our efforts, the Trust is looking to the future with confidence.

Neil Chapman, Director of Finance

The work of the Trust Audit Committee

The Audit Committee is an important part of the Trust's governance arrangements. It is concerned with providing assurance to the Trust Board about the effectiveness of the Trust's risk management and internal control arrangements. The Committee chairman is Howard Cressey and its members are the independent non-executive directors of the Trust other than the Trust Chairman. The Committee operates in accordance with best practice as set out in the NHS Audit Committee Handbook.

The Committee met five times during 2009/10 and attendance was as follows:

Audit Committee member	Possible	Actual
Howard Cressey	5	5
Mark Abrahams	5	3
Mark Chamberlain	1	1
Charlotte Dyson	4	4
Lynn Hagger	1	0
Val Kaye	1	0
Peter McWilliam	5	4
Clare Morrow	1	0
Norman Pickavance	4	1

The Committee considered a wide range of issues during the year. It received regular reports from the Trust's external auditors (Grant Thornton) including their annual report on the Trust's accounts for 2008/09. The Committee also considered the restatement of those accounts in accordance with International Financial Reporting Standards, which have been implemented by all NHS organisations from 1 April 2009. It also received regular reports from the Trust's internal auditors who conduct a risk based programme of reviews of financial and operational areas. The Committee closely monitors the implementation of recommendations arising from these reports and oversees the Trust's counter fraud arrangements.

During the year the Trust's clinical governance arrangements were strengthened by the formation of a Clinical Governance Committee. The new committee structure has significantly increased the focus on clinical governance. This will allow the Audit Committee to give more attention to financial matters against a challenging economic background.

The Committee reports formally to the Board after each meeting through both comprehensive minutes and a written report prepared by the Chairman. The report identifies any matters where only limited assurance was received by the Committee.

Independent auditor's statement to the Board of the Leeds Teaching Hospitals NHS Trust

We have examined the summary financial statements which comprise the Income and Expenditure Account, the Balance Sheet, the Cashflow Statement and the Statement of Total Recognised Gains and Losses.

This report is made solely to the Board of Directors of the Leeds Teaching Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 49 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective responsibilities of directors and the auditor

The Directors are responsible for preparing the Annual Report. Our responsibility is to report to you on our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inaccuracies with the summary financial statement. The other information comprises only the Foreword, the unaudited part of the Remuneration Report, and the remaining elements of the Financial Review.

Basis of opinion

We conducted our work in accordance with Bulletin 2008/03, *The auditor's statement on the summary financial statement in the United Kingdom* issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our opinion on those financial statements.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2010.

Grant Thornton UK LLP
No 1 Whitehall Riverside
Whitehall Road
Leeds LS1 4BN

10 June 2010

Summary financial statements

These financial statements are summaries of the information contained in the Annual Accounts of the Leeds Teaching Hospitals NHS Trust. The Trust's auditors have issued an unqualified report on the Annual Accounts. Full sets of accounts are available on request and enquires should be addressed to:

Neil Chapman
Director of Finance
The Leeds Teaching Hospitals NHS Trust
St James's University Hospital
Beckett Street
Leeds LS9 7TF

Full sets of accounts are also available via the Trust's website:
www.leedsth.nhs.uk

These accounts for the year ended 31 March 2010 have been prepared by the Leeds Teaching Hospitals NHS Trust under section 98(2) of the National Health Service Act 1977 (as amended by section 24(2), schedule 2 of the National Health Service and Community Care Act 1990) in the form which the Secretary of State has, with the approval of the Treasury, directed.



Statement of comprehensive income for the year ended 31 March 2010

	2009-10 £000	2008-09 £000
Revenue		
Revenue from patient care activities	744,696	702,467
Other operating revenue	165,860	169,213
Operating expenses	(886,869)	(846,174)
Impairments of non current assets	(42,075)	(8,160)
Operating (deficit) surplus	(18,388)	17,346
Finance costs		
Investment revenue	59	1,483
Other gains	732	34
Finance costs	(12,474)	(12,632)
(Deficit)/surplus for the financial year	(30,071)	6,231
Public dividend capital dividends payable	(13,355)	(18,977)
Retained (Deficit) for the year	(43,426)	(12,746)
Other comprehensive income		
Impairments and reversals	(110,873)	(83,037)
Gains on revaluations	12,503	0
Receipt of donated assets	1,745	2,016
Reclassification adjustments:		
- Transfers from donated reserves	(1,112)	(1,686)
Total comprehensive income for the year	(141,163)	(95,453)

Explanatory note on break even performance

NHS trusts have a duty to break even, taking one year with another. Measurement of performance against the duty has been realigned by the Department of Health in 2009/10 to identify and exclude expenditure arising from impairments and the additional revenue costs associated with bringing Private Finance Initiative (PFI) schemes onto the Statement of Financial Position. In the case of Leeds Teaching Hospitals these technical items adjust the retained deficit to a surplus as follows:

	2009-10 £000
Retained (deficit) for the year:	(43,426)
- Impairments	42,075
- Additional PFI costs	2,314
Underlying surplus for the year	963

The Trust is therefore judged to have met the break even duty in 2009/10.

Statement of financial position as at 31 March 2010

	31 March 2010 £000	31 March 2009 £000	1 April 2008 £000
Non-current assets			
Property, plant and equipment	591,794	710,138	802,651
Intangible assets	44	129	451
Trade and other receivables	7,923	5,924	672
Total non-current assets	599,761	716,191	803,774
Current assets			
Inventories	17,329	18,012	15,777
Trade and other receivables	41,913	46,001	43,333
Cash and cash equivalents	8,840	3,251	11,013
	<u>68,082</u>	<u>67,264</u>	<u>70,123</u>
Non-current assets held for sale	0	6,550	0
Total current assets	68,082	73,814	70,123
Total assets	667,843	790,005	873,897
Current liabilities			
Trade and other payables	(78,939)	(78,654)	(60,912)
DH Capital loan	(906)	0	0
Borrowings	(3,576)	(3,390)	(9,005)
Provisions	(1,330)	(1,540)	(2,447)
Net current (liabilities)	(16,669)	(9,770)	(2,241)
Total assets less current liabilities	583,092	706,421	801,533
Non-current liabilities			
Borrowings	(219,220)	(222,786)	(226,176)
DH Capital loan	(16,741)	0	0
Trade and other payables	(3,665)	(5,788)	(9,896)
Provisions	(5,342)	(5,341)	(5,533)
Total assets employed	338,124	472,506	559,928
Financed by taxpayers' equity			
Public dividend capital	290,701	283,920	275,889
Retained earnings	(55,478)	(18,478)	(5,732)
Revaluation reserve	86,914	188,487	270,896
Donated asset reserve	15,945	18,535	18,833
Other reserves	42	42	42
Total Taxpayers' Equity	338,124	472,506	559,928

Statement of changes in taxpayers' equity

	Public dividend capital (PDC)	Retained earnings	Revaluation reserve	Donated asset reserve	Other reserves	Total
	£000	£000	£000	£000	£000	£000
Balance at 31 March 2008	275,889	(5,732)	270,896	18,833	42	559,928
Changes in taxpayers' equity for 2008/09						
♦ Total Comprehensive Income for the year:						
- Retained (deficit) for the year	0	(12,746)	0	0	0	(12,746)
- Impairments and reversals	0	0	(82,409)	(628)	0	(83,037)
- Receipt of donated assets	0	0	0	2,016	0	2,016
♦ Reclassification adjustments:						
- Transfers from donated asset reserve	0	0	0	(1,686)	0	(1,686)
- New PDC received	8,031	0	0	0	0	8,031
Balance at 31 March 2009	283,920	(18,478)	188,487	18,535	42	472,506
Changes in taxpayers' equity for 2009/10						
Balance at 1 April 2010	283,920	(18,478)	188,487	18,535	42	472,506
♦ Total Comprehensive Income for the year:						
- Retained (deficit) for the year	0	(43,426)	0	0	0	(43,426)
- Transfers between reserves	0	6,426	(6,369)	(57)	0	0
- Impairments and reversals	0	0	(107,707)	(3,166)	0	(110,873)
- Net gain on revaluation of property, plant, equipment	0	0	12,503	0	0	12,503
- Receipt of donated assets	0	0	0	1,745	0	1,745
♦ Reclassification adjustments:						
- Transfers from donated asset reserve	0	0	0	(1,112)	0	(1,112)
- New PDC received	16,831	0	0	0	0	16,831
- PDC repaid in year	(10,050)	0	0	0	0	(10,050)
Balance at 31 March 2010	290,701	(55,478)	86,914	15,945	42	338,124

The summary financial statements were approved by the Board at its meeting on 10 June 2010 and signed on its behalf by:

Maggie Boyle, Chief Executive

Neil Chapman, Director of Finance

Statement of cash flows for the 31 March 2010

	2009-10 £000	2008-09 £000
Cash flows from operating activities		
Operating (deficit)/surplus	(18,389)	17,346
Depreciation and amortisation	35,639	38,149
Impairments and reversals	42,075	8,160
Transfer from donated asset reserve	(1,112)	(1,686)
Decrease/(Increase) in inventories	683	(2,235)
Decrease/(increase) in trade and other receivables	4,550	(7,939)
(Decrease)/increase in trade and other payables	(957)	7,980
(Decrease)/increase in provisions	(232)	(1,121)
Net cash inflow from operating activities	62,257	58,654
Cash flows from investing activities		
Interest received	59	1,483
(Payments) for property, plant and equipment	(57,964)	(37,396)
Proceeds from disposal of plant, property and equipment	6,681	37
Net cash (outflow) from investing activities	(51,224)	(35,876)
Net cash (outflow) before financing	11,033	22,778
Cash flows from financing activities		
Interest paid	(12,421)	(12,624)
Dividends paid	(15,819)	(18,977)
Public dividend capital received	16,831	8,031
Public dividend capital repaid	(10,050)	0
Loans received from the DH	18,100	0
Loans repaid to the DH	(453)	(5,802)
Other capital receipts	1,748	2,035
Capital element of finance leases and PFI	(3,380)	(3,203)
Net cash (outflow) from financing	(5,444)	(30,540)
Net increase/(decrease) in cash and cash equivalents	5,589	(7,762)
Cash and cash equivalents at 1 April 2009	3,251	11,013
Cash and cash equivalents at 31 March 2010	8,840	3,251

Notes to the summary financial statements

Management Costs	2009/10 £000	2008/09 £000
Management costs	34,138	32,385
Income	906,038	868,013
Management costs as a percentage of income	3.77%	3.73%

Management costs are defined as those on the Department of Health Management Cost website at: www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Financeandplanning/NHSmanagementcosts/index.htm

Better Payment Practice Code

Better Payment Practice Code - measure of compliance	2009/10 Number	2009/10 £000
Total Non-NHS trade invoices paid in the year	192,593	341,237
Total Non NHS trade invoices paid within target	143,410	266,240
Percentage of Non-NHS trade invoices paid within target	74%	78%
Total NHS trade invoices paid in the year	5,324	72,200
Total NHS trade invoices paid within target	2,356	32,285
Percentage of NHS trade invoices paid within target	44%	45%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

Remuneration

All Executive directors are appointed by the Trust through an open, national recruitment process. All have substantive contracts and annual appraisals. The outcome of these appraisals are reported to the Remuneration Committee.

Members of the Remuneration Committee (as of June 2010) are the Non-executive directors on the Board - Mike Collier (chair), Mark Abrahams, Mark Chamberlain, Howard Cressey, Lynn Hagger, Peter McWilliam and Clare Morrow.

Executive director salaries are determined following comparisons with similar posts in the public sector and are reviewed annually by the Remuneration Committee.

In determining the remuneration packages of its directors and managers the Trust fully complies with guidance from the Chief Executive of the NHS.

Non-executive directors are appointed by the NHS Appointments Commission following an open selection procedure. Non-executive director appointments are usually for a fixed four-year period. Remuneration is fixed in accordance with a national formula.

Remuneration of the Board

Name and Title	2009-10 Salary (bands of £5000) £000	2009-10 Other Remuneration (bands of £5000) £000	2009-10 Benefits in kind rounded to the nearest £100	2008-09 Salary (bands of £5000) £000	2008-09 Other Remuneration (bands of £5000) £000	2008-09 Benefits in kind rounded to the nearest £100
M. Abrahams - Non Executive Director	5-10	0	5	0-5	0	0
P. Belfield - Medical Director (from 1 August 2009)	140-145	0	14	n/a	n/a	n/a
M. Boyle - Chief Executive	220-225	0	0	215-220	0	0
M.H. Buckley - Chairman (to 7 April 2009)	0-5	0	0	20-25	0	12
M. Chamberlain - Non Executive Director (from 4 January 2010)	0-5	0	0	n/a	n/a	n/a
A.N. Chapman - Director of Finance	140-145	0	0	135-140	0	0
M. Collier - Chairman (from 17 August 2009)	25-30	0	20	n/a	n/a	n/a
H.M. Cressey - Non Executive Director	5-10	0	5	5-10	0	5
A.S. Dailly - Director of Informatics	105-110	0	0	25-30	0	0
C.J. Dyson - Non Executive Director (to 31 December 2009)	0-5	0-5	6	5-10	0	3
R. J. Green - Director of Human Resources	120-125	0	0	5-10	0	0
L. Hagger - Non Executive Director (from 4 January 2010)	0-5	0	0	n/a	n/a	n/a
R. Holt - Chief Nurse (1 to 30 April 2009, from 1 September 2009), Director of Infection Prevention and Control (1 May to 31 August 2009)	115-120	0	0	110-115	0	0
V.A. Kaye - Non Executive Director (to 30 November 2009), Acting Chairman (8 April to 16 August 2009)	10-15	0	0	5-10	0-5	0
D. Kerr - Director of Estates and Facilities	100-105	0	1	95-100	0	1
C. Linley - Acting Chief Nurse (1 May 2009 to 31 August 2009)	30-35	0	0	n/a	n/a	n/a
B.H. Mascie-Taylor - Medical Director (to 31 July 2009)	70-75	0	0	210-215	0	0
P. McWilliam - Non Executive Director	5-10	0	0	5-10	0	0
C. Morrow - Non Executive Director (from 4 January 2010)	0-5	0	0	n/a	n/a	n/a
N. Pickavance - Non Executive Director (to 14 January 2010)	5-10	0	0	0-5	0	0
R.B. Steven - Director of Business Development & Performance Delivery	155-160	0	0	35-40	0	0

The Medical Director's benefits in kind relate to a lease car. All other benefits in kind are in respect of taxable business mileage

Pension benefits of the Board

Name and Title	Total accrued pension at age 60 as at 31 March 2010 (bands of £5,000) £000	Real increase/ (decrease) in pension at age 60 (bands of £2,500) £000	Lump sum at age 60 (bands of £5,000) £000	Real increase/ (decrease) in lump sum at age 60 (bands of £2,500) £000	Cash Equivalent Transfer Value at 31 March 2010 £000	Cash Equivalent Transfer Value at 31 March 2009 £000	Real Increase in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension To nearest £100
P. Belfield - Medical Director (from 1 August 2009)	65-70	0-2.5	205-210	2.5-5	1,577	1,378	54	0
M. Boyle - Chief Executive	45-50	2.5-5	140-145	7.5-10	1,018	870	65	0
A.N. Chapman - Director of Finance	45-50	0-2.5	140-145	2.5-5	1,080	962	44	0
A.S. Dailly - Director of Informatics	35-40	(0-2.5)	105-110	(2.5-5)	651	621	0	0
R.J. Green - Director of Human Resources	5-10	0-2.5	25-30	5-7.5	218	148	38	0
R. Holt - Chief Nurse (1 to 30 April 2009, from 1 September 2009), Director of Infection Prevention and Control (1 May to 31 August 2009)	25-30	0-2.5	90-95	2.5-5	485	424	25	0
D. Kerr - Director of Estates and Facilities	5-10	0-2.5	15-20	2.5-5	83	58	15	0
C. Linley - Acting Chief Nurse (1 May 2009 to 31 August 2009)	20-25	0-2.5	60-65	2.5-5	342	261	15	0
B.H. Mascie-Taylor - Medical Director (to 31 July 2009)	115-120	(0-2.5)	345-350	(0-2.5)	n/a	n/a	n/a	0
R.B. Steven - Director of Business Development and Performance Delivery	20-25	0-2.5	70-75	5-7.5	552	459	43	0

Non-executive directors are not members of the NHS pension scheme

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Trust Board membership and declarations of interests

		Started	Left	Comments	Interests
1	Mark Abrahams			Full year	<ul style="list-style-type: none"> ◆ Chairman of Inditherm Plc. ◆ Chief Executive of Fenner Plc.
2	Martin Buckley		07/04/09		<ul style="list-style-type: none"> ◆ Non-Executive Director, Multichem Ltd.
3	Maggie Boyle			Full year	<ul style="list-style-type: none"> ◆ Nil
4	Neil Chapman			Full year	<ul style="list-style-type: none"> ◆ Nil
5	Alison Dailly			Full year	<ul style="list-style-type: none"> ◆ Nil
6	Charlotte Dyson		31/12/09		<ul style="list-style-type: none"> ◆ Nil
7	Howard Cressey			Full year	<ul style="list-style-type: none"> ◆ Non-Executive Director, Tribunals Service Audit Committee
8	Jackie Green			Full year	<ul style="list-style-type: none"> ◆ Nil
9	Ruth Holt			Full year	<ul style="list-style-type: none"> ◆ Director, Markev Investments Ltd
10	Valerie Kaye		30/11/09		<ul style="list-style-type: none"> ◆ Magistrate, West Yorkshire Courts ◆ Member, Criminal Injuries Compensation Appeals Panel ◆ Member of the Mental Health Review Tribunal ◆ Visiting Senior Research Fellow, Centre for Health & Social Care, Faculty of Medicine and Health, Leeds University ◆ National Institute for Health Research, Service Delivery and Organisation Programme, Member of Priority Areas Panel
11	Darryn Kerr			Full year	<ul style="list-style-type: none"> ◆ Council Member and Chair of the Executive Committee of the Institute of Healthcare Engineering and Estate Management ◆ External Assessor for the School of Health, Social Sciences & Education at Inverness College, Scotland
12	Hugo Mascie-Taylor		31/07/09		<ul style="list-style-type: none"> ◆ Visiting Professor, Faculty of Health, University of Leeds ◆ Senior Clinical Lecturer, Department of Medicine, University of Leeds ◆ Chair of OPTIN ◆ Member of the NHS Employers' Policy Board ◆ Member of the NHS Confederation's Acute Services Steering Committee ◆ Member of the NHS Service Delivery and Organisation R&D Programme Board
13	Peter McWilliam			Full year	<ul style="list-style-type: none"> ◆ Dean, Faculty of Medicine and Health, University of Leeds ◆ Member of the Council of the University of Leeds (the council is the governing body of the University)
14	Norman Pickavance	01/02/09	14/01/10		<ul style="list-style-type: none"> ◆ Group HR Director, Wm Morrison's Supermarkets Plc
15	Brian Steven			Full year	<ul style="list-style-type: none"> ◆ Nil
16	Mike Collier	17/08/09			<ul style="list-style-type: none"> ◆ Non-Executive Member of the Yorkshire and Humber and North-East Regional Committee of the National Trust
17	Mark Chamberlain	04/01/10			<ul style="list-style-type: none"> ◆ Member of the LSC Regional Council for Yorkshire and the Humber (to 31 March 2010) ◆ Director of HR Programmes, BT plc

Trust Board membership and declarations of interests

		Started	Left	Comments	Interests
18	Clare Morrow	04/01/10			<ul style="list-style-type: none"> ◆ Chair, Welcome to Yorkshire ◆ Non-Executive Director, The Rugby Football League ◆ Network manager, Broadcasting & Creative Industries disability Network ◆ Sole trader under name of 2Morrow Media ◆ Trustee of Hollybank Trust and Governor of Hollybank School
19	Lynn Hagger	04/01/10			<ul style="list-style-type: none"> ◆ Member, Paediatric Expert Advisory Group, Commission on Human Medicine ◆ Member, Sheffield Children's NHS Trust Clinical Ethics Forum ◆ Lecturer, University of Sheffield
20	Peter Belfield	05/11/09			◆ Nil
21	Clare Linley	01/05/09	31/08/09		◆ Nil



Summary of statement on internal control

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives.

I also have responsibility for safeguarding the public funds and the organisation's assets, for which I am personally responsible as set out in the Accountable Officer Memorandum.

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives: it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing process designed to:

- **Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives**
- **Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically**

The system of internal control has been in place in the Leeds Teaching Hospitals NHS Trust for the year ended 31 March 2010 and up to the date of approval of the annual report and accounts.

My review confirms that the Leeds Teaching Hospitals NHS Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives.

The full statement on internal control can be found within the full set of annual accounts on the Trust's website at www.leedsth.nhs.uk.

It is also available on request and enquiries should be addressed to Neil Chapman, Director of Finance.

Signed

*Maggie Boyle,
Chief Executive*

June 2010

Glossary

The NHS has adopted International Financial Reporting Standards (“IFRS”) from 1 April 2009 as its standard basis of accounting. These replace UK Generally Accepted Accounting Practices (“UK GAAP”) which have been the basis for previous sets of financial statements and bring with them some notable changes in terminology:

IFRS	UK GAAP
Statement of Comprehensive Income	Income and Expenditure Account
Statement of Financial Position	Balance Sheet
Statement of Changes in Taxpayers Equity	Statement of Recognised Gains and Losses
Statement of Cash Flows	Cash Flow Statement
Non Current Assets	Fixed Assets
Non Current Liabilities	Creditors : Amounts falling due after more than one year
Property, Plant and Equipment	Tangible Fixed Assets
Inventories	Stocks
Receivables	Debtors
Payables	Creditors
Revenue	Income
Retained Earnings	Income and Expenditure Reserve

A more detailed glossary of financial and accounting terminology is available in the Full Annual Accounts.



Feedback from patients and families is very important to us

Around our hospitals you will find that many wards and departments ask your opinion or have comment cards which you can use to make your views known. If there is a problem we want to know about it so we can make improvements, and equally staff value compliments when you have received a good service.

You can also send your views to the Trust by email - contact public.relations@leedsth.nhs.uk

Summaries of this document can be made available, by arrangement, in Braille, large print and community languages, from the Chief Executive's Office, Trust Headquarters, The Leeds Teaching Hospitals NHS Trust, Beckett Street, Leeds LS9 7TF

سوف تتوافر لكم ملخصات هذه الوثيقة عند الترتيب لذلك بلغة برايل والطباعة الكبيرة واللغات السائدة في المجتمع من مكتب كبير المدراء التنفيذيين ومن المركز الرئيسي للأمانة ومن مستشفيات أبردز للتعليمية وهي تتبع أمانة الخدمات الصحية العامة LS9 7TF

خلاصه هابی از این سند می تواند با هماهنگی قبلی بصورت خط بریل، چاپ با حروف بزرگ، و یا به زبانهای دیگر در اختیار قرار گیرد. به این منظور با دفتر مدیر اجرایی به آدرس ذیل تماس حاصل فرمایید:

Chief Executive's Office
Trust Headquarters
The Leeds Teaching Hospitals NHS Trust
Beckett Street, Leeds LS9 7TF

Vous pouvez obtenir, sur demande, un résumé de ce document en braille, en gros caractères ou en langues étrangères, en écrivant à: Chief Executive's Office Trust Headquarters, The Leeds Teaching Hospitals NHS Trust, Beckett Street, Leeds LS9 7TF

کورتہی نهم به لگه نامه یه ده کړی ده سته بهر بکړی، به هم ناهه نگی، له شینواری چاپ بو کویر، چاپی گه وره وه به زمانی که مه نه ته واتی یه کان، له نووسینگی سهرؤکی جی به جیکردن، سهرکردایه تی متمانه کان، متمانه ی NHS (خزمه تگوزاری ته ندروستی ی نیشتمانی) ی نه خوشخانه ی فیکراری لیدز، له: Beckett Street, Leeds LS9 7TF

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ਦੀ ਲੀਡਜ਼ ਟੀਚਿੰਗਜ਼ ਹੌਸਪੀਟਲਜ਼ ਐਂਨ ਐੱਚ ਐੱਸ ਟਰੱਸਟ, ਬੈਕੇਟ ਸਟਰੀਟ ਲੀਡਜ਼ ਐੱਲ ਐੱਸ 9 7 ਟੀ ਐੱਫ ਦੇ ਟਰੱਸਟ ਹੈੱਡਕੁਆਰਟਰਜ਼ ਵਿੱਚ ਚੀਫ ਐਗਜ਼ੀਕਿਊਟਿਵ ਦੇ ਦਫਤਰ ਨਾਲ ਪ੍ਰਬੰਧ ਕਰਨ ਤੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਖੁਲਾਸਾ ਬਰੇਲ (ਉੱਭਰੇ ਅੱਖਰਾਂ), ਵੱਡੇ ਅੱਖਰਾਂ ਅਤੇ ਭਾਈਚਾਰਕ ਜ਼ਬਾਨਾਂ ਵਿੱਚ ਮਿਲ ਸਕਦਾ ਹੈ ।

اس دستاویز کا خلاصہ بریل، بڑے حروف اور کمیونٹی کی زبانوں میں مہیا کیا جاسکتا ہے۔ رابطہ کیلئے پتہ: چیف ایگزیکٹو آفس، ٹرسٹ ہیڈکوارٹرز،

دی لیڈز ٹیچنگ ہاسپٹلز این ایچ ایس ٹرسٹ، بیکٹ سٹریٹ، لیڈز ایل ایس 9 7 ٹی ایف

